EMPOWERING PEER EDUCATORS AT HIGHER EDUCATION INSTITUTIONS (HEIS) TO DEAL WITH HIV AND AIDS

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ABSTRACT

There are many challenges that young people at HEIs face, especially when confronted with issues of sexuality and HIV/AIDS. HEIs are in a powerful position to fight the pandemic by using various educational strategies to inform students about the disease. The purpose of this research was to explore peer educators' experience of peer education training at a HEI. A qualitative descriptive design was employed. Focus group interviews were used to collect data, and the data was analysed using thematic content analysis with coding. Social Cognitive Theory (SCT) provided a theoretical framework for the study, enabling issues of agency and structure, credibility and role-modeling to be addressed. It was found that peer educators wanted more input into decision-making within the process.

INTRODUCTION AND BACKGROUND

Human immunodeficiency virus and acquired immune deficiency syndrome (HIV and AIDS) pose a major threat in sub-Saharan Africa, especially to those segments of the population who are poverty stricken and live below the breadline. Although in South Africa great strides have been made at national level towards minimising HIV and AIDS infection, the country can still not claim with confidence to have responded successfully to the HIV and AIDS pandemic. A concerted effort will have to be made by all role-players in government, civil society and the private sector to ensure the implementation of the HIV and AIDS and Sexually Transmitted Infection (STI) National Strategic Plan (NSP) 2012-2016.

In the mean time, the Higher Education and Training HIV/AIDS Programme (HEAIDS) (2010) undertook to assist HEIs to use education as a means toward an effective prevent-ative approach by empowering young people at HEIs to take responsibility for their own lives. HEAIDS has instituted and funded peer education initiatives since early 2000 for all Higher Education Institutions (HEIs) in South Africa. There is an urgent need to understand the challenges faced by students and staff who are involved with peer education training programmes at HEIs and to establish the effectiveness of these programmes (HEAIDS, 2010).

The United Nations defines young persons between the ages of 15 and 24 as youthful (Joint United Nations Programme on HIV/AIDS; UNAIDS, 2012). In South Africa the prevalence rate of HIV is 8.7 for young people between the ages of 15 and 24 (Stats SA, 2014). It is at this age that young people undergo a transitional stage in their lives. They have to assume responsibility and independence as young adults, a process which can increase their susceptibility to health risks and high risk behaviours. It is the stage in their lives when young people experiment with sexual activity. Some young men and women choose to marry or just co-habit and start families, while others enter HEIs.

The State is expected to make investments to accommodate young people's transition from childhood to adulthood. Only then will government be seen to have made a deliberate attempt to achieve the Millennium Development Goals (MDGs) of ensuring that the youth are able to maximise their potential to live healthier lives and minimise health risk behaviours. The MDGs were set by the United Nations in the year 2000. They included, in MDG 6, a commitment towards ensuring a decrease in the infection rate of HIV in all communities, but particularly among young adults, as a strategy towards reversing the AIDS epidemic. In 2015, UNAIDS revealed that the infection rate of HIV had already decreased, which means that the MDG 6 goal was within sight of achievement, worldwide. UNAIDS has now developed a new strategy to end the AIDS epidemic by 2030, as part of the new Sustainable Development Goals (UNAIDS, 2015). In order to attain the MDGs in South Africa, government and HEIs should combine their efforts to make sure that students complete their careers, so that they can give back to their communities to help alleviate poverty. Other priorities include access to health services and education, as well as improving the employment rate for young people. Since as early as 2001, HEIs have been encouraged and supported by various governmental institutions to actively participate in the fight against the epidemic (Asmal, 2001).

