Experiences and Challenges of Peer Educators as Part of a Health and Wellness Strategy in the Workplace in Gauteng, South Africa

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Abstract

Peer education is a behaviour change strategy employed to mitigate the impact of HIV and AIDS. It is widely used as a behaviour change strategy, both globally and in the southern African region. The researcher explored the experiences and challenges of peer educators in four companies in Gauteng, South Africa, and utilised a qualitative research approach with an exploratory and descriptive design. Convenience sampling, as a type of non-probability sampling, was used to identify four companies that had peer educators and were part of the Swedish Workplace HIV and AIDS Programme in Gauteng, South Africa. Four focus group discussions were used as a method of data collection and the data that were collected were analysed according to the themes that emerged. The study revealed that the experiences of peer educators in the workplace were mainly positive and offered them some opportunities, but also presented them with some challenges in the execution of their tasks. There was also a need to ensure that peer education becomes sustainable.

Keywords: peer education, HIV and AIDS, behaviour change, employee health and wellness, strengths perspective

Introduction

HIV and AIDS remain a global challenge and affect all sectors of society. When considered together, East and southern Africa remain the regions most affected by the HIV epidemic globally; making up 45 per cent of the world's HIV infections and 53 per cent of people living with HIV in the world (UNAIDS 2018). According to UNAIDS (2018), it is estimated that 800 000 people in East and southern Africa acquired HIV in 2017 (new infections) and an estimated 380 000 people died of AIDS-related illnesses. Mozambique, South Africa and Tanzania accounted for more than half of new HIV infections and deaths from AIDS-related illnesses in the region

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in 2017. Therefore, South Africa is still facing huge challenges in managing the spread of HIV and AIDS and reported 7 200 000 people living with HIV and AIDS in 2017 (UNAIDS 2018). If HIV and AIDS continue to spiral upwards, the country's workforce will suffer dire consequences, as productive members of the population will be lost to the pandemic. This has serious social and economic consequences.

In the workplace, fear and ignorance of how HIV is transmitted can lead to bias and discrimination against workers living with HIV and AIDS, which poses a fundamental threat to workers' rights and the decent work agenda. It is also damaging the efforts that are made at preventing HIV and AIDS and providing care for those who have contracted it (ILO 2008a). Peer education is a strategy that can assist in mitigating these risks.

The researcher's motivation to conduct this study was based on her involvement in the Swedish Workplace HIV and AIDS Programme (SWHAP). The SWHAP is a partnership between the International Council of Swedish Industry (NIR) and the Swedish Industrial and Metalworkers' Union (IF Metall). This partnership was formed as a way of contributing to the establishment and support of HIV and wellness programmes in Swedish workplaces in sub-Saharan Africa (SWHAP 2017).

The SWHAP was established in South Africa in 2004 and functions in 26 Swedish-related companies. Based on Govender's (2009) definition, the employee wellness programme being implemented by the SWHAP is an external consortium model of employee wellness, whereby different companies form a consortium and render the same services, utilising the same service provider. The SWHAP programme also makes use of peer educators. The work that is done by peer educators in relation to HIV and AIDS in the workplace, as part of workplace wellness, is related to Sustainable Development Goal number three (SDG 3), which is the promotion of good health and well-being (United Nations 2017).

The SWHAP peer educators are regular company employees who provide peer education on a voluntary basis. They are trained in fundamental issues regarding HIV and AIDS, other sexually transmitted diseases, the role of a peer educator, and how to plan for peer education activities. According to the SWHAP (2017), peer educators act as a link between management and the employees and assist in encouraging employees to participate in wellness programmes.

The aim of the study was to explore and describe the experiences of peer educators as part of a health and wellness strategy in the workplace. The research question that guided the study was the following: What are the experiences and challenges of peer educators as part of a health and wellness programme in the workplace? The objectives were to explore and describe the experiences and challenges of peer educators in the workplace and to investigate possible strategies to make peer education more sustainable in the workplace.

Literature Review

Peer education is a behaviour change strategy used to mitigate the spread and impact of HIV and AIDS. UNAIDS (1999, 5) states that "peer education is a popular concept that implies an approach, a communication channel, a methodology, a philosophy, and a strategy." Peer educators in the workplace participate in advocacy, the facilitation of discussions and distribution of material or information, as well as offering support and making referrals.

HEAIDS (2016) opines that peer education, as a concept, is widely used to describe interventions where people who are similar in terms of age group, background, culture and/or social status educate and inform one another on a wide variety of issues. Peer education can be used with different populations, for example adults in a workplace.

