

**PEER EDUCATION AS A STRATEGY FOR THE PROMOTION
OF HIV AND AIDS AWARENESS AMONG COLLEGE
STUDENTS: A CASE STUDY OF THE UNIVERSITY OF
KWAZULU-NATAL, HOWARD COLLEGE CAMPUS PEER
EDUCATION PROGRAMME**

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DECLARATION

I declare that this is my original work and I have given full acknowledgement of the sources referred to in this text. This dissertation is being submitted in partial fulfilment for the Masters Degree in Development Studies at the University of KwaZulu-Natal, Durban. It has not been submitted before for any degree or examination in any other university.

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DEDICATION

I dedicate this thesis to my family for their love and support throughout my years of study. Without your support, my dreams would not have been fulfilled. Thank you for everything. I also dedicate this work to all youth in colleges throughout the world; the future is in your hands, unite and fight HIV/AIDS to create a HIV free generation.

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ABSTRACT

Young people are important targets for AIDS prevention interventions because they constitute the future workforce and generation for a country. In Sub-Saharan Africa, where the majority of HIV infections have occurred, young people are particularly vulnerable to contracting the infection. Although AIDS awareness among young people in Africa is generally quite high and much research has been done on peer education as an intervention for the promotion of HIV/AIDS awareness, little is known about how targeted audiences and peer educators themselves view and perceive this method. Peer education research often continues to rely on quantitative survey methodologies typically focusing on its effectiveness on changing medium term sexual behaviour without relating it to the views of targeted audiences and peer educators about the method. Hence the aim of this study is to investigate perceptions of peer educators and targeted audiences about peer education. The findings from the study suggest that young people are aware of the major components of this prevention method. The research has uncovered impediments currently leading to poor participation in peer education activities by students. In light of the obstacles, recommendations have been put forward to improve this intervention method which has been proven by research to be a powerful tool in the struggle against HIV and AIDS.

ABBREVIATIONS AND ACRONYMS

HIV	HUMAN IMMUNODEFICIENCY VIRUS
AIDS	ACQUIRED IMMUNE DEFICIENCY SYNDROME
UKZN	UNIVERSITY OF KWAZULU-NATAL
ZAWECA	ZAMBIA WESTERN CAPE
HIVAN	HIV AIDS NETWORK
TYPA	THAI YOUTH AIDS PREVENTION PROJECT
CDC	CENTRES FOR DISEASES CONTROL
STIs	SEXUALLY TRANSMITTED INFECTIONS
VCT	VOLUNTARY COUNSELLING AND TESTING
AIDSCAP	AIDS CONTROL AND PREVENTION

TABLE OF CONTENTS

	Page
DECLARATION	ii)
DEDICATION	iii)
ACKNOWLEDGEMENTS	iv)
ABSTRACT	v)
ABBREVIATIONS AND ACRONYMS	vi)
TABLE OF CONTENTS	vii)

CHAPTER ONE: INTRODUCTION AND THEORETICAL FRAMEWORK

1.1 Introduction	1
1.2 Background to the study	2
X 1.3 Statement of the problem	3
X 1.4 Purpose and objectives of the study	4
1.5 Significance of the study	5
1.6 Theoretical framework	5
1.6.1 Background and components of social learning theory	5
1.6.2 Social learning theory and its applicability to peer education	6
1.7 Organisation of dissertation	8

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction	10
2.2 Peer education and behaviour change	10
2.3 Rationale for use of peer education	12
2.3.1 Peer educators are a credible source of information	12
2.3.2 Peer versus adult led education	13
2.3.3 Peer education is empowering to peer educators	15
2.4 HIV/AIDS in higher education settings (colleges)	16
2.5 Linking peer education with other HIV/AIDS prevention strategies	18
2.6 Knowledge, skills and characteristics required to be a peer educator	20
2.7 Keeping and motivating peer educators	22

2.8 Challenges and criticism of peer education	24
2.9 Strategies used to convey messages to targeted audiences	26
3.0 Summary	28

CHAPTER THREE: METHODOLOGY

3.1 Introduction	29
3.2 Context of the Study	29
3.3 The Howard College Peer Education Programme	29
3.4 Research Methods	31
3.5 Sampling procedure and data collection	32
3.6 Data Analysis	33
3.7 Ethical Considerations	34
3.8 Limitations	34

CHAPTER FOUR: FINDINGS

4.1 Introduction	36
4.2 Findings from interviews with students	36
4.2.1 Students' description of peer education	36
4.2.2 Peer education and behaviour change	37
4.2.3 Students' knowledge of other situations that call for peer education	39
4.2.4 Students' awareness and perceptions about the Howard programme	40
4.2.5 Advantages and disadvantages of using peer education	42
4.2.6 Views about the selection process of peer educators	44
4.2.7 Views about payment options for peer educators	45
4.2.8 Training curricula of peer educators	46
4.2.9 How to improve visibility of peer education	47
4.3 Findings from peer educators	49
4.3.1 Description of peer education	49
4.3.2 Peer education as a medium for behaviour change	50
4.3.3 Peer educators' responsibilities	51
4.3.4 Reasons for joining and benefits obtained	52
4.3.5 Nature of training received	54

4.3.6 Methods used to attract students to peer education activities	55
4.3.7 Challenges faced	56
4.3.8 Views about the programme and the Campus HIV Support Unit	57
4.3.9 The future of peer education	58
4.4 Summary	60

CHAPTER FIVE: DISCUSSION, CONCLUSION & RECOMMENDATIONS

5.1 Introduction	61
5.2 Discussion	61
5.3 Conclusion	65
5.4 Recommendations	66

REFERENCES	69
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APPENDICES

Appendix 1: Interview Guide with Students	74
Appendix 2: Interview Guide with Peer Educators	76

CHAPTER ONE

Introduction and Theoretical framework

1.1 Introduction

One of the most daunting challenges facing the “new” South Africa is the rapidly spreading HIV/AIDS epidemic (UNAIDS, 1998). The country has the most people living with HIV and is also regarded as having the most severe HIV epidemic in the world. As noted by Walker et al. (2004), it is expected that by 2010 life expectancy will be 43 years, 17 years less than it would have been before the epidemic. Projections of the path of the epidemic suggest that the overall prevalence of HIV in South Africa will reach almost 25 percent in the general population by 2010 (UNAIDS, 1998).

In 2005, 320 000 AIDS related deaths were recorded in South Africa (UNAIDS, 2006). The spread of HIV/AIDS therefore represents a challenge to all South Africans as it threatens to offset recent gains in human development especially considering the fact that there is as yet no vaccine and cure (UNAIDS, 1998). The province of KwaZulu-Natal in which the site of this research is located continues to have the highest prevalence rates than any other province, and approximately 10 percent higher than the national average (Ersikine, 2005).

There is evidence in South Africa and elsewhere to show that a great deal can be done to influence the course of the epidemic. Effective prevention strategies are being used to curb the spread of the virus. Various educational programs, amongst them peer education programs, have been used to increase knowledge that will lead to behaviour change. This is so because in order to combat HIV/AIDS, there is an urgent need for effective prevention and changes in behaviour and attitudes. Young people in South Africa are at heightened risk of HIV infection as evidenced by the results of a 2003 nationally representative household survey of youth aged 15-24 years which revealed a HIV prevalence of 10.2% among the youth (Mantell et al., 2006).

Peer education intervention programs can be an extremely important component of efforts aimed at reaching adolescents. However, because there can be substantial

variations in the way the targeted audiences perceive peer education as an intervention strategy, it is important to identify the way it is perceived. In light of this, the study is going to provide insights into peer education as a strategy for the promotion of HIV/AIDS awareness among young people attending a tertiary institution in KwaZulu- Natal, the province with the highest prevalence rates of HIV in South Africa.

1.2 Background to the study

The AIDS epidemic has made it necessary to teach young people effective sexual health and AIDS prevention programs that can increase their knowledge and skills so that they can adopt and maintain behaviour that can virtually eliminate their risk of becoming infected with the human immunodeficiency virus (Osowole and Oladepo, 2000). Such educational programs have made use of different strategies, one of which is peer education. Peer education was one of the most popular interventions and remains one of the most promoted strategies. As noted by Maritz (2003 pg 6), “peer education is a popular concept that implies an approach, a communication channel, a methodology, a philosophy and a strategy”. Peer education is a method of training individuals to instruct other members of a similar age group with the aim of influencing health behaviour (Osowole and Oladepo, 2000). It involves the dissemination of health related information by members of target groups to their peers (Campbell and MacPhail, 2002).

Historically peer education was used for academic and educational purposes in the 1960s in the United States and the Soviet Union where older pupils were requested to help their younger fellow students (Riga, 2003). The idea had its roots in developmental psychology theories and was later on in the late 1960s initiated with adolescents in American high schools to curb substance abuse (Bleeker, 2001). In the structured setting of a school, a group of students received training which aimed at discouraging other peers from alcohol use and smoking. Peer education was therefore seen as a support mechanism in delinquency, drug and alcohol treatment programs. As Lezin (2003) has noted, peer education programs during this period involved encouraging young people to help educate one another in support groups that sought to reinforce and sustain behaviour change like avoiding drug or alcohol relapse.

However, in the past decade peer education has been revitalised as a method of AIDS education and prevention amongst young people (Bleeker, 2001). Peer education was adopted in the area of health education with the intention of enhancing knowledge of the risk of HIV infection and the need for behaviour change (Riga, 2003). In most Africa societies, open discussion on sex and sexuality is taboo and one of the greatest challenges of HIV/AIDS programs has been to break cultural barriers and promote open dialogue. Peer education comes in handy by creating a favourable environment for open discussion among people who share similar characteristics and circumstances and have few or no inhibitions where sexual dialogue is concerned (Campbell and MacPhail, 2002). Campbell and MacPhail (2002) further noted that the approach has also been effective in sexual health promotion amongst young people in central and southern Africa leading to increased condom use and reduced levels of HIV and sexually transmitted infections.

1.3 Statement of the problem

The highest levels of new HIV infections occur among young people with more than half of all adults acquiring HIV before they reach 25 years (Love life, 2000). Young people in the age group 15-24 years, a majority of whom are currently in schools, colleges and universities have been identified as particularly vulnerable to the spread of HIV/AIDS. One in ten young South Africans between ages of 15 and 24 was found to be HIV positive using a large representative sample of 11 904 young people (Ndaki, 2004 cited in Visser, 2007). A review of current studies suggests that young people in South Africa are sexually active at 16 years and probably 80% are by 18 years (Eaton et al., 2003). These statistics highlight the vital role that young people play in driving South Africa's HIV/AIDS epidemic (Harrison et al., 2001). Research suggests that the university in Africa is a high risk institution for the transmission of HIV because of high risk activities such as 'sugar daddy' practices and unprotected casual sex with multiple partners (World Bank, 2001). The vulnerability of young people makes it imperative that they are an important focus for targeted HIV/AIDS interventions (Njagi and Maharaj, 2006). Changing sexual behaviour in this group will be crucial in tackling the epidemic (Marston and King, 2006).

Throughout the world there is increasing concern about young people's sexual activities and their risk of early and unprotected sexual relations (Osowole and Oladepo, 2000). Unlike other epidemics, HIV/AIDS primarily affects young adults, the most vital group for development. As Campbell has noted, "young people are in the prime of their economic and reproductive lives and HIV/AIDS will kill them before they have brought up their children or made their contribution to the economy" (2003 pg 7). Action is needed to curb the spread of AIDS especially considering that at present there is no treatment that eradicates the virus from the body. For now prevention education is the only best available vaccination.

As noted by Dehne and Riedner (2001), the range of settings in which young people live may translate into unsafe sexual behaviours, increasing the risk of unwanted pregnancies as well as exposure to sexually transmitted infections and HIV. Being young is usually associated with the emerging awareness of sexuality and the age specific drive to experiment with it. HIV infection presents a danger to young people as it carries no symptoms.

1.4 Purpose and objectives of the study

The purpose of the study is to gain in-depth insights into peer education as a strategy for the promotion of HIV/AIDS awareness among young people, an age group at a heightened risk of the epidemic. Particular focus will be on college students at the University of KwaZulu-Natal Howard College. The specific objectives of the research are to:

- establish the type of knowledge students and peer educators have about peer education, that is, if they are aware of the main components, advantages as well as disadvantages of peer education as a prevention strategy.
- ascertain their perceptions and general comments concerning the program.

To gather this information the study utilised the qualitative research methodology. In - depth interviews were conducted with a sample of students and peer educators to establish their knowledge and perceptions about the campus programme as well as peer education in general.

1.5 Significance of the study

The study is concerned with offering insights into peer education as a prevention strategy in curbing the spread of HIV/AIDS among young people who are reportedly at a high risk of contracting the virus. It is vital that such a research be carried out since an understanding of the context of peer education as an intervention is crucial in designing an effective HIV/AIDS intervention program for young people who form the backbone of the future generation. Getting an insight into peer education will provide a leeway for the development of future interventions considering that young people are the backbone of the future generation. UNAIDS (2002) predicts that HIV/AIDS will have devastating effects on student populations, thus it is important to have a serious look at the prevention options available for such population and examine their perceptions of peer education as an HIV prevention strategy.

1.6 Theoretical framework

Peer education programs just like most HIV related research draw on various theoretical approaches to help shape interventions. Individual cognitive theories and theories of collective action and group empowerment drawn from the fields of health psychology and public health explain why people adopt new behaviours and provide a rationale for peer based approaches (Adamchak, 2006). Major theories and models for behaviour which are particularly relevant for peer education include the social learning theory, theory of participatory education, diffusion of innovations theory, theory of reasoned action as well as the health belief model (Turner and Shepherd 1999, Riga 2003, Horizons, 2002). This research draws on the social learning theory as it is widely used by many peer education strategies.

