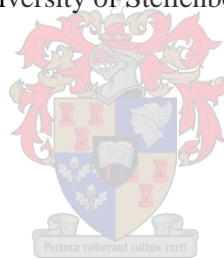WORKPLACE HIV AND AIDS PEER EDUCATION: FACTORS INHIBITING THE IMPLEMENTATION OF HIV AND AIDS PEER EDUCATION PROGRAMME OF DURBAN CORRECTIONAL SYSTEM.

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Assignment presented in partial fulfilment of the requirements for the

degree of Master of Philosophy (HIV/AIDS Management) at the

University of Stellenbosch

Africa Centre for HIV/AIDS Management

Faculty of Economic and Management Sciences

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March 2012

DECLARATION

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (unless to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Fikile Khanyile

January 2012

ABSTRACT

The workplace HIV and AIDS peer educators were recruited by the Department of Correctional Services in order to render education, awareness and preventative programmes to employees on HIV and AIDS. However, there is lack of endeavor that is being seen in these peer educators concerning the provision of the required services.

The study investigated the factors inhibiting the implementation of workplace HIV and AIDS peer education programme of Durban Correctional System in order to identify areas that need strengthening so that intervention measures can ensure the success of the endeavour.

Findings indicated the need of HIV and AIDS training of supervisors and line managers concerning the impact of HIV and AIDS in the workplace as well as the roles and responsibilities to be undertaken by them to combat the spread and effects of the epidemic hence management support and participation is regarded as a key intervention strategy in the management of HIV and AIDS. The study also necessitated for the establishment of a fully flashed structure of workplace HIV and AIDS programme from Head office down to Correctional centres. Furthermore, the supervision of peer educators was identified as a great need hence it will improve work performance.

OPSOMMING

Die werkplek MIV en VIGS portuurgroep-opvoeders is gewerf deur die Departement van Korrektiewe Dienste om opvoeding, bewusmaking en voorkomingsprogramme aan werknemers rakende MIV en VIGS te lewer. Daar is egter 'n gebrek aan pogings aan die kant van die portuurgroepleiers in die voorsiening van nodige dienste.

Die studie ondersoek die faktore wat die implementering van werkplek MIV en VIGS portuurgroep-onderrigprogramme van Durban se Korrektiewe Stelsel terughou met die doel om die areas te identifiseer wat ingrypingsmaatreels benodig.

 Bevindinge dui op die behoefte van MIV en VIGS opleiding van toesighouers en lynbestuurders rakende die impak van MIV en VIGS in die werkplek, sowel as die rolle en verantwoordelikhede wat deur hulle onderneem moet word om die verspreiding en gevolge van die epidemie te bestuur. Die studie het ook genoodsaak vir die vestiging van 'n ten volle gestruktureerde werkplek MIV en VIGS-program vanaf hoofkantoor aan korrektiewe sentrums. Verder is die toesig van portuurgroepopleiers geïdentifiseer as 'n groot behoefte, dus sal dit werksprestasie verbeter.

ACKNOWLEDGEMENTS

1. Professor Elza Thomson for her tireless efforts throughout the duration of this study.

2. The Head Office of the Department of Correctional Services for granting permission to carry out this study in Durban Correctional System.

3. Peer educators of Durban Correctional System for their participation and constructive inputs shared and without them, this study would not have been possible.

4. The Social workers and Psychologists of Pietermaritzburg Medium 'A' Correctional Centre for their assistance and encouragements in this study.

5. My family particularly my mother, Salenzeni, my youngest sister, Xolisile & my daughter, Sinobuhle for emotional support and persuasion.

DEFINITION OF TERMS

- **HIV –** Human Immunodeficiency Virus. This is the name of the virus (germ) that causes AIDS. This virus only survives in humans and it lives in blood, semen and vaginal fluids.

- **AIDS –** It is the acronym for Acquired Immune Deficiency Syndrome. This disease is acquired because it is not inherited. It is caused by HIV which enters the body from outside and subsequently weakens the immune system so that it can no longer protect itself against passing infections.

- **Peer education programme –** It typically involves training and supporting members of a given group to effect change among members of the same group (Walker, Reid & Cornell, 2004). Peer education is based on behavioural theory which asserts that people make changes because of the subjective judgment of close, trusted peers who have adopted changes and who act as persuasive role models for change (UNAIDS Horizons/Population Council, 1999).

- **Peer educators –** This refers to employees appointed to render peer education programmes.

- **Durban correctional System –** The Durban Correctional System is one of Department of Correctional Services management areas and is located at EThekwini district of KwaZulu-Natal province in South Africa. Durban Correctional Centres are housing male offenders with the exception of Durban Medium E which is a female section. The personnel of Durban Correctional System are from various urban and rural areas and the majority of them are coming from different social backgrounds of KwaZulu-Natal. These officials are aged between 20 to 65 years. A great number of these age groups tend to be sexually active and as such prone to be infected by the virus.

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CHAPTER 1

GENERAL BACKGROUND OF THE STUDY

1.1 Introduction

The impact of HIV/AIDS is felt globally and in 2008 the statistics indicated a total of 33.4 million people lived with HIV/AIDS in the world (UNAIDS/WHO, 2009). South Africa is continuing to experience a severe HIV/AIDS epidemic and it developed rapidly from the case recorded in the early 1980s. In South Africa HIV is spread mainly through: sexual contact, breast feeding and mother to child transmission. The Hopkins Report (2000) indicated over 85% of new infections are acquired heterosexually. In 2008 the HIV prevalence rate for South Africa was reported to be standing at 5.7 million and it has the most HIV infected individuals in the world (UNAIDS/WHO, 2009). This study was conducted in the Durban Correctional System of the Department of Correctional Services at the province of KwaZulu-Natal which has the highest HIV infection rate of 39 % in South Africa (Department of Health South Africa, 2007). The focal point of the study is the identification of factors inhibiting the implementation of peer education programme in the Durban Correctional System.

Initially the disease was perceived in South Africa as particularly affecting gay men and people providing blood for transfusions. However, in the course of time it became apparent that HIV/AIDS was not confined to a particular group of people but was becoming a generalized epidemic in broader South Africa (UNAIDS/WHO, 2009). It is estimated that about three quarters of AIDS cases are found among adults between the ages of 20 and 40 (UNAIDS/WHO, 2007). Since this is usually the most economically productive segment of the population; deaths in this age group are important economic burdens.

The impact of the HIV and AIDS epidemic on the South African socio-economic development has been a concern since the beginning of the pandemic. According to the United Nations (2004) households experience the immediate impact of HIV/AIDS as they suffer AIDS-related financial hardships. The Government's funding for health is also affected by the AIDS pandemic. The budget of the Department of Health is mainly utilized for the management of HIV, Tuberculosis, neonatal, maternal and women's health (United Nations, 2004). The economic theory predicts that HIV/AIDS reduces exports and increases imports of expensive health care goods.

1.2 Significance of the study

A HIV prevalence survey conducted on behalf of the National Department of Correctional Services and released in 2007 reveals patterns which are similar to national norms; hence the

KwaZulu-Natal region recorded a highest infection rate of 22.7% among the tested personnel (Tabscott, 2008). Among other responses of the Department of Correctional Services regarding the high HIV infection rate in the KwaZulu-Natal region was the recruitment of peer educators in 2010 to roll out the programme to the 42 correctional facilities in the region. Subsequently, the peer educators were involved in HIV and AIDS training with the view to be equipped with knowledge and skills in order to be able to undertake health education sessions with their peers. However, there is lack of endeavor that is being seen in the workplace peer education in the provision of guidance, awareness and prevention programmes on HIV/AIDS. The need was identified for that reason to conduct the study in Durban Correctional System in order for the contributory causes to be known.

The findings of this study will assist to evaluate the effectiveness of the Department of Correctional Services draft workplace HIV and AIDS policy for personnel in fighting the spread of the infection.

The purpose of peer education in the Department of Correctional Services is to ensure that HIV counseling and testing campaigns are conducted, the calendar events are commemorated, educational awareness sessions on HIV and AIDS are facilitated and the distribution of information pamphlets and condoms to all employees in their components is done. HIV/AIDS education is viewed as a practice to avoid the infection hence there is no curative treatment at present. The lack of HIV preventative programmes could intensify the spread of HIV/AIDS; therefore, people need genuine accurate information about the infection, the modes of transmission and its prevention thereof. In addition this should include the information pertaining to the relevant resources available for need based services. The findings of the study will result in discovering the effective ways to enable workplace HIV and AIDS peer education programme to be vigorously executed.

The benefits derived from this study for the employer and employees is by creating awareness amongst the management of Correctional Services about their responsibility through efforts to limit the spread and effects of the pandemic. The management should acknowledge the existence of peer educators in the workplace and securing management support is necessary for an effective and efficient peer education programme.

The outcome of the study will guide the distribution of adequate resources in order for a peer education programme to be successfully implemented. Consequently, there will be dissemination of up to date HIV and AIDS information to the workforce thereby minimizing the rate of new infections, improving the survival, quality of life and coping mechanism of

employees living with HIV and AIDS. This initiative is supported by International Labour Organization (2001) which indicates that education can contribute to the capacity of workers to protect them against HIV infection. Furthermore the study will also assist the Department of Correctional Services to plan, redesign the peer education programmes to address the short comings and needs.

1.3 Problem statement

The Durban Correctional System is about 70 kilometers from the regional office in Pietermaritzburg. This Correctional System has 5 Correctional centres situated in Durban the 6th one is at Umzinto. There is also Community Corrections office which is located in the centre of the City of Durban. The Durban Correctional System is under EThekwini Municipality which is a Category 'A' municipality found in the South African province of KwaZulu-Natal. EThekwini is the largest City in this province with an abundant supply of resources as a result there are numerous civil society and stakeholders rendering HIV and AIDS services in the vicinity. In principle this put this Correctional System in an advantageous situation of having the optimum HIV and AIDS peer education programme through the easy access of support from other sectors and the regional office.

There has not been an evaluation at present pertaining to the recruitment system used and among others the selection process has an important role towards the successful implementation of peer education programme.

Promising developments have been seen in recent years in global efforts to address the AIDS epidemic, including increased access to effective treatment and prevention and care programmes (UNAIDS/WHO, 2007). However, the number of people living with HIV in workplaces continues to grow, as does the number of deaths due to AIDS. It is still observed that in the workplace it is difficult for employees to approach their supervisors for assistance regarding HIV and AIDS related matters or to even disclose their status. The problem also manifest in the challenging issues of stigma, discrimination and mistrust that still persist in the workplace. The low uptake of HIV Counseling and Testing by employees and mostly among managerial staff has been identified as a challenge even though knowing ones status is important.

There is no care and support service available for employees living with HIV and AIDS. The core challenge is to find ways to build a relationship of trust among colleagues themselves and as well between the personnel and the management.

The problem statement is thus which factors inhibit the implementation of HIV/AIDS peer education programme of Durban Correctional System? There has been no study of this nature in this province hence peer education programme for personnel in Department of Correctional Services is relatively new.

1.4 Aim of the study

The aim of the study is to examine the factors inhibiting the implementation of workplace HIV and AIDS peer education programme in order to identify areas that need strengthening so that intervention measures can ensure the success of the endeavour.

1.5 Objectives of the study

The study objectives were as follows:

- To identify the peer educators level of knowledge about HIV and AIDS as well as related matters.
- To establish how personal attitudes influence the provision of peer education programme.
- To assess how the HIV and AIDS coordinators at the management area and regional office level influence the implementation of peer education programme.
- To provide guidelines to management that will assist to make improvements concerning the active implementation of peer education.

1.6 Research methodology

An overview of various methods focusing on a qualitative approach assists in confirming the choice of direction the project will be taken to produce results and interpret the results.

