Duties of Peer Educators in the Workplace: Meeting Managements' Expectations?

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DECLARATION

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ABSTRACT

Peer educators can play a core function in HIV&AIDS workplace programmes, but managers' and peer educators' expectations need to be aligned. Quantitative data from managers and peer educators actively involved in HIV&AIDS programmes in three medium sized automotive supplier companies in Port Elizabeth, South Africa, were collected to understand what managers were expecting from peer educators compared to peer educators' perceived duties. Results show that peer educators only partially meet managers' expectations mainly due to differences in the importance of some programme objectives, insufficient planning and monitoring of activities, unmet expectations from peer educators towards managers and lack or inaccessibility of available resources, especially time. These and other identified gaps and lacks need to be acknowledged and addressed to allow the alignment of expectations.

OPSOMMING

Portuuropvoeders speel 'n belangrike rol in die MIV & VIGS werkplekprogram, maar bestuurders en portuuropvoeders se verwagtinge moet egter in lyn met mekaar wees. Die kwantitatiewe opname het gegewens versamel van bestuurders en portuuropvoeders wat aktief betrokke was by die MIV & VIGS program in drie medium-grootte motorbedryfverskaffers in Port Elizabeth, Suid-Afrika. Die doel van die opname was om sodoende te verstaan wat bestuurders van portuuropvoeders verwag in vergelyking met laasgenoemde se konsep van hul verpligtinge. Uitslae toon dat portuuropvoeders slegs gedeeltelik aan bestuurders se verwagtinge voldoen en dit is grootliks as gevolg van opinies wat verskil oor die belangrikheid van die program se doelstellings, onvoldoende beplanning en toesighouding van aktiwiteite en die onbeskikbaarheid en ontoeganklikheid van hulpbronne soos tyd. Hierdie en ander tekortkominge moet erken en aangespreek word om ten einde te verseker dat verwagtinge in lyn is.

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1. BACKGROUND AND INTRODUCTION

1.1. Background

The HIV epidemic presents a social and developmental challenge to South Africa. It is estimated that 16.9% of South African aged 15 to 49 years are infected with HIV (UNAIDS, 2009). The majority of those living with HIV are adults in the prime time of their lives. It is anticipated that the country will have to deal with the epidemic for decades to come as a cure will not be available in the near future. Companies are increasingly reacting to this challenge by implementing workplace responses (Dickinson, 2006b). The concept of workplace peer education is one such a response that has been promoted in companies where employees, rather than 'experts', take up a role in HIV&AIDS programmes (Dickinson, 2006b). In general, peer education is defined as a process, a strategy, a communication channel, and a tool (Adamchak, 2006). In the workplace it is used as one behaviour change strategy.

In HIV&AIDS Workplace Programmes (from here on referred to as WPP) peer educators are trained to provide information, education and even counselling to their colleagues. Peer education approaches offer many benefits to programmes, target audiences, and communities, and empirical evidence has shown that well-designed and well-implemented programmes can be successful in improving people's knowledge, attitudes, and skills around HIV&AIDS. There is however a danger that peer educator programmes are perceived as a relatively easy and convenient way to reach a large number of people using inexpensive, volunteer staff without recognising the effort (Adamchak, 2006:5).

Companies' managers see the concept of peer educators as a backbone of their company's HIV&AIDS WPP without questioning what peer educators are able or willing to deliver. This might also be due to the often very limited resources that SME's can provide to run HIV&AIDS WPP. Following the researchers' observation and experience this results in high expectations towards peer educators that they might not be able or willing to meet. One observation is made, that the lack of resources, as mentioned by Adamchak (2006) is actually putting a lot of responsibility on the shoulders of peer educators who feel that they are the only ones responsible for running the WPP.

Although large companies might have the resources to invest in full time Workplace programme coordinators assuring a minimum of support structures for peer educators, this is not the case for SME's. In SMEs, employees plan, monitor and coordinate HIV&AIDS WPP activities on a more

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or less voluntary base and monitoring systems are not consistently used (researchers own observation). The misconception of management on the most important assets of the WPP, namely well trained and motivated peer educators, who are able and willing to deliver, might endanger the success of the workplace programme. It might lead to wrong planning efforts and disappointment. Consequently, investments into WPP, monetary as well as time and effort, might be lost when the implementation of a WPP fails due these misconceptions. Especially young WPP that have been implemented only one or two years ago and where structures might not yet be sufficiently mainstreamed into companies' normal business practices, might be in danger of failing if expectations on both sides, management and peer educators are not sufficiently clarified.

After stating the research problem and objectives of this study, a literature review will give an overview about what results have been found by other researchers on the topic. The next chapter will then cover the research methodology followed by the result and a discussion of results. After that, recommendations will be given on how to address the identified issues.

1.2. Research problem

Some small and medium enterprises of the automotive sector show initiative in the fight against HIV&AIDS by implementing HIV&AIDS workplace programmes (WPP), which includes training of management, coordinators and peer educators. Although the use of peer educators to create awareness among company's employees and in the community is in the core of these programmes, there seems to be misunderstandings of what peer educators are able and willing to contribute to reaching the goals of an HIV&AIDS WPP. We do however not know what managers in small and medium sized enterprises of the automotive industry that implemented HIV&AIDS programmes only recently are actually expecting from peer educators and what peer educators' knowledge and perceptions are of these expected duties.

Research question and aim of the study

The purpose of the study is to identify if there is a discrepancy between management's expectations towards the performance of peer educators in companies of the automotive industry that implemented HIV&AIDS WPP only recently, and peer educators' knowledge and perceptions of these expectations to be able to develop recommendations to close this gap.

Objectives of this research:

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- To identify management's expectations towards peer educators in relation to company's HIV&AIDS WPP.
- To identify what peer educators think are their duties
- To identify what peer educators are doing in the company and the community
- To develop recommendations to fill the identified gap

It is hypothesised that management's expectations are not consistent with peer educators' perception of their duties.

1.3. Significance of the study

The proposed research grew out of the observation that managers in SMEs of the automotive industry that are part of the HIV&AIDS Workplace programme network of Ford in the Nelson Mandela Bay seem to have high expectations from peer educators when implementing HIV&AIDS WPP. Due to lack of resources, they rely mostly on peer educators to deliver the necessary activities to reach goals and objectives of the HIV&AIDS WPP.

By clarifying the expectations coming from management as well as clarifying the knowledge and perceptions of peer educators of these expectations, we were able to identify gaps. Recommendations could be developed to address these gaps and find solutions on how to align managements' expectation with what peer educators are able and willing to perform. This might require revising objectives and goals of the HIV&AIDS WPP, communication efforts and monitoring and evaluation systems. As a result, activities of peer educators can be planned and monitored more carefully. HIV&AIDS WPP interventions might become more effective and better aligned with management's expectations.

2. LITERATURE REVIEW

After investigating how the literature defines peer education, the literature review will summarise firstly what literature recommends in regards to what HIV&AIDS programme implementers can expect from peer educators. Secondly it reviews literature that investigated what workplace peer educators are actually doing in communities and workplaces. Thirdly I will look at literature that investigated what small and medium enterprises are doing to respond to the impact of HIV&AIDS and their challenges. This is followed by a review of literature that investigated what peer educators' believe they can do within the workplace and their motivation to become peer educators.

2.1. Defining peer education

The literature provides various definitions on peer education. The term "peer" means "one that is of equal standing with another; one belonging to the same societal group especially based on age, grade or status" (UNAIDS, 1999; UN, 2003). Education refers to the "development", "training", or "persuasion" of a given person or thing, or the "knowledge" resulting from the educational process (UNAIDS, 1999). The combined term "peer education" as it is used in the literature reflects a whole concept comprising an approach, a communication channel, a methodology, a philosophy, and a strategy (UN, 2003). It can include many different activities like advocacy, counselling, facilitating discussions, drama, lecturing, distributing materials, making referrals to services, providing support, etc. (UNAIDS, 1999).

Although peer education is used in many areas of public health, as for example nutrition education, family planning, substance use and violence prevention, the term "peer education" is well established to describe a concept used in the fight against HIV&AIDS. In a training guide it is described that peer education typically involves using the members of a given group to effect change among other members of the same group (UN, 2003). The aim is to modify a person's knowledge, attitudes, beliefs, or behaviours. Peer education may also effect change at the group or societal level, by modifying norms and stimulating collective action that leads to changes in programmes and policies.