Students who enter an HEI for the first time generally belong to the age group defined as "youth". There are numerous challenges facing the youth in South Africa, such as the disintegration of and lack of education in families. Many young people are jobless and many teenagers are falling pregnant (Holburn and Eddy, 2011). In such a context, young people rely a great deal on their peers for information (Vember, 2013). Issues that are especially sensitive or culturally unacceptable for adults are discussed amongst young people. Their need for dialogue becomes greater as they join HEIs, moving into adulthood (Vember, 2013). Educators should be updated and informed with regard to students' backgrounds and cultural belief systems in order to deal with their various behaviours. HEAIDS (2010) encouraged all role players in HEIs to treat HIV- and AIDS-related issues in exactly the same way that any other chronic diseases are treated on their campuses. However, HIV and AIDS are still surrounded by ignorance, prejudice and stigma. In view of this, students, employees, their families and communities should be assisting in limiting HIV transmission by embarking on responsible education programmes. Chetty (2000) and Kelly (2002), supported by Blignaut et al. (2015), suggest that universities should craft a two-way response to the epidemic to assist both staff and students. First, HEIs should look inward and decide how they can best maintain themselves and their functions amidst the HIV and AIDS epidemic that they are already experiencing. It is vital that each HEI takes cognisance of the fact that they are already affected, and therefore need to strategise on how to keep the university in good working order. Secondly, each HEI should look outward and focus on its three core functions, which are the facilitation of learning, research and interacting with communities. In executing these functions, the university should take full account of HIV and AIDS, and possibly even make it a fourth core value or function (Kelly, 2002). Booysen, Bachman and Pelser (2005) concur that all HEIs need to make a concerted effort to fight HIV and AIDS.

To support HEIs, the HEAIDS programme was commenced in 2000. Four major focus areas were identified: HIV counselling and testing, peer group education, workplace programmes, and curriculum integration (HEAIDS, 2010). Institutions were allowed to formulate and implement their own programmes, prioritising any of the focus areas according to their particular institutional culture (HEAIDS, 2010). Peer education is the major focus area in a number of institutions.

Young people educating their peers is a highly successful strategy, as demonstrated in a 2009 study by Van der Maas and Otte. The study clearly shows that students who did not participate in peer education programmes at high school level had less factual knowledge about HIV and AIDS than those who were involved in peer education programmes. Young people look for role models and leaders from among their own peer group (Van der Maas and Otte, 2009). It is therefore important that peer educators are seen by their peers as credible young people. Ensuring this would form a sound basis from which peer education could be launched. Peer education is very popular and widely used, and probably the method best placed to equip young people with knowledge and techniques for safeguarding themselves against making incorrect choices regarding sexuality and HIV/AIDS (Bament, 2001; Backett-Milburn and Wilson, 2000). Peer education is very appealing to most trainers involved with young people (Bament, 2001; Backett-Milburn and Wilson, 2000). Turner and Shepherd (1999) and Ward et al. (2008) concur that young people have a natural influence on each other's knowledge, attitudes and, subsequently, behaviour.

AIM

This research aimed to establish how the HIV and AIDS peer education programmes at one HEI are experienced by peer educators.

PROBLEM STATEMENT

In an evaluation of training relating to sexual knowledge and behaviour, Aggleton and Crewe (2005) revealed two emerging trends: First, that young people would want to test out what they were taught, irrespective of the dangers or risks involved and despite whatever warnings about these were included in the training. Secondly, but most importantly, the acquisition of knowledge regarding issues of sexual conduct is vital to enable young people to make the correct choices in an environment in which they are most vulnerable to being infected with HIV/AIDS and STIs.

It is critical that education programmes of this kind at HEIs in South Africa achieve what they intend to achieve. Hence there is a need to establish the usefulness and degree of success of peer education programmes at HEIs. The researcher sought to gain knowledge of the first-hand experience of students participating in the programme at one South African HEI.

THEORETICAL FRAMEWORK

This research project was guided by Bandura's Social Cognitive Theory (SCT) (Bandura, 1986). The SCT framework assisted in the evaluation of peer educators' experience of their training programmes at a selected HEI. SCT elaborates on the interplay between individuals (in this research project the peer educators), their behaviour and the environment in which they find themselves (Bandura, 1998). Pjares (2002) adds other factors to which young adults react and that play an important role in how they behave and deal with challenges in a new setting. One of the most important factors is the social life of young adults (Pjares, 2002). Pjares (2002) and Bandura (1998) agree that cognitive thinking is an important determinant of decision-making for these students, but at the same time a very complex element in their social life. Hence agency and structure are fundamental issues in the study of young adults' lives.