1.6.1 Background and components of Social Learning Theory

Social learning theory which is based on the work of Bandura and colleagues claims that modelling is an important component of the learning process as subjects observe behaviour taking place and model it (Turner and Shepherd, 1999). This theory therefore explains human behaviour as dynamic and reciprocal in which personal factors, environmental influences and behaviour continually interacts (Riga, 2003). People serve as models of human behaviour and some people (significant others) are capable of eliciting behavioural change in certain individuals, based on the

individual's value and interpretation system (Bandura, 1986 cited in Peer Education Module, 2003). As Bandura states,

"Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on effects of their own actions to inform them what to do. Fortunately most human behaviour is learned observationally through modelling: from observing others one forms an idea of how new behaviours are performed and on later occasions this coded information serves as a guide for action" (Bandura, 1977 pg 22).

The history of social learning theory is initially based on studies of infants and the extent to which they imitated the aggressive behaviour of adult models (Bandura et al. 1963 cited in Turner and Shepherd, 1999). Bandura went on to develop the theory into a more sophisticated explanation of how and why adults adopt similar behaviour to other adult role models (Turner and Shepherd, 1999). The extent to which individuals are influenced by modelled behaviour depends on the characteristics of the models, the attributes of observers and the perceived consequences of adopting similar behaviour (Bandura, 1977).

1.6.2 Social Learning Theory and its applicability to peer education

Social learning theory confirms most commonly accepted and used views in peer education particularly with regards to the transfer of knowledge and skills through sample models (Riga, 2003). Important elements in the learning process are role modelling, role model credibility, empowerment and self efficacy as well as reinforcement of learned behaviour and all seem to be relevant to peer education (Bandura, 1977).

(i) Credibility

As Turner and Shepherd (1999) have observed, social learning theory seems to be relevant in terms of credibility, implying that peers are viewed as a credible source of information. Social learning theory also asserts that to be a credible role model one has to have high status within the peer group. Studies have shown that popular opinion leaders within communities were successful peer educators (Klepp et al., 1986 cited in Turner and Shepherd, 1999). Status of opinion leaders within communities is a powerful factor in their effectiveness as peer educators.

(ii) Empowerment and self efficacy

Social learning theory according to Riga (2003) confirms the commonly accepted view peers are more likely to put into practise socially learned behaviour if they think it will benefit them. The concept of efficacy as applied by Bandura relates to a person's confidence in performing a particular behaviour and their expectation of success (Turner and Shepherd, 1999). Social learning theory is present in the peer education view that sexually active teenagers will use condoms constantly if they acquire knowledge from peers that the types of condoms work best (Riga, 2003). They need to be empowered to believe that potential sex partners will not reject them because they want to use condoms and they also need to have the strength of confidence in themselves to state their wishes clearly before or during intimate encounter (Riga, 2003). It is for this reason that some peer education programs incorporate social skills such as assertiveness training, for example negotiation skills to refuse sex or take drugs (Turner and Shepherd, 1999). They will in turn empower their targeted audiences with the same skills.

(iii) Reinforcement

Social learning theory advocates for the idea that spending a great amount of time socialising with people of similar age gives an opportunity for frequent reinforcement of patterns of behaviour. As Turner and Shepherd (1999) have noted, this can be applied to peer education as they can reinforce socially learned behaviour. Peers spend a great deal of time socialising with people of similar age and this ongoing contact offers the opportunity for a message to be reinforced. The message will have more impact than a one off lesson by a parent or teacher. Turner and Shepherd (1999) further assert that successful reinforcement requires that the peer educators have ongoing contact with the target audience.

(iv) Role modelling

Role modelling is a central concept of the social learning theory. Riga (2003) notes that according to social learning theory, an individual gains knowledge and skills which will control specific situations through indirectly watching and modelling someone else's behaviour and activities in a specific situation. Peer education makes use of this idea and as noted by Klepp et al. (1986):

“...the role of the peer educator is to serve as a positive role model and to provide social information rather than merely providing facts...peer leaders enhance the programs applicability by modelling appropriate behaviours” (Klepp et al., 1986 cited in Turner and Shepherd 1999 pg 238).

According to social learning theory, modelling is usually effective if the model is someone who the individual or the audience identifies. This is because the ability to successfully change particular attitudes and behaviours crucially depends on similarities in age, interests and similar life experiences between peer educators and peers (Riga, 2003). That is why peer education programs recruit members of the same peer group. For example, a sex worker peer educator will be more comfortable with sex workers (Peer Education Module, 2003).

1.7 Organisation of dissertation

This first chapter provides background information on the study and it introduces the statement of the problem as well as the purpose and objectives of the study. The first chapter has also outlined the significance of the study and the theories which are relevant for peer education. The second chapter reviews literature on peer education and how it is increasingly being used as an important strategy for the promotion of HIV/AIDS awareness specifically among the youth. It also looks at existing literature on studies that have tried to assess the effectiveness of peer education as a HIV/AIDS prevention strategy.

Chapter three outlines the research methodology of the study. It looks at the sampling procedure, the data collection method, the data analysis procedure as well as the limitations of the study. An overview of the Howard College peer education program is provided in this chapter as well as the ethical considerations which were guiding the conduct of the study.

Chapter four presents the findings of the research based on the in-depth interviews which were conducted with a sample of students and peer educators studying at Howard College. Particular themes regarding students' perceptions of peer education obtained through the qualitative data analysis package NVivo form the basis of the

findings. Chapter five provides a discussion of the main findings of the study. The findings are compared to the findings of previous studies. The chapter also presents recommendations for future research on peer education.

CHAPTER TWO

Literature Review

2.1 Introduction

Peer education is increasingly being developed as a key strategy for the promotion of HIV/AIDS awareness specifically among the youth. However, research on perceptions of peer educators and targeted audiences remains scarce. Most of existing literature is composed of studies that have tried to assess the effectiveness of peer education on changing medium term sexual behaviour in targeted audience. This chapter begins by examining these studies and underscores the rationale for the use of peer education in HIV/AIDS prevention. The focus is on examining studies done and relates the findings to factors facilitating or inhibiting use of peer education. A review of previous studies internationally shows that important common themes emerge that can be used to explain why peer education is seen as a positive intervention, that is, it yields positive results in terms of behaviour change. The literature is presented in view of the main and broader objectives of the research.

2.2 Peer education and behaviour change

Scholars posit that peer education plays an important role in helping people change their sexual behaviour and thus reduce HIV transmission. It is argued that when young people learn from their peers, there are high chances that they are likely to acquire more HIV knowledge leading to the adoption of safe behaviour (Lezin, 2003). A study which was carried out among Zambian secondary school students to investigate whether there were any changes in knowledge and normative beliefs regarding abstinence and condom use after exposure to a peer sexual health intervention revealed that HIV knowledge and normative beliefs about abstinence and condom use were more positive among students in the intervention schools (Agha, 2002). Agha (2002) noted that these findings show that peer sexual health intervention can be effective in increasing knowledge, positive normative beliefs about abstinence, condom use and personal perception of risk.

There is research evidence to show that peer education facilitates sexual behaviour change needed to reduce the risk and spread of HIV infection. For example, a study conducted to assess the impact and outcome of a workplace peer education HIV/AIDS prevention program in Botswana revealed that the peer education programme was successful in the key areas of improving knowledge, attitudes and practises related to risky sexual behaviour (Hope, 1995). The findings support the widely held belief that peer health education can be an effective tool for fostering behaviour change through improving knowledge, attitudes and behaviour related to risky sexual behaviour.

In another study in Canada, six high schools located in Quebec were divided into intervention and control groups to assess the impacts of peer education on behaviour change in terms of personal normative sexual beliefs, condom use and perceived self efficacy to negotiate safe behaviour (Caron et al., 2004). Respondents in the experimental high schools received a peer education intervention whose content was developed to affect attitude and perceived behavioural control. Results from a survey conducted nine months after the program showed that respondents from the experimental/intervention arm of the study positively modified their attitude and personal normative beliefs with regards to postponing sexual intercourse and condom use (Caron et al., 2004).

A study carried out in Uganda to see the effects of peer education on teenage sexual behaviour patterns showed increased sexual abstinence among school going adolescents as a result of exposure to a school health peer education program which was using a student to student participatory learning approach (Ebreo et al., 2002). The percentage of students who revealed that they were sexually active fell from 43% to 11% in the intervention group while no significant change was observed in the control group (Ebreo et al., 2002).

Another research which was carried out in 13 secondary schools in Tshwane, South Africa revealed that peer education can contribute to a deferred commencement of sexual activity and this can help in the prevention of HIV/AIDS amongst adolescents (Visser, 2007). The percentage of students in the investigational group who were sexually experienced remained unchanged over the time period of the research (Visser, 2007).

2.3 Rationale for use of peer education

Peer education has been widely recognised as an important component of a comprehensive HIV/AIDS and management strategy. It is important to understand the factors leading to such claims. From a fairly extensive review of literature on peer education, frequently used justifications for adopting it are that peer educators are a credible source of information, it is empowering to the peer educators, peers are more successful than professionals or adults in passing on information because people identify with their peers and that it can be used to educate those who are hard to reach through conventional methods (Turner and Shepherd, 1999).

2.3.1 Peer educators are a credible source of information

Caron et al. (2004) observed that the major reason why youth peer education has become so popular is the underlying belief that they are credible and influential role models. This assumption is further supported by the social learning theory which views adolescents as more likely to enact modelled behaviour if they perceive the models as warm, supporting and are similar to themselves with respect to such characteristics as gender, ethnicity and age (Bandura, 1986). A study which was carried out in 2000 in eight colleges in China to assess the overall level of AIDS knowledge and its implications for health promotion programs among Chinese college students revealed that the majority of the students discussed AIDS issues with peers and friends (Li et al., 2004). This reveals how peer educators can be a credible source of information.

Several studies have shown that well designed and accessible peer education programs that combine messages about safer sex and abstinence may delay sexual debut as well as increase preventative behaviours among young people who are already sexually active (UNAIDS, 2000). An example of such a successful peer education programme is the ZAWECA peer education project which is a collaborative project between the University of Western Cape and the University of Zambia aimed at facilitating and promoting institutional collaboration between the two universities through the development of peer education programs that would equip students with life skills to enable them to negotiate safer sex practices to reduce the transmission of HIV/AIDS (ZAWECA, 2005). The peer education programs at both universities were

later evaluated and it was revealed that they impacted significantly on students by placing HIV/AIDS on their agenda; hence peer educators can be considered a credible source of HIV/AIDS information.

Another study in the United States has revealed that adolescents who believe their peers are using condoms are more than twice as likely to use condoms compared to teenagers who do not believe their peers use condoms (Riga, 2003). It was observed that 44% of sexually active participants reported not using condoms compared to 33% after the intervention (Riga, 2003). This suggests that peer led sex education is effective in establishing norms and attitudes related to sexual behaviour (Caron et al., 2004).

2.3.2 Peer versus adult led education

Literature of previous studies done on peer education reveal that peer led interventions are apparently more beneficial in terms of improving knowledge of HIV/AIDS as compared to any form of adult led education. In their study to evaluate the effectiveness of peer education when compared to teacher led curricula in AIDS prevention programs in schools in Rome, Borgia et al. (2005) found out that peer led groups showed greater improvement in knowledge, prevention skills, risk perception and attitudes. Specifically, the peer led group showed a higher knowledge score of HIV/AIDS as compared to the teacher led group.

In another study, it was observed that students who attended a peer led program had significantly higher levels of HIV prevention knowledge than those who participated in same interventions led by community health nurses (Caron et al., 2004). Most of the reviewed studies suggest that peer led health education; particularly aimed at enhancing HIV/AIDS education, bring about positive changes in attitudes related to sexual behaviour amongst the targeted audience. Young people in particular feel free to share conversations on taboo subjects such as sex with their peers without fear of being judged and labelled (Peer Education Module, 2003). In most African societies open discussion on sex and sexuality is seen as taboo. In light of this, one of the greatest challenges of HIV/AIDS programs has been to break cultural barriers and promote open dialogue (Campbell and MacPhail, 2002). Peer education comes in handy by creating a favourable environment for open discussion among young people

who share same characteristics and circumstances and have few or no inhibitions where sexual dialogue is concerned.

A comparative study of peer led and adult led sex education conducted in the United Kingdom found out that peer leaders appear to be more effective in establishing conservative norms and attitudes related to sexual behaviour than adults (Mellanby, et al., 2001). An evaluation was done to assess the programme's ability to increase knowledge and change attitudes from a perception that sexual intercourse is beneficial to teenagers. The study revealed that peer educators appeared to have been considerably more effective in establishing the norm that teenagers were not having sexual intercourse before they turned 16 (Mellanby et al., 2001). It shows that it is generally difficult for teenagers to reveal their sexual behaviour patterns to adults. They are more comfortable discussing their sexuality with other teenagers or peers.

The results of a study which was carried out in Bangladesh to compare the knowledge of and teaching skills of adult teachers with secondary school students who were trained to be peer educators revealed that trained students remember the contents of training materials and information booklets better than adult teachers (Ebreo et al., 2002). It was also found that adolescents retained knowledge much better when taught by students than by adult teachers. And most importantly, following this study the Bangladesh government took a giant step towards rejuvenation of peer education throughout the country which saw the training of more than five thousand youth to become frontline workers for the Adolescent Peer Organised Network (Ebreo et al., 2002).

However, there is certain factual sexual health information which in some instances is more effectively transmitted to young audiences by adult educators than peer educators. Peer educators are more successful when dealing with sexual issues relating to relationships, negotiations of safe sexual practises as well as creating conservation norms. In the just mentioned UK comparative study, the evaluation results showed that students who were exposed to adult led peer education programme were more knowledgeable about sexually transmitted infections and reproductive physiology than those who were exposed to the peer led sex education programme. Mellanby et al. (2001) observed that young students peer educators are full time

students who are likely not to receive intensive training to become experts in all sex education topics.

2.3.3 Peer education is empowering to the peer educators

Scholars have revealed that peer educators themselves benefit from peer education programs in different ways. They are offered an opportunity to participate in meaningful roles and therefore benefit from being helpers (Milburn, 1995). Learning how to educate other peers helps them feel a sense of responsibility in terms of educating peers and being part of the educational process (Riga, 2003). This in turn builds on their self confidence thereby shaping their personal lives. Deutsch and Swartz (2002) further add that the skills peer educators gain will make them more productive in any field later in their lives. Skills which are gained from being a peer educator include, planning and preparation, teamwork, how to give and receive supervision and feedback, critical thinking as well as reliability. These will indeed benefit them in future, particularly as they enter the world of employment.