Adamchak (2006) refers to peer education as a "process whereby well trained and motivated young people undertake informal or organized educational activities with their peers (those similar to themselves in age, background, or interests)" (FHI as cited in Adamchak, 2006). He adds that peer education activities generally take place over a period of time. It should also be

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mentioned that the literature on peer education uses various terms to describe those working in peer-led programs. Besides peer educator the literature also uses the terms peer leader, peer supporter, and youth peer educator. Adamchak explains that while peers are meant to be similar in basic characteristics to those in their target audience, some programmes find it more advantageous to use "peers" who are slightly older, or otherwise different, from their audience. Visser (2007) describes Peer Education as interventions involving "training and use of individuals from the target group to educate and support their peers". The use of peers as a resource allows to extend information, skills and caring in an exponential way as well as enhancing the social climate. It is often claimed that this horizontal process of peers talking among themselves and determining a course of action is key to peer education's influence on behavioural change (UNAIDS, 1999).

Peer education is a concept used to change peoples' behaviour. It is based on many well known behaviour change theories, for example Social Learning Theory, the Theory of Reasoned Action, the Diffusion of Innovation Theory, the Theory of Participatory Education or the Information, Motivation, Behavioural skills and Resources (IMBR) Model (as described for example in UNAIDS, 1999; UN 2003; FHI, 2005). The training material that has been used to train the peer educators in the targeted companies is based on the IMBR model. It trains peer educators on how to target risky behaviour, for example to be able to provide the necessary information about HIV&AIDS (the 'what'), teaches them how to motivate peers to use HIV prevention methods (the 'why'), trains them on how to teach peers on how to use condoms and how to negotiate condom use (the 'how') and informs them on where to access free condoms (the 'where'). The IMBR model addresses health-related behaviour in a way that is comprehensive and clear and that can be applied to and across different cultures (FHI, 2005).

2.2. Guidelines, Toolkits, Standards: Proposed duties of peer educators

The available literature does in general not offer ready to use terms of references for peer educators in HIV&AIDS workplace programmes. There are however toolkits available on how to develop peer education programmes as well as standards describing the necessary requirements for successful peer education programmes (see for example UNFPA, 2005; FHI, 2005; Flanagan et al., 2007). The available toolkits give guidelines on how to develop goals and objectives of such interventions and the importance of monitoring the performance of peer educators.

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The Youth Peer Education Network for example developed standards for peer education programmes (FHI, 2005) describing requirements for successful programmes to improve youth's knowledge, attitudes, and skills about reproductive health and HIV prevention. The tool emphasizes on the importance of clarifying and setting clear expectations in writing of both, the programme and peer educators, before implementing the programme. Expectations should be discussed during the recruitment process and should be refined during the programme reflecting actual working activities and conditions.

The clarification of peer educators' expected roles should be one of the critical elements of peer educator training (UNAIDS, 1999). Adamchak (2006) even states that peer educators should be included in developing objectives of the programme. This would include the development of their duties to achieve these objectives. Some toolkits propose specific duties (for example Flanagan et al., 2007), but emphasise that the proposed peer educator activities depend on the specific objectives of the programme.

The standard in the Youth Peer Educator Toolkit (FHI, 2005) highlight the importance of management's role in overseeing and supervising peer educator activities as well as monitoring the programme. Critical for a successful peer educator programme seems not only to be the clarification of peer educators' role in the WPP but also management's role.

2.3. What are peer educators doing in companies?

Dickinson has published several evaluations on peer education in South African companies (Dickinson, 2006a, 2006b, 2007, Dickinson and Kgatea, 2008). His research focused mainly on peer educators in large companies. In his publications from 2006 (2006a, 2006b) Dickinson describes, apart from other topics, what peer educators are actually doing at the workplace. He identifies several areas of engagement. The most important areas are: conducting formal awareness sessions and engaging in informal communication with colleagues in the workplace as well as in the community to educate, influence, give advice and fight stigma. They are also active in supporting company's HIV&AIDS WPP by taking part in community outreach activities and preparing events like HCT campaigns and drives.

Dickinson (2006a) describes companies' expectation of peer educators very broadly as being to conduct formal education or training sessions for employees, conduct a number of more intimate conversations or support sessions with co-workers and to take part in community-related work, typically visits to AIDS orphanages, home-based care organisations or other AIDS-related

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organisations. He concludes that his research indicates that peer educators are doing what is expected from them.

Dickinson states also that peer educator roles are fairly clearly defined without however going into detail of what a definition of peer educators' roles should be. He has not analysed to what extend peer educator activities are in line with goals and objectives of companies' HIV&AIDS programmes or if peer educators are following clearly set range of duties. Dickinson found that in general, there seemed to be little pro-active assessment of peer educators through monitoring and evaluation (2006a). His research did however not assess how rigorous the evaluation of peer educators was.

In his research paper "Fighting for Life: South African HIV/AIDS Peer Educators as a New Industrial Relations Actor?" Dickinson states that peer educators within company HIV&AIDS programmes are expected to conduct a number of functions, articulated with different degrees of clarity. Peer educators were typically left to their own devices back in their workplaces in the past but that companies increasingly attempt to set expectations on the activities peer educators should undertake and on feedback required from them.

Dickinson discusses the problem of activism and professionalism where activism seems to be less planned and monitored but a valuable resource in creating enthusiasm and commitment. Pure activism is cheap for companies, since it relies on the peer educators acting in a voluntary capacity while continuing with their normal work. Pure Professionalism on the other hand needs more resources but provides a platform for better planning and monitoring. He argues that a professional approach might lose out on enthusiasm and commitment. He adds that monitoring helps to communicate expectations and that the allocation of working time for employees may well be a powerful tool in promoting a more professional approach from peer educators, largely because expectations on activity can be set, monitored and enforced.

Most of Dickinson's research is based on observation done in several large South African companies. Only few researchers have evaluated specific peer education programmes in detail. Esu-Williams, Motsebe, Pulerwitz and Steward (2005) have evaluated the peer educator programme of Eskom. Eskom implemented a range of interventions to strengthen their HIV&AIDS programme. The authors assessed the impact of these interventions, for example stakeholders' roles and activities related to ESKOM's HIV&AIDS programme, perceived impacts, benefits, and challenges and capacity-building, and support capabilities of the programme. Peer educators were given toolkits that included for example templates to develop

their own work plans and monitoring and evaluation forms. It is not clear from the report if management or supervisors were also involved in defining these activities and if the planned activities were in line with expectations coming from programme implementers, HIV&AIDS WPP coordinators or top management. A common problem, as stated in the Eskom report, but also in other literature (Dickinson, 2006a), is that supervisors often do not allow peer educators enough time nor provide adequate support to carry out activities.

Sloan et al. (2005) evaluated in their research the peer educator programme of a large retail company. He reported that Peer educators were expected to conduct regular training sessions with their colleagues which were then evaluated for style and content by supervisors. Peer educators covered topics about HIV/AIDS, STDs, HIV testing and the correct use of condoms. Peer educators had access to training material. The man findings of Sloan et al. were that the in-store training sessions given by peer educators to their colleagues had no significant impact on any of the four main study outcomes. Sloan et al. claim that their study was the first to formally evaluate a workplace-based peer-education programme to prevent HIV/AIDS in South Africa.

In a meta-analysis about peer education in developing countries, Medley et al. 2009 found only one study that evaluated a peer education intervention in a workplace. In this research, truck drivers/transport workers in Senegal were described as to answer basic questions about HIV and STDs and to distribute condoms and print materials to their peers. They also referred men with symptoms suggestive of STI infection to the study clinic (Leonard et al, as cited in Medley, 2009). The intervention was evaluated using a before-after study design among 260 participants.

None of the above cited literature specifically investigated or evaluated peer educator activities in small and medium sized enterprises.

2.4. Workplace Programme activities in small and medium enterprises (SMEs)

Connely and Rosen (2004) reported in their study about 80 SMEs in KwaZulu Natal and Gauteng that SMEs face a number of structural constraints to implementing workplace programmes, including a lack of designated human resource personnel and minimal employee benefits. They conclude the SME managers lack knowledge, experience about costs and benefits that might negatively affect their willingness to invest scarce resources in mitigating the impact of HIV/AIDS. SME managers do not like to invest in HIV/AIDS interventions that might only have a positive return after many years. Peer education was not mentioned in this research.

Fraser et al. (2002) investigated the impact of HIV&AIDS on SMEs. They found that SMEs have limited financial and human resources capacity to handle HIV&AIDS programmes. Only a small number of the 97 South African companies that participated in the study were carrying out mitigation activities for their staff. Most common activities were the distribution of materials (literature/posters and condoms), followed by condom education and workshops by external consultants. Fraser et al. found that activities tend to be once off and informal attempts to educate or create awareness on HIV&AIDS. Only few firms were implementing comprehensive activities starting with education and awareness building, leading to peer counselling, voluntary counselling and testing (VCT), and treatment. They concluded that SMEs were generally willing to address HIV&AIDS within the business if and when they saw an impact on their employees. Similar to Connely and Rosen (2002) they found that SMEs face a variety of constraints in trying to deal with HIV&AIDS effectively with time being one of the constraints so that operational activities tend to take priority over longer-term potential problems such as HIV&AIDS. Peer education was not specifically investigated in this study.

