Changing the Course of AIDS

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In June 2005, at the South African AIDS Conference, a biannual event in the country’s AIDS calendar, I presented some preliminary ideas on workplace peer education at a session on HIV/AIDS workplace programs. The session was one of the best attended of the conference; around four hundred people in a large auditorium of the Durban International Conference Centre listened to half a dozen papers. Two of them, including my own, dealt with workplace peer educators. The other, a “meta-analysis” or study-of-studies, drew on statistical evaluations of the impact of workplace peer education on infection rates. On the basis of the handful of studies that met the demanding scientific criteria required for entry into the meta-analysis (a “gold standard” of trials in which the incidence of new infections among one workforce exposed to a peer educator program would be monitored against a similar, controlled, workforce without peer
education), the author suggested that the effectiveness of peer education could not be proved. The audience, many of whom were AIDS activists or involved in company HIV/AIDS programs, was distinctly uncomfortable. There was polite applause when the speaker finished. My own paper was tentative. I had little data at that point. Nonetheless, I suggested that peer educators appeared to be doing many things within complex environments and argued that we needed to understand them better. I concluded by expressing my hopes about the potential of peer education. The audience responded with thunderous applause. By now the room was polarized on the issue. Another speaker, presenting a paper on her workplace HIV/AIDS program, deviated from her prepared script to describe her peer educators as “the eyes and ears of the [company] program,” without whom she would be unable to function. Her spontaneous rebuttal of the doubts cast over peer education was immediately rewarded with a round of applause.

Despite the popular affirmations of peer education, there was dissent. Some attendees were skeptical about peer education and, despite risking unpopularity, were confident enough to make their point from the floor. Notably, these speakers had scientific and medical backgrounds, and their interventions were couched in the language of evidence, statistics, and tangible results. They were outnumbered, but with the power of expertise they refused to be cowed by the prevailing sentiment.

I came away from the session convinced that it was important to know more about workplace peer education. I was beginning to see that it was a “people’s response” to the epidemic and the fact that it was generated from below partly explained why so many experts were skeptical of peer education. In addition, what was becoming clear was that neither scientists, nor doctors, nor company managers, nor AIDS activists really knew what peer educators were doing. On the one hand, there were powerful decision makers ready to evaluate peer education with what could easily be the wrong tools; as long as the tools were shiny and sharp. On the other hand, those involved or close to this grassroots action intuitively felt it was valuable and worthy of support but struggled to justify in precise terms why this was the case. So, what do we know about workplace HIV/AIDS peer educators? What do they do? And, why do they do it?
The Role of Workplace Peer Educators

The Official View…

One way to start answering the questions of what peer educators do and why they do it is to look at how managers and institutions define the ideal workplace peer educator and imagine his or her role. As with much within organizations, the “institutional imagination”—created with job titles, policy documents, organograms, and value statements—provides but a starting point for grasping realities. But a starting point is useful. While no HIV/AIDS manager would claim that their peer educator programs was perfect, they clearly have a vision of what they would like it to be.

First, the ideal peer educator would share identities of race, gender, age, occupation, and more with those they wished to educate. This means that if a group of peer educators were working with men and women of different ethnicities or races, collectively they would mirror this diversity. The next important qualification would be commanding the respect of those with whom they interacted. They would be good communicators who could talk easily and would have good listening skills. They would understand the need for confidentiality and would not gossip. Willing to go the extra mile, they would volunteer for the role and, based on a passion for this vocation, they would return from training as a full-fledged peer educator.

Their training, despite being only a few days, would have conveyed all necessary information about HIV/AIDS, infection, testing, treatment, and care. It would also outline and teach a range of communication skills. The training would establish some form of mutual peer educator support. Finally, it would explain the expected level of activity (which no doubt peer educators would surpass) and how to report this so that the company HIV/AIDS manager would know precisely what activity was taking place across the organization. Given the fast-changing nature of information around HIV/AIDS, peer educators would be highly motivated. They would be willing to attend regular updates or refresher training that would cover new developments in the field.
In the workplace, peer educators would initiate talks with coworkers on a range of issues, particularly HIV/AIDS and other sexually transmitted diseases. They would also learn and convey information about other health and wellness topics that would benefit peers. These would be given in the languages with which peers were most comfortable. To have access to their peers during work hours, the peer educator would establish a good relationship with their supervisor. This would facilitate the peer educator giving talks at team or shift meetings. The peer educators would draw materials for their talks from a company-provided manual, but would also respond to questions from the audience. The fielding of any questions coworkers might have would be done thoughtfully. Our ideal peer educator would not be ashamed to say that they didn’t know the answer, and would either access their own reference material or would initiate a query to more professional staff within the company HIV/AIDS program, and get back with the answer. Their interventions would support broader company initiatives linked to events in the AIDS calendar, such as World AIDS or Valentines’ Day. Coworkers who thought that they might be at risk of infection would approach the peer educator for guidance. In such situations the peer educator would encourage testing and provide support if the result was positive. However, if the situation ever moved beyond what they could handle, they would refer to professionals such as occupational health practitioners, company social workers, or psychologists.