A study of a peer education programme which was run by a specialist sexual health service for male sex workers in London revealed that peer educators who took part in the project saw their involvement in the programme to be beneficial (Ziersch et al., 2000). Using a range of data collection methods, it was found out that they reported an improvement in their knowledge about HIV/AIDS related issues and their expertise in delivering healthy messages rose due to exposure with the peer education programme.

As Riga (2003 pg15) has noted, “the benefits of peer education accrue not only to the recipient of the information, but also to the information provider.” An evaluation of peer education programs at the University of Western Cape and the University of Zambia showed that peer education impacted greatly on the peer educators as most of them indicated that their self esteem, confidence, communication and social skills were enhanced (ZaweCA, 2005). Peer educators at the University of Zambia revealed that the project “ encouraged them to speak more freely on issues related to HIV to peers and this is of particular significance given that HIV/AIDS is highly stigmatised in many African societies” (2005 pg 19).

In a study of a peer education initiative aimed to promote adolescents in the United States of America called Teen PE took part in the programme were quoted as saying, “our knowledge about HIV/AIDS, other sexually transmitted infections, pre reproductive health has increased” (Barr, 2000 pg 1). Peer education is not develop resilient youth in the targeted audience only. In Thailand, a second year student who was trained to be a peer educator under the Youth AIDS Prevention Project (TYPA) acknowledged that, “in addition to the education she acquired on HIV prevention, getting involved in TYAP peer education activities has also given her greater self confidence and improved her organizational and leadership skills” (Ebreo et al., 2002 pg 96). Hence peer education is empowering to the peer educators.

A project evaluation research study which was carried out for a peer education project in a township in South Africa revealed that the programme had instilled confidence in peer educators. The peer educators constantly spoke of the personal development they had experienced through their involvement (Campbell, 2003). In another study conducted in 13 secondary schools in Tshwane, South Africa, one of the most noted important strengths of the programme was the personal growth of peer educators (Visser, 2003). They pointed out that they developed a greater understanding of themselves and others and this empowered them to make a difference in other people's lives (Visser, 2003).

2.4 HIV/AIDS in higher education settings (colleges)

Statistics from UNAIDS (2000) have revealed that the majority of the people infected with HIV in Sub Saharan African countries are young people between the ages 15 to 24 years. These statistics highlight the fact that students in higher education settings fall into a very high risk group for HIV infection. Deutsch and Swartz (2002) have added that most students in higher education settings are in the prime years of sexual activity, as a result high incidence rates are expected as HIV is primarily transmitted sexually. Case studies of various African universities which were carried out by Professor Michael Kelly of the University of Zambia revealed that many institutions

remain in the dark concerning their HIV/AIDS situation on their own campuses as there exists ignorance, secrecy, denial, fear stigmatization and silence surrounding the presence of HIV/AIDS (Katjavivi and Otaala, 2003). As a result higher educational settings in Africa continue to be breeding places of HIV/AIDS in light of this denial.

In the ZAWECA study it was found out that, “first year female students at higher education settings are particularly vulnerable and at risk as they are away from home for the first time and often experience immense pressure to engage in high risk behaviour such as substance abuse and unprotected coercive sex” (2005 pg 4). In a higher education environment, first year students are exposed to a wider variety of choices as they meet new and attractive people. This is further supported by case studies on the way HIV/AIDS affects individual universities in Africa which found that the vulnerability of female students at universities emanates from lack of empowerment as female students in most instances consent to sex under pressure in order to preserve a relationship so as to ensure financial support or repay favours (Kelly, 2001). Deutsch and Swartz (2002) have observed that many youth who come to the university for the first time from the rural areas experience freedom from adult supervision and rules they would have grown up with. They will desire to demonstrate that prior barriers to social interaction are now eliminated and in so doing this has intensified sexual pressures on many students (Deutsch and Swartz, 2002). Certain behavioural and social factors which play a crucial role in initiating a sexually transmitted HIV epidemic are present within higher education settings (UNAIDS, 2000). Such factors include large proportions of the young adult population with multiple partners, the presence of large sexual networks as well as the existence of overlapping-serial partnerships.

It is also important to note that many university students come from high schools where they have not received enough and correct information about HIV/AIDS and have also not been taught the life skills required to assert themselves in such high risk situations (ZAWECA, 2005). Since there is this common perception on campuses that “high risk behaviour is normative and cool”, new students are highly susceptible to the risk of HIV transmission (Deutsch and Swartz, 2002). In addition to this lack of knowledge about HIV, the liberalization of sexual behaviour combined with high

levels of substance abuse increase the likelihood of a rapid spread of HIV among university students (ZAWECA, 2005).

Most higher education settings are trying to contend with HIV/AIDS in various ways which include the establishment of health services on campus which are familiar with the needs of a youthful population as well the provision of more accessible prevention efforts and messages to students living in campus residences (Deutsch and Swartz, 2002). In South Africa, for example, the National Department of Health in collaboration with donor agencies have embarked on a process of ensuring that higher education institutes integrate sustainable and effective peer education programs in their HIV prevention strategies (Deutsch and Swartz, 2002). Educational programs designed to influence appropriate behaviour are an important part of prevention strategies (ZAWECA, 2005). Peer education is therefore considered a suitable health promotion mechanism especially considering the fact that HIV is transmitted primarily by behaviour that can be modified.

In a study that was conducted at 19 American universities by the Centres for Disease Control and Prevention (CDC) and the American Health Association, it was revealed that approximately one in five hundred college students is infected with HIV (CDC, 1995). The study found out that factors which put American college students at risk for HIV infection included peer pressure, lack of maturity as well as alcohol and drug use, college students reported having unprotected sex while under the influence of alcohol or other drugs and this can lead to possible infection with HIV or other STIs (CDC, 1995).

2.5 Linking peer education programs with other HIV/AIDS prevention intervention strategies

If a peer education program is well established and comprehensive, it will certainly generate high demand for services in the intended audiences. Adamchak (2006) has observed that peer education has to be linked to services that provide access to condoms and other contraceptives, medical care, voluntary HIV counselling and testing as well as sexually transmitted infections management. Peer education programs are usually responsible for initiating efforts to provide free voluntary

counselling and testing and anti-retroviral treatment for target audiences (ZaweCA, 2005). It is therefore important that they link with providers of these services, hence the existence of collaborative relations between university peer education programs with the university clinics. As Deutsch and Swartz (2002 pg 48) have noted, “peer educators in most instances provide more credible links than teachers between schools and health clinics, primary health care services and other community resources”. Thus it is essential to link peer education with these services. In a study of 21 peer education and HIV/AIDS prevention and care projects in 10 countries in Africa, Asia, Latin America and the Caribbean sponsored by the AIDS Control and Prevention Program (AIDSCAP), a consultation with 30 peer education organisations revealed that 23 of the 30 reported that they had successfully integrated peer education with other activities such as condom distribution, psychosocial counselling, STI/HIV testing and support services and home and hospice care for people living with AIDS (UNAIDS, 1999).

Deutsch and Swartz (2002) have further noted that part of the peer educator training involves visiting nearby clinics and developing relationships with key staff. Inviting guests from other organisations involved in efforts to fight the epidemic to the training is also essential as audiences pose questions concerning various issues surrounding HIV/AIDS to peer educators. Guests are experts in particular fields of HIV and they provide insights on a variety of issues concerning HIV/AIDS to peer educators who will in turn convey the message to their peers. An evaluation study of the ZaweCA peer education project revealed that the programme linked with commercial sex workers and people living with HIV/AIDS organisations in disseminating information to students (ZaweCA, 2005).

In some cases peer education programs may develop links with programs offering support to orphans or home and hospice care (Adamchak, 2006). A needs assessment which was conducted by AIDSCAP with 30 programme managers from around the world found out that 23 out of 27 managers had integrated their peer education programmes with other activities in a bid to prevent infection and to care for people living with HIV/AIDS (UNAIDS, 1999). Peer educators can therefore play a crucial role in providing information to young people about centres which can be used to access various types of care services. As Riga (2003) has noted, peer education can

provide information to young people about youth health centres thereby promoting use of such services. If an education institution has health classes or if social workers and counsellors who work with students to offer HIV/AIDS information, peer education can still support and supplement these activities. It is important to consider peer education as a component in a comprehensive strategy to prevent HIV/AIDS (Riga, 2003).

2.6 Knowledge, skills and characteristics required to be a peer educator (finding peer educators)

Disseminating knowledge and information to group members calls for a person who has a personality conducive and suited to the work. Riga (2003) further adds that it is important that the peer educators come from a socio-economic environment similar to that of the target audience members. It is crucial that the peer educator has similar characteristics in terms of age, previous experience as well as level of thinking with the target audience as it has been observed that young people feel free to discuss taboo subjects like sex with their peers. As noted in the Peer Education Module (2003 pg 6), “if you are a peer, you speak the same language and you are familiar with the cultural norms and values of the group”. If the peer education program is to be implemented with vulnerable groups like sex workers, homosexuals, street children and migrant workers, it is important that the peer educator and the target audience have identical characteristics in terms of age, ethnicity and language (Riga, 2003). After the training the peer educators return to their group to become facilitators of changes in attitudes and views. Views are facilitated by the group members themselves and not forced upon audience members (Riga, 2003). A sex worker peer educator will be more comfortable with sex workers and in the same way a migrant worker peer educator will be more at ease with migrant workers (Peer Education Module, 2003).

Hence it is important to be aware of heterogeneity factors within a given peer group as this requires different types of peer educators to address such diversity (Horizons 2002). A study which was carried out in the Dominican Republic revealed five sexual identity groups among gays. They distinguished themselves as “cross dressers, homosexuals, gigolos, bisexuals and heterosexuals” Horizons (2002 pg 16). These

results demonstrate the need for peer educators from the specific group members as they are in a better position to understand the needs of the audience.

A peer educator should be acceptable to the target audience and be trustworthy. Riga (2003) observed that given the fact that HIV/AIDS is a complex social phenomenon as it touches on sexual behaviour, habits and attitudes, it is critically important that the target audience has a high level of trust when it comes to the information that is being presented. UNAIDS (1999) noted that social network analysis is popularly used to determine suitable peer educator candidates for intended audiences. This “involves talking to members of a given group to identify whom they feel most comfortable talking to and receiving messages about HIV/AIDS related issues from” (UNAIDS, 1999 pg 9). A peer education programme in the United States of America for injecting drug users selected peer educators on the basis of nominations by peers through a social network interview. The selected peer educators were trained in needle hygiene and ways of reducing the sexual risk of HIV infection. The post intervention interviews with members of the injecting drug user peer educator network showed that they were significantly less likely than those in the control to share needles (Latkin et al., cited in UNAIDS, 1999). In a recent study which was carried out in 13 secondary schools in South Africa, it was revealed that learners were asked to nominate members in their grade group whom they thought would be good peer educators (Visser, 2007).

Other skills and knowledge expected of a peer educator include the ability to listen to others, interest in working with peers, non-judgemental attitude, group facilitation skills, and extensive social links and above all be a good communicator (Peer Education Module, 2003; Riga, 2003). Possessing an overall knowledge of the subject (not necessarily expertise) is another crucial requirement for peer educators (Peer Education Module, 2003). As peers would like to know where and how to access more information and support, a peer educator should be aware of where this can be obtained. Increased knowledge of reproductive health care and support is needed for one to be an effective peer educator.

In some cases it is important that a peer educator be an opinion leader meaning a person who is trustworthy and able to bring new and easily accepted ideas into the

group (Riga, 2003). The level of trust is even higher if the person is seen as an opinion leader or admired by the intended audience. The peer educator can be a leader or authority figure from the target audience but they should avoid being directive as the role of the peer educator is to give information and let the audience make their own decisions based on the facts (Peer Education Module, 2003). Peer educators should therefore not adopt the role of parents. In a nutshell, the selection process of peer educators is an important but complicated aspect in the launching process of a new project (Riga, 2003). They must be acceptable to the target audience and at the same time their personal skills have to be in line with peer education work.

2.7 Keeping and motivating peer educators

Research has shown that keeping and motivating peer educators is a crucial aspect which programs need to consider when setting up a peer education program. The costs associated with drop-outs and retraining can be high and unbearable if programs fail to adequately address motivational needs of peer educators (Horizons, 2002). Findings from a project designed to identify components and principles that influence HIV/AIDS peer education program quality and effectiveness indicate the need to provide peer educators with some kind of compensation in order to retain their educating role (Horizons, 2002).

In the AIDSCAP study of 21 peer education programmes, more than three quarters of the peer educators surveyed received compensation in the form of travel or food allowances and nearly 60% of the peer educators stated that financial incentives would make their job easier (Ebreo et al., 2002). The major question now is centred on whether the compensation should be monetary or non monetary incentives like T-shirts, bicycles, access to loans or free medical care (Horizons, 2002). It also has to be considered that context specific values and standards have to be maintained bearing in mind that peer educators should be at the same level as the targeted peers. When deciding on the form of compensation, programs have to make sure that they do not create long social distances between peer educators and the targeted audience as this may compromise the whole project. As Deutsch and Swartz (2002 pg 56) have observed, "peer education implies that peers readily recognise in peer educators

important similarities to themselves". It is essential that peer educators get some form of compensation but the type of compensation remain an unanswered question.

Intangible motivation can also be used as a motivator to keep peer educators working. As Deutsch and Swartz (2002) have observed, peer educators can have other motivating incentives including praise, pride, hope for advancement, preparation for career and opportunities to travel and make new friends. These intangible motivators go a long way in motivating peer educators to maintain their duties. Empowering peer educators in a bid to raise their self esteem also helps in motivating them. As noted by Horizons (2002 pg 11), " providing peer educators with responsibilities and decision making power in the design, implementation and evaluation of the program increase their self esteem and ensure that they own the program". A peer education project in Tanzania encouraged peer educators to talk about their work to the mass media and make presentations at local and national meetings (Horizons, 2002). This motivated them as they felt that they are indeed part of the program.