According to the International Labour Organization (ILO), peer education in relation to HIV and AIDS workplace programmes "involves the training of male and female workers to facilitate discussions with their co-workers, with the goal of encouraging them to examine and change their high risk behaviour" (ILO 2008a). The ILO (2008a) further states the following as the roles of peer educators in the workplace:

- encouraging discussions about high-risk behaviour;
- providing information about HIV and AIDS and other sexually transmitted infections;
- encouraging co-workers to ask for help from qualified health workers;
- providing information about services available in the workplace and making referrals to services that offer counselling, testing and antiretroviral medication, as well as providing information on the prevention of mother-to-child transmissions;
- bringing infected and affected employees into contact with support groups;
- promoting HIV and AIDS prevention; and
- providing information on the HIV and AIDS policy in the workplace.

Peer education in the workplace is a behaviour change strategy. Behaviour change is a process that involves several stages. Firstly, people must be provided with information about the risk of being infected with HIV and AIDS, and be made aware that they need to change their risky behaviour. Secondly, they must learn new skills and know how to gain access to the right services. Thirdly, their environment must be supportive to assist them to make changes and to sustain these changes. A peer education programme in the workplace serves to provide this supportive environment (ILO 2008a). Peer educators in the workplace are expected to organise information-sharing sessions on various health and wellness-related topics and to assist in organising on-

site voluntary testing and counselling or inviting guest speakers. They should also have a calendar of events, which assists in planning.

Theoretical Framework

The theory that is applied to this study is the strengths perspective. The strengths perspective emphasises the positive in all human beings, rather than focusing on the problems that they experience or the problematic situations in which they find themselves. Its point of departure is a focus on the positive and not the negative (Miley, O'Melia, and Du Bois 2007, 81). Saleebey (1997, 8) states the following central concepts of the strengths perspective: empowerment, membership, resilience, healing and wholeness, dialogue and collaboration, and suspension of disbelief.

According to the strengths perspective, all people have a natural power within themselves that can be harnessed (Weick and Chamberlain as quoted in Miley, O'Melia, and Du Bois 2007, 81). This approach is appropriate to support this study because peer educators are workers who are perceived to possess certain strengths and are then trained as peer educators, although they have other roles in the workplace (for example, as engineers or human resource officers). Miley, O'Melia, and Du Bois (2007, 81) further state that the strengths perspective subscribes to the notion that humans have untapped and undetermined reservoirs of mental, physical, emotional, social and spiritual abilities that can be expressed. This means that people must be respected, as they have the potential for continued growth and well-being.

For the purposes of this paper, the strengths perspective refers to working with individuals in the workplace by recognising that they have innate power and undetermined physical, emotional, social and spiritual abilities that can contribute to their empowerment and development, as well as the empowerment of their peers.

Methods

The study was undertaken using a qualitative research approach. The research design utilised was exploratory and descriptive.

Bryman (2012) describes a population as the universe or units from which a sample will be drawn. The population for this study comprised all employees in the companies that participated in the SWHAP project and who were peer educators or had interactions with peer educators – either in their group activities or on an individual basis. It was important to include non-peer educators in the study because the peer educators do not function in a vacuum, but within a specific context. It was also essential to obtain a balanced view and to determine possible strategies for how the peer educator activities could be made more sustainable in different workplaces.

Non-probability purposive sampling (Bryman 2012) was used to identify four workplaces that are part of the SWHAP network in the Gauteng province, South Africa, to conduct the study. The participants in the study were recruited through the health and wellness committees in the workplaces and the SWHAP South Africa country representative. The employees were informed by the health and wellness committees about the purpose of the research and asked if they would be available and willing to participate in the study. This information was passed on to the South African country representative for the SWHAP, who then informed the researcher. Finally, the researcher proceeded to make appointments in these companies to conduct the focus group discussions. The companies that participated are involved in power and automation technologies, lock manufacturing and access solutions, industrial maintenance, and engineering. The study participants were peer educators and other stakeholders in the workplace. A total of 28 people participated in the study, 11 males and 17 females. They occupied various positions, as can be seen in Figure 1. Most participants (21) were peer educators.

