# EXPERIENCES OF YOUTH WORKERS WORKING IN NGOS IMPLEMENTING HIV AND AIDS PREVENTATIVE PEER EDUCATION PROGRAMMES AT HIGH SCHOOLS

by

Lionel Richard Scott-Muller

Thesis presented in fulfilment of the requirements for the degree of Master of Arts in Social Work at the University of Stellenbosch

Supervisor: Dr. L. Engelbrecht

March 2010

### **Declaration**

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

March 2010

### **SUMMARY**

Young people between the ages of 15 and 24 have been identified as being the most significant target grouping affected by HIV and AIDS in the world. South Africa has one of the highest HIV and AIDS prevalence rates and has adopted two broad strategies to curb the HIV and AIDS pandemic. The first strategy is costly involving anti-retroviral treatment which the government has only been able to roll-out to a very few HIV positive people. Currently in a depressing global economy, international donors are finding it difficult to increase funding for HIV and AIDS, more particularly as the poor countries of Sub-Saharan Africa, particularly in Southern Africa have been mostly affected by the HIV and AIDS pandemic.

The second strategy is an HIV and AIDS prevention strategy with the primary aim of keeping citizens free from contracting the HI virus. Although this strategy is a comprehensive strategy where governments embark on large-scale campaigns of raising HIV and AIDS awareness, there is very little scientific evidence that these campaigns have brought about a significant decrease of HIV and AIDS prevalence amongst young people. Raising awareness does not necessarily lead to positive behavioural change. Most young people in South Africa attend high schools where HIV and AIDS life-skills education has been made as a compulsory component of the life orientation curriculum. In South Africa, a National Aids Council has been established in South Africa to co-ordinate HIV and AIDS interventions and develops national HIV and AIDS policies aimed at curbing the spread of HIV and AIDS at a national level, yet the HIV and AIDS prevalence amongst young people has not significantly abated.

On their own, governments cannot address all the socio-economic needs of their citizens. Partnership need to be formed with Non-government organisations and a broader range of stakeholders to address the spread of HIV and AIDS. Youth workers from NGOs currently implement HIV and AIDS preventative peer education programmes at high schools as part of the South African government's broad strategy of HIV and AIDS prevention amongst young people.

The purpose of this study was to explore and describe the experiences of youth workers who were employed at NGOs implementing HIV and AIDS preventative peer education

programmes at high schools. The researcher used both qualitative and quantitative approaches in the research design. A literature review was conducted to research aspects of the study such as the features of NGOs, high schools as a setting and the role youth workers played when implementing HIV and AIDS preventative peer education programmes. Books, articles, journals, the internet and peer education manuals of NGOs all produced relevant information pertaining to the subject of HIV and AIDS prevention amongst young people.

Twenty youth workers from three NGOs that is currently implementing HIV and AIDS preventative peer education programmes was purposively sampled, to be primary respondents of an empirical study. The researcher conceptualised and constructed an interview schedule with pertinent qualitative and quantitative questions based on the literature review. After the questionnaire was piloted with three youth workers, the interviewing process ensued. A considerable amount of time was spent on analysing and interpreting the data. Various themes emerged pertaining to different aspects of the programme. An empirical investigation was concluded with various results. Some of the research findings were in accordance with the literature review which supported the view of several authors that peer education programmes were an effective strategy for HIV and AIDS prevention amongst young people. Based on the literature study and the empirical study, various recommendations were made to improve the implementation of the HIV and AIDS preventative peer education programmes at high schools.

One of the most significant revelations of the empirical study was how important the proper selection and recruitment of peer educators were to the success of the peer education programme. The research findings point to a strategy that encourages the nominations of learners from each classroom so that they could represent their classes and deliver lessons in a much more practical way than is currently being done.

Another equally important finding was the management role that NGOs need to play in enabling the appropriate resourcing, monitoring, evaluating and improvement of the sustainability of the organisation and subsequently enriching the experience of youth workers who implement effective HIV and AIDS preventative peer education programmes at high schools as part of a broad strategy for HIV and AIDS prevention amongst young people in South Africa.

### **OPSOMMING**

Jong mense tussen die ouderdom van 15 en 24 is geïdentifiseer as die belangrikste groep wat deur MIV en VIGS geraak word. Suid-Afrika het een van die hoogste voorkomskoerse van MIV en VIGS en gebruik twee breë strategieë om die MIV en VIGS-pandemie te beteuel. Die eerste strategie is duur en behels teenretrovirale behandeling, wat die regering nog net aan 'n klein aantal MIV-positiewe mense kon verskaf. In die huidige slegte globale ekonomie word dit vir internasionale skenkers toenemend moeilik om befondsing vir MIV en VIGS-behandeling te verhoog, veral omdat dit die arm lande van besuide die Sahara en veral Suidelike Afrika is wat die meeste deur die MIV en VIGS-pandemie geraak word.

Die tweede strategie is MIV en VIGS-voorkoming, met die primêre doel om te keer dat landsburgers die HI-virus kry. Hoewel hierdie 'n omvangryke strategie is waarvolgens regerings grootskaalse veldtogte onderneem om bewussyn van MIV en VIGS te verhoog, is daar min wetenskaplike bewyse daarvoor dat hierdie veldtogte tot 'n noemenswaardige vermindering in die voorkoms van MIV en VIGS onder jong mense lei nie. 'n Verhoogde bewussyn lei nie noodwendig tot 'n positiewe verandering in gedrag nie. Verder is die meeste jong mense in hoërskole waar opvoeding in MIV en VIGS-lewensvaardighede 'n verpligte komponent van die lewensoriënteringskurrikulum is. In Suid-Afrika is 'n Nasionale Vigsraad geskep om MIV en VIGS-bekampingsprogramme te koördineer en om nasionale MIV en VIGS-beleide te ontwikkel wat gemik is op die bekamping van die verspreiding van MIV en VIGS op 'n nasionale vlak. Nietemin het die voorkoms van MIV en VIGS onder jong mense nie noemenswaardig afgeneem nie.

Regerings kan nie op hulle eie al die sosio-ekonomiese behoeftes van hulle burgers vervul nie. Vennootskappe met nieregeringsorganisasies (NRO's) en 'n breë reeks belanghebbers word benodig om die verspreiding van MIV en VIGS aan te spreek. Jeugwerkers van NRO's implementeer tans voorkomende portuuropvoedingsprogramme by hoërskole as deel van die Suid-Afrikaanse regering se breë strategie van MIV en VIGSbekamping onder jong mense.

Die doel van hierdie studie was om die ervaringe van jeugwerkers betrokke by 'n NRO wat MIV en VIGS-voorkomende portuuropvoedingsprogramme in hoërskole implementeer, te ondersoek en te beskryf. Die navorser het kwalitatiewe en kwantitatiewe benaderings in

die navorsingsontwerp gebruik. 'n Literatuurstudie is onderneem om aspekte van die studie na te vors, soos die kenmerke van NRO's, hoërskole as 'n ligging en die rol van in die implementering MIV en VIGS-voorkomende jeugwerkers van portuuropvoedingsprogramme. Boeke. artikels. tydskrifte, die internet portuuropvoedingsriglyne van NRO's het almal relevante inligting verskaf oor die onderwerp van die voorkoming van MIV en VIGS onder jong mense.

NRO MIV VIGS-voorkomende Twintig jeugwerkers van 'n wat tans en portuuropvoedingsprogramme aanbied is deur doelgerigte steekproefneming vir 'n empiriese ondersoek geselekteer. Die navorser het 'n onderhoudskedule gekonseptualiseer en opgestel met pertinente kwalitatiewe en kwantitatiewe vrae wat op die literatuurstudie gebaseer is. Die vraelys is op drie jeugwerkers getoets, waarna daar met die onderhoudvoering voortgegaan is.

Baie tyd is gebruik om die data te analiseer en interpreteer. Verskeie temas het na vore gekom wat met verskillende aspekte van die program verband hou. 'n Empiriese ondersoek is onderneem, met verskillende resultate. Sommige van die navorsingsbevindings was in lyn met die literatuurstudie, wat die siening van verskeie skrywers ondersteun het dat portuuropvoedingsprogramme 'n effektiewe strategie is vir die voorkoming van MIV en VIGS onder jong mense. Op die basis van die literatuurstudie en die empiriese studie is verskeie aanbevelings gemaak om die implementering van MIV en VIGS-voorkomende portuuropvoedingsprogramme in hoërskole te verbeter.

Een van die belangrikste bevindings van die empiriese studie was hoe belangrik die behoorlike seleksie en werwing van portuuropvoeders in die sukses van 'n portuuropvoedingsprogram is. Die navorsingsbevindings wys ook op 'n strategie wat die nominasie van leerders in elke klaskamer aanmoedig sodat hulle die klasse kan verteenwoordig en lesse op 'n baie meer praktiese manier aanbied as wat tans die geval is.

'n Ewe belangrike bevinding was die bestuursrol wat NRO's in die instaatstelling van gepaste hulpbronne moet speel, asook in die monitering, evaluering en verbetering van die volhoubaarheid van die organisasie en in die verryking van die ervarings van jeugwerkers soos hulle voortgaan om effektiewe MIV en VIGS-voorkomende portuuropvoedingsprogramme in hoërskole aan te bied as 'n strategie vir die voorkoming van MIV en VIGS onder jongmense in Suid-Afrika.

### **ACKNOWLEDGEMENTS**

First of all I would like to thank God for this opportunity and privilege to conduct this research.

I must thank my parents, Ronald and Joan; my brothers Raymond and Selwyn; my sisters Linda, Joyce, Marlene and Wilma and my son, Fasiegh who continue to support me in my hours of need.

My colleagues at Spades Youth Development Agency who, like me continue to believe that young people have dreams to realize and that we are merely vessels used to assist them.

To Dr. Lambert Engelbrecht who showed me the true meaning of patience and inspiration, I sincerely thank you.

To my friends Irma, Albert, Greg, Brian, Cedric, Lindsay and Tennyson I value and adore your friendship over the years

To Peter Fenton and Dr. Charles Deutsch who continue to be my mentors and beacons of hope and guidance.

Last but not least, to the thousands of young people all over the world who have participated in the various youth development programmes that I facilitated over the years, particularly those peer educators who are leaving footprints in this crazy world we live in, I thank you deeply and sincerely for spending time to share your experiences and thoughts.

### **TABLE OF CONTENTS**

### **PAGE**

### **CHAPTER 1**

### **INTRODUCTION**

1.1	MOTIVATION FOR THE STUDY	1
1.2	PROBLEM STATEMENT	3
1.3	AIMS AND OBJECTIVES OF THE STUDY	4
1.4	CLARIFICATION OF KEY CONCEPTS	4
1.4.1	Peer education	4
1.4.2	Peer educator	5
1.4.3	HIV and AIDS prevention	5
1.4.4	Non-governmental organisations	5
1.4.5	Youth workers	6
1.4.6	High schools	6
1.5	RESEARCH METHODOLOGY	7
1.5.1	Research approach	7
1.5.2	Research design	7
1.5.3	Research methods	8
1.5.3.1	Literature review	8
1.5.3.2	Population and sampling method	9
1.5.3.3	Method of collecting data	11
1.5.3.4	Validity of data	13
1.5.3.5	Ethical considerations	14
1.5.3.6	Limitations to the study	15
16	DRESENTATION OF THE STUDY	16

## THE CONTEXT OF HIV AND AIDS PREVENTION AND THE IMPLEMENTATION OF PEER EDUCATION PROGRAMMES AS A STRATEGY FOR HIV AND AIDS PREVENTION AMONGST YOUNG PEOPLE

2.1	INTRODUCTION	17
2.2	THE EXTENT OF HIV AND AIDS	18
2.2.1	International extent of HIV and AIDS	19
2.2.2	Sub-Saharan Africa extent of HIV and AIDS	19
2.2.3	Southern African extent of HIV and AIDS	20
2.3	TARGET GROUPINGS FOR HIV AND AIDS PREVENTION	20
2.3.1	Young people	21
2.3.2	Young women	21
2.3.3	Children	21
2.3.4	Homosexual men	22
2.4	CHALLENGES FACING HIV AND AIDS IN SOUTH AFRICA	22
2.4.1	Poverty	22
2.4.2	Traditional beliefs	23
2.4.3	Stigmatisation	23
2.4.4	Negative attitudes and behaviour	23
2.4.4.1	Peer pressure	24
2.4.4.2	Delinquency	24
2.4.4.3	Unsafe sex practice	24
2.4.4.4	Gender	25
2.5	HIV AND AIDS PREVENTION IN SOUTH AFRICA	25
2.5.1	Principles of HIV and AIDS prevention	25
2.5.1.1	A holistic approach	25
2.5.1.2	Obtaining national support	26

2.5.1.3	Facilitating an empowerment process	26
2.5.1.4	Building partnerships	26
2.5.1.5	Being sensitive towards different cultural, religious and social groupings	27
2.5.2	Strategies for HIV and AIDS prevention	27
2.5.2.1	Teaching and learning about HIV and AIDS	27
2.5.2.2	The a b c d strategy	28
2.5.2.3	Condom distribution	29
2.5.2.4	Voluntary Counselling and Testing	29
2.5.3	Programmes for HIV and AIDS prevention	30
2.5.3.1	Care and social support programmes	30
2.5.3.2	Home and community based care programmes	30
2.5.3.3	Poverty reduction and livelihood programmes	31
2.5.3.4	Peer education programmes	31
2.6	PEER EDUCATION PROGRAMMES USED AS A STRATEGY FOR HIV	
	AND AIDS PREVENTION	32
2.6.1	Definition of peer education	32
2.6.1.1	Adult peer education	32
2.6.1.2	Adolescent peer education	33
2.6.1.3	School-based peer education	33
2.6.2	Approaches to peer education	34
2.6.2.1	Empowerment approach	34
2.6.2.2	Person-centred approach	36
2.7	PRESENTATION OF PEER EDUCATION PROGRAMMES	39
2.7.1	Goals of HIV and AIDS preventative peer education programmes	40
2.7.2	Theoretical framework for peer education	41
2.7.2.1	Development of skills	42
2.7.2.2	Fostering attitudes and values	43
2.7.3	Training programme of peer educators	44
2.7.4.	Implementation of peer education	47
2.7.5	Selection of peer educators	47
2.8	CONCLUSION	50

### HIGH SCHOOLS AS SETTINGS, THE FEATURES OF NGOs AND THE ROLE OF YOUTH WORKERS IMPLEMENTING HIV AND AIDS PREVENTATIVE PEER EDUCATION PROGRAMMES

3.1	INTRODUCTION	51
3.2	HIGH SCHOOLS AS A SETTING FOR HIV AND AIDS PREVENTION	52
3.2.1	HIV and AIDS prevention in South African high schools	52
3.2.2	HIV and AIDS intervention strategies at high schools	53
3.2.2.1	Strategy 1: Developing acts and policies	53
3.2.2.2	Strategy 2: Implementation of HIV and AIDS programmes at high schools	57
3.3	THE FEATURES OF NGOS IMPLEMENTING HIV and AIDS	
	PREVENTION PROGRAMMES	61
3.3.1	Definition of NGOs	61
3.3.2	Characteristics of NGOs	62
3.3.2.1	Organisations not for gain	62
3.3.2.2	Cost- effective delivery systems	62
3.3.2.3	Forming partnerships	63
3.3.2.4	Specialising in particular fields	63
3.3.3	The HIV and AIDS context in which NGOs function	64
3.3.4	The strengths of NGOs	65
3.3.5	The challenges of NGOs	66
3.3.6	The capacity of NGOs to implement sustainable HIV and AIDS peer	66
	education programmes	67
3.3.6.1	Well-governed programmes	67
3.3.6.2	Well- managed programmes	68
3.3.6.3	Sufficient resources	68
3.3.6.4	Financially sound systems	68
3.3.6.5	Organised systems of record keeping	69
3.3.6.6	Systems of monitoring and evaluation	69

3.4	ROLE OF YOUTH WORKERS IN THE CONTEXT OF IMPLEMENTING	
	HIV AND AIDS PROGRAMMES	69
3.4.1	Definition of a youth worker	70
3.4.2	Training skills for youth workers	70
3.4.2.1	Managing time effectively at schools	70
3.4.2.2	Teaching strategies	71
3.4.3	Qualities of youth workers	72
3.4.3.1	Being flexible and adaptable	72
3.4.3.2	Being competent listeners	72
3.4.3.3	Creating a trusting and enabling environment	73
3.4.3.4	Being creative and innovative	73
3.4.4	Common errors made by youth workers	74
3.4.5	Supervision of youth workers	74
3.4.5.1	Agents of referral	75
3.4.5.2	Debriefing for youth workers	75
3.4.6	Record keeping	75
3.4.7	Basic counselling	75
3.4.7.1	Listening skills	76
3.4.7.2	Attending	76
3.4.7.3	Empathy	77
3.4.7.4	Referral	77
3.4.7.5	Confidentiality and respect	77
3.4.8	Challenges of youth workers	77
3.4.8.1	Lack of time frames	78
3.4.8.2	Lack of vision of youth workers	78
3.4.8.3	Lack of motivation of the youth worker	79
3.5	CONCLUSION	80

## EXPLORATION OF THE EXPERIENCES OF YOUTH WORKERS EMPLOYED AT AN NGO IMPLEMENTING HIV AND AIDS PREVENTATIVE PEER EDUCATION PROGRAMMES AT HIGH SCHOOLS.

4.1	INTRODUCTION	81
4.2	RESEARCH DESIGN	82
4.2.1	The development of the interview schedule	83
4.2.2	Ethical considerations	83
4.2.3	Pilot study	84
4.2.4	Sample	84
4.2.5	The analysis and interpretation of the data	84
4.3	THE RESULTS OF THE INVESTIGATION	85
4.3.1	Profiles of youth workers that were interviewed	85
4.3.1.1	Gender ratio of youth workers	85
4.3.1.2	Age distinction of youth workers	87
4.3.1.3	Highest academic qualification	87
4.3.1.4	Years of experience in peer education	88
4.3.1.5	Employment status: contractually employed or volunteering	89
4.3.1.6	Years experience working at an NGO	90
4.3.1.7	Main duties of youth workers	91
4.3.2	The context of HIV and AIDS prevention	91
4.3.2.1	Extent of HIV and AIDS amongst young people in communities	91
4.3.2.2	Target groupings considered to be the most vulnerable in the context	
	of HIV and AIDS	93
4.3.2.3	Extent of the challenges impacting on HIV and AIDS	94
4.3.2.4	Importance of principles used when addressing HIV and AIDS prevention	95
4.3.2.5	Effective HIV and AIDS preventative strategies for young people	97
4.3.2.6	Efficacy of peer education programmes	98

4.3.3	The implementation of peer education as a strategy	
	for HIV and AIDS prevention	99
4.3.3.1	Definitions of peer education	99
4.3.3.2	The main functions of peer educators	100
4.3.3.3	Empowerment approach to peer education	101
4.3.3.4	Person-centred approach to peer education	102
4.3.3.5	Proper selection and recruitment of peer educators	103
4.3.3.6	Proficiency of the peer education training programme	103
4.3.4	High schools as settings for HIV and AIDS prevention	106
4.3.4.1	Amount of schools youth workers interact with on a weekly basis	106
4.3.4.2	Size of your peer education groups	107
4.3.4.3	Importance of voluntary counselling and testing when implementing HIV	
	and AIDS peer education programmes	108
4.3.4.4	Importance of various components used in HIV and AIDS education at	
	high schools	109
4.3.4.5	Adequacy of areas of development offered in the life skills training	
	curriculum at high schools	110
4.3.4.6	Orphans and vulnerable children programmes at high schools	111
4.3.4.7	The role peer educators play in addressing the needs of the orphans and	
	vulnerable children	112
4.3.5	The features of NGOs implementing HIV and AIDS preventative peer	
	education programmes	113
4.3.5.1	Provision of adequate training to implement HIV and AIDS preventative	
	peer education programmes at high schools	113
4.3.5.2	The training needed to the improve functionality of youth workers when	
	implementing peer education at high schools	114
4.3.5.3	The capacity of NGOs to implement the HIV and AIDS peer education	
	programme effectively	114
4.3.5.4	Strengths of NGOs	115
4.3.5.5	Challenges of NGOs	116

4.3.6	The role of youth workers implementing peer education programmes as a	
	strategy for HIV and AIDS prevention for learners at high schools	117
4.3.6.1	The primary role of a youth workers	117
4.3.6.2	Common errors made by youth workers when facilitating peer education	
	sessions	118
4.3.6.3	Provision of sufficient time for debriefing	119
4.3.6.4	The qualities of youth workers	120
4.3.6.5	Satisfaction derived from the supervision offered to youth workers	120
4.3.6.6	Frequency that peer educators refer learners to youth workers	122
4.3.6.7	Basic counselling skill that youth workers grapple with	123
4.3.6.8	Challenges experienced when implementing peer education programmes	123
4.4	CONCLUSION	124
СНАРТ	ER 5	
CONCL	USIONS AND RECOMMENDATIONS	
<b>CONCL</b> 5.1	USIONS AND RECOMMENDATIONS  INTRODUCTION	126
		126
5.1	INTRODUCTION  CONCLUSIONS AND RECOMMENDATIONS MADE PERTINENT TO	
5.1 5.2	INTRODUCTION	127
<b>5.1 5.2</b> 5.2.1	INTRODUCTION  CONCLUSIONS AND RECOMMENDATIONS MADE PERTINENT TO THE CONTEXT OF HIV AND AIDS PREVENTION  The extent of HIV and AIDS amongst young people in local communities	127 127
<b>5.1 5.2</b> 5.2.1 5.2.2	INTRODUCTION	127 127 128

5.3	CONCLUSIONS AND RECOMMENDATIONS MADE PERTINENT TO
	IMPLEMENTATION OF PEER EDUCATION AS A STRATEGY FOR
	HIV AND AIDS PREVENTION
5.3.1	Definition of peer education
5.3.2	Main functions of peer educators
5.3.3	Approaches to peer education
5.3.4	Recruitment and selection of peer educators
5.3.5	Revamping of the peer education training programme
5.4	CONCLUSIONS AND RECOMMENDATIONS MADE PERTINENT TO
	HIGH SCHOOLS
5.4.1	Target group for HIV and AIDS preventative peer education programmes at high schools
5.4.2	Inclusion of a VCT (voluntary counselling and testing) strategy at high schools
5.4.3	Areas of development offered in the HIV and AIDS life skills training curriculum at high schools
5.4.4	Orphans and vulnerable children
5.5	CONCLUSIONS AND RECOMMENDATIONS MADE PERTINENT TO
	NGOS
5.5.1	Management functions of NGOs
5.5.1.1	Planning
5.5.1.2	Leading
5.5.1.3	Organising
5.5.1.4	Controlling
5.5.2	Strengths of NGOs
5.5.3	Challenges of NGOs
5.6	CONCLUSIONS AND RECOMMENDATIONS MADE PERTINENT TO
	YOUTH WORKERS
5.6.1	Primary role of youth workers
5.6.2	Addressing the common errors made by youth workers

		xvii
5.6.3	Debriefing sessions of youth workers	138
5.6.4	Characteristics of youth workers	138
5.6.5	Value of supervision	139
5.6.6	Frequency that peer educators refer learners for listening to their	
	challenges	139
5.6.7	Skills that youth workers grapple with	139
5.6.8	Most challenging aspect of implementing peer education programmes	139
5.7	FURTHER RESEARCH	140
5.8	FINAL CONCLUSION	140
BIBLIOGRAPHY		
ADDEN	IDA:	
Addend	um A: Interview schedule	149
Addendum B: Consent form for youth workers		161
Addendum C: Letter of consent to conduct interviews		

### **LIST OF TABLES**

Table 4.1:	Highest academic qualification	88
Table 4.2:	Years of experience implementing peer education	89
Table 4.3:	Years of working experience at an NGO	90
Table 4.4:	Extent of challenges impacting on HIV and AIDS	94
Table 4.5:	Importance of principles used when addressing HIV and AIDS prevention	96
Table 4.6:	Effective HIV and AIDS preventative strategies for young people	97
Table 4.7:	Importance of various components of HIV and AIDS education at high schools	109
Table 4.8:	Adequacy of areas of development covered in the life skills training curriculum at high schools	110
Table 4.9:	Basic counselling skills that youth workers grapple with	123

		xix		
LIST OF FIGURES				
Figure 1.1:	Conceptual framework of the research study	16		
Figure 2.1:	Conceptual framework of Chapter 2	18		
Figure 2.2:	The "abcd" strategy for HIV and AIDS prevention	28		
Figure 2.3:	Implementation of peer education	31		
Figure 2.4:	Theoretical framework for peer education methodology	41		
Figure 2.5:	Training programme for peer education	44		
Figure 2.6:	Cyclical Model of implementing peer education	46		
Figure 2.7:	Selecting and recruiting of a representative peer education group	48		
Figure 3.1:	Conceptual framework of Chapter 3	51		
Figure 3.2:	Holistic development of HIV and AIDS education	59		
Figure 3.3:	HIV and AIDS context in which NGOs function	65		
Figure 3.4:	Teaching strategies used for facilitation	71		
Figure 3.5:	SOLER – A skilled-helper model of attending	76		
Figure 3.6:	Youth workers towards goals with common vision and purpose	79		
Figure 4.1:	Conceptual framework of Chapter 4	82		
Figure 4.2:	Gender of youth workers	86		
Figure 4.3:	Age distinction of youth workers	87		
Figure 4.4:	Extent of HIV and AIDS amongst young people in communities	92		

Figure 4.5:	Target groupings considered to be the most vulnerable in the context of HIV and AIDS	93
Figure 4.6:	Efficacy of peer education programmes	98
Figure 4.7:	Empowerment approach to peer education	101
Figure 4.8:	Person-centred approach to peer education	102
Figure 4.9:	Selection and recruitment of peer educators	104
Figure 4.10:	Proficiency of the peer education training programme	105
Figure 4.11:	Number of schools that youth workers interact with	107
Figure 4.12:	Size of peer education groups	107
Figure 4.13:	Importance of voluntary counselling and testing when implementing HIV and AIDS peer education programmes	108
Figure 4.14:	Orphans and vulnerable children programmes at schools	111
Figure 4.15:	Provision of adequate training to implement HIV and AIDS preventative peer education programmes at high schools	113
Figure 4.16:	Provision of sufficient time for debriefing sessions	119
Figure 4.17:	Satisfaction derived from the supervision offered to youth workers	121
Figure 4.18:	Frequency that peer educators refer learners to youth workers	121
Figure 4.19:	Challenges experienced when implementing peer education programmes	124
Figure 5.1:	Conceptual framework of Chapter 5	126
Figure 5.2:	Relationship between the NGOs, high schools and youth workers	134

### INTRODUCTION

### 1.1 MOTIVATION FOR THE STUDY

HIV and AIDS is being regarded as one of the worst pandemics that the world has ever experienced. There are more than 42 million people living with HIV and AIDS in the world (Conlon, Clarke, Dean & Attwell, 2004:77). Furthermore, worldwide almost 2, 9 million people have lost their lives due to HIV-related diseases in 2006. The HIV and AIDS pandemic has impacted harshly on the lives of a multitude of individuals, families and communities all over the word with grave consequences (Raniga, 2007:66). Walker, Reid and Cornell (2004:15) estimate a world-wide rate of new infections of HIV and AIDS having an alarming rate of 1500 and 600 deaths per day.

The Southern African region at the tip of sub-Saharan Africa has the highest rates of HIV and AIDS infections in the world with neighbouring countries such as Swaziland, Lesotho and Botswana, being the most affected countries (Walker *et al.* 2004:18). The situation in South Africa is equally alarming. Van Dyk (2008:80) reports that 5, 5 million people were living with HIV in 2005. Of the 5,5 million people infected with HIV and AIDS in South Africa, 240 000 of them were below the age of 15 with more than 50% of new infections attributed to young people between the 15-24 age group (Bezuidenhout, 2008:234).

Several authors (Page, Louw & Pakkiri, 2006:4; Patel, 2005:177; Van Dyk, 2008:8) identify young people between the ages of 15 and 24 as being the most significant target grouping affected by HIV and AIDS in South Africa. Page *et al.* (2006:4) further identify young people as having the highest range of incidence levels: 4,4% males and 16,9% males in the 15-24 group in South Africa are HIV positive. Therefore it is evident that an HIV and AIDS intervention strategy needed to be implemented to curb the spread of HIV and AIDS amongst young people.

As part of a broad intervention strategy of HIV and AIDS prevention in South Africa, national non-governmental organisations such as Lovelife (2009) and Khomanani (2009) has embarked on many national campaigns to raise HIV and AIDS awareness.

Despite the above mentioned awareness raising HIV and AIDS preventative intervention strategies, hardly any significant impact on the reduction of HIV and AIDS in South Africa has been reported, questioning the level of the success of such strategies (Ross & Deverell, 2004: 203). This supports the notion that raising awareness of high risk behaviour such as unsafe sexual practises does not necessary lead to behaviour change (Van Dyk 2008:122,123; Deutsch & Swartz 2002:5). For high risk behaviour to change, particularly among young people, effective and innovative HIV and AIDS teaching educational strategies based on sound and appropriate theories need to be employed (Wood, 2008:128).

Page *et al.* (2006:5) states that the high risk behaviour of young people between the ages 15 and 24 with regards to unsafe sexual practises may contribute to HIV and AIDS infections escalating because of young people having their first sexual encounter maybe as early as 16; not using condoms as well as not being aware of their HIV-status. This means that addressing high risk sexual behaviour need to form part of a large scale HIV and AIDS preventative strategy for young people.

Most young people of school going age in South Africa are at high schools. It would therefore have a great impact if HIV and AIDS prevention programmes can be targeted at high schools. As part of a broad intervention strategy aimed at HIV and AIDS prevention, the South African National Education Department has developed a national policy that ensures that HIV and AIDS education is implemented through a Life Orientation Curriculum at all public schools in South Africa (Raniga, 2007:66). This means that most learners of school going age are exposed to knowledge of HIV and AIDS education. Despite this, hardly any significant impact of HIV and AIDS amongst young people has been attained.

The South African Government is not able to shoulder the impact that the HIV and AIDS pandemic is having on its own and needs the collaborative efforts of civil society and partner with NGOs to form a broad stakeholder strategy to effectively combat the spread of HIV and AIDS. Patel (2004:59) identifies NGOs as key strategic partners in combating the spread of HIV and AIDS as a priority area. As many NGOs are located in local communities, they seem to have a better understanding of people at grassroots level and are able to implement programmes, such as HIV and AIDS prevention programmes for young people, with relative ease.

Some of the NGOs that have been established to implement HIV and AIDS prevention amongst young people employ youth workers who are currently implementing HIV and AIDS preventative peer education programmes at high schools (Spades, 2009). Such programmes have been implemented by youth workers for a number of years building experience and knowledge of the implementation of HIV and AIDS peer education programmes at high schools. The experience of youth workers will be valuable in understanding the implementation of peer education programmes used as a methodology for HIV and AIDS prevention amongst young people.

### 1.2 PROBLEM STATEMENT

As previously stated, HIV and AIDS preventative peer education programmes have been implemented by youth workers employed at NGOs for a number of years. The youth workers have gained and developed insight and understanding through their experiences when implementing such programmes at high schools. Their experience will contribute to a body of knowledge pertaining to HIV and AIDS prevention particularly amongst young people.

Deutsch and Swartz (2002: 21) contend that peer education is poorly documented and not well defined. Furthermore, a tremendous gap between theory, research and practise in peer education exists. Several authors agree that new concepts such as peer education may be explored, described and explained to gain insight and understanding of a phenomenon in the form of scientific research study (Babbie, 2007: 88, 89; Bless & Higson-Smith, 2004:412; Neuman 1997:19, 20). Through scientific research such insight can be gained.

From the experience of youth workers, the researcher proposes to gain an understanding of the implementation of HIV and AIDS preventative peer education programmes at high schools by answering the question on the experiences of youth workers working in NGOs implementation HIV and AIDS preventative peer education programmes at high schools. Evolving from an understanding of the experiences of youth workers, recommendations can be constructed pertinent to NGOS, youth workers and high schools.

### 1.3 AIMS AND OBJECTIVES OF THE STUDY

The aim of the research is to gain an understanding of the experiences of youth workers working in NGOs implementing HIV and AIDS preventative peer education programmes at high schools. The objectives of the study are:

- to contextualise HIV and AIDS prevention in South Africa and the implementation of HIV and AIDS preventative peer education implemented as a strategy for HIV and AIDS prevention amongst young people;
- to describe high schools as settings, the features of NGOs and the role youth workers play in the implementation of HIV and AIDS preventative peer education programmes;
- to investigate the experiences of youth workers implementing HIV and AIDS preventative peer education programmes at high schools and
- to construct recommendations pertinent to NGOs, high schools and youth workers.

### 1.4 CLARIFICATION OF KEY CONCEPTS

In order to provide a context for the study, certain key concepts needed to be conceptualised as these key concepts will be used throughout discussions in the research study (Babbie, 2007:124).

### 1.4.1 Peer education

Within the context of this study, the term 'peer education' is a multi-pronged approach used as a preventative strategy to address HIV and AIDS amongst learners at high schools (Wood, 2008:113). For the purpose of this study, peer education is conceptualised as a methodology used to train peer educators to be of service to the rest of the learners at their school and in their surrounding communities (Deutsch & Swartz 2002:21). Peers referred to within context of this study are young people of similar age, having similar circumstances and interests (Van Dyk, 2008:130).

### 1.4.2 Peer educator

A peer educator is a learner who has been selected from Grades 10, 11 and 12 at high schools and who possess the characteristics necessary to be trained in HIV and AIDS preventative peer education programmes. The role a peer educator would be to distribute accurate information to their peers; recognise and refer peers in need of assistance; be an active listener and link their peers to community resources (Deutsch & Swartz, 2002:53-64).