Sometimes there is a need to offer peer educators psychological and emotional support especially those who are often exposed to stressful situations as they do their work (Horizons, 2002). Retreats can be organised for them and periodic individual and group support sessions can be organised so that stress, burn out and other psychological aspects are addressed (Horizons, 2002). Giving peer educators an opportunity to share successes and ideas help keep them going. An assessment study of HIV/AIDS peer education programmes conducted in several clusters of HIV/AIDS non-governmental organisations in Tanzania revealed that providing both non-monetary incentives like T-shirts or bicycles and monetary incentives like access to credit and compensation for expenses helped in motivating the peer educators to carry their duties (UNAIDS, 1999).

It is important to note that incentives should not create a large social gap between the peer educators and the targeted audience as this may affect the smooth running of the programme. For example, in the project evaluation research for the Summertown peer education programme, it was revealed that some respondents were jealousy of the status and the monthly R200 payment peer educators received (Campbell, 2003). This can result in poor attendance to activities due to malice.

2.8 Challenges and criticism of peer education

Various challenges and criticisms have been raised against peer education considering that it has entered the academic realm with various scholars being attracted to it as a subject area. Scholars like Riga (2003) have observed that peer education is not always the most appropriate form of education despite its advantages. This is mainly because youth peer education in particular lacks standards of practice and a system of technical assistance as compared with teacher-delivered health education in schools and other interventions delivered by adult professionals (Deutsch and Swartz, 2005). A study carried out by AIDSCAP to examine peer education strategies revealed that some of the peer education interventions were only giving out information without bringing about risk reducing behaviour (UNAIDS, 1999). This can be attributed to lack of proper standards of practise.

As peer educators in most cases are not paid, there is lack of leverage to set and maintain performance standards. As Deutsch and Swartz (2005) have further noted, it is more difficult to ensure quality as it is defined by compensation in most instances. Motivating incentives available for peer educators include praise, hope for advancement, preparation for career and opportunities to travel and establish friendship patterns. This however requires to be supplemented by tangible benefits and this becomes a big challenge faced in peer education.

Adults have criticised youth led peer education programs by noting that most young people cannot maintain confidentiality (Deutsch and Swartz, 2005). In peer led discussions, young people are free even to discuss their deepest secrets concerning their sexuality. It is therefore imperative that peer educators keep the information as confidential as possible as the audience would have invested all their trust in them. Linked with this is the notion of power abuse by peer educators which involves inappropriate behaviour with peers in the name of being a “peer educator”. This according to Deutsch and Swartz (2005) include flirting and bullying of peers by some peer educators who are tempted to use the visibility and power of their position. In the AIDSCAP peer education programmes study, managers of peer education projects that were studied revealed that some peer educators were rude, particularly

female peer educators during condom demonstrations when working with male students (Flanagan and Mahler, 1996).

Another major challenge that peer education faces is that of discrepancies between what the peer educators say as compared to what they do. Deutsch and Swartz (2005) have observed that choosing peer educators who sooner or later are seen publicly doing what they are trying to teach their peers not to do can make the whole peer education project unattractive. Improper behaviour by peer educators must therefore be specifically defined and met with appropriate penalties. On the other hand it is indeed a challenge for peer education programmes to choose youth who seem almost never to engage in high-risk behaviour of any kind (Deutsch and Swartz, 2005). This can lead to the danger of choosing peer educators with whom few other adolescents identify. It is therefore encouraged that peer educators be recruited from a wide variety of settings. It is indeed a big challenge to select peer educators who are acceptable to both program staff and community members.

Youth peer education also encounters the challenge of sustainability as youth grow and move on. According to Deutsch and Swartz (2005 pg 52), "this is probably the most damaging criticism that has been responsible for failure to invest in peer education as a technology". The training which the peer educator receives typically lasts a maximum of three or more years, as a result peer education is seen as a waste of effort and resources because programs do not see the benefits of training people who will not keep working for five or more years. Students do not stay in college for many years meaning that they will only work as peer educators for short periods of time while they are attending an educational institution. This presents a big challenge especially with regards to school based peer education as programs would prefer to offer training to people who will keep working longer periods of time (Deutsch and Swartz, 2005). In the AIDSCAP study it was found that peer educators, particularly student and youth peer educators were not available for more than a year due to changes in their time and interests (Flanagan and Mahler, 1996).

In some instances peer education has failed to bring desired results. An outcome evaluation research which was conducted for a peer education programme implemented in Summertown, a township near Johannesburg showed that the project

had no measurable impact on levels of sexually infected infections (Campbell, 2003). The goal of the programme was to encourage condom use and improve the uptake of STI services with the hope of lowering the levels. The project failed to have a measurable impact and this becomes a challenge to peer education as an intervention mechanism.

2.9 Strategies or techniques used in peer education to convey messages to the targeted audiences (model for peer education delivery).

Studies which have been carried out in certain peer education projects have revealed techniques which are used to convey messages to the intended audiences. Various techniques including drama skits, discussions as well as leaflet distribution were used by peer educators in a study which was carried among Zambian secondary school students (Agha, 2002). The study was conducted to assess whether there were any changes in knowledge and normative beliefs regarding abstinence and personal risk perception of acquiring HIV among Zambian secondary school students who were exposed to a peer sexual health intervention. Drama skits were used to present scenarios that reflected real experiences of many Zambian adolescents, for example one of the skits involved a discussion about indulging in sex between a school going girl and her boyfriend with the girl convincing the boy of the dangers of premarital sex (Agha, 2002). Through this way peers were empowered with the courage to be able to refuse to have premarital sex.

A study of the University of Western Cape ZAWECA peer education project revealed that peer educators used training workshops, particularly with first year students to convey HIV/AIDS messages. During their orientation at the start of the academic year students were exposed to a two hour HIV/AIDS training workshop facilitated by peer educators to provide them with information about HIV/AIDS and services available on campus (ZAWECA, 2005). Similarly, at the University of Zambia, the ZAWECA peer education project used informal interactive evenings for first years during orientation to discuss issues like the feasibility of abstinence and ways of living positively with the virus (ZAWECA, 2005).

In a research carried out using a peer education project in Thailand called Thai Youths AIDS Prevention Project (TYAP), it was found out that peer educators were conveying messages mainly through running training programmes with the targeted audiences and use of media (Ebreo et al., 2002). They used the training programme to conduct outreach services to students in vocational schools and universities in the Chiang Mai district and they encouraged involvement of youth by hosting a weekly radio programme which enabled adolescents to explore issues that are relevant to their lives by sharing their experiences and knowledge on air (Ebreo et al., 2002).

Again an evaluation research of the ZAWECA peer education project which was implemented at the University of Western Cape and University of Zambia revealed that a combination of techniques were used to convey messages to students by peer educators. In summary, the techniques included use of interactive drama, open sharing discussion forums, quizzes, talk shows, panel discussions with commercial sex workers or people living with HIV, development of information, communication and education material, community outreach as well as the initiation of social marketing events like the race against AIDS which was initiated by the University of Western Cape peer educators (ZAWECA, 2005).

In a study which was carried out in 13 secondary schools in South Africa, peer educators conveyed messages through performing plays with health messages, invited guest speakers and organised HIV and drug awareness days (Visser, 2007). In one of the schools graffiti was painted on the wall and posters with HIV/AIDS facts were made and distributed (ibid). In the same way, a new style brand for young South Africans promoting healthy living and positive sexuality called Lovelife combines a high powered media campaign with countrywide adolescent sexual health services and community outreach support programmes to reach youth (Lovelife, 2002). As the epidemic is driven by sexual behaviour, it is necessary that sexual behaviour patterns be altered and Lovelife is trying to address this through vibrant media and outreach interventions to generate greater access to adolescent reproductive health information (Lovelife, 2004).

3.0 Summary

There is evidence from the reviewed literature that peer education is widely used by health professionals, community leaders and youth themselves. It is easier to believe that peers can be powerful and positive influence on the attitudes and behaviours of a particular audience. As the HIV/AIDS epidemic enters its fourth decade, high expectations are demanded especially from the youth so that they acquire accurate and useful information concerning healthy behaviour. Peer educators can be instrumental in providing this information only if consistency is maintained in terms of the contact between peer educators and their peers. Deutsch and Swartz (2002) have observed that the common error in peer education is low coverage where there is little contact between peer educators and their peers.

CHAPTER THREE

Methodology

3.1 Introduction

This chapter presents the methodology that was used in conducting this research. The study draws on in-depth interviews conducted with students and peer educators. The context of the study, research methodology, data collection procedure, ethical issues, limitations as well as the data analysis process will be discussed in this chapter.

3.2 Context of the study

The University of KwaZulu-Natal was chosen as the focus of the research because it is located in a province which is in the midst of a crippling HIV epidemic with a prevalence level of 37. 5% which is approximately 10% higher than the national average (Makubalo et al., 2003). The province of KwaZulu-Natal is located in the eastern seaboard of South Africa and has the highest population of nine million four hundred thousand according to the 2001 census (Statistics South Africa, 2003). The high incidence of HIV in the province points to the potential impact of the epidemic among young people in schools, colleges and universities in the province (Njagi, 2005). Thus this research was conducted at the University of KwaZulu-Natal, the largest tertiary institution in the province. The research was carried out at the Howard College campus which is the biggest of the five University of KwaZulu-Natal campuses. The researcher chose to focus on students at this higher education institution as this was the most convenient way to access the 15-24 years age group which bears peak incidences of HIV.

3.3 The Howard College Peer Education Program

The University of KwaZulu-Natal as noted earlier on is located in the province with probably the most advanced HIV/AIDS epidemic in South Africa. A report produced by Abt Associates (1999) on the susceptibility of this university to HIV/AIDS revealed that all staff and students are equally affected by HIV/AIDS either through infection, illness or death of colleagues and family members. The university's investment to its students could be lost through unnecessary early deaths due to AIDS

and to make matters worse employers may be reluctant to hire university graduates if they anticipate they are infected (Abt Associates, 1999). It is against this background that the then University of Natal realised the importance of availing HIV support for students and staff while at the university.

Over the past five years the university has affirmed its commitment to the fight against the HIV/AIDS pandemic and this has culminated in the development of a HIV/AIDS Network (HIVAN) and its vision for the establishment of HIV/AIDS support units across the five campuses. The support units aim to ensure that various support structures needed in order to address all issues surrounding HIV/AIDS are in place. These include effective education, counselling, ensuring respect and dignity for the infected, gender issues as well as the availability of condoms. The support units therefore act as the bridge between the university community and various HIV/AIDS support and care service providers.

It has been realised that actions of students are highly influenced by the way they understand the epidemic. In 2003 this knowledge has culminated in the development of peer education programmes in the campus support units. The activities of the peer education project as noted by the coordinator of the program are centred around four sub-committees namely, forum facilitation, community outreach, media and special events as well as the drama sub-committees.

Approximately 90 students are trained at the beginning of each year although few will commit themselves fully to the peer education duties after the training. Adverts are put up on campus notice boards as the first semester commences. As the response is huge, there is bound to be selection where certain features are considered, for example, previous mentorship experience and leadership skills. Successful candidates receive training to equip them with knowledge which they will later pass on to their peers. The training covers issues like voluntary counselling and testing, the ABC approach, condom demonstration, sexually transmitted infections as well as available treatment options. Later on during the course of the year supportive training sessions are done with those peer educators who have proved their commitment to the work. On going trainings encompass leadership workshops, peer counselling training well as

training aimed at equipping the peer educators with knowledge of particular areas of HIV, for example, anti-retroviral therapy, stigma and discrimination.

According to information gathered from the coordinator of the support unit, the peer education program has never been assessed of its operations since its inception in 2003. Thus this research is going to be a major break through in the history of the peer education program. Gathering the perceptions of students about peer education will identify problem and progress areas. If problem areas are known, measures to address them can be put in place and if progress areas are known measures to maintain positive impacts can also be put in place.

3.4 Research Methods

The study was conducted using the qualitative research approach. This was the best method to use as the research involved an in depth understanding of a particular subject area and the way students and peer educators themselves perceive it. Babbie and Mouton (2001) have observed that qualitative research gives a more in depth description and understanding of events or actions and this helps the researcher to gain insight into why and how events or actions take place rather than just presenting a phenomenon. Respondents are allowed to express their feelings and opinions in their own words. That is why Lincoln and Guba (1985) concluded that, "the purpose of a qualitative study is to accumulate sufficient knowledge to lead to understanding". Although it has the disadvantage of being extremely time consuming when it comes to data collection and analysis, the researcher still chose this method as it was the best method to conduct a study which required gaining an in-depth insight of a particular subject area.

In order to explore young people's perceptions about peer education, in-depth interviews were conducted with peer educators and students at Howard College. In depth interviews seek to deeply explore views, feelings and perceptions of respondents. They are an open ended discovery oriented approach that is appropriate for describing programme progressions and results from the point of view of target audience or key stakeholders (Guion, 2001). Accessing young people through the college was convenient for the researcher as she was also studying at the same

college. It was also easy to get the 15 to 24 years age group as most of the student population at Howard College campus fall into this age category. In-depth interviews were used as they give the opportunity for probing, asking follow-up questions and allow for interaction between the researcher and participants (Mantell et al., 1997). Open ended questions were used as these allow the respondents to give in-depth and rich details about attitudes and opinion so that deeper meanings of the issues can be gained (Bernard, 1994).

3.5 Sampling procedure and data collection

The study made use of methodological triangulation where information was gathered from both students and peer educators to get their perceptions about peer education with a particular focus on the campus peer education programme. Permission to interview students was sought from deans of the various faculties during the cluster sampling procedure which entailed the division of the entire students' population by existing faculties. On the other hand permission to interview the peer educators was obtained from the campus HIV Support Unit Coordinator.