1.6.1 Types of research

There are two types of research approaches, namely quantitative and qualitative research paradigms. This study has employed a qualitative method of collecting data and analysis of findings. Christensen et al (2011) define the qualitative research as an interpretive research approach that relies on multiple types subjective data and investigates people in particular situations in their natural environment. The qualitative research methodology will be utilized because it is the approach that attempts to understand the data from the participants' subjective perspective. Therefore the factors that exist in the workplace owing to the active implementation of peer education programme have been made known, as identified by the respondents. Then the research also took the role of objective outsider and relates the interpretive-subjective data to the research purpose and research questions.

1.6.2 Research population

The research population was 13 peer educators of Durban Management Area. Due to the small number of peer educators, the intention was to include all the individuals in the study. Unfortunately an attempt to locate one of these peer educators during the date of the interview was not successful. Therefore, the researcher had interviewed the minimum of 12 participants required when collecting data through a semi-structured interview. Among these participants 9 were females and the other 3 were males.

1.6.3 Data collection method

An interview is a predominant mode of data collection in qualitative research (Greeff, 2005). An interview is a situation where the interviewer asks the interviewee the series of questions (Christensen et al, 2011). Given the nature of the problem in this study, it was advantageous to employ semi-structured interview schedule as tool to gather information hence it enables the researcher to acquire a detailed picture of the challenges that were being experienced in peer education programme. The interview schedule prepared by the researcher consisted of 19 open-ended questions and follow up questions were asked based on the identified need.

The research questions covered topics which are related to participants' demography, HIV and AIDS basic knowledge, knowledge on peer education, attitudes towards peer education programme, HIV and AIDS training and the departmental HIV and AIDS policy. The researcher requested the permission from the respondents to use an audio recorder and also to take notes during the interview process. The respondents were also assured of confidentiality principles to protect their personal situation and prevent identification that could lead to possible negative connotations.

1.7 Contents of research report

- Chapter 1– General orientation
- Chapter 2 – Literature survey on peer education was placed in context
- Chapter 3 – Research methodology was highlighted and the results were reported and displayed in tables and figures.
- Chapter 4 – The results were discussed and integrated with the place of research
- Chapter 5 – Recommendations, delimitation, limitations & conclusion

1.8 Conclusion

The background information in this study has shown how severe the HIV epidemic is in South Africa in general and in the KwaZulu-Natal Department of Correctional Services in particular. This chapter explored the significance of the study, problem statement, aim and

objectives, research methodology and definition of concepts. This study is significant as it is going to be a resourceful and an effective tool in mitigating and articulating the ways and means of fighting the epidemic in the workplace. The literature review concerning peer education programme and the overall status of HIV and AIDS provides a basis to emphasis the severity of the status quo.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The HIV epidemic presents a major social and developmental challenge to public health and Sub-Saharan Africa remains the most seriously affected region (UNAIDS/WHO, 2007). Households experience the immediate impact of HIV and AIDS as families suffer AIDS-related financial hardships hence this epidemic causes major drain on family savings and resources. Households are also having outcomes such as an increased in medical expenses to treat conditions associated with the infection and the loss of wages when a person becomes too sick to work. Caring for a sick family member disrupts the work schedule for others and this further limits the family income. Besides human cost, HIV epidemic has significant impact on each and every workplace, the effective functioning of labour market and the national economy as a whole. Therefore, HIV epidemic also threatens the lives of individual employees and employers. Just as households experience increased expenses due to HIV and AIDS, so too do companies when members are infected with HIV and AIDS.

The year 2012 marked the period of 31 years from the time when HIV epidemic was recognized and there is still no cure found. In 2008 a total of 33.4 million people lived with HIV and AIDS in the world (UNAIDS/WHO, 2009). HIV and AIDS had left an estimated 13.2 million orphans in its wake by the end of 1999 (WHO, 2000a). Every day, over 6800 persons become infected with HIV and over 5700 persons die from AIDS, mostly because of inadequate access to HIV prevention and treatment services (UNAIDS/WHO, 2007).

A review of the literature on HIV and AIDS in correctional facilities reveals that whilst much has been written on this issue, virtually all of the discussion has focused on the incidence of the disease among inmates, on effective prevention programmes and on inmates' rights to appropriate treatment and care (Jürgens & Betteridge, 2004). The recent Department of Correctional Services "HIV Prevalence Survey" is an exception to this trend. There is lack of research which has been directed towards the management of HIV and AIDS among correctional officials and as well as the establishment and effectiveness of policies and practices that will mitigate the spread of the disease in order to minimize the impact it might have on the Correctional Services governance.

This chapter examines the literature dealing with workplace HIV and AIDS peer education through defining peer education, the significance of workplace peer education programme,

objectives of peer education and peer education theories. This chapter further provides standards for peer education programme aimed at promoting the active implementation of peer education programme.

2.2 Defining peer education

Worldwide, peer education is one of the most widely used strategies to address the HIV and AIDS epidemic (Walker, Reid & Cornell, 2004). Peer education is a popular concept that implies an approach, a communication channel, a methodology, a philosophy and a strategy (AIDSCAP, 1996). It involves training and supporting members of a given group to effect change among members of the same group (Walker, Reid & Cornell, 2002).Therefore, peer education utilizes the influence peers can have on one another. Peer education is also often used to effect changes in knowledge, attitudes, beliefs and behaviours at the individual level. However, peer education may bring about change at a society level by modifying norms and stimulating collective action that contribute to changes in policies and programmes (AIDSCAP, 1996).

It can be concluded that peer education is a process whereby well trained and motivated people carry out informal and organized education activities with their peers. It occurs in a variety of settings with small groups or through individual contacts and it includes many different activities. Peer education makes use of peer influence in the positive way.

2.3 Significance of workplace peer education programme

Like any other institution the Department of Correctional Services has gone through an experience of severe effects of HIV and AIDS epidemic. The high rate of absenteeism, morbidity, the growing number of mortality and the general medical requirements for HIV and AIDS related illnesses bear out the lack of management of HIV in the Department of Correctional Services. There is no exception for Department of Correctional Services to go through the scourge as the problem of HIV and AIDS which is certainly a national problem or a South African phenomenon. The phenomenon has been in existence globally since 1981(Van Dyk, 2001).

The workforce plays an integral role for the organization to continue to exist. The main purpose of the Correctional system is to provide safe custody to sentenced offenders and awaiting trail detainees. Having sufficient workforce which is healthy and energetic is necessary hence the Department of Correctional Services is a security risk environment.

The 2004 Dublin Declaration on HIV and AIDS in Correctional centres in Europe and Central Asia focuses on the risks of staff contracting the virus from inmates and asserts that improving health care and prevention programmes for offenders is an integral part of enhancing workplace health and safety for Correctional Services staff (WHO,2003).

It can be contended this Department in the Correctional framework is also a high risk environment for HIV infection. There are several contributing factors but not limited to: HIV epidemic compromises the manpower in the workplace and as such put the female employees at risks of being raped by offenders and this risk may also influence the spread of HIV infection. Offenders are constantly involved in fights and stabbing and this increase the risk of occupational infection incidences mostly through human blood when personnel are disarming fighting offenders. Homosexuality is practised in Correctional centres and is highly likely that a quite number of offenders are involved in this practice. The chances are that HIV infections can take place unless safe sex in this case is observed. Offenders are exposed to situations where they share one razor blade or a few razor blades to shave their hair without anything to sterilize razor blades with. Tattoos are quite popular in Correctional centres and many offenders are sharing one needle for making tattoos.

The challenges raised by HIV and AIDS in the Department of Correctional Services are enforcing the immediate action pertaining to the evaluation of human resource strategies so as to successfully cope with the changes. Externally, the pace of economic change and HIV and AIDS continue to threaten the capacity of human resources in the organizations and while internally, factors such as staff turnover, absenteeism and low morale of staff remain the major challenges for the organizations (Shipalana, 2009).

The main purpose of peer education is to supply the correct information to other fellow peers regarding HIV and AIDS, other sexually transmitted infections and related issues to influence them to change their behaviours so that the transmission of HIV will be prevented.

Considering these reasons the peer educators need to have a good understanding on HIV and AIDS and related issues as they need to be prepared to answer questions that arise. Having basic information about HIV and AIDS, STI's and condoms increase confidence of peer educators.

The Department of Labour (2003) recommends a ratio of one peer educator per 50 employees. The strategy of using peer education is to ensure that more people are reached in

terms of knowledge on HIV and AIDS and other health related conditions. This will also assist in the distigmatisation of the programme.

UNAIDS Horizons/Population Council (1999) states peer education generates demands for services directed at the intended audience to produce positive results. Therefore, it should be integrated with or linked to services that provide access to condoms, medical care, Voluntary Counseling and HIV testing and STI management. It further states peer educators are often more comfortable with integrated programming because they prefer being perceived as general community health educators rather that "AIDS educators" due to stigma. Should the Department has employees with extensive information on HIV and AIDS, it is hoped that this will assist with the empowerment of inmates and thereby minimize the spread of HIV and AIDS among the inmates.

2.4 Responsibilities of peer educators

The role of a peer educator contributes towards working in a positive direction and makes a contribution towards an identified problem. According to Sooknannan (2005) a peer education involves many activities such as to organise and provide correct and appropriate HIV and AIDS information. Further to plan and evaluate all information sessions and provide support to their peers. Facilitating the exploration of existing negative attitudes and beliefs regarding HIV and AIDS in an open and non-judgemental environment could produce results. Voluntary counselling and testing can be encouraged and facilitated to promote good health and positive living. Equipping the staff to be able to live and work in societies with increasing rates of HIV infection. Knowledge of the workplace policy is necessary to be in a position to educate their peers on their rights within the workplace. Therefore, peer educators need to have qualities such as: Eagerness to work with HIV and behaviour change, non judgemental attitude, show respect and caring towards HIV positive people (HIV/AIDS Tailor-Made Services, undated).

Corridors of Hope amongst others: HIV/AIDS Workplace Peer Education Manual indicates these qualities of a peer educator: Peer educators need to lead by example as people learn new behaviours and attitudes and beliefs by watching and imitating others. They should be ready to work at irregular hours and always able to reach the target population. This, however, means that they should be able to organise their personal schedule to allow them to do the duties as peer educators. They should be able to communicate clearly in front of a group and one-on-one be active and respected by their peers. They should also participate in planning special events for the target population.

Peer education is now viewed as an effective behavioral change strategy and it draws on several well-known behavioural theories which will be discussed in the topic underneath.

2.5 Peer education theories

Peer education as a behaviour change strategy is based on both individual cognitive as well as group empowerment and collective action theories. Therefore a brief overview of these theories will be offered so as to give an explanation on circumstances that influence healthy behaviour.

Social Learning Theory asserts that people serve as models of human behaviour and some people (significant others) are capable of eliciting behaviour change in certain other individuals based on the individual's value and the interpretation system (Bandura, 1986). There is a likely hood that peer education is an effective strategy to motivate healthy lifestyle which promotes the prevention of HIV infection hence there are anticipations that human beings will have to deal with the epidemic for decades to come. A study of 21 peer education and HIV and AIDS prevention and care projects in 10 countries in Africa, Asia, Latin America and the Caribbean revealed that peer education has been an effective strategy in the prevention of HIV and AIDS (AIDSCAP, 1996).

Theory of Reasoned Action states that one of the influential elements for behavioural change is an individual's perception of social norms or beliefs about what people who are important to the individual do or think about a particular behaviour (Fishbein & Ajzen, 1975). Therefore, should condom use is acceptable to friends or a partner, it will be easy for an individual to change his or her behaviour and start using condoms to please these reference groups or individuals. An unsupportive sexual partner led to abandonment of all attempts at safer sex. It has been observed that people often do not use condoms because they do not want to offend their sex partners or because sex partners do not like condoms or they are afraid that partners will leave them.

Diffusion of Innovation Theory posits that certain individuals (opinion leaders) from a given population act as agents of behaviour change by disseminating information and influencing group norms in their community (Rogers, 1983). The assumption that peer educators influence the group norms necessitate for the peer educators themselves to undergo the processes of change that relates to their own sexual knowledge, behaviour and also the general life skills.