### 1.4.3 HIV and AIDS prevention

There are two broad intervention strategies that deal with HIV and AIDS. The first strategy deals with people living with HIV and AIDS who need treatment, care and support. For the purpose of this study the focus will be on the second strategy, namely HIV and AIDS prevention. Van Dyk (2008:122) is of the opinion that the prevention of HIV and AIDS should be underpinned by principles that take into account how people change their behaviour. Part of the behavioural change of young people should include abstaining from sex, being faithful to one's partner and using condoms when having sex as a form of HIV and AIDS prevention. Furthermore, Wood (2008:20) includes voluntary counselling and testing (VCT) as a significant aspect of HIV and AIDS prevention.

### 1.4.4 Non-governmental organisations

Non-governmental organisations (NGOs) are not-for-gain organisations who aim to improve the lives of the less fortunate in society (Swanepoel & De Beer, 1997:65-66). South Africa has built strategic alliances and partnerships with NGOs to address social issues such as drugs, crime and violence, unemployment, HIV and AIDS in communities at grassroots level (Deutsch & Swartz 2002:13). NGOs that offer peer education programmes as a strategy for HIV and AIDS prevention will be discussed in the next chapter relevant to this study. Youth workers who are employed at NGOs to implement peer education programmes at high schools will form part of the literature review and empirical study.

### 1.4.5 Youth workers

Youth workers are usually employed by non-governmental organisations (NGOs) and community based organisations (CBOs) to develop young people in one or other way. Young people may be facing a social crisis in their lives such as, drugs, alcohol, being involved in gangsterism and crime, HIV and AIDS and other high risk behaviour issues. NGOs develop divergent and developmental programmes specifically aimed at assisting young people to improve their lifestyles, adopt goal directed behaviour and live meaningful and purpose-driven lives. Youth workers are then employed to facilitate these development programmes (Rooth, 1995:31). For the purpose of this research study, the focus will be on youth workers that are working at NGOs to implement HIV and AIDS peer education programmes at high schools.

### 1.4.6 High schools

Public high schools in South Africa range from Grade 8 to Grade 12. In Grade 8 and 9 learners complete a General Training and Education certificate (GET); and in Grades 10, 11 and 12 learners finish their secondary schooling with a Further Education and Training certificate (FET) as promulgated in the Schools Act 84, of 1996. Not all schools in South Africa are functioning at the same level. Some high schools located in affluent communities are well resourced while the poverty stricken communities still have high schools that are grappling with social challenges such as crime, violence, drugs, unemployment and HIV and AIDS. NGOs usually implement social programmes where the need is greatest. Therefore many of the high schools where HIV and AIDS peer education programmes are being implemented are located in communities hardest hit by poverty. The high schools referred to in this study are located in impoverished communities on the Cape Flats in the Western Cape Province.

### 1.5 RESEARCH METHODOLOGY

Appropriate research methodology is used to provide the necessary rigour for the study to have scientifically empiricism. The following aspects of the research methodology such as the research approach, research design, research method and research analysis will now be discussed.

### 1.5.1 Research approach

Elements of a qualitative research approach was employed because the researcher is interested in understanding the experiences of youth workers implementing peer education programmes rather than explaining peer education through the observation of youth workers by means of controlled measurements (Babbie & Mouton 2002:210). The researcher also used a quantitative research approach by using a range of methods such as measurements and investigations into the social realities of youth workers and then provided an overview from the sample of youth workers (Bless & Higson–Smith, 2004:86; Babbie, 2007:189).

Therefore a combination of qualitative and quantitative approaches were conducted using open-ended and close-ended questions in semi-structured interviews because a combined research approach allowed the researcher duality and preference rather than a systematic plan in order to decide on what actions to take for the success of the research. Babbie and Mouton (2002:275) explain that using both qualitative and quantitative approaches can enhance and enrich research findings. The combination of these research approaches are appropriate to this study to gain a more meaningful understanding of the experiences of youth workers implementing HIV and AIDS prevention programmes at high schools.

### 1.5.2 Research design

According to Mouton (2002:55), a research design is a plan or blueprint of how a researcher intends to conduct research formulated appropriate to the research problem. Several authors such as Babbie and Mouton, (2002:309), Bless and Higson-Smith, (2004:39-44), De Vos, Strydom, Fouché and Delport, (2005:106) and Neuman, (1997:18-23) agree that social research can be conducted to explore, explain or describe a social phenomenon such as peer education. For the purpose of this study an explorative-descriptive research design was thus proposed.

Explorative research is usually undertaken when studying a relatively new phenomenon such as peer education in the context of HIV and AIDS prevention and may form the basis of future research (Babbie, 2007:88; Bless & Higson Smith, 2004:41; Neuman, 1997:19). As part of the research study, the researcher needed to gain a broad understanding of the topic being investigated.

Descriptive studies result in an in-depth study of a social phenomenon. Babbie (2009:89) cites one of the main reasons of scientific social research as being to describe situations and social phenomena. Descriptive research, resides in an interpretivist framework providing a reality from the subjects (youth workers) own views (Henning *et al.* 2004:19). This is done to present a picture of specific details of the subject being studied (Neuman, 1997:21). The interviews with the youth workers conducted in the empirical study, intended to fulfil this aim.

From the above discussion it is evident that an explorative-descriptive qualitative design was appropriate to fulfil the aims and objectives of the study to investigate the experience of youth workers working at NGOs implementing HIV and AIDS preventative peer education programmes at high schools. As a first step of the investigation, research of previous authors needed to be conducted in the form of a literature review.

### 1.5.3 Research methods

The way in which the investigation unfolds is in the form of structured research methods used appropriate to the research design. The following aspect of the research method used in this study will now be discussed: literature review, population, sampling and the method used in collecting data.

### 1.5.3.1 Literature review

A literature review needs to be undertaken before conducting an empirical study. Babbie and Mouton (2002:565), De Vos *et al.* (2005:79) and Neuman (1997:89) recommend that an in-depth literature review be done that can be used to lay a solid foundation for an empirical study. The literature review provided a theoretical framework of previous areas relating to peer education. The research study was done in the JS Gericke Library at the University of Stellenbosch and the Erica Theron reading Room at the Department of Social Work at the University of Stellenbosch. Primary analysis was done using books, journals, research papers and articles relevant to the subject of peer education.

The internet was used for statistics and journal articles from organisations such as UNAIDS, WHO and other international sources relevant to the subject. Policy documents were retrieved from the internet to support the theoretical framework provided by the

literature review. Furthermore, manuals and brochures of NGOs currently implementing peer education was integrated into the empirical study along with the literature review. The next step in the research process was to determine the sample and the size of the population of objects (youth workers) to be studied.

### 1.5.3.2 Population and sampling method

### Population

Not all NGOs have youth workers who implement HIV and AIDS preventative peer education programmes at high schools. Working in the field of youth development and peer education in the Cape Flats of the Western Cape for more than ten years, the researcher identified and purposively selected three non-governmental organisations that had youth workers who were employed to implement HIV and AIDS peer education programmes at high schools. The main criteria for selecting NGOs to participate in the research study was that they had to have youth workers who were *currently* implementing HIV and AIDS preventative peer education programmes at high schools on the Cape Flats, an area in the Western Cape that has some of the highest rates of HIV and AIDS infections amongst young people. Three NGOs in the Cape Flats, namely Spades Youth Development Agency (2009), Steenberg Youth (2009) and Youth for youth organisation (2009) matched the criteria and agreed to participate in the research study.

The programme managers of the three NGOs were asked to select some of the youth workers from the total amount of their youth workers. The combined amount of youth workers working at all the NGOs were 37 in total. Spades Youth Development Agency employed 20 youth workers, Steenberg Youth Group had a group consisting of 8 youth workers and Youth for youth had a total of 9 youth workers that the NGO employed. Therefore a total of 37 youth workers represented the population or universe (Babbie, 2007:190; Bless & Higson-Smith, 2004:84).

### Sampling

Babbie (2007:180) refers to the process of sampling as the selection of participants. A sample is a sub-section that forms part of the universe of subjects to be studied. To attain a sample, various sampling methods are proposed. Babbie and Mouton (2002:166) and

Neuman (1997:204) explain two sampling methods that can be used when conducting research, namely non-probability and probability sampling.

Babbie (2007:183) proposes a non-probability sampling method when the purpose of the research is to collect information from a group who already have information that the researcher may need. A non-probability sampling method was preferred by the researcher firstly because the NGOs that were included in the study had track-records of implementing HIV and AIDS preventative peer education at high schools in the Cape Flats and secondly because the youth workers at these NGOs had experience of implementing the previously mentioned programmes.

Therefore the researcher used a purposive sampling technique as a non-probability sampling method, using knowledge of which NGOs to include in the study and then together with the programme managers of the NGOs used their judgement to select youth workers based on the following criteria:

- that the youth workers would have experience in implementing HIV and AIDS preventative peer education programmes at high schools;
- that they were currently employed or volunteers of the NGOs;
- that they would be available at the time of the empirical investigation and
- that they gave their consent to be interviewed as part of the investigation.

Furthermore, the three NGOs implemented the same HIV and AIDS programme, but at different high schools on the Cape Flats in the Western Cape. All three NGOs were funded by the Departments of Health and Education to implement HIV and AIDS and peer education programmes at specific schools as identified by the Western Cape Education Department (Spades, transfer payment agreement 2009).

The NGOs that were purposively selected because of their track-records, in turn purposively selected youth workers who had experience in implementing peer education programmes at high schools. Ten youth workers including two volunteers were selected from Spades youth development agency, five youth workers were selected from Steenberg Youth and a further five youth workers were selected from Youth for Youth Organisation. A cohort of 20 youth workers who had similar experience in similar schools became the respondents for the empirical study. The interviewing process took place at the premises

of the NGOs between September and October 2009. Therefore, the entire sampling process was done using the non-probability method of purposive sampling. Although the idea was merely to obtain as much data on the research question as possible for the opportunity to learn, this purposive sampling is however composed of elements that contain the most characteristic or typical attributes of the population as possible (De Vos *et al.* 2005:202). Copies of NGOs manuals, brochures and reports were also provided which was later used for triangulation.

### 1.5.3.3 Method of collecting data.

Once the sample for the study was identified, the researcher prepared for data collection.

### Preparation for collecting data

In order to adhere to ethics of research it was imperative for the researcher to obtain consent from the respective NGOs as well as the youth workers that were selected to be interviewed. Consent was obtained from programme managers of the relevant NGOs for the interviews with the youth workers at an agreed specified time and date (see Addendum C).

The researcher explained the purpose of the research study to the programme managers and the youth workers prior to the interviews and made sure that the interviews were conducted with ease so that the youth workers felt free to respond to the questions posed during the interviews. This was done so that they could provide answers that were reflected as true as possible to their experiences. Once the interviews had been concluded the youth workers and programme managers were individually thanked for their participation.

### Research Instrument

Conducting an individual interview is considered to be one of the most frequently used methods of data collection (Babbie & Mouton, 2002:289). Bless and Higson-Smith (2004:107) recommend using semi-structured interviews when conducting exploratory research. Therefore the researcher decided on using semi-structured, one-on-one

interviews with the twenty purposively selected youth workers as a method to collect the data for the purpose of the empirical study of the research.

In order to ascertain relevant responses to the study, the researcher constructed appropriate questions primarily accordant with the literature study. The questions were tabled in an interview schedule to guide the research interview and to illicit their individual responses that could later be use in triangulation with the literature, a measurement that is used to validate the quality of the data (Babbie & Mouton 2002:275-276; De Vos *et al.* 2005:314).

The use of a semi-structured interview in concert with an interview schedule with predetermined questions was advantageous for this study because unnecessary questions were averted and time was saved as mentioned by Bless and Higson Smith (2004:108). The questions used in the interview schedule (see Addendum A) covered various key aspects of the research study. The first set of questions focused on the profiles of youth workers. This was then followed by questions regarding the context of HIV and AIDS. Next was a set of questions on HIV and AIDS implemented as a preventative strategy. Questions were then designed based on the features of NGOs, the high schools used as a setting and the role that youth workers play when implementing peer education programmes at high schools in line with the objectives of the study and informed by references made in the literature. The researcher used a combination of both open-ended and closed-ended questions (De Vos *et al.* 2005:288). The latter was designed to allow the youth workers to express their personal experiences with more detail as desired when conducting a combination of qualitative and quantitative methods.

### Method used for analysing the data

Once the data was gathered, the next stage in the research process was to analyse the data. De Vos *et al.* (2005: 334-335) suggests that data analysis and interpretation is an organised method of giving structure and meaning to the data.

The data was read through thoroughly and a considerable amount of time was spent on contemplation to figure out what the data meant. A broad understanding was gained in the process and raised the insight needed to correlate recurring ideas, cement some of the view of the youth workers, highlight some of the common interpretations but also develop

a deepened awareness of some of the key issues that youth workers were experiencing when working in the NGO sector as well as some of the challenges that they faced when implementing the HIV and AIDS preventative peer education programmes at high schools.

The youth workers that were interviewed provided data that reflected a myriad of various views and opinions. When analysing the data, various themes and patterns emerged (Babbie, 2007:378-379). The researcher needed to record the data in a coherent and systematic way. The data that was recorded during the interviewing process was reflective of their experiences providing sufficient detail necessary for the analysis process.

### 1.5.3.4 Validity of the data

To ensure that the scientific investigation has enough rigour to quantify the research findings, it is imperative that the data has validity. The validity of the data will now be discussed with specific reference to its credibility, conformability, transferability and reliability.

### Credibility

The credibility of the data concerns the way in which the scientific inquiry was conducted to ensure that the subjects were accurately identified and described (De Vos *et al.* 2005:346). The subjects (youth workers) were purposively sampled and appropriately designed questions were asked according to prescribed qualitative and quantitative methods pertinent to qualitative and quantitative research methodology. An in-depth description was attained as a result of an empirical study which contributed to the credibility and therefore the validity of the results of the research findings.

### Conformability

Another aspect of the validity of the data is the ability that it has to ensure that the researcher remained objective in the research process and that the data could be confirmed by another. During the interviews conformability was achieved as the data was recorded in a manner where the subjects were able to express their experiences freely as previously mentioned without any interruption or evaluation provided (De Vos *et al.* 2005:347).

### Transferability

De Vos *et al.* (2005: 346) explain transferability as a key aspect of validity. The data has to be able to be generalised to other contexts. Transferability was achieved as the researcher provided adequate detail of the description of the study and used prescribed methodology with an appropriately recommended design. The findings are then able to be transferred to different settings but within the same context in which the research study was conducted.

### Reliability

Another key aspect regarding the validity of the data is its reliability. De Vos *et al.* (2005:346) discuss reliability as the knowledge based on assumptions that may differ to a social reality. Henning *et al.* (2004:17) explains that in a positivist research paradigm reality is assumed and not measured but described in a systematic way. The researcher provides a detailed description of the experience of youth workers implementing peer education within a context at the time when HIV and AIDS form part of their current social reality. The experience of the youth workers are depicted at the time of this study and as such the data attains the necessary validity.

### 1.5.3.5 Ethical considerations

Several authors (Babbie & Mouton, 2002:528-531; Bless & Higson-Smith, 2004:100; De Vos *et al.* 2005:84; Neuman, 1997:443) emphasize the importance of ethics that need to be adhered to when conducting any form of social research. As a registered social worker the researcher was bound by the ethical code of the South African Council for Social Service Practitioners (SACCSP). Ethical considerations such as obtaining consent, confidentiality and ensuring that no harm (physical or legal) is experienced by the youth workers that participated in the study were adhered to throughout the research study.

When conducting an empirical investigation it is important for the researcher to have integrity and a value based approach when conducting research. Equally important when conducting the research is to protect and respect the rights and dignity of humans. Their privacy, anonymity and confidentiality always need to be protected throughout the research process (De Vos *et al.* 2005:58-60). The researcher ensured that these considerations were adhered to throughout the research process.

### Obtaining informed consent

Consent was obtained from both programme managers and youth workers who participated in the research study. Firstly, programme managers provided consent for the research to be conducted at their respective NGOs (see Addendum C). Secondly, the youth workers that were interviewed also provided their consent. This was only done once the researcher explained the purpose and process of the research. Consequently all the participants were able to answer their questions freely and without reprisal. Once they were familiar with the research process they signed letters of consent (Addendum B).

### Maintaining confidentiality

Another ethical consideration that has to be adhered to throughout the empirical investigation is maintaining confidentiality (Babbie, 2007:65). The researcher agreed that the information that was provided during the interview would be treated with confidentiality. However, it was also explained to youth workers and programme managers of the NGOs that the information would be contained in a thesis that was in a public domain.

### 1.5.3.6 Limitations of the study

As previously stated the study was limited to the experiences of only 20 youth workers employed at the three NGOs implementing preventative peer education programmes at high schools in the Cape Flats. As such, the generalisations of the research findings are limited to the population of the 37 youth workers being the combined number of youth workers of all three organisations as previously mentioned. The goals and objectives of this study could still be reached by means of the youth workers providing in-depth and descriptive reflections of their experiences. This study does not attempt be an evaluation or impact the NGOs or youth workers' interventions. Instead, it aims to provide an understanding of how youth workers experience implementing HIV and AIDS preventative peer education programmes at high schools. Aspects of the research results may however be used or adapted by NGOs and youth workers working in the same context of implementing HIV and AIDS preventative peer education programmes at high schools.

### 1.6 PRESENTATION OF THE STUDY

Chapter 1 is an introductory chapter to the study and provides an overview of how the study unfolds. The next two chapters take the form of a literature review. In Chapter 2 the context of HIV and AIDS prevention and the implementation of peer education programmes as a strategy for HIV and AIDS prevention amongst young people are discussed. This is done to sketch a backdrop of HIV and AIDS in which youth workers implement HIV and AIDS preventative peer education programmes This is then followed by Chapter 3 where the discussion focuses on the features of NGOs, high schools as settings for peer education and the role youth workers play when implementing HIV and AIDS preventative peer education programmes. The purpose of this chapter is to describe the features of NGOs in which youth workers work or are volunteering at. This is followed by a discussion on high schools as settings and finally the role that they play when implementing HIV and AIDS preventative peer education programmes. Figure 1.1 is a schematic representation of the conceptual framework of the research study.

Experiences of youth workers working in NGOs implementing HIV and AIDS preventative peer education programmes at high schools

### Chapter 1

Motivation and problem statement for the study

### Chapter 2

The context of HIV and AIDS prevention and the implementation of peer education programmes as a strategy for HIV and AIDS prevention amongst young people.

### Chapter 3

The features of NGOs, high schools as settings for peer education and the role of youth workers play when implementing HIV and AIDS preventative peer education programmes.

### Chapter 4

Exploration of the experiences of youth workers employed at an NGO implementing HIV and AIDS preventative peer education programmes at high schools.

### Chapter 5

Conclusions and recommendations

Figure 1.1: Conceptual framework of the research study

#### **CHAPTER 2**

THE CONTEXT OF HIV AND AIDS PREVENTION AND THE IMPLEMENTATION OF PEER EDUCATION PROGRAMMES AS A STRATEGY FOR HIV AND AIDS PREVENTION AMONGST YOUNG PEOPLE.

#### 2.1 INTRODUCTION

Youth workers at NGOs implement peer education programmes at high schools as part of South Africa's broad strategy of HIV and AIDS prevention amongst young people. They supplement the HIV and AIDS education that educators deliver in the classroom. Aiming to enrich and enhance the educational experience, they build the capacity of a group of selected peer educators at school to influence the lives of their peers, friends and young people in their immediate communities. The ultimate goal of peer education programmes as a strategy for HIV and AIDS prevention is to promote responsible sexual behaviour, reducing risk of harm from HIV and AIDS in a concerted effort to strive towards an AIDS free generation (Deutsch & Swartz, 2002:10).

Chapter 2 examines the context of HIV and AIDS prevention and the implementation of peer education programmes as a strategy for HIV and AIDS prevention amongst young people. Figure 1.2 is an exposition of how Chapter 2 is presented.

#### Chapter 2

THE CONTEXT OF HIV AND AIDS PREVENTION AND THE IMPLEMENTATION OF PEER EDUCATION PROGRAMMES AS A STRATEGY FOR HIV AND AIDS PREVENTION AMONGST YOUNG PEOPLE.

#### Introduction

The extent of HIV and AIDS

Target groupings for HIV and AIDS prevention

Challenges facing HIV and AIDS in South Africa

**HIV and AIDS prevention in South Africa** 

Peer education programmes used as a strategy for HIV and AIDS prevention

Policy framework for HIV and AIDS prevention in the context of peer education amongst high school learners.

Approaches to peer education

Presentation of peer education programmes

Conclusion

Figure 2.1: Conceptual framework of Chapter 2.

#### 2.2 THE EXTENT OF HIV AND AIDS

Van Dyk (2008:7) estimates that by 2006, 39.5 million people worldwide were living with HIV and AIDS. The disease, particularly rife in developing countries, has been heralded as one of the most devastating diseases in the history of mankind. Poverty stricken countries continue to struggle with addressing domestic issues such as improving education, health, nutrition and other social needs of their citizens. Unless the world strategizes collectively to curb the spread of the disease; the social and economic impact of HIV and AIDS will be absolutely devastating (Raniga, 2007:66).

#### 2.2.1 International extent of HIV and AIDS

There are more than 42 million people living with HIV and AIDS in the world according to Conlon, Clarke, Dean and Attwell (2004:77). Young people in the 15-24 age group are the most vulnerable. Bezuidenhout (2008:234) estimates the worldwide rate of infections of young people exceeding 10 000 per day, with women becoming more infected than men.

The UNAIDS Report (1999 b) states that the epidemic has peaked in the 1990's and is only now stabilising. According to Van Dyk (2007:7), the main reason for the stabilisation can be attributed to HIV and AIDS prevention programmes and changes in behaviour. Despite this, Walker, Reid and Cornell (2004:15) estimate a word-wide rate of new infections of HIV and AIDS at an alarming figure of 1500 resulting in the region of 600 deaths per day.

Nearly 45% (17, 2 million) of people infected internationally are women and 4, 3 million children became infected with the HIV virus in 2006 (Walker *et al.* 2004:7-9). Worldwide almost 2.9 million people have lost their lives due to HIV-related diseases in 2006. HIV and AIDS have reached pandemic proportions affecting the lives of individuals, families and communities with social and economic consequences according to Raniga (2007:66). The devastation of HIV and AIDS is particularly significant in sub-Saharan Africa.

#### 2.2.2 Sub-Saharan Africa extent of HIV and AIDS

Of the 42 million people worldwide infected with HIV and AIDS previously mentioned, Conlon *et al.* (2004:77) estimates that more than 29 million live in sub-Saharan Africa. According to UNAIDS (1999a:36) sub-Saharan Africa has been hit the hardest in the world. Nearly two-thirds 63% of people infected with HIV and AIDS globally live in sub-Saharan Africa. This accounts for nearly 24.7 million people.

Patel (2005:176,177) explains that more than 5,5 million of the more than 29 million people infected with HIV and AIDS in sub-Saharan Africa are living in Southern Africa. Countries neighbouring South Africa, such as Botswana has one of the highest rates of HIV and AIDS infections in the world, placing South Africa at the epicentre of the disease.

#### 2.2.3 Southern African extent of HIV and AIDS

The Southern African region has highest rates HIV and AIDS infection in the world particularly South Africa's neighbouring countries such as Swaziland and Lesotho, according to Walker *et al.* (2004:18). The situation in South Africa is equally alarming. Van Dyk (2008:80) reports that more than 5, 5 million people were living with HIV in 2005. Of the 5,5 million people infected with HIV and AIDS, 240 000 of them were below the age of 15 with more than 50% of new infections attributed to young people between the 15-24 age group (Bezuidenhout, 2008:234).

Page, Louw and Pakkiri (2006:4) highlights the Kwa-Zulu Natal and Mpumalanga provinces of South Africa as having the highest percentage of HIV-positive people. Of all South Africans living with HIV, 16,5% are living with HIV are living in Kwa-Zulu Natal and 15,2% in Mpumalanga with the Western Cape Province having the lowest rate of HIV-positive prevalence levels (1,9%).

Nearly 3 million of the people infected with HIV and AIDS in South Africa is below the age of 15 years. Orphans have increased by 18% to 3, 1 million with child headed households escalating as many their parents and close families are dying of the disease. Social and economic impacts are starting to take its toll on everyday life in regions already riddled with poverty. Although the entire South Africa is affected by the HIV and AIDS pandemic, particular target groups are more vulnerable.

#### 2.3 TARGET GROUPINGS FOR HIV AND AIDS PREVENTION

Strategies for HIV and Aids prevention programmes are directed at vulnerable groups who will directly benefit from the programme. The White Paper on Social Development (RSA, Department of Social Development 1997b) identifies particular target groups that are affected by HIV and AIDS. Patel (2005:177) refers to the following vulnerable groups that programmes should target: young people; children; the elderly; people with disabilities, women, homosexual men, migrants and single parents. Some of the target groups pertinent to HIV and AIDS prevention will now be discussed.

## 2.3.1 Young people

Several authors identify young people as the most vulnerable group, particularly the 15-24 age group (Patel, 2005:177; Raniga, 2007:66; Van Dyk 2008:164). Page *et al.* (2006:4) further identify young people as having the highest range of incidence levels (4,4% males and 16,9% males in the 15-24 group in South Africa are HIV positive). Instead of being the victims and the recipients of the disease, young people should become more involved and participate in programmes concerning their own futures (Deutsch & Swartz, 2002:8; Van Dyk, 2008:130).

## 2.3.2 Young women

Gender based organisations are strong advocates of women's rights claiming that women are much more vulnerable that men and are more prone to be infected and affected by HIV and AIDS. Page *et al.* (2006:4) and Patel (2005:176) argue that young people in the 15-24 age group have the highest rate of infections in the world with women being the most vulnerable group having a 3,4 times higher rate of infection than men.

As previously stated, more than 3 million of the 5.5 million infected South Africans are women. Young women are more exposed to transactional sex, domestic violence, are often unemployed and are often ridiculed as teenagers becoming pregnant, often leaving the father-to-be unscathed. Giddens (2001:134) adds the context of human trafficking and child prostitution as being mostly girls and young women who are continuing to be targeted by unscrupulous traders and sold as high priced commodities.

## 2.3.3 Children

Children (boys and girls) have become orphans losing both parents to deaths resulting from HIV and AIDS. Van Dyk (2008:343) explains the importance of any HIV and AIDS programmes as having to identify orphans and vulnerable children. They are a particular target group that needs a multi-level intervention strategy.

#### 2.3.4 Homosexual men

The stigma and bias towards people of different sexual orientation has not died down. Negative attitudes and bias still persist according to Van Dyk (2008:318). Stigmatisations and stereotyping people contribute to peoples' perceptions and perspectives of HIV and AIDS. Giddens (2001:130) is concerned with the way society still attaches negative labels to homosexuals and continue to class them as sexually deviant along with paedophiles and transvestites. This target group is still facing many challenges including being stigmatised and ridiculed as the being the cause of HIV and AIDS in the world.

#### 2.4 CHALLENGES FACING HIV AND AIDS IN SOUTH AFRICA

Like so many other African and developing nations plagued by poverty and human strife, South Africa is no different. As previously stated by Raniga (2007:66) the socio-economic impact of HIV and AIDS on South Africa is taking its toll particularly in the Kwa-Zulu Natal, Gauteng and Mpumalanga provinces of South Africa where the HIV incidence levels continue to increase, leaving more children abandoned, orphans and a workforce to sick to remain economically active (Patel, 2005:177). There are many challenges that are facing South Africa within the context of HIV and AIDS. Some of the challenges will now be discussed.

## 2.4.1 Poverty

The main challenge facing most of the African nations is the prevalence of abject poverty. Poverty remains one of the greatest challenges facing Southern African countries as well (Patel, 2005:52; Bezuidenhout, 2008:12). The majority of South Africans are poor with HIV and AIDS being more prevalent in impoverished communities. Care and support of the vulnerable groups as well as treatment of those infected with HIV are on programmes which are costly and need to be sustained by an economy competing for other critical social necessities such as education, health care and crime prevention.

HIV and AIDS causes a workforce to become economically inactive, raises the number of grant dependants and increases the need for foreign donor aid resulting in poor countries accumulating huge debt. Although a huge amount of international aid is ploughed into

Home based care programmes and Anti-retro viral treatment programmes for people living with HIV and AIDS, there should be a greater urgency placed on HIV and AIDS preventative strategies if South Africa intends to move towards an AIDS free society (Van Dyk, 2008:130).

#### 2.4.2 Traditional beliefs

South Africa has gained international recognition as a "rainbow nation". There are many cultures, languages and religions throughout the landscape of South Africa, contributing to the richness and diversification of the country. Van Dyk (2008:202,245) values the rich traditional beliefs that African tribes bring to the healing processes of their indigenous communities. Traditional customs such as circumcision that deals with blood however expose young initiates of various African traditions to the risk of contracting HIV and AIDS should stringent medical practices not be adhered to.

## 2.4.3 Stigmatisation

Giddens (2001:160) refers to stigmatisation as a characteristic that sets an individual apart from a majority of people often treated with suspicion or hostility. People living with HIV and AIDS are often stigmatised and feared in the process. Van Dyk (2008:124) explains that stigmatisation develops negative attitudes and perspectives about HIV and AIDS and can influence behaviour of individuals, groups and communities. Bias and prejudice are also rooted in how people perceive things. Stigmatisation can be addressed in peer education preventative programmes that allow for continuous dialogue and debates on issues pertaining to HIV and AIDS to take place.

## 2.4.4 Negative attitudes and behaviours

Negative attitudes and high risk behaviour are major challenges amongst young people. Their reluctance to use condoms and continuity to practice unsafe sex contributes to the escalation of teenage pregnancies at high schools. Van Dyk (2008:124) ascribes the negative attitudes of not using condoms as of high-risk behaviour particular to young people. Young people are easily influenced and succumb easily to the pressure of their peers, which will be discussed in the next section.

## 2.4.4.1 Peer pressure

Patient and Orr (2008:56) are of the opinion that during their adolescence, young people all want to fit in and be accepted by their friends and conform to the ways and acquire habits of their close friendship circles. They are often pressurised by their peers to do the things that their friends do, despite the warnings from their parents. The values that they were taught by their parents often clash with that of their friends. They learn to drink and smoke from their friends and discuss their sexual accomplishments more easily and comfortably with their peers than with their parents.

Bezuidenhout (2008:102) warns that negative attitudes and high risk behaviour can be the starting blocks of delinquency amongst young people. Once peer pressure is exerted on some young people, they find it difficult to modify their anti-social behaviour. Therefore peer pressure may lead to juvenile delinquency.

## 2.4.4.2 Delinquency

Negative attitudes and high risk behaviours can develop in young people having a fatalistic behaviour in terms of having unsafe sexual practices. Bezuidenhout (2008:105) explains that there is a correlation between delinquency and HIV and AIDS. Delinquents usually lack family support and social structures and immerse themselves in high risk behaviour. They do not have any positive regard for their futures and continue with engaging in high risk sexual behaviour practises despite knowing the consequences of their behaviour. Some of them end up in gangs and engage in further criminal activities and live fatalistic lives without feeling threatened by being infected with the HI virus.

#### 2.4.4.3 Unsafe sex practices

Sexually transmitted infections and acquiring HIV are some of the resultants of not wearing condoms during sex. Patient and Orr (2008:57) cautions against having unprotected sex. Some unwanted pregnancies may also occur as a result of not having protected sex which can lead to abortions. Depending on who performs the abortion, some young women have had botched abortions which have led to their physiological, emotional and psychological scarring.

#### 2.4.4.4 Gender

Several authors such as Bezuidenhout (2008:171), Patel (2005:177) and Van Dyk (2008:133) agree that young women are more infected and affected by HIV and AIDS. In male dominated societies and cultures, the power role of males is aggressive, assertive and directive expecting women to be subservient, passive and obedient. This is not only a negative attitude, but in some cases become a violation of human rights. This may also lead to domestic violence and spousal abuse.

#### 2.5 HIV AND AIDS PREVENTION IN SOUTH AFRICA

Williams (2008:74-75) and Wood (2008:113) are in favour of a multi-disciplinary approach to HIV and AIDS prevention. In the absence of having a cure for HIV and AIDS, there are two broad strategies dealing within the broader scope of HIV and AIDS. Firstly, the context of curative strategies that deals with treatment of people living with HIV and AIDS; anti-retroviral treatment and developing policies that affect people who are living with HIV and AIDS form part of this strategy. The caring and supporting of orphans and vulnerable children are also included in his strategy. The second strategy that is growing more and more in momentum is the HIV and AIDS preventative strategy. The main objective of this strategy is moving people towards an AIDS free society. The second strategy is the main focus of this study, namely HIV and AIDS prevention amongst young people. The first part of the discussion examines the principles of HIV and AIDS prevention.

## 2.5.1 Principles of HIV and AIDS prevention

Villarruel, Perkins, Borden and Keith (2008:334-336) highlight some principles and strategies for effective high quality youth programmes for HIV and AIDS prevention. Some of the principles are discussed below in conjunction with the views supported by other authors.

#### 2.5.1.1 A holistic approach

HIV and AIDS prevention is complex and diversified. A broad range of intervention strategies are needed to address various components such as counselling, care and support, voluntary testing and counselling, education and policies and programmes (Van

Dyk, 2008:131; Patel, 2005:178). In order to achieve a collective strategy a holistic approach needs to be adopted when planning HIV and AIDS prevention. The popular notion of just distributing condoms as an HIV and AIDS preventative strategy will not entirely address the spread of HIV and AIDS.

#### 2.5.1.2 Obtaining national support

Having the support from political leadership is critical in funding and the sustainability of HIV and AIDS programmes (Van Dyk, 2008:129). Deutsch and Swartz (2002:3) report that in 1999 the South African Government adopted a National Integrated Plan for Children and Youth Affected and Infected with HIV and Aids and has established the South African National Council on HIV and AIDS to co-ordinate HIV and AIDS and STI's at a national level. The Inter-ministerial committees within National Government form part of the decision-making processes ensuring that the South African Government is committed and support in the process of addressing the HIV and AIDS crisis in the country.