The study was conducted using a small but focused sample of 20 students and 10 peer educators aged 18 to 24 years. To balance gender and race, the sample of 20 students consisted of 10 male and 10 female students of mixed races. Cluster sampling was used to select the 20 students to ensure that the sample represented students from all faculties at the campus and that all levels of studies are encompassed. Babbie et al (2001) observed that cluster sampling involves the initial sampling of groups of elements (clusters) and elements are selected within each of the selected clusters. A randomly selected sample of these clusters is selected and observations in the selected clusters will be included in the sample. As for this study, a cluster sample was taken by observing the different faculties as clusters and a sample was chosen at random to ensure that all students in the different faculties would stand an equal chance of being included in the sample. Data was collected over a period of two months from October to November 2007.

Purposive sampling was used to select the 10 peer educators who were interviewed during the study. Qualitative research commonly uses purposive sampling, a method

in which participants best suited to provide a full description of the research topic are intentionally selected. Purposive sampling, according to Patton (1990), entails that subjects are selected because of some characteristics of the sample which we would already have in mind. In the case of this study, the researcher already had in mind a specific group of trained peer educators currently involved in peer education duties on campus. With the help of the coordinator of the Support Unit, the researcher managed to identify 10 active peer educators to be interviewed in the study. The main advantage associated with purposive sampling is that it allows the researcher to get to the target sample quickly (de Vaus, 2002).

Two qualitative interview guides with open- ended questions were used (refer to appendix), one for interviews with peer educators and the other for interviews with students. All in depth interviews were tape recorded with the consent of the participants during the sessions. Rough notes were also jotted down during the interview sessions. Interviews were conducted in English because the study population was literate and fluent in English. All the interviews were conducted by the researcher due to financial constraints to enable recruitment of a research assistant.

3.6 Data analysis

In order to facilitate the data analysis process, all recorded interviews were transcribed. The transcriptions were analysed using thematic analysis which involves sorting the data into themes. Hayes (2000 pg 56) defines themes as “recurrent ideas or topics which are detected in the scripts being analysed, they usually come up in more than one occasion in a particular set of data”. The overall analytical approach adopted the conventions of template analysis hence the researcher produced a list of codes representing themes identified in the textual data.

The qualitative data analysis package NVivo was used for the initial stages of coding. Cassel et al. (2005) observed that NVivo is a useful organisational tool which allows the researcher to index segments of the text of particular themes, carry out complex search and retrieval operations and link research notes to coding. Direct quotations

were also used to illustrate particular findings as illustrated in the next chapter which focuses on the findings of the study.

3.7 Ethical considerations

Ethical considerations were at all times guiding the conduct of the study in its entirety. In particular the three basic ethical considerations that are, voluntary participation, informed consent and confidentiality were at all times respected by the researcher during the duration of the research. The necessary ethical clearance was granted from the University of KwaZulu-Natal ethics committee. Informed consent forms were given to all respondents as part of the ethics requirements. The informed consent form describes the informed consent principle, that is, information about the project, purpose of the study, selection criteria as well as researcher identity (de Vaus, 2002). Informed consent is therefore crucial as it ensures people's freedom and rights are not infringed with by the research, participants are granted the liberty to choose to be involved in the research.

Confidentiality, anonymity and privacy were strictly observed as no name identities were used on the tapes and transcripts, numbers were instead used as a form of identification. Actual names of respondents were also not used in the dissertation or presentations to ensure anonymity of the respondents. Given the sensitive nature of the enquiry as it sometimes involved enquiry on issues to do with sexual matters, maximum confidentiality was maintained with the respondents. Interviews were conducted in private rooms, either in the participant's room or in the researcher's study cubicle. Transcripts of interviews and tapes used for audio recording were submitted with the dissertation and were stored and disposed according to the policies of the School of Development Studies.

3.8 Limitations

The major limitation of the study is that the researcher could not conduct the research across all the five University of KwaZulu-Natal campuses due to financial constraints considering the fact that it was a self sponsored study. The research was going to have more impact if all the peer education programmes at the five campuses were to be deeply explored. Howard Campus was chosen due to easy accessibility in a bid to

reduce costs. Focusing on college students also pose another limitation considering that not all young people get the opportunity of enrolling into colleges.

Another factor which was observed was the failure to accommodate issues to do with gender biases. Male respondents might have felt uneasy discussing sexual issues with a female researcher since all the in depth interviews were conducted by the researcher. The researcher, due to financial limitations, could not employ a male researcher to avoid such gender constraints.

CHAPTER FOUR

Findings

4.1 Introduction

This chapter details findings from a study conducted at the University of KwaZulu-Natal, Howard College to gather perceptions on peer education as a strategy for the promotion of HIV/AIDS awareness among young people. Data in this study has been gathered through a qualitative research approach which included in-depth interviews being conducted with a sample of 30 students over a period of two months. Participants of the survey consisted of 20 general students and 10 student peer educators aged 18 to 24 years. The findings that are presented have emerged from data obtained through in-depth interviews. The themes to be discussed in this chapter are based on recurrent ideas which were detected in the interview transcriptions.

4.2 Findings from interviews with students

4.2.1 Students' description of peer education

In the interviews with students, it emerged that the majority defined peer education as involving people of the same age educating each other on a certain subject. HIV prevention was commonly cited as one of the subject areas which can be addressed by peer education. Thus in terms of youth, peer education is viewed as a HIV prevention method that involves trained young people undertaking educational activities with peers of the same age, interests and background. Peers give information in order to influence the behaviour and attitude of others.

"I think peer education is basically a situation where people of around the same age educate each other on a certain subject and the subject can be anything, it can be HIV/AIDS or it can be any other issue" [ID# 3, female]

"I think peer education is a strategy of awareness that involves people of a particular age category addressing issues with people of their category. For example young people dealing with young people and old people dealing with old people" [ID# 2, male]

"Peer education is basically when other youth go out and teach other youth about certain aspects happening in the community affecting them in order to broaden their knowledge on things like HIV/AIDS, girl violence or youth rights" [ID#11, female]

Some students however perceived peer education as going beyond educating to encompass advise giving where those peers who are more enlightened on a particular subject advise those who do not have much knowledge about a certain subject area. Since they would have gone through training on the subject area, they are in a better position to convey the message to others. The training encompasses HIV prevention methods which include abstinence, partner reduction as well as condom use. Having acquired this information, peer educators are able to advise and educate other youth about how to protect themselves from STIs and HIV/AIDS as shown in the response below:

"I would like to think peer education is when your friends who know more about something are advising you because they are more learned about the subject"

[ID #19, male]

4.2.2 Peer education and behaviour change

In the interviews students were asked whether their behaviour could be altered through exposure to peer education. Most of them reported that they will change their behaviour only if they trust the source and content of the message. If the message is in relation to HIV/AIDS awareness, they would accept it if they know that the person telling them has a good grasp of HIV/AIDS issues. For example the person must have detailed knowledge on how the virus is transmitted and prevented. If they know that the person had undergone some form of training on such issues they are in a better position to follow the message and in turn change their behaviour for the better. If the message is against the idea of having multiple sexual partners, they can stop this behaviour and try to live a healthy non-risky life so that they do not stand the chance of acquiring the virus.

"The first thing that I question when a peer wants to teach me something is the reliability of the content of their message. If I know that the person has been trained,

then I will trust their teaching and I will definitely change my behaviour” [ID#1, female]

Some respondents felt that they are in a position to change their sexual behaviour when exposed to peer education only if they know and trust the personal characteristics of the person or people conveying the message. If the person who is conveying the message is living according to the word they are preaching, then students are able to model the behaviour. For example they expect that a peer telling them about the dangers of alcohol abuse should not be seen abusing alcohol. In most instances it becomes hard to negotiate safe sex if an individual is under the influence of alcohol and this exposes them to the risk of acquiring STIs and HIV. If the peer educator is having multiple sexual partners, it becomes difficult for peers to trust and follow their message. In short, they feel that peer educators should be role models.

“It depends on whether I admire the person giving me the message because there are instances where the peer educator is known for having a lot of sexual partners and he is seen in Jubs (the campus beer hall) everyday. Of course I cannot waste my time listening to what he will be saying. They should first practise what they preach” [ID#13, male]

However, a few respondents were of the view that they are in a position to change their behaviour and attitudes without attaching any conditions to the source. They acknowledged that it is common for individuals to determine the source of the message first before following it, but they were of the idea that what is important is the message content and not the behaviour and practises of the person conveying it. If the message is to their own personal benefit, they see no reason for scrutinising the source first. For example if they are being encouraged to abstain, they will act accordingly as this will benefit them as their chances of getting the virus are lowered. Some took it from a religious perspective and likened it to the way they follow messages from their church leaders. In some cases, pastors do not live up to what they preach but the important thing is to do what they preach as it will benefit them in future.

“I know that a lot of my colleagues do not want to change their sexual behaviour because those who are telling us are not living according to their word. But I

personally think that what is important is the message and not the person. Look at these pastors, they are not practising what they preach but we are listening to the message because that is what is important to us" [ID#18, male]

The commonly cited view was that students are in a position to change their sexual behaviour on condition that they trust both the content and the source of the message. Few were of the opinion that they will follow the message and change their behaviour if they trust the content and think that the message will benefit them without considering the source.

4.2.3 Students' knowledge and awareness of other situations besides HIV/AIDS which make use of peer education

There are other circumstances besides HIV/AIDS which make use of peer education. Students showed that they are aware that peer education can be used as an intervention in a variety of settings which include teenage pregnancy, drug and alcohol abuse, hygiene, nutrition as well as in academic learning. All these situations call for changes in knowledge, attitudes, behaviours and beliefs at the individual level. Peer education is appropriate as it aims at changing and modifying norms in order that there is behaviour change in the intended audience.

Some students cited the tutorials that they attend at university as a form of peer education. This was so because the tutorial sessions are led by fellow postgraduate students and this fosters discussion as compared to lectures. In lectures there is a wider gap between students and lecturers in terms of age, background and interests. Basically peer education can be used in a variety of settings. However, it is popular in HIV/AIDS prevention owing to its reputation in global public health literature. Before the emergence of HIV, it was being used for other situations including prevention of violence and drug abuse as well as the promotion of family planning.

"Sometimes there are students who fail to cope with school work because they have lost a loved one and they need someone to encourage them. I have had a friend who has been in such a situation and he used to go to a peer educator, that's how I started to know that peer education is beyond HIV/AIDS issues. It can support you in certain

situations like students failing to cope with payment of fees and students who are failing to give up on drugs and alcohol. They need peer educators"

[ID#13, male]

"Maybe adult literacy programmes can make use of peer education where certain adults teach other adults who cannot read and write since it is all about receiving education from people of your level. Maybe the tutorials we have here where students who are postgraduates are teaching can be classified as peer education"

[ID#12, male]

4.2.4 Students' awareness and perceptions about the Howard College peer education programme

In the interviews, students were asked about their awareness and perceptions of the campus peer education programme. The majority of students stated that they were not aware of the programme. Only two out of the twenty interviewed students were aware of it. They observed that HIV/AIDS activities that included condom demonstrations and discussion forums were facilitated by peer educators. They stated that there was a need to empower female students with knowledge of using the female condom because uptake on campus was very low. Condom demonstrations were also necessary to demystify myths and misconceptions about the reliability of male condoms. Some students were of the view that it was safe to wear two condoms at the same time and some were not wearing condoms properly and they would burst during sexual intercourse exposing them to the risk of STIs and HIV. Responses of the two who were aware are as illustrated below:

"Yes I have encountered peer educators on campus. I have heard about them with a link to HIV/AIDS awareness. I have seen forums at the front of the Students Union building and peer educators will be doing condom demonstrations because students lie to each other about these condoms, some wear two at once, peer educators were showing us correct ways of wearing them. I also know of certain people who are working as peer educators at the HIV Support Unit in front of the Tony Willey residence" [ID #16, male]

"I think fortunately I know one person who is participating in peer education; she is a friend of mine. I have also seen advertisements of their meetings on notice boards around campus. They have also held a discussion with us in this residence about the relationship between drugs and AIDS and the new female condoms and the other time it was about ARVs" [ID# 3, female]

The majority who had not encountered the campus peer education programme indicated that they had never seen any poster advertisement of peer education activities on campus notice boards. Most of them stated they were hearing about the campus peer education programme for the first time due to their involvement in this research. Even those who mingle with a number of students on campus revealed that they had no knowledge about the programme. Some were saying that peer educators might be working with certain groups of students which they were not part of. One student indicated that she was not aware of the Howard campus programme but instead she was aware of peer education activities at Edgewood campus, one of the University of KwaZulu-Natal campuses. Thus the problem of lack of visibility is a big challenge to the programme. Most students have never encountered any student who was a peer educator during the duration of their study at Howard College as indicated in the following responses:

"I haven't heard about it. I speak to a lot of people on campus and I am a well known student but this is my first time to hear about peer education. They need to be more visible" [ID# 6, male]

"The first time I have heard about peer education on campus is when I was reading this consent form for your study. I think since there is one and I have not seen anyone working with them. I think they work somewhere at particular times in particular corners with particular people. I don't know because I have never encountered anything to do with peer education here on campus" [ID# 2, male]

"I have not encountered peer education on Howard but I have heard about it at Edgewood campus when I had visited a friend who is a peer educator there. But at Howard I have no idea" [ID# 11, female]

Students were also asked about their views about the future of peer education as a HIV prevention tool considering that many of them displayed ignorance about the campus peer education programme. Most of them see great potential in peer education. The major problem they cited was that the programme is not well organised and that is why most of them are not aware of it. Otherwise students can acquire more knowledge about HIV/AIDS that will help lower their risk of HIV infection. According to the students, the future of peer education is not bleak. Some noted that peer education stands out as a powerful intervention as it aims at changing people's behaviour. This was so because at present, behaviour change is one of the available prevention strategies for HIV/AIDS.