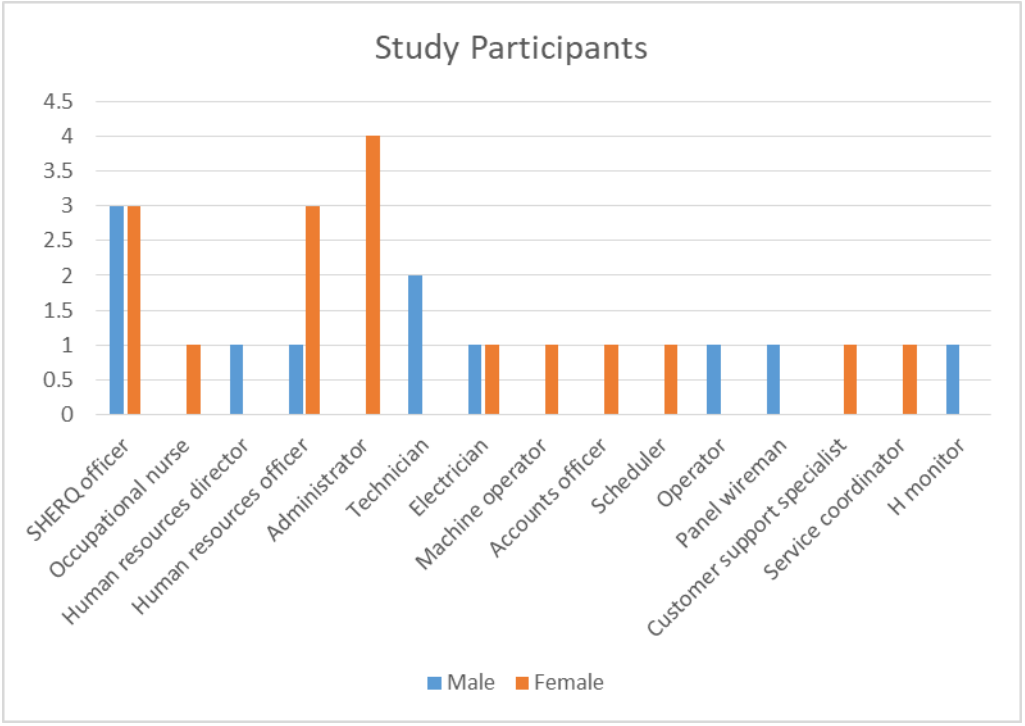

Figure 1: Study participants

Focus groups were used as a method of data collection. Focus groups are group interviews aimed at a better understanding of how people feel or think about an issue, product or service (Greeff 2005, 299). Four focus group discussions were conducted. Permission was requested from the focus group participants to use an audio recorder

to record the discussions. The researcher also took notes during the interviews. The data were analysed following the guidelines given by Creswell (2007) for qualitative data analysis, which included recording the interviews, taking notes, labelling the focus group discussions based on the date and place where they were conducted, grouping the data into categories, and identifying emerging themes.

To ensure rigour and trustworthiness, the researcher used the criteria of Guba (as quoted in Schurink, Fouché, and De Vos 2011, 419) when conducting the study. These are credibility, transferability, dependability and confirmability. Credibility was ensured by selecting participants who were all employees of companies that are members of the SWHAP and that use peer educators as part of their health and wellness programme. The participants were all correctly identified. More than one workplace was involved, thus enabling the findings to be transferable – to a limited extent – to other similar SWHAP workplaces. The findings of the study were recorded and transcribed, which guarantee dependability. The audio recording of the findings also renders them confirmable.

Ethical Considerations

Although the study did not pose a risk to the participants, ethical principles were observed in line with research conducted that involved human participants. After thorough scrutiny, ethical clearance to conduct the study was granted by the College of Human Sciences' Research Ethics Review Committee at the University of South Africa. One of the possible risks identified for the study was the possibility of the identities of the focus group participants being disclosed. This was mitigated by assuring the participants that the study findings would be reported in a manner that would not link their identity to specific findings. Hence, in reporting the findings, the researcher has used numbers instead of names. A second possible risk was the discomfort or harm to the participants while involved in the discussions. The participants were informed that they had the option to withdraw from the process at any stage and that there would be no repercussions if they did so. The researcher also ensured that the focus group recordings and notes were kept in a safe place to safeguard the information gathered from unauthorised people, since it was purely for research purposes.

Findings

The study findings are discussed below according to the themes that emerged during the focus group discussions.

Themes

The themes that emerged from the study are summarised in Table 1.