Rosen et al. (2007) found in their meta-analysis about the private sector and HIV&AIDS in Africa that for most small and medium-sized companies, HIV&AIDS is not a pressing issue. The investigated surveys of SMEs in South Africa, Zambia, Kenya, and Uganda consistently found that HIV&AIDS ranked well below several other business issues as a concern for senior managers. They found that one explanation is that in particular SMEs face many challenges to staying in business and that in such an environment, AIDS ranks low on the management agenda (Rosen et al, 2007). According to the investigated literature, most companies that have implemented an active HIV&AIDS programme relied on dedicated human resources staff to lead the effort. SMEs however often do not have human resources staff, and managers do not see enough impact to justify the investment of their own time to understand the impact of HIV, investigate response options, and put them in place (Rosen et al., 2007).

Only very few literature could be found that investigated peer educator activities in small and medium sized enterprises. The above literature indicates that SMEs face challenges in implementing actions against HIV&AIDS. The lack in the understanding of the epidemic and the possible responses as well as the lack of resources common in SMEs might also be a challenge when implementing peer education programmes in SMEs.

2.5. What do peer educators believe they can do within an HIV&AIDS workplace programme

Dickinson (2006a) found that the clearly dominant activities that peer educators believe they can do are to raise awareness, provide education, and support those who are infected or affected by the disease. He further found that while peer educators are working within management-supported and organized structures their activities are fundamentally motivated for their own reasons and not for the good of the company. He concludes that, from management's perspective, workplace peer educators must be understood as allies that they need to work with, rather than employees who can be instructed. This might be important in the way that it distinguishes voluntary peer educator activities from their paid duties as workers in a company. While the person in his position as a worker gets assigned specific duties he has to perform, in his voluntary position as a peer educator it might be more difficult to assign him specific duties.

Esu-Williams at al. (2005) found that the majority of peer educators felt better prepared for their roles after having received additional training and being given tools to better plan their activities. Thus training helped to clarify peer educators' roles and responsibilities.

2.6. The voluntary aspect of peer education: What motivates peer educators?

Peer education is generally associated with voluntary work and people tend to abandon voluntary activities when other duties and responsibilities become more important and demanding (FHI, 2005). Adamchak (2006) refers to peer education as a "process whereby well trained and motivated young people undertake informal or organized educational activities with their peers (those similar to themselves in age, background, or interests)" (FHI as cited in Adamchak, 2006). Next to the training aspect, it is the motivation aspect that seems to play an important role in peer education.

Peer educators in the workplace are generally employees who have been employed by the company to fulfil certain tasks and who are paid to do these tasks. It might be difficult for them to distinguish between the tasks they are paid for and the position as a peer educator which is per definition a voluntary position and in first sight not part of the duties they are paid for.

Dickinson (2007) found that one of the major barriers to successful peer educator programmes in the workplace is the limited power they have in companies' structures. This might be translated

in limited power to influence and plan activities that they are expected to do voluntarily. This could negatively influence their motivation of engaging in those activities.

2.7. Conclusion

The literature review revealed that there is little literature on evaluating peer educators activities in relation to what has been expected by programme implementers. Not much literature investigates peer education programmes in SME's. Dickinson's research (2006a), but also the literature on SMEs by Connely et al. (2004), Fraser et al. (2002) and Rosen et al. (2007), indicates that there is a relationship between companies' readiness to provide resources (including the necessary human resources to coordinate the programme), their initiatives to monitor the programme and to what extend expectations have been formulated and communicated. This would indicate that small and medium companies that run low budget HIV&AIDS programmes might be lacking in this regard.

3.   RESEARCH DESIGN AND METHODOLOGY

The researcher decided to target only companies of the automotive sector based in Nelson Mandela Bay that implemented HIV&AIDS WPP in 2009 and 2010 using the same service provider. All trainings for management, coordinators, steering committees and peer educators during the implementation phase of the WPP were done by the same trainer/service provider and all companies had access to the same tools (for example information material, planning and monitoring tools). This approach limited however the number of companies to be targeted for the research. After having received ethical approval from the University of Stellenbosch research ethics committee, the researcher approached 5 companies and sought institutional approval which has been received from three companies.

3.1. Research design and rational for research design

According to Christensen (2007:39), the research design defines the strategy used to investigate the research problem by specifying the procedures to be used to answer the research question. The two available research approaches are qualitative and quantitative research. Qualitative research collects mainly non-numerical data during interviews or observations for example. Quantitative research collects numerical data and allows the use of statistical evaluation to answer the research question.

In the case of this research it has been decided to use a quantitative research design, as the availability of research participants for interviews was very limited. It was decided to use a quantitative survey as a non-experimental research technique. Using self-administered questionnaires, it allowed to evaluate knowledge, attitudes and behaviour of research participants, in this case managers and peer educators of SME's. Limitations of this approach will be discussed further down.

3.2. Target group/population

A quantitative survey was done targeting two groups involved in HIV&AIDS WPPs in SME's of the automotive sector in Port Elizabeth, South Africa: The first group was comprised of company managers actively involved in company's HIV&AIDS WPP and HIV&AIDS WPP coordinators. The second group targeted for this research was Peer educators in the same companies who were trained and have been actively involved in companies' HIV&AIDS workplace programme.

The research targeted specifically small and medium sized supplier companies to Ford SA based in the Nelson Mandela Bay. The supplier base of Ford in the Nelson Mandela Bay is comprised of 16 companies. This is about two thirds of the 25 tier one suppliers[1] based in Nelson Mandela Bay supplying directly to South Africa's automotive assembly plants. Six of these Ford suppliers are large companies with more than 600 employees. Five companies had either no active HIV&AIDS WPP in place or the workplace programme was only in the implementation phase meaning that peer educators were not trained or not active yet. The remaining five companies were targeted for this research. The researcher decided to only focus on the suppliers of Ford as all managers and all peer educators were known to have received training of comparable and known standard. The workplace programmes in these companies were known to have been implemented following recognised international standards. The companies were also part of Ford SEP´s supplier HIV&AIDS workplace programme network. Ford SEP supported them in collaboration with the Automotive Industry Development Centre, the AIDC, to implement HIV&AIDS workplace programmes at their companies in 2009 and 2010. Managers, coordinators and peer educators have been trained as part of the programme.

In all companies, one employee in a management position was trained in the past to take responsibility of the programme. This manager was a leading member of company's steering committee. In all companies, two HIV&AIDS WPP coordinators were trained. The total number of targeted employees in management or coordination positions was therefore 15 employees. This first group targeted for the research were considered to be actively involved in company's HIV&AIDS WPP. They were questioned to identify what their expectations are from peer educators, see questionnaire Appendix B.

The second group targeted for this research was trained Peer educators in the same companies. They were supposed to be actively involved in companies' HIV&AIDS workplace programme during the time of the research. The total number of peer educators trained in the targeted five companies is 110. It is not known how many peer educators of this group were still active at the time of this research. Those companies that agreed to participate in this research reported that 41 of the 47 trained peer educators from these companies were still active. The quantitative survey used a similar questionnaire to the one used for managers and HIV&AIDS WPP coordinators, see Appendix C.

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[1] Tier one suppliers are companies that supply directly to the large automotive assembly plants.

3.3. Sampling method

All five companies that have implemented HIV&AIDS WPP supported by Ford SEP and the AIDC in 2009 and 2010 were targeted for the research. Only three of the five companies agreed to participate in the research and gave institutional permission. All managers/WPP coordinators that have been actively involved in managing, planning, coordinating or monitoring the HIV&AIDS WPP of their company have been targeted for the survey using the questionnaire for managers. In all three companies, one manager and two WPP coordinators have been actively involved in the WPP resulting in a maximum of 9 participants in the research. In the following we will refer to this group as "managers".

All peer educators that were trained and that have been actively involved in the programme in the three participating companies were included in the research sample receiving the survey questionnaire for peer educators. The three companies have trained between 2009 and 2011 forty seven peer educators. The researcher has approached all trained peer educators and has clarified that only those peer educators that considered themselves as "active peer educators" participated in the survey. The maximum sample of 47 peer educators has therefore been reduced to 41.