"There is hope in peer education. It is only that our programme here is not properly organised, otherwise there is a lot that we can gain from it as students" [ID#9, female]

"This is a powerful tool for disseminating HIV information. I cannot discard it because of its failure here. It brings behaviour change which is something very important in the fight against AIDS" [ID#4, male]

4.2.5 Advantages and disadvantages of using peer education

When students were asked what they thought were the advantages of using peer education, the most commonly cited advantage was that there are less communication barriers as it involves people of the same level. Most respondents felt that if there are fewer communication barriers the discussion is likely to be relaxed. People have the confidence and courage to express their views. In terms of peer education, it is much easier if the discussion is facilitated by a younger person than an older person. Older people are less likely to share the same interests and language terminologies with younger people.

"In terms of the advantages, peer education can enable easy access or awareness of understanding of HIV to those who do not know. They are addressed by people they relate to with the same language. Actually it's good because I can respond better to an educator whom I am at the same level with in terms of language and background" [ID# 19, male]

"Since we share the same characteristics, these people know how to put the message across. Even the language, we use slang and we identify with these guys, it's different from someone coming from outside trying to speak to you. They know how we behave so the message is tailored to suit us" [ID #16, male]

Although peer educators are a credible source of information, there are disadvantages associated with it. Respondents felt that they have a tendency of doubting information coming from other students. Since they meet the peer educators and mingle with them daily, they might not take advice from them because they think they should be at the same level as them. They feel threatened the moment they see their fellow colleagues having more knowledge. Most adolescents are jealousy as they are very competitive.

"The weaknesses are, sometimes we tend to say this guy cannot tell me something to do since we have the same data and information"

[ID# 2, male]

The behaviour of peer educators was also cited as stumbling block to the success of the programme. They noted that in some instances peer educators do not act as role models. For example peer educators sometimes engage in behaviours that encourage the transmission of HIV which include having multiple sexual partners or practising unprotected sex. Audience will not follow their message.

"You know sometimes you see a person who you see on a daily basis who you think is not the right person to be telling you certain issues because you meet them daily and you see how they behave and act. When they try to give you advice, you may not take it" [ID#4, male]

Peer educators can therefore be credible sources of information only if they act in accordance to what they preach. The credibility of their messages depends on how much trust the intended audience vest in the content of their message as well as the behaviours that they portray. This is also linked to the issue of the selection criteria which programmes ought to follow when recruiting peer educators because in most instances an individual's behaviour depends on their personal characteristics.

Some students also indicated that they would like to receive new information about HIV/AIDS. They reported that they are now sick and tired of hearing the same information because they are aware of all the facts about HIV/AIDS, the methods of transmission and prevention. They have been exposed to the same information since primary school. Therefore they are tired of hearing it. They would attend to peer education activities when they are likely to receive new information.

"The other thing is we are now tired of being told about HIV/AIDS since primary school. That is one of the disadvantages of HIV/AIDS peer education. If they change their focus, then people can attend to the activities" [ID#16, male]

4.2.6 Students' views about the selection process of candidates for peer education

When asked about their views and perceptions on the selection process and expected behaviour of peer educators, the majority of the respondents were of the view that peer educator candidates have to possess traceable behaviour that is worth citing as an example to other students. Traceable behaviour in this case implies that the person has to demonstrate personal characteristics that will not be in contrast with the desired behaviour expected of audiences exposed to peer education. In other words, they should be a credible source of information. In terms of HIV/AIDS youth peer education; this should include issues to do with their sexual practises. One cannot be a credible HIV/AIDS peer educator when they are not known for abstaining from sex. If the person is well known for having multiple sexual partners, audience will think twice before they consider following their message.

"I think you must get someone who lives a lifestyle of being safe. You can't get a peer educator who is seen at parties all the time. It's not the right person. They must have facts about the right things. They should lead by example"

[ID #7, female]

"I don't think one can be a peer educator talking about safe sex and abstinence and behind scenes they do something that is totally opposite. They have to practise what they preach. It should be something that one leads by" [ID# 14, male]

Some of the respondents observed that the most important thing to consider when selecting peer educators is the person's ability to interact and communicate with people. People are at ease discussing issues with people they are comfortable with. People are more likely to express their views in a relaxed manner; particularly their sexual views, if the person leading the discussion is open minded and non-judgemental.

"That person has to be open and be able to speak out to the public. It needs someone who chats with a lot of people around campus" [ID# 9, female]

It was also reported that the person has to be knowledgeable about the subject. In this case the person has to have all the basic facts about HIV/AIDS including modes of transmission, prevention strategies, available drugs as well as myths and misconceptions surrounding it. Audience need to be equipped with the correct information. The candidate has to have up to date and correct information so that people are not misled. This will help them demystify misconceptions the targeted audience might hold with regard to HIV/AIDS. For example people might hold the belief that HIV can be transmitted through mosquitoes or toilet sharing. The peer educator has to address such misconceptions and be able to convey correct information to people with regard to the risk of HIV infection.

"Well, they have to be knowledgeable about the concepts because they can't go around giving people wrong information. For example telling people that they can prevent HIV by taking a shower after having sex" [ID# 11, female]

4.2.7 Views about payment options for peer educators

Two views emerged when students were asked their perceptions on whether peer educators should receive payment for their duties. One concerned non-monetary incentives like certificates, public positions, compensation for travel expenses or T-shirts to motivate and raise their self esteem. If their self esteem is raised, they will value their work and become more committed since they feel that their input is being recognised.

"Perhaps not mention about monetary, I think I would go for non-monetary incentives. Really, making it a paid job or profession may involve a lot of issues. Certificates and transport arrangements from residences to their engagement field can encourage them by raising their self esteem" [ID# 2, male]

The second view that emerged concerning payment of peer educators was that even though they can be given incentives to motivate them, the fact that they are volunteering should remain so that it should not be considered as a form of employment. Some respondents pointed out that if it is taken as a profession, the education is compromised as people join to get money without caring about whether the message conveyed is having an impact on the intended audience.

"It should remain as volunteering not employment even if there are some incentives. The incentives should not be taken as a forefront issue, it should remain that you are a volunteer peer educator with incentives at the end of the day"
[ID# 3, female]

"It can be tricky if it become a paying thing. Education is compromised cause if you are paying and paying well, I will be there as a professional cause I want money, I won't care about what happens to people whether people are getting the message or not but as long as I am doing my bit and getting my money. That's all. It can be problematic" [ID# 16, male]

4.2.8 Training curricula of peer educators

In the in-depth interviews, students were asked what they thought should be included in the training curricula of peer educators, particularly those who will be involved in HIV/AIDS awareness. Some felt that they need basic facts about HIV/AIDS. The majority were of the view that they have to be trained on how HIV is contracted, the symptoms, prevention strategies, the myths and misconceptions surrounding it as well as the treatment options available. The programme leaders have to ensure that they invite guests who are knowledgeable about HIV/AIDS so that trainees are exposed to correct information.

"They need to be made aware of HIV/AIDS issues both medical, social, political and policy because as you approach affected people, they would be have burning issues with them concerning all these ray of issues and there are a lot of opinions held. So peer educators have to have a proper grasp of facts on HIV and AIDS for example medical issues, how it is acquired, how it affects people and a lot more"

[ID# 5, male]

Some respondents were of the view that potential peer educators have to be empowered with counselling skills as they in some instances need to deal with emotions. Counselling involves empowering an individual to be able to deal with their problems. There are social problems which they will have to deal with which requires them to have good counselling skills to help people cope with problems. Some of the problems students might face may relate to their relationships, academic life, family as well as finances. Such problems can negatively impact on their progress. There is a need for them to be trained on how to help students cope with these problems.

"I think they also need some degree of counselling skills because you are not going to be educating negative people only but they would be educating seropositive as well and their emotions are high and if you are not equipped to deal with emotions, then it might be chaotic. Some counselling skills are necessary" [ID#11, female]

"I think crisis management has to be part of their training, like how to manage a crisis because those are some of the things which people would like to be helped on. Basic counselling training is necessary" [ID#3, female]

4.2.9 How to improve visibility of peer education

Students were also asked about approaches which can be taken to improve the visibility of peer education in light of their ignorance about the campus programme. Some indicated that the programme and its activities can be made prominent through organising social gatherings and social events like talk shows at places which are frequented by students, like at the front of the students' union building at lunch times when students are not attending classes. The talk shows can be improved by incorporating music in order to attract the attention of audience. When people hear music, they are bound to come and see what was happening. They can discuss

HIV/AIDS related topics in the talk shows. The message is communicated in this way. The activities on such occasions will be done with the aim of raising HIV/AIDS awareness, for example, the music should include HIV awareness themes.

"They can make themselves more prominent by organising talk shows on HIV prevention topics at the front of the students' union building during lunch hours when students are relaxed. They can even hire a disco so that there is music to attract people" [ID#5, male]

Some were of the idea that the programme has to work hand in hand with other organisations and societies operating at the university so that they can reach a wider audience. For example they can collaborate with religious groups which attract large numbers of students. Peer educators can be given a slot on the timetable of activities of that group and in this way they can market their activities as well as create awareness of HIV/AIDS. It is also important that the programme considers recruiting peer educators from churches so as to improve the visibility of peer education programmes.

"I think the University peer education programme and societies registered with the university especially religious organisations should work together because church organisations attract a lot of students. Peer education activities can be incorporated into the church activities because HIV has no barrier. People are very sexually active in religious organisations" [ID#1, female]

Some were of the view that peer education activities can be more attractive through hosting open promotions which will draw large numbers of people. They can then use this as an opportunity to communicate their message. People are attracted to these activities and this can improve visibility of peer education. Some suggested that the programme should follow what companies do when they come to advertise on campus. They organise live open promotions which will be filled with exciting activities and competitions accompanied by prizes. They manage to attract the attention of many people. Peer educators can also do the same so that students are aware of their presence.

"They should have open promotions like what coca-cola does. They can have a quiz and people are given prizes of T-shirts or mugs with AIDS messages for answering HIV related questions. It has to be funny but at the same time promoting HIV awareness" [ID#9, female]

They can also come up with a pamphlet which outlines the nature of the programme encompassing the aim of the project, nature of activities, contact details, time of activities, venue where activities take place and all relevant information students should know. Pamphlets can be distributed to people at most frequented places like the computer laboratories or at food outlets. They can also be slipped under the door of each room in the halls of residences.

"I think the idea of flyers can work. If students are given something to read about the programme, they get to know about peer education and how it works. Pamphlets can be distributed in the residences or all over campus. It can make us aware of their operations" [ID#20, female]

4.3 Findings from peer educators

4.3.1 Description of peer education

One of the most notable aspects from the interviews with peer educators was the in depth knowledge they possess about the subject of peer education and how it can be successfully used as a HIV/AIDS prevention tool particularly among young people. As one of the objectives of the study was to gather perceptions of peer education and, many of the peer educators had detailed facts about the topic. Just like the students who were also interviewed, they managed to correctly define peer education as a technique that involves a peer who has been exposed to some form of training on a certain subject area facilitating a discussion with other peers of the same group in terms of grade, interests or age. The aim is to bring some behaviour change among members of the same group.

"Peer education involves a trained peer sensitizing other members of same peer group about a certain subject area. In my case I am a peer educator who is trying to

make fellow students know about HIV/AIDS because there are some students who do not have enough information” [ID #1, male]

Since people are capable of modelling behaviour from certain people, respondents observed that the idea behind peer education is that a peer educator can be influential in bringing out behavioural change. In this instance students are expected to change their sexual behaviour so that they do not expose themselves to behaviour that will increase their risk of HIV infection. Peer educators preach the message of abstinence, condom use, voluntary counselling and testing as well as faithfulness to sexual partners.

“We would expect students to abstain from unprotected sex or practise safe sex by making use of condoms. We can equip them with the knowledge of the importance of voluntary counselling and testing” [ID #5, female]

4.3.2 Peer education as a medium for behaviour change

In the interviews, peer educators were asked their views and perceptions about peer education as a vehicle of behaviour change. Most of them observed that peer education can be successfully used to bring behaviour change. The success to change behaviour depends on the ability of the peer educator to convince people. It also depends on their possession of correct information about the subject. Sexual behaviour can be changed if the peer educator manages to convince the audience the crucial fact that behaviour change is one of the available prevention mechanisms.

“It is possible to change the behaviour of our fellow colleagues if we expose them to our activities. It depends on the ability of the peer educator to convince them that they need to change their behaviour” [ID#3, female]

Some were of the view that peer education would work especially for adolescents because they are going through a stage where the influence of their parents is diminishing as they spend more time with their peers. During this period peer interactions tend to be extremely frequent and intensive. They are bound to model the behaviour of their peers with whom they spend most of their time.

"For adolescents, peer education can bring behaviour change because they are spending three quarters of their time with friends. They are most likely to adapt to what their friends are telling them. They call it peer pressure." [ID#5, male]

4.3.3 Peer educators' responsibilities

All peer educators who were interviewed indicated that they were executing their duties under the auspices of four main groups which exist in the programme. These include drama, forum facilitation, community outreach and the media and special events groups. The drama group is concerned with conveying HIV/AIDS awareness messages through role playing with the intention of revealing to the audience different aspects of HIV/AIDS which include transmission, prevention as well as available treatment options. Those who are in this group indicated that they are coming up with a play they are planning to show students which portrays how the "sugar daddy" phenomenon is enhancing the spread of HIV. The forum facilitation group is responsible for organising and holding discussions every week on particular topics which include gender and HIV/AIDS, drug abuse, STIs, anti- retroviral therapy and condoms. The community outreach group takes the message to youth in other colleges and technikons around Durban. They also visit HIV/AIDS centres to gather more information on community activities and coping mechanisms. The media and special events group is concerned with organising events like the World AIDS Day. They are responsible for organising awareness activities which will take place on such days.

"In facilitation usually on Thursdays we conduct discussions. We usually invite everybody who is interested. Topics we cover in the discussions include relationships, HIV and AIDS, why it is spreading, and things like that and so on"
[ID#7, female]

"One of our interesting activities we did at Easter was that we went as a group to visit a school, Mabel Secondary School in Cato Manor area where we were dealing with Grade 12 students. We were a team of 20 peer educators and we divided the students into groups such that 2 peer educators were responsible for one group. We had information sharing sessions on AIDS issues and the students seemed to be more informed about HIV/AIDS" [ID#1, male]

They indicated that they are involved in a variety of activities in these groups to convey the message to students. The activities range from holding dramas, having talk shows in residences or in the Students' Union building as well as organising outreach visits to schools around Durban.