Our ideal peer educator would take their activity beyond the workplace. They would assist organizations in the community responding to the epidemic: hospices, AIDS orphanages or day care centers, and home-based care organizations among others. In this, they would not only assist the community but also act as ambassadors for the company. In return, the company would, within reason, support their efforts with donations and publicity.

All of this activity on the part of the peer educator would be conducted with the minimum of fuss. Indeed peer education would enter into the normal business of the company with hardly a ripple. Even though the ideal peer educators would be passionate about their work, they would have a clear sense of proportion and would balance their commitment with competing work responsibilities.

They would be the salt of the earth.
...and Divergence

This ideal portrait of a company peer educator bears more than a passing resemblance to real peer educators. During my research I met many remarkable peer educators who would fulfill at least some, possibly many, of these criteria. But in reality, there were wide gaps between ideal and actual peer education programs in the companies I researched. This was not a surprise. One reason that company HIV/AIDS managers granted me research access was because they wanted to find out what peer educators were actually doing in their organizations. Some candidly told me, they didn’t know. This chapter outlines how the reality of peer education differed from the ideal—quite possibly in greater detail than some managers really wanted to know.

Organization

The organization of peer educators within company HIV/AIDS programs varies enormously—both between and within companies. Organizational structures managing the activity of peer educators in the five researched companies included: HR management, Health & Safety structures, Occupational Health practitioners, Corporate Social Responsibility officers, multi-stakeholder HIV/AIDS committees, dedicated HIV/AIDS management, and line management.

Often these different forms of organization were a result of who within management had picked up the challenge of organizing peer educators and what organizational resources were available to them. As one HIV/AIDS manager jokingly, but tellingly, put it, “If X was in Building Maintenance, we’d be organizing the peer educators from there.” Given this evolving process there are often gaps in organizational coverage within companies.

In some companies, managers attempted to remain in contact with peer educators and set expectations for their activities. Generally, however, links between those running company HIV/AIDS programs and peer educators were weak. Even when monitoring systems were in place they often failed to function. It was clear to many peer educators that nobody read the reports they filed. To test his suspicion, one peer educator in Mineco let his reports pile up in his desk drawer. No one ever asked for them.
Some peer educators mobilized independently. A number of mine shafts in Mineco had their own committees that coordinated peer educator activity. In theory these shaft-based groups were linked to the company’s HIV/AIDS program, but in practice this link was often tenuous. Within Bestbuyco, peer educators in one of its regional divisions, feeling the need for greater coordination of their thirty-five company sites, established a regional peer educator committee.

Apart from training, which we examine shortly, many, perhaps most peer educators were largely unaware of the larger organizational structure to which they supposedly belonged, were often vague as to the details of the company’s HIV/AIDS program, and had contact only with other peer educators with whom they worked. By and large, peer educators are self-driven rather than components of a larger, coordinated program.

Motivations: For the Love of People

Management may be uncertain about peer education, but peer educators are not. They felt an urgent need to respond to AIDS, in most cases, because they had witnessed firsthand the impact of HIV/AIDS on families, friends, and communities. Watching people die of something that they did not understand and that was talked about only in whispers propelled many into becoming peer educators. Not infrequently, these workers explained that becoming a peer educator was the only way they could find out about the disease. With this information, they felt they could help themselves and those around them. They would not again have to helplessly stand by. Kgomotso Maluleka, an African woman in her twenties, is an underground loco driver in Mineco. She echoed other peer educator’s desire to overcome helplessness in the face of the epidemic.

I became a Peer Educator...because at the time we were growing up we saw people getting ill and we didn’t know anything about HIV and I joined it [the peer educator program] to get information and to help others and to help myself. And then as I was [already] a Peer Educator in 2003 my aunt died of AIDS. She called us and told us, “I think you should be aware of this. I am dying and I am [HIV]-positive and now I am fully blown [i.e., in final AIDS stages; effectively she is making a deathbed confession that she is HIV-positive] so could you please take care of some of the children and those
I am leaving in this world.” And that was the thing that made me stronger as a Peer Educator…. Even if I was not infected I was affected by that time. I was hurt, and I asked myself some questions “If I don’t help other people and don’t help myself with this information, who will do that?”