## 2.5.1.3 Facilitating an empowerment process

One of the principles of the development of communities experiencing a crisis is to facilitate a process whereby the communities are able to learn how to cope with challenges such as HIV and AIDS related issues on their own. When facilitating an HIV and AIDS programme it is important to involve communities at grassroots level and build their capacity to deal with crises through the implementation of programmes and strategies. One of the strategies for example is home based care where members from the community are trained to provide care and support to people affected and infected with HIV and AIDS in their communities (Wood, 2008:5).

## 2.5.1.4 Building partnerships

The amount of work to be done in HIV and AIDS prevention in South Africa is too big for the government to tackle on its own. It is essential that each province, district and communities build partnerships with civil society and business to strategise at grassroots level with as much stakeholders as possible (Ross & Deverell, 2004:262). Religious institutions, non-governmental organisations, sports bodies, arts and culture groups all have an essential role to play in curbing the spread of HIV and AIDS.

#### 2.5.1.5 Being sensitive towards different cultural, religious and social groupings.

South Africa is a country with a diversified range of cultural, religious and social groups need to be considered when implementing HIV and AIDS strategies. Giddens (2001:29) explains how culture, religion and social norms contribute to the identity of people. An important principle when dealing particularly with diversified cultures and religions in countries such as South Africa is the importance of being sensitive and respectful of the cultural values and religious beliefs of each other (Ross & Deverell, 2004:268).

# 2.5.2 Strategies for HIV and AIDS Prevention

Following from the discussion on the principles of HIV and AIDS prevention the next part of the discussion focuses on HIV and AIDS prevention, the importance of moving towards an AIDS free generation as was previously mentioned. The following HIV and AIDS strategies are discussed in support of the principles that were previously discussed.

# 2.5.2.1 Teaching and learning about HIV and AIDS

The dissemination of accurate information about myths, stigma and knowledge about the spread and prevention of HIV and AIDS assists in raising awareness about HIV and AIDS (Page *et al.* 2008:58). How we teach (facilitative or instructional) and who teach may have different strategies and methodologies that can be used in order to be effective. The following two strategies for teaching and learning about HIV and AIDS are presented as examples within the context of young people.

#### Role play and simulation

Learners are eager to participate in the learning process by being actively involved. Role playing and simulating HIV and AIDS issues afford the learners the opportunity to learn from one another (peer-to-peer) where the facilitator merely assist in funnelling the learning experience drawn from the role play. Youth workers are tasked to include role play and simulation as recommended by Rooth (1995:43) and the image theatre proposed by Wood (2008:144) as innovative strategies to address HIV and AIDS prevention particularly among young people.

## Visual and learning aids

Wood (2008:129) furthermore explains that young people (particularly learners in classrooms) have so much information on HIV and AIDS given to them that they are experiencing "information overload" and HIV and AIDS "fatigue". Unless educators or health practitioners employ innovative teaching strategies and methodologies the knowledge acquired may have little impact on the learning process.

Through creative drawing and constructing learning aids to share with their peers learners are actively and creatively engaged in the process of learning. They learn by doing and through discovery instead of being told *what* to do and *how* they must do things. Learning creatively and through self-discovery enhances the quality of their understanding, experiencing and visualising which in turn adds to the quality of their learning experience. HIV and AIDS training should include strategies for learning about ways in which to combat the spread of the disease. Some of the strategies for HIV and AIDS prevention will now be discussed.

## 2.5.2.2 The a b c d strategy

Figure 2.2 is a schematic representation of the "abcd" strategy for HIV and AIDS prevention. The 'abc' message (Van Dyk, 2008:128), suggests that the three pronged strategy for prevention of HIV and AIDS is leveraged at a different set of audience. The manual of Spades Youth Development Agency (2006:34) adds a "d" component.

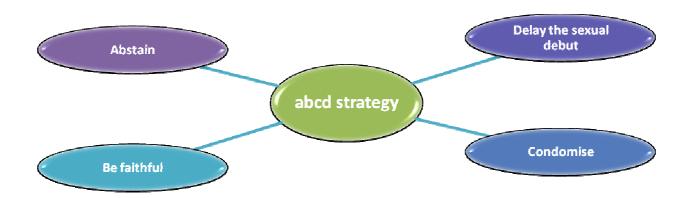


Figure 2.2: The "abcd" strategy for HIV and AIDS prevention

Source: Spades Youth Development Agency, 2009

The first part of the message (abstain) is aimed at young people who are not sexually active encouraging them to continue to abstain from sex until they are ready or to delay their sexual intercourse début for as long as possible. The second part of the message requests them to be faithful to their partners and not to engage in sexual activities with multiple partners. The third part of the message is to encourage having protected sex if they are sexually active.

The abc strategy is a three pronged preventative strategy for HIV and AIDS, a view supported by Deutsch and Swartz (2002:96, 97). The "d" part of the strategy signifies the delay of the sexual début. Clinics have reported that there is a significant amount of school-going teenage girls giving birth at a very young age (13-15). The delay of having sex is an added message for HIV and AIDS prevention. When having sex, condoms should be easy accessible and be made readily available.

#### 2.5.2.3 Condom distribution

Wood (2008:4) explains how difficult it is to distribute condoms to sexually active learners both at schools and in clinics. One of the challenges that the educational system is facing, is an increase of teenage pregnancies. This means that learners who are sexually active are engaging in unprotected sex. Through a rigorous peer education programme condoms should be distributed in a less embarrassing way. There is still tension in making condoms freely available at schools as it poses moral and ethical dilemmas particularly voiced by conservative parents and principals. Another aspect of HIV and AIDS prevention is for learners at schools to know their status by conducting VCT (Voluntary Counselling and Testing).

## 2.5.2.4 Voluntary Counselling and Testing

Voluntary Counselling and Testing (VCT) is another bone of contention for the staff and parents of high schools when it comes to their learners. VCT is considered to be an important HIV and AIDS prevention strategy (Wood, 2008:20). Knowing one's status has a dual effect in prevention. Seronegative learners will be encouraged to remain AIDS free and continue to practice safe sex. Seropositive learners will be more health conscious and adopt healthy lifestyles. They may also be encouraged to take better care of themselves and be sexually more responsible. All HIV and AIDS prevention strategies can be

developed into programmes that can assist to reduce HIV and AIDS incidence levels amongst young people (Van Wyk, 2008:14).

# 2.5.3 Programmes for HIV and AIDS Prevention

HIV and AIDS prevention programmes need to be efficacious in order to curb the spread of the disease (Centre for the Support of Peer Education, 2009). Programmes need to have clearly defined objectives with appropriately linked outcomes. They should have indicators for measurement and be adequately resourced and managed by competently skilled staff in order for programmes to be sustainable (Villarruel *et al.*, 2003:334). The following programmes discussed below are examples of HIV and AIDS prevention programmes.

# 2.5.3.1 Care and social support programmes

Patel (2005:178) describes care and support programmes as programmes that provide psychosocial support at different levels - to individuals who are experiencing crises as well as families and groups affected by people living with or having HIV and AIDS. Van Dyk (2008:344) emphasises that care and support is the constitutional right of every body living with or affected by HIV and AIDS. The plight of orphans and vulnerable children should be included in care and support programmes. The alarming rate of adults who are dying from HIV and AIDS related diseases are consequently increasing the numbers of child headed household which is becoming a major challenge in South Africa.

## 2.5.3.2 Home and community based care programmes

Van Dyk (2008:333-334) explains home based care as the care given by trained care-givers to people living with HIV and AIDS in their homes. Community care-givers are made up of a multi-disciplinary team which may include a medical practitioner, a social worker, a care-giver, a spiritual leader or pastor, a volunteer, a neighbour and a friend. The objectives of a community home-based care programme is to educate the community on prevention of HIV transmission; to empower the community on the needs of people living with HIV and AIDS; to support family members, neighbours or friends in their care-giving roles and to reduce the impact and strains of people living with HIV and AIDS.

## 2.5.3.3 Poverty reduction and livelihood programmes

One of the most pressing needs of people who are affected by HIV and AIDS, particularly where the breadwinner(s) have passed away and left children without making provision (financial and family care) for them, is the issue of having sustainable livelihoods. In the case of orphans and vulnerable children the challenges are particularly multi-faceted; ranging from where the children will live, to who will be taking care of them (financial support). The state has an obligation to take care of children, who are orphaned, a phenomenon which is adding to the limited resources that the state has to provide in welfare grants (Patel, 2005:165).

#### 2.5.3.4 Peer education programmes

Several authors (Deutsch & Swartz, 2002:22; Page *et al.* 2007:2; Walker *et al.* 2004:114-116) recommend that peer education can be used as a strategy for addressing HIV and AIDS prevention. According to Walker *et al.* (2004:116), NGOs and donor agencies regard peer education as one of the most important interventions amongst young people. NGOs employ skilled and competently trained youth workers to build the capacity of a selected group of peer educators to assist and influence the lives of their peers through structured and sustainable HIV and AIDS preventative peer education programmes.

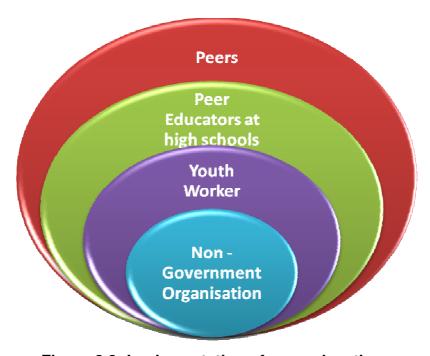


Figure 2.3: Implementation of peer education

Source: Spades Youth Development Agency, 2009

Figure 2.3 is a schematic representation of the implementation of peer education. The inner blue represents the NGO that manages the peer education programme. Youth workers working at the NGO who implement peer education programmes are represented by the purple circle. They train peer educators at high schools represented by the green circle to deliver peer education programmes to their peers, represented by the orange circle. The secondary beneficiaries of the HIV and AIDS preventative peer education programme are the peer educators in the green circle. The primary beneficiaries are the peers in the outermost orange circle (Spades Youth Development Agency, 2009).

The next part of the discussion will focus on peer education programmes that youth workers implement in schools as a strategy for HIV and AIDS prevention.

# 2.6 PEER EDUCATION PROGRAMMES USED AS A STRATEGY FOR HIV AND AIDS PREVENTION

Peer education is the process whereby persons of the similar ages and social status train, teach and learn from each other to acquire knowledge and skills. A definition of peer education is described in the following section.

#### 2.6.1 Definition of peer education

The New Oxford Dictionary (2005:1074) defines the word peer as "...a person who is the same age or who has the same social status..." and education as "a process of teaching, learning and training especially at schools and colleges to improve knowledge and develop skills". According to the Terminology Committee (1995:44) peer groups are described as "... persons of usually the same age, social status and background, influencing each other's behaviour and norms". The last part of the description (influencing each other's behaviours and norms) adds an additional perspective to the concept of peer education.

## 2.6.1.1 Adult peer education

Flowing from the above definition, peer education is described by Deutsch and Swartz (2002:149) as the process whereby skilled facilitators train a group of selected people to educate their peers, recognize their peers in need of assistance and refer them to appropriate community resources and services; role-model healthy lifestyles and advocate

for resources for themselves and their peers. The definition does not limit peer education to young people.

Adults are also capable of being trained as peer educators. The work place is a typical example where adults are currently being trained to implement HIV and AIDS peer education programmes to curtail the spread of the disease (Patel, 2005:182; Van Wyk, 2007:2).

#### 2.6.1.2 Adolescent Peer Education

Adolescence is described by the Terminology Committee (1995:2), as "...the life phase between puberty and adulthood". Youth programmes should be run by youth, as advocated by Villarruel *et al.* (2003:333). HIV and AIDS preventative peer education programmes can benefit young people influencing the lives of each other. When adults present peer education programmes to younger people, there is still the presence of an authority figure. Young people feel more at ease to talk about issues relating to sex and high-risk behaviour to their peers than to adults. Therefore, peer education both empowers and educates young people when interacting with each other on equal footing. Behaviour change is most likely to occur when peer educators educate and support each other (Van Dyk, 2008:130). Young people within community settings learn good and bad habits from each other, so too do young people at schools.

## 2.6.1.3 School-based peer education

The vast majority of young people in South Africa are the 15-24 age grouping, the most vulnerable grouping as previously discussed, and are in high schools, colleges or educational institutions. This would make high schools an ideal setting for peer education. School-based peer education is therefore adolescent peer education practiced in school-based settings. The South African National Curriculum Statement includes the Life Orientation Curriculum as a compulsory subject that must be implemented at all schools in South Africa (Pretorius & Lemmers, 2004:4). A major focal point with in the Life Orientation training is HIV and AIDS education.

Peer education programs are run by NGOs at schools to enhance, enrich and support what the learners have learnt in Life Orientation. Wood (2008:113) supports the view of

having a multi-pronged approach in dealing with HIV and AIDS. In addition, Deutsch and Swartz (2002:12) are of the opinion that teachers can be supported with HIV and AIDS peer education programmes offered by NGOS. NGOs adopt approaches when implementing peer education at high schools. Two approaches will be discussed next which facilitates the effective implementation of implementing peer education programmes at high schools.

#### 2.6.2 APPROACHES TO PEER EDUCATION

When implementing peer education programmes, NGOs use certain approaches that underpin their principles and values of operation. There are many approaches that can be used when implementing peer education programmes. The following two approaches namely the empowerment approach and the person-centred approach are discussed to present an overview of approaches that can be used as a foundation when implementing peer education.

## 2.6.2.1 Empowerment approach

Young people often seek help or assistance from their friends if they are not able to do something for themselves or feel disillusioned about their relationships or feel disempowered when not being able to access basic health services (Ross & Deverell, 2004:186). Peer education can have an enabling effect if NGOs use an empowerment approach to implement HIV and AIDS prevention programmes at high schools.

#### Definition

Gutierrez *et al.* (1998:149) defines the empowerment approach as an approach that increases personal, interpersonal and political power to enable actions to improve life situations of individuals. In addition, Lee (2001:62) sees the empowerment approach as a way of striving towards deep human values such as social justice, democracy, peace as well as the eradication of poverty and oppression. The helping relationship is characterised by a trusting relationship in which power is shared. Change is facilitated by exploring problems and developing alternative strategies (Ross & Deverell, 2004:186). This can be applied to many situations in the peer education process.

## Application in peer education

Shulman (2009:575) and Lee (2001:64), discuss conscious-raising and personal awareness as integral parts of the empowerment approach. Young people feel disempowered by not having access to opportunities. Initially they would expect youth workers to give them advice in the peer education process expecting them to solve their problems and rescue them from their troublesome relationship issues. In peer education therefore giving advice is not an empowering process. Youth workers should equip peer educators to take charge of their own lives, where they are able to make good decisions about their futures.

Van Dyk (2008:230-231) proposes that the capacity of young people should be built during the peer education process wherein the peer educators and peers are empowered to make informed decisions and choices about their futures. In addition, Patel (2005:160) recommends that the focus should not be on the inadequacies and pathologies, but should be on building the strengths of young people. This means that aspects of youth workers motivating peer educators, encouraging goal-directed behaviour and developing their competencies to make good decisions should be included in the peer education learning programme. One of the starting blocks used when applying the empowerment approach is increasing the individual's self-efficacy.

#### • Developing personal power in one's own life

Ross and Deverell (2004:186) and Patel (2005:161) are of the opinion that an empowerment approach is in opposite to a treatment approach in that treating the symptoms does not enable people to effectively deal with their circumstances. Peer educators should not develop sympathetic responses (ag shame!) to their peers' requests, but instead should encourage them to develop their own plans or strategies so that they can learn to take ownership of their life circumstances and situations.

## • Strengthening group consciousness

Individuals do not exist in a silo; they act within a social environment and have to develop interactional and interpersonal skills within a community. Several authors (Grobler, Schenk & Du Toit, 2003:70; Shulman, 2009: 575; Toseland & Rivas, 2009:24) explain how group processes can facilitate change of behaviour. Even when youth workers train the peer education group to impact positively on the lives of their peers, the peer education group itself can experience behaviour change and conscious-raising in group facilitation. This is essential to build the self-confidence, self awareness and self-esteem of the peer education group so that they in turn may do the same for their peers.

# Reducing self-blame

Ross and Deverell (2004:186), explain that people feel deficient about changing their circumstances and start to blame themselves for things they do not necessarily have control over; such as policy issues that still discriminate against gender; access to opportunities and male dominant power relations at work. Young people are also often told how inadequate they are by their parents, educators and even their peers. They should not get trapped in believing the negative comments and start blaming themselves for their circumstances.

An empowerment approach develops the ability to believe in one's self in order to assist others in doing the same. Developing the belief that people themselves have the ability to self-actualise is captured in another approach that is used in peer education called the Person-centred approach.

#### 2.6.2.2 Person-Centred approach

When youth workers train peer educators they are expected to influence them in a positive way. Their approach of how youth workers implement peer education is underpinned by a philosophy, belief system, attitude, perspective and method (Corey 2000:275).

#### Definition

Several authors (Corey, 2000:275; Grobler *et al.* 2003:3; Shulman, 2009:218) agree that the Person-centred approach can be used to facilitate a change in behaviour. Developed by Carl Rogers in the 1940's, the Person-centred approach is a non-directive way of counselling people with the belief that human beings are free and self-determining individuals (Corey, 2000:275). The Person-centred approach allows the facilitator to encourage people to develop their own strategies to improve their circumstances.

Through humanistic therapy youth workers are able to express and clarify feelings as well as explore their environment so that they are enabled to make changes and choices for themselves which may improve their relationships and social interactions, as reflected in the skilled-helper model of Egan (1998:25). The Person-centred approach consists of three essential elements that can be used when implementing peer education, which will now be discussed.

## Application in peer education

At the heart of the person-centred approach is the development of the self. Grobler *et al.* (2003:9-22) explains how important the concept of self is within the process of development on a conscious and unconscious level. The lack of growth of the self, namely lack of self confidence, self-esteem, self-awareness, self-esteem, and so on, is often experienced by youth workers and will be addressed when applying the Person-centred approach. The first element that is essential to the Person-centred approach is being congruent.

## • Being congruent (being genuine)

When their social worlds and relationships become problematic, young people seek advice or comfort from their friends (peers). The youth worker has to be real or genuine when engaging with their peer groups, according to Corey (2000:278). This will allow for peers to trust them and be open about what they truly want to share. Issues that relate to abortions, abuse, rape and neglect require the youth worker to have the attitude of being sincere, understanding and being honest. Toseland and Rivas (2009:23) explain the importance of the youth workers having the right approach and attitude towards their peer education

groups. It is not only the content of what is being transmitted to the group; the approach of the youth worker influences what is being learnt. Next discussed is having a positive regard for people that contributes to the efficacy of the helping process.

# Having an unconditional positive regard

In peer education, the Person-centred approach can be useful as it embraces being non-judgemental; being empathic; and non-directive when listening to the challenges of people. The emphasis is on listening attentively to what the young people are saying and having a positive regard for them no matter their circumstance. When a girl at school confides in the youth workers that she is pregnant, the youth worker has to learn to accept the learner despite her (the learner's) circumstances. The values and belief structure if in opposite to that of the youth worker should not come into play. Having a positive regard that is unconditional means that you have to accept people for who they are and not what you want them to be, a cornerstone of the Person-centred approach according to Shulman (2009:218). Another essential element of the person-centred approach is developing an empathic understanding to make the helping relationship to be more effective.

# • Developing an empathic understanding

One of the constant requests from young people is to seek advice from peer educators about their troubled relationships. The skilled-helper model of Egan (1998:83) explains how disempowering the act of youth workers giving advice to peer educators is compared to assisting them to develop their own strategies to problem-solving. Instead of giving advice to their peers, youth workers should encourage peer educators to listen attentively and develop an understanding for what their peers are experiencing by trying to place themselves in the circumstances of the peers. This is done by reflecting and clarifying their feelings. Thus youth workers need not be trained as professional counsellors, but rather be trained as attentive and active listeners.

Youth workers need to listen attentively with an empathic understanding and then refer peer educators to resources such as, educators, clinics, NGOs, the police, psychologists, and social workers for help. It is not expected of youth workers to "counsel" learners and peer educators, as suggested by Deutsch and Swartz (2002:59). They are the first port of call for any of peer educators who need assistance. There are many facets of presenting

peer education programmes as an HIV and AIDS prevention strategy at high schools. Using a Person-centred approach provides youth workers with additional skills.

The Empowerment and Person-centred approaches are valuable tools that can be used when implementing HIV and AIDS peer education programmes at high schools. Many NGOs currently implement peer education programmes in a structured manner. Principals of high schools usually request that the NGOs make presentations of the technical aspects of an HIV and AIDS preventative peer education programmes so that they have an idea of the programme that will be implemented at schools. The following presentation is an example of an HIV and AIDS preventative peer education programme (Spades Youth Development Agency, 2009) which will next be the focus of the discussion.

# 2.7 PRESENTATION OF HIV AND AIDS PREVENTATIVE PEER EDUCATION PROGRAMMES

Public high school in South Africa has structured HIV and AIDS education programmes that are compulsory. HIV and AIDS preventative peer education programme that will now be discussed is particular to NGOs that employ youth workers to implement such programmes in support of the HIV and AIDS education. HIV and AIDS preventative peer education programmes are not offered at all public high schools in South Africa. NGOs are usually contracted by the donors such as National and Provincial Departments of Health, Education and Social development; the Global fund and social investment departments of corporate businesses to provide a service to high schools in communities hardest hit by HIV and AIDS.

Many NGOs have track-records of implementing HIV and AIDS preventative peer education for a number of years. Spades Youth Development Agency (2009) in Grassy Park on the Cape Flats in the Western Cape is an example of such an NGO where youth workers are currently employed to implement peer education programmes at high schools as a preventative strategy for HIV and AIDS prevention amongst young people. The following discussion presents an example of an HIV and AIDS preventative peer education programme.

## 2.7.1 Goals of HIV and AIDS preventative peer education programmes

For programmes to be effective, they must have set goals and have measurements in place to reach their desired outcomes. The Centre for the Support of Peer Education (2009) stipulates the following goals for effective HIV and AIDS preventative peer education at high schools: reducing the number of sexual partners; enabling recognition and referring treatment of STI's; delaying the onset of sexual activity; encouraging participation in voluntary counselling and testing; promoting abstinence of sexual activity; emphasising correct use of condoms at every sexual intercourse; openly discuss sexuality and sexual issues with peers and adults and participate in programmes of care and support with people affected and infected by HIV and AIDS.

In addition, UNAIDS (1999b:12); the AIDSCAP Programme (1996:19-24) and Van Dyk (2008:130) recommend that the following objectives be included in an adolescent peer education training programme aimed at HIV and AIDS prevention:

- Peer educators participate in the design of the curriculum and support material;
- Peer education training must be on-going and supervision (debriefing sessions) of the youth workers must be scheduled;
- Included in the modules must be sexuality, gender, interpersonal and group skills, communication and human rights;
- Training should include assessment of competencies;
- The personal development of the peer educators and youth workers should be taken into account;
- Youth workers should be technically competent, motivational and supportive;
- Supervision of youth workers should be done in the field and in the office;
- High risk behaviour are openly discussed and debated;
- Develop strategies of appropriate messaging;
- Include condom distribution;
- Raising awareness of issues relating to HIV and AIDS;
- Care and support of orphans and vulnerable children.

Furthermore, Strydom and Strydom (2002:260-261) add the following goals to youth related HIV and AIDS prevention programmes implemented to learners of school going age: increasing the ability of young people to express their personal feelings, exploring ideas free from reprisal; creating a climate of trust and understanding of the issues that

young people face; promoting self-efficacy, a future-oriented approach and an emphasis on sexual health. In order to support the efficacy of the implementation of an HIV and AIDS preventative peer education programme, a theoretical framework is provided.

# 2.7.2 Theoretical framework for peer education

HIV and AIDS education is grounded within a theoretical framework. The transfer of knowledge is grounded in theory in order to enhance the quality of the peer education programme for it to make a meaningful impact on the lives of the recipients. Deutsch and Swartz (2002:22), explain the importance of youth workers having accurate information at their disposal based with regards to theories. Figure 2.4 is a schematic representation of a collection of theories pertinent to peer education methodology:

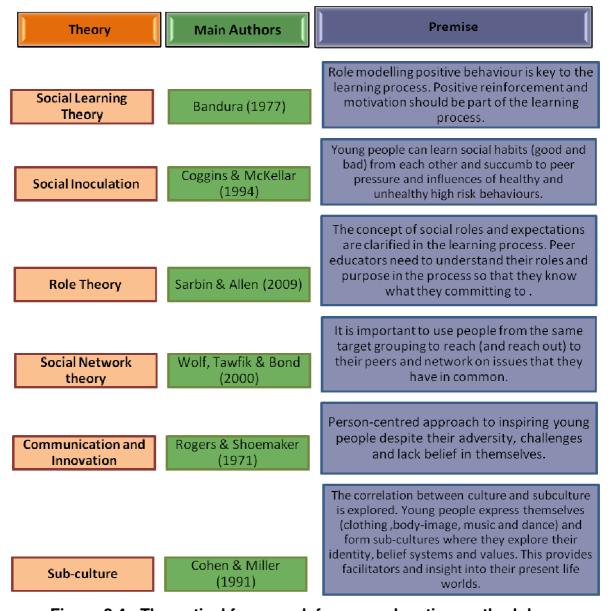


Figure 2.4: Theoretical framework for peer education methodology

Source: Deutsch and Swartz, 2002

The theoretical framework in figure 2.4 is based primarily on how knowledge, skills and values and attitudes are acquired through a learning process. Knowledge is only a part of HIV and AIDS education; youth workers need to be equipped with skills to deepen their insight and understanding of HIV and AIDS. For youth workers it is extremely important to understand some of the technological and methodological theoretical frameworks that underpin the knowledge base of the peer education programme.

The views of Deutsch and Swartz (2002:31-34) are that the social learning theory of Bandura (1997), the social inoculation theory of Coggins and McKellar (1994) and the role theory of Sarbin and Allen (2009) should be integrated into peer education methodology. Positive reinforcement and role-modelling healthy behaviour are two key components of the learning programme. The social network theory of Coggins and McKellar (1994), the communication and innovation theory of Rogers and Shoemaker (1971) and the Subculture theory of Cohen and Miller (1991) support a person-centred approach to peer education. Youth workers can use these theoretical frameworks when implementing the HIV and AIDS preventative peer education programme.

# 2.7.2.1 Development of skills

Youth workers need to be trained in a range of skills so that they are able to deliver peer education services to peer educators. In turn, peer educators need to be skilled to make good decisions; learn to be assertive ("no means no"); resist sexual abusers access health services and apply problem solving methods, (Van Dyk, 2008:167). Rooth (1995:33) recommends developing good communication skills (attending, listening, and empathy, reflection) to improve understanding and develop insight. Skills are necessary to improve relations with people. Youth workers need to have a good understanding of building positive relationships with people.

## 2.7.2.2 Fostering attitudes and values in high schools

Youth workers need to assist with fostering attitudes and values in high schools South Africa prides itself of being the originators of the spirit of Ubuntu (Human Dignity), the concept of mutual understanding and human indifference (James, 2001:iv). Other values that are recommended to be threaded through HIV and AIDS education are non-discrimination, equality, democracy, respect and human rights. Van Dyk (2008:267) wants to see all learners developing self-confidence and self-esteem within the context of developing and valuing their identity and uniqueness- who they are, where they come from, and what they believe.

#### 2.7.3 Training programme of peer educators

Once a week youth workers have contact time with a set of peer educators and train them to be of service to their peers. Besides the training component there are other activities that peer educators participate in to reach their primary target (young people at school and in their immediate community). Deutsch and Swartz (2002:98) contends that elements of knowledge, skills, attitudes and values should be contained in the structures of a learning programme for peer educators. The following is an example of a training programme for implementation of peer education at schools. Figure 2.5 is an example of a learning programme that is currently being implemented for peer education (Spades Youth Development Agency, 2009).

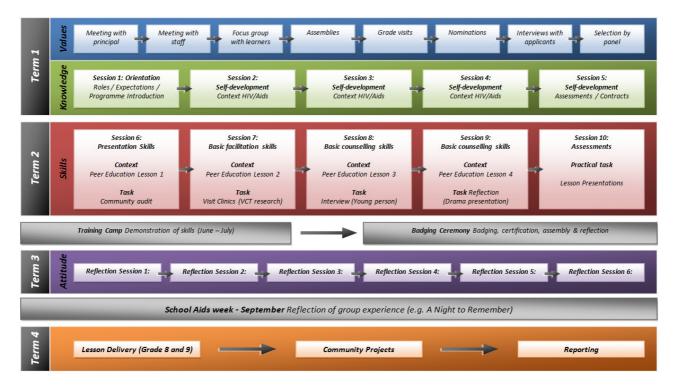


Figure 2.5: Training Programme for Peer Educators

(Spades Youth Development Agency, 2009)

During the first term (blue band in Fig. 2.5) the focus of the peer education programme is on building and sharing of values and knowledge (green band in Fig. 2.5.) which is divided into five sessions that focuses on self development. During the second term (pink band in Fig. 2.5) youth workers develop the peer educator with skills in five sessions and after conducting a camp in the July school holidays the third term (purple band in Fig 2.5) allows for youth workers to train peer educators to reflect on their experiences when engaging with their peers. After the cap experience youth workers train peer educators to deliver lessons based on HIV and AIDS related issues. The peer educators then do lesson deliveries, listen to their challenges and refer their peers to appropriate resources where necessary.

#### Term 1: Building values (blue band)

As previously stated, NGOs have certain approaches such as the person-centred approach and the empowerment approach when implementing programmes at schools. The values and belief systems of the NGOs need to be in concert with that of the school's. Way before youth workers assist with the recruitment and selection of peer educators, meetings and presentations of the learning programme are made to the principal and staff of the school as indicated in the blue band (values) (Figure 2.5). Youth workers use the

opportunity of presenting the programme to the staff and educators to explain the nature of the programme as well as the benefits the programme may have to the school.

Even if the school has been selected by the provincial education department as a peer education site, the institutional arrangements still need to be negotiated with the principal and staff. It is important for youth workers to have the buy in from the staff and principal and report to them on the progress of the programme at regular intervals. This should be a prerequisite to any implementation process. Building a strong relationship with the staff and principal is a key element that precedes the implementation of the programme. The levels of buy in and support from the staff and principals are essential for youth workers as it may have a direct impact on the success or failure of the programme.

#### • Term 1: Building a Knowledge base (green band)

The first part of the training youth workers train peer educators on equipping themselves with HIV and AIDS information as well as developing themselves (green band in the first term). Sessions 1 -5 focuses on self awareness, building self-confidence and self-esteem. These sessions also includes HIV and AIDS related information peer educators may need to know so that they can share accurate information with their peers.

## Term 2 : Developing skills (pink band)

Through sessions 6-10 youth workers develop skills that the peer educator may use when being of service to their peers. The youth workers focus on developing the peer educators' skills of listening, referring, presenting lessons and running mini-projects. This is then reinforced at a camp setting the youth workers take the peer educators through the various sessions again and then practice in groups on all the aspects of the HIV and AIDS training that they have covered during the sessions at school.

## • Term 3: Conducting reflective sessions and debriefing (purple band)

The training programme also makes provision for five reflection sessions during the third term (purple band). During these sessions youth workers listen to the assistance peer educators provided to their peers. The peer education group learn from shared experiences from each other. The youth worker facilitates the process and provides

additional insights and understanding. Youth workers are often used as the first point of references of peer educators and have to deal with some of the referrals made them.

## Term 4 : Community projects, lesson deliveries and assemblies

The fourth term is a short term at schools. Youth workers assist peer educators to host an assembly at school; assist them with a community project and lesson preparation and delivery for grades 8 and 9. The peer educators are badged at a function (Night to Remember) where peer educators from all schools are invited to present role plays on issues relating to young people. The programme is then planned towards the end of the year drawing on the learning's from the previous year in a cyclical model as represented in Figure 2.6. Figure 2.6 is a graphic illustration of a cyclical model of the implementation of peer education.

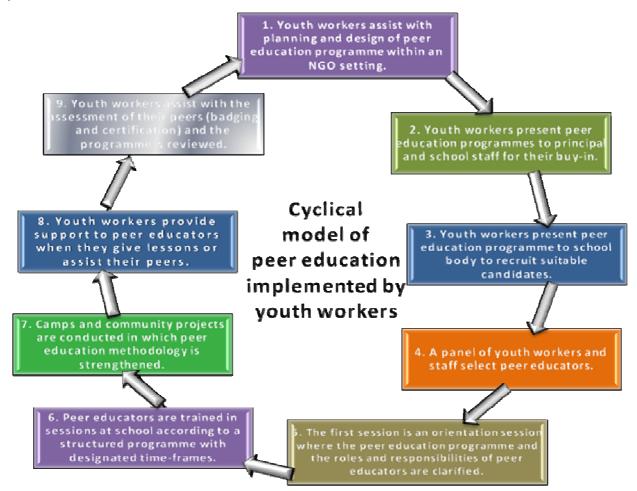


Figure 2.6: Cyclical model of implementing peer education

Source: Spades Youth Development Agency, 2009

# 2.7.4 Implementation of peer education

Youth workers implement the peer education programme in a cyclical way. The first process includes the development, planning and design of the peer education programme. After the NGO has secured a contractual agreement with the school, the youth workers make a presentation to the principal and staff with matters regarding to practical arrangements. These practical arrangements can include the venue (classroom), time and day of the week and the educator who would support the programme. The next process is the selection and recruitment process. Youth workers assist with the selection of suitable peer educators. They present the programme to all the Grade 10 learners and recruit potential candidates for the peer education group. Together with one of the educators and two grade 12 peer educators from the high school, they form a panel who oversee the selection and recruitment process.