4.3.4 Reasons for joining the programme and benefits obtained

Respondents were asked the motivation behind their interest in joining the peer education programme. The commonly cited reason was that the social science degree programmes they were studying for involved looking at social problems including HIV/AIDS. Thus they got involved in the programme to enhance knowledge of their studies. Exposure with peer education would help them in the shaping of their academic path. For example one of the respondents indicated that their dissertation topic was in relation to HIV/AIDS. Exposure to the programme will help them acquire experienced based information for their studies.

"I am from the United States and I am here doing my Masters in Anthropology and the topic that I am doing deals with HIV/AIDS. So I wanted to get involved in different aspects of HIV/AIDS" [ID# 7, female]

In addition to this a frequently cited motivation for joining the programme was the need to acquire skills and experience that would help in shaping their career prospects. Six of the interviewed peer educators indicated that engaging with the programme will lay the foundation for their future careers which entailed working with communities. They noted that the experience they will gain was going to improve their chances of obtaining a job. It was necessary for them to gain experience as it counts when applying for a job. An employer will prefer short listing someone who has experience in doing the job as compared to someone who does not have. Thus the majority of the peer educators had joined the programme to acquire experience so that they stand a better chance of acquiring jobs when they finish their studies.

"I decided to do this because I wanted those skills and experience which I will later use when I am out there at work. I am doing Psychology and I need to gain

experience and I will also put it on my CV. That way I will be marketable" [ID #5, female]

Some respondents reported that they had become peer educators because of the need to gain more knowledge about HIV/AIDS. And some had joined because they have a desire to help people acquire accurate HIV/AIDS information. They have an inborn interest in doing charity work. For example:

"I had concern about the HIV Support Unit because I wanted to know a lot of things that are happening with this AIDS thing especially this issue of stigma"
[ID# 3, male]

"I joined the forum facilitation group so that I could be able to provide the information that is correct because most of the students here do not know about this. They may find themselves engaging in unsafe sex" [ID# 4, male]

Most respondents indicated that although they were doing peer education duties on a voluntary basis, they were gaining knowledge and skills for their own personal growth. They were improving the knowledge of their colleagues and at the same time acquire knowledge for their own benefit as well. They also get to know the correct facts about HIV/AIDS which would personally benefit them by reducing their chances of being infected with the virus.

"Also it is not exactly about voluntary but its part of developing me as an individual, knowing the facts and getting the information and also helping people to know the truth about HIV. I have gained a lot as a peer educator" [ID#5, female]

"Its like we are doing it on purely Mother Theresa kind of operation. We are doing it on charity. We do not have financial or material benefits, the only benefit is spiritual and for our community in any case" [ID #7, female]

Some indicated that although they were volunteering their services, they would not mind getting some form of incentives to guarantee total commitment to the programme. This is so because they sometimes have to weigh their time allocation;

otherwise precious study time will be spent doing things that are not of any benefit to them. For example:

"I personally have been doing this for a long time, but I really don't mind an incentive, this will guarantee my regular attendance. But so far that is not there. Sometimes I have to weigh my time in terms of working, the time I spend doing peer education activities could be spent in the library or on something else"

[ID# 6, male]

4.3.5 Nature of training received

Respondents were also asked their views of the nature and content of the training they received in order to assess whether it was in line with what they were facing in the field. Most of the respondents indicated that the training mainly focused on the basic facts on HIV/AIDS which include transmission, prevention, the signs and symptoms, myths and misconceptions and topics like gender and HIV/AIDS. Some respondents perceived the training contents as relevant to the requirements of the students. They noted that the things which students have to know which include the reliability of condoms, ways of HIV transmission as well as misconceptions surrounding AIDS were well covered in the training as shown in the response below:

"Yes, principally they did touch those areas which students ought to know. For example the issue that there are a lot of myths about AIDS here on campus was well addressed in the training. You cannot get it from handshakes or sharing the same toilet" [ID #9, female]

They also indicated they were taught about the qualities peer educators should have and how they can present themselves to people. These include the need to be approachable, open minded as well as maintaining confidentiality. In a nutshell the need to have good communication and interpersonal skills was cited by the respondents as the main issue which was emphasised in the training. Communication skills are important as they determine the ability of the audience to follow the message.

"We were told that if you are a peer educator you should be a good listener, open minded, have good communication skills and good interpersonal skills, sensitive to issues, for example if a person says something, you should not share it with other people" [ID#1, male]

4.3.6 Methods used to attract students to peer education activities

Peer educators were asked about the methods they were using to attract students to their activities. Most respondents indicated that they put posters on campus notice boards and messages on university notices through the GroupWise. Some cited that it is the responsibility of the media and communication group to make posters and place on campus notice boards as a way of advertising the peer education activities. During the previous semester when they were engaged in a number of activities, these methods were helping to attract students. However, during the semester which this research was conducted, nothing much was being done in terms of activities as well as advertisement. Advertising was low and turn out to the activities was also low.

"Usually we put posters and also send it to University notices through group wise. But this semester we have not being doing much"
[ID# 1, male]

"Actually information is sent through posters and the unit also circulates notices through group wise" [ID #4, male]

It was observed that the media group has improvised a new method were they are including catchy messages on the posters so as to attract audiences. For example, they indicate on the poster message that snacks will be served during the forum. Posters are also made of attractive colours in an attempt to get more people involved in the activities. This method was somewhat successful as turn out increased after this innovation.

"When we saw that the turn out of students to our discussions was low, the media group had to introduce something that would attract them to come. That is when we started to indicate on our posters that refreshments will be served and they will come for the discussions. I think it worked a bit" [ID #10, female]

4.3.7 Challenges faced

When asked about the challenges they face as they do the activities, most respondents noted for some unknown reasons few resume duties after training. During training there will be a lot of people, around 60, but those who appear for activities will be 20 or less. This means that they are few peer educators available to do the work and the few are overloaded with work. This implies that they were not in a position to cover the whole campus and this is the reason why many students were not aware of their presence on campus.

"Now what happens is that our key concern is that normally peer educators evaporate. They disappear after the training. There were more than 60 who received training. We are now around 20 or less. Some have disappeared and we are finding it difficult to cover all sections of the campus" [1D# 8, male]

Another commonly cited challenge was that they are not being provided with up to date information regularly such that sometimes they get stuck when students ask questions which require information on recent developments on issues surrounding HIV/AIDS. For example they are a number of advancement in treatment developments, but it seems they do not have information on such issues. They noted that they are not receiving periodic training to up date them with latest information as shown in the following response:

"The only thing I always complain about the HIV Support Unit is that they do not have updated information. Every month there is always something new on HIV and AIDS but unfortunately we are not provided with such information. Now students want to know, you just get stuck" [ID# 2, female]

Timing of activities was also mostly cited as a challenge to their activities. The forum facilitation group holds its discussions in the evenings and there is a problem of low attendance as some students who stay off campus would have gone home. Some also indicated that they tried to have the forums in the afternoon but it seems people are busy with lectures and other activities. They could not attract students to attend these activities.

"It also comes to the issue of time, like last semester we were having discussion forums in the evenings and some people would have gone home. This semester we tried to have it during the day but they were so many other activities going on and everyone diffuses and you don't get to have a large group" [ID #1, male]

Another challenge that was noted was that of lack of interaction between new and old peer educators. Peer educators do not know each other yet the programme is recruiting new members every academic year. They would prefer to mingle with each other and share experiences so that they get to know other approaches to activities which will attract audience. For example, they can help each other come up with innovative methods that will attract students to peer education considering that the turn out was low.

"For example in 2004, 2005 and 2006 a lot of people were trained but the problem is that we don't even know each other. They can organise a function of all peer educators so that we get to know each other and share ideas on how to improve attendance to our activities" [ID#10, male]

4.3.8 Views about the programme and the Campus HIV Support Unit

Peer educators were also asked about their views and perceptions about the programme as well as the unit that encompasses the programme. Most of them had a mixture of positive and negative views about the programme. There were more activities in the previous semester as compared to the semester in which this study was conducted. They noted that the programme had more direction and hands on activities in the previous semester as compared to the present one mainly because of leadership changes. They indicated that they have a new coordinator for the unit who has just joined them and he is still trying to adapt and get to know everything.

"The programme is a mixture of good and bad. I think the workshop last semester was good. I think last semester was really active and this semester it is weaker. We have a new coordinator and maybe it's more to do with leadership in terms of actual students and in terms of those who are influencing from the top. There is need for more direction and hands on activities" [ID#3, male]

Some were of the view that there is need to make things more interesting so that the programme does not lose people as previously noted. Approximately 20 peer educators were actively involved in the activities yet more than 60 students were trained. This lack of motivation is mainly a result of poor communication between the leadership and peer educators. Most of them cited that during the semester at hand they had not heard anything about what they were supposed to do. Previously they would get emails about meetings to discuss the activities they were supposed to be involved in.

"Maybe what I think is there should be a way of making the whole peer education programme more interesting. I don't know how but at moment we are losing most people, its all because of lack of communication, we have not been getting emails this semester of what's going to happen" [ID# 6, male]

When asked about positive aspects of the programme, some respondents noted that the unit which houses the peer education programme in collaboration with the wider University of KwaZulu-Natal HIV/AIDS Project has managed to initiate HIV/AIDS prevention campaigns like the "each one bring five graduate alive campaign". Through the initiation of the HIV Support Unit and the University AIDS Project, students from all the five campuses were to converge at the Old Mutual sports ground to access VCT services. Some also indicated that after the condom controversy when there was a rumour that there were faulty condoms in circulation, the peer education programme acted quickly to address the issue by organising a forum to discuss and bring more light to the issue.

"The programme organised a facilitator discussion so that students would be given the correct information about the condoms" [ID #2, female]

4.3.9 The future of peer education

To conclude each interview, respondents were requested to provide their views about the future of peer education as a prevention method in light of their experience as peer educators with the campus programme. Most of them were of the view that peer education can indeed be a powerful tool for the promotion of HIV/AIDS awareness. What is needed is to strengthen the operations of the programme because there is so

much information people can get from others who are well informed. Since peer educators receive training, they are in a better position to give correct information and provide better ideas and interpretations of concepts.

"This method is very useful because there is so much an individual can get from another person. Since we are trained and well informed about AIDS, we can manage to convey accurate messages to our fellow colleagues" [ID #8, male]

Some noted that the future of peer education, particularly the campus programme lies in the ability of the leadership to create an environment that clearly understand the expectations of peer educators. Continued incentives and motivation techniques for peer educators were commonly cited as major drawback to the smooth progression of this method of intervention. They revealed that with all the necessary support in place, peer education is potentially a powerful tool for HIV/AIDS prevention.

"This is a powerful tool as it aims at targeting changes in attitudes and behaviour that put people at risk of infection. What is needed is to value the effort that we are putting" [ID#7, female]

One respondent reported that there was no future in the campus peer education programme. They noted that from the prevailing situation, the programme was not going to survive. People were being trained to be peer educators but in reality they were not educating anyone. The programme lacks a clear picture of what it wants to achieve. One of the reasons noted for this was poor timing of activities. Sometimes peer education activities are being organised during crucial periods like examination times when people are busy studying. Another reason noted was lack of follow up by the leadership to see how activities are conducted. At the end of the day, people are being trained in large numbers but they are not doing the work. If the situation is to continue like this, then the peer education programme is going to collapse.

"I don't think they have a clear picture of what they want to achieve with the programme. It is mainly due to poor timing, if you remember they had function last weekend, 'the each one reach 5 graduate campaign'. It was a good idea but it was

timed wrongly. People are expecting exams this week and they cannot think of other things” [ID#10, male]

“These days there is no flow up to see how we are doing the activities. It is demotivating such that these days I am not interested in anything to do with their activities. Currently the programme is dead; resources are being wasted for nothing” [ID#10, male]

4.4 Summary

This chapter has summarised the key findings of the study undertaken at Howard College. The students and peer educators sampled presented varying perceptions and opinions about issues surrounding peer education. The issues included key components of peer education such as definitions of the concept, advantages and disadvantages as well as activities peer educators are involved in. The next chapter will make use of these findings in order to contextualise peer education as a strategy for the promotion of HIV/AIDS awareness among college students.

CHAPTER FIVE

DISCUSSION, CONCLUSION & RECOMMENDATIONS

5.1 Introduction

The goal of this study was to get an in-depth insight into peer education as a strategy for the promotion of HIV/AIDS awareness through gathering students and peer educators' views and perceptions about the method. Through a rigorous thematic analysis, data obtained from in-depth interviews conducted with students and peer educators has been put into themes. The discussion which is follow will be based on the selected major themes which formed the basis of the findings of this research.

5.2 Discussion

The overall purpose of this research was to identify and further understand views and perceptions held by peer educators and targeted audiences about peer education as an intervention strategy for the promotion of HIV/AIDS awareness. In this manner the study sought to fill the gap that exist in the research on peer education which has typically focused on the effectiveness of it on changing medium term sexual behaviour, but without relating it to the views of targeted audiences and peer educators themselves about the method.

The results from this qualitative study indicate that students at Howard College are able to correctly define peer education with the majority defining it as a strategy of awareness that involves people of a particular category addressing issues with people of their category. They are aware that the key is that there should be common ground between educators and those being educated, for example young people to young people, students to students, professionals to professionals, race to race and so on. Their understanding and definitions of peer education are consistent with views available in peer education literature. For example, peer education in terms of youth has been described by Srdjan et al., (2003) as a process that involves well trained and motivated young people undertaking educational activities with their peers as defined by age, background or interests. The same notions were raised by the majority of students who were interviewed. College students understood what peer education is

and that it can be used as a powerful intervention tool for HIV/AIDS awareness and this determines the commitment of youth in the fight against HIV/AIDS.