Nicol Manuel, also in her twenties, works in the warehouse at Autostar and has a similar story. She became a peer educator after seeing how people in her community were “branded as going to die” if they had HIV. Since then, she watched her divorced father die of AIDS. Being able to help other family members and explain what was happening confirmed that becoming a peer educator was the right choice.

Some peer educators had graduated into giving advice on HIV/AIDS as part of a wider informal advisory role. Sonia Hendricks, a colored woman in her mid-forties, had been a nurse before she had joined Finco eighteen years ago where she is a supervisor in the Credit Card division. She is deeply involved in the life of her church and its community activity (which includes HIV/AIDS work) in her township. She proudly explains that relatives have to ring ahead to see if they should visit because she is so often “out and about.” At work she described herself as the “Yellow Pages” (because she can help on any issue). Three years ago, the hundred or so staff on her floor—who call her “aunty” (a term of familiar respect in South Africa)—selected her to be a peer educator. But as she explained, she’s “being doing it [giving advice on HIV/AIDS] without management for years.”

Despite this passion on the part of established peer educators, the evidence on peer educator turnover, when it was available, suggested that many of those trained as peer educators failed to take up an active role or quickly dropout. Peer educator trainers were well aware that many attending their workshops did so only because their supervisor had sent them. One trainer estimated that of twenty people at a training session, five didn’t want to be there, two were keen and would “go out and do it,” and the rest would go back and make a presentation or two before fading out. Another trainer thought that about half of those that management nominated could be brought around to actively participate in the training. At a training session I attended, trainers teased the “nominees” on account of their blank faces when they were asked, as part of the introductory exercise, why they were there.
Some nominees do take up the cause. Lebohang Kekana, a team leader in a back office of Finco was sent to a peer educator training course by his manager. Before the training, he did not think HIV/AIDS had anything to do with him and hadn’t wanted to attend. He’d confided his reluctance to a woman whom he’d got to know during the course. At the end of the course, she had quietly revealed to him that she was HIV-positive. Kekana had felt acutely embarrassed about the things he had said and decided to continue as a peer educator. It also dawned on him that several members of his extended family had died of AIDS not of the various reasons that had been suggested at the time. By the time I interviewed him, he was energetically coordinating a network of twenty peer educators across his building.

Peer educators personally gained little from their activity. At best, there was some time allocated for their activities and a token stipend. Autostar gave a R50 (approximately $5) voucher each month for peer educators who formally reported on their activity. Elsewhere, tangible rewards, if any, took the form of T-shirts, occasional social events, training, and access to information on HIV/AIDS. But this does not mean that there are not benefits to being a peer educator. Some employees saw peer education as a step toward a career in HIV/AIDS counseling or management. Often these individuals were forced to abandon their studies because of financial reasons before they entered the employment market. Mpho Mbovane had studied for an HR degree for a year at collage before “problems at home” meant that she had to find a job. Working on the assembly line of Autostar was something she did to earn a living. She saw her work as a peer educator as a step toward her career ambition of becoming a full-time HIV/AIDS counselor.

But despite a range of motivations, peer educators were acting, in the words of one, “for the love of people.” Occasionally this came across as patronizing, but for the vast majority of peer educators, their actions drew on direct experiences. Almost 83 percent of the surveyed peer educators said they knew somebody with HIV or who had died of AIDS. This rose to almost 98 percent among those with the lowest incomes of less then R2,000 ($200) a month. As one peer educator explained, “There were seven of us at home, but I’ve lost two sisters to AIDS. It’s affecting everybody’s family now.”

When I asked in the survey of six hundred peer educators what they believed was the most important contribution they could make in response
to HIV/AIDS, of the 1,380 responses given (the question was open-ended and respondents were asked to suggest three contributions), there were only 10 on supporting the company or adding value to its activities. Not one of the 75 people I interviewed raised the need to protect their company’s economic viability as a motivation for being a peer educator, though it was clear that they were aware of the business argument for peer education. Late in the interview schedule, I asked peer educators what they would do if management closed down their program. The response was defi ant outrage, and they drew on economic arguments to illustrate why their company would be foolhardy to end their programs. This was nearly always the first time in the interview that arguments based on the value of peer education given the economic implications of AIDS for the company were made. Clearly, economic arguments for peer education were understood; however, they did not constitute a primary personal motivation, as the love of people did, but were instrumentally invoked in an appropriate situation. Peer educators were not aware that these economic arguments might not be as compelling as they thought (see Chapter 2). Also striking was that, with only one exception (a white, male manager), none said they would acquiesce to such a management decision. Rather, they expressed incredulity, disappointment, and mounted counterarguments as they vowed to continue. “I’d be disappointed, but I’d go on like a peer educator and help other people,” said a Finco peer educator in a typical response, “I’m not doing it for them [management]. They can’t stop me meeting people; they can’t stop people coming to me for advice. I’d just carry on.” While Manuel at Autostar explained that:

I’ll be very upset. And I’ll approach management myself and ask them, “Why?” And if they don’t give me a good reason I’ll give them a piece of my mind. But what I would do is I’ll carry on. I’ll still have my campaigns. I’ll talk to people slyly while I’m working. I’ll go in the canteen and I’ll still be canvassing. And I won’t stop doing it because I have a passion. I think it’s more of a personal issue. You know I’ve lost a loved one and I wouldn’t want to see other people losing their loved ones.