The theoretical framework enabled the researcher to understand different aspects of the various phenomena being studied, even those not subject to the theory (Anfara and Mertz, 2006). Under the aegis of SCT, the researcher drew on aspects of an interpretive framework in which the experiences of people counted, adopting Bandura's notion that it is essential in the study of people to recognise how they define the situation in which they find themselves: "if people define situations as real, they are real in their consequences" (Bandura, 1998:789). Bandura (1986) states that young men and women learn through observing good behaviour and interacting with peers who attempt to practise good behaviour, for instance regarding sexuality and HIV/AIDS. When actively involved in peer education training programmes, these young people gain confidence through being able to transfer their knowledge to their peers and thus help them take responsibility for their sexual lives. Consequently, it is extremely important to ensure that Bandura's theory is incorporated into interactive experimental learning activities in the context of peer education. Peer educators can become effective and powerful instructors and role models (Bandura, 1986).

RESEARCH DESIGN

The phenomenon under investigation should be studied in its natural setting and preferably through its entire cycle. Thus this research was informed by what De Vos et al. (2005:273) would term an "interpretive phenomenological epistemology". This means that the researcher explored the interaction of peer educators with the trainers as well as with their own peers, and also how they experienced their role as peer educators. It was also important to gain an understanding of their perceptions of life and their world, as well as their knowledge base and how they applied their knowledge as peer educators (De Vos et al., 2005).

POPULATION

The population included all the peer educators selected for training in various aspects of peer education programmes at the HEI, situated in a metropolitan area in South Africa. The selection of the students was done by the HIV and AIDS Unit staff.

SAMPLING

Convenience sampling was used for this study. Mertens (2010:145) defines sampling as "the method used to select a given number of people or objects from a population". Convenience sampling means that the persons participating in the study were chosen because they were readily available (Mertens, 2010). The target group consisted of all the peer educators who were selected for the training programme by the HIV and AIDS Unit's staff.

DATA COLLECTION

Eight focus group interviews were conducted with 40 peer educators. Each focus group consisted of 5 participants. These interviews took place in a private room. Interviews were recorded with a digital hand recorder.

ANALYSIS

All interviews were transcribed and thematic content analysis with coding was applied.

ETHICS

Permission was granted by the Health and Wellness Sciences Faculty Research and Ethics Committee at the HEI where the study was conducted. Support letters from the HEI's Counselling Services were also obtained, in the event of any student experiencing discomfort or distress during the study. There was an arrangement for referral if necessary for further management and support. Each participant signed a written consent form prior to the recording of the focus group interviews. They were reassured of anonymity and privacy and advised that they could withdraw at any stage of the research process if they so wished, without any negative consequences.

A central issue and among the most widely discussed in qualitative research is validity. (Creswell and Plano Clark, 2011). The researcher ensured validity by prolonged engagement and member checking, and all the participants were invited to re-listen to the focus group recordings to verify what they had said.

RESULTS

The participants in the study reported a number of experiences and benefits gained from their participation as peer educators. These are reflected in the following developed themes and subthemes: knowledge, agency, creativity, personal development and empowerment, and behaviour change.

Table 1: THEMES and SUBTHEMES

Themes	Sub-themes
Knowledgeable about HIV and AIDS	Gaining knowledge Sharing knowledge
Personal development and empowerment	Empowerment through personal management skills, e.g. time management, organising and management of portfolios
	Developing/strengthening of self-esteem and gaining stature
Personal Agency	Self-efficacy Acceptance of self: Acceptance of their own HIV-positive status Acceptance by peers
Need for creativity	Wanting to be part of facilitation of workshops Eager to learn new information regarding HIV and AIDS
Behaviour change	Abstinence and domestic relationships

Knowledgeable about HIV and AIDS

This theme related to findings from participants indicating that their involvement as peer educators provided them with knowledge, while simultaneously affording them the opportunity to share their knowledge with peers.