3.4. Data collection and instruments

Self-administered questionnaires were used to collect the necessary data for the survey among managers, HIV&AIDS WPP coordinators and peer educators. The questionnaires were designed to collect demographic data, some relevant data about the HIV&AIDS programme and to answer the research questions. The two survey questionnaires for managers/coordinators and for peer educators have similar questions to allow comparison of the results.

The questionnaire for managers covered following areas:
- General questions about company size, managers position in the company, his/her duties in regards to the HIV&AIDS WPP, number of active peer educators and date of their training;
- Relevance of a set of objectives to achieve company's HIV&AIDS WPP goals;
- Importance of typical peer educator activities for company's HIV&AIDS WPP, questions about their supervision, peer educator sessions, resources available for peer educators and peer educators' involvement in community outreach activities;
- Questions in regards to monitoring and evaluation of peer educators activities;

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- Managers' satisfaction about peer educators' activities.

The questionnaire for peer educators covered following areas:
- Demographic data and reasons for becoming a peer educator;
- Relevance of a set of objectives to achieve company's HIV&AIDS WPP goals;
- Involvement in typical peer educator activities and available resources; involvement in company's community outreach activities;
- Peer educators' opinion about a set of statements in regards to their satisfaction and attitudes towards the HIV&AIDS WPP.

The researcher used likert-like scales for some of the questions. Depending on the questions, these scales were either unipolar (no relevance to high relevance, no importance to high importance, no involvement to always involved) or bipolar (strongly disagree to strongly agree). Four options of choice were given for the respondents to rate the statements.

3.5. Data analysis

Both surveys were analysed using descriptive statistics. Frequencies, means and basic correlation were calculated using SPSS. Numbers were assigned to the different scale items to be able to calculate means.

Numbers were assigned to the items of the unipolar scales as follows:

0 = no relevance/ no importance/ not applicable/ no involvement

1 = small relevance/small importance/ sometimes involved

2 = medium importance/medium relevance/ often involved

3 = high importance/ high relevance/ always involved

Numbers were assigned to the bipolar scale as follows:

-2 = strongly disagree

-1 = disagree

 1 = agree

 2 = strongly agree.

The neutral point was not given as a possible option to "force" participants to either agree or disagree with the given statements.

3.6. Ethical considerations

All participants were informed that their participation is voluntary. They have had the right to withdraw from the survey at any time with no negative consequences. No names or addresses were required on the self-administered questionnaire.

All data received have only been made public in an anonymous way so that neither the participants nor the company he/she is working for can be identified. Data will be stored in a safe place at all times. Data collected electronically will be stored on password-protected computers and network drives. The researcher will be the only person having access to the data.

Research data will be stored for only six (6) months after completion of the research study and will be destroyed then. The consent form described the purpose of the study and the procedure of data collection. Participants were also informed about who to contact should they have any questions about the research or its ethical implications. The form was signed by all research participants. This is a study with minimal risk and there will be no direct benefit to employees and managers participating in this study.

4. RESULTS

4.1. Biographical information

Two different populations were targeted for the research: Managers and coordinators actively involved in the respective company's HIV&AIDS programme, referred to as managers; and peer educators that were trained and that were actively involved in the respective company's HIV&AIDS workplace programme.

4.1.1. General information about the three companies

All three companies that participated in the research implemented HIV&AIDS workplace programmes supported through the Automotive Industry Development Centre, the AIDC and Ford Struandale Engine Plant in Port Elizabeth in 2009 and 2010. The researcher was actively involved in the implementation of the workplace programmes. Part of the implementation process was:

- the training of management for them to understand the strategic and operational implications of implementing an HIV&AIDS WPP. One manager was selected in each company to be part of the respective company's HIV&AIDS WPP steering committee;
- the training of middle management (production managers, shift leaders and supervisors) for them to understand the impact of HIV&AIDS on workers and the operational implications of implementing an HIV&AIDS WPP;
- the training of two HIV&AIDS WPP coordinators to learn how to plan, coordinate and monitor a WPP;
- the training of peer educators to be able to conduct formal and informal awareness sessions on HIV&AIDS;
- the development or review of company's HIV&AIDS workplace policy;
- the establishment and training of a steering committee.

All three companies are based in the Nelson Mandela Bay, belong to the automotive industry and supply directly to Ford. The three companies employ in average approximately 50% females and 50% males. The production of companies A and C is organised in a three eight hour shift system, meaning that they produce 24 hours, five days a week. Company B has a four shift system, meaning that they produce 24 hours, seven days a week.

Company A implemented an HIV&AIDS WPP in 2010. The company had between 300 and 399 employees and had trained 14 peer educators in 2010 according to management. Management is claiming that only three of these peer educators are still active. According to the peer educators, all 14 are still more or less active. Therefore the questionnaire was distributed to all 14 peer educators. All 14 peer educators returned the questionnaire.

Company B implemented the WPP in 2010. The company had between 400 and 499 employees. In 2010, 12 peer educators were trained and in 2011 another 6 peer educators. According to management and peer educators 16 of the 18 peer educators were still active. Therefore the questionnaire was distributed to these 16 peer educators. Only 6 peer educators returned the questionnaires.

Company C implemented the WPP in 2009. The company had 500 employees. 12 peer educators were trained in 2009, and another 3 peer educators in 2010. According to managers and peer educators, 11 peer educators were still active. Therefore the questionnaire was distributed to these 11 peer educators of whom only 6 peer educators returned the questionnaire.

4.1.2. Position and responsibilities of HIV&AIDS workplace programme managers

The first group targeted for the research contained all managers and HIV&AIDS coordinators that were actively involved in company's HIV&AIDS workplace programme. All three companies that participated in the study had one employee in a management position and two HIV&AIDS coordinators who were trained and who have been involved in the HIV&AIDS workplace programme. All nine employees were asked to complete the questionnaire. Out of this group, seven managers/coordinators returned the questionnaires: One HR manager, five employees in coordination positions and one employee in a non-identified position. This reflects the researchers experience that although in all three companies one manager is member of the steering committee, the main responsibility of planning, coordinating and monitoring company's HIV&AIDS programme lays mainly in the hand of the two trained coordinators who are not in higher management positions. Five of the respondents claim to be part of company's HIV&AIDS steering committee. All respondents claim to support the programme. Only three answered to report directly to company's management. This might be explained by the fact that in all three companies, one employee in a management position is part of the steering committee and has the responsibility to report to other managers. Two of these three targeted managers however did not return the questionnaires. Six respondents were in charge of planning and/or coordinating

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workplace programme activities, five were additionally responsible for monitoring the programme.

In company A, it is the HR manager and the HR officer who supervised peer educators as reported consistently by all three participating managers from company A. In company B and C, the HIV&AIDS coordinators are responsible for supervising peer educators according to all 4 participants from these two companies.

4.1.3. Demographic data of peer educators

The second group targeted for the research was the group of peer educators. The researcher identified 41 peer educators still active in the respective companies. Only 26 peer educators returned questionnaires. From company A, all peer educators returned the questionnaires; from company B, only 38% of active peer educators returned the questionnaires; from company C, 55% of active peer educators returned the questionnaires.

In this sample, 5 peer educators (19%) received their first peer educator training in 2009, the majority of 17 peer educators (65%) in 2010 and 3 peer educators (12%) in 2011. 42 % indicated to be female and 27% male. Eight peer educators did not provide this information. The gender distribution among the whole population of 41 peer educators was 63% female and 37% male. The following figure 1 shows the gender distribution in the population and the sample of peer educators that returned questionnaires:

Figure 1: Gender distribution within the research sample and the population of peer educators
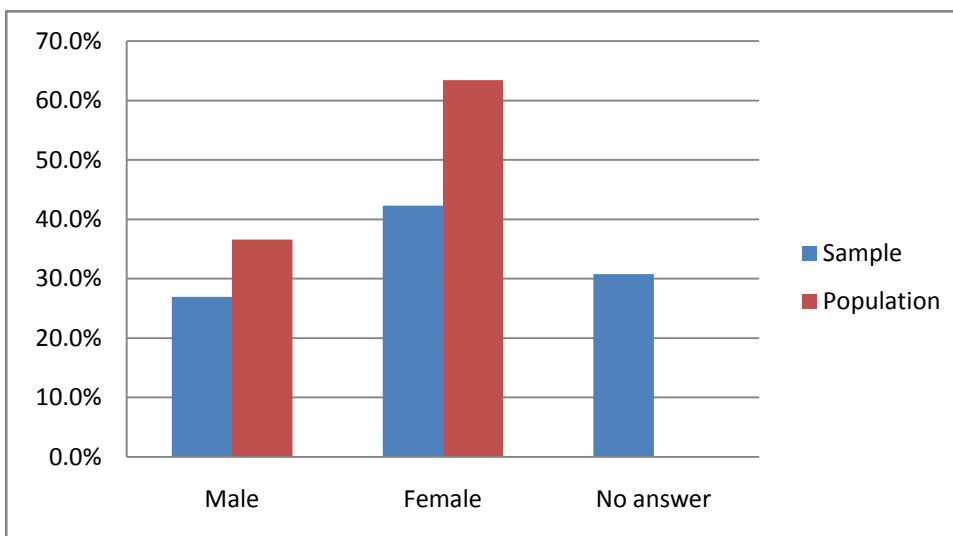
The vast majority of peer educators' education level is a matric degree or lower with 77% and 12% respectively. Only two peer educators have a college degree and one peer educator has a university degree. See the following figure 2 for the education level of peer educators.