Peer educators’ concern for people, not companies, is also reflected in the way they got involved in peer education: The most common way of becoming a peer educator was through volunteering. Fifty percent of the
surveyed peer educators said this was the best way to describe how they became involved. The second most common way was being elected by coworkers (21.5 percent). In practice, an elected peer educator may well be the person who volunteers, or at least agrees, to stand for election. Along with self-starters (at 4 percent) who began peer educator activity on their own, and those recruited through networks (6.5 percent), 82 percent of all peer educators took up their role either on their own initiative or that of coworkers (Table 3 in Appendix 1).

Not surprisingly, few of the peer educators surveyed had become so as a result of nomination from supervisors or managers (8 percent) or being sent on peer educator training (10 percent)—which was sometimes the way in which a nomination was communicated. Rachel Baloyi, a Call Centre Agent in Finco, explains how she was “asked” to become a peer educator because she “talked a lot.”

Baloyi: I was chosen by my senior manager because at the time that this [peer educator] program was introduced each department had to have a representative…. The Call Centre didn’t have anyone representing them, and Mr. Roberts [the company HIV/AIDS manager] from Corporate Office was complaining about that. So, I was like chosen [laughs] … Not forced. Ah, not really given a choice. I was told, um, no, did they tell me? Let me rethink that.

Dickinson: It was an offer you couldn’t refuse?

Baloyi: I guess yes, yes. [Laughs] When my Manager came to me she said: “You know what? I really want you to go to this program. The Call Centre doesn’t have a representative [peer educator]. And I know you talk a lot, so I’m sure that you’ll be able to influence the staff and come back and communicate whatever needs to be done by the Bank for this particular program.”

In fact, nominating an employee for peer educator training because he or she talks a lot may be a good idea. Thomas Valente and Rebecca Davis (1999) argue that peer educators should be selected on measured interpersonal contact with other target group members. However, most HIV/AIDS managers used no pretraining selection criteria to determine whom would be trained as peer educators. Only 29 percent of peer educators reported being evaluated prior to initial training, and this showed a downward
trend from around 40 percent for peer educators recruited in 2000 or earlier to fewer than 20 percent for those recruited in 2004 and 2005. Typically, with companies ramping up their peer educator programs, they accepted any volunteers willing to come forward. Similarly, managers who had received instructions that their section needed a peer educator might pressgang employees. Those who were inappropriately selected usually dropped out.

The turnover of peer educators was a major concern for many of the company HIV/AIDS managers interviewed. One company received a shock when, on running a second national HIV/AIDS campaign, it discovered a turnover of some 30 percent of its peer educators in two years. However, while this is a genuine issue, there are also long-timers within the ranks of peer educators. Nineteen percent of peer educators surveyed in 2005 had become peer educators in 2000 or before, and another 15 percent in 2001, indicating that it is possible to sustain activity over a number of years.

Different Purpose, Shared Interests: Training and Opportunity

As we saw in Chapter 2, companies need to respond to—and be seen as responding to—AIDS. Largely independently of corporate concerns, employees were also responding to the epidemic. What binds company and peer educator together is training and the opportunity to influence. In short, peer educators became part of company HIV/AIDS programs because they receive training on HIV/AIDS and because it opens up space for them to respond to the epidemic.

The training companies provided, sometimes in-house but usually contracted out to specialized service providers, was for many peer educators a vital source of information on HIV/AIDS. Nearly all peer educators had been to an initial training program and most had received some follow-up or refresher training. The peer educators rated the training highly because of the information provided and the communication and presentation skills conveyed. These gave them the confidence they needed to be peer educators. Those peer educators who had also attended NGO or government-run community-based training were adamant that company training was far superior. In the company training sessions I observed,
motivated trainers encouraged participation and provided clear explanations to participants. However, the typical training program was only between two and five days, and thus restricted in what it could achieve. All the more so if participants had limited literacy and little access to information after training as was often the case (except for Finco with its predominantly white-collar workforce). However, while training can be improved, the bottom line is that peer educators found it very valuable and were often hungry for more.