# 2.7.5 Selection and recruitment of peer educators

The selection process is a critical process and may have a significant impact on the success or failure of the programme as previously mentioned. Potential learners need to be recruited who have sufficient time available, who are committed and dedicated and who are representative of their peers in the class and of the learner population of the school. Finding and keeping peer educators can be extremely challenging according to the UNAIDS Report (1999a:9). Because peer educators are volunteers, a high level of motivation and commitment is expected of people wanting to take on the job. The United States Aid International Development (USAID) funded AIDSCAP Programme (1996:15) developed a tool for selection and recruitment process. The tool has selection criteria for peer educators to ensure that the most suitable people are selected on the programme.

Deutsch and Swartz (2002:108) recommend that peer educators should be selected from a representative sample of the school including learners involved with sports, representative council of learners, arts, culture and drama, technology learners and some who have behavioural problems so that their peers can easily relate to them. Figure 2.7 is a schematic representation of the selecting and recruiting process to include as much representation of the student body as possible.

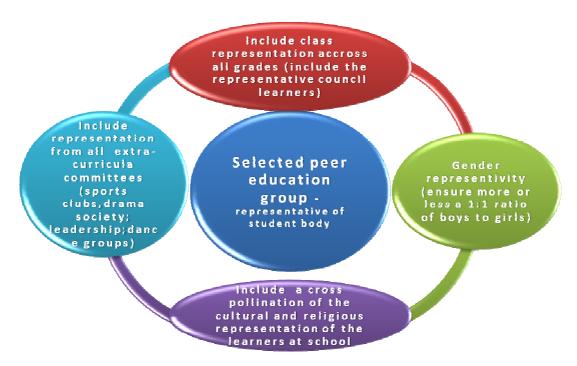


Figure 2.7: Selecting and recruiting of a representative peer education group

Source: Spades Youth Development Agency, 2009

The group needs to include students from sports, drama, cultural religious groups and an equal number of girls and boys where possible. The number of participants in a group would ideally have between 20-25 participants. The selected peer education groups would have to be equipped with skills to deliver services to their peers (young people at schools and in their community).

Toseland and Rivas (2009:23) identify a peer education group as an educational group as well as a growth group where skills and competencies need to be acquired. Corey (2000:278) agrees that growth is attained through building of skills and competencies. Therefore the NGO need to have a structured training programme which addresses the training needs of the newly selected peer education group to fulfil their roles as peer educators. The group is a closed group and new participants may not join as they come and please.

Unlike the open-ended group referred to in Shulman (2009:371) where the group members can join and leave as they please, the peer education group is a *closed* group of members, where the selected group remains contracted for the life of the group (Corey, 2000:91). For this reason it is of the utmost importance to select dedicated and committed learners who are academically competent. Educators maintain that learners should also be chosen who are not going to be in the office for bad behaviour, playing truant or being late. The group

will not gain credibility from the staff and learners if their members are constantly being disciplined for one or other transgression of the school's code of conduct.

Deutsch and Swartz (2002:111) caution that the selected group is not homogenous, but rather a heterogonous group as representative of the student body as possible. Learners will relate easily to peers which they can identify with. A soccer player may find it more comfortable and relate better to a soccer player who is a peer educator. Similarly a girl in the drama group who is a peer educator may relate easily to her peers doing drama and so on.

Once learners complete a selection form, a panel made up of educators, student leaders (representative council of learners) and school management team (principal or vice principal) select suitable candidates. Two or three candidates who are experiencing behaviour problems may be co-opted in the group so that they may learn from their peers during the training sessions.

At the first meeting of peer educators, their roles and responsibilities should be clarified and a contract of commitment should be signed as recommended by several NGOs. The peer education manuals have codes of conducts for peer educators in which the peer educators sign to behave in a particular way and attend the training and support sessions. This is done to ensure that the peer education group is structured and operate within a mutually agreed framework of operation. At the opening meeting the youth workers provide each peer educators with a copy of the peer education training programme and a provisional time frame so that they have an overview and understanding of the training programme.

The last part of the discussion focused on a presentation made of an HIV and AIDS preventative peer education programme that is implemented by youth workers. The programme is the common denominator for what is to follow in the next chapter where the discussion continues with how such a programme is implemented in a high school setting, the features of NGOs and the role that the youth workers play when implementing the HIV and AIDS preventative peer education programme as a strategy for HIV and AIDS prevention amongst young people.

#### 2.8 CONCLUSION

Chapter 2 provided a broad context HIV and AIDS in which an international, a sub-Saharan, national and local perspective of the extent and impact of the HIV and AIDS pandemic was first discussed. The next part of the discussion centred round two broad strategies that the South African government is embarking on to address HIV and AIDS in the country with a particular focus on HIV and AIDS prevention. The discussion was then narrowed down to an HIV and AIDS prevention strategy amongst young people. The last part of the discussion then focused on one of the strategies that stems from HIV and AIDS prevention amongst young people namely the structure of HIV and AIDS preventative peer education programmes. In the Chapter 3, high schools are first discussed as a setting for HIV and AIDS for the implementation of HIV and AIDS preventative peer education programmes. This is then followed by a discussion on the features of NGOs as drivers and managers of the peer education programmes and finally the focus will be on the role of youth workers that implement the peer education programme.

#### **CHAPTER 3**

HIGH SCHOOLS AS SETTINGS, THE FEATURES OF NGOS AND THE ROLE OF YOUTH WORKERS IMPLEMENTING HIV AND AIDS PREVENTATIVE PEER EDUCATION PROGRAMMES.

#### 3.1 INTRODUCTION

In the previous chapter, the context of HIV and AIDS prevention was first discussed. Chapter 2 concluded with a presentation of an example of an HIV and AIDS preventative peer education programme. Following the discussion, Chapter 3 focuses on how high schools become a viable option as settings where HIV and AIDS preventative peer education programme is implemented, the features of NGOs as effective managers and drivers of the programme and the role that youth workers play when implementing the programme as part of South Africa's broad strategy of HIV and AIDS prevention amongst young people. Figure 3.1 is a schematic illustration of the conceptual framework of Chapter 3.

# Chapter 3

THE FEATURES OF HIGH SCHOOLS AND NGOS AS SETTINGS FOR PEER EDUCATION AND THE ROLE OF YOUTH WORKERS IMPLEMENTING HIV AND AIDS PREVENTATIVE PEER EDUCATION PROGRAMMES.

## Introduction

High schools as a setting for HIV and AIDS prevention.

NGOs implementing HIV and AIDS prevention programmes

Role of youth workers implementing HIV and AIDS programmes

#### Conclusion

Figure 3.1: Conceptual framework of Chapter 3

## 3.2 High schools as settings for HIV and AIDS prevention

As mentioned in the previous chapter, high schools has been identified as the institutions that young people between the ages of 15-24, the most vulnerable target group affected by HIV and AIDS, are found. Therefore high schools would be a suitable setting for any large-scale interventions aimed at HIV and AIDS prevention amongst young people. Furthermore, the knowledge gained with regards to HIV and AIDS prevention can then easily be communicated to the parents of trained peer educators, peers and young people out of school producing a cascade effect of HIV and AIDS knowledge transmitted throughout their communities. The next part of the discussion will focus on HIV and AIDS education that is currently being implemented as part of South Africa's broad strategy of HIV and AIDS prevention aimed at curbing the spread of HIV and AIDS amongst young people.

#### 3.2.1 HIV and AIDS prevention in South African high schools

Schools in South Africa have a direct link with the country's National Department of Education mandated to primarily educate its citizens but also to develop, protect and keep them safe. Van der Westhuizen (2002:113) describes schools as government educational organisations that facilitate the production and dissemination of knowledge. As part of broad intervention strategies such as addressing the scourge of HIV and AIDS amongst young people, governments may use schools as a structured organisation that enables the vertical transference of their policies and programmes.

Schools have significant roles to play in the prevention of HIV and AIDS amongst learners. Wood (2008:37) views the school as having the responsibility of protecting, educating and socialising young people. The aforementioned responsibilities include HIV and AIDS prevention as it is a life threatening disease that puts all people, particularly learners of school-going age, at risk. Having accurate information regarding the prevention of HIV and AIDS may save their lives. Consequently, should the knowledge that learners have acquired be transmitted to their peers, parents and communities, large-scale prevention of HIV and AIDS can be attained.

#### 3.2.2 HIV and AIDS intervention strategies at high schools

HIV and AIDS prevention at high schools takes the shape of broad intervention strategies: the development of acts and policies and the implementation of HIV and AIDS programmes. Two broad intervention strategies pertaining to high schools will now be discussed.

#### 3.2.2.1 Strategy 1: Developing policies and acts

The first strategy relates to the development of policies regarding HIV and AIDS prevention of learners at schools in South Africa. A social policy is governments' intention to provide funding and resources to its citizens according to a set of norms and standards (Baldock, Manning & Vickerstaff, 2003:4). The development of national policies of HIV and AIDS pertaining to high schools fall under the mandate of the South African National Education Department. The South African National Department of Education has developed educational acts and policies that deal with HIV and AIDS at all public schools in South Africa. The South African Schools Act (Act 84 of 1996) is the over-arching act that covers a variety of policies, including an HIV and AIDS national policy that deals specifically with issues relating to HIV and AIDS (Raniga, 2007:74).

#### The National Education Act 1996

Social policies and acts include formulating rights that protect citizens according to Baldock *et al.* (2003:66) and Hall and Midgley (2004:7). National policies are developed with particular reference to the laws of the country. The highest laws of South Africa are contained in the Constitution of South Africa (1996). The Constitution of the Republic of South Africa, (1996) is the over-arching primary policy that protects the rights of all South Africans. Section 27 and 28 of the Bill of Rights of the Constitution (1996:7) states that every child has a right to: "Basic nutrition, shelter, basic health care services and social services..." This policy statement ensures that every effort should be made by the state to prevent children from being infected with the HIV and AIDS virus and ensures that children who are affected by or infected with HIV and AIDS are given the necessary treatment and or grants to survive. Thus all children irrespective of their HIV status should be treated equally in all spheres of life. Most children attend schools in the country. As part of their

mandate the National Education Department has developed acts and policies to educate and protect the rights of learners at school.

The National Education Act 1996 (Act 27 of 1996) has a section that has specifically been developed that deals with matters regarding HIV and AIDS. The Act has been developed for learners and educators at all public schools and Further Education and Training Colleges. The National HIV and AIDS Policy Act 27 (1999:6-16) covers some of the following aspects of HIV and AIDS education at schools and colleges:

#### Non-discrimination

Learners (and educators) may not be discriminated against because of being HIV positive. Human rights education must be taught in order to prevent discrimination. South African schools are compelled to teach human rights education as part of their HIV and AIDS life skills training, including non-discriminatory practices reflected in the school policy of all public schools in South Africa, guarding the rights of learners at school (Hall & Midgley, 2004:7).

#### Voluntary counselling and testing

No learner (or educator) may be tested for HIV and AIDS as a prerequisite to gain employment as an educator or attend a school as a learner. Learners (or educators) may not be forced or be compelled to undergo Voluntary Counselling and Testing for the sake of getting to know their HIV status. Learners or educators who are forced to undergo VCT for admission have a human rights violation case against the school and /or the Minister of Education. Yet the school as an effective organisation is tasked with providing *all forms* of education for the protection of learners and educators *including VCT* (Van Der Westhuizen, 2002:114; Van Wyk, 2008:60).

#### HIV-positive learners

HIV-positive learners should be treated with respect and not be discriminated against. Learners who are incapacitated as a result of HIV and AIDS may be exempted from school attendance in terms of Section 51 of the Republic of South Africa Schools Act of 1996 (Spades 2009: 11; Youth for Christ 2009: 22).

#### South African National Policy on HIV and AIDS

The South African National Life Skills and HIV and AIDS School policy, protecting the constitutional rights of all learners in South Africa, has a primary objective of strengthening national education with regards to HIV and AIDS prevention in schools in South Africa. The policy covers matters relating to addressing the lack of institutional capacity that the National Department of Education has to implement HIV and AIDS programmes at schools; the lack of suitably qualified trainers to train, equip and support schools with the implementation of the National Policy as well as assisting learners and educators affected and infected by HIV and AIDS. Another Act that has been established that relates to learners of school going age is the Child Care's Act 41 of 2007.

#### The Children's Amendment Act 41 of 2007

The Children's Amendment Act 41 of 2007 shifted the emphasis from the unfit parent to the child in need of care. In March 2008 the Children's Bill has been presented to Parliament in which the needs of the most vulnerable groups of children (street children, child- headed households, child prostitution, abandoned, neglected and abused children and HIV-positive children) are articulated with appropriate protocols and strategies. The rights of children are protected in the new Children's Bill of South Africa along with legal representation for children in a Children's Court. Learners at school are still regarded as children and legally fall under the Children's Amendment Act 41 of 2007. The legal rights of children (learners at high schools) to request for an abortion without having consent from the parents for example, is stipulated in the aforementioned Act.

#### • South Africa Strategic plan for HIV and AIDS and STI's (2007-2011).

Another pertinent reference that stems from the National HIV and AIDS Policy is that South African government develops a national response to HIV and AIDS. The National Department of Health, Education and Social Development has formed a partnership in the form of an inter-ministerial task team to develop a strategic plan for South Africa in terms of HIV and AIDS and STI's (South Africa's Strategic Plan for HIV and AIDS and STI's (2007:4).

HIV and AIDS prevention has been identified as one of the major national priorities in the other three priority areas are treatment, care and support; human and legal rights and lastly monitoring, research and surveillance.

The Strategic Plan proposes an ambitious task of reducing the rate of HIV and AIDS infections by 50% by 2011. The emphasis is to ensure that South Africans remain AIDS free. The way the document proposes to achieve this is by employing some of the following strategies:

- Improving access to condom distribution
- Reducing incidence rates amongst high risk groups (such as sex workers)
- Delaying sexual début amongst 14-17 year olds.
- Using communication strategies to raise awareness amongst healthy sex practices.
- Strengthening HIV and AIDS prevention programmes
- Ensuring relevant HIV and AIDS services for 15-24 year olds.

#### South Africa National Youth Policy Framework

A further policy framework that supports HIV and AIDS prevention amongst young people is the South African National Youth Policy Framework. According to the South African National Youth Policy Framework (2005:8), HIV and AIDS prevalence and incidence amongst young people are on the increase. However, it does not have clear policy guidelines on matters relating to HIV and AIDS, instead it advocates for an inter-sectoral approach to be adopted when dealing with the spread of the disease. Furthermore, the South Africa National Youth Policy Framework identifies HIV and AIDS as a key priority area that needs intervention.

The above acts, policies plans provide a policy framework for the first broad intervention strategy that the South Africa has to deal with the HIV and AIDS pandemic that is able to be used at high schools. The next strategy is the implementation of programmes that need to address HIV and AIDS at high schools.

As previously stated children and young people are a vulnerable grouping in terms of HIV and AIDS. School-aged youth comprise almost 55% of the South African population. According to the First South African National Youth Risk Survey (2002:15), 12 million

children are enrolled in schools which make up for 28% of the total population of South Africa. Schooling is compulsory for all children between the ages of 7 and 15 according to the Schools Act of 1996. High schools provide access to a large number of young people as previously stated. The fact that learners are compelled to be at school until 15 and HIV and AIDS education as compulsory at both primary and high schools ensures that most learners of school going age will be exposed to HIV and AIDS education.

## 3.2.2.2 Strategy 2: The implementation of HIV and AIDS programmes at high schools

For policies to be effective, it needs to be implemented in the form of programmes. Hall and Midgley (2004:16) explain how the state uses NGOs to develop disadvantaged groups in society through the implementation of programmes. The second strategy is the implementation of the National Education HIV and AIDS programme at high schools in South Africa. The next part of the discussion focuses on how the National HIV and AIDS policy is implemented in the form of an HIV and AIDS education strategy as part of South Africa's broad strategy for HIV and AIDS prevention amongst young people.

#### HIV and AIDS education

The following aspects will be discussed regards to the implementation of a National HIV and AIDS policy in the form of HIV and AIDS education: the two phases of learning at high schools namely the General Education and Training phase (Grades 8 and 9) and the Further Education Training (Grades 10, 11 and 12). The discussion then broadens out into areas covered in the Further Education and Training phase covering the aspects of areas of development pertinent to HIV and AIDS training covered in the curriculum (self-development; cognitive development; emotional development and sexual development). The reason for further deliberation on the modules in the Further Education and Training phase is because most learners in that phase fall directly in the 15-24 age group, the most vulnerable target group of HIV and AIDS as previously mentioned.

#### Two Phases of learning at high schools

The National Curriculum Statement (Education Act 27, 1996) is adopted by the South African National Department of education in which all educational protocol, policies and programmes are stipulated. This is aligned to the South African Qualifications Authority (SAQA) in which HIV and AIDS education is contained in the Life Orientation curriculum that is a compulsory subject in all grades from Grade 1-12. This means that all learners at high schools are exposed to HIV and AIDS education and are assessed according to the criteria set for each grade. At high schools there are two Phases in which the HIV and AIDS curriculum is delivered: The General Education Training (GET) particular to Grades 8 and 9 which is followed by the Further Education and Training Phase for Grades 10,11 and 12 (Van Dyk, 2008:168).

The General Education and Training curriculum of HIV and AIDS education is a building block of competencies, values, knowledge and attitudes. Some of the critical outcomes of HIV and AIDS education as listed by Van Dyk (2008:168):

- Understanding how their bodies function
- Reproductive health
- Understanding high risk behaviour
- Communication, decision making and problem solving skills
- Gender roles, gender equality
- How HIV and AIDS affect communities

Learners in the FET phase fall directly into the most vulnerable grouping and HIV and AIDS education should employ innovative and creative strategies with rigour to affect a desired behaviour change (Williams, 2008:61; Wood, 2008:129). In the Further Education and Training curriculum, grades 10, 11 and 12 learners are expected to address all development aspects of HIV and AIDS in a holistic manner.

Figure 3.2 is a schematic representation of the areas of holistic development: self development; sexual development; emotional development; moral development and cognitive development of learners within the context of HIV and AIDS education.

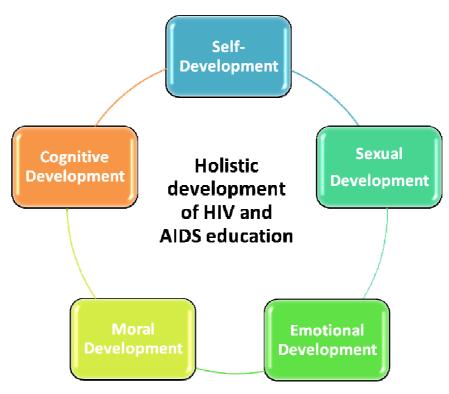


Figure 3.2: Holistic development of HIV and AIDS education

Source: Van Dyk, 2008

#### • Self development

Who am I? This is a popular question that is used for developing an understanding of the concept of self. Balk (1995:130), Binneman, Groenewald, Michaels, Prince, Reinders and Steyn (2004:8) and Meyer, Moore and Viljoen(1997:218) are of the opinion that young people want to establish their identity in their adolescent years. The opinions of their peers are of the utmost importance to them. It is at this stage of their lives that they experience peer pressure most, want to be accepted by their friends and want to belong. Wanting to discover themselves and their sexuality, they pursue the habits of their friends and start to participate in high risk behaviour.

Their body image of how they are perceived to be by their friends and peers are of the utmost importance to them. It is at this stage of their lives that they forge friendships (good and bad) and are influenced by them, according to Bezuidenhout (2008:104). Having low self-esteem and confidence or a poor self-image can make adolescents so much more vulnerable to the bad influences of their peers. The need to be accepted or to belong is just so much more acute at this stage of their lives.

#### • Sexual Development

Patient and Orr (2008: 44) explain the body changes of young people in a very candid way and encourage young people to speak; dialogue and debate about issues of sex and sexuality in an open, yet respectful manner. Controversial issues such as masturbation, wet dreams, homosexuality and STI's need to be spoken about openly so that learners can speak about these topics with maturity and understanding. Through dialogue and debate with girls and boys of similar age both views can provide valuable insight of the way opposing sexes relate to controversial issues. Knowledge and understanding of sexual development of both girls and boys are developed through dialogue and debate.

#### • Moral Development

The morals and values of young people are very important within the context of family life. Bezuidenhout (2008:238) describes how HIV and AIDS are affecting family life. With the advent of parents dying from HIV and AIDS related illnesses, more child-headed households are emerging. With very little or no financial support young girls are taking up prostitution to sustain their livelihoods. Van Dyk (2008:188) recommends that young people are educated to develop personal values and morals. This will assist them with making moral choices about their lives that may affect who they become in the adult world regarding morals and values they ascribe to in their adolescent years, as suggested by Wood (2008:25).

#### • Cognitive Development

Cognitive development encompasses critical thinking, decision- making, problem solving and scientific reasoning. Meyer *et al.* (1997:335) and Villarruel *et al.* (2003:373) highlight the fact that people achieve self-efficacy through cognitive development. Inherent is the belief that people want to achieve and fulfil their needs and goals. HIV and AIDS is a life threatening disease and learners have to develop cognitive skills to remain free from AIDS.

#### • Emotional Development

Adolescents display lot of emotional changes a result of the changes in their lives. They develop negative emotions, mood swings and emotional outbursts, and rely on the interaction on their friends to satisfy their emotional needs. This allows for an intense desire to belong and increase their involvement with peer groups (Van Dyk, 2008:187).

From the discussions it becomes evident that high schools are viable settings for the implementation of peer education programmes used as an HIV and AIDS prevention strategy to reduce the increasing rates of prevalence of HIV and AIDS in South Africa. Firstly, because a large mass of the target grouping, young people between the age of 15-24, are at high schools and secondly, because high schools form part of the governments mandate to provide education (including HIV and AIDS) as part of developing young people. In support of the compulsory HIV and AIDS education programme delivered across all grades at public schools in South Africa, NGOs deliver HIV and AIDS prevention peer education programmes in high schools in communities most affected by HIV and AIDS, which will be the next focus of the discussion.

## 3.3 THE FEATURES OF NGOs IMPLEMENTING HIV AND AIDS PREVENTION PROGRAMMES

The HIV and AIDS preventative peer education programmes extend the HIV and AIDS education programmes provided at high schools *beyond the walls of the classroom*. These programmes are implemented by non-government organisations (NGOs) as a strategic partnership of the South African government's broad strategy of HIV and AIDS prevention amongst young people. The Non-Profit Act of 1997a allows for South African NGOs to register as organisations not for gain. More than 5064 Non-Profit Organisations registered by March 2002 demonstrating the immense support that civil society in South Africa has of the NGO sector in South Africa (Patel, 2005:194).

#### 3.3.1 Definition of NGOs

Garg (2008:3) describes a Non-Government Organisation as an association of persons or a body of individuals with a definite name and common purpose with a common objective.

Furthermore, Swanepoel and De Beer (1997: 65, 66), in concordance with the previous author defines NGOs as autonomous, privately set up non-profit-making institutions that support, manage or facilitate development action. NGOs that participate in HIV and AIDS related matters can be broadly defined as non-profit organisations that have been established to champion the causes of vulnerable groups in society with the developmental aim of improving circumstances and lives of less privileged people. On the other hand, Feher (2007:288) argues that Non-Governmental Organisations are organisations of a humanitarian nature established around a particular motive. There is consensus however that non-governmental organisations (NGOs) are being recognised as important role players in the development of people and communities all over the world.

#### 3.3.2 Characteristics of NGOs

Perhaps the most dominant characteristic of NGOs is that they are established as voluntary organisations not for gain (Elsdon, 1995:116). This does not mean that they do not gain anything. On the contrary they make social gains but unlike corporate who have profit motives their profits can be measured in positive social change of individuals, groups and communities.

#### 3.3.2.1 Organisations not-for-gain

Unlike private companies and concerns that are established as businesses and operate to make a profit, non-governmental organisations are established as organisations not-forgain. This means that they do not have a profit motive as previously stated. NGOs depend on grants, donor aid and contributions from government and civil society to operate and remain sustainable, protecting human rights (Feher, 2007:31).

#### 3.3.2.2 Cost-effective delivery systems

Habib and Kotzé (2002:4) characterise NGOs as organisations that are not hindered by bureaucracy; having more efficient and cost-effective service delivery systems than government and are better equipped to deal with communities at grassroots level. NGOs are therefore seen as organisations that have more service delivery efficacy than government.

#### 3.3.2.3 Forming partnerships

NGOs do not operate in silos. Instead they partner with organisations and institutions on common projects and causes. Often government and NGOs form strategic partnerships when providing service to civil society. The implementation of HIV and AIDS preventative peer education programmes at high schools is an example of a partnership between government and NGOs. The Global Fund, an international donor organisation, provides the funding to the Department of Health and Education in South Africa. A part of the funding is apportioned to the implementation of HIV and AIDS preventative peer education programmes at high schools. NGOs are used as a cost-effective partner that does not have the ambition of securing profits.

#### 3.3.2.4 Organisations driven by purpose

Feher (2007:304) characterises NGOs as having the political motive of advancing human rights. Within the context of HIV and AIDS prevention, the rights and dignity of people living with HIV and AIDS are often in question. HIV and AIDS organisations, such as the Treatment Action Campaign has a strong lobby group that defends the rights and dignity of people living with HIV and AIDS (Treatment Action Campaign annual report, 2008).

#### 3.3.2.5 Specialising in particular fields

NGOs develop vision and mission statements in which they articulate their constitutional purpose and areas of specialisation. According to Swanepoel and De Beer (1997:69), NGOs can be classified into four functional categories: specialized, welfare, developmental and advocacy NGOs. HIV and AIDS prevention can be operationalised by all four functional categories of NGOs; these categories will be discussed in the following section.

#### Donor NGOs

Specialized NGOs such as the International Monetary Fund, The World Health Organisation, United States AID and the Global Fund are international donor agencies specializing in providing donor funds for large scale projects in countries specifically to reduce HIV and AIDS (Hall & Midgley, 2004:19).

#### Welfare NGOS

Welfare Agencies such as St. Luke's Hospice, The Sisters of Mercy, Child Welfare and Catholic Welfare and Development are examples of localised welfare agencies that provide programmes in HIV and AIDS related issues such as home based care for AIDS sufferers, shelter for orphans and vulnerable children and assist with providing grants for HIV and AIDS patients.

#### Developmental NGOs

Developmental organisations have the aim of improving the lives of specific vulnerable groupings. Cape Flats Development Organisation, Masifundise Development Organisation and Spades Youth Development Organisation are examples of non-governmental organisations that develop people in local communities. These organisations have HIV and AIDS prevention programmes targeting specific vulnerable groups according to their strategic operational plans.

#### Advocacy NGOs

Treatment Action Campaign, led by Dr. Z. Achmat, is a well- known example of a National Advocacy NGO that lobby government on various issues relating to HIV and AIDS. They have received many accolades from the international NGO community for the vociferous way they have managed to challenge the leadership of the South African Government on matters relating to the roll out of Anti-retroviral treatment programmes.

#### 3.3.3 The HIV and AIDS context in which NGOs function

Swanepoel and De Beer (1997:71) explain that NGOs operate in a societal context particular to its mandate. HIV and AIDS prevention is the context in which the peer education programmes are implemented by the Non-governmental organisations. The following section illustrates the HIV and AIDS context in which the NGO provides the HIV and AIDS preventative peer education programme.

Figure 3.3 is a schematic representation of how NGOs function within a broad context of HIV and AIDS. NGOs operate at different levels. At a macro level International NGOs

Donor Agencies such as Global Fund, PEPFAR, USAID fund large scale projects. At a meso level NGOs partner on HIV and AIDS programmes with the World Health Organisation, population agencies and internationally renowned universities such as Harvard and Yale to develop policies and programmes for countries at national levels. And at a micro level NGOs such as Spades youth development agency, Youth for Christ, and YMCA implement peer education programmes as strategies for HIV and AIDS prevention amongst young people.

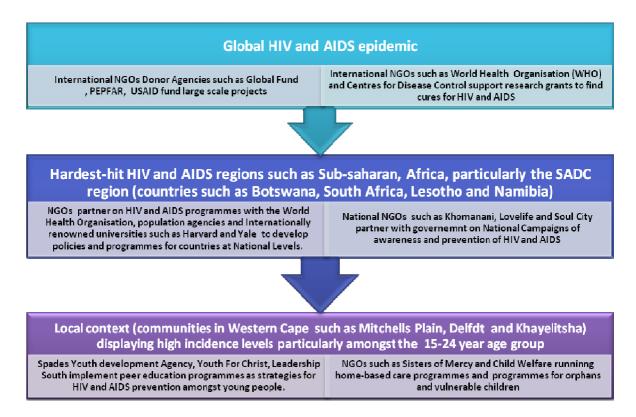


Figure 3.3: HIV and AIDS context in which NGOs function

#### 3.3.4 The strengths of non-governmental organisations

Habib and Kotzé (2002:4) prefer the fact that NGOs do not have large bureaucracies that impede development. Instead NGOs are cost-effective and efficient when it comes to delivering a service. Swanepoel and De Beer (1997:75, 76) regard NGOs as being more in touch with the needs of the community than the State. NGOs that function at community level have an advantage of knowing the needs, understanding the community and are able to deliver a high degree of community participation. Therefore, they strengthen the delivery systems of any state organ. The State is able to deliver on its constitutional mandate by forming partnerships with well established NGOs.

Patel (2005:194) explains how the State and NGOs forge partnerships with various organisations and stakeholders and are able to reach a higher number of audience (targets) within a shorter space of time. Such collaborations and partnerships are more effective instruments of service delivery. Furthermore, Deutsch and Swartz (2002:13) alludes to the fact that NGOs are known for their creative work with youth. Camps and outdoor activities have become common practice with NGOs. They have developed more competencies and skills in this regard, but not all NGOs are necessarily skilled and competent.

#### 3.3.5 The challenges of Non-governmental organisations

One of the challenges of NGOs pointed out by Habib and Kotzé (2002:4) is that NGOs may rely on the funds of donors who may have hidden agendas. Receiving their funds may compromise the purpose, vision and mission of the NGO. Some political organisations for example may use NGO's to garnish support from communities at grassroots level and offer NGOs funds for programmatic activities as a way of buying in support. Another weakness of NGOs according to Habib and Kotzé (2002:4) is that they become "co-conspirators" in governments' plans to reduce their workforce by farming out the work to NGOs. This process contributes to unemployment and poverty and may worsen basic living conditions of the less fortunate.

Patel (2005:194) explains that despite many NGOs doing sterling development work in impoverished communities, they may not be registered properly and have governance challenges. Capacity building programmes are recommended for the development of such NGOs and CBOs.

Furthermore, Swanepoel and De Beer (1997:75) refer to three critical challenges that NGOs may face. The first weakness is that their staff may not be adequately trained to perform their functions; the second weakness identified is that projects are not sustainable and the third weakness is that not enough time is spent on planning, organisation and management. International NGOs are run by highly skilled professionals in all aspects and functions of the NGO. The authors are maybe referring to grassroots NGOs that are grappling with funding and subsequently has to rely on unskilled or semi-skilled personnel to perform their duties. This further weakens the quality of the programme on reaching the desired impact that the programme was intended to have.

Deutsch and Swartz (2002:29) caution that some of the following weaknesses may lead to the failures of programmes. Firstly the NGOs should clearly define objectives for the programmes so that successes (or failures) can be measured. Secondly, that not enough resources is secured by the NGO to deliver the programmes and thirdly a failure to secure multi-agency support. All these weaknesses impact on the sustainability of the NGO to deliver programmes.

NGOs implementing HIV and AIDS preventative peer education programmes are particularly vulnerable if sufficient funding is not secured over a long period of time (3-5) years). An international HIV and AIDS donor agency, The Global Fund (2009), has previously funded the Western Cape Education Department Peer Education Programme for a period of 5 years. The Western Cape Departments of Health and Education are currently in the process of negotiating for further funding, for the period of 2010 to 2015. Not securing this contract may leave some NGOs in dire straits. Depending on the level of their capacity and sustainability, some NGOs may even have to close.

## 3.3.6 The capacity of NGOs to implement sustainable HIV and AIDS peer education programmes.

The capacity of NGOs to deliver sustainable peer education programmes depends greatly on their financial and human resources. Well-resourced NGOs are able to survive the harsh economic climate facing the NGO sector. In South Africa there is a limited amount of funding available to fund the programmatic activities of NGOs, leaving the weaker NGOs with limited capacities in the cold. There are a few characteristics that NGOs may have which may improve the sustainability of their peer education programmes which will be discussed in the following section.

#### 3.3.6.1 Well-governed programmes

Villarruel *et al.* (2003:334-336) alludes to the fact that in order to have an effective youth programme an NGO must be governed well by a board of trustees. Van Biljon (1999:161) further explains that a board of trustees govern but does not manage the NGO. Instead the role of the board is to develop policies for the organisation and oversee the activities of the committees that it has established. The board governs the organisation, leaving the

management to the executive officer and senior staff to manage the organisation and operations on a daily basis. The board must ensure that the NGO is properly registered with the Directorate of Non-Profit Organisations and sign all contracts on behalf of the NGO.

#### 3.3.6.2 Well-managed programmes

NGOs need to operate and be managed professionally like a business environment. AIDSCAP (1996:32) insists that management can contribute to the success or failure of a programme. Organisations that have the capacity, skills and competencies in management do much better with service delivery. All aspects of management (planning, control, leading and organising) contribute to effective management. Deutsch and Swartz (2002: 29) concur with this view and add that the lack of training in management of NGOs is essential for the success of programme delivery.

#### 3.3.6.3 Sufficient resources

Garg (2008:68-71) and Swanepoel and De Beer (1997:71) highlight that NGOs need sufficient resources (funding and human resources) to implement, maintain and sustain their programmes and organisations. Very often when proposals and budgets are drafted and certain line items are not catered for, programmes are not effective. This oversight may cause to impact on the quality of the programme being delivered. Attention to detail must be given when drafting a budget which needs to be a realistic reflection of the expenses that needs to be incurred for the success of the programme. NGOs are faced with additional costs as funders are hesitant to add budgets as a result of an oversight from the NGOs. This may strain relationships and impact on future funding.