Figure 2: Level of education of peer educators
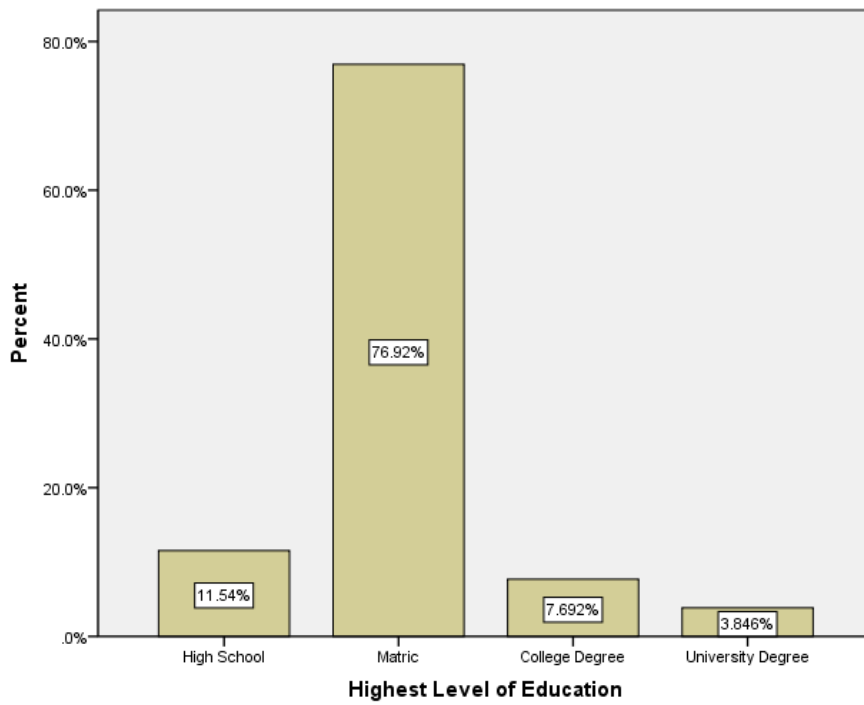
This low education level is also reflected in the job positions peer educators hold within the companies. None of the peer educators was in a management or supervisory (middle management) position. Three peer educators worked in administration positions, 6 were technicians or artisans; 37% of the participants worked as operators and 25% in other positions. Following figure 3 shows the positions peer educators work in in the different companies.

Figure 3: Job position of peer educators
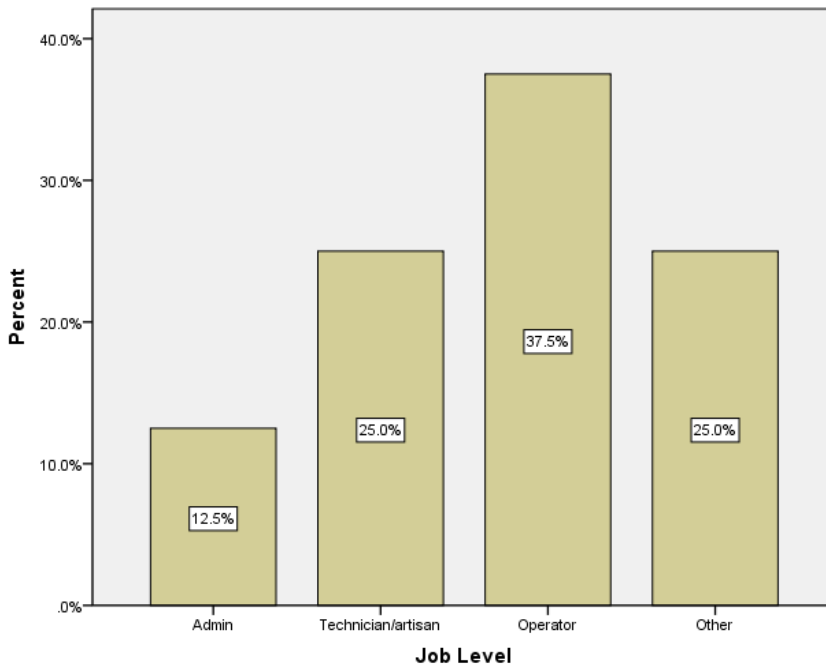
The majority of participants (58%) claimed that they volunteered to become a peer educator; 31% were nominated by colleagues and three were asked by management to become peer educators, see . This result is shown in the following figure 4.

Figure 4: Reasons why employees have become peer educators

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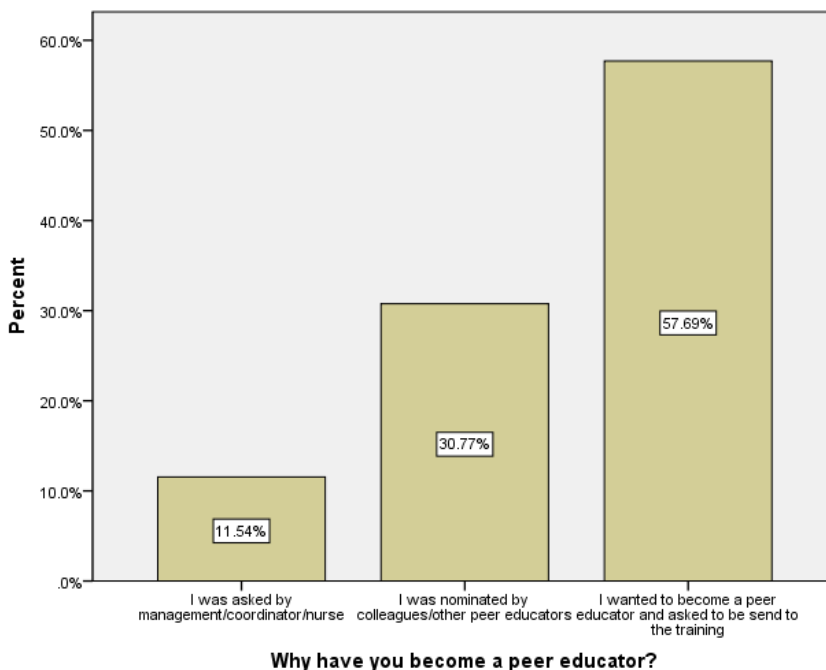
The above results are consistent with results in the literature. Peer educators should be representative of the workforce at large, covering categories like gender, occupational level, age and race. In regards to gender and occupational level, women and employees with lower occupational level shoulder a disproportionate load (Dickinson, 2006a). Men were underrepresented in the research sample and in the population and there was also no peer educator in a management position.

Also, the distribution of reasons why employees became peer educators is consistent with Dickinson (2006a) who found that the majority of peer educators volunteered or were nominated by colleagues whereas a minority was asked by managers to become a peer educator. The aim of the study was not to take the above indicators into account when analysing the data. It is however interesting to see that the demographics are consistent with general findings about peer educators in the literature. It might allow using findings of the literature to explain some of the findings of this study.

4.2. Results of questionnaires

4.2.1. Meetings among peer educators and with supervisor

Both groups of participants were asked how often peer educators met to discuss HIV&AIDS WPP related issues and how often they met with their supervisor. The answers were not consistent. Managers from company A reported inconsistently that peer educators met either once a month, every two months or that there are no regular meetings.

The two managers from company B reported that peer educators met once a month or every two months respectively. Only the managers from company C reported consistently that peer educators have regular monthly meetings. Answers from peer educators to the same questions were also not consistent. The following figure 5 shows how often peer educators met with each other to discuss HIV&AIDS WPP related issues. In all three companies the number of times peer educators met among themselves ranges between every week and no regular meetings. The majority of peer educators from company A report however that there are no regular meetings (64%). The predominant answer of participants from company B was that they met once every month (50%). No predominant answer was given by peer educators from company C.