After their training sessions, peer educators returned to a workplace environment in which realities on the ground did not always reflect company policies and exhortations about the need to respond to HIV/AIDS. This was all the more apparent in high-stress areas of the companies, such as the production lines in the auto companies or underground in Mineco—where the pressure to produce gave educators little opportunity to give formal presentations. As one peer educator in Mineco put it, “In the pit [underground] there isn’t time for nothing [except production].”

Nevertheless, even within these high-stress environments, certain jobs provide space for peer education. Typically, these involved positions in which the individual was expected to move around and talk to different employees and had discretion in work routine. These include quality inspectors on the auto companies’ assembly lines, frontline (checkout) supervisors in Bestbuyco, assistant branch managers in Finco, and Health & Safety officers in Mineco. Peer educators in these positions could conduct peer education activity “on the sly”—disguised from production managers or supervisors who did not know the actual content of their conversations. Beyond these facilitating positions, peer educators had to grasp whatever opportunity was available. In Mineco some peer educators used the time spent waiting at the “stations” to be brought back to the surface after the shift has been completed.

Supervisors and line managers were critical in determining the outcome of peer education. Many supervisors were supportive of peer education work. Nevertheless, reflecting the local nature of this issue, peer educators told me that some supervisors made presenting difficult, only giving them slots at short notice if there was nothing else that needed to be discussed at team meetings, and constantly looking at their watches when the peer educators were presenting. That managers did not stop supervisors from intimidating peer educators in this way suggests that companies
are not fully behind such efforts. While senior management might publicly emphasize the need to educate about HIV/AIDS, peer educators clearly felt they depended on supervisors’ goodwill to grant them the opportunity to talk about HIV/AIDS.

Profiles

If peer education is a labor of love, provides few material rewards, is based on limited training, and is often unsupported, who becomes a workplace peer educator? Given the idea of peer education, it is often suggested that peer educators should be representative of the workforce at large. Critical categories in this regard include race, gender, and occupational (skill) level. If we compare the survey of 600 peer educators in the five companies against the profile of the companies’ workforce as recorded in Employment Equity Reports that all South African companies with more than fifty employees are required to complete, we see that in terms of race and gender, peer educators were not representative of the workforce, but were skewed toward women, particularly African women (Table 4, Appendix 1). Men of all race groups were underrepresented, least among African men (by 13 percent), most among white men (by 81 percent). African women were dramatically overrepresented (by 104 percent), and colored women also overrepresented but to a much lesser extent (17 percent). Indian women were marginally underrepresented (three percent) as peer educators; white women more so (29 percent).

The overrepresentation of Africans as peer educators can be attributed, at least in part, to the greater impact of AIDS on Africans than other races (see Chapter 1). While women in South Africa have higher HIV prevalence rates than men (HSRC 2005), this difference is smaller than the overrepresentation of women among peer educators. This overrepresentation of women would be better explained by a gendered pattern of concern and responsibility within society generally and the AIDS epidemic in particular.

In terms of occupational status there were few peer educators at managerial levels (Table 5, Appendix 1). Managerial positions accounted for only 7.4 percent of the five companies’ total workforce, and few of these managers were willing to become peer educators. This was because they
rarely faced the disease firsthand, given their social distance from the sections of the population most affected by AIDS. Most peer educators were therefore working class, had not been educated beyond high school, and were in low-income occupations with over 80 percent earning a gross wage of under R7,000 (approximately $700) per month, and 47 percent under R4,000 (approximately $400) per month.

Seventy-eight percent of peer educators were trade union members, while 30 percent were or had been shop stewards and 42.5 percent Health & Safety representatives. This extensive involvement in forms of “workplace citizenship” suggests that employees who are generally concerned with the well-being of others are more likely to become peer educators. A high percentage of peer educators were religiously active, with 79 percent reporting attending religious services at least twice a month. This is not surprising in a country where 83.5 percent of the population considers themselves to be religious—which generally means Christian (Statistics South Africa 2004). However, the role of faith for peer educators clearly extended beyond church attendance. Many of the peer educators whom I interviewed stressed the importance of religious beliefs to their peer education. The meetings of the Mineco peer educator group studied in 2006 always began and ended with prayer.

We should recognize that there is no such thing as a standard peer educator. As will be clear throughout this book, they come in all shapes, beliefs, and colors. Nevertheless, what we can say is that the typical workplace peer educator is an African, a woman, has limited education, is working class, is a union member, has a strong Christian faith, and is involved in helping others.

What Do Peer Educators Actually Do?