In addition the theory of Participatory Education has also been important in the development of peer education (Freire, 1970). Participatory or empowerment models of education posit that powerlessness at the community or group level and the economic and social conditions inherent to the lack of power are major risk factors for poor health (Amaro, 1995). It is, however, important for the prevention of illness and for the promotion of health to know to what extent people believe that they have control over their own health. According to the health locus of control theory, people who believe they have no control over their own health (external locus of control) will be less inclined to get involved in preventive and promotive behaviour than people who believe that they can do something to improve their health. Empowerment according to Freire (1970) results through the full participation of people affected. Through dialogue the affected community collectively plans and implements a response to the problem or health condition in question (Wallerstein, 1988).

Understanding behaviours that put individuals at risk of HIV infection and identifying ways to change these behaviours are some of the strategies that may help to combat the spread of HIV in the country (Kebaabetswe & Norr, 2002). The application of these theorists to HIV and AIDS prevention may help in the development of more effective programmes that may help people to protect themselves against HIV infection.

2.6 Standards for peer education programme

The three key main standards serve to monitor and assure compliance in implementation of effective and efficient peer education programme.

2.6.1 Planning

Planning is an initial and essential step in achieving the objectives of any programme and intervention, particularly in this case peer education programme. Planning can also be seen as predetermining the course of action with the view to achieve stated objectives. However, it is mostly neglected hence the majority of employees do not know the value of planning. Hooks et al. (1998) stated one should capitalize and build on the knowledge, creativity and energy of peer educators, through their involvement in programme planning.

Rau (2002) mentioned a workplace wanting to fight HIV and AIDS in order to decrease employee turnover, morbidity and mortality has to decide which components should be included in their HIV and AIDS peer education programme. The components contain: Information manuals covering sexual behaviours, correct use of condom and their distribution, presentations and information sessions on HIV and AIDS-related illnesses, promotion of HCT, HIV and AIDS,TB treatment and/or support and the mandatory

monitoring of the impact and effectiveness of the HIV and AIDS workplace peer education programme. It is necessary for the peer educators in the workplaces to develop a programme of action to ensure that all their peers are reached.

The Department of Labour's Code of Good Practice (2000) provides an important framework for addressing HIV and AIDS in the workplace. It significantly stresses the need for an integrated approach in the management of HIV and AIDS, since this epidemic impacts upon the workplace and the individuals at a number of levels; requires a holistic response to assess and reduce the impact of the epidemic upon the workplace. The Code of Good Practice further emphasizes the importance of providing the support to those individuals who are infected or affected by HIV and AIDS so they may continue to work productively as long as possible.

2.6.2 Recruitment and retention

Recruitment - The selection of peer educators is a critical element for the execution and success of the programme. According to UNAIDS Horizons/Population (1999) peer education programmes should create partnership with the intended audience and other stakeholders to develop clear criteria for the selection of peer educators. United Nations Population Fund (2005) outlines the major criteria for recruiting peer educators which are not limited to: The identification of sources and channels for recruiting peer educators and the establishment of a standardized and transparent interview and selection process.

According to UNAIDS Horizons/Population Council (1999) it is also important to look at those people who strongly believe in the programme's goals and objectives and want to assist in the achievement. It should be ensured that the prospective peer educators have vested interest and a sense of ownership in the overall efforts.

In addition to the criteria that can be used in selecting peer educators, the United Nations Educational Scientific and Cultural Organisation, 2003 indicates the criteria list for selecting peer educators which includes availability, age, sex, motivation, and previous experience, personal traits such as behaviour, team player, volunteer spirit and potential for leadership.

Retention - United Nations Population Fund (2005) provides the retention strategy for peer educators which involve: To establish means for continuous communication, including feedback and to establish incentive system. Further to establish supervisory and mentoring system and offer opportunities for increasing involvement and responsibility.

2.6.3 Training and supervision

Peer education can be effective when quality training of peer educators has been undertaken. AIDSCAP (1996) research documented the need for comprehensive training of HIV and AIDS peer educators.

AIDSCAP implementing agencies had found to be less expensive to implement peer education programmes if the initial training provided to educators was thorough (Flanagan & Mahler, 1996). In its peer education guidelines AIDSCAP (1996) suggest there should be an assessment of the participant's background and experience in HIV and AIDS education before the content of the training is decided.

As far as the supervision is concerned, it is important that supervisors are trained in supervision skills, programme expectations and peer education content and approaches.

2.7 Conclusion

Workplace HIV and AIDS information and education programmes are essential to combat the spread of the epidemic and to foster greater tolerance for workers with HIV (International Labour Organisation, 2001). The factors inhibiting the implementation of workplace peer education programme should be explored with the view to develop adequate structures and resources to address the short comings and needs. The next chapter will examine the research methodology and the reporting of results.

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CHAPTER 3

RESEARCH METHODOLOGY AND ANALYSIS OF RESULTS

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3.1 Introduction

The research design which has been used in this study is highlighted by reviewing the types of research approach, research population, data collection method and the research procedure. This chapter further provide**s** the analysis of data. Research design refers to the plan or procedures that let the aims of the study to be accomplished. While there are various research designs that can be used to conduct a study, it is indeed advisable to choose or apply a research design that will help to achieve the objectives of the study. Attention is focused on the problem statement, aims and objectives of the study to place research methodology in context.

3.2 Problem statement

The problem statement is thus which factors inhibit the implementation of HIV/AIDS peer education program of Durban Correctional System? There has been no study of this nature in this province hence peer education program for personnel in Department of Correctional Services is relatively new.

3.3 Aim of the study

The aim of the study is to examine the factors inhibiting the implementation of workplace HIV/AIDS peer education program in order to identify areas that need strengthening so that intervention measures can ensure the success of the endeavour.

3.4 Objectives of the study

The study objectives were as follows:

- To identify the peer educators level of knowledge about HIV/AIDS as well as related matters.
- To establish how personal attitudes influence the provision of peer education program.
- To assess how the HIV/AIDS coordinators at the management area and regional office level influence the implementation of peer education program.
- To provide guidelines to management that will assist to make improvements concerning the active implementation of peer education.

3.5 Types of research

There are two types of research approaches, namely quantitative and qualitative research paradigms. This study has employed a qualitative method of collecting data and analysis of

findings. Christensen et al (2011) define the qualitative research as a study that collects some type of non-numerical data to answer a research question. Non-numerical data consist of data such as the statements made by a person during an interview, written records, pictures, clothing or observed behaviour. The researcher utilized the qualitative research methodology because it is the approach that attempts to understand the data from the participants' subjective perspective. The advantages of qualitative research enable more complex aspects of a person. Fewer restriction or assumptions are placed on the data to be collected. Not everything can be quantified or quantified easily and an advantage of qualitative research is that it can investigate these aspects such as, individual experiences; they can be studied in more depth. Because fewer assumptions are placed on the thing being studied it is great for exploratory research and hypothesis generation. Lastly participants are able to provide data in their own words and in their own way (Parker, 1992).

Therefore the factors that exist in the workplace owing to the active implementation of peer education programme have been made known, as identified by the respondents. Then the research also took the role of objective outsider and relates the interpretive-subjective data to the research purpose and research questions.

3.6 Research population

According to Burns (2003) a population is an entire group of people or objects or events, which all have at least one characteristic in common and must be defined specifically and unambiguously. According to Christensen et al (2011) a convenience sampling method is whereby the sample of participants selected is based on their availability. The research sample for this project was a total of 13 peer educators appointed by the Department of Correctional Services to implement peer education services as an additional task and on voluntary basis. Hence there are few peer educators; the intention was to include all individuals in the study. Unfortunately, the necessary attempts to locate one of these peer educators on the day of the interview was not successful. Therefore, the researcher had interviewed the minimum of 12 participants required when collecting data through semi- structured interview. Among these participants 9 were females and the other 3 were males. Therefore, the study has lacked gender balance of subjects and the process of drawing a sample was not necessary.

3.7 Data collection method

An interview is a predominant mode of data collection in qualitative research (Greeff, 2005). According to Christensen et al (2011) an interview is a situation where the interviewer asks the interviewee the series of questions. Christensen et al (2011) also state interviews are conducted in face-to-face situations, over the telephone and it is also possible to conduct

interviews electronically, such as over the internet. Given the nature of the problem in this study, it was advantageous to employ a semi-structured interview schedule as tool to gather information hence it enabled the researcher to acquire a detailed picture of the challenges that were being experienced in peer education programme. Face-to-face individual interview was viewed as an effective technique as peer educators are the permanent employees of the Department of Correctional Services; therefore, their availability was not a problem. The general rules for face-to-face interviewing was followed by considering the characteristics of the fieldworker, appearance and demeanour, familiarity with the questionnaire, following questions wording, recording responses accurately and probing for responses (Babbie et al 2008).

The interview schedule prepared by the researcher consisted of 19 open-ended questions and follow up questions were asked based on the identified need. The research questions covered topics which are related to participants' demography, HIV and AIDS basic knowledge, knowledge on peer education, attitudes towards peer education programme, HIV and AIDS training and the departmental HIV and AIDS policy.

The respondents were briefed about what the study entailed and its significance so as to promote full cooperation and voluntary participation of subjects. The participants were required to sign consent forms and their names were not used in the study. The participants had a right to withdraw through out the process of the interview.

The researcher requested the permission from the respondents to use audio recorder and also to take notes during the interview process. Written notes have assisted about the aspects of the interaction that the audio recorder is unable to pick up for example facial expressions or gestures; this also helped with writing and setting the transcript in context. The respondents were also assured of confidentiality principles to protect their personal situation and prevent identification that could lead to possible negative connotations.

3.8 Research procedure

The application to conduct the study was forwarded to the National Office of the Department of Correctional Services and permission was granted. There was a good relationship instituted with the HIV and AIDS Area Coordinator of Durban Management Area and this assisted with the logistical arrangements and also made the process of meeting with the participants effective.

3.9 Data analysis

The researcher has applied the theoretical perspective common steps in analyzing qualitative data gathered in this study and this was done manually. Data analysis is defined as a process of bringing order, structure and meaning to the mass of collected data. Figures and tables were used to present data mostly of demographic information. The themes have been developed concerning factors inhibiting the implementation of workplace peer education programme with the view to transform data into findings.

3.10 Conclusion

Creating the basis of a research methodology scene for a research project serves as a road map to ultimately at the end of the exercise, reach a destination in the form of a final report; containing findings, recommendations and conclusions. A sound framework ensures a degree of reliability and guidelines for future research in a particular field.

In the next chapter the empirical findings relating to the factors inhibiting the implementation of workplace peer education programme will be examined, analysed, presented visually and interpreted.

CHAPTER 4
DISCUSSION OF RESULTS

4.1 Introduction

The findings are presented that were collected from the study on the factors inhibiting the implementation of workplace peer education programme of Durban Correctional System. This report is a qualitative analysis of the findings. The findings are reflected using themes such as demographic information, knowledge on HIV and AIDS, knowledge on peer education, becoming a workplace peer educator, framework for managing peer education programme, HIV and AIDS training and challenges impeding the provision of peer education programme. The data in this study was gathered by means of a semi-structured interview schedule. They were 12 peer educators participated in the study and the consent forms were signed prior to the commencement of the interviews.

4.2 Presentation of findings

The demographic information of the participants is provided using figures and tables and subsequently the discussion and analysis of the findings are placed in context.

4.2.1 Demographic information

Sixty seven percent of the participants were females and 33% were males. In a study conducted by Shipalana (2009) the similar trend was also identified hence it was found that 54.7% of the respondents were female whereas 45.3% were male. This has shown that in general there are more females than males enthusiastic in rendering HIV and AIDS services. This is a critical issue hence men outnumber women in the Department of Correctional services. Ideally, to fulfill their role, peer educators should be representative of the workforce at large (Figure 4.1).