Figure 5: How often do peer educators meet among themselves to discuss HIV&AIDS WPP related issues
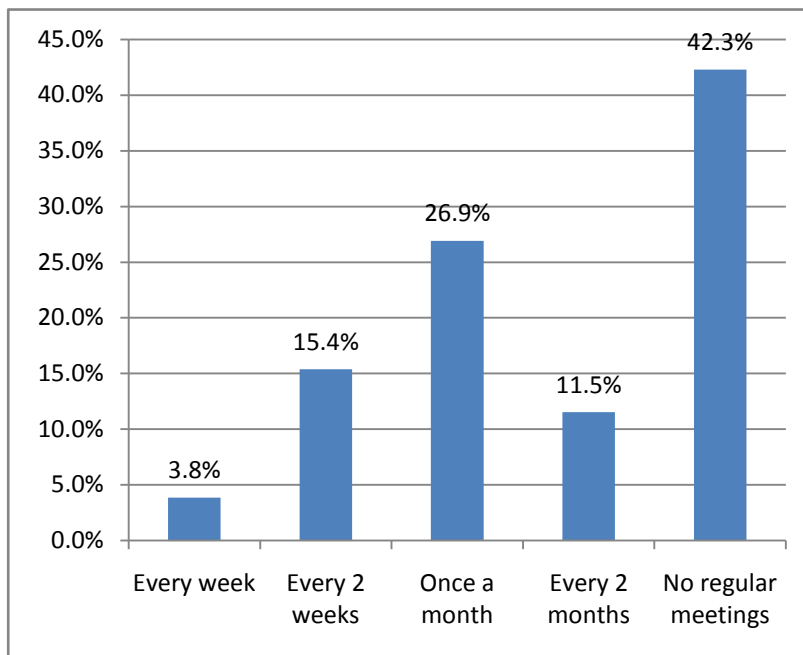

It is possible that some peer educators met more regularly than others or that some peer educators met regularly for small informal meetings without informing managers or without the possibility of involving other peer educators that might work in different shifts or departments. It seems quite evident that meetings among peer educators are not formally organised in none of the three companies but that meetings rather seem to take place spontaneously. Even though some of the peer educators seem to have met more regularly than others, a lot of peer educators were not participating in these meetings at all. The reasons can be work related or motivational.

Both groups of participants have been asked about how often peer educators met with their respective supervisor. The managers of company B claimed to meet with peer educators every two months to discuss WPP related activities. Managers of company A and C all stated that no regular meetings took place. Most peer educators (65%) from company A confirmed not to meet their supervisor, in this case the HR manager or HR officer. Five peer educators of company A however stated to meet the supervisor either once a week (one peer educator), once a month (two peer educators) or every two months (two peer educators). It is possible that these peer educators took own initiative to meet the supervisor informally. Four peer educators from company B reported to meet their supervisor weekly or monthly, one answered to meet the supervisor only every two months and one peer educator reports that there are no regular meetings. This indicates that although regular meetings seem to take place, not all peer educators participated.

The answers from peer educators from company C are not consistent and range from weekly (one peer educator), monthly (one peer educator), two monthly (two peer educators) to no regular meetings (two peer educators). This is not consistent with what managers reported. Similar to company A, it is possible that some peer educators took own initiative to meet the supervisor informally.

Following figure 6 shows how often peer educators in average met with the HIV&AIDS coordinator.

Figure 6: Meetings of peer educators with the HIV&AIDS coordinator as reported by peer educators
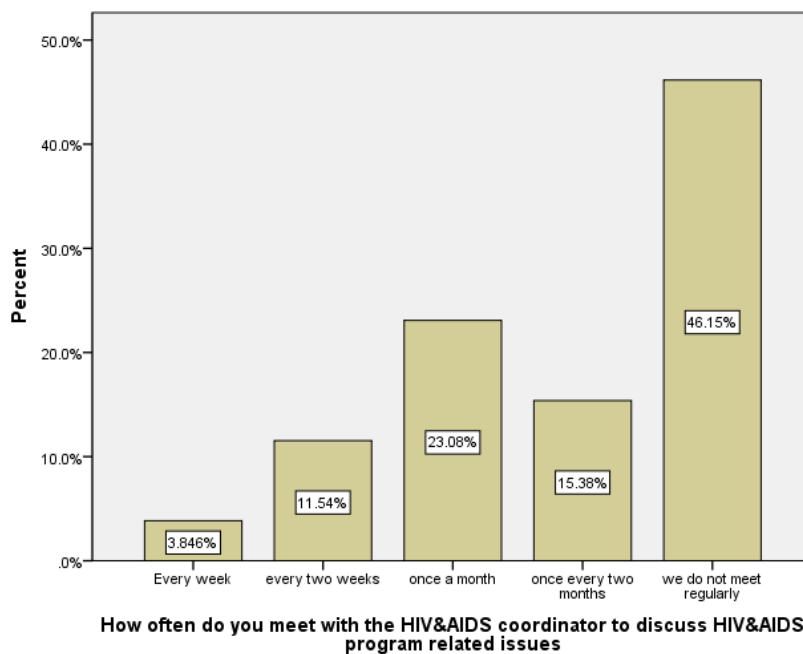
It seems quite evident that meetings between peer educators and the respective supervisor were either not organised or not accessible to all peer educators. A lot of peer educators did not participate in these meetings at all. It is questionable that effective coordination of peer educator activities in the company is possible if there is no platform to plan or discuss these activities.

4.2.2. Relevance of objectives of company's HIV&AIDS WPP

Both groups of participants were asked how they rate the relevance of a list of HIV&AIDS workplace programme's objectives. All managers rated all the listed objectives to be of either of medium or high relevance, see figure 8. The results are more diverse when peer educators were asked the same questions. Two objectives were chosen by the majority of peer educators to be of high relevance: Enabling the workforce to live a healthy lifestyle, which 57.7% of peer educators

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rated to be of high relevance and 23.1% rated to be of medium relevance; and creating awareness about HIV&AIDS, which 53.8% of peer educators rated to be of high relevance and a further 26.9% rated to be of medium relevance. Reducing the number of new infections was of high relevance for 46.2% and medium relevance for 30.8% of peer educators. The following objectives were rated as not to be relevant or of small relevance by a considerable number of peer educators and were also rated by more peer educators as to be of medium relevance than to be of high relevance: HIV&AIDS is part of companies corporate social responsibility (7.7% rated it as of no relevance, and 23.1% as of small relevance); reducing the impact of HIV&AIDS on the company (3.8% rated it as of no importance and 15.4% as of small relevance); reducing the impact of other chronic diseases on the company (23.1% rated it as of small relevance); and reducing absenteeism (19% rated this as of small relevance).

The following figure 7 shows the frequency distribution of responses given by peer educators:

Figure 7: Relevance of HIV&AIDS WPP objectives to peer educators, frequency distribution
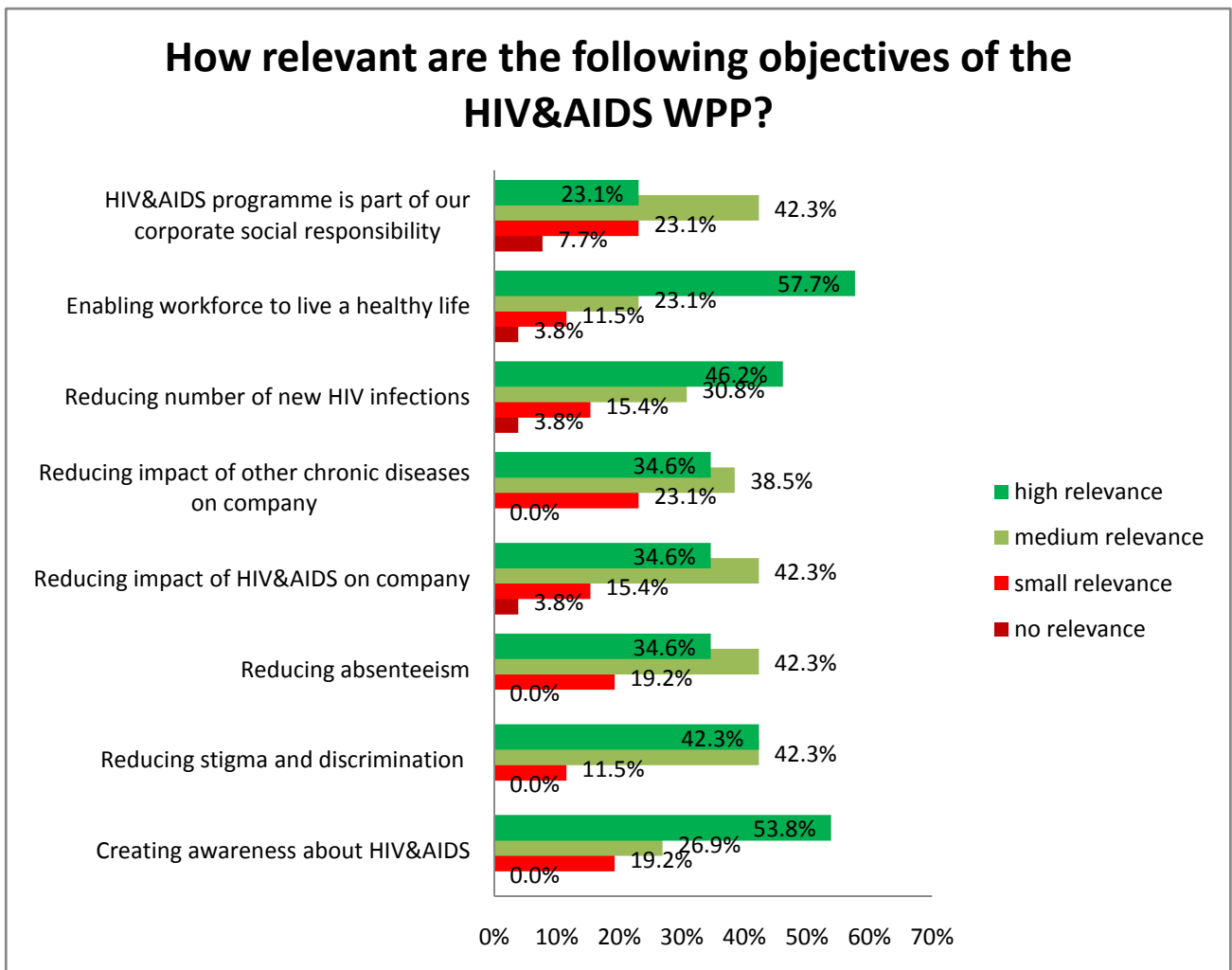
When calculating the mean answers (0 for no relevance to 3 for high relevance), of highest relevance for peer educators seem to be the objectives to create awareness about HIV&AIDS