The short answer to this question is, “a lot,” though this varies tremendously among individuals. Most peer educators were doing what was asked of them: conducting formal talks with coworkers, talking informally with individuals, and conducting HIV/AIDS–related activities in their communities. But peer educator activity diverged significantly over and above these expectations. They engaged in a range of roles at work and home that no job description adequately captured. Their activity beyond the workplace
was extensive but only rarely focused on the goal of promoting the company as a good corporate citizen. Finally, running through their work, like fine threads joining it together, was the informal activity that peer educators conducted far more extensively, and often at a greater level of intensity, than was expected.

Formal Talks

According to most experts who promote peer education, peer educators’ core function is to act as conduits who regurgitate the information provided—using their linguistic and sociocultural access—to peers (though it would not be put so bluntly). Indeed, most peer educators run formal education sessions. Of the six hundred peer educators surveyed, 90 percent gave formal talks at work—mostly to small groups. Two-thirds reported that they presented weekly or monthly. The majority (55 percent) of peer educators gave these talks to twenty or fewer peers and another 21 percent to between twenty-one and forty coworkers. Many peer educators relied on lesson plans provided by HIV/AIDS managers or occupational nurses. This material varied from purely factual accounts of HIV/AIDS and other health issues to highly creative exercises designed to stimulate participation and encourage people to think about the implications of HIV/AIDS for themselves. Irrespective of the pedagogical value of these “oven ready” lessons, however, those relying exclusively on this menu would eventually run out of topics. That’s why most successful peer educators developed much more fluid and independent approaches to formal talks. Typically, they used question-and-answer sessions to identify topics of interest to their peers and then addressed these issues in future talks.

In interviews, a number of peer educators pointed out that a key benefit of giving formal education sessions was that it gave them a high profile within the workplace. Many peer educators reported being approached by coworkers with questions after a formal education session in which only a few questions were raised. “After the meetings people are buzzing me,” Kekana in Finco recounted. “There may be no questions in the meetings, but as soon as I’ve got back to my desk the calls come in.” Data from the questionnaire provides support for this argument. Peer educators who gave formal talks reported an average of nine informal discussions with
other company employees per month compared with less than six for those who did not give formal talks.

Informal Activity

While formal activity is, of course, important to peer education, the real action between peer educators and their coworkers and community members takes place informally. A group of workers will, for example, be having a discussion and the peer educator will take advantage of the topic to steer the conversation to HIV/AIDS. Alternatively, an event will provide an opening for the peer educator to strike the right tone and create a “teachable moment.” Nadia Reddy, a peer educator in Finco, explained how she both creates and capitalizes on teachable moments.

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

Informal activity often takes more intimate forms, including providing advice, support, and practical help. Though such activity may sometimes have been set up in advance, it is characteristically different from formal presentations in its responsive (rather than scripted), confidential, and individualized format. That workplace peer educators were engaged in such informal activity was not a surprise, but the extent of this was not realized prior to the research. On average, 86 percent of peer educators reported informal interactions with other employees, 63 percent with other people at work (who were not company employees),1 and 89 percent with people

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1. The category of “other people at work (who are not company employees)” was added to the questionnaire when it emerged, during piloting, that peer educators in the retail company were talking to customers about HIV/AIDS. It was hoped to establish the scale of such interactions with customers in the retail company and also, possibly, the financial institution (since many
outside of work. Excluding a small number of claims to speak to very large numbers of people informally, peer educators reported a monthly average of nine informal interactions with other employees, eight more people at work who are not company employees, and a further nine with people outside of work; a total monthly average of twenty-six informal interactions. More in-depth research of informal activity among the group of peer educators in Mineco, in which the peer educators kept diaries of their activities, found levels of informal activity closer to the medians of the larger study, with a total monthly average of fourteen informal interactions per month or approximately one every other day.

At Mineco, these informal interactions took place with an average of just over two peers, though most commonly it was with one. Nevertheless, informal activity occasionally involved fairly large groups of up to twelve people. On average, informal sessions took just under fifteen minutes with sessions being as short as one minute and as long as one hour.

In their efforts to normalize the epidemic, peer educators at Mineco recorded that they raised a wide range of topics focusing on prevention of infection and support for those infected or affected in these informal interactions. They often discussed more than one issue in a single interaction, reflecting how, typically, conversation flows from one topic to another (Table 6, Appendix 1).

Activity in the Community

All five companies linked their peer educator program to community activity. Some companies set targets for this activity, either in the form of

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employees of both companies have extensive dealings with the public within the work environment. In fact peer educators in all the companies reported high levels of such interactions. During in-depth interviews it was established that such figures included not only customers but also sub-contracted workers, employees of outsourced functions, visitors, and, in the retail company, outside merchandisers. Thus, this category is a valid indication of informal work conducted by peer educators, though further research would be required to establish exactly who falls into this category and in what proportions.