Table 1: Themes and subthemes that emerged from the data

Themes	Subthemes
Experiences of peer educators in the workplace	Positive impact of peer education Visibility of peer educators Workload of peer educators
Challenges of peer educators in the workplace	Gender and culture Stigmatisation of peer education
Opportunities for peer educators in the workplace	
Suggestions for sustainability	

Experiences of Peer Educators in the Workplace

Positive impact of peer education

Being a peer educator has had some positive impact on peer educators. Participant FG2P2 commented on this point as follows:

> [By] being involved in peer education, I learnt about confidentiality and trust, how to keep other people's information.

While FG1P2 expressed this sentiment:

> [Since] I became a peer educator, I have learnt many things, like now I do a lot of things in my family and community, helping people with the information I got when I was trained as a peer educator.

And FG4P3 added:

> [In] the beginning I thought peer educators were sent by management to get information, but later I saw that it is safe for me to talk to a peer educator, as they don't tell other people what you told them.

These sentiments show that peer education has had a positive impact on workers.

Regarding the positive role of peer educators, FG3P1 reflected:

> Peer educators helped me by listening to me. I was depressed and had no one to talk to, and the peer educator listened to me and referred me to get help.

To further point out the positive experience of being a peer educator, FG4P1 recalled:

> I love being a peer educator. I give out a lot of information. I also take the information to the unions, to get them involved.

FG4P3 remarked:

> I get to make positive changes in people's lives and I also use the material I get from SWHAP training to tackle HIV and AIDS issues in my community.

The above sentiments confirm the statements by Baasner-Weihs (2012) that the peer education system benefits wellness programmes, target audiences and communities and has demonstrated success in improving people's knowledge, attitudes and skills regarding HIV and AIDS.

Visibility of peer educators

It is important for peer educators to be visible and accessible so that employees who need assistance feel free to approach them. FG1P4 stated the following:

> [In] the past, the peer educators did lots of activities, and was visible. Now we changed service provider, and we do not have many activities anymore. We were restructured, and we do not see the peer educators a lot, the morale is down.

FG3P2, from another workplace, commented:

> [In] 2018, there was not much activity. We are planning an activity for AIDS awareness. The problem is when peer educator leaves the company, others have to be trained again, and it takes time to replace them. Then we do not see peer educators for some time.

In this regard, FG1P2 recollected:

> [I]n the past there was a calendar, in-house, and community outreach activities. Therefore, the peer educators were very active and were well known. Now we need some renewal.

Regarding visibility, FG4P3 conveyed these sentiments:

> As a peer educator, you have to go to the people, but nowadays you can also use technology, like sending out the calendar of activities or messages about wellness. It is one way of reaching many people.

Kitala (2011) also emphasises the active interaction and visibility of peer educators as a critical aspect by recommending that, over and above formal and informal peer education activities, peer educators perform awareness-raising activities and make presentations.

The workload of peer educators

The role of peer educators in the workplace is voluntary, as they do peer education as an additional task to what they have been employed to do. This may sometimes lead to overloading or the peer educator may be forced to make choices as to which activities to prioritise. FG1P1 made this remark regarding the workload of peer educators:

> If there is a lot of work, I have to finish that first and do peer education activities in my spare time. Company work comes first.

FG4P2, however, articulated another view:

> [Some] peer educators were retrenched last year when the company had retrenchments. They were not replaced, so we are not so many, and we still have to do peer education in the whole company. That is sometimes taking too much time.

FG4P3 expressed the following view:

> [You] know, I have my full-time job. However, some people at work also want me to help them with marriage problems, or that I should take them to rehabilitation for drug problems. This makes my work too much. This causes a problem because I have to look more at production, and not spend most of my time doing peer education things.

FG3P4 put across this view:

> Sometimes people expect a lot from a peer educator, and there is not enough time, like helping with money problems and family problems. This takes a lot of time, but then I refer them if I cannot assist.

Regarding the time constraints, FG2P3 opined:

> For the peer education to be sustainable, managers should create time for peer education; it should not be delegated to our spare time.

Baasner-Weihs (2012) endorses the importance of creating time for peer education in the workplace by stating that some peer educators are of the view that they do not receive the resources they need from managers to do their work, for example sufficient time. They need time to undertake awareness campaigns in the company or in the community.

Challenges of Peer Educators in the Workplace

The discussions in the focus groups also revealed that the peer educators experience challenges while executing their tasks as peer educators. These include gender and cultural issues and the stigmatisation of peer education.

Gender and culture

The companies involved in this study are mainly male dominated, but the majority of peer educators are female. This factor affects the work that the peer educators do. In this regard, FG2P3 made this observation:

> In our company, we have more men than women. So, the female peer educators sometimes feel intimidated by the men. This [is] also caused by culture, as some men do not want to talk to women about their health information.