Figure 4.1

Gender of the participants
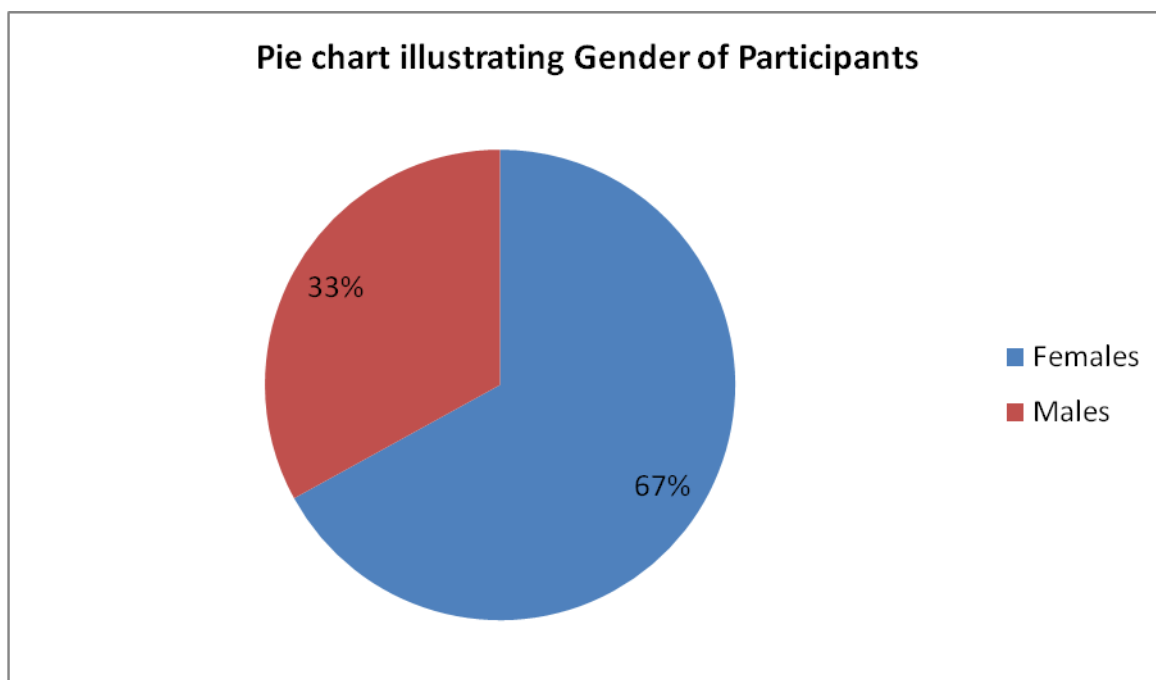
Figure 4.2

Racial Grouping of the participants
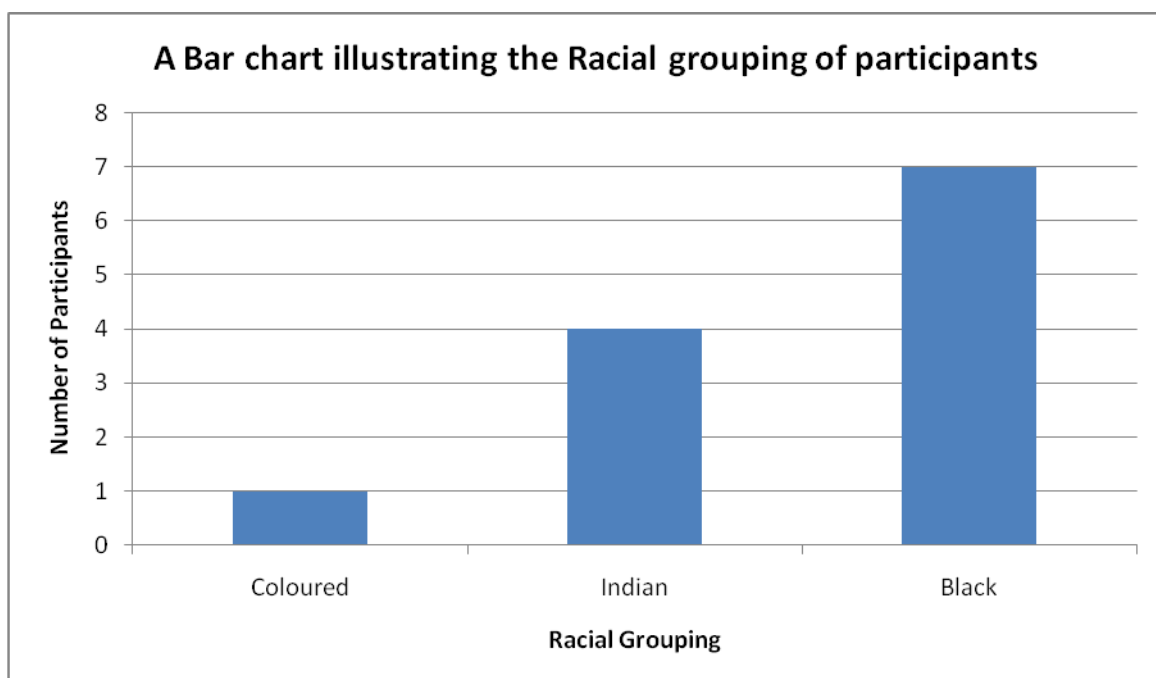
The majority of the participants were Black, particularly women. Indian women were also over represented but to a much lesser extent. Most noticeable, there was neither White participant nor Coloured females. The races of the participants reflect the racial group profile in the Durban Management System overall population (Figure 4.2).

Figure 4.3

Age Groups of the participants

A Bar chart illustrating the age groups of participants
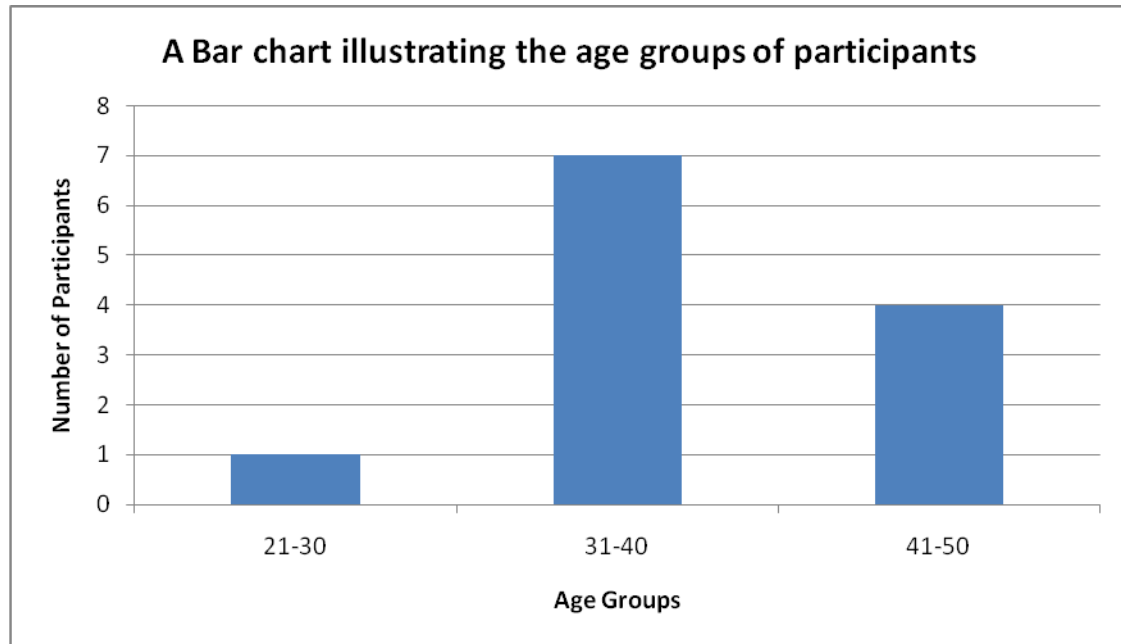
Figure 4.3 illustrates 7 participants (58%) in the ages of between 31 and 40; this shows there are many fully developed peer educators having ability to lead a healthy lifestyle so as to serve as role models to other employees.

Figure 4.4

Salary level of the participants
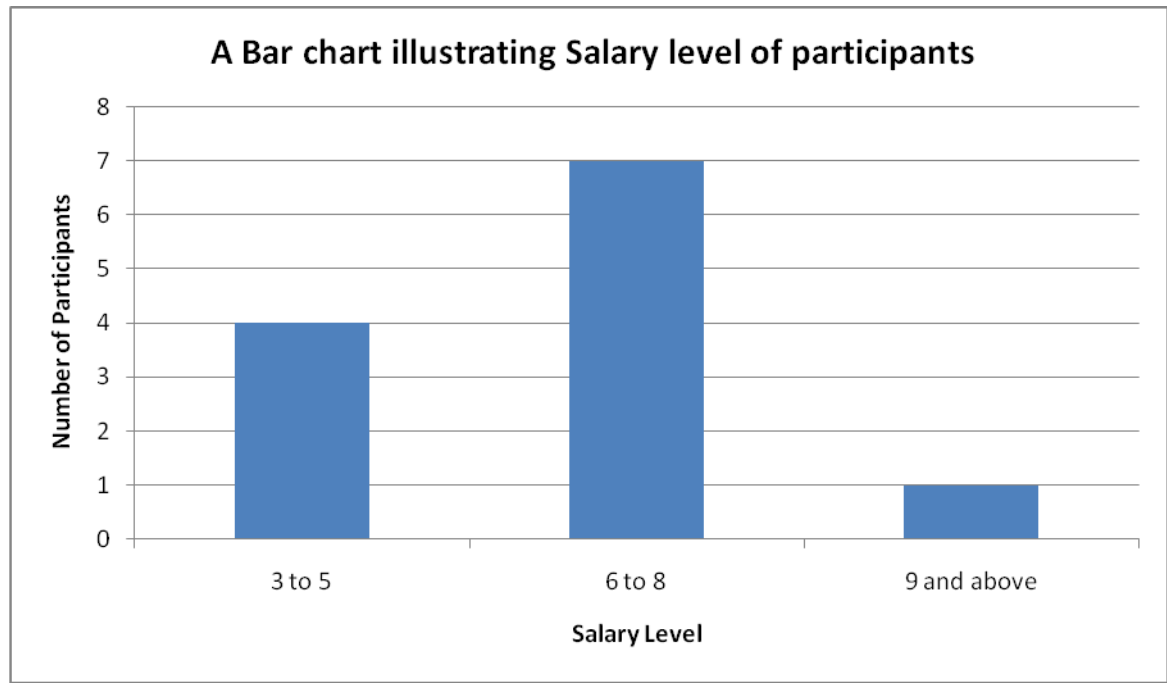
The salary level (Figure 4.4) symbolizes the positions of peer educators. The lower the salary level, the lower the position of a peer educator. There are 7 participants between the salary levels of 6-8. However, there are only two participants out of seven who had a salary level in the rank of a Senior Correctional Officer. Within the overall entire populace of peer educators, there was only one in the rank of an Assistant Director. Therefore, this put junior management representation in the structure at 33%. Middle and senior management are not represented and this could have been one of the reasons which make this programme to be undermined. Therefore it is essential for the management to be empowered with HIV and AIDS information so that they become aware of the importance of their roles and responsibilities.

Table 4.1

Locality of participants

Centre/Component	Peer educator's participation	Total number of employees per area
Area Commissioner's Office	3	58
Medium A	2	381
Medium B	1	456
Medium C	1	204
Medium D	1	161
Medium E	1	141
Umzinto	2	175
Durban Community Corrections	1	72
Total=12		Grand Total=1648

Table 4.1 shows all centre /components of Durban Correctional System are represented in the structure of peer educators.   However, the peer educators are in fact not accurate representative of their respective centres /components in terms of number. The remarkable finding reflected, Medium B has the highest number of officials and there is only one peer educator. The Area Commissioner's office has fewer employees compared against other components but it has the highest number of peer educators, therefore it is over representation of peer educators. In general a symbolic lack of peer educators in Durban Correctional System has been recognized and these shortcoming need to be address instantly. It is imperative the number of peer educators be determined by the number of employees in the centre. In principle there are 13 peer educators of Durban Correctional System and unfortunately one of them did not participate in the study.