2. It was established that this related to making speeches at funerals or other gatherings. While such activity is extremely important and should not be ignored, for the purposes of clarity any claim to speak informally to more than sixty people per month was excluded.
visits to community-based HIV/AIDS projects such as hospices or child care centers or, in the case of one company, educational events in public places, such as taxi (public transport minibus) ranks. Others simply encouraged community activity, but effectively allowed this to be driven by peer educators.

Despite these variations in organization, workplace peer educators conducted community-based activity irrespective of the peer educator/community activity model their company adopted and at a greater level of activity than was expected in “job descriptions.” As discussed above, most workplace peer educators were engaged in informal activity with people outside of work. Mineco’s peer educators kept diaries that recorded where each interaction took place. The majority of these (57 percent) took place outside of work (Table 7, Appendix 1). Just under half of workplace peer educators were involved in community-based HIV/AIDS projects, which often had little—if anything—to do with projects that the company had formally adopted.

Peer educators conducted a wide range of AIDS-related activities in their communities. These included discussions within families; providing home-based care for neighbors dying of AIDS; advice to local youth; “hijacking” conversations in taxis to counter myths and misinformation; offering condoms to friends when on a “girls’ night out” (i.e., a social event for a group of women friends with the possibility of attracting male attention); and giving talks to church groups, youth groups, and schools. Only the latter, along with the formalized company visit to AIDS-related institutions, really fit into the job description of a workplace peer educator. The other activities reflected a more deeply embedded process of community membership.

Workplace peer educators operate across company and community. Given their motivations for becoming peer educators, this engagement straddling work and community is not surprising. While AIDS managers running company peer educator programs sometimes believe they have, Pygmalion-like, created peer educators, many employees are peer educators not because the company asks them but because the company provides space and opportunity for them to respond to the epidemic. It is helpful, therefore, to understand that these peer educators treat their work-based activities as a component, rather than as the center, of their work to combat AIDS.
Roles

Some managers tried to monitor and evaluate peer education programs by collecting and analyzing a range of statistics that “sliced and diced” their activity. Such an exercise in dissection missed much of the texture and variety of peer educator activity. Those who become peer educators were, by definition, asked to act as lay educators. In addition they were often asked to take on other roles such as filling condom dispensers or organizing World AIDS Day events. Beyond these practical tasks, as Shaun Pulse at Bestbuyco explained, the roles, or “hats,” that peer educators needed to wear and the rapidity with which these needed to be changed could be daunting.

You have to see that a person is being treated in a [correct] way; whether it is counseling, playing doctor, playing nurse, playing mother, playing father. That kind of thing. Because sometimes someone who’s got a family or friend who is HIV-positive, he needs to speak to somebody. So, then you have to take up the role of say a priest, by consoling that person. Then you get a person who lost someone to AIDS and then you have to play the role of a mother by consoling that person by saying “OK, right, you must cry.” So, there’s many hats in the role of peer educator that you need to wear because the one minute you are an educator [and] the next minute you need to play a consoling [role].

Peer education in practice is not just about ticking off the number of talks given, the number of visits to AIDS orphanages, or the number of conversations about AIDS in the course of the day. Rather there are processes and patterns that, while made up of a string of discrete interactions, amount to more than the sum total of a completed Monitoring & Evaluation form.

Consider, for example, what it means to initiate a discussion about safe, or safer, sex—a critical component in preventing HIV infection. The peer educator must openly discuss what this entails and encourage its practice. This is not easy because every individual will interpret and deal with the three key recommendations—abstinence, being faithful, and using condoms (ABC)—differently, while putting them into practice is often hampered by different belief systems and norms. Realistically, maintaining abstinence may require encouraging masturbation, a deeply taboo activity in some communities. Remaining faithful may require couples to use
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pornography, games, and sex toys to prevent monogamy becoming monotony. How do you facilitate such a conversation between husband and wife? Similarly, condoms are, for many people, not something they are comfortable with or able to easily use and—as we shall see in Chapters 4 and 5—initiating a discussion about condom use can open a Pandora’s box of problems for one or the other partner involved in the relationship.

Moreover, if peer educators were to help their coworkers and community members talk about an uncomfortable topic, they themselves needed first to become comfortable. Peer educators, however, are embedded within the often sexually conservative and/or hypocritical values of their communities. As Manuel at Autostar explained, “I was scared to talk about it [sex]. [But the company training] was very useful, and it was very [pause] like [pause] um, how can I say [pause] educational, ja educational… it’s very enjoyable to talk about it…I had known about it, obviously I had known about sex, it’s just that I got more information on things [about which] I thought [there] was a limit.”