(2.3), to enable the workforce to live a healthy life (2.3) and to reduce the number of HIV infections (2.2). Of lower relevance seems to be that the HIV&AIDS WPP is part of company's corporate social responsibility (1.8), to reduce the impact of HIV&AIDS and other chronic diseases on the company (2.0) and to reduce absenteeism (2.1). The following figure 8 compares the means of answers given by peer educators and managers.

Figure 8: Comparison of mean relevance of HIV&AIDS WPP objectives to managers and peer educators
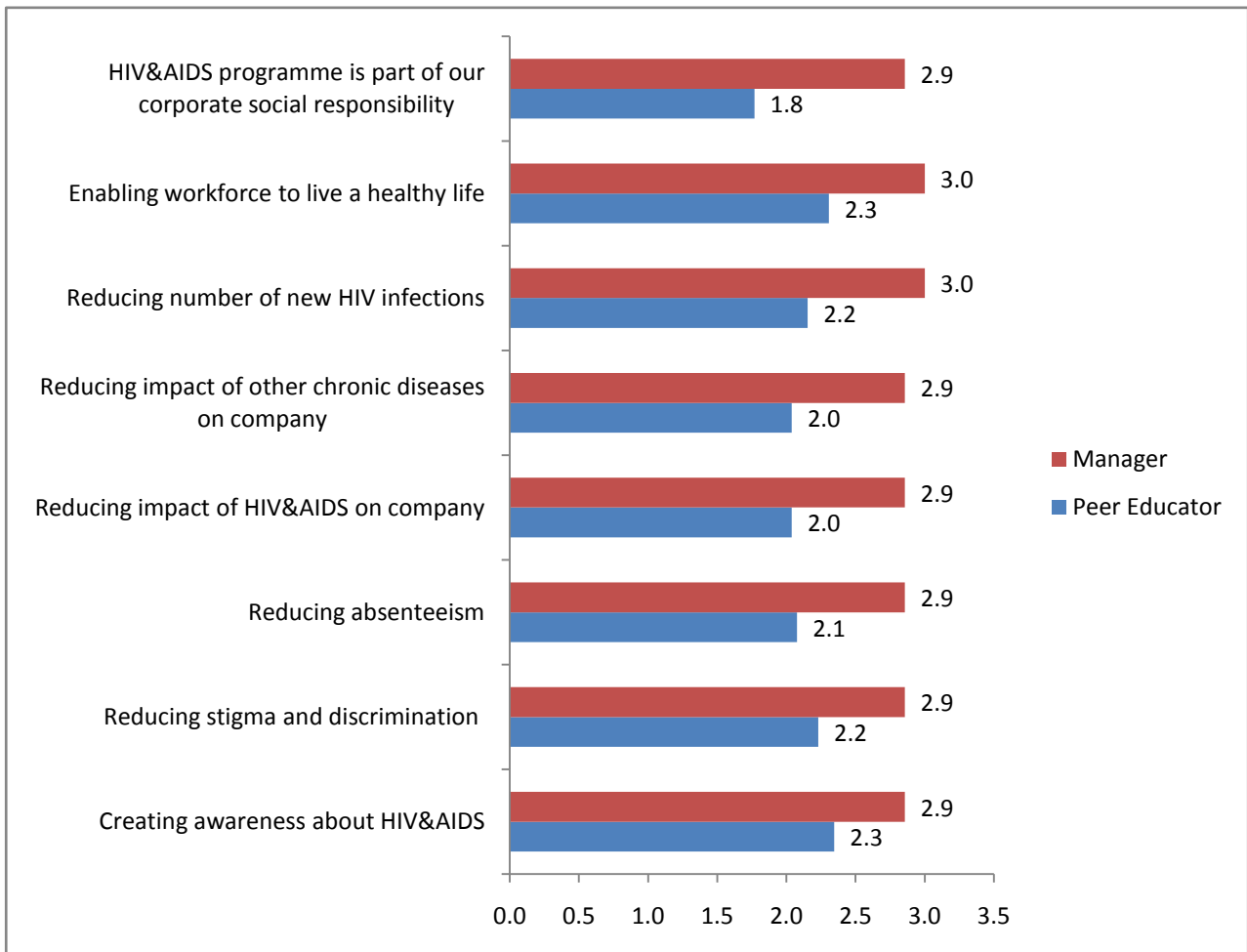
Literature confirms this result. Dickinson (2006b) reports that peer educators believe that their biggest contribution they could make in the workplace is to educate and raise awareness on HIV&AIDS, support infected/affected colleagues and promote a healthy lifestyle, whereas the need to protect the company from the impact of HIV&AIDS is not mentioned as a motivator of being a peer educator (Dickinson, 2006b). It seems to be true what Dickinson concludes: "Companies need to be (and be seen to be) responding to the epidemic; peer educators are also responding to the epidemic, but independently of managerial needs. Both, it would appear, have their own agendas that, for the time being at least, coincide."

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4.2.3. Activities conducted by peer educators and their importance for the HIV&AIDS WPP

Managers were asked to rate a list of duties that peer educators are generally involved in by their importance for company's HIV&AIDS workplace programme. Both managers from company C were consistent in all their answers. They seem to have a clear vision of what peer educators' responsibilities are: either peer educators were not responsible for a certain duty or it was a very important duty. Following duties were reported as to be very important (score of 3): administrative work, like collecting training registers/evaluation forms, reporting, conducting formal awareness sessions, communicating events to employees, organising activities in the community, giving advice to colleagues, attending regular planning meetings with the coordinator and other peer educator, and informal discussions with colleagues during work hours. All other options (Distribution of condoms, updating company's wellness board, organising resources for awareness sessions, fundraising, referring colleagues to outside institutions, organising meetings with peer educators) were rated as not applicable, which means that peer educators were not expected to do these possible duties in company C.

Although the picture in the other two companies is not as clear, the general opinion among managers seems to be quite consistent. Most of the duties mentioned by company C managers as to be very important were indeed the more important ones also in the opinion of the other managers. Only two activities have an average rate of 1 or lower: organising meetings among peer educators and fundraising. This is an interesting result and will be discussed later.

In the following figure 9, the average importance is shown as rated by companies' managers, with a rating of 0 meaning that peer educators are not expected to do this duty and a rating of 3 meaning that this is a very important duty to be conducted by peer educators. Those activities that received an average score of 2 or more are: Conducting informal discussions with colleagues (2.6), attending regular planning meetings with the HIV&AIDS WPP coordinator (2.6), giving advice to colleagues (2.6), conducting formal awareness sessions (2.6), reporting and administrative work, like collecting training registers (2.3), communicating events to employees (2.1), and organising activities in the communities (2.0).