#### 3.3.6.4 Financially sound systems

NGOs are expected to have sound financial systems. At the end of each financial year, audited and narrative reports are required to be handed into donors as well as the Directorate of Non-Profit Associations. The board is responsible for ensuring that sound financial systems are kept, according to Van Biljon (1999:162). Deutsch and Swartz (2002:134) include the monitoring of financial controls as part of the system to ensure

sustainability. Issues of cost-effectiveness and efficiency (savings) can be ascertained easily when financial systems are in place.

#### 3.3.6.5 Organised systems of record keeping

Deutsch and Swartz (2002:140) and Williams (2008:111) state that record keeping is essential in the administration of effective business practice. Keeping accurate records that are filed properly (computerised and hard copies) lubricates the smooth running and efficiency of the daily operations. Records are needed for processes such as financial controls, measuring impact, monitoring & evaluation and presentations to donors.

#### 3.3.6.6 Systems of monitoring and evaluation

UNAIDS (1999 b: 14) highlighted the lack of monitoring and evaluation systems in place to ensure rigorous measurement. NGOs should be including systems such as monitoring and evaluation as part of their planning for programmatic activities. Deutsch and Swartz (2002:139) recommend that records are kept of all activities, meetings, observations, and delivery and training sessions as a means of verification. NGOs may use the recommendations in the evaluation reports to secure further funding for their organisation.

From the above discussion it is evident that, as drivers and managers of HIV and AIDS preventative peer education programmes at high schools, NGOs play a significant role as partners in the broad strategy of HIV and AIDS prevention amongst young people in South Africa. Furthermore, they are organisations established not for gain and are able to implement cost-effective programmes at grassroots level. NGOs are humanitarian in nature and function with less bureaucracy than government departments making them more efficient and capable to deliver services to communities with greater speed.

### 3.4 ROLE OF YOUTH WORKERS IN THE CONTEXT OF IMPLEMENTING HIV AND AIDS PROGRAMMES

The previous discussion dealt with NGOs as managers and drivers of the HIV and AIDS preventative peer education. The focus of this part of the discussion is centred round the role of the youth worker employed or volunteering at these NGOs. The definition and characteristics of youth workers are first discussed. This is followed by the training skills

they need to implement effective peer education programmes; the common errors that youth workers make and the importance of supervision. Chapter 3 concludes the literature review with a focus on the some of the challenges youth workers may face when implementing HIV and AIDS preventative peer education programmes at high schools.

#### 3.4.1 Definition of a youth worker

Villarruel *et al.* (2003:382) define youth workers as persons of any age working with young people of adolescent age having multiple-roles in their daily work. Youth workers perform a variety of functions when they implement peer education programmes. Some of their functions include: the facilitation of training sessions with peer educators; conducting reflection and debriefing sessions; organising activities and co-ordinating community projects (Deutsch & Swartz, 2002:114; Williams, 2008:61).

#### 3.4.2 Training skills of youth workers

The method used by youth workers to impart knowledge, values, skills and attitude is through a process of facilitation. Rooth (1995:9) describes facilitation as a process enabling people to discover the knowledge they already have and the ability to generate further learning through an active participatory process. This is very different from instructional teaching where the learner is the passive recipient and the teacher is the expert in the learning process. Williams (2008:61) and Wood (2008:113) concur with the view that youth workers have to be skilled trainers in order to equip peer educators with skills needed for an HIV and AIDS preventative peer education programme.

#### 3.4.2.1 Managing time effectively at schools

Youth workers are expected to arrive on time for their sessions with the peer education group. Managing time effectively means that sufficient time be allocated according to what needs to be done. Rooth (1995:10) proposes that sufficient time needs to be allocated for the group to actively be involved in the session. Corey (2000:117) explains that all group members need to feel included in the process. Therefore when facilitating group discussions it is necessary that youth workers ensure that one member does not dominate the discussions. It is important that sufficient time is allocated so that all peer educators are given time to reflect or share their ideas within the allocated time of their session.

#### 3.4.2.2 Teaching strategies

There are certain methods and techniques in which youth workers may learn to be effective facilitators. The following techniques have been identified by Rooth (1995:11, 12) and Williams (2008) for peer group facilitation by the youth worker. Figure 3.4 is a schematic representation of various learning strategies used during facilitation. Activities such as, role-play; team building games; ice-breakers; dialogues and debates; listening to the lyrics of music; writing their own poems and songs; camp experiences; outdoor hikes; lesson deliveries; running assemblies and community projects can be used by youth workers when implementing peer education programmes.

#### Role-Play

Youth workers determine themes which peer educators act out. This is never predetermined or rehearsed.

#### Games and ice breakers

Peer educators play games to relax and connect with each other. Games and ice breakers break the monotony within the session and are considered to be a fun element that could evoke laughter and excitement.

#### Dialogue and debates

Peer educators choose topics that they can debate. Two groups with opposing views debate the issue. The facilitator summarises the outcomes at the end of the discussion.

#### Listening to the lyrics of music/writing their own poems and songs

Sensitive issues such as abortions, suicides, neglect and abuse that involves intense feelings and emotions can be expressed through writing poems and songs. Peer educators use their creativity as a "homework task" and present to the group during the next session.

#### Camp experiences/Outdoor hikes

This is a popular incentive for participants to work towards.

Peer educators regard this as a social experience. Many activities can be done at camps to motivate, encourage and even train participants. Outdoor excursions, such as hikes are used as team building exercises.

#### **Lesson deliveries**

Peer educators can present lessons to their classmates or the lower Grades in teams.

This can be done in a formal structured way supervised by the youth worker and educators. Essential training is needed before lesson deliveries take place.

#### **Running assemblies**

As a group activity peer educators can host an assembly where they share their views on a particular topic; drugs, pregnancy, HIV and AIDS. This exercise allows for the school (learners and educators) who the peer educators are and what they do.

#### **Community Projects**

Once a year peer educators can run a fun activity that highlights music, dance, role- plays of their fellow learners to highlight the fun young people can have. Each year a theme (or campaign) can be chosen such as "Learn to Love Yourself" or "Be, Believe, Become".

#### Figure 3.4: Teaching strategies used for facilitation

Source: Rooth (1995), Williams (2008).

#### 3.4.3 Qualities of youth workers

Coulshed (1991:169) is of the opinion that youth workers should be assertive and be the aware of the dynamics within the group. In order to guide a change process within a group they have to demonstrate certain qualities as depicted by Williams (2008:5), which will now be discussed.

#### 3.4.3.1 Being flexible and adaptable

The ability to improvise and making the best out of a bad situation are traits that allow for the youth worker to be flexible and adaptive, as recommended by Rooth (1995:15). Very often schools may change their timetables or send the learners on excursions without notifying the youth workers or organisation.

Youth workers must remember that the school's academic demands far exceed the developmental programmes offered by NGOs. Fostering and maintaining good relationships with educators at schools must allow for the facilitators to be adaptable so that the intervention cannot be seemed as interference at school (Deutsch & Swartz, 2002:58).

#### 3.4.3.2 Being competent listeners

Villarruel *et al.* (2003:254-264) contends that youth workers should be competent, connect with peer educators and have confidence when listening to their challenges. Part of the training of youth workers need to include the developing of good listening and attending

skills. Youth workers are always asked to listen to the views and opinions of peer educators. By demonstrating good listening skills peer educators in turn learn to do the same as their peers. Active listening involves being present when spoken to; not interrupting when someone is speaking and constantly being able to accurately reflect what is being said. With clarity comes a deepened understanding which in turn promotes effective communication (Egan, 1998:65). A skilled listener will develop an understanding of verbal as well as non-verbal messaging.

#### 3.4.3.3 Creating a trusting and an enabling environment

Both authors, Coulshed (1991:166) and Rooth (1995:17) emphasise the need for training in conflict management as youth workers may experience some conflict when implementing the peer education programme from time to time. It is important for youth workers to ensure that peer educators feel safe and protected in the group sessions. They often expose their feelings and share intimate details of their experiences. A good facilitator ensures that the physical environment is warm and friendly and that ground rules are set. The youth worker must not be judgemental, discriminatory or show preference to the views of a few of the members. A trusting environment needs to be established in which the whole group of peer educators is able to feel comfortable and at ease (Corey, 2000:99).

#### 3.4.3.4 Being creative and innovative

Youth workers must participate in the design of the peer education programme and inject creative and innovative processes that peer educators can connect with and relate to (Villarruel *et al.* 2003:334). Peer educators need to be stimulated with creative ways of reaching their peers. Music and dance are two ways of ensuring that young people are attracted to the sessions. Asking the group to write songs and poetry about a topic allows for the participants to be creative too. Letting them rap or prepare a dance as part of the session livens up the learning experience and make it more memorable. Wood (2008:129) implores facilitators to use participatory creative and innovative strategies that would be more meaningful to both the youth workers and peer educators. Rooth (1995:18) encourages youth workers to plan creative activities so that the peer educators find each session an affirming and enriching experience.

#### 3.4.3.5 Be accepting of others

Even when peer educators are obnoxious and irritating, youth workers need to be accepting without being judgemental. Van Dyk (2008:188) and Rooth (1995:21) stress that young people desire to feel accepted. Some peer educators are attention seekers and may undergo a transformation and behaviour change and grow within the group process as time goes on. Youth workers have to have patience and tolerance when working with a selected group which may include some troublesome peer educators as stated by Deutsch and Swartz (2002:108). Youth workers make errors during the facilitation of their peer education sessions. Some of the common errors made by youth workers will now be discussed.

#### 3.4.4 Common errors made by youth workers

Because one of the main roles of a youth worker is facilitating peer education group sessions, it is important for youth workers to employ effective facilitation strategies and avoid as much of the mistakes as possible. Rooth (1995:30) cautions youth workers to avoid some of the following errors summarized below:

- Non-acknowledgement: Youth workers often ignore some of the comments made in the group.
- Talking too much and rambling on and on and not giving the peer educators a chance to participate in the discussions.
- Bad time management: Not starting or ending on time.
- Being egocentric by constantly starting discussions with I.
- Having no time to summarise the debates and dialogues at the end of each session.
- By being too personal and over friendly.

#### 3.4.5 Supervision of youth workers

Programme managers need to schedule time for supervision with youth workers (Deutsch & Swartz, 2002:117-118). Supervision provides the youth workers with an opportunity for reflection, debriefing and support. The following activities are included within the supervision function (Watson & West, 2006:137).

#### 3.4.5.1 Agents of referral

Youth workers are often referred to for assistance by peer educators with regard to the challenges they may be experiencing in the field. Their peers may have gone through troublesome relationships, trauma such as rape and abuse. Peer educators refer these cases to youth workers who in turn refer these cases to programme managers and social workers.

#### 3.4.5.2 Debriefing youth workers

Youth workers should have regular sessions where programme managers provide them with an opportunity to offload some of their experiences that they find challenging or personal matters that they would want to reflect upon. High quality peer education includes processes where youth are able to reflect on their experiences in the field (Villarruel *et al.* (2003:335).

#### 3.4.6 Record keeping

Being administratively competent including sound record keeping is a competency that youth workers need to demonstrate. Because the peer education programme is measured against a set of indicators, it is essential that processes are well documented. Session reviews, targets and attendance registers are all examples of the type of records that needs to be kept by the organisation to provide scientific evidence of the intervention taking place (Williams, 2008:111).

#### 3.4.7 Basic Counselling

Organisations employing youth workers have to match the competencies and skills of youth workers with the requirements of competencies and skills needed to deliver qualitative programmes. Upon entering the field, youth workers may realize that they lack certain competencies in order to be effective. Very often the counselling component of youth work is undervalued. Youth workers are expected to "counsel" people who may not have the necessary skills and competencies to do the job. Working within an HIV and AIDS context it is important for all youth workers to have basic counselling skills needed to

be effective in their jobs. The following understanding, skills and competencies are needed to enhance the counselling experience. Van Dyk (2008:219) views counselling as a process whereby a counsellor assists a client to discover and explore ways and means to improve his or her circumstances using specialised skills. Although a youth worker is not expected to be a professional counsellor nor train peer educators to be professional counsellors, having good listening skills is imperative for the peer education programme.

#### 3.4.7.1 Listening skills

A youth worker has to be an attentive listener, but more so demonstrate to the peer education group how to be a good listener as recommended by Rooth (1995:16) and Van Dyk (2008:232). Active listening enhances the communication process and clarifies what is said and therefore what is understood.

#### 3.4.7.2 Attending

One of the most irritating disturbances during the counselling process is constant interruptions. Cell phones should be placed on silent mode (by youth workers and peer educators so that both parties can enjoy one another's full attention). Being 'present' is essential for the process to be meaningful (Van Dyk, 2008:231,232). According to Egan (1998:63), SOLER is an attending skill that can be used when helping people. Figure 3.5 is a schematic representation of SOLER – a skilled helper model of attending. Youth workers train peer educators are encouraged to apply this model when listening the challenges of their peers. Youth workers should sit squarely, having open posture, leaning slightly forward, making eye contact with their peer in a relaxed manner.



Figure 3.5: SOLER – A skilled-helper model of attending

Source: Egan (1998).

#### *3.4.7.3* Empathy

Although youth workers are often asked to give advice to peer educators about their troubled relationships or how to deal with their nagging parents, etc., they must refrain from doing so. Giving advice does not allow for growth or self-discovery. Empathy is trying to have a deeper understanding of young people's experiences by placing themselves in the shoes of others. Empathic listening allows the person to feel understood, as opined by Egan (1998:73) and Corey (2000:278).

#### 3.4.7.4 Referral

Deutsch and Swartz (2002:59) emphasises that youth workers are able to recognize young people in need of assistance and refer them to appropriate resources in the community or elsewhere. In order to do referral youth workers must complete a community audit in which they have all the telephone numbers of resources and possible have personally visited the clinics, NGOs, hospitals, police stations in the community and are able to refer peer educators based on the self-knowledge that they gained.

#### 3.4.7.5 Confidentiality and respect

It is expected of all youth workers to build trust by respecting the views, opinions and personal shared experiences and adhere to confidentiality. Breaking confidentiality not only affects the singular relationship between the youth worker and the peer educator but may jeopardise the entire peer education programme.

#### 3.4.8 Challenges of youth workers

The peer education group may start out being a core group of 25-30 peer educators and then dwindle down to 10 as the programme continues. Toseland and Rivas (2009:13) describes peer education groups as formed groups that have come together through a process of selection. Unlike natural groups, formed groups are established for a purpose. If the purpose and roles and responsibilities are not clearly stated up front, peer educators are not clear to what is expected from them, how long the programme will be and what the programme intends to achieve.

It is critical that peer educators stay committed and dedicated and that the group timing is stipulated up front. Deutsch and Swartz (2002:103) also includes that the programme objectives should be clearly articulated and presented to youth workers so that they are clear as to what they need to achieve. Time frames must be clearly stipulated as a measurement in which to achieve objectives.

#### 3.4.8.1 Lack of time frames

The timing covers issues such as: when the peer education group will meet; on what day they will meet and when does the programme start and finish. Shulman (2009:311) highlights the importance of time frames as an indicator whereby people are able to commit to a process. The time frames need to be negotiated with the school by youth workers before the programme is implemented so that the best fit plans that suit the school and the potential peer educators is made.

Bad time management of the youth workers can affect the attendance of peer educators. This may increase the attrition of peer educators as the process unfolds. Rooth (1995:26) adds bad time management as a causal reason why programmes fail. Essential planning with a variety of stakeholders (including an educator from the school where the programme is being implemented) will ensure that many obstacles are addressed so that the programme can run as smoothly as possible.

#### 3.4.8.2 Lack of vision

Corey (2000:101) is of the opinion that youth workers need to work towards a common vision and a plan for their peer education group. Without a vision and a goal-setting process the peer education group may feel that they are meeting for the sake of meeting. They cannot see their growth or progress towards their common objectives and may lose interest and eventually stay away. Making the link between the vision of the peer education group and attaining goals is critical in the process for the youth worker for promoting goal-directed behaviour within the peer education group.

Egan (1998:25) weighs up the current scenario and the formulation of a preferred scenario where future goals are explored. Without setting and exploring goals, people remain trapped in their present reality. Youth workers must develop insight into exploring their own

goals, realities and personal visions before they can assist their peers with similar tasks. Figure 3.6 is a schematic representation of peer educators working towards goals with purpose and vision.

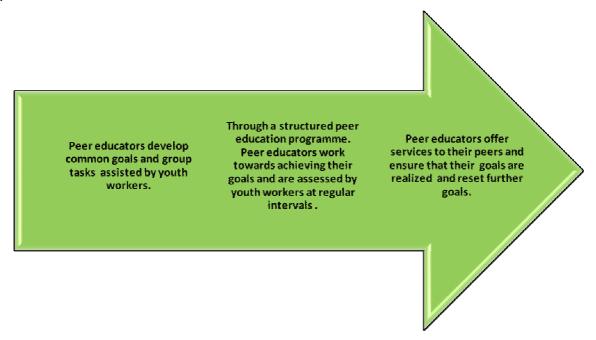


Figure 3.6: Youth workers working towards goals with purpose and vision.

Source: Spades Youth Development Agency (2009).

#### 3.4.8.3 Lack of motivation

When youth workers are not enthusiastic and motivated, peer educators become bored and lose interest in continuing with the programme. Young people need constant motivation and encouragement. After-school is not exactly an ideal time to conduct training sessions with peer educators. At the end of a school day learners are already tired, hungry and fidgety. The youth worker needs to prepare well and have games and innovative peer education strategies to keep peer educators interested in the programme. Rooth (1997:9) recommends that youth workers keep a journal of their experiences to assess and reflect on the peer educators activities. Furthermore, Corey (2000:292) adds that the peer educators will become more open and trusting if they are encouraged and motivated. Peer educators feel understood and accepted and are able to share their feelings and ideas more freely with less inhibition.

#### 3.4 CONCLUSION

Chapter 3 firstly started out with discussions centred round high schools as ideal settings for the implementation of HIV and AIDS preventative programmes as the highest rate of prevalence is in the 15-24 group. The National Education Policy on HIV and AIDS ensures that HIV and AIDS education is delivered in all the classrooms of public schools in South Africa. The second part of Chapter 3 examined the features of NGOs as service providers for HIV and AIDS preventative peer education programmes. The Chapter concluded with discussions on the various roles that youth workers play when implementing peer education programmes. This then concludes the literature review. In Chapter 4 an empirical study is conducted starting out with a methodological framework and the selection of a research design appropriate to the purpose of this study.

#### **CHAPTER 4**

# EXPLORATION OF THE EXPERIENCES OF YOUTH WORKERS WORKING AT NGOS IMPLEMENTING HIV AND AIDS PREVENTATIVE PEER EDUCATION PROGRAMMES AT HIGH SCHOOLS

#### 4.1 INTRODUCTION

In Chapter 2 and 3 a literature review was undertaken which formed the basis of the empirical study conducted in Chapter 4. The purpose of this chapter is to conduct an empirical investigation and present the research findings integrated with the literature review. Chapter 4 firstly discusses the research design and methodology that the researcher found appropriate to the objectives of the research. Interviews were then conducted with youth workers which revealed the exploration and description of their experiences. The data was gathered and offset against the literature review in the form of an empirical study. The data was interpreted and analysed. The results of the empirical investigation are presented in this chapter with the aid of tables, graphs and direct quotes. Through exploration, the researcher reveals the results of the empirical study, and describes how youth workers experience being employed at an NGO; how the HIV and AIDS preventative peer education programme is implemented at high schools on the Cape Flats in the Western Cape. Figure 4.1 is a schematic representation of the conceptual framework of Chapter 4.

#### Chapter 4

## EXPLORATION AND DESCRIPTION OF THE EXPERIENCES OF YOUTH WORKERS EMPLOYED AT NGOS IMPLEMENTING HIV AND AIDS PREVENTATIVE PEER EDUCATION PROGRAMMES AT HIGH SCHOOLS.

#### Introduction

#### Research Design

#### The Results Of The Investigation

- 1. Profiles of youth workers that were interviewed
- 2. Experiences of youth workers working in the context of HIV and AIDS prevention
- 3. The implementation of peer education as a strategy for HIV and AIDS prevention
- 4. High schools as settings for HIV and AIDS prevention
- 5. The features of NGOs implementing HIV and AIDS preventative peer education programmes
- 6. The role of youth workers implementing peer education programmes as a strategy for HIV and AIDS prevention for learners at high schools

#### Conclusion

Figure 4.1: Conceptual framework of Chapter 4

#### 4.2 RESEARCH DESIGN

Several authors, (Babbie & Mouton, 2002:309; Bless & Higson-Smith, 2004:39-44; De Vos et al. 2005:106; Neuman, 1997:18-23) agree that social research can be conducted to explore, explain or describe a social phenomenon. The researcher selected an explorative-descriptive research design for the purpose of this study using questions to illicit both qualitative and quantitative responses. As Babbie and Mouton (2002:275) explain, using a combination of both qualitative and quantitative research methodologies enhances and enriches research findings through a process of triangulation. This design is appropriate as the subject of peer education is fairly new and needs to be explored and described to narrow the gap between research and practice (Deutsch & Swartz, 2002:21).

The exploration of the experiences of youth workers depicts how they implement HIV and AIDS preventative peer education programmes at high schools. From the perspectives of youth workers the researcher is able to obtain insight and understanding of their experiences (Babbie & Mouton, 2002:309). Furthermore, a description of the peer education programme and how it is implemented as a strategy for HIV and AIDS prevention from the youth workers first-hand experiences was obtained.

#### 4.2.1 The development of the interview schedule

After the selection of the research design, an interview schedule was developed with relevant questions based on the literature review conducted in Chapters 2 and 3 as proposed by De Vos *et al.* (2005:205). Bless and Higson-Smith, (2004:104) and De Vos *et al.* (2005:170) describe the development of the questions as critical in retrieving pertinent information to the study. The questions were constructed based on the literature review conducted in Chapters 2 and 3. Questions that were constructed having closed ended responses (e.g. yes / no) were followed by open-ended questions where youth workers were able to extrapolate in more detail. This was done to afford youth workers the opportunity to provide more insight and perspective of their experiences.

#### 4.2.2 Ethical considerations

The questions were designed in such a way taking into account ethical considerations (Babbie & Mouton, 2002:529-531; Bless & Higson-Smith, 2004:11; De Vos *et al.* 2005:68; Neuman, 1997:442-445). Obtaining informed consent was one of the primary tasks that the researcher had to assume before conducting the research. Research ethics is not considered after conducting the research, but a principle that needed to be applied before, during and after the research process.

De Vos et al. (2005:59) highlight the importance of obtaining informed consent when conducting social research. The researcher approached three NGOs where the empirical study was to be conducted for consent (Annexure B). The researcher explained the objectives of the research to all the youth workers who were asked to be part of the research process. Once the youth workers agreed to participate in the study they signed a consent form. A schedule for their individual interviews was drafted by the programme manager taking into account their daily visits to schools. This was done to be as little of a

disruption as possible to their daily routines. The interviews were all conducted at the premises of the NGOs. A pilot study as recommended by De Vos *et al.* (2005:205) was firstly undertaken to see whether the questionnaire was appropriately designed.

#### 4.2.3 Pilot study

The pilot study was conducted at one of the purposively selected NGOs with three youth workers who were currently implementing HIV and AIDS preventative peer education programmes at high schools. The purpose of this exercise was to see whether the questions were clear and easily understood. All three the youth workers reported that they were able to answer all the questions with relevant ease, therefore none of the questions needed to be changed. In addition, the programme manager of the NGO indicated that all their youth workers were English speaking. The interview schedule therefore did not need to be translated into IsiXhosa or Afrikaans.

#### **4.2.4 Sample**

The 20 youth workers who were purposively selected from the NGOs were currently implementing HIV and AIDS preventative peer education programmes at high schools (Bless & Higson-Smith, 2004:92; De Vos *et al.* 2005:202; Neuman, 1997:104). The programme manager also selected the youth workers purposively taking into consideration their gender, age, academic qualification, years of experience in peer education and whether they volunteered or were employed at the NGO. All 20 youth workers were able to reflect on their experiences in their own words, from their own perspectives and opinions.

The purposive sample process is an example of non-probability sampling (De Vos *et al.* 2005:201). According to Babbie and Mouton (2002), the results of the investigation appropriate to the study may be used and adapted accordingly by other youth workers and NGOs to gain insight and understanding of the experiences of youth workers at an NGO implementing HIV and AIDS preventative peer education programmes at high schools.

#### 4.2.5 The analysis and interpretation of the data

After the interviews were conducted, the researcher collected the data for analysis. The responses on the interview schedules of all twenty youth workers were then individually

reviewed and analysed. The data was interpreted and analysed. Themes as purported in Bless and Higson-Smith, (2004:140) and De Vos *et al.* (2005:338) emerged. The following themes resulted from the analysis of the data that corresponds with the literature study: profiles of the youth workers; the context of HIV and AIDS prevention; the implementation of peer education programmes; high schools as settings for HIV and AIDS prevention; features of NGOs implementing HIV and AIDS preventative peer education programmes and the role youth workers play when implementing peer education programmes at high schools. Interestingly enough, when analysing and interpreting the data regarding the features of NGOS, it was revealed that it was similar to the *management functions* of human services organisations, depicted by Van Biljon (1999:2, 5, 67).

The data was then interpreted integrating the theoretical framework from the literature study and the empirical study which provided the results of the investigation. Graphs tables and quotes were used in support of the discussions provided by the results of the investigation, bearing in mind that the purpose of the study was to explore and describe the experiences of youth workers employed at an NGO implementing HIV and AIDS preventative peer education programmes at high schools.

#### 4.3 THE RESULTS OF THE INVESTIGATION

The researcher spent a considerable amount of time on contemplating and internalising the data before articulating the results of the investigation. The first set of results correlates with the findings of the set of questions building the profiles of the youth workers who were interviewed.

#### 4.3.1 Profiles of youth workers

The first set of questions dealt with establishing profiles of youth workers.

#### 4.3.1.1 Gender of youth workers

The first question posed to the respondents was with regard to their gender. The following diagram depicts the gender ratio of the youth workers that were interviewed for the purpose of this study.

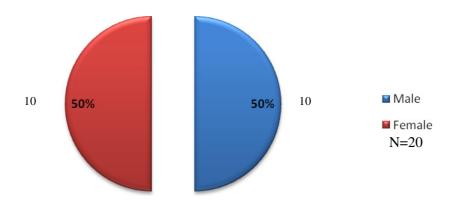


Figure 4.2: Gender of youth workers

Of the respondents interviewed, 10 (50%) were female and 10 (50%) were male. The youth workers were purposively selected on the basis of their gender by the programme managers of the NGOs to ensure that the experiences and perspectives of both male and female youth workers were obtained during the research process as advocated by Wood (2008:161).

Like any other business, NGOs usually employ youth workers based on their skills, knowledge, values and attitudes. Youth workers service peer educators of both genders and often are asked to counsel male and female peer educators. Young male peer educators who have STI's may find it difficult to confide in a female youth worker, just as young female peer educators may find it difficult to discuss their pregnancies or termination thereof with a male youth worker. It is for this reason that NGOs need to employ as equal an amount as possible of both genders to address gender inequalities, to be of service to peer educators of both sexes (Bezuidenhout, 2008:10). Furthermore, the concept of gender also includes homosexual peer educators.

#### 4.3.1.2 Age distinction of youth workers

The next question related to the age of the respondents. Figure 4.3 is a schematic presentation of the youth workers who interviewed.

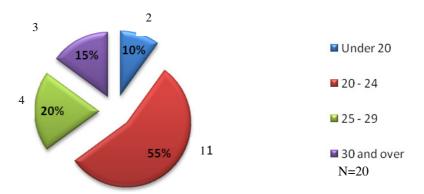


Figure 4.3: Age distinction of youth workers

The empirical study revealed that, 2 (10%) of the respondents were under 20 years old, 11 (55%) were 20 - 24 years old, 4 (20%) stated that they were 25 - 29 years old and 3 (15%) stated that they were 30 years or over. The majority 13 (65%) of the respondents were 20 - 24.

Unlike social workers who deal with children, youth and adults, youth workers deal primarily with young people (Van Dyk, 2008:130; Deutsch & Swartz, 2002:21). From the literature review it is evident that young people are more understanding of each other when dealing with issues regarding their peers. Peer education also exists amongst the youth workers themselves where they learn behaviour and habits (good and bad) from each other.

Van Dyk (2008:130) and Deutsch and Swartz (2002:21) are of the opinion that youth programmes are better run by young people of similar age because they are able to relate better to the life worlds of their peers. At high schools peer educators will therefore respond and relate better to a *younger* youth worker than their more matured colleagues.

#### 4.3.1.3 Highest academic qualification of youth workers

With regard to the question of the highest academic qualification that the respondents attained, the following responses were made as illustrated by Table 4.1.

Academic qualifications of youth workers	f
Below Grade 12	0 (0%)
Grade 12	2 (10%)
Certificate Course	8 (40%)
Diploma Courses	8 (40%)
Degree	2 (10%)
Honours Degree	0 (0%)
Masters Degree	0 (0%)

N=20

Table 4.1: Highest academic qualification

From the Table 4.1 it can be deduced that of the 20 respondents interviewed in the study, no one had a qualification below grade 12. Two (10%) had passed Grade 12. A further eight (40%) of respondents who were interviewed indicated that they had obtained certificate courses. As their highest qualifications, two (10%) of the respondents indicated that they had obtained a diploma course. Only two (10%) of the respondents interviewed managed to obtain a degree.

Opportunities for studies for youth workers very often require Grade 12 as a minimum qualification as a criteria for entrance for a higher education qualification. This would make higher education and training more accessible for the youth workers. NGOs are more capable of embarking on staff development and training programmes when staff members have matriculated. Williams (2008:15) explains that achieving academic qualification should be an important component for youth workers. Academic qualifications can be regarded as building blocks of knowledge (Villarruel *et al.*, 2003:10).

#### 4.3.1.4 Years of experience in peer education

The question regarding the years of experience youth workers have in implementing peer education at high schools yielded the following results as depicted in Table 4.2.

Years of experience of youth workers	f
Less than one year	2 (10%)
Between one and two years	2 (10%)
Between two and three years	2 (10%)
Between three and four years	6 (30%)
More than four years	8 (40%)

N=20

Table 4.2: Years of experience youth workers have in implementing peer education at high schools

Table 4.2 highlight the information regarding the question on the amount of years experience of peer education. Respondents reported that two (10%) of the respondents had less than one years experience in working in peer education. Similarly, two (10%) of the respondents had between one and two; two and three years experience in peer education. Six (30%) of the respondents indicated that they had between three and four years experience and the eight (40%) respondents indicated that they had more than four years peer education experience.

NGOs run various programmes based on their operational plans. Most NGOs that work in youth development run a number of very different programmes, having different objectives with various outcomes. HIV and AIDS preventative peer education programmes implemented at high schools require youth workers to have a skill level and competency that is built up from years of experience. The more experienced youth workers are usually more competent in training and implementing HIV and AIDS preventative peer education programmes at high schools. Youth workers need to have the necessary experience to be able to transfer knowledge successfully to peer educators and address HIV and AIDS in schools (Gutiérrez *et al.* 1998:130; Wood, 2008:112).

### 4.3.1.5 Employment status: contractually employed or volunteering

The next question was asked to determine whether respondents were contractually employed or volunteering at their respective NGOs.

The responses received in answer to this question, yielded the following results. The majority 18 (90%), of the respondents that were interviewed in the study, worked full-time at an NGO. Only two (10%) of the respondents interviewed were volunteering at an NGO.

In a study conducted by Damon (2007:82) it was concluded that volunteers could be asked to assist organisations with different tasks. NGOs could use volunteers to support them with their workload. Within the context of peer education, Grade 12 learners who had been on the peer education for the past three years can be used as mentors for the Grade 10 and Grade 11 peer educator groups. They can assist youth workers with running community projects and school assemblies at a great reduction of salary cost to the NGOs. As NGOs and voluntary organisations do not have a profit motive, they rely greatly on being cost-efficient (Elsdon, 1995:26; Garg, 2008:2).

## 4.3.1.6 Years of working experience at an NGO

The respondents were asked about the number of years experience that they had working in an NGO.

Respondents years of working experience at an NGO	f
Less than one year	2 (10%)
Between one and two years	2 (10%)
Between two and three years	4 (20%)
Between three and four years	4 (20%)
More than four years	8 (40%)

N=20

Table 4.3: Years of working experience at an NGO

Table 4.3 revealed that two (10%) of the respondents indicated that they had less than one year and between one and two years working experience at NGOs. Four (20%) of the respondents indicated that they had between two and three years and three and four years of working experience at NGOs. The majority, eight (40%) of the respondents indicated that they had more than four years experience working at an NGO.

### 4.3.1.7 Main duties of youth workers

The last question of this section in building profiles of youth workers was to determine their main duties. Some of their responses were aligned to cautioning against HIV and AIDS training fatigue to ensure that youth workers rather adopt innovative and creative strategies as advocated by Wood (2008:129) and Williams (2008:63):

- We have to be energetic and creative when training peer educators This is our main duty, it is not what we do but how we do it when we train.
- Our main duty is to equip and train peer educators with enough skills and to do this
  we ourselves need to be vibrant and well prepared to do so.

Three (15%) respondents concurred with the views of Rooth (1995:9) and Williams (2008:159), who is of the opinion that the main duties of respondents should be facilitation of groups, communication and listening to the challenges of the peer educators:

- Facilitation of the peer education group is our main function.
- Conflict management and assisting peer educators with life skills.
- Training peer educators to listen to and "counsel" their peers are our main duties.

Thus, from the responses of youth workers regarding their main duties it can be deduced that they need to be passionate and energetic when implementing HIV and AIDS preventative peer education programmes at high schools. Furthermore, it is evident that respondents regard facilitation, conflict management and the training peer educators as their main duties.