Gaining knowledge

The participants reported gaining knowledge about HIV and AIDS from their participation as peer educators. SCT indicates that knowledge does empower young people, particularly to make the right decisions (Bandura, 1996). In other words acquiring more knowledge about the pandemic seems to be an important benefit, as illustrated by the following quotations:

"Well, I think at the end of the day it is up to the individual. The more empowered the person is, it therefore places them in a better position to make a better decision."

"... So now, a little bit more knowledge, which you are getting, you will benefit ... the knowledge will steer you away from the wrong act."

Sharing knowledge

Peer educators were very ready to share their knowledge:

"For me it was personal … I had a family member who passed away due to AIDS, so I felt like I needed to give back to the community since I wasn't there for him. I was actually one of the few family members who just turned and looked the other way when he needed us."

"… you tell them why they should condomise, and then at the end of the conversation, it's like okay, cool, I'll condomise … there's HIV."

Personal development and empowerment

Further evidence reveals that the workshops allowed these students to develop their own identities as individuals. They became more self-assured and ready to plough back their knowledge and skills into their communities (Bandura, 1996). They learned to distinguish between what is right and wrong and how to deal with other students. Topics around HIV and AIDS, sex and homosexuality, which were formerly taboo at home and church, could now be discussed openly, especially because the students were endowed with the necessary knowledge and facilitation and communication skills, gained from attending various workshops. The confidence to address these issues openly and to change the stigma around HIV and AIDS is another capability contributing to their personal development. Some of them felt obliged to engage in introspection regarding their own behaviour.

"So I think I want to make a difference that there is HIV and we need to put it in the right perspective and know the right content and everything, not have something outside that has not been proven, but it is based on information that is factual."

"… what I have learned is we are from different backgrounds and different communities … we have one goal, which is teaching people about HIV and AIDS … it is a huge learning curve."

"… to prepare portfolios and do a report … I didn't see that potential in me, but being in the Unit I could produce such work."

Personal agency

Peer educators have to display the characteristic of personal agency in order to be recognised as credible leaders amongst their peers. They also need to develop the skill of self-efficacy. In short, they need to acquire skills and experience in order to deal with failures and setbacks, not only in the peer education programme, but in their personal lives. This was reported by participants as another gain from their experience as peer educators, as is illustrated by the following extracts:

"It gave me a sense of self-esteem to be able to face my problems and challenges … introspection in my life … and I think I should change the way I live and be able to live a different way."

"There's a lot that me, myself, I have gained public speaking being one of them, confidence being the other."

Peer educators who can balance academic and social life on campus normally display great personal strength, as well as a well-balanced emotional state. They persevere until they reach success in whatever they strive to achieve. They are also committed to peer education training programmes and projects, and are keen to make a difference in the lives of others as well as their own. This is what some of them had to say:

"When I speak with confidence to most of my peer educators, I tell them if I make a difference in one person's life, it's like I made a difference in the whole community's life…"

"I am accepted by peers and have gained confidence to approach other peers on campus."

"… I find that if a peer of about same age speaks and provides correct information, it's easier to reach the student populace within the university."

Need for Creativity

Some of the peer educators felt that the workshops are sometimes just "rhetoric" and unable to adapt to new challenges. They thought that more innovative and creative ideas should be incorporated into the presentation of workshops:

"I have found these workshops designed that way, and I have been here for almost two years now, and there haven't been updates … statistics are old, they still haven't been revised … So I think we've got a lot of room to develop and improve."

"…sometimes we set ourselves too many things, too many programmes or too many tasks or too many activities … we are rushing our activities; we don't have time, enough planning."