Although the majority stated that they were not exposed to the campus peer education programme activities, their knowledge about the various components of this method of intervention was thorough. For example they are aware that there has to be common ground in terms of interests and age between the peers and the peer educator and that it is based on the principle of behaviour modelling. This is consistent with findings from research that has been done to assess the relationship between respondents' knowledge of HIV/AIDS prevention methods and the degree of uptake to these methods. For example a study which was carried out to assess the perceptions of young people studying at UKZN to VCT services revealed that knowledge of VCT was fairly high with the majority of students but uptake was low (Njagi and Maharaj, 2006). There is a general trend among young people that they are knowledgeable of how HIV/AIDS prevention methods operate but they are not willing to be part of the activities. In this particular research, students had multiple reasons for their failure to access peer education activities. These included poor timing of activities, lack of information as well as the fact that they doubted the credibility of the source of the information. There is a need to properly design HIV/AIDS prevention programmes so that learners are attracted to be part of them (UNAIDS, 1999).

Students reported that the major advantage of using peer education is that it does not create communication barriers as it involves people of the same level in terms of background and language. This is consistent with findings from previous peer education research. A study to find out the impact of peer education on adolescents' safe sex behaviours among six high schools in Quebec revealed that the program recorded a positive effect on most evaluated psychosocial variables related to postponing sexual intercourse because presentations which were prepared by peers were transmitted in a language that was age appropriate (Caron et al., 2004). In the same way students in this study indicated that they can respond better to a peer who they share similar characteristics in terms of age, background as well as interests.

The need to equip peer educators with basic facts on HIV/AIDS was constantly cited by students as an important component to include in the training curricula of peer

educators. This was also observed by participants in a study which was carried out to identify components and principles that influence HIV/AIDS peer education program quality and effectiveness in Jamaica. Participants agreed that the training needs to focus on how to impart HIV/AIDS knowledge (Horizons, 2002). In addition to imparting HIV/AIDS knowledge, it is also important that the training encompass other important aspects like techniques of engaging audiences. In this study some respondents indicated the need to equip peer educators with basic counselling skills to enable them deal with emotional problems. HIV/AIDS impacts on various aspects of life and it is therefore crucial that the training encompasses other aspects besides imparting HIV/AIDS knowledge only.

The idea of centring peer education activities on sub-committees helps in making the message easier to convey. Interviewed peer educators indicated that they were carrying out their activities in four sub groups that exist in the programme. This helps as it integrates peer education with other intervention strategies and the effectiveness of the programme is increased. This is consistent with findings from the Horizons study where respondents indicated that, "integrating a variety of components best compliment peer education in order to increase programme effectiveness and a demand of services are responded to" (Horizons, 2002 pg 7). In this study the outreach group is reaching a variety of youth through visits to high schools and technikons around Durban. The drama, forum facilitation and media and special events groups conduct various activities to cater for different audience needs. In the ZAWECA project, knowledge of services and HIV was increased particularly among first year students through exposure to forums organised by peer educators (ZAWECA, 2005).

The communication problem between programme leaders and peer educators which was commonly cited as a challenge by peer educators in this study is not something unique to this programme only. In the AIDSCAP study, peer educators who were interviewed noted that they were not being provided with adequate information and support from the programme leaders and this was adversely affecting their motivation to work (Flanagan and Mahler, 1996). The problem of not being provided with up to date information was also observed in the findings of the study which was conducted by Horizons (2002). Peer educators who were interviewed in the study indicated that

there were not involved in the decision making and development of the project (Horizons, 2002). There is a need for inclusive support for peer educators so that they can be real behaviour change experts. This can also lead to a high rate of drop out after training as observed in this research. Few students were resuming peer education duties after training and this has been attributed to the poor focus of the programme by the leadership.

The problem of low turn outs by students to peer education activities is common in most university settings as students enter university with high levels of HIV/AIDS information. This is consistent with findings from the ZAWECA project where student apathy to the issue of HIV/AIDS was a common problem (ZAWECA, 2005). It becomes difficult to convince them to come for HIV/AIDS activities when they already perceive themselves as having all the knowledge. It becomes a big challenge which can be addressed through using new and innovative tactics like introducing quizzes and prizes during forums. In this study, some peer educators indicated that the forum facilitation group was indicating on the advertisement posters that there will be snacks so as to attract students to their forums. In another study that was carried out in a South African township, it was realised that as time passed, attendance at weekly peer education meetings dropped (Campbell, 2003). Most respondents who were interviewed in the study cited that they had now acquired enough facts about HIV, that is, it is transmitted sexually, there is no cure and it can be prevented by condoms (ibid). In the same way, students in this research indicated that they had a good grasp of HIV/AIDS issues and that it is now monotonous to hear the same message every now and again.

It has been observed in this research that a person conveying HIV/AIDS messages should be able to demystify myths and misconceptions targeted audience might be having surrounding the subject. It is dangerous for opinion leaders in societies to go about giving information wrong information. This can be linked to the Jacob Zuma story where he openly confessed during the rape trial that he knew the woman was HIV positive and he did not wear a condom and he took a shower after the sexual encounter to reduce his chances of catching HIV. He was then the leader of South Africa's National AIDS Council and people would have thought that he would more knowledgeable about HIV transmission (BBC News, 2005). The statements prompted

outrage from AIDS activists. This hinders the struggle against HIV transmission in South Africa.

The findings of this study also illustrate the applicability of some of the key variables of the social learning theory which is the theoretical framework guiding this research. Students observed that they can respond better to an educator who shares the same characteristics as them in terms of age, language and background. This confirms the commonly accepted view in social learning theory with regards to role modelling and role credibility with modelling being effective if the model is someone who the audience identifies with in terms of age, interests and similar life experiences (Bandura, 1977). Modelling entails that an individual is in a position to follow the behaviour portrayed by another individual. Some students observed that they are in a position to follow the message if the peer educators use slang. They are familiar with the language and they will easily get the message. The majority of students who were interviewed indicated that peer education can positively impact on their knowledge of HIV/AIDS and that their behaviour can be changed due to exposure to peer education on condition that they trusted both the source and the content of the message.

5.3 Conclusion

The study has managed to shed light on the views and perspectives held by peer educators and students on peer education as a strategy for the promotion of HIV/AIDS awareness. It is anticipated that findings from this study will help improve HIV prevention interventions targeting young people in South Africa. This study has contributed in the detection of crucial topics of discussion in the area of HIV/AIDS peer education among specific groups of people. In this case youth peer education has been deeply explored and the researcher has come up with some recommendations in order to address gaps which have been revealed by the research. Subsequently the next section looks at recommendations for improvement derived from this case study.

5.4 Recommendations

In light of the findings presented in this study, a number of strategies can be employed in order to improve the operations of peer education programmes. This research and prior research has proved that people are more likely to put into practise socially learned behaviour if they think it will benefit them (Riga, 2003). The researcher has come up with a number of recommendations to improve uptake of peer education by targeted audience as well as to improve the way programmes are run in order that peer educators are motivated.

A common complaint which was raised by students who took part in this research is that of lack of awareness about the programme. The fact that only two out of the twenty interviewed students were aware of the campus peer education programme is a matter of grave concern which needs to be seriously looked at. There is an urgent need to increase awareness through improvising innovative mechanisms. To compliment poster advertisements and email notices, advertisements can be put at the murals as paintings and drawings can easily attract people. Fortunately enough, at Howard College there is a mural in front of the students union building a place which is frequented by most students. Advertising peer education activities on this mural can help improve awareness among targeted audience. Advertising at other obvious and common places like in the computer laboratories or at the cafeteria can also help improve awareness.

To address the problem of low attendance at peer education activities as was noted by most peer educators who took part in this study, there is need to find more interesting ways that will motivate college students to be more involved. As it stands, university students claim to be “saturated” with HIV/AIDS information, implying that they have heard enough of HIV/AIDS to the extent that they do not want to hear the same message again (ZAWECA, 2005). Innovative strategies can include turning the usual forums into social events by encompassing entertainment in the form of games, quizzes and competitions. Students can be attracted to such events and this can improve participation and involvement in the activities.

It is also recommended that stipends be provided to peer educators to motivate them do their duties. There is need for continued incentives and motivation techniques to appreciate their effort and time. Instead of doing the work on “*purely Mother Theresa kind of operation*” as one of the peer educators indicated, there is need to appreciate their work through incentives or any other form of motivation method. This may also guarantee regular attendance as it has been observed that most trained peer educators are disappearing after the training. The type and amount of incentives is of the discretion of the project and it is determined by the financial status of the project.

There is need to seriously consider findings from targeted audience and peer educators so as to develop a peer education programme that endeavours to address the needs of both groups. This is because peer education stands out as a popular tool in the global efforts to fight the epidemic (UNAIDS, 1999). Hence efforts are required to further understand and advance the process of peer education not only in the area of HIV/AIDS prevention but to encompass issues of care and support for people infected and affected. As Campell (2005) has noted, “the task of ensuring survival of peer education programmes requires a great deal of effort and energy”. Problems resulting from change of leadership highlight how a leader’s personal appeal and status can enhance the effectiveness of the programme. Thus there is a need for the leaders to be aware of the fact that the performance of peer educators depends on their passion and commitment. This is why Gumede (2001), observed that it is vitally important that HIV/AIDS programmes select leaders who have passion and commitment so as to motivate project workers to be committed to their work.

✓ It is also recommended that this study be expanded to include other UKZN campuses to enable each campus to develop a pragmatic peer education programme based on students’ and peer educators’ needs. The programmes need to set realistic behaviour change goals that take into account challenges faced by intended audience to take part in the activities and by peer educators as they try to convey the message.

In a nutshell, this research has managed to reveal an understanding of peer education from the perspectives of those who will be conveying the message and those who will be receiving the message. It is anticipated that this research may yield useful insights for future peer education programme planners in the area of peer led HIV prevention

as well as generating debate about potential measures that future programmes might have to take to enhance their possibility of success.

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APPENDIX 1

Sample In-depth Interview Guide

Interview with Students

"Good morning. I am _____ (introduce self).

This interview is being conducted to get your perceptions about peer education as a strategy for the promotion of HIV/AIDS awareness. I am especially interested in knowing the extent to which the campus peer education program is influencing your knowledge about HIV/AIDS.

"If it is okay with you, I will be tape recording our conversation. The purpose of this is so that I can get all the details but at the same time be able to carry on an attentive conversation with you. I assure you that all your comments will remain confidential. If you agree to this interview and the tape recording, please sign this consent form."

"I'd like to start by having you briefly describe your understanding of peer education?" *(Note to interviewer: You may need to probe to gather the information you need).*

"Have you encountered peer educators during your duration of your studies here?"
(Note to interviewer: If so, probe - "Tell me your encounter with them?" What issues did you discuss with them and where did you encounter them?)

Can you describe your perceptions and feelings about peer educators in terms of them being a useful source of obtaining HIV/AIDS information?" *(Note to interviewer: You may need to probe to gather the information about input from peer educators, student's reactions, availability of peer educators, etc.)*

"What do you think about peer education as a medium for behaviour change? Do you think your behaviour can be changed through exposure to peer education? Why do you say this?" *(Note to interviewer: You may need to probe why specific strong*

elements are mentioned - e.g., if interviewee replies "It can be changed", respond "Can you tell me how your behaviour can be changed?")

"What types of concerns do you have regarding the operations of peer educators and the peer education program in general?" *(Note to interviewer: You may need to probe to gather the information you need)*

"Can you describe for me any other situations that you know besides HIV that make use of peer education?"

"Can you tell me about the advantages and disadvantages of using peer education in HIV/AIDS prevention?"

"What do you think about the selection criteria of candidates of peer education? What qualities are expected of peer educators?"

"Tell me your views about payment options for peer educators?"

"What do you think should be encompassed in the training curricula for HIV/AIDS peer educators?"

"Can you tell me your views about methods which can be used to improve the visibility of peer education?"

"Is there any other information about the peer education program or other aspects of peer education that you think would be useful for me to know?" *(Note to interviewer: If so, you may need to probe to gather the information you need)*

Thank you for your participation.

APPENDIX 2

Sample In-depth Interview Guide

Interview with Peer Educators

"Good morning. I am _____ (introduce self).

This interview is being conducted to get your views and input about peer education which you are involved in. I am especially interested in your perceptions about the peer education program as well as the activities you are involved in as a peer educator. I am also interested in knowing any problems you have faced or are aware of and recommendations you have concerning the running of the peer education program"

"If it is okay with you, I will be tape recording our conversation. The purpose of this is so that I can get all the details but at the same time be able to carry on an attentive conversation with you. I assure you that all your comments will remain confidential. If you agree to this interview and the tape recording, please sign this consent form."

"I'd like to start by having you briefly describe your responsibilities and involvement thus far with the Campus Peer Education Program. Specifically, tell me your experience as a peer educator" *(Note to interviewer: You may need to probe to gather the information you need).*

"Can you describe for me your understanding of peer education? Can it be a medium for behaviour change?"

"How can you assess the contents of the training you received, does it cover the basic requirements of what you encountering?" *(Note to interviewer: Probe - "Do you have any suggestions on other issues which you feel the training has to encompass")*

"Have you managed to reach out to every section of the students' community?" *(If not, what are the reasons behind?)*

"What are the challenges that you encounter as you execute peer education activities?"

"What do you think the strongest points of peer education have been up to this point? Why do you say this?" *(Note to interviewer: You may need to probe why specific strong elements are mentioned - e.g., if interviewee replies "Peer education works", respond "How can you tell that it works?")*

"What types of feedback have you had or heard regarding the availability of condoms, posters and pamphlets among students?" *(Note to interviewer: You may need to probe to gather the information you need)*

"What do you think about the program at this point? Is there future in the programme?" *(Note to interviewer: You may need to probe to gather the information you need - e.g., "I'd like to know more about what your thinking is on that issue")*

"Is there any other information about the program or other aspects of peer education in general that you think would be useful for me to know?" *(Note to interviewer: If so, you may need to probe to gather the information you need)*

Thank you for your participation