4.2.2 Central themes

The data gathered from this study was classified into themes and sub-themes provided in Table 4.2.

Table 4.2

Themes and Sub-themes

THEMES	SUB-THEMES
Theme 1: Knowledge on HIV and AIDS	**Sub-theme 1**: The transmission and prevention of HIV and AIDS **Sub-theme 2**: The difference between HIV and AIDS **Sub-theme 3**: The importance of knowing HIV status. **Sub-theme 4**: The signs and symptoms HIV and AIDS
Theme 2 :Knowledge on peer education	**Sub-theme 1**: Roles of peer educators **Sub-theme 2**. Characteristics of peer educators **Sub-theme3**. Objectives of a peer education programme
Theme 3: Becoming a workplace peer educator	**Sub-theme 1**: Motives behind being a peer educator **Sub-them 2**: Perceptions of peer educators about their participation in the programme
Theme 4: Framework for managing peer education programme	**Sub-theme 1**: An HIV and AIDS policy for the workplace **Sub-theme 2**: Monitoring and evaluation of peer education services.
Theme 5: HIV and AIDS training	**Sub-theme 1**: Training received **Sub-theme 2**: Perceptions of training **Sub-theme 3**: Marketing of peer education programme.
Theme 6: Challenges impeding the provision of peer education programme.	**Sub-theme1**: lack of adequate resources **Sub-theme 2**: Employees' attitudes in HIV and AIDS issues **Sub-theme 3**: involvement and support from the management on HIV/AIDS issues. **Sub-theme 4**: Involvement of employees living with HIV and AIDS in workplace interventions. **Sub-Theme 5**: Barriers in addressing challenges in peer education programme.

THEME 1: KNOWLEDGE ON HIV AND AIDS

This is the first theme identified in the data gathered from this study. Within the context of this theme the sub-themes were identified, namely, the transmission and prevention of HIV and AIDS, the difference between HIV and AIDS, the importance of knowing HIV status and the signs and symptoms of HIV and AIDS.

Sub-theme 1: Transmission and prevention of HIV and AIDS

The participants have shown to be acquainted with information on how HIV is transmitted and prevented. The findings of the study identified that some peer educators are graduates in various fields and among these graduates, there are few who have obtained qualifications in Social Science. As a result they are more knowledgeable about HIV and AIDS. The remarkable finding regarding the transmission of HIV was that 33% of the participants knew the 4 major sources of HIV infection and their responses covered the following:

- "Sexual transmission".
- "Transfusion of blood".
- "Transmission from mother to child during pregnancy, labour or following birth through breastfeeding".
- "Using piecing instrument or injecting equipment that is contaminated with HIV".

Forty two percent of the participants mentioned the 3 major sources of HIV transmission, 17% of them stated the 2 major sources of HIV transmission and only 8% mentioned one major source of HIV infection. Furthermore it was also detected that the knowledge of HIV is mostly transmitted through sexual intercourse is 100%.

With regard to HIV prevention, 33% of the participants knew the ABC strategy of preventing HIV infection and the extracts present the responses:

- "Abstinence from having sex".
- "Be faithful to one uninfected sexual partner".
- "Proper and consistent condom use".

The following extracts characterize the participants' supplementary responses on how HIV is prevented:

- "Administering of a Nevirapine to HIV positive pregnant mother".
- "Wearing of gloves is essential if an individual has to be in contact with any body fluid".

- "Avoid the sharing of sharp instruments, syringes and needles".
- "Using of antiretroviral treatment decreases the viral load thereby minimizes the chances of spreading HIV".

Van Dyk, 2001 states "fortunately we know exactly how the virus is spread and what we can do to prevent HIV infection". The point of view of Van Dyk (2001) confirms the aforementioned findings. Awareness has been created of the view that in these days awareness about HIV and AIDS and basic prevention knowledge are quite widespread, however, the knowledge is not put into practice. Further, people can assist to avoid the spread of HIV by providing proper care to individuals living with HIV and by diagnosing the disease as soon as possible after infection.

Sub-theme 2: The difference between HIV and AIDS

The following quotes characterize the responses of participants on the difference between HIV and AIDS:

- "HIV is a virus which causes AIDS whereas AIDS is a collection of various diseases manifesting in the body".
- "HIV is a sexually transmitted disease and AIDS is caused by HIV".
- "I do not know the difference between HIV and AIDS".
- "HIV is a first level of AIDS and AIDS refers to a condition in which an individual CD4 count has dropped".
- "HIV is when a person shows symptoms of living with the virus and AIDS is when an individual develops various diseases".
- "An HIV positive person looks healthy and a person living with AIDS appears sickly".
- "HIV is disease and AIDS refers to full blown AIDS".
- "In HIV positive person, antibodies are detected but in a person living with AIDS no antibodies detected due to excessive destruction of the immune system".

The findings of the study concur with those of Shipalana (2009) who found "the total number of 18.7% respondents indicated there is no difference between HIV and AIDS". The researcher's findings suggest there are misconceptions and lack of knowledge regarding the difference between HIV and AIDS. Hence it is believed the participants are peer educators, they should have a good understanding of HIV and AIDS and related issues and able to educate their peers. In order to achieve this, any proposed HIV and AIDS course in the

Durban Correctional System is required to include the information on the difference between HIV and AIDS.

Sub-theme 3: The importance of knowing HIV status.

All 12 respondents were of the view that HIV testing is essential. The quotes provide the participants views regarding the importance of knowing HIV status:

- "In order for sustenance HIV negative status should the individual has not contracted the virus".
- "In the case of HIV positive status, it will enable the individual to adopt positive lifestyle including proper planning of future goals".
- "It gives an opportunity to acquire more information about HIV and AIDS".
- "It is a step forward towards the acceptance of HIV positive status".
- "To prevent the transmission of HIV infection to other persons as well as to avoid re-infection".
- "To access treatment, care and support services as early as possible and this help individuals to stay healthy and to live longer".
- "To be informed of HIV and AIDS management and to be encouraged to adhere to such conditions".
- "For the engagement in safer sex especially if an individual is sexually active".

The provision of HIV counseling and testing (HCT) is an important part of any national prevention programme. The findings are in line with World Health Organization's Fact sheets (2000) which indicated "if people are sero -positive they will learn to live positively, take the trouble to access care and support at the earlier stage, learn to prevent transmission to sexual partners and plan for their own and their families' future. There is a view, individuals living with HIV who are aware of their status are less likely to transmit the infection and are more likely to disclose or to notify their partners about their HIV status.

Sub-theme 4: The signs and symptoms HIV and AIDS

Different conditions were mentioned concerning the manifestation of HIV and AIDS signs and symptoms in the body. The following extracts characterize the participants' response:

- "Excessive loss of weight."
- "Tiredness."
- "Short temper."
- "Loss of appetite".
- "Stress".

- "Occasional fevers."
- "Skin rashes."
- "Headache."
- "Persistent cough."
- "Opportunistic diseases of various kinds among them are Tuberculosis".
- "Swelling or enlargement of glands."
- "Present with sexually transmitted infections that are difficult to treat."

Some responses have demonstrated how some peer educators are misinformed and the lack of information on signs and symptoms of HIV and AIDS. Shipalana (2009) indicates a "lack of knowledge and misconception about HIV/AIDS are the key factors in the lack of prevention effort and it has been shown that people need solid factual understanding of HIV and AIDS, access to relevant services and the confidence". An emphasis is put in confirming HIV infection with a blood test rather than to rely on a clinical assessment of signs and symptoms.

THEME 2: KNOWLEDGE ON PEER EDUCATION
This is the second theme related to peer education.

Sub-theme 1: Roles of peer educators
Different views were expressed concerning the roles peer educators play and the extracts present the responses of the participants:

- "To educate and train staff about HIV and AIDS and related issues".
- "To provide education on the impact of HIV and AIDS with the aim of promoting a healthy lifestyle".
- "To supply employees with HIV and AIDS pamphlets, condoms and to do condom demonstration".
- "If trained well they are expected to do Pre-Test counseling and promote the TB screening".
- "To conduct HIV and AIDS awareness campaigns and to encourage the employees to undergo HIV test".
- "Provide encouragement and support to the employees infected and affected with HIV and AIDS".
- "To market the benefits of antiretroviral treatment, encourage compliance with the medication and provide education about the importance of checking CD4 count".
- "Promoting a safe working environment".

- "To make referrals to an Employee Assistance Practitioner and also do follow up services".
- "Develop work relations with internal and external stakeholders"
- "Arrange for the commemoration of calendar events for staff".
- To change the mindset of official so that they start to see HIV as a manageable disease".

The aforementioned findings suggest that the management of HIV and AIDS amongst the employees of the Department of Correctional Services cannot continue to be considered as an "add on" duty. Although, the peer educators are well conversant of their roles and responsibilities, they do not seem to be actively implementing what is expected of them. The findings also suggest the need to develop job descriptions for peer educators with the manageable scope of work.

Sub-theme 2: Characteristics of peer educators

This theme was identified when participants were asked about the skills and qualities of a good peer educator. The following quotes present their responses:

- "To be knowledgeable about HIV and AIDS and to be well vested with the latest developments in the field".
- "Know common signs and symptoms of HIV and AIDS".
- "Provide Psycho-social support to employees who are HIV positive and those living with AIDS".
- "A person with a character of going above the call of his or her duties".
- "Easily approachable, friendly helpful and trustworthy person".
- "Always be available to people and demonstrate caring personality."
- "Ability to maintain confidentiality".
- "Outgoing personality and demonstrate positive attitude."
- "Able to market HIV and AIDS interventions".
- "Help people to understand that HIV is a killer disease".
- "To have open door policy and communication skills".
- "Loving, empathy, sensitive to the needs of people and good manners".
- "Ability to plan and adhere to the plan".

The findings of the study concur with UNAIDS (2003) which indicates the qualities of a peer educator namely, "be good mannered, easy going and be able to communicate clearly in front of the group and one-on-one. UNAIDS (2003) also indicates "the success or failure of a peer education programme depends largely on the characteristics of the peer educator".

It is not known to the researcher the extent to which the peer educators demonstrate these characteristics as well as the manner in which they use it when providing services to their peers.

Sub-theme 3. Objectives of a peer education programme

The following extracts characterize the responses of the participants:

- "Minimize the prevalence of HIV infection".
- "To address the problem of staff attrition resulting from morbidity and mortality rates".
- "To save the Department from the additional costs of replacing employees and thus improve the production".
- "To provide holistic care to employees living with HIV and AIDS".
- "Giving hope to HIV positive people".
- "Promote positive living".
- "To minimize suicide cases".
- "To facilitate education on issues around the dangers of HIV and AIDS so as to avoid the acquiring of HIV infection".
- "To create a conducive environment for employees to disclose their HIV status without fear of being stigmatized so that support groups for HIV positive employees are established".
- "Instill the thought that HIV is not a death sentence".
- "To decentralized HIV and AIDS services within the management area".
- "To have the staff which is well informed about HIV and AIDS so that they will be able to educate the offenders whom are the primary responsibility of the Department".
- "To promote knowing ones status".
- "To uplift the standard of living of employees and their families and to facilitate voluntary disclosure of HIV status".

International Labour Organisation code of practice (2001) indicates "the workplace being part of the local community has a role to play in the wider struggle to limit the spread and effects of HIV/AIDS hence the epidemic is profoundly affecting the social and economic fabric of societies". There is an appreciation that the survival of the Department is dependent on employees and for this relationship to be developed and sustained it has to ensure that it contributes towards promoting the healthy lifestyle of employees and their families and this will in turn benefit the society at large.