### 4.3.2 The context of HIV and AIDS prevention

The next set of questions posed to the respondents who were interviewed had bearing on the extent of HIV and AIDS in their communities.

### 4.3.2.1 Extent of HIV and AIDS amongst young people in communities

The first question related to the extent of HIV and AIDS amongst young people in their community. The result of the responses is reflected in Figure 4.4.

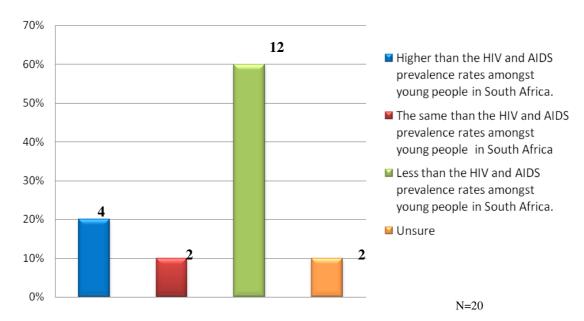


Figure 4.4: Extent of HIV and AIDS amongst young people in communities

Of the 20 respondents who were interviewed regarding the extent of HIV and AIDS amongst young people in communities, four (20%) were of the opinion that their community had higher HIV and AIDS prevalence rates than the rest of South Africa, whilst two (10%) felt that their communities had the same HIV and AIDS prevalence rate as other young people in South Africa. Twelve (60%) of the respondents who were interviewed felt that young people in their community had a lower HIV and AIDS prevalence rate than their counterparts in South Africa. Two (10%) of the respondents were unsure.

Despite the majority of the respondents having the opinion that HIV and AIDS is significantly less in their communities, there is no exact evidence of the true statistics concerning the amount of HIV and AIDS amongst young people which could be due to underreporting or not knowing their HIV and AIDS status. It is for this reason that a number of authors (Van Dyk, 2008:134-135; Wood, 2008:20-21) are advocating strongly for voluntary counselling and testing to be conducted at high schools. Only once learners at schools and young people in the community know there true status can a true reflection of the extent of HIV and AIDS in communities be obtained.

## 4.3.2.2 Target groupings considered to be the most vulnerable in the context of HIV and AIDS

On the question regarding the most vulnerable target groupings, the results were as follows.

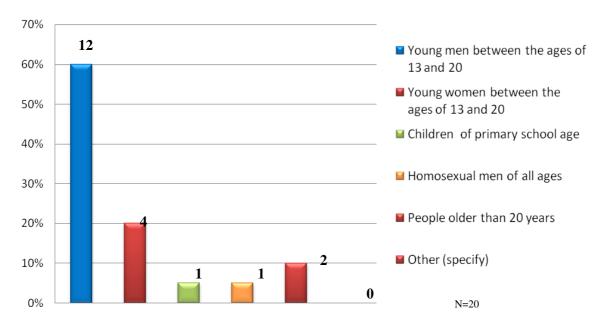


Figure 4.5: Target groupings considered to be the most vulnerable in the context of HIV and AIDS

The target groupings considered to be most vulnerable in communities surfaced an interesting result. According to Patel (2005:178), Ross and Deverell (2004:201-202) and Van Dyk (2008:131) the most vulnerable grouping is young women between the ages of 13 and 20. Yet 12 (60%) of the respondents selected young men between the ages of 13 and 20 as being the most vulnerable HIV and AIDS target grouping in their community.

Only two (10%) considered young women between the ages of 13 and 20 to be the most vulnerable grouping and one (5%) selected children of primary school age and homosexual men of all ages as the most vulnerable target grouping. People older than 20 years of age was selected by two (10%) of the respondents as the most vulnerable target grouping from their community within the context of HIV and AIDS. The Western Cape has the highest rates of crime, violence and gangsterism in South Africa. Teenage boys often engage in such high risk behaviour which includes practicing unsafe sex. It is therefore evident that a large majority of the respondents are of the opinion that young men between the ages of 13 and 20 should be the primary target of HIV and AIDS preventative peer education programmes.

Next, the researcher wanted to know the extent of some of the challenges such as poverty, traditional beliefs, stigmatisation, negative attitudes and behaviours that was impacting on HIV and AIDS in their communities. Table 4.4 reflects the views of the respondents regarding this question.

## 4.3.2.3 Extent of challenges impacting on HIV and AIDS

Respondents were asked of the extent of the challenges impacting on HIV and AIDS in their communities. The results are reported as follows.

Challenges	Not so great an extent (f)	Great extent (f)	Total
Poverty	12 (80%)	8 (40%)	20 (100%)
Traditional beliefs	16 (80%)	4 (10%)	20 (100%)
Stigmatisation	10 (50%)	10 (50%)	20 (100%)
Negative attitudes and behaviours	2 (10%)	18 (90%)	20 (100%)

N=20

Table 4.4: Extent of challenges impacting on HIV and AIDS

Twelve (60%) of the 20 respondents interviewed stated that poverty was not so great an extent in their communities whilst eight (40%) respondents considered poverty to be a challenge that impacted on HIV and AIDS. Only four (20%) of the respondents stated that traditional beliefs were a challenge that impacted on HIV and AIDS in their community whilst 16 (80%) respondents stated the contrary. Stigmatisation had similar amounts 10 (50%) of respondents highlighting the impact of HIV and AIDS in their communities. The majority of the respondents 18 (90%) interviewed were of the opinion that negative attitudes and behaviours was the paramount challenge impacting on HIV and AIDS in their community, a view concurring with Ross and Deverell (2004:202) and Van Dyk (2008:131-133).

AIDS related stigma and discrimination form part of the negative attitudes and behaviour of young people and is considered to be of the greatest obstacles to people living with HIV infection or AIDS. Negative attitudes and behaviours make people more vulnerable, may

deprive them of their basic human rights, care and support and worsen the impact of HIV infection and support in the process. Furthermore, Wood (2008:48) contends that cultural and life experiences may contribute to attitudes perspectives and behaviour that should be challenged in HIV and AIDS prevention and education. Van Dyk emphasizes that principles should underpin any strategy for HIV and AIDS prevention.

Most of the respondents had similar views expressed by Van Wyk (2008:28) about the negative attitudes and behaviours of young people:

- Negative attitudes because some young people prefer having sex without a condom
   flesh on flesh.
- Some boys feel that if their girlfriends truly love them then they don't have to use a condom.

Some of the respondents reflected views that were similar to that of Van Dyk (2007:120) who refers to negative attitudes and behaviours of young people being in conflict with HIV and AIDS prevention:

- Young people go to parties to meet people that they can have sex with the more the merrier.
- Not everybody that gets drunk has sex but some people when they're drunk don't use condoms.

From their responses it is evident that young people still engage in unprotected sex and go to parties to meet people in order to have casual sex.

#### 4.3.2.4 Importance of principles used when addressing HIV and AIDS prevention

Some of the principles that Van Dyk (2007:125) refers to are reflected in Table 4.5 - being sensitive towards cultural and religious groupings; having as holistic approach to HIV and AIDS; having national support for HIV and AIDS programmes; facilitating an empowerment process and building partnerships for sustainability are important when addressing HIV and AIDS in their communities.

The researcher attempted to establish the importance of principles used when addressing HIV and AIDS prevention in the next question posed to respondents. The results are as follows:

Principles	Yes (f)	No (f)	Total
Being sensitive towards cultural and religious groupings	12 (60%)	8 (20%)	20 (100%)
Having as holistic approach to HIV and AIDS	20 (100%)	0 (0%)	20 (100%)
Having national support for HIV and AIDS programmes	16 (80%)	4 (20%)	20 (100%)
Facilitating an empowerment process	16 (80%)	4 (20%)	20 (100%)
Building partnerships for sustainability	16 (80%)	4 (20%)	20 (100%)

N = 20

Table 4.5: Importance of principles used when addressing HIV and AIDS prevention

Of the 20 respondents that were interviewed 12 (60%) considered the principle of being sensitive as the most important principle whilst 8 (40%) disagreed. Having a holistic approach to HIV and AIDS prevention was considered by all respondents (20) as a principle that was of utmost importance when addressing HIV and AIDS prevention in their communities. The principles of having national support for HIV and AIDS programmes, facilitating an empowerment process and building partnerships for sustainability had sixteen respondents in favour and four against as principles when addressing HIV and AIDS prevention in their communities. From the responses of the respondents it is evident that having a holistic approach to HIV and AIDS prevention is an important principle. Furthermore, Ross and Deverell (2004:211) and Williams (2008:78) support this view and add a multi-disciplinary approach (assistance from members of the family, doctor, nurse, social worker, educator, home-based carer) as a means of addressing HIV and AIDS with a well-functioning support system.

### 4.3.2.5 Effective HIV and AIDS preventative strategies for young people

The next question posed was for the respondents to prioritise the most effective strategy from the following strategies: teaching and learning about HIV and AIDS; the "abc"

strategy; condom distribution and voluntary testing and counselling. The results were as follows.

HIV and AIDS preventative strategy	Most effective (f)
Teaching and learning about HIV and AIDS	 1 (5%)
The abc strategy	14 (70%)
Condom distribution	5 (25%)
Voluntary counselling and testing	0 (0%)

N=20

Table 4.6: Effective HIV and AIDS preventative strategies for young people

From the results of Table 4.6 it can be deduced that the majority 14 (70%) of the respondents considered the 'abc' strategy to be the most effective HIV and AIDS preventative strategy. No respondents were of the opinion that voluntary testing and counselling was an effective strategy for HIV and AIDS prevention for young people. This is in opposite to the views Van Dyk (2008:134-135) and Wood (2008:20-21), who both strongly advocate for voluntary counselling and testing as a strategy for HIV and AIDS prevention amongst young people.

The majority of the respondents agreed with 'abc' strategy as the most effective HIV and AIDS preventative strategy and had the following to say:

- Not all learners have sex, some learners want to abstain.
- Girls are more interested in having one boyfriend; boys want to sleep with all the girls.
- Those learners at schools who have sex need to have access to condoms.

### 4.3.2.6 Efficacy of peer education programmes

The next question posed to respondents was regarding the effectiveness of peer education programme. The results were as follows:

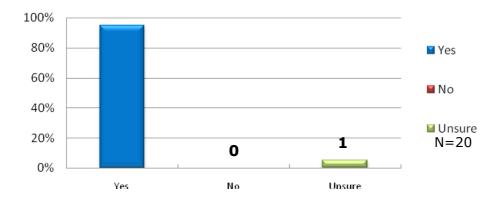


Figure 4.6: Efficacy of peer education programmes

It is evident from Figure 4.6 that an overwhelming majority 19 (95%) of the respondents interviewed replied that peer education programmes was an effective HIV and AIDS preventative strategy for young people. Respondents reflect similarly to the views of several authors, (Deutsch & Swartz, 2002:22; Van Dyk, 2008:171; Wood, 2008:112) that peer education is an effective methodology that can be used in HIV and AIDS prevention amongst learners at high schools.

Many of the respondents express views that the peer education programme was effective aligned to the views of several authors (Deutsch & Swartz, 2002:22; Van Dyk, 2008:171 and Wood, 2008:112):

- Peer educators report to us that their peers are finding their help rewarding.
- Educators see change in some of the peer educators who are on the programme.
- The clinic sister reported that more learners are coming to them for birth control and condoms.
- Peer educators have changed.
- Many peer educators from last year have become prefects.
- Principals have completed evaluation forms which points to the success of the programme.

The above quotes reveal that youth workers viewed peer education programmes as an effective strategy for HIV and AIDS prevention amongst young people.

## 4.3.3 The implementation of peer education as a strategy for HIV and AIDS prevention

The next set of questions dealt with the implementation of peer education as a strategy for HIV and AIDS prevention.

### 4.3.3.1 Definitions of peer education

Within the context of HIV and AIDS prevention at high schools the definition provided by Deutsch and Swartz (2002:22) is that peer education is a technology where competently trained youth workers equip a selected group of peer educators in a structured programme to develop skills and competencies and be of service to their peers.

The respondents had different definitions of peer education. Some of their reflections were:

- Peer education is about listening to the challenges of young people at school and being able to help them.
- A process whereby young people are taught about HIV and AIDS issues by people who are of similar age and listen to their problems and find ways to help them.
- Peer education develops life-skills in young people regarding the choices that they make and their behaviour with particular regard to their sexuality.

Two respondents had 2 unconventional views of peer education:

- Learners educating one another on anything that dealt with their social life
- A means of teaching sexual education outside of the classroom.

It is evident that there is a distinction that can be made between peer education and adolescent peer education. This study focuses particularly on the latter definition, adolescent peer education. Peer educators play a crucial role in workplace HIV and AIDS programmes, where they educate their fellow employees during tea or lunch time, on matters relating to HIV and AIDS (Van Wyk, 2007:2). These peer educators are adults. Their roles are very different from the structured manner in school-based HIV and AIDS prevention programmes are implemented (Wood, 2008:112). The definition of adolescent

peer education can therefore be applied to youth workers implementing peer education at high schools pertinent to this study.

### 4.3.3.2 The main functions of peer educators

Of the 20 respondents who were interviewed, all agreed that peer educators were trained to be of service to their peers, though most of them highlighted different functions as being the main objectives of peer educators.

Some of the views of respondents pertaining to the main functions of peer educators were expressed as follows:

- They must listen to the problems of their peers.
- They must run assemblies and community projects.
- Run life skills sessions at high schools about HIV and AIDS.
- They must refer their friends to clinics for condoms and if girls want abortions.
- Teams of peer educators must deliver lessons on HIV and AIDS to the whole school

Thus, most of the respondents concurred with the views of Balk (1995:280), Deutsch and Swartz (2002:53-64) and Van Wyk (2007:2) that highlighted one of the following five roles of peer education:

- Educating their peers with accurate information with regards to HIV and AIDS and sexuality.
- Informally influencing the behaviour of their peer.
- Recognising and referring a peer in need of assistance.
- Advocating for resources for peers and
- Being active in the support and care for orphans and vulnerable children.

However, one participant highlighted the "abc message" of HIV and AIDS prevention as being the main function of peer education. Van Dyk (2008:128) views this message as a popular message but adds that behaviour change cannot happen with transmitting messages alone. Peer educators need to be trained on changing negative behaviour and attitudes such as stigma, stereotypes, harmful gender norms and respecting human rights to name but a few. Even the way that youth workers approach the implementation of peer

education may have a consequence on the efficacy of the programme as depicted in the following figure 4.7.

## 4.3.3.3 Empowerment approach to peer education.

The next question to respondents was about whether they considered that the peer educators should be able to assist their peers in taking charge, ownership and responsibility for their decisions that they make. The results were as follows:

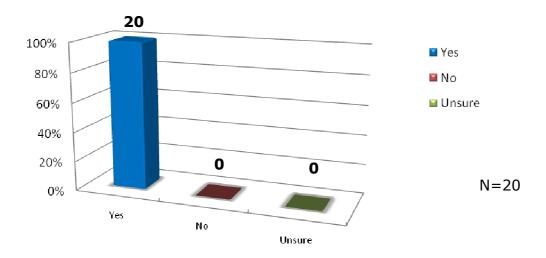


Figure 4.7: Empowerment approach to peer education

Significantly, all the respondents (100%) believed that the approach to peer education should be from a perspective of empowering the peer educators to assist their peers in taking charge, ownership and responsibility for their decisions that they make. This is reflective of the Empowerment approach, advocated for by Gutiérrez *et al.* (1998:149), Lee (2001:64) and Ross and Deverell (2004:186). Similarly 100% of the respondents interviewed agreed with the statement regarding being sensitive of the needs, circumstances and living conditions that young people find themselves in without being judgemental, having a positive regard for them and always listening to them with empathy and understanding as displayed in Figure 4.8.

Gutiérrez *et al.* (1998:149), Lee (2001:64) and Ross and Deverell (2004:186) hold views similar to all of the respondents:

 In our training at the beginning of the year we were told not to be judgemental of others.

- Most of us have been in similar situations to that of the peer educators and understand them.
- Our programme manager drills us about accepting others if we want to be accepted.
- When we go to schools we believe that we can make a difference.

It is evident from the quotations provided by the respondents that youth workers viewed the empowerment approach as an important *way* of helping people and listening to their challenges.

## 4.3.3.4 Person-centred approach to peer education

A question was then asked about whether the youth considered that they should approach peer education without being judgemental, having a positive regard for their peers and always listening to them with empathy and understanding when implementing HIV and AIDS preventative peer education programmes.

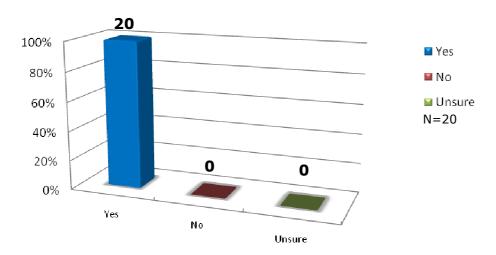


Figure 4.8: Person-centred approach to peer education

In figure 4.8 it is evident that all respondents (100%) agree with the sensitivity of the needs, circumstances and living conditions that young people find themselves in without being judgemental, having a positive regard for them and always listening to them with empathy and understanding should be taken into account when implementing HIV and AIDS preventative peer education programmes.

This statement concurs with the Person-centred approach pioneered by Carl Rogers as referred to by several authors (Corey, 2000:275; Egan, 1998:25; Grobler *et al.* 2003:9-22).

Furthermore, Rooth (1995:12) emphasizes that youth workers should be able to be accepting of their peers and have a non-directive approach, one of the cornerstones of the Person-centred approach.

Similarly to the views of Corey (2000:275), Egan (1998:25) and Grobler *et al.* (2003:9-22), all 20 respondents supported having a Person-centred approach when implementing HIV and AIDS preventative peer education programmes at high schools:

- You can't be a youth worker if you don't like working with people.
- Peer educators get enough flack from their teachers; we need to be their friend.
- They don't feel comfortable telling everything to their parents and confide in us easily.
- The person-centred approach is when we put the learners first.

There was an overwhelming concurrence from the respondents in support of how positive the Person-centred approach is when implementing peer education programmes at schools. Equal to the approaches that youth workers have when implementing peer education programmes at high school is the importance of the proper selection and recruitment of the peer educators at high schools (Deutsch & Swartz 2002:108).

#### 4.3.3.5 Selection and recruitment of peer educators

The next question asked was about whether the right learners were selected and recruited as peer educators. The results were as follows:

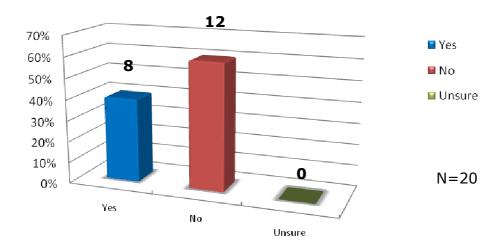


Figure 4.9: Selection and recruitment of peer educators

From figure 4.9 it is evident that the majority, 12 (60%) of respondents believed that the right people are not selected for the peer education programme. This is of grave concern as peer educators who are not suitably selected may drop out of the programme prematurely. High rates of attrition may ensue and in some cases lead to the failure of the programme which can be added to the list of why programmes fail according to Deutsch and Swartz (2002:28) and Ferrer-Wreder *et al.* (2004:7-8).

Only eight (40%) of the respondents interviewed, reflected that the peer educators were properly selected and recruited. This means that the process of selection and recruitment of peer educators needs to be reviewed by the NGO.

A large majority of the respondents indicated that peer educators were not properly recruited and selected giving the following views:

- Some of the peer educators want to be popular and soon realise that the programme is not for them.
- Peer educators may be too busy with other extra-mural activities and drop out of the programme.
- Not enough is done to market the programme at schools.
- Some educators and principals are not involved in the peer education programme and do not support the peer education group.

From the aforementioned quotations of the respondents it can be deduced that the majority disagreed that peers educators were suitably recruited and selected citing that they were too popular, too busy and that educators and principals were not involved with and supporting the peer education programme enough.

### 4.3.3.6 Proficiency of the peer education training programme

The next question related to whether respondents thought that the peer education training programme was being adequately implemented.

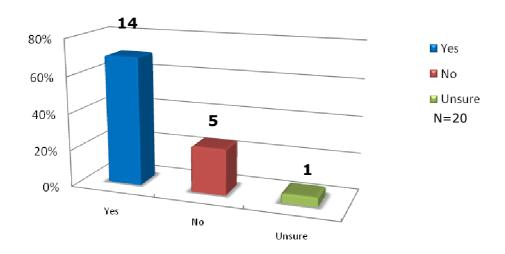


Figure 4.10: Proficiency of the peer education training programme

A large majority, 14 (70%) of the respondents stated that the training programme of peer educators did not equip them adequately to be of service to their peers. Only five (30%) of the respondents that were interviewed felt that the training programme was adequate. This would mean that the training programme needed to be reviewed and the necessary changes needed to be made before the implementation of the next training programme.

Van Dyk (2008:195) and Wood (2008:128) share the opinion that the HIV and AIDS preventative programmes directed at young people at schools need to be innovative and creative with educational value building knowledge, values, attitudes and skills. Furthermore, Ross and Deverell (2002:204) see the promotion of health in a multi-cultural society as critical in the preventing the spread of HIV and AIDS. Therefore, implementing an inadequate programme will not attain the objective of HIV and AIDS prevention amongst young people.

It was the view of a large majority of the respondents 14 (70%) that the training programme of peer educators did not equip them adequately to be of service to their peers. They made the following comments similar to the views of Williams (2008:61):

- Some of the problems of peer educators are too intense for us to handle.
- We need more skills on conflict management.
- Training should include organising hikes, dancing and sport activities things that young people like.
- It is difficult to do lesson deliveries, we're not teachers.

Some of the improvements made to the peer education training programme implemented by youth workers are similar to views held by Villarruel *et al.* (2003:379) and are reflected by the respondents as follows:

- Conflict management.
- We need to improve our skills in writing reports.
- Some of us would like to train the peer educators in working with sports injuries.
- Not enough HIV and AIDS training is given.
- More focus on community projects.

It is evident from the above quotations that youth workers need further training in conflict management, report writing skills, project managing and a whole range of additional skills.

**4.3.4 High schools as settings for HIV and AIDS prevention**The next set of questions related to the high schools where the respondents were currently implementing HIV and AIDS preventative peer education programmes.

### 4.3.4.1 Number of schools youth workers interact with

The first question was asked to establish the number of schools that respondents interacted with on a weekly basis.

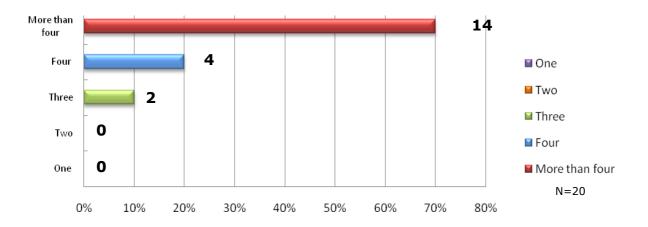


Figure 4.11: Number of schools youth workers interact with

Youth workers interact with peer educators at high schools on a weekly basis. A large majority 14 (70%) of the respondents interviewed visited more than 4 schools on a weekly basis. Four (20%) indicated that they visited high schools four times per week and two (10%) indicated that they visited three schools per week.

### 4.3.4.2 Size of peer education groups

The next question asked to respondents was about the size of the peer education groups at the high schools where they were implementing HIV and AIDS preventative peer education programmes. The results were as follows.

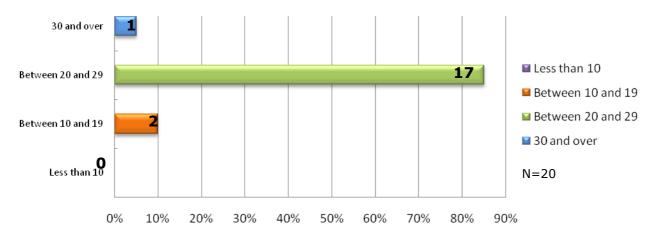


Figure 4.12: Size of peer education groups

From Figure 4.12 it is evident that most peer education groups constituted between 20 and 30 learners as reported by the majority 17 (85%) of respondents who were interviewed. Coulshed (1991:161) explains how important the planning stage is where the size of the group is determined. The size of a group contributes to the success of youth development programmes (Ferrer-Wreder *et al*, 2004:159). It can therefore be deduced that having very large groups may influence the group dynamics.

## 4.3.4.3 Importance of voluntary counselling and testing when implementing HIV and AIDS peer education programmes

The next question was to establish the importance of voluntary counselling and testing when implementing HIV and AIDS peer education programmes.

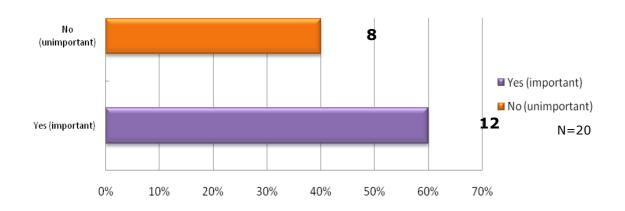


Figure 4.13: Importance of voluntary counselling and testing when implementing HIV and AIDS peer education programmes

Although Van Dyk (2008:134) and Van Wyk (2007:14) advocate strongly for the inclusion of voluntary counselling and testing (VCT) as a strategy for HIV and AIDS prevention, eight (40%) of the respondents stated that there was no VCT programmes for learners at the schools where they were implementing HIV and AIDS peer education programmes. Deutsch and Swartz (2002:10) encourage the participation of high schools in voluntary counselling and testing programmes as a goal in preventing the spread of HIV and AIDS.

Many of the respondents indicated that there was no VCT campaign in place, contrary to the strong advocating of Van Dyk (2008:134):

- We do not have VCT programmes at any of the schools that I am working with.
- The problem is that the educators themselves haven't gone for VCT, maybe they're too scared.
- A lot of people won't go for VCT because they are scared of the results.
- People don't trust nurses with the results because they live in the community.

It is evident from the above responses that many high schools are still resisting having the implementation of VCT programmes at high schools as a result of not trusting nurses and educators and learners are too scared to go for testing for fear of the results.

# 4.3.4.4 Importance of various components used in HIV and AIDS education at high schools

The next question asked to respondents was what they considered to be an important component of HIV and AIDS education from the following list: raising awareness of HIV and AIDS, transfer of knowledge, developing of skills and fostering attitudes and values used in HIV and AIDS education at high schools.

Components of HIV and AIDS education	Less important (f)	Important (f)	Very Important (f)	Total
Raising awareness of HIV and AIDS	4 (20%)	4 (20%)	12 (60%)	20 (100%)
Transfer of knowledge	3 (15%)	9 (45%)	8 (40%)	20 (100%)
Developing of skills	5 (25%)	3 (15%)	12 (60%)	20 (100%)
Fostering attitudes and values	0 (0%)	0 (0%)	20 (100%)	20 (100%)

N=20

Table 4.7: Importance of various components used in HIV and AIDS education at high schools

According to Table 4.7 fostering attitudes and values were considered to be the most important component of HIV and AIDS education by 20 (100%) of the respondents. Patient and Orr (2008:52, 54, 55) and Perlman (1997:9,43,70) encourage young people to more open and cognisant of issues regarding their sexuality such as masturbation, wet dreams, rape and sexual abuse which may not be adequately covered as a component of the HIV and AIDS life-skills curriculum at high schools and as previously stated advocates for VCT as a critical component in the fight against HIV and AIDS (Van Dyk, 2008:134). Only eight (40%) of the respondents indicated that the transfer of knowledge of HIV and AIDS related issues was very important to them.

It is evident that the transfer of knowledge of HIV and AIDS was less important than fostering attitudes and values according to the respondents. Therefore, peer education programmes should include a focus on challenging attitudes and behaviour as stated by Van Dyk (2008:131) and should be emphasised as a training objective (Deutsch & Swartz, 2002:103; Rooth, 1995:199).

# 4.3.4.5 Adequacy of areas of development covered in the life skills training curriculum at high schools

The question that dealt with the adequacy of areas of development covered in the life skills training curriculum at high schools yielded the following results.

Areas of development in life skills training	Adequate (f)	Less adequate (f)	Total
Social development	16 (80%)	4 (20%)	20 (100%)
Moral Development	8 (40%)	12 (60%)	20 (100%)
Cultural Development	16 (80%)	4 (20%)	20 (100%)
Emotional Development	4 (20%)	16 (80%)	20 (100%)
Sexual development	16 (80%)	4 (20%)	20 (100%)

N=20

Table 4.8: Adequacy of areas of development covered in the life skills training curriculum at high schools

The empirical study revealed that 16 (80%) respondents felt that social, cultural and sexual development were adequately covered whilst the less adequate areas offered in the life skills training curriculum at high schools were cited as emotional and moral development (16 respondents, 80%). Van Dyk (2008:171) describes moral development as a principle that enables learners to judge behaviour as good or bad and the ability to distinguish right from wrong. Emotional development is underpinned by an expression of fear that children may have of being infected by HIV and AIDS for the purpose this study. It is evident from Table 4.8 that the modules and activities covering moral and emotional development in the learning programme need to be more adequately covered.

Some respondents that chose moral development in line with the views of Williams (2008:175) and Villarruel *et al.* (2003:334-335) as an area that was not adequately covered, cited the following reasons:

- Young people don't want to be preached to on how to behave.
- Everyone doesn't have the same morals.
- We value things differently.
- Educators don't train learners on morals and values enough.

Some of the respondents who chose emotional development as an area that was not adequately covered cited the following reasons:

- Young people need to deal with relationships filled with emotions and feelings which they are not taught about.
- Most educators are not sure how to train learners about their emotions.

From the above quotations it can be deduced that moral and emotional development are areas that need to be given more coverage in the HIV and AIDS life skills training as the respondents felt that areas of feelings and emotions were not covered adequately.

## 4.3.4.6 Orphans and vulnerable children programmes at high schools

The next question was asked to determine whether there was an established orphans and vulnerable children (OVC) programme at the high schools where respondents were implementing HIV and AIDS preventative peer education programmes.

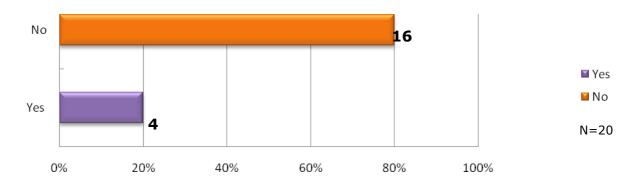


Figure 4.14: Orphans and vulnerable children programmes at high schools

From Figure 4.14 it can be deduced that 16 (80%) of the respondents interviewed stated that the high schools that they were implementing peer education at did not have programmes for orphans and vulnerable children and only four (20%) mentioned that there were. Patel (2005:178,179) advises that care and social support programmes be developed for individuals, groups and families affected by HIV and AIDS.

In the absence of orphans and vulnerable children programmes at high schools, the principal and school staff may not be aware of the amount of orphans and vulnerable children and unknowingly may not render a service to address their needs.

## 4.3.4.7 The role peer educators play in addressing the needs of the orphans and vulnerable children

To the question on the role that peer educators could play in addressing the needs of orphans and vulnerable children, some of the views expressed by the respondents were:

- There is no system currently in place that identified orphans that has resulted from their parents dying from HIV and AIDS.
- Learners are too scared to say that they are orphaned as a result of HIV and AIDS.
- Just like all the other learners they should be treated the same.
- Listening to them and referring them to an educator for support.

At a school-level peer educators should be able to assist with the identification of learners who may be in need of care and support. In other provinces such as Kwa-Zulu Natal and the Eastern Cape, where HIV and AIDS is more rife the need for orphans and vulnerable children (OVC) programmes are becoming more and more prominent (Patel, 2005:178). As more parents die from HIV and AIDS, the need for support for OVC programmes at high schools will become more pronounced in the future and the need for peer educators in addressing the needs of orphans and vulnerable children will therefore escalate (Page et al. 2006:92).

# 4.3.5 The features of NGOs implementing HIV and AIDS preventative peer education programmes

In the empirical study that was conducted, the features of NGOs were the next section in the questionnaire. The first two questions posed to respondents related to their training needs.

# 4.3.5.1 Provision of adequate training to implement HIV and AIDS preventative peer education programmes at high schools

The first question that was asked was to establish whether the respondents felt that they received adequate training to implement HIV and AIDS preventative peer education programmes at high schools.

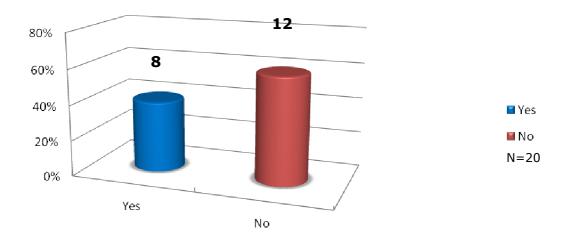


Figure 4.15: Provision of adequate training to implement HIV and AIDS preventative peer education programmes at high schools

Figure 4.5 illustrates the following results. A large majority 12 (60%) of the respondents believed that the training was not adequate enough to implement HIV and AIDS preventative peer education programmes at high schools; while eight (40%) were in agreement that the training was adequate. It is evident that the majority of respondents felt that they needed more training. Villarruel *et al.* (2003:334-336) and Williams (2008:61) explain that high quality youth programmes have youth workers who are well trained.

# 4.3.5.2 The training needed to improve the functionality of youth workers when implementing peer education at high schools

The next question posed to respondents centred round their training needs. Some of the respondents' comments were aligned to the views of Villarruel *et al.* (2003:334-336) and Williams (2008:61) of ways to improve functionality through training:

- We need extra training in communication skills and facilitation skills;
- Basic counselling skills and empathy and confidentiality;
- Conflict resolution;
- Report writing and administration;
- Project planning (community events);
- Working with principals and teachers;
- Planning and decision making;
- Referring learners that are experiencing trauma (rape and abortion)

From their responses it is evident that there are several areas of training needed in order for youth workers to improve their functionality when implementing peer education at high schools. The need for training youth workers cannot be emphasized enough as they are the link between the NGO and peer educators. Several authors such as Perlman (1997), Rooth (1995) and Wood (2008) express the value that well-trained youth workers have on the success of HIV and AIDS preventative peer education programmes. Furthermore, Deutsch and Swartz (2002:29) cite inadequate training as one of the common reasons for the failure of peer education programmes. Another common error listed by the author is the lack of sufficient resources that an NGO may need to implement HIV and AIDS programmes successfully.