FG4P5 explained:

> As a man, I feel comfortable when I discuss my personal things with another man, as he will understand me better. It is difficult for me to go to a woman and talk about my health things.

The issue of gender differences is also highlighted by FG4P1, who added the following:

> Given the fact that most staff are male, it is hard sometimes for them to talk to me, because of gender cultural things, and because of my age, as some of them think that I am too young to understand their problems. In most cases, I refer them to another peer educator, whom they can feel free to talk to.

A male participant (FG4P5) mentioned:

> Men cannot also reach out to women in the workplace if they are peer educators. It may be seen as harassment.

Dickinson (2006), who maintains that as far as gender and race are concerned, peer educators are skewed towards women, especially African women, explains the gender distribution of peer educators: Men from all race groups are underrepresented, whereas African women are overrepresented, as peer educators. The author further states that this bias may be attributed to the greater impact that HIV and AIDS have had on Africans, compared with other races (Dickinson 2006).

Stigmatisation of peer education

Peer education is sometimes stigmatised because of its association with HIV and AIDS. Some mental health conditions are also sometimes stigmatised. FG1P5 remarked:

> They refer to it as that thing about AIDS.

To add to the issue of stigmatisation, FG3P4 said:

> Some mental problems, like depression, have a stigma. Sometimes people don't want to be open about depression, as they think they will not be promoted because of that condition.

The issue of stigma and those who care for people infected or affected by HIV and AIDS is also confirmed by Suhadev et al. (2013), who state that the stigma associated

with HIV and AIDS is a reality that caregivers have to face, and it can harm their support systems or inhibit caregivers from seeking help.

Opportunities for Peer Educators in the Workplace

Although peer educators face some challenges in the workplace, they also realise that their involvement as peer educators offers some opportunities. These opportunities are mainly in the form of the information that they gain through training, which can be passed on to their family and community members. On this topic, FG3P1 remarked:

> Being a peer educator has helped to get a lot of information on HIV and its prevention. I also give this information to my family and friends. I was trained on how to do first-aid, and I can use this at home and in the community.

Similarly, FG4P1 observed:

> I like to be a peer educator. I have information which I took to the unions and to the community, as I am involved with other organisations.

To support this, FG4P3 voiced the following:

> The information I get from SWHAP, I also use in my community, to share it with them. They like it because there are things that they did not know.

Dickinson (2006) confirms that peer educators are also involved in information sharing in the communities outside the workplace. In this regard, the author states that the most common activities that peer educators undertake outside the workplace are with their families, friends and community members, who are the most accessible audience, as well as with neighbours and in community structures, where they support HIV and AIDS projects (Dickinson 2006).

Suggestions for Sustainability

The issue of the sustainability of peer education initiatives was also discussed in the focus groups. Sustainability was seen as important in making peer education effective. In this regard, FG1P5 commented:

> We have to be creative to be sustainable. Sometimes the company profits are down, and there is no money. So, we must think of linking with NGOs in our area, to do awareness campaigns. We should also think of cutting cost by using electronic communication to save costs and save the environment.

Similarly, FG3P2 remarked:

> Maybe peer educators should network more with other peer educators in other companies, and share information on how to make it sustainable. Maybe share activities like International AIDS day etc.

In support of this view, FG1P2 remarked:

> Peer educators should identify NGOs in their environment who offer free services like voluntary counselling and testing, clinics which test for high blood pressure, and partner with them. In this way they can be sustainable and also involve the community.

The notion of working with communities is supported by Dickinson (2006), who maintains that most peer educators are involved in HIV and AIDS projects in communities, although some of these projects have no formal relationship with the company that employs them.

Limitations

The study was conducted in four companies. Other companies that have peer educators may have different experiences and challenges. This study was also conducted at a cluster of SHWAP companies and did not include other companies outside the SWHAP that have peer education programmes. This may limit the generalisation of the study's findings to other companies.

Discussion, Conclusion and Recommendations

HIV and AIDS continue to be a challenge in the southern African region, and South Africa, as a country, carries a high burden of the disease. The spread of HIV and AIDS is directly linked to the productivity in the country. If workplaces do not emphasise preventive behaviour to curb the spread of HIV and AIDS, there will be negative socio-economic consequences, both for the country and the entire southern African region. Peer education is a behaviour change strategy that is implemented as a part of workplace health and wellness in many regions of the world, including South Africa.