Good facilitation at training sessions encouraged talk about sex within a supportive group of other peer educators. When peer educators laughed together they could more easily move collectively into previously taboo areas. The trainers at Finco used an exercise in which participants assessed the infection risk of different sexual practices. At one session, after they evaluated anal and oral sex, with and without condoms, the session erupted into laughter when the facilitator asked them to assess “vaginal sex with a condom” and a female peer educator loudly heckled her answer of “Lovely!”

Taking the same messages out into the general workforce was more difficult, and peer educators sometimes faced a hostile reception from coworkers. They had to be careful not to make implications that could cause offense while at the same time getting their message across. Manuel explained that she needed to tread carefully when addressing members of her work team who paid for sex outside of their marriages in local shebeens (drinking places):

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

Even though peer educators became “sex talkers,” they constantly drew into the center of their work the importance of the family and the need to actively address personal relationships between men and women. (Outside of Finco none of the peer educators I interviewed identified themselves as being gay or lesbian. Most peer educators were well aware, from their training sessions, of the dangers of male gay sex in regard to HIV transmission, but in their day-to-day experience they appeared to deal only with heterosexual relationships.) Such an approach called for a holistic understanding of a range of problems, not only HIV/AIDS, that they encountered among people at work and in their communities.

Just over half of peer educators reported that some discussions with coworkers were emotionally stressful. This was greater than the percentage of 40 percent that reported that coworkers had disclosed that they were HIV-positive. Disclosure is likely to be emotionally difficult. Lena Mosia in Bestbuyco explained, “Being a peer educator is stressful. When you come face to face with somebody opening up to you [that they are HIV-positive] you have to keep it to yourself. You have to be a rubbish bin for whatever they cough out.”

In addition to learning that a coworker is HIV-positive, peer educators may learn that a coworker’s relatives have been diagnosed positive or are dying of AIDS or they may be told about sexual abuse, rape, or family violence—which is a widespread problem in South Africa. Such revelations contribute to their emotional labor (Hochschild 1983).

Although peer educators were empathic when dealing with their coworkers’ revelations, this did not stop them from exhibiting a will of steel when it came to the stigmatization of those with HIV/AIDS. As part of the workforce, peer educators were in a strong position to challenge stigmatization. To do so in a way that confronts coworkers with whom they must remain in close contact required courage and deft action. Phumzile Sithole, a peer educator in Bestbuyco, discovered that one of her coworkers had been gossiping about the status of an employee whose husband had died. She knew she had to intervene and asked the woman why she was gossiping and also if she knew her own HIV/AIDS status. The woman did
not. She left the woman to form her own conclusions about her own ignorance but threatened to take her to the store manager if she continued her malicious gossip. Sithole’s actions signaled to other employees that their fellow workers’ HIV status was not a good topic for *skinder* (gossip) and that such gossip would be open to public censure.

Another way that peer educators made it clear that stigmatizing those with the disease was no longer acceptable was by deliberately and openly befriending those who were HIV-positive. A number of colleagues who were HIV-positive confided in Juliet Hennings, a frontline (checkout) supervisor in one of Bestbuyco’s supermarkets. One had been considering quitting his job to be nearer his stepmother for support. She had persuaded him otherwise, telling him that: “In this store there might be [some] people who don’t support him, but I will be here for him always…he doesn’t get that much support from his stepmother, so I spoke to him and asked him if maybe it’s not better for him to stay.”

When I asked Hennings why she had done this, she said that she saw this colleague as a “brother” and made a point of chatting to him every day at work. Hennings also befriended another peer who was known to be HIV-positive: “So you know, I decided from that day on[wards] that she’s my friend…[and] now since that day she’s my friend.”

In their role of “stigma busters,” peer educators are far more than conveyor belts for—or translators of—information. If their actions are to be successful they must, by example and by intervention, stake out a public position on the shop floor in order to reverse the moral standing of AIDS within their own workplaces.

**A Response from Below**

Describing roles that peer educators take on—such as sex talkers, family builders, and stigma busters—moves us away from an abstract evaluation and highlights how they are embedded within context, cultures, and emotions that are often far from the institutional imagination of the company. Important as this is, it still does not do justice to the larger project that peer educators are undertaking and which the following chapters attempt to capture. This is, in part, because this larger project appears, on the surface, to be much less dramatic, and certainly much less quantifiable,
than peer educator activity measured by type, by location, or even by categorized roles.

Embedded within communities at work and at home, almost every act undertaken by peer educators can, when viewed through a wider lens, be seen as part of an ongoing struggle to mitigate the impact of the disease, to normalize AIDS, and to engage in the construction of meaning around the epidemic. This latter task is paramount. It is the starting point that has too often been overlooked. Experienced from below, AIDS remains contested in the social space of peer educators and their peers.