Peer educators reported that they would like to be given more opportunities to facilitate or co-facilitate workshops, and that more workshops should be presented:

"I would like to facilitate or co-facilitate some of this workshop myself . . . this can be made possible."

Behaviour change

Participants reported that their experience of facilitating behaviour change as peer educators also had a positive influence on their own behaviour. An example was the challenge of abstinence:

"An abstinence campaign was started where students receive wristbands – I am proud to wait."

There were reports from participants of behaviour change among students in terms of abstinence as opposed to free sex, as well as in approaches to domestic relationships. This was illustrated by a peer educator, who reported that he changed his behaviour as follows:

"…from beating the women in my life and actually changed my whole 'mind-set' as far as my relation to women is concerned."

DISCUSSION OF RESULTS

The benefits of peer education training programmes include the fact that peers are regarded as credible sources of information (Ward et al., 2008). Secondly, empowerment of those involved is very important. Participants indicated that they wanted to be more involved in decision-making processes within the peer education training programme, and wished to assume more responsibility for facilitation within the training sessions. They should be empowered to do so, with facilitation and communication skills training. SCT claims that peers function as contributors to their own motivation. If peer educators are motivated and committed, they will produce high-quality work, particularly if they are empowered by good role models, who set good examples (Bandura, 1996).

Thirdly, the development of peer educators as confident role models is very important. Peer educators want to be recognised by their peers as leaders and credible role models. This is very much in line with Bandura's SCT, as he believes that a good role model is not only responsible for modelling good behaviour, but also plays a pivotal role in teaching his or her peers judgment and values. All of this will contribute to the development of the young adult's cognitive ability (Bandura, 1996). This should be encouraging for peer educators themselves, helping to instil more confidence in them to assume a leadership role. Peer educators enjoyed workshops and events, in part because they received a meal and/or other rewards. Examples include a T-Shirt, a flash drive, a wristband, and in most instances, a certificate of attendance and involvement. This serves to enhance their curricula vitae. They also enjoyed exposure to public speaking and the development of leadership and other interpersonal skills, which would assist them in their future careers. They also learned how better to cope with their own positive status and how to support other family members who were infected or affected.

RECOMMENDATIONS

The sustainability of this important peer education programme needs to be secured. More students need to be involved with the programmes, as young people who are empowered will gain confidence and strive to seek health interventions; for example, they might recognise that they themselves have an important role to play in HIV prevention, rather than leaving it up to health care professionals.

Peer educators seek to become role-models and be affirmed as leaders. HEIs should make various leadership and developmental workshops available to these peer educators, in order to enhance their skills. Peer educators should also be entrusted with more facilitation duties within the training sessions. SCT claims that peers function as contributors to their own motivation (Bandura, 1996). Current peer facilitators should therefore be included in the training sessions for their newly-selected successors.

CONCLUSION

Peer education should provide a platform for a group of young people jointly to re-negotiate their individualities. This includes sexual behaviour, which is influenced by peer pressure as much as by individual choices. Peer education should strengthen young people's decision-making skills and their ability to take ownership of their sexuality, as well as help them to develop sexual negotiation skills. Young people who are empowered

will gain confidence and will strive to seek health interventions; for example, they might see themselves as having a key role to play in HIV prevention, instead of assuming that only health care professionals are responsible for combatting the pandemic (Campbell, 2004). Bandura (1996) states that it is a combination of self-confidence and self-empowerment that makes young people feel that they are in control of their sexual health. It is vital that all peer education training programmes and related HIV and AIDS inter-ventions, on all HEI campuses, should be carefully structured and included in institutional strategic planning on an annual basis. The mainstreaming of HIV and AIDS into all faculties, across all curricula, should have a profoundly beneficial effect on all role-players in HEIs in the future.

REFERENCES

Aggleton, P. and Crewe, M. (2005). "Effects and Effectiveness in Sex and Relationships Education" *Sex Education* 5(4):303-306.

Anfara, V.A. and Mertz, N.T. (2006). *Theoretical Frameworks in Qualitative Research* Thousand Oaks: Sage Publications.