The peer education programmes that have been implemented in the companies that participated in the study are mainly viewed in a positive light and as having had a positive effect on the peer educators and fellow employees. This view resonates with the strengths perspective, which postulates that every environment is full of resources, in the form of people, groups or families (Saleebey 1997, 12). These resources are, however, usually untapped. But if they are tapped into, they can make a meaningful contribution. The resources in this context are the peer educators, who have contributed to positive change in the participating companies, by contributing to behaviour change in the context of HIV and AIDS.

For peer education to have the positive effect that it is intended to have, the peer educators need to be visible in the company and interact with their colleagues frequently. Dickinson (2006, 13) indicates that most peer educators are also involved in the workplace as shop stewards, trade union representatives or occupational health

and safety officers. This implies that these are employees who are in general concerned with the well-being of others, hence their involvement in peer education. These types of individuals are also involved in their communities in HIV- and AIDS-related activities. They are therefore visible in the workplace and in their communities.

According to Zastrow (2003, 60) one of the principles of the strengths perspective is that every environment is full of resources. This means that in every workplace or community, there are numerous opportunities for individuals or groups to contribute to the civic life of the community. These individuals or groups have knowledge, talent and space. These should be utilised as resources which exist in the workplace or community, before outside resources are sought.

Because peer education is a voluntary activity, it may sometimes have an impact on the peer educators' time, as they still have to perform the work for which they were appointed or employed (i.e. their own job), while also providing peer education. Some peer educators still manage to do these activities despite the limitations on their time. This is validated by Baasner-Weihs (2012, 33), who found that peer educators were prepared to invest their own time for peer education activities if the company expects them to perform these activities. The time invested by peer educators ranged from one to ten hours per month.

This commitment of time by peer educators is in harmony with the strengths perspective, which emphasises the empowerment of people and their resourcefulness (Saleebey 1997). The SWHAP peer educators have demonstrated their resourcefulness and empowerment by doing peer education work, while simultaneously performing their workplace tasks. This has demanded of them to be creative in how they manage their time and work.

Gender and cultural issues have a bearing on peer education, as it is sometimes viewed as a predominantly female caregiving role. This is corroborated by Dickinson (2006, 13), who acknowledges that women are overrepresented as peer educators in the workplace when compared to the profile of all the workers in a company. The ILO (2008b, 19) asserts that the issue of gender is important in designing and implementing programmes, since inequalities based on gender are one of the driving forces behind the spread of HIV and AIDS, and also because socially sanctioned gender norms shape sexual behaviour. As far as the workplace is concerned, gender considerations determine the extent to which women are allowed into the workplace, and the expectations that exist for these women (ILO 2008b, 19). It is important to create an awareness about gender and cultural issues in peer education. UNAIDS (1999, 30) further indicates that peer educators expressed a need to integrate gender roles and communication in the HIV and AIDS educational programmes. The influence of sociocultural issues, gender, sexuality and stigma were also considered important in planning for advocacy activities.

Peer education is closely related to issues of HIV and AIDS, which sometimes cause it to be stigmatised. This serves as an obstacle for the prevention of HIV and AIDS. Shisana et al. (2014, 5) affirm this view by explaining that in many countries, stigma and discrimination associated with HIV and AIDS serve as barriers to the provision of treatment, care and support. The ILO maintains that stigma in relation to HIV and AIDS in the workplace results in people being shunned by their co-workers (ILO 2008b, 62). The ILO further adds that information dissemination is important in the workplace to counteract the spread of HIV and AIDS and to promote tolerance for people living with HIV and AIDS. Education programmes in the workplace are critical to curb the spread of the disease and to reduce stigma. This information is, in many workplaces, given by peer educators.

The study also revealed that resources (such as time, money, educational aids and facilities) might be a threat to the sustainability of peer education in the workplace. In this regard, Dickinson (2006, 39) points out that the lack of basic resources is concerning and needs to be corrected. The author further indicates that peer educators in the workplace stated that they did not have access to video players, although this was an important tool to assist them to make presentations. Some peer educators also did not have access to electronic mail facilities. This is because of the peer educators' spread across different occupational levels. Some peer educators had restrictions regarding time, as they had other occupational roles to perform.

In conclusion, several recommendations can be made, based on the study findings. Partnerships should be formed with surrounding communities and NGOs to ensure sustainability of the peer education activities. Importantly, time should be allocated for peer education activities by drawing up an annual plan indicating when each activity is to take place. To deal with the gender issues associated with HIV, more male peer educators should be recruited and trained, while peer educators should also represent all the demographics of the company. And finally, efforts should be made to destigmatise peer education.

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