# 4.3.5.3 The capacity of NGOs to implement the HIV and AIDS peer education programme effectively

The question asked about whether the respondents felt that the NGOs that they were working at had the capacity to implement the HIV and AIDS preventative peer education programme effectively had the following result:

The majority 16 (80%) of the respondents believed that the NGO that they were currently employed at was well resourced to implement the HIV and AIDS peer education programme efficiently and only four (20%) felt that the resources of the NGO that they were working at was insufficiently resourced to implement the HIV and AIDS peer education programme efficiently. Burke (2007:190-201), De Beer and Swanepoel (1998:39) and Van Biljon (1999:116) agree that it is important for NGOs to have sufficient resources to fulfil their operational and planning needs. Thus, an NGO implementing a sustainable HIV and AIDS peer education programme must have sufficient resources in order for an HIV and AIDS programme to be implemented effectively.

Some of the responses regarding the capacity of NGOs to implement the HIV and AIDS preventative peer education programme effectively were reflected as follows:

- There are enough youth workers employed at our organisation, except in winter when they stay absent.
- Our organisation has two youth workers and a volunteer attached to every school.

• Most of the times we help each other at the different schools.

It is evident from the above quotations that the NGOs where the respondents were employed had sufficient capacity to implement HIV and AIDS preventative peer education programmes at high schools.

### 4.3.5.4 Strengths of NGOs

Some of the strengths of NGOs that were reflected by the respondents concurred with the views of De Beer and Swanepoel (1998:39) and Patel (2005:109) that NGOs can play a vital role in complimenting and forming partnerships with governments to fulfil the needs of their participants. Van Biljon (1999) insists that NGOs manage programmes and as such need to have the capacity and competency of managing social programmes effectively.

Some of the views were expressed by the respondents as follows:

- We know the learners because they come from the same community in which we live.
- NGOs are small and easily managed with fewer resources than the government.
- We are passionate about what we do and don't clock out at 4 o' clock like the social workers.
- Sometimes we are not paid for working on camps and do not complain.
- NGOs are not as bureaucratic as working for the government where you have to complete a lot of forms.
- NGOs are effective organisers of local community projects and are visible for the good work that they do in communities.

From the discussion it can be deduced that NGOs are the drivers and the managers of the HIV and AIDS peer education programme that youth workers implement at high schools. One of the strengths that NGOs should have is the capacity to manage their organisation and their programmes effectively so that youth workers can implement it with success and improve high schools as a setting where the programmes are delivered as depicted in Figure 4.16.

### 4.3.5.5 Challenges of NGOs

It was also necessary to investigate challenges that youth workers experience when working at NGOs. As pointed out by Habib and Kotzé (2002:4), NGOs usually struggle with having enough funding to implement their programmes and are frequently unable to sustain their programmes and organisation (De Beer & Swanepoel, 1997:75). Some of the views expressed by the respondents in the empirical study were in concert:

- Not having enough money to pay us;
- Cannot compete with salaries in the business world;
- No fixed hours working overtime without getting paid;
- Lack of growth opportunities for us because the organisation is small;
- Not all the systems are in place at our work;
- Managers are not exemplary;
- We are not contracted for a long period of time.

From the above comments it is clear that youth workers have several human resource issues that highlight the challenges that NGOs face. Van Biljon (1999:22) describes NGOs as human service organisations that need to develop people (including their staff). When youth workers are recognised, feel appreciated and are motivated they will infuse and transfer the same positive feelings to the peer educators. Therefore, by addressing the challenges that youth workers are experiencing will be beneficial to all parties (peer educators, NGOs and their colleagues) concerned.

## 4.3.6 The role of youth workers implementing peer education programmes as a strategy for HIV and AIDS prevention for learners at high schools

The next set of questions deals with: the primary role of youth workers; the common errors that they make; the time the NGOs spend for debriefing; their characteristics; the satisfaction that they derive; the frequency that peer educators refer learners to them; the basic counselling skills that they grapple with and the challenges experienced when they implement peer education programmes.

## 4.3.6.1 The primary role of a youth worker when implementing peer education at high schools

The next question posed to respondents was to determine what they considered to be their primary role when implementing peer education at high schools. As reflected by Deutsch and Swartz (2002:27) the respondents had similar views.

Some of their comments for example were:

- We prepare, plan and implement peer education programmes at high schools.
- No primary roles, several roles of equal importance: listening to peers, running sessions at schools, hosting assemblies, and community projects.
- Checking that peer educators run HIV and AIDS lessons in the classrooms.
- Organising HIV and AIDS events in the community.
- Going to a school every day to run sessions with peer educators.

From their discussions it is evident that they agree with the primary role portrayed in the literature study. Furthermore, youth workers are not merely the implementers of the HIV and AIDS peer education programme, they are also a valuable link between the NGO and the high school.

## 4.3.6.2 The most common errors made by youth workers when facilitating peer education sessions

The next question dealt with the common errors made by youth workers when facilitating peer education sessions. Some of their responses concurred with the views of Rooth (1995:22-32) who finds bad communication as the most common error made by youth workers, as reflected by their comments:

- We allow some of the peer educators to dominate the sessions and others don't get a chance to speak.
- Some of us talk too much and the time goes by so quickly.
- Youth workers need to know each of the peer educators' names and call them on their names.
- Giving every peer educator a chance to speak, instead of just one.

Comments regarding some of the other errors when facilitating groups were similar to the views expressed by Rooth (1995:22-32):

- Because we have not selected the right peer educators we experience problems with the peer education group.
- Sometimes we do not plan and prepare sessions enough and the peer educators become bored and restless.
- At schools where we do not report back to the principals and educators, they do not support us.
- When we facilitate sessions some peer educators want to dominate the programme because youth workers allow them to do so.
- Sometimes we do not have enough time to complete a session because we don't manage our time well.
- I have trouble with writing reports.

A further four (20%) respondents had additional errors that concurred with the views of Deutsch and Swartz (2002:29):

- Youth workers do not have sufficient resources to implement the sessions at high schools.
- Some of us arrive late and peer educators wait for us. This makes them mad and uncooperative.
- Some peer educators are far too playful and not serious.
- We sometimes have a problem with teaching peer educators lesson delivery at schools.

From the comments it is evident that there are a number of areas that youth workers can improve on to be more effective in implementing peer education at schools.

# 4.3.6.3 Provision of sufficient time for debriefing sessions at the NGO youth workers are employed at

It is essential for youth workers to reflect on their work. Programme managers debrief youth workers at regular intervals (daily or weekly) so that they are able to off-load some of

the things that they find challenging. The question regarding whether the NGOs made sufficient time for debriefing sessions for their youth workers produced had the following outcome.

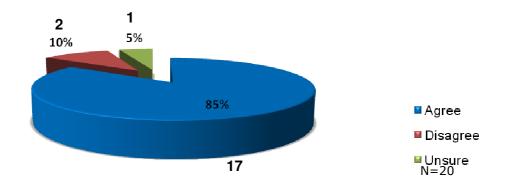


Figure 4.16: Provision of sufficient time for debriefing

Of the 20 respondents that were interviewed an overwhelming majority 17 (85%) agreed that sufficient time was spent at their respective NGOs on debriefing sessions. Only two (10%) disagreed whilst one (5%) was unsure on whether their NGO spent sufficient time on debriefing sessions. From the results it can be deduced that respondents agree that the NGOs provide them with sufficient time for debriefing.

Most of the respondents (17) felt that their respective NGO provided them with sufficient time for debriefing, an integral part of supervision (Watson & West, 2006:139). Their comments were as follows:

- We have a debriefing session every Monday and Friday morning where we are given the opportunity to share our experiences of the week with the rest of the staff.
- Debriefing is important for us because some of the cases are traumatic.
- We debrief once a week, but our programme manager's door is always open.

From the discussions it can be deduced that the respondents viewed debriefing as an important part of their supervision.

### 4.3.6.4 The qualities (characteristics or personal traits) of youth workers

The next question relating to the qualities (characteristics or personal traits) that youth workers needed for working with peer educators at high schools provided the following responses.

The majority of the respondents interviewed chose similar characteristics:

- They should be pleasant, friendly and energetic;
- Good communication skills and facilitation skills:
- Must be a good listener;
- Must be creative and organised;
- They must love to work with young people and
- Team player

The youth workers responses were very similar to the characteristics identified by Rooth (1995:15-21), Villarruel *et al.* (2003:251) and Williams (2008:79). From the discussions it can be deduced that respondents have not mentioned other important characteristics such as: being punctual, goal-driven, well mannered and exemplary, essentially needed when working with peer educators on the HIV and AIDS preventative peer education programme.

#### 4.3.6.5 Satisfaction derived from the supervision offered to youth workers

The question that centred round the satisfaction that youth workers derive from supervision, produced the following results.

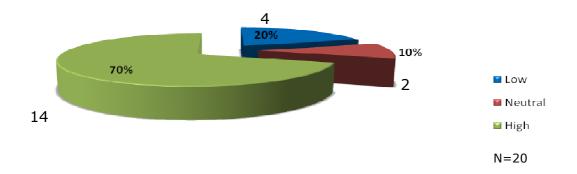


Figure 4.17: Satisfaction derived from the supervision offered to youth workers

From Figure 4.17 it is evident that the majority 14 (70%) of respondents interviewed derived a high satisfaction from supervision offered by their programme managers; four (20%) had a low satisfaction whilst two (10%) remained neutral. It can be deduced from Figure 4.17 that respondents derive a great amount of satisfaction from supervision. Deutsch and Swartz (2002:65) and Watson and West (2006:137) regard supervision as an essential element of a peer education programme. Briefing and debriefing of youth workers at regular and scheduled intervals is essential for personal and group reflection of the peer education programme.

Some of the respondents 14 (70%) deriving a high satisfaction from the supervision that was offered to them were in accordance with the views held by Deutsch and Swartz (2002:65) and Watson and West (2006:137) are as follows:

- I'm happy to get things off my chest.
- If I don't debrief I tend to bottle up and take things home with me.
- My supervisor is a star; she listens to and supports me.

It can be deduced that the majority of the respondents derived a high satisfaction from the supervision provided by the NGO that they were working at.

## 4.3.6.6 Frequency that peer educators refer learners for listening to their challenges

Youth workers do not counsel the learners that peer educators refer to them in the way professionally qualified counsellors and therapists apply in therapeutic counselling. Instead they apply the basic counselling skills of listening to the peer educators and refer them to educators, social workers or clinics depending on their need. In the question that deals with the frequency that learners are referred by peer educators to their respective youth workers refer for listening to their challenges yielded the following results.

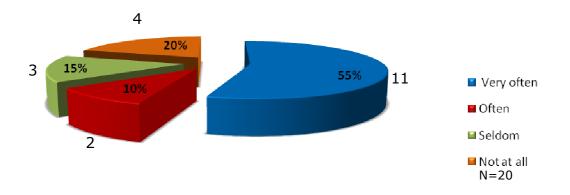


Figure 4.18: Frequency that peer educators refer learners to youth workers

From the Figure 4.18 it is clear that the majority 11 (55%) of the youth workers were very often referred to for assistance by peer educators. Four (20%) of the respondents were often referred to by peer educators; a further 3 (15%) stated that they were seldom referred to and only 2 (10%) said that they were not at all referred to at all. It can be deduced that 9 (45%) of the respondents are not as frequently referred to by peer educators.

Wood (2008:116) regards referral systems as part of a multi-sectoral approach to dealing with HIV and AIDS prevention amongst learners at high schools. As part of their training programme, youth workers need to know how, when and who to refer to when peer educators refer learners for assistance.

### 4.3.6.7 Basic counselling skills that youth workers grapple with

The question that was asked concerning the basic counselling skills that youth workers grapple with had the selection of attentive listening, attending, empathy, referral and confidentiality. The results are reflected in Table 4.9.

Basic counselling skills	F
Attentive listening	4 (20%)
Attending	3 (15%)
Empathy	7 (35%)
Referral	2 (10%)
Confidentiality	4 (20%)

N=20 (100%)

Table 4.9: Basic counselling skills that youth workers grapple with

From their responses it can be deduced that seven (35%) of the youth workers considered the skill of empathy to be the hardest to grapple with. Very often young people are sympathetic to the needs of their friends and find it hard to develop an empathic understanding as most of them may not have experienced similar challenges such as taking drugs and alcohol; being pregnant; being a victim of abuse or violence. An equal amount of respondents: considered confidentiality and attentive listening, four (20%) each as the hardest basic counselling skill that they grappled with; whilst three (15%) respondents considered attending as hard. Only two (10%) respondents stated that referral skills as the most challenging. Van Dyk (2008:230,234,235,236) emphasises empathy as one of the communication skills that is essential in the helping process. Youth workers will improve their skill level of applying empathy through training and practice.

# 4.3.6.8 Challenges youth workers experienced when implementing peer education programmes

The last question posed to respondents was regarding the challenges they were experiencing when implementing peer education programmes.

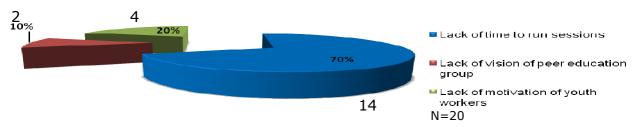


Figure 4.19: Challenges experienced when implementing peer education programmes

From the interviews conducted it is evident that the majority of the respondents 14 (70%) consider the lack of time to run sessions as their most significant challenge. Peer education programmes are presented after school hours at high schools usually between 14h30 and 15h30. Time could be lost because of getting the classroom ready or settling the peer educators for their group discussions. Interestingly enough, only two (10%) stated that the peer education group lacked vision and a further four (20%) said that youth workers themselves lack motivation. Rooth (1995:10) and Villarruel *et al.* (2003:334,335) explain that managing time is an important skill that every youth worker should have.

Most of the respondents cited the lack of time to run sessions as their most significant challenge and had the following to say:

- You've just begun then the bell rings.
- Schools don't inform us that the school will be dismissing earlier than normal.
- Some of the peer educators want to show off and disrupt the session.

From the above discussion it can be deduced that most of the respondents viewed the lack of time to run sessions as their most significant challenge.

#### 4.4 Conclusion

The empirical investigation conducted in Chapter 4 provided evidence of how youth workers employed at NGOs were experiencing the implementation of HIV and AIDS preventative peer education programmes. Twenty youth workers from three purposively selected NGOs were interviewed and the data was collected, analysed and interpreted. Then, using the literature study which included consulting relevant books, journal articles and the internet as previous research, a theoretical framework was provided for the empirical study. The theoretical framework from Chapter 2 and 3 was integrated into the data that was collected and analysed. Once the data was interpreted, graphs, tables and quotes were constructed to present the research findings in Chapter 4. In Chapter 5 relevant conclusions and recommendations emanating from the empirical investigation is now presented.

#### **CHAPTER 5**

#### CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 INTRODUCTION

The purpose of the empirical study conducted in Chapter 4 was to investigate the experiences of youth workers at an NGO implementing HIV and AIDS preventative peer education programmes at high schools. The aim of this chapter is for the researcher to present the conclusions based on the research findings in order to make appropriate recommendations.

Chapter 5 is presented as depicted in Figure 5.1. Conclusions are complimented by recommendations based on the research findings in the literature study and the empirical study: the context of HIV and AIDS prevention; the implementation of peer education as a strategy for HIV and AIDS prevention; high schools as a setting where the HIV and AIDS programme is implemented; NGOs currently implementing HIV and AIDS preventative peer education programmes and the role that youth workers play as the implementers of the programme. This is then followed by the need for future research.

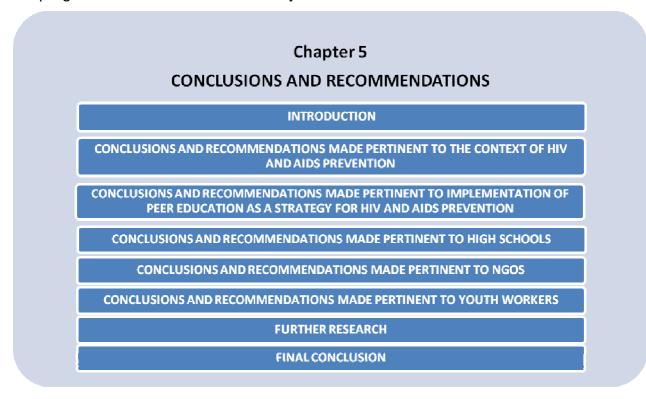


Figure 5.1: Conceptual framework of Chapter 5

The researcher used a non-probability sampling method of which the sample size of 20 youth workers from three NGOs with a combined population of 37 youth workers was purposively selected. Thus, the research findings are limited to a small sample i.e. the experiences of the twenty youth workers at three NGOs implementing HIV and AIDS preventative peer education programmes at high schools on the Cape Flats in the Western Cape. The researcher is well aware that the research study is not an evaluation of the efficacy of the implementation of the HIV and AIDS preventative peer education programme. Instead, the aim of the research is to gain an understanding of the implementation of HIV and AIDS preventative peer education programmes at high schools through the experiences of youth workers employed in a NGOs.

## 5.2 CONCLUSIONS AND RECOMMENDATIONS MADE PERTINENT TO THE CONTEXT OF HIV AND AIDS PREVENTION.

The following conclusions and recommendations are made pertinent to the context of HIV and AIDS prevention.

#### 5.2.1 The extent of HIV and AIDS amongst young people in local communities

From the empirical study that was conducted, it can be concluded that most youth workers regarded that HIV and AIDS prevalence amongst young people in the Western Cape was less than the national average of South Africa. This conclusion does by no means mitigate the impact that HIV and AIDS is having on young people from the Western Cape, but rather concurs with the fact that the Western Cape Province has one of the lowest rates of HIV and AIDS prevalence amongst young people in South Africa.

A <u>recommendation</u> is that actual statistics are incorporated into the peer education HIV and AIDS training programme as a barometer to gauge the levels of prevalence and incidence in local communities. This information can be obtained from local clinics and the district health offices. Youth workers can use this accurate information as strengthening the training of peer educators to disseminate accurate information to their peers. Youth workers can use this statistics as a point of reference for discussion and dialogue regarding the extent of HIV and AIDS amongst young people in local communities.

### 5.2.2 Most vulnerable target groupings of local communities within the context of HIV and AIDS

Contrary to the views of authors in the literature study that highlight young women as the main target beneficiary of the peer education programme, the research reveals that young men of school going age should be targeted as a much more vulnerable grouping. Based on the conclusions from the empirical study, the respondents have largely agreed with this view.

Therefore it is <u>recommended</u> that programmes be designed and implemented particularly addressing issues that pertain to HIV and AIDS prevention among adolescent males of school going age. It is important that programme managers, youth workers and peer educators research and develop HIV and AIDS preventative peer education programmes collectively to gain collective perspectives and insights before implementing such programmes. This need not be separate programmes but could be part of a broader strategy for training adolescent males as a particular target grouping.

### 5.2.3 Most important challenges in local communities within the context of HIV and AIDS

Furthermore, the study concluded that negative attitudes and behaviours were challenges that impacted on HIV and AIDS prevention in the communities to a large extent.

In concurrence with the empirical study, it is <u>recommended</u> that priority is given to examining the negative attitudes and behaviours as part of the training of peer educators by youth workers when implementing HIV and AIDS preventative peer education programmes. It is clear that running HIV and AIDS events and raising awareness around HIV and AIDS issues may not necessarily change negative behaviour and attitudes. An HIV and AIDS preventative peer education programme has to be well conceptualised and structured over a long period of time to address the negative attitudes and behaviours of young people.

## 5.2.4 The main principle used when implementing a strategy for HIV and AIDS prevention

The research also revealed that having a holistic approach to HIV and AIDS was the most important principle when implementing strategies for HIV and AIDS prevention amongst young people. This concurs with the abcd messaging (abstain; be faithful; condomise and delay of sexual début) that is a comprehensive and multi-pronged approach recommended for HIV and AIDS prevention.

It is therefore <u>recommended</u> that the abcd strategy receives prominence in the in the HIV and AIDS preventative peer education training programme.

#### 5.2.5 Efficacy of HIV and AIDS preventative peer education programmes

And lastly as a conclusion of this section pertaining to the context of HIV and AIDS prevention, from the empirical investigation it is evident that a large majority youth workers agreed that peer education programmes is an effective strategy for HIV and AIDS prevention amongst young people. As much as the respondents are in agreement, their views may be subjective.

Therefore, to gain an unbiased view, it is thus <u>recommended</u> that an external evaluation of the HIV and AIDS preventative peer education programme be conducted in which a more objective view is obtained regarding the efficacy of the peer education programme. Internal monitoring and assessment processes and systems are also recommended as these processes will improve and add value to the quality of the HIV and AIDS preventative peer education programme.

# 5.3 CONCLUSIONS AND RECOMMENDATIONS MADE PERTINENT TO IMPLEMENTATION OF PEER EDUCATION AS A STRATEGY FOR HIV AND AIDS PREVENTION.

Based on the research findings it becomes evident that youth workers believe that peer education is an effective strategy in dealing with HIV and AIDS prevention. The next set of conclusions and recommendations pertains to the implementation of peer education as a strategy for HIV and AIDS prevention. Conclusions and recommendations regarding the definition of peer education are first discussed.

#### 5.3.1 Definition of peer education

The researcher is of the opinion that there is no conclusive definition for peer education within the context of HIV and AIDS preventative peer education programmes at high schools. However, based on the research findings the following definition, within the context of HIV and AIDS preventative peer education programmes at high schools emerges:

Adolescent peer education is a methodology whereby trained youth workers equip a suitably selected group of peer educators to implement a structured programme in order to be of service to their peers by educating them with accurate HIV and AIDS information; to recognise and refer peers in need of assistance; promoting wellness and healthy lifestyles; advocating for resources for peer education; conducting community projects and caring for and supporting orphans and vulnerable children.

Based on the above-mentioned working definition, further dialogue and discussion is <u>recommended</u> with youth workers, peer educators and stakeholders so that the definition itself does not become a limitation, but is a concept for further deliberation and dialogue.

#### 5.3.2 Main functions of peer educators

Furthermore, the study concluded that the functions of peer educators should be systemic from the operational definition of peer education.

Therefore, it is recommended that the main functions of peer educators are:

- educating their peers with accurate HIV and AIDS information;
- recognising and referring their peers in need of assistance;
- promoting wellness and healthy lifestyles;
- advocating for resources for peer education;
- conducting community projects and
- caring for and supporting orphans and vulnerable children.

#### 5.3.3 Approaches to peer education

There was an overwhelming concurrence by the respondents that an empowerment approach and a person-centred approach were accordant with the implementation of the HIV and AIDS prevention. Based on the findings, the research concluded that both approaches were necessary and had underlying principles that supported the effective implementation of HIV and AIDS prevention.

It is <u>recommended</u> that these approaches are further investigated and be incorporated into the training of youth workers and peer educators. Approaches to peer education exemplify the *way* youth workers implement, rather than the *method* used when implementing peer education programmes.

#### 5.3.4 Recruitment and selection of peer educators

The study concluded that there was a significant amount of youth workers who believed that the recruitment and selection of peer educators were not properly done and contributed to a high rate of attrition amongst peer educators.

In order to combat this, it is <u>recommended</u> that NGOs develop a marketing strategy that will attract more committed and dedicated peer educators to the programme. Furthermore, it is <u>recommended</u> that youth workers assist with the selection of a more representative group of peer educators. After the peer educators are nominated by their classmates they should be carefully selected to be as representative a group as possible. When the peer education group is selected it is <u>recommended</u> that participants be selected from boys and girls from all the Grade 10 classes. Learners from the prefect body, Representative Council of Learners (RCL members), sports teams and drama groups should all be recruited to represent a broad range of interest groups at school. It is highly <u>recommended</u> to have an equal amount of boys and girls in the peer education group to be able to listen and respond to the needs of both genders.

It is also <u>recommended</u> that youth workers introduce peer educators to the staff and learners at a school assembly to raise the visibility of peer education at the high school at which the programme is being implemented.

#### 5.3.5 Revamping of the peer education training programme

The study also concluded that with regards to the proficiency of the peer education training programme, youth workers were of the opinion that the HIV and AIDS peer education training programme did not adequately equip them with adequate skills to address the needs of youth workers regarding HIV and AIDS and sexual reproductive health issues.

It is <u>recommended</u> that youth workers participate in a process where the peer education programme is revamped to address issues that would result in improving the proficiency of peer education training. It can further be concluded from the empirical study that the NGOs are the institutions that manage the HIV and AIDS preventative peer education programme. Recommendations pertaining to NGOs as managers of the HIV and AIDS preventative peer education programmes at high schools will be discussed later in this chapter. The next set of conclusions and recommendations relate to the high schools where the HIV and AIDS preventative peer education programmes are currently being implemented.

### 5.4 CONCLUSIONS AND RECOMMENDATIONS MADE PERTINENT TO HIGH SCHOOLS

From the empirical study, the next set of conclusions and recommendations are made pertinent to the high schools where youth workers are currently implementing HIV and AIDS preventative peer education programmes.

# 5.4.1 Target group for HIV and AIDS preventative peer education programmes at high schools

From the empirical study it can be concluded that the size of the peer education groups consist mostly of 20 to 30 peer educators and youth workers having to visiting more than four high schools per week. The peer education groups at high schools are the secondary beneficiaries of the peer education programme with the main target grouping being their peers (all learners at the high schools).

It is <u>recommended</u> that youth workers continue having peer education groups of 20 to 30 peer educators but visiting only four high schools per week from Monday to Thursday.

Many high schools on the Cape Flats close on or before 13h00 on a Friday to afford Muslim learners the opportunity to go to mosque for devotion. It is thus <u>recommended</u> that the HIV and AIDS peer education programme not be implemented on Fridays.

### 5.4.2 Inclusion of a VCT (voluntary counselling and testing) strategy at high schools

The findings of empirical study conclude that VCT is not well covered as a strategy for HIV and AIDS prevention at high schools. Many principals of high schools where peer education programmes are implemented are conservative and would prefer an abstinence message being advocated for and highlighted in the peer education programme, despite the increased escalating number of teenage pregnancies among learners at their schools.

It is <u>recommended</u> that VCT programmes are implemented at high schools as part of an HIV and AIDS preventative peer education programme. Furthermore, the study <u>recommends</u> that every school should have its own policy on HIV and AIDS prevention and establish a health advisory committee to address issues relating to health and wellness of learners at their schools.

# 5.4.3 Areas of development offered in the HIV and AIDS life skills training curriculum at high schools

The study also concluded that youth workers believed that emotional and moral development in the life skills training curriculum at high schools was not adequately covered.

To support the initiatives of educators teaching HIV and AIDS life skills training at high schools, it is <u>recommended</u> that youth workers particularly spend more time on covering the aspects of emotional and moral development in their HIV and AIDS peer education training programme.

#### 5.4.4 Orphans and vulnerable children

Another conclusion that the empirical study revealed was that orphans and vulnerable children programmes were not established at most of the high schools where HIV and AIDS preventative peer education programmes were currently implemented.

In this regard it is <u>recommended</u> that the Western Cape Education Department conduct an audit to establish at which high schools orphans and vulnerable children programmes are being implemented. Furthermore, it is <u>recommended</u> that youth workers assist with identifying and referring learners who are orphaned, directly to social workers for support.

#### 5.5 CONCLUSIONS AND RECOMMENDATIONS MADE PERTINENT TO NGOs.

The empirical investigation revealed that the conclusions and recommendations made pertinent to NGOs had bearing on the *management* of the HIV and AIDS preventative peer education programme. The data that was gathered from the interviews in the empirical study was triangulated with the literature review and generated themes that revealed that the NGOs were the managers; the high schools were the settings and the youth workers were the implementers in which the HIV and AIDS and AIDS preventative programme was the common denominator as depicted in Figure 5.2.

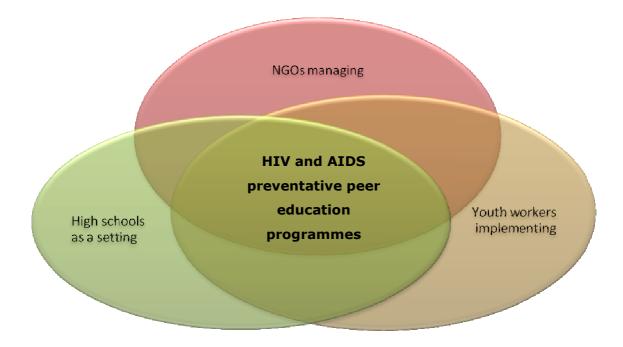


Figure 5.2: Relationship between NGOs, high schools and youth workers

#### 5.5.1 Management functions of NGOs

The next set of recommendations and conclusions are pertinent to the management functions of NGOs, namely planning, leading, organising and controlling.

#### 5.5.1.1 Planning

A large majority of the youth workers interviewed concluded that NGOs were not providing adequate training for the implementation of HIV and AIDS preventative peer education programmes at high schools.

It is <u>recommended</u> that programme managers of NGOs conduct strategic planning whereby youth workers are included in the planning process. Furthermore, it is also <u>recommended</u> that youth workers are drawn into the planning and design of programmes so that a more collaborative perspective is attained.

Besides implementing the HIV and AIDS programme, youth workers should participate in programme planning and decision-making processes.

It is <u>recommended</u> that the following aspects should be planned and included in the HIV and AIDS preventative peer education learning programme:

- Programmes for males of school going age as a primary target for HIV and AIDS prevention;
- Training programmes for youth workers particular to the deficits and competencies in skills required to improve service delivery;
- Supporting programmes for HIV and AIDS positive learners;
- Care and support systems for orphans and vulnerable children;
- Rewards and recognition for peer educators and youth workers.

#### 5.5.1.2 Leading

From the findings presented in the empirical study it is concluded that NGOs need to play a more leading role in motivating and encouraging their youth workers.

It is therefore <u>recommended</u> that NGOs pay particular attention to the motivation and development of their staff.

#### 5.5.1.3 Organising

Another conclusion that the findings presented is that NGOs should have the capacity to organise the activities of the HIV and AIDS preventative programmes in such a way that the programme becomes more effective.

It is therefore <u>recommended</u> that NGOs improve their organisational skills such as timetabling, scheduling workload for functions, activities of the organisation and programme taking into account operational and timeframes issues. It is also <u>recommended</u> that staff appraisals, training and development for youth workers should be organised as part of the organisations operational plan.

#### 5.5.1.4 Controlling

The study concluded that systems of control were an essential part of managing NGOs effectively. It is evident that NGOs have various systems of control when implementing HIV and AIDS preventative peer education programmes.

It is <u>recommended</u> that a monitoring and evaluation tool be designed to improve the quality of delivering HIV and AIDS preventative programmes. Other systems such as financial systems, reporting systems and resource allocation all contribute to the success of HIV and peer education service delivery.

#### 5.5.2 The strengths of NGOs

Regarding the strengths of NGOs, the research findings concluded that NGOs were better equipped to implement sustainable HIV and AIDS preventative peer education programmes than government departments as they operated at a grassroots level and understood the needs of their communities.

It is <u>recommended</u> that NGOs share their best practices with other NGOs to further strengthen the NGO sector in implementing sustainable HIV and AIDS preventative peer education programmes. This will ensure that weaker NGOs become more efficacious in reaching their outcomes and improve the quality of their programmes.

#### 5.5.3 Challenges of NGOs

The findings of the research study also revealed that youth workers had challenges when working at NGOs. Most of the challenges centred round issues regarding their salaries, hours of work and the lack of staff development opportunities.

A <u>recommendation</u> regarding the challenges of NGOs would be that NGOs develop a human resource strategy that addresses issues relating to their personnel and staffing. Furthermore, an annual staff appraisal system needs to be established to assess and reward the annual performance of youth workers based on a merit system.

### 5.6 CONCLUSIONS AND RECOMMENDATIONS MADE PERTINENT TO YOUTH WORKERS

The next set of recommendations and conclusions are pertinent to the roles, errors made, characteristics and supervision of youth workers.

#### 5.6.1 Primary role of youth workers

Youth workers are the implementers of the HIV and AIDS peer education programme and are the link between the NGO and the high school. From the empirical study it can be concluded that most of the youth workers regarded training of peer educators as their primary role.

Although youth workers regard the training of peer educators as their primary role, it is recommended that the NGOs conduct a strategic planning session where the roles of youth workers are clarified in order for them to understand that their roles are more comprehensive than just the training of peer educators.

From the empirical study it is evident that the following roles of youth work be recommended and included in their job descriptions:

- Participate in the planning of the programme as previously mentioned;
- Act as referral agents when peer educators need to refer peers in need of assistance;

- Offer basic counselling and training skills to peer educators;
- Facilitate briefing and debriefing sessions with peer educators;
- Host community events;
- Co-ordinate lesson deliveries of peer educators at schools and
- Conduct support groups for orphans and vulnerable children.

#### 5.6.2 Addressing the common errors made by youth workers

The empirical study concluded that youth workers regarded time management as one of their most common errors.

It is <u>recommended</u> that training is conducted for youth workers specifically to improve time management skills to address some of their other errors such as connecting with young people and improving communication, facilitation and report writing skills.

#### 5.6.3 Debriefing sessions of youth workers

The study also concluded that most of the youth workers believed that sufficient time was spent at their respective NGOs on debriefing sessions.

It is <u>recommended</u> that NGOs continue with debriefing sessions as the youth workers gained value from this activity.

#### 5.6.4 Characteristics of youth workers

The next conclusion was made based on the research findings dealt with the traits or personal characteristics of youth workers. Being an extrovert, creative, highly energetic and being passionate about working with people was favoured as personal characteristics by most youth workers.