Figure 9: Importance of duties for company's HIV&AIDS WPP as rated by managers
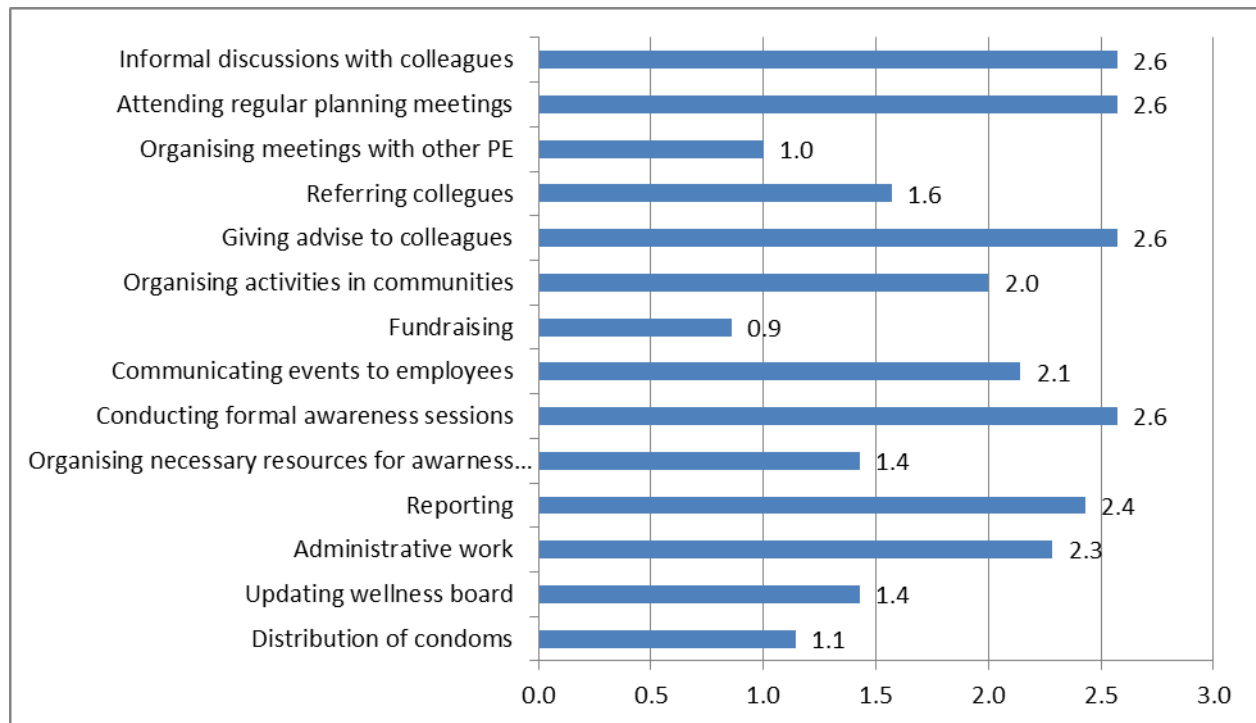
Peer educators were asked if and how often they were involved in these listed duties. The following figure 10 and 11 shows how much peer educators were involved in the activities that managers rated as to be or not important. Activities that managers rated on average as important or very important (scores of 2.0 or higher as described above: Conducting informal discussions with colleagues (2.6), attending regular planning meetings with the HIV&AIDS WPP coordinator (2.6), giving advice to colleagues (2.6), conducting formal awareness sessions (2.6), reporting and administrative work, like collecting training registers (2.3), communicating events to employees (2.1), and organising activities in the communities (2.0)) are marked with an arrow.

Although the two scales are not entirely comparable as managers had to rate between no importance and high importance whereas peer educators had to report if and how often they were involved in the listed activities, the results however show if activities that managers think are important were actually carried out by peer educators. Figure 11 shows that peer educators were very involved in some of the areas that managers rated as to be important: informal discussion, giving advice to colleagues, communicating events. In other areas there are discrepancies with a difference in means of bigger than one: reporting and administrative work, attending planning meetings, conducting formal awareness sessions, and organising activities in the communities.

It is interesting at this point to look at the individual data as there are quite important differences between participants on individual level. Although some peer educators reported to be involved

in almost all the listed activities more or less intensively, some peer educators reported to only be active in very few activities:

Thirteen peer educators (50%) did more than 9 activities never or only sometimes; 5 peer educators (19%) did more than 12 activities never or only sometimes; 2 peer educators admitted to only do one or two of the listed activities at all; only one peer educator did more than 10 (12) of the listed activities. Only three peer educators did more than 7 of the listed activities. Those three activities that most peer educators reported not to be involved in although managers rated them as important were: organising activities in the community, administrative work and reporting.

Figure 10: Involvement of peer educators in activities of the HIV&AIDS WPP, frequency distribution
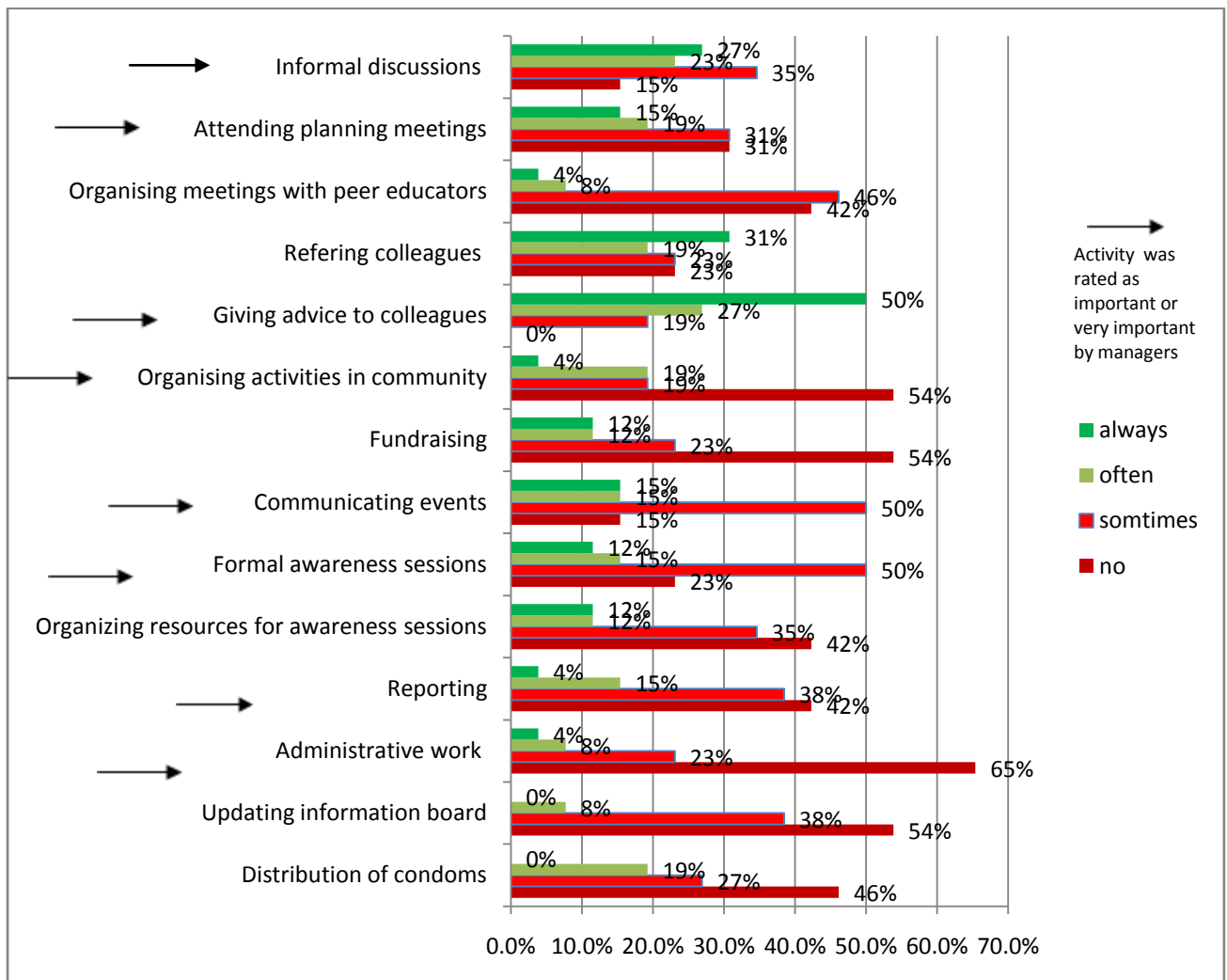
Figure 11: Average involvement of peer educators compared to importance as rated by managers