THEME 3: BECOMING A WORLKLACE EDUCATOR

The third theme was identified when the participants' attitudes towards peer education were explored. In the context of this theme, the following sub-themes were generated, namely motives behind being a peer educator, perceptions of peer educators about their involvement in the programme.

Sub-theme 1: Motives behind being a peer educator

The following quotes characterize the responses of participants concerning the different ways in which they became peer educators. The following present their responses:

- "I develop interest in the efforts to combat HIV epidemic".
- "Due to the increase in the prevalence of HIV and AIDS in Department, I therefore had an aspiration". To support those who are infected and affected by HIV and AIDS".
- "I was asked by the Head of Centre and had no choice but to agree".
- I was selected, attended few workshops and then became a peer educator".
- "I volunteered to be in peer education programme".
- "I had ambition to explore a different field to work with employees".
- "I do understand the difficulties involved in accepting HIV positive status, therefore I wanted to assist employees faced with this problem to rise above the situation".
- "I wanted to use competencies acquired in HIV and AIDS course I have attended".
- "I am passionate about HIV and AIDS and I have worked with HIV positive people for a long period".
- "I am doing the work which has a correlation with HIV and AIDS".
- "I m coming into contact with lot of members applying to be medically boarded as a result of HIV and AIDS related sicknesses and therefore, I became interested in taking an initiative in saving the lives of employees".

The research findings support Dickinson's (2006) who found "the largest way in which peer educators take up this role is by volunteering and the second most common method is being elected by co-workers". It was observed in the Department that the peer educators who have volunteered to be in the programme are showing more willingness to participate than the peer educators who were elected. Therefore, clear criteria for selecting peer educators which is preferable representative by gender, age and component has to be developed and implemented.

Sub-them 2: Perceptions of peer educators about their participation in the programme

The following responses were recorded:

- "HIV and AIDS peer education activities are an "add on" to the normal duties of the Department".
- "No official time is allocated to offer peer education activities".
- "There is no purpose to tirelessly put efforts to the programme in which the peer educators themselves are not committed to it".
- "Attendance of meetings by peer educators is poor and some of them have to be coerced in order to avail themselves".
- "Most of us are in production levels, therefore, were not recognized by some employees".
- "I would like to be exempted from working night shifts permanently in order to be available for the provision of peer education programmes and activities including the attending of meetings".
- "There is no motivation and incentive for being in this programme".
- "I do not want to be in this prorgramme and I wish to be excluded".
- "There is high turnover of peer educators through resignations hence they became frustrated for being in a programme which is not acknowledged'.
- "We are not carrying out our duties of influencing changes of the attitudes and behaviour of our peers in order to minimize the risk of HIV infection".
- "Some of the officials have taken part in peer education programme so that they take advantage of the opportunity to attend the trainings for their self empowerment".

In a research report compiled by UNAIDS and the Horizons Project (1999) the consultation participants made mention of the need to provide peer educators with some kind of compensation. Furthermore, the participants recommended for the compensation to be based on the availability of resources and context-specific values and standards to avoid creating social distance between the peer educator and the intended audience".

THEME 4: FRAMEWORK FOR MANAGING PEER EDUCATION PROGRAMME

The forth theme identified in the data collected was participant's perceptions pertaining to the organization's position in managing peer education programme. Within the context of this theme the sub-themes were identified, that is an HIV and AIDS policy for the workplace, monitoring and evaluation of peer education programme.

Sub-theme 1: An HIV and AIDS policy for the workplace

All 12 participants indicated they have never seen the workplace HIV and AIDS policy of the Department of Correctional Services. However, they indicated their Department had compiled HIV and AIDS pledge and the peer educators were orientated about it so as to market it to the employees. One peer educator has a speculation of the existence of the draft policy.

The following extracts provide the responses of the participants when asked to state whether their Department has an HIV and AIDS policy and as well to provide an explanation concerning how the policy promote the rendering of peer education programme:

- "There is a speculation of the availability of a draft policy, however none of the peer educators knew what it entails hence nobody had accesses to it".
- "The lack of effective HIV and AIDS management programmes for personnel in the Department of Correctional Services is an indication of no policy in place to regulate services and interventions".
- "My view is that if there was a policy, then adequate structures would have been in place and therefore, the impact of HIV and AIDS on the employees of DCS would have been minimized".
- "Our several attempts to market the Departmental HIV and AIDS pledge to the employees have not been successful hence the employees in some Correctional Centres demonstrated negative attitude towards the pledge by questioning us about the policy document mandating this pledge".
- "There are certain units in some Correctional Centres where we are failing to render peer education programmes due to inability to provide the policy document as requested by employees".

The findings of this research indicates the challenges placed to the peer educators of Durban Correctional System to mitigate the spread of HIV and AIDS with no policy to mandate how this responsibility will be made effective in the workplace. USAID/Health Policy Initiative (2009) indicates "good policy development at the regional, national and local levels establishes the framework upon which effective HIV responses can be implemented". In support of this notion Workplace Cape Gateway (undated) indicates, HIV and AIDS policy and programmes can play a vital role in "raising awareness around HIV, preventing infection and caring for people living with HIV". An HIV and AIDS policy can provide the Department with a workable tool that can help with an effective management of the disease through the implementation of tangible programmes geared to mitigating the prevalence of

the disease. Furthermore peer educators are expected to have knowledge of workplace policy to educate them on their rights.

Sub-theme 2: Monitoring and evaluation of peer education services

This sub-theme was identified when the participants were requested to provide their views on how monitoring and evaluation of peer education services is done. The following quotes characterize the responses of participants:

- "The service level standard for management area which is aligned to the priorities of the Department of Public Service and Administration was developed. Unfortunately the set targets are not met".
- "The reporting tool was designed by the Regional Coordinator: HIV and AIDS and orientation session was conducted so as to enable the peer educators to be able to use the tool when compiling statistics".
- "Local peer educator's meetings are held".
- "Quarterly review meetings chaired by the Regional Coordinator: HIV and AIDS are held to discuss the successes, weaknesses. Opportunities and threats on the implementation of peer education programme".
- "Monthly and / quarterly reports which reveal the progress, challenges, concerns and efforts to address the challenges are submitted to the leadership".
- "Structured supervision of peer educators was not taking place".
- "A report outlining the need for a comprehensive training of peer educators was forwarded to the Regional office and there has not been a response in this regard".

The HIV and AIDS Technical Assistance Guidelines (2003) indicates "every organization should monitor both the effectiveness and ongoing impact of an HIV and AIDS workplace programme; use the information to continually review the HIV and AIDS policy and programme to minimize the impact of HIV and AIDS in the workplace in planning; and make special consideration when monitoring the employee benefits". The monitoring and evaluation has a substantial function in any HIV and AIDS workplace intervention as they support in determining whether the programme is suitable ,cost effective, valuable and meet the set objectives.

THEME 5: HIV AND AIDS TRAINING

The fifth theme identified from the data was the participants' explanations of HIV and AIDS training they have attended. Within this context, the following sub-themes were generated, Training received, perceptions of training, marketing of peer education programme:

Sub-theme 1: Training received

Fifty eight percent (58%) of participants have attended varied basic training in HIV and AIDS such as voluntary counseling and testing, adherence counseling, peer education, Direct Observed Treatment Short course (DOTS) and HIV and AIDS prevention, and skills of care and management of opportunistic infections (2 weeks). The noticeable finding was 25% of the participants done intensive course in HIV and AIDS developed around the duration of between 6 and 24 months with accredited tertiary institutions. One of these peer educators is an experienced master trainer in the field of HIV and AIDS. The amazing finding was that 33% of the participants reported they have never had an opportunity to receive training. The participant's responses are presented as follows:

- "The opportunities to receive training are minimal hence I have been in this programme for about 9 months but have not been sent to any training yet".
- "The last training I have attended for HIV and AIDS was in 2003, I uses private internet so as to be informed with the latest developments".
- "I have never been sent to training; however I have done a module on HIV and AIDS in my years of study long ago".
- "Hence I have never attended training in HIV and AIDS; I am taking a huge responsibility to capacitate myself through reading HIV and AIDS manuals".
- "I have attended 5 day training on peer education facilitated by the Regional Coordinator: HIV and AIDS".
- "I have done HIV and AIDS 6 month's course with the University of South Africa".
- "I have studied Foundation for Professional Development".

Dickinson (2006) indicates "educating peer educators effectively and assessing their understanding on HIV and AIDS can be time consuming and labour intensive, but it is never time wasted. It is important that all peer educators undergo a comprehensive training programme immediately after being selected". The researcher has observed that peer educators are having the capacity and it is possible that through training they will enable the Department to alleviate the impact of HIV and AIDS and related risks in the workplace.

The findings of this study indicate that some peer educators are not empowered to render peer education programme and this raises a critical concern hence training is central to the success of peer education programme.

Sub-theme 2: Perceptions of training

This sub-theme was identified when participants were asked to express their views on how the training has enhanced their knowledge base concerning HIV and AIDS. The following extracts are their responses:

- "Some training was of a great value to me hence I have been enriched with comprehensive information".
- "The training I attended was dominated by the theory; I am still having a need for interactive training format".
- "I have learnt to be sensitive, tolerant, understanding and not to be judgmental to people".
- "I have been equipped with knowledge and skills to use female condom, therefore I have the ability to do a demonstration in this regard".
- "It helped me to modify the negative attitudes I had concerning HIV and AIDS".
- "As a result of the training, I am confident to do formal presentations".

The findings of the study corresponded with those of Dickinson (2006) who identified "peer educator training was of value to the peer educators in terms of information, communication and presentation, and confidence". Dickinson (2006) states "training is a critical component in the initial mobilization of peer educators as well as in facilitating their ongoing activities, therefore it need to be an ongoing process". Therefore, refresher courses on HIV and AIDS are essential hence the information on the infections is continuously changing due to research that is still being conducted.

Sub-theme 3: Marketing of peer education programme

The following quotes characterize the responses of participants on how peer education programme is marketed:

- "HIV and AIDS posters are put up on the walls".
- "Pamphlets and leaflets are distributed".
- "The Employee Assistant Practitioner newsletters used to be supplied to the employees".
- "There has not been any extensive marketing done in my centre ever since the new shifts started".
- "We address the managers, supervisors and officials about HIV and AIDS issues during staff meetings and in morning parades".
- "We also do one-to-one sessions with employees".

- "The Area Coordinator: HIV and AIDS has offered to visit all centres once a quarter during staff meeting so as to conduct educational talks, unfortunately he has not been invited by the peer educators".
- "Certain calendar events are commemorated".
- "Even though HIV and AIDS is a standing matter in the agenda of a staff meeting but I have to force matters in order to get a slot and as a manager I always succeed".
- "We invite external stakeholders for information sharing sessions".

The findings suggest that an intensive marketing framework is indispensible for the Department of Correctional Services in order to successfully implement peer education programme. There is also a need to shift from focusing too much on imparting AIDS facts, putting up of posters, distributing of condoms and pamphlets towards creating the environment conducive for the disclosure of HIV status and promotion a culture of acceptance. Cognizance should be taken of the information about HIV and AIDS should be communicated to all newly appointed officials as part of an induction programme by the peer educators.

THEME 6: CHALLENGES IMPEDING THE PROVISION OF PEER EDUCATION PROGRAMMES

The last theme identified from the data collected was the participants' perceptions on the challenges encountered in their attempt to provide peer education programme.Within this theme the following sub-themes were identified, namely, lack of adequate resources, employees attitudes in HIV and AIDS issues, involvement and support from the management on HIV and AIDS issues and barriers in addressing challenges in peer education programme.