It is <u>recommended</u> that the application form for assessing employment of youth workers should include a question on their characteristics needed to effectively work with young people in high schools. This could form part of an interviewing process before employing youth workers and volunteers. Peer educators become easily bored and distracted and

need to feed off the positive energy of youth workers. Being an introvert and a boring facilitator will affect the energy levels needed when working with young people.

#### 5.6.5 Value of supervision

With regards to supervision the research concluded that youth workers valued their supervision sessions and regarded the sessions as a platform for sharing their experiences with their colleagues. Supervision provided them with support from a senior member of staff who had more experience in the field.

It is <u>recommended</u> that supervision be scheduled at regular intervals (weekly or monthly) and be part of the NGOs operational plan. Programme managers need to supervise youth workers where they can motivate, support and encourage them as well as offer guidance for the challenges youth workers may be facing in the field.

#### 5.6.6 Frequency that peer educators refer learners for listening to their challenges

The empirical investigation concluded that the majority of youth workers felt that they were frequently asked by peer educators to listen to their challenges.

It is <u>recommended</u> that youth workers provide scheduled times for the individual support of peer educators. Because the intervention primarily takes place within the context of a group, peer educators may not want to reveal their personal challenges in a group setting, and may be in need of a one on one session with their youth workers.

#### 5.6.8 Skills that youth workers grapple with

The empirical study concluded that youth workers mainly grappled with the skill of empathy.

It is <u>recommended</u> that basic counselling skills such as empathy be part of the training programme of youth workers. Youth workers can use case studies and role play actual scenarios in which the learning is relevant and pertinent to their practice.

#### 5.6.8 Most challenging aspect of implementing peer education programmes

When implementing peer education programmes the study concluded that youth workers viewed the lack of time to run sessions as the most challenging.

It is <u>recommended</u> that time management skills be included in the training of youth workers.

#### 5.7 FURTHER RESEARCH

As evident in the study, the concept of peer education methodology is fairly new within the context of HIV and AIDS prevention. Further research is recommended where programme evaluation is conducted to measure the impact of HIV and AIDS preventative peer education programmes amongst young people at high schools. Measuring the efficacy of peer education as an HIV and AIDS preventative strategy for young people may confirm the view of several authors but more importantly may give rise to HIV and AIDS peer education programmes being implemented throughout South Africa and the rest of the world keeping (young) people free and safe from contracting the HI-virus.

#### 5.8 FINAL CONCLUSION

Through the experiences of youth workers implementing HIV and AIDS preventative peer education programmes at high schools it is evident that the aim and objectives formulated for the study were attained. Firstly, HIV and AIDS was contextualised as an HIV and AIDS prevention strategy for young people in South Africa and that the implementation of peer education is an appropriate intervention. Secondly, high schools were described as a setting, followed by the features of NGOs and the role youth workers play in the implementation of HIV and AIDS preventative peer education programmes and thirdly an empirical investigation was conducted to ascertain the experiences of youth workers working at an NGO implementing HIV and AIDS preventative peer education programmes at high schools. The recommendations resulting from this research study can be used by NGOs, youth workers and high schools implementing similar HIV and AIDS preventative peer education programmes and can be adapted accordingly.

#### **BIBLIOGRAPHY**

AIDSCAP. 1996. How to run an Effective Peer Education Project Guidelines for AIDS prevention Projects. Behaviour Change Communication Unit, USAID Project no: 936 511233, 4962046.

BABBIE, E. 2007. **The practice of social research.** Belmont, CA: Wadsworth Thomson Publishing.

BABBIE, E. & MOUTON, J. 2002. **The practice of social research.** London: Oxford University Press.

BALK, D. 1995. **Adolescent development.** London: Brooks/Cole Publishing Company.

BALDOCK, J., MANNING, N. & VICKERSTAFF, S. 2003. **Social policy** (2<sup>nd</sup> ed). Oxford: Oxford University Press.

BANDURA, A. 1997. **Social learning theory.** Available: <a href="http://itip.psychology.org">http://itip.psychology.org</a> [Accessed: 12.10.2009].

BEZUIDENHOUT, F. 2008. **A reader on selected social issues** (4<sup>th</sup> ed). Pretoria: Van Schaik.

BINNEMAN, D., GROENEWALD, A., MICHAELS, L.A., PRINCE, B.J., REINDERS, J. & STEYN, P.S. 2004. **Today's choices** (2<sup>nd</sup> ed). Stellenbosch: University of Stellenbosch.

BLESS, C. & HIGSON-SMITH, C. 2004. **Fundamentals of social research methods.** Cape Town: Juta Publishers.

BURKE R. 2007. **Project management techniques.** Hong Kong: Everbest Printing. Burke Publishing.

CENTRE FOR THE SUPPORT OF PEER EDUCATION. 2009. Available: <a href="http://www.cspe.org.za">http://www.cspe.org.za</a> [Accessed: 12.10.2009].

COGGINS, N. & McKELLAR, S. 1994. **A method in search of a theory - peer education and health promotion.** Available: <a href="http://ioxfordjournals.org">http://ioxfordjournals.org</a> [Accessed: 12.10.2009.

COHEN, A. & MILLER, W. 1991. **People in the Sub-culture of violence**. Available: <a href="http://www.springerlink.com">http://www.springerlink.com</a> [Accessed: 12.10.2009].

COLEMAN, C. 1996. **The nature of adolescence** (2<sup>nd</sup> ed). New York: Routledge Publishers.

CONLON, J., CLARKE, L., DEANE, M. & ATTWELL A. 2004. **How 2b Aids aware**. Cape Town. CTP Book Printers.

CONSTITUTION OF THE REPUBLIC OF SOUTH AFRICA. 1996. Cape Town: Constitutional Assembly.

COREY, G. 2000. Theory and practice of group counselling. Belmont: Thomson Learning.

COULSHED, V. 1991. Social work practice (2<sup>nd</sup> ed). New York: MacMillan Publishers.

DAMON, M.L. 2007. **Management of volunteers at the Cape Town association for the physically disabled.** Stellenbosch: University of Stellenbosch. (MA Thesis)

DE BEER, F. & SWANEPOEL, H. 1998. **Community development and beyond.** Pretoria: Van Schaik Publishers.

DEPARTMENT OF SOCIAL DEVELOPMENT. 2002. Umthente, Umlaba, Usamila, the first South African National Youth Risk Behaviour Survey. Pretoria: Department of Health.

DE VOS, A.S., STRYDOM, H., FOUCHÉ, C.B. & DELPORT, C.S.L. 2005. Research at grassroots level for the social sciences and human services profession. Pretoria: Van Schaik Publishers.

DEUTSCH, C. & SWARTZ, S. 2002. **Rutanang - learning from one another** (Book 1). Cape Town: Formset Printers.

EGAN, G. 1998. **The skilled-helper. A problem management approach to helping** (6<sup>th</sup> ed). Pacific Grove, CA: Brookes/Cole Publishing.

ELSDON, K.T. 1995. Voluntary organisations. Chippenham: Antony Rowe Ltd.

ENGELBRECHT, P. & GREEN, L. 2003. **Promoting learner development.** Pretoria: Van Schaik Publishers.

FEHER, M. 2007. Nongovernmental politics. Brooklyn: Zone Books.

FERRER-WREDER, L., STATTIN, H., LORENTE, C., TUBMAN, J. & ADAMSON, L. 2004. Successful prevention and youth development programs. London: Kluwer Academic/Plenum Publishers.

GARG, A. 2008. Handbook for NGOs (2<sup>nd</sup> ed). New Delhi: Nabhi Publications.

GIDDENS, A. 2001. **Sociology** (4<sup>th</sup> ed). Cambridge: Polity Press.

GLOBAL FUND. 2009. Available: <a href="http://www.theglobalfund.org">http://www.theglobalfund.org</a> [Accessed: 10.08.2009].

GROBLER, H., SCHENK, R. & DU TOIT, D. 2003. **Person-Centered Communication**. Goodwood: Oxford University Press.

GUTIÉRREZ, L.M., PARSONS, R.J. & COX, E.O. 1998. **Empowerment in social work practice – a sourcebook.** Pacific Grove: Brooks/Cole Publishing Company.

HABIB, A. & KOTZÉ, A. 2002. Civil society, governance and development in an era of globalisation, governance in the New South Africa. Cape Town: UCT Press.

HALL, A. & MIDGLEY, J. 2004. **Social policy for development.** London: Sage Publications.

HENNING, E., VAN RENSBURG, W. & SMIT, B. 2004. **Finding your way in qualitative research**. Pretoria: Van Schaik Publishers.

JAMES, W. 2001. **National Education Department – manifesto on values, education and democracy**. Pretoria: Government Printers

KHOMANANI. 2009. **South African National HIV and AIDS campaign.** Available: http://:www.aidsinfo.co.za [Accessed: 14.10.2009].

LEE, J.A.B. 2001. The empowerment approach to social work practice-Building the beloved community (2nd ed). New York: Columbia University Press.

LOUW, N., EDWARD, D. & ORR, J. 2001. **HIV & AIDS: care and support of affected and infected learners**. Pretoria: Government Printers.

LOVELIFE. 2009. **Unpublished Manual for Peer Education at High Schools**. Available: <a href="http://www.lovelife.org.za">http://www.lovelife.org.za</a> [Accessed: 14.10.2009].

MEYER, W.F., MOORE, C. & VILJOEN, H.G. 1997. **Personology, from individual to ecosystem.** Sandton: Heineman Higher and further education.

MOUTON, J. 2002. **How to succeed in your Master's and Doctoral studies.** Pretoria: Van Schaik Publishers.

NEUGEBOREN, B. 1991. **Organisation, policy and practice in the human services**. London: Haworth Press.

NEUMAN, W.L. 1997. Social research methods – qualitative and quantitative approaches (3<sup>rd</sup> ed). Boston: Allyn Bacon Inc.

NEW OXFORD DICTIONARY. 2005. London: Oxford University.

PAGE, J., LOUW, M. & PAKKIRI, D. 2006. Working with HIV and AIDS. Wetton: Juta Publishers.

PATEL, L. 2005. **Social welfare and social development in South Africa.** Cape Town: Oxford University Press.

PATIENT, D. & ORR, N. 2008. Sex secrets: bodyworks revealed. Wetton: Juta.

PERLMAN, H. 1997. Body wise (Curriculum 2005). Sex education, health and advice for South African youth. Cape Town: Maskew Miller Longman.

PRETORIUS, F. & LEMMERS, E. 2004. **South African education and training, transition in a democratic era**. Gauteng: Hodder & Stoughton Educational.

RANIGA, T. 2007. A critique of the South African national life skills and HIV and AIDS school policy: lesson for policy adjustment. **Social Work/Maatskaplike Werk**, 43(1):66-76.

REPUBLIC OF SOUTH AFRICA (RSA). 1996a. **Education Act 27**. Pretoria: Government Printers.

REPUBLIC OF SOUTH AFRICA (RSA). 1996b. **Schools Act 1996**. Pretoria: Government Printers.

REPUBLIC OF SOUTH AFRICA (RSA). 1997a. **Non-Profit Act 27**. Pretoria: Government Printers.

REPUBLIC OF SOUTH AFRICA (RSA). 1997b. White Paper on Social Development. Pretoria: Government Printers.

REPUBLIC OF SOUTH AFRICA (RSA). 1999. **HIV And AIDS Policy Act** 27. Pretoria: Government Printers.

REPUBLIC OF SOUTH AFRICA (RSA). 2005. **National Youth Development Framework Policy Document.** Pretoria: Government Printers.

REPUBLIC OF SOUTH AFRICA (RSA). 2007a. **Children's Amendment Act 41**. Pretoria: Government Printers.

REPUBLIC OF SOUTH AFRICA (RSA). 2007b. Strategic plan for HIV and AIDS and STI's (2007-2011). Pretoria: Government Printers.

ROGERS, C. & SHOEMAKER, F. 1971. **Communication of innovations - a cross-cultural approach** (2<sup>nd</sup> ed.). New York: The Free Press. Available: http://:www.istheory.yorku.ca [Accessed 12.10.2009].

ROOTH, E. 1995. **Life skills. A resource book for facilitators.** Manzini, Swaziland: MacMillan Boleswa Publishers.

ROSS, E. & DEVERELL, A. 2004. Psychosocial approaches to health, illness and disability. A reader for healthcare professionals. Pretoria: Van Schaik Publishers.

SARBIN, T. & ALLEN, V. 2009. **The social context of conduct**. Available: <a href="http://www.phillwebb.net">http://www.phillwebb.net</a> [Accessed: 12.10.2009].

SHULMAN, L. 2009. The skills of helping individuals, families, groups and communities. Belmont: Brookes/Cole Publishing.

SPADES YOUTH DEVELOPMENT AGENCY 2009. **Peer Education Manual**. (Unpublished).

STRYDOM, H. & STRYDOM, C. 2002. Theories and models serving as a basis for the design of an HIV and AIDS prevention programme for students. **Social Work/Maatskaplike Werk**, 38(3):261-276.

SWANEPOEL, H. & DE BEER, F. 1997. **Introduction to Development Studies**. Halfway House: Thomson Publishing.

TREATMENT ACTION CAMPAIGN. 2009. Available: <a href="http://www.tac.org.za">http://:www.tac.org.za</a> [Accessed: 14.10.2009].

TERMINOLOGY COMMITTEE FOR SOCIAL WORK. 1995. **New Dictionary of Social Work**. Cape Town: CTP Book Printers.

TOSELAND, R. & RIVAS, R. 2009. **An introduction to group work practice**. Boston: Pearson International Publishers.

UNAIDS. 1999b. **Peer Education and HIV and AIDS: concepts, uses and challenges** (compiled together with the Horizons Project, and implemented with the Jamaican Ministry of Health, in collaboration with PATH, AIDS ark/PSI, ICRW, International HIV and AIDS Alliance, Tulane University, and the University of Alabama-Birmingham, IMPACT/FHI and USAID; Alabama-Birmingham: Horizons. Available: <a href="http://www.unaids.org">http://www.unaids.org</a> [Accessed: 08.08.2009].

UNAIDS. 1999a. Peer education and HIV and AIDS: past experience, future directions (compiled together with the Horizons Project, and implemented with the Jamaican Ministry of Health, in collaboration with PATH, AIDS ark/PSI, ICRW, International HIV and AIDS Alliance, Tulane University, and the University of Alabama-Birmingham, IMPACT / FHI and USAID; Alabama-Birmingham: Horizons. Available: http://:www.unaids.org [Accessed: 08.08.2009].

VAN BILJON, R. 1999. Social work management. Pretoria: UNISA Press.

VAN DER WESTHUIZEN, P.C. 2002. **Schools as organisations.** Hatfield: Van Schaik Publishers.

VAN DYK, A. 2008. **HIV and AIDS care and counselling a multidisciplinary approach** (4<sup>th</sup> ed). Cape Town: Juta & Co.

VAN WYK, D. 2007. Working with HIV and AIDS at work. Cape Town: Juta & Co.

VILLARRUEL, F., PERKINS, D., BORDEN, L. & KEITH, J. 2003. **Community youth development – programmes, policies and practices**. London: Sage Publications.

WALKER, L., REID, G. & CORNELL, M. 2004. Waiting to happen HIV and AIDS in South Africa. Cape Town: Juta Publishers.

WATSON, D. & WEST, J. 2006. Social work process and practice – approach, knowledge and skills. New York: Palgrave MacMillan.

WILLIAMS, R. 2008. **12 Roles of facilitators for school change** (2<sup>nd</sup> ed). London: Sage Publications.

WOLF, R.C., TAWFIK, L.A. & BOND, K.C. 2000. **Peer promotion programs**. Available: http://:www.theyouthinstitute.org [Accessed: 12.10.2009].

WOOD, L. 2008. Dealing with HIV and AIDS in the classroom. Wetton: Juta & Co.

WORLD HEALTH ORGANIZATION. 2009. Available: <a href="http://:www.who.int">http://:www.who.int</a> [Accessed: 10.08.2009].

YOUTH FOR CHRIST. 2009. Active Peer Education Manual (Unpublished).

### **ADDENDUM A**

# UNIVERSITY OF STELLENBOSCH DEPARTMENT OF SOCIAL WORK

#### **INTERVIEW SCHEDULE**

The aim of the following interview is to gain an understanding of the experiences of youth workers working at NGOs when implementing HIV and AIDS peer education programmes as a preventative strategy at high schools. There are no right or wrong answers. Your experiences are important regardless whether good or bad.

4			\/A  T	WADIZEDA
1			V / 11 I I I I I	
• -	POUL IL	LOU	100111	WORKERS

1.1 What is your gender?

Female	
Male	

1.2 How old are you currently?

Under 20	
20 to 24	
25 to 29	
30 and over	

1.3 What is the highest academic qualification that you have attained?

Below Grade 12	
Grade 12	
Certificate Course	
Diploma Courses	
Degree	
Honours Degree	
Masters Degree	

1.4	How long have you been involved in peer education?
	Less than one year
	Between one and two years
	Between two and three years
	Between three and four years
	More than four years
1.5	Are you currently employed at the NGO or are you working as a volunteer?
	Currently employed as a youth worker
	Currently volunteering at the NGO
1.6	If you are currently employed at the NGO, how long have you been working there?
	Less than one year
	Between one and two years
	Between two and three years
	Between three and four years
	More than four years
1.7	What are your main duties?

2.	<b>EXPERIENCES AS A YOUTH WORKER WHEN WORKING IN THE CONTEXT OF</b>
	HIV AND AIDS PREVENTION.

2.1	What would you say is the extent of HIV and AIDS amongst young people in
	your community?

Higher than the HIV and AIDS prevalence rates amongst young people in South Africa.	
The same than the HIV and AIDS prevalence rates amongst young people in South Africa	
Less than the HIV and AIDS prevalence rates amongst young people in South Africa.	
Unsure	

2.2 Which of the following target groupings would you consider to be the most vulnerable in the context of HIV and AIDS in your community?

Young men between the ages of 13 and 20	
Young women between the ages of 13 and 20	
Children of primary school age	
Homosexual men of all ages	
People older than 20 years	
Other (specify)	

2.3 What is the extent of the following challenges impacting on HIV and AIDS in your community?

Challenge	Not so great an extent	Great extent
Poverty		
Traditional beliefs		
Stigmatisation		
Negative attitudes and behaviours		

Motivate your answer of the challenges you feel have a great extent impacting on HIV and AIDS in your community.

Being sensitive towards cultural and religious groupings Having as holistic approach to HIV and AIDS Having national support for HIV and AIDS programmes Facilitating an empowerment process Building partnerships for sustainability  In your experience, prioritise what has been the most effective HIV and AID preventative strategy for young people, from the most to the least?  Teaching and learning about HIV and AIDS The abcd strategy Condom distribution Voluntary Counselling and Testing  2.5.1 Motivate your choice of the most effective HIV and AIDS preventat strategy for young people.  Would you consider the implementation of peer education programmes to effective HIV and AIDS preventative strategy for young people?  Yes Unsure No		nciple			Yes	No
Having national support for HIV and AIDS programmes  Facilitating an empowerment process  Building partnerships for sustainability  In your experience, prioritise what has been the most effective HIV and AID preventative strategy for young people, from the most to the least?  Teaching and learning about HIV and AIDS  The abcd strategy  Condom distribution  Voluntary Counselling and Testing  2.5.1 Motivate your choice of the most effective HIV and AIDS preventat strategy for young people.  Would you consider the implementation of peer education programmes to leffective HIV and AIDS preventative strategy for young people?	Bei	ng sensitive towards o	cultural and religious grou	pings		
Facilitating an empowerment process  Building partnerships for sustainability  In your experience, prioritise what has been the most effective HIV and AID preventative strategy for young people, from the most to the least?  Teaching and learning about HIV and AIDS  The abcd strategy  Condom distribution  Voluntary Counselling and Testing  2.5.1 Motivate your choice of the most effective HIV and AIDS preventat strategy for young people.  Would you consider the implementation of peer education programmes to leffective HIV and AIDS preventative strategy for young people?	Ha	ving as holistic approa	ch to HIV and AIDS			
Building partnerships for sustainability  In your experience, prioritise what has been the most effective HIV and AID preventative strategy for young people, from the most to the least?  Teaching and learning about HIV and AIDS  The abcd strategy  Condom distribution  Voluntary Counselling and Testing  2.5.1 Motivate your choice of the most effective HIV and AIDS preventat strategy for young people.  Would you consider the implementation of peer education programmes to leffective HIV and AIDS preventative strategy for young people?	Ha	ving national support f	or HIV and AIDS progran	nmes		
In your experience, prioritise what has been the most effective HIV and AID preventative strategy for young people, from the most to the least?  Teaching and learning about HIV and AIDS  The abcd strategy  Condom distribution  Voluntary Counselling and Testing  2.5.1 Motivate your choice of the most effective HIV and AIDS preventat strategy for young people.  Would you consider the implementation of peer education programmes to leffective HIV and AIDS preventative strategy for young people?	Fac	cilitating an empowerm	nent process			
Teaching and learning about HIV and AIDS  The abcd strategy  Condom distribution  Voluntary Counselling and Testing  2.5.1 Motivate your choice of the most effective HIV and AIDS preventat strategy for young people.  Would you consider the implementation of peer education programmes to leffective HIV and AIDS preventative strategy for young people?	Bui	lding partnerships for	sustainability			
2.5.1 Motivate your choice of the most effective HIV and AIDS preventat strategy for young people.  Would you consider the implementation of peer education programmes to leffective HIV and AIDS preventative strategy for young people?			out hiv and AID2			
The abcd strategy  Condom distribution  Voluntary Counselling and Testing  2.5.1 Motivate your choice of the most effective HIV and AIDS preventat strategy for young people.  Would you consider the implementation of peer education programmes to leffective HIV and AIDS preventative strategy for young people?	prev	entative strategy for ye	oung people, from the mo	ost to the leas	st?	
Condom distribution  Voluntary Counselling and Testing  2.5.1 Motivate your choice of the most effective HIV and AIDS preventat strategy for young people.  Would you consider the implementation of peer education programmes to leffective HIV and AIDS preventative strategy for young people?			out filv and AiDS			
2.5.1 Motivate your choice of the most effective HIV and AIDS preventat strategy for young people.  Would you consider the implementation of peer education programmes to leffective HIV and AIDS preventative strategy for young people?						
2.5.1 Motivate your choice of the most effective HIV and AIDS preventat strategy for young people.  Would you consider the implementation of peer education programmes to leffective HIV and AIDS preventative strategy for young people?	Vol					
	 	strategy for young	people.	ucation progra		
res Offsure No	~ff~	·		ung people?	No	
	effe	res	Unsure		INO	

	E IMPLEMENTATION OF F S PREVENTION	PEER EDUCATION AS A S	TRATEGY FOR HIV A
3.1	Define peer education in	your own words.	
3.2	In your experience what velocities educators?	vould you consider to be the	e main functions of pee
0.0			an advantian fuana a
3.3	perspective of empowering	orkers should approach peong the peer educators to assessonsibility for their decision	sist their peers in taking
3.3	perspective of empowering charge, ownership and re	ng the peer educators to ass sponsibility for their decisio	sist their peers in takingns that they make?
3.3	perspective of empowering charge, ownership and re	ng the peer educators to ass sponsibility for their decisio	sist their peers in taking ns that they make? No
3.3	perspective of empowering charge, ownership and re	ng the peer educators to ass sponsibility for their decisio Unsure	sist their peers in taking ns that they make? No
3.3	perspective of empowering charge, ownership and re	ng the peer educators to ass sponsibility for their decisio Unsure	sist their peers in taking ns that they make? No
3.3	perspective of empowering charge, ownership and research Yes  3.3.1 Give a practical e	ng the peer educators to ass sponsibility for their decisio Unsure	sist their peers in taking ns that they make? No your answer.
3.3	perspective of empowering charge, ownership and research Yes  3.3.1 Give a practical e	g the peer educators to ass sponsibility for their decisio Unsure xample as a motivation for	sist their peers in taking ns that they make?  No  your answer.
3.3	perspective of empowering charge, ownership and research Yes  3.3.1 Give a practical e	g the peer educators to ass sponsibility for their decisio Unsure xample as a motivation for	sist their peers in taking ns that they make?  No  your answer.
3.3	perspective of empowering charge, ownership and research Yes  3.3.1 Give a practical establishment of the control of the contr	unsure  Unsure  Unsure  xample as a motivation for the conditions youths find them sitive regard for them and a second se	sist their peers in taking ns that they make?  No  Your answer.  of the needs, selves in without being

3.4.1	Provide a practica		
	ur experience, are the ducation programme	e right peer educators sele e?	cted and recruited fo
	Yes	Unsure	No
3.5.1	Provido a motivati	on for your answer.	
).J. I	r rovide a motivati	on for your answer.	
n vou			
		he training programme of p	
	r experience, does t ately to be of service	he training programme of pe to their peers?	eer educators equip
	r experience, does t	he training programme of p	
	r experience, does t ately to be of service	he training programme of pe to their peers?	eer educators equip
adequ	r experience, does t ately to be of service Yes	he training programme of p e to their peers? Unsure	eer educators equip
adequ	r experience, does t ately to be of service	he training programme of p e to their peers? Unsure	eer educators equip
adequ	r experience, does t ately to be of service Yes	he training programme of p e to their peers? Unsure	eer educators equip No
3.6.1	r experience, does t ately to be of service Yes Motivate your ans	he training programme of p e to their peers? Unsure wer.	eer educators equip No
3.6.1	r experience, does t ately to be of service Yes Motivate your ans	he training programme of p e to their peers? Unsure wer.	eer educators equip
3.6.1	r experience, does t ately to be of service Yes Motivate your ans	he training programme of p e to their peers? Unsure wer.	eer educators equip
3.6.1	r experience, does t ately to be of service Yes Motivate your ans	he training programme of pe to their peers?  Unsure  wer.	eer educators equip
3.6.1	r experience, does t ately to be of service Yes Motivate your ans	he training programme of pe to their peers?  Unsure  wer.	eer educators equip
3.6.1	r experience, does t ately to be of service Yes Motivate your ans	he training programme of pe to their peers?  Unsure  wer.	eer educators equip
3.6.1	r experience, does tately to be of service  Yes  Motivate your answer.	he training programme of pe to their peers?  Unsure  wer.	eer educators equip
3.6.1	r experience, does t ately to be of service Yes Motivate your ans	he training programme of pe to their peers?  Unsure  wer.	eer educators equip

āН 🤅	SCHOOLS AS SETTINGS FOR HIV A	AND AIDS PREVENTION			
F	How many schools do you interact with on a weekly basis?				
4	One				
	Two				
	Three				
	Four				
	More than four				
	Vhat is the size of your peer education  Less than 10	9			
-	Between 10 and 19				
	Between 20 and 29				
-	30 and over				
	Poes the school where you are implement rogrammes, conduct Voluntary Counse		ation		
	Yes (important)	No (unimportant)			
4	.3.1 If yes, what type of support syst HIV positive?	ems are in place for learners wl	ho te:		

4.

4.4	Rate the following components of HIV and AIDS education at high schools in
	terms of importance.

Component of HIV and AIDS education	Less important	Important	Very Important
Raising awareness of HIV and AIDS			
Transfer of knowledge			
Developing of skills			
Fostering attitudes and values			

4.5 Rate the adequacy of the following areas of development offered in the Life Skills training curriculum at high schools.

Area of holistic development	Less adequate	Adequate
Social development		
Moral development		
Cultural Development		
Emotional Development		
Sexual development		

4.5.1	, ,	quate areas of development offered in at high schools (if any).
	·	
	Yes	No
	Is there	Is there a programme at school that car at school that has lost their parents as a

	4.7	What role are the peer educators playing in addressing the needs of the orphans and vulnerable children?		
5.		FEATURES OF NGOs IMPLEMENTINGER EDUCATION PROGRAMMES	G HIV AND AIDS PREVENTATIVE	
	5.1	Does the NGO that you are currently er you to implement HIV and AIDS preven high schools?	nployed at provide adequate training for tative peer education programmes at	
		Yes	No	
	5.2	What training would you need to improve when implementing peer education at h	•	
	5.3	In your experience, would you say that (funding, materials, staff member) to im education programme efficiently?		
		Yes	No	
		5.3.1 Motivate your answer.		
		5.5.1 Motivate your answer.		

5.4	What would you consider to be the most important strength of the NGO that you are working at?
5.5	What would you consider to be the greatest challenge that the NGO you are working at is currently facing?
e TU	E DOLE THAT VOLUMAVE AS VOLITH WORKERS WHEN IMPLEMENTING A
PE	E ROLE THAT YOU HAVE AS YOUTH WORKERS WHEN IMPLEMENTING A ER EDUCATION PROGRAMME AS A STRATEGY FOR HIV AND AIDS EVENTION FOR LEARNERS AT HIGH SCHOOLS.
PE	ER EDUCATION PROGRAMME AS A STRATEGY FOR HIV AND AIDS
PE PR	ER EDUCATION PROGRAMME AS A STRATEGY FOR HIV AND AIDS EVENTION FOR LEARNERS AT HIGH SCHOOLS.  What would you consider to be your primary role as a youth worker when
PE PR	ER EDUCATION PROGRAMME AS A STRATEGY FOR HIV AND AIDS EVENTION FOR LEARNERS AT HIGH SCHOOLS.  What would you consider to be your primary role as a youth worker when
PE PR	ER EDUCATION PROGRAMME AS A STRATEGY FOR HIV AND AIDS EVENTION FOR LEARNERS AT HIGH SCHOOLS.  What would you consider to be your primary role as a youth worker when
PE PR	ER EDUCATION PROGRAMME AS A STRATEGY FOR HIV AND AIDS EVENTION FOR LEARNERS AT HIGH SCHOOLS.  What would you consider to be your primary role as a youth worker when
<b>PE PR</b> 6.1	ER EDUCATION PROGRAMME AS A STRATEGY FOR HIV AND AIDS EVENTION FOR LEARNERS AT HIGH SCHOOLS.  What would you consider to be your primary role as a youth worker when implementing peer education at high schools?  What would you consider to be the most common errors made by youth workers
<b>PE PR</b> 6.1	ER EDUCATION PROGRAMME AS A STRATEGY FOR HIV AND AIDS EVENTION FOR LEARNERS AT HIGH SCHOOLS.  What would you consider to be your primary role as a youth worker when implementing peer education at high schools?  What would you consider to be the most common errors made by youth workers

6.3	Would you say that the NGO that you are employed at provide sufficient time for
	debriefing sessions for you?

	Agree	Unsure	Disagree
The NGO provides sufficient time for regular debriefing sessions for youth			
workers.			

	6.3.1	Motivate your ans	swer.			
6.4			are the qualities (characterise to be able to work effective			
6.5		ould you say is the vorkers?	e satisfaction derived from tl	ne supervision offered to		
		Low	Neutral	High		
	6.5.1	6.5.1 Motivate your answer.				

6	How often do peer educators refer learners to you for counselling?		
	Very often		
	Often		
	Seldom		
	Not at all		
7	What of the following basic counselling skills do youth workers find the hardes to grapplewith?		
	Attentive listening		
	Attending		
	Empathy		
	1		
	Referral		
	Referral  Confidentiality		
8	Referral  Confidentiality  Which of the following three challenges would you significant when implementing peer education prog		
	Referral  Confidentiality  Which of the following three challenges would you significant when implementing peer education program Lack of time to run sessions		
	Referral  Confidentiality  Which of the following three challenges would you significant when implementing peer education prog		
	Referral  Confidentiality  Which of the following three challenges would you significant when implementing peer education program Lack of time to run sessions  Lack of vision of peer education group		
	Referral Confidentiality  Which of the following three challenges would you significant when implementing peer education prograck of time to run sessions  Lack of vision of peer education group  Lack of motivation of youth workers		
	Referral Confidentiality  Which of the following three challenges would you significant when implementing peer education prograck of time to run sessions  Lack of vision of peer education group  Lack of motivation of youth workers		
	Referral Confidentiality  Which of the following three challenges would you significant when implementing peer education prograck of time to run sessions  Lack of vision of peer education group  Lack of motivation of youth workers		

**THANK YOU** 

### **ADDENDUM B**

### **CONSENT FORM**

EXPERIENCES AS A YOUTH WORKER AT NGOS IMPLEMENTING HIV AND AIDS PREVENTATIVE PEER EDUCATION PROGRAMMES AT HIGH SCHOOLS.

I, the undersigned,	(name)
(I. D. Number)	) of
(address) he	ereby give consent to be interviewed by
L. R. Scott-Muller as part of the above-mentione	ed research project, in fulfilment of a
Master's thesis at Stellenbosch University (Depa	artment of Social Work).
The purpose of this study has been explained to	me and my participation may be
terminated at any time without penalty or prejudi	ice toward myself. I am not obligated to
answer any of the questions that I do not feel co	mfortable with nor do I have to agree or
disagree with any of the views of the researcher	. I understand that all information will be
treated as confidential captured and that the find	dings in a thesis will be in a public domain.
Interviewee	Researcher
Signature	Signature
Date	

#### **ADDENDUM C**

#### LETTER OF CONSENT

238 Klip Road Grassy Park 7941 E-mail - Irsm@mweb.co.za

Programme Manager Address of organisation

Date

Dear Sir / Madam

### RE: CONSENT TO CONDUCT RESEARCH INTERVIEWS WITH YOUTH WORKERS AT SPADES YOUTH DEVELOPMENT AGENCY.

As per our telephone conversation this morning I hereby would like to confirm that I am asking permission to interview some of your youth workers from your NGO who are currently implementing HIV and AIDS preventative peer education programmes at high schools. As requested I have included a copy of the interview schedule of the questions I propose to ask.

All the interviews will be conducted at the convenience of the youth workers, at your premises scheduled at your discretion. Please acknowledge the request in writing and verify if the time is convenient for the conduct of the interviews.

Yours sincerely

L. R. Scott-Muller