Asmal, K. (2001). "Opening Address: Report on Protecting the Right to Innocence" *Conference on Sexuality Education* Gallagher Estate Conference Centre: Gauteng, 19-21 August.

Backett-Milburn, K. and Wilson, S. (2000). "Understanding Peer Education: Insights from a Process Evaluation" *Health Education Research, Theory and Practice* 15(1):85-96.

Bandura, A. (1986). *Social Foundations of Thought and Action: A Cognitive Theory* Englewood Cliffs: Prentice Hall.

Bandura, A. (1998). "Social Cognitive Theory" in Vasta, R. (Ed.). *Six Theories of Child Development* Philadelphia: Jessica Kingsley, 1-60.

Bandura, A. (1996). *Self-Efficacy in Changing Societies* Cambridge: Cambridge University Press.

Bament, D. (2001). *Peer Education Literature Review/Danielle Bament* Adelaide: South Australian Community Health Research Unit.

Blignaut, R.J., Jacobs, J. and Vergnani, T. (2015). "Trends in HIV Risk Behaviour of Incoming First-Year Students at a South African University: 2007–2012 *SAHARA-J: Journal of Social Aspects of HIV/AIDS* 12(1):39-50.

Booysen, F.L.R., Bachman, M. and Pelser, A. (2005). *The Impact of the HIV/AIDS Epidemic on the University of the Free State: Magnitude, Implications and Management* Bloemfontein: University of Free State.

Chetty, D. (2000). *HIV/AIDS and South African Universities: Current Issues and Future Challenges* Pretoria: SAUVSA.

Creswell, J.W. and Plano Clark, V.L. *The ADEA Working Group on Higher Education* Washington, DC: The World Bank.

De Vos, A.S., Strydom, H., Fouché, C.B. and Delport, C.S.L. (2005). *Research at Grass Roots: For the Social Sciences and Human Service Professions* Pretoria: Van Schaik Publishers, Third Edition.

Higher Education and Training HIV/AIDS Programme (HEAIDS). (2010). *HIV/AIDS Prevention Good Practice: Strategies for Public Higher Education Institutions (HEIs) in South Africa* Pretoria: Higher Education South Africa.

Holburn L. and Eddy, G. (2011). *First Steps to Healing the South African Family* Johannesburg: South African Institute of Race Relations.

Mertens, D.M. (2010). *Research and Evaluation in Education and Psychology: Integrating Diversity with Quantitative, Qualitative and Mixed Methods* Thousand Oaks: Sage Publications, Third Edition.

National Department of Health: National Strategic Plan for HIV and AIDS, STIs and TB, (2012-2016). "Draft Zero for Consultation, August, 2011", http://www.ecdoh.gov.za/uploads/files/170307131246.pdf (Accessed 22/07/2012).

Pjares, F. (2002). "Overview of Social Cognitive Theory and Self-Efficacy", http:www.emory.edu/EDUCATION/mfp/eff.html (Accessed 15/02/12).

Statistics South Africa (2014). "Statistical Release P0302: Mid-year Population Estimates", http://www.statssa.gov.za/publications/P0302/P03022014.pdf (Accessed 30/05/2016).

Turner, G. and Shepherd, J. (1999). "A Method in Research of a Theory: Peer Education and Health Promotion" *Health Education Research* 14(2):235-247.

Van der Maas, F. and Otte, W. M. (2009). "Evaluation of HIV/AIDS Secondary School Peer Education in Rural Nigeria" *Health Education Research* 24(4):547-557.

Vember, H. (2013). *An Evaluation of the Influence of an HIV/AIDS Peer Education Programme at a Higher Education Institution in the Western Cape* Cape Town: CPUT.

Ward, C.L., Van der Heijden, I.J., Mukoma, W., Phaka, S., Mhlambi, T., Pheiffer, J. and Bhana, A. (2008). *South Africa's Peer Education Programmes: A Mapping and Review* Cape Town: Human Sciences Research Council.