Sub-theme1: Lack of adequate resources

The participants outlined the problems of resources as follows:

- "In most of the Correctional centres there is only one peer educator which is either working in 'A' or 'B' division and should the division in which a peer educator falls under is off, it therefore means there are no services carried out to officials in another division. There are very few occasions where for example the peer educator falling under 'A' division can have access to employees in 'B' division".
- "The employee appointed to work in a non-financed post as a HIV and AIDS: Area Coordinator is sharing an office with an Employee Health and Safety representative and this office does not have basic resources such as a telephone and computer with an E-mail

connection so as to receive and send information. In addition the Area Coordinator does not have access to the Departmental Intranet as well as Internet".

- "There is no Employee Assistant Practitioner to attend to the problem areas of employees which are not in the scope of peer educators".
- "No offices with necessary equipments for peer educators in their respective centres and components".
- "No venues provided for HIV counseling and Testing including ongoing counseling in all centres and components".
- "No budget allocated for service delivery. For example the World AIDS day for Durban Management Correctional System planned for the 12 of December 2011 did not take place due to unavailability of funds".
- "There is a shortage of manpower resulting from the 4 new shift system as a results half of staff is always not available, and this makes to be impossible to get officials for programmes and interventions".
- "We are not in receipt of information on general health issues, educational material and we are also not empowered with the latest developments in the field of HIV and AIDS".

The findings of research were in agreement with those of Dickinson (2006) which indicated "if peer educators are to be active and to sustain their activities, they need an appropriate level of support in various ways such as time allocated as a work responsibility, a place to meet, a regular provision of new information on HIV and AIDS and educational material".

Sub-theme 2: Employees' attitudes in HIV and AIDS issues

The participants' responses regarding the employees' attitudes in HIV and AIDS issues were as follows:

- "The employees lack the clarification of the rational for peer education".
- "It is difficult for the majority of employees to request services from a peer educator as a result of poor confidentiality principles in the workplace as well as lack of privacy".
- "Certain employees have questioned the purpose of participating in HIV Counseling and Testing campaigns hence there are no care and support programmes available particularly when an employee has tested HIV positive".
- "There are also employees who are saying that there have their own Doctors whom they go to for HIV test".

According to the theory of reasoned action, a person's behaviour can be predicted if individuals can determine whether they have an intention to carry out that specific behavior.

Therefore, there is the view should peer educators be well informed about the benefits available to them through accessing peer education services, there is a likelihood that strong intention or the commitment to use services will develop. Hence the programme is still on the initial phase, therefore, its marketing strategy should incorporate the reinforcement of the intention to use peer education services.

Sub-theme 3: Involvement and support from the management on HIV and AIDS issues

The following responses were recorded:

- "The Head of Centre does not allocate me with a slot to conduct an educational talk concerning HIV and AIDS during the general staff meeting. Should perhaps a slot is provided I am instructed to quicken the presentation and the reason is mostly that the time scheduled for the meeting is over".
- "The management support has a huge improvement".
- "The management attitudes' towards the programme is negative".
- "My supervisor do not give me a permission to render peer education services during official hours".
- "Senior managers talks about support but it is just a window dressing".
- "Commitment is generally said during meetings but the senior management lacks active physical involvement".
- "My Head of Centre is concerned about security duties and HIV and AIDS services are not a priority".
- "HIV and AIDS programme is treated differently from other institutional programmes".

The findings of the study were in conformity with the Department of Health's National Consultative Workshop on HIV and AIDS stigma report (2005) which indicated "the leaders need to be directly involved in a workplace HIV and AIDS programme. The researcher is of the view that the management has a decisive role to play in the development of peer education programme and ensuring its successful take-up by subordinate officials.

Sub-theme 4: Involvement of employees living with HIV and AIDS in workplace interventions

This sub-theme was identified when the participants were asked to explain how employees living with HIV and AIDS involved in all HIV and AIDS related policies, implementation and monitoring of interventions.

All 12 participants indicated they knew nothing concerning the involvement of employees living with HIV and AIDS in policy development, implementation and monitoring of interventions. The following extracts characterize the responses of the participants:

- "Some employees become offended and do not want to open up if you introduce HIV and AIDS topic in a conversation with them hence they think that they are suspected to be living with a virus".
- "Some officials are running away from talking about HIV and AIDS issues and this may result from denying their HIV positive status".
- "There are extremely very few infected officials who disclose their status".
- "Officials are not disclosing their status".

In a research report compiled by the UNAIDS and The Horizons Project (1999) the participants did mention "the needs to better understand the roles people living with HIV and AIDS can play as peer educators and how they can be best supported as peer educators". Van Dyk (2001) indicates "people living with HIV and AIDS are often the best advocates and activists for social and behavior change and they should be included in the developmental and implementation stages of HIV and AIDS prevention programmes". It is the view that the Department has to devise a framework to motivate and support people living with HIV and AIDS to become and continue as peer educators.

Sub-Theme 5: Barriers in addressing challenges in peer education programme

This sub-theme was identified when the participants were asked about the strategies employed to address the challenges in peer education programme. The participants' responses were as follows:

- "The Regional Coordinator: HIV and AIDS is employed on contract basis which is continually renewed as a result his position is being looked down upon, therefore there is no buy-in by the senior management concerning his proposed strategies to remedy the situation".
- "The Area Coordinator: HIV and AIDS of Durban Correctional System is in a low position, therefore the protocol of the Department does not allow him to attend the senior management meeting so as to personally engage in deliberation with the senior management".
- "There Senior management of Durban Correctional System attended the Regional Peer Review session on 27 October 2010 and the most serious challenges peer educators often

appeared to experience with their line managers in conducting their activities were shared. Unfortunately there has not been any improvement".

The findings of this research suggest whilst the availability of a Regional and Management Area coordinators represent an important step in addressing the disease among staff, however, they did not form part of the permanent staff establishment. Therefore they have limited decision making authority. It appears the programme coordinators called for increased responsibilities and acknowledgement as well as opportunities for personnel and professional growth to improve job satisfaction, retention rates of peer educators and programme sustainability.

4.2.3 Conclusion

The findings were produced from the data collected provided by the participants through a semi-structured interview schedule and was analyzed according to the themes and sub-themes materialized. The presentation provides insight of how people view HIV/AIDS and the related variables of the study. Research is never complete unless conclusions are drawn within the framework of the dedicated study together with recommendations to pave the way for the future.

CHAPTER 5
RECOMMENDATIONS, DELIMITATION, LIMITATIONS AND CONCLUSION

5.1 Introduction

The study has been effective to create vital information in terms of the factors inhibiting the implementation of peer education programme of Durban Correctional System. Literature has provided a foundation to pursue an argument that education could contribute towards the equation of improving life and thereby make a difference in this world. Research is only of value once the findings have been discussed and placed in context of the problem statement and flowing from that to provide direction for the future in the form of recommendations.

5.2 Recommendations

The recommendations are the guidelines that can be followed to make a contribution in the work environment of this Department according to the following:

5.2.1 Knowledge

- The programme coordinators are to ensure there is a regular provision of new information available on HIV and AIDS to peer educators.
- Peer educators should be taught about the difference between HIV and AIDS as well as develop the ability to identify the signs and symptoms of the infection.

5.2.2 Capacity building

- An urgent compressive training initiative is compulsory for all peer educators who have never undergone HIV and AIDS guidance.
- It should be policy that once a peer educator has been recruited, a related training programme should be provided as soon as possible to ensure there is a return on investment after an appointment is made.
- There is a great need for intensive training of master peer educators to enable them to address the underlying problem that is in the form of the backlog in directed guidance.
- Training of supervisors and line managers is essential hence management support and participation is regarded as a key intervention strategy in the management of HIV and AIDS.
- There should always be refresher training courses on HIV and AIDS so as to empower peer educators with the latest developments in the field.
- There should be an integration of care and support for people living with HIV and AIDS into current peer education training and educational curriculum.

5.2.3 Supervision

- Supervisors should be officially appointed and subjected to related supervisor training courses on HIV and AIDS to be technically competent.

- Preferable both individual and group supervision of peer educators need to take place and should be motivational in content and supportive.

- Job descriptions for peer educators need to be compiled to provide clear guidelines concerning their duties to be carried out in an effective manner; will in return improve work performance.

- HIV and AIDS initiatives for supervisors and managers should be considered as an additional Key Responsibility Area formulated for all involved to enable evaluation on the main activities performed in this field based on their respective Performance Agreement and Workplan. This will enforce management participation and active involvement in peer education programme.

5.2.4 Workplace HIV and AIDS policy

- Workplace HIV and AIDS policy has to be made available and accessible to employees. It should set clear guidelines on how peer education services are managed.

- It is the duty of the Department to distribute, popularize, implement and review the policy in order to inspire employees to be attentive of the contents of the policy and to sustain HIV and AIDS workplace programme activities in the future.

5.2.5 Staff

- The vacant post of an Employee Assistant Practitioner has to be filled with immediate effect.

- There is a need for the establishment of a fully flashed structure of workplace HIV and AIDS programme from Head office down to Correctional centres.

- The Department has a need to create financed full time posts, namely, the Regional Coordinator: HIV and AIDS and 7 HIV and AIDS Management Area Coordinators in the province of KwaZulu-Natal. These positions are regarded as having essential functions as they provide service support to the Department and item 15.2.2(xi) of the HIV and AIDS Technical Assistance Guidelines, undated recommends for the establishment of a structure responsible for all aspects of the HIV and AIDS workplace response. HIV and AIDS Centre Coordinators can be appointed to render workplace HIV and AIDS interventions as an "add on" to their normal duties.

- The Department of Labour (2003) recommends a ratio of one peer educator per 50 employees; therefore, there is a need for additional peer educators to be recruited.

+ The Department has to look into the feasibility of making part-time appointments of workplace Psychologist and HIV and AIDS lay counselor in Durban Correctional System to render the necessary specialized services to the employees. This will enable the effective and efficient implementation of Employee Health &Wellness Strategic Framework and it is hoped that the there will be a high uptake of HCT should the services of a lay counselor are available.

5.2.6 Recruitment

+ The gender balance has to be established and senior management representation in peer education structure is vital.

+ An improvement has to be made in peer education structure in terms of the increase in the representation of employees from health care and social work services.

+ A recruitment plan which includes selection criteria has to be developed.

5.2.7 Retention

+ Peer educators can be kept and retained through formulating a retention plan based on joint concurrence between peer educators and programme coordinator. There is a need to provide peer educators with compensation to serve as a form of recognition and encouragement.

5.2.8 Adequate resources

+ The provision of the realistic budget for peer education programme is necessary.

+ International and local donors should be approached for the provision of financial support**.**

+ An HIV and AIDS office in all 8 centres/components of Durban Correctional System has been identified as a necessity including the basic office equipments and resources.

+ Peer educators should have access to selected venues to conduct HCT campaigns.

+ It is suggested that all peer educators be assigned to work a day shift so they may be available for peer education programmes and activities.

5.2.9 Marketing

+ An effort aimed at peer education to raise awareness on education related to HIV and AIDS to newly appointed employees of the Department during the induction programme should be included in the equation of creating awareness.

+ The peer educators have to be formally introduced to the employees.

+ HIV and AIDS should be regarded as a core function of the Department.

5.2.10 Services

- Support groups for HIV positive employees should be established and sustained and the employees to be permitted to attend these sessions during official time.
- Peer educators to provide proactive assistance to employees living with HIV and AIDS to receive guidance to take care of themselves including their family members.
- The provision of HIV and AIDS related medication should be made available by the Department to the employees with the view of encouraging and enhancing positive living. This will minimize the number of employees experiencing the long period of illnesses associated with AIDS and will also motivate employees to undergo HIV testing.

5.2.11 Monitoring and evaluation

- There should be consistency in the compilation and submission of monthly, quarterly and annual statistics by peer educators.
- Baseline survey and inspection have to be considered at a later stage.

5.2.12 Technical issues

- The managers of the Correctional centres have to draw up a succession plan to address the security risks so that it has minimal impact on the daily operations of the work place so that peer education interventions and programmes are not compromised.
- The management and peer educators need to make time to sit together and talk in order to address the challenges between the management and peer educators in their approach to deal with HIV and AIDS at the workplace.
- The provision of normal working time for rendering peer education interventions and programme will provide the possibility for more work to be done.
- The programme of peer education has to develop short, medium and long term strategies for sustainability.

5.3 Delimitation

The subjects for the study were only employees appointed as peer educators in Durban Correctional System and all of them had equal opportunity to participate in the study. This resulted in fair representation of centres and components of Durban Correctional System. However, the generalization of these findings cannot be made hence the peer educators of other 6 Management Areas of KwaZulu-Natal region were excluded in the study.

5.4 Limitations

At the time of the research 41% of the peer educators have not completed a period of a year in the programme. Therefore, they were unable to give constructive inputs to some of the questions. The conclusions were only made with the findings obtained from Durban Correctional System.

5.5 Conclusion

The following conclusions were made from the study:

- The profile of peer educators reflected the over representation of black women and the focus was also drawn to the non representation of peer educators from the ranks of middle and senior managers.

- The positive side is that approximately half of the peer educators volunteered to be in this programme hence they were motivated by a concern for others so that the spread of HIV infection can be minimized.

- It is apparent from this research that whilst the Department of Correctional Services has developed a quite sound programme for the prevention and treatment of HIV and AIDS amongst inmates, it is still faced with the challenge to revise the workplace peer education programme and implement coherent measures so as to succeed in managing the disease among its own staff.

- The critical challenge is the lack of consistency in the provision of peer education programme.

- The number of peer educators is too few to impact significantly on the administrative practice of individual centers.

- The majority of peer educators demonstrated positive attitude towards the programme. The peer educator's capacity and availability in all centres are below what is required. Therefore, what remains ahead is the insight into the appropriate ratio of peer educators to employees and to gauge the potential contribution to the national response to HIV and AIDS.

- The need for supervision of peer educators was identified including the determination of supervision method as well as the development of a checklist of tools for supervisors.

- All peer educators have poor access to basic resource and they do not have budget and some have not yet received training necessary in order for their work to be effectively done. This, however, means that this programme is under resourced.

- The study indicated limited decision making authority by HIV and AIDS coordinators.

- The issue of retention strategy for peer educators needs to be handled with fairness.

- The results indicated the strong need of support from supervisors and management for the successful implementation of peer education programme.

- It was also evident that the new shift system is also having negative impact in the execution of peer education services.

- It manifested in the research that the peer educators are generally vague about the workplace HIV and AIDS policy; however, there was a speculation about its existence.

- The lack of implementation of peer education programme is an indication of unavailability of a comprehensive workplace HIV and AIDS policy for the personnel of the Department of Correctional Services to facilitate an effective management of HIV and AIDS. The availability of workplace HIV and AIDS policy to employees will be an indication of the Department's commitment to dealing with HIV/AIDS.

- It is within the mandate of the HIV and AIDS Technical Assistance Guidelines that every employer is obliged to provide and maintain, as far as reasonable practicable, a workplace that is safe and without risk to the health of the employees. This can be reflected in the form of a supportive environment to all infected and affected personnel of the Department to enable them to function effectively and efficiently in implementing the Department's core business of rehabilitation of offenders.

- It is evident in this research that officials have to be motivated and encouraged to use the available services.

- This study provides useful baseline information for developing peer education programme for future studies in this Department.

5.6. Summary

Within the context of the recommendations and conclusions explicated in this study, the conclusion is therefore drawn that the stated aim and objectives have been achieved through this study on factors inhibiting the implementation of peer education programme of Durban Correctional System.

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APPENDIX A

INTERVIEW SCHEDULE

WORKPLACE HIV AND AIDS PEER EDUCATION: FACTORS INHIBITING THE IMPLEMENTATION OF HIV AND AIDS PEER EDUCATION PROGRAMME OF DURBAN CORRECTIONAL SYSTEM.

SECTION A: DEMOGRAPHIC INFORMATION

Indicate your answer by placing a X in the box

Gender:

Race:

Black		White		Indian		Coloured	

Position:

Production Worker		Supervisor		Manager	

Salary level:

Level 3- 5		Level 6- 8		Level 9 and above	

Centre / Component:

Durban Medium A, B,C,D,& E		Umzinto Centre		Durban Com Cor	

Age range:

21- 30 years		31-40 years		41-50 years		51+	

SECTION B: KNOWLEDGE ON HIV AND AIDS

1. How is HIV transmitted and prevented?
2. What is the difference between HIV and AIDS?
3. Explain why it is important to know your HIV status?

4. What are the signs and symptoms of HIV and AIDS?

SECTION C: KNOWLEDGE ON PEER EDUCATION

5. What are the duties of a peer educator?

6. What are the skills and qualities of a good peer educator?

7. What are the objectives of a peer education programme?

SECTION D: ATTITUDES ABOUT PEER EDUCATION

8. What motivated you to become a peer educator?

9. Why do you think workplace HIV and AIDS peer education programme is
    important?

10. What support and commitment is needed from the programme coordinators concerning
workplace HIV and AIDS issues?

11. What challenges are you experiencing in your endeavor to provide a peer education
programme?

12 How are these obstacles addressed?

SECTION E: HIV AND AIDS TRAINING

13. Give an explanation of your HIV and AIDS training?

14. How have these training sessions enhanced your knowledge base concerning HIV and AIDS?

15. How is peer education services monitored and evaluated?

16. How has a peer education programme been marketed to employees at all levels to raise
    awareness?

SECTION F: HIV AND AIDS POLICY

17. Does your department have HIV and AIDS policies and how does it promote the
      rendering of the peer education programme?

18. How are employees living with HIV and AIDS involved in all HIV and AIDS
      related policies, implementation and monitoring of interventions?

19. How is the HIV and AIDS policy monitored to ensure that it does not exist on paper but is
put into action.

APPENDIX B

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

STELLENBOSCH UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

WORKPLACE HIV AND AIDS PEER EDUCATION:FACTORS INHIBITING THE IMPLEMENTATION OF HIV AND AIDS PEER EDUCATION PROGRAMME OF DURBAN CORRECTIONAL SYSTEM.

You are asked to participate in a research study conducted by Fikile Isabel Khanyile, a student from the Africa Centre for HIV and AIDS Management in the Economic and Management Sciences Faculty at Stellenbosch University. The results of this study will anonymously be processed into the study report on Workplace HIV and AIDS peer education: Factors inhibiting the implementation of HIV and AIDS peer education programme of Durban Correctional System. Your selection as a possible participant in this study is resulting from your appointment in the capacity of a workplace peer educator for the department where the study will be conducted.

PURPOSE OF THE STUDY

To investigate the impediments facing the peer educators in an attempt to execute workplace peer education programme in correctional system governance and to provide guidelines to the department concerning adequate structures and resources to address the short comings and needs.

1. PROCEDURES

If you volunteer to participate in this study, you would be asked to be involved in the following activity: The interview will be scheduled at your convenience and will approximately take 40 minutes. You will be asked to answer questions relating to the factors inhibiting the implementation of workplace peer education programme in your department. The questions will

focus on knowledge of HIV and AIDS, peer education as well as departmental HIV and AIDS policy.

2. POTENTIAL RISKS AND DISCOMFORTS

There are no known physical risks or / and discomforts connected with this research study. The participant will be allowed to express personal views without being judged.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The findings will help peer educators towards setting up the lively and successful peer education programme which will promote intervention measures to mitigate HIV and AIDS in the workplace and perhaps also in the community at large.

3. PAYMENT FOR PARTICIPATION

There will be no financial compensation for participation in this study.

4. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of storing the data safe in a lockable cabinet where no one will have access to it except the researcher. The results of the study may be presented in the professional conferences, but the participant's records or identity will not be exposed.

5. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

6. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact

Fikile Isabel Khanyile at Work Telephone: 0338455597(day), Cell: 0839925017, E-mail: Fiki.Khanyile@yahoo.com or Prof Elza Thomson (Study Leader) on Tel: 021 555 4991, E-mail: elzathomson@gmail.com

7. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT

The information above was described to me_____by Fikile Isabel Khanyile in English / Zulu. I_____ was given the opportunity to ask questions and these questions were answered to my satisfaction. I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

_____

Name of Subject/Participant

_____   _____

Signature of Subject/Participant or Legal Representative   Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to_____

He / she was encouraged and given ample time to ask me any questions. This conversation was conducted in English / Zulu and no translator was used

_____   _____

Signature of Investigator   Date

APPENDIX C

Dear Respondent/Participant

Re: Workplace HIV and AIDS peer education: Factors inhibiting the implementation of HIV and AIDS peer education programme of Durban Correctional System.

In partial fulfillments of the requirements of the Master Philosophy Degree in HIV/AIDS Management from the Africa Center of HIV/AIDS Management at Stellenbosch University. I am carrying out a study with the above title. The information you will supply is for academic purposes and will be treated with confidence. The purpose of this study is to investigate the impediments facing the peer educators in an attempt to execute workplace peer education programme in correctional system governance and to provide guidelines to the department concerning adequate structures and resources to address the short comings and needs.

A short interview with the researcher will be conducted. You will be asked to answer questions relating to the factors inhibiting the implementation of workplace peer education programme in your department. The questions will focus on knowledge of HIV and AIDS, peer education as well as departmental HIV and AIDS policy.

The study objectives are as follows-

The aim of the study is to examine the factors inhibiting the implementation of workplace HIV and AIDS peer education programme in order to identify areas that need strengthening so that intervention measures can ensure the success of the Endeavour.

- To identify the peer educators level of knowledge about HIV and AIDS as well as related matters.
- To establish how personal attitudes influence the provision of peer education programme.
- To assess how the HIV and AIDS coordinators at the management area and regional office level influence the implementation of peer education programme.
- To provide guidelines to management that will lead to the improvements concerning the active implementation of peer education.

Please feel free to contact me should you have any questions or you need clarification. Thank you.

Yours sincerely

Fikile Isabel Khanyile (Ms)

APPENDIX D

correctional services

Department:
Correctional Services
REPUBLIC OF SOUTH AFRICA

Private Bag X136, PRETORIA, 0001 Poyntons Building, C/O Church and Schubart Street, PRETORIA
Tel (012) 307 2000, Fax (012) 328-5111

Ms. FI Khanyile
773 Navan Boulevard Road
Panorama Gardens
6000

Dear Ms. Khanyile

RE: FEEDBACK ON THE APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF CORRECTIONAL SERVICES ON "WORKPLACE HIV AND AIDS PEER EDUCATION :FACTORS INHIBITING THE IMPLEMENTATION OF HIV AND AIDS PEER EDUCATION PROGRAMME OF DURBAN CORRECTIONAL SYSTEM"

It is with pleasure to inform you that your request to conduct research in the Department of Correctional Services on the above topic has been approved.

Your attention is drawn to the following:

- The relevant Regional and Area Commissioners where the research will be conducted will be informed of your proposed research project.
- Your internal guide will be **Area Coordinator: Development and Care, Durban Westville- Mr. JC Taljaard.** You are requested to contact him at telephone number **(031) - 204 8820** before the commencement of your research.
- It is your responsibility to make arrangements for your interviewing times.
- Your identity document and this approval letter should be in your possession when visiting.
- You are required to use the terminology used in the White Paper on Corrections in South Africa (February 2005) e.g. offenders not prisoners and Correctional Centres not prisons.
- You are not allowed to use photographic or video equipment during your visits, however the audio recorder is allowed.
- You are required to submit your final report to the Department for approval by the Commissioner of Correctional Services before publication (including presentation at workshops, conferences, seminars, etc) of the report.
- Should you have any enquiries regarding this process, please contact the Directorate Research for assistance at telephone number 012-307-2770/2359.

Thank you for your application and interest to conduct research in the Department of Correctional Services.

Yours faithfully

Dr. S.N.V BENGU
Act DC: POLICY CO-ORDINATION & RESEARCH
DATE: 07/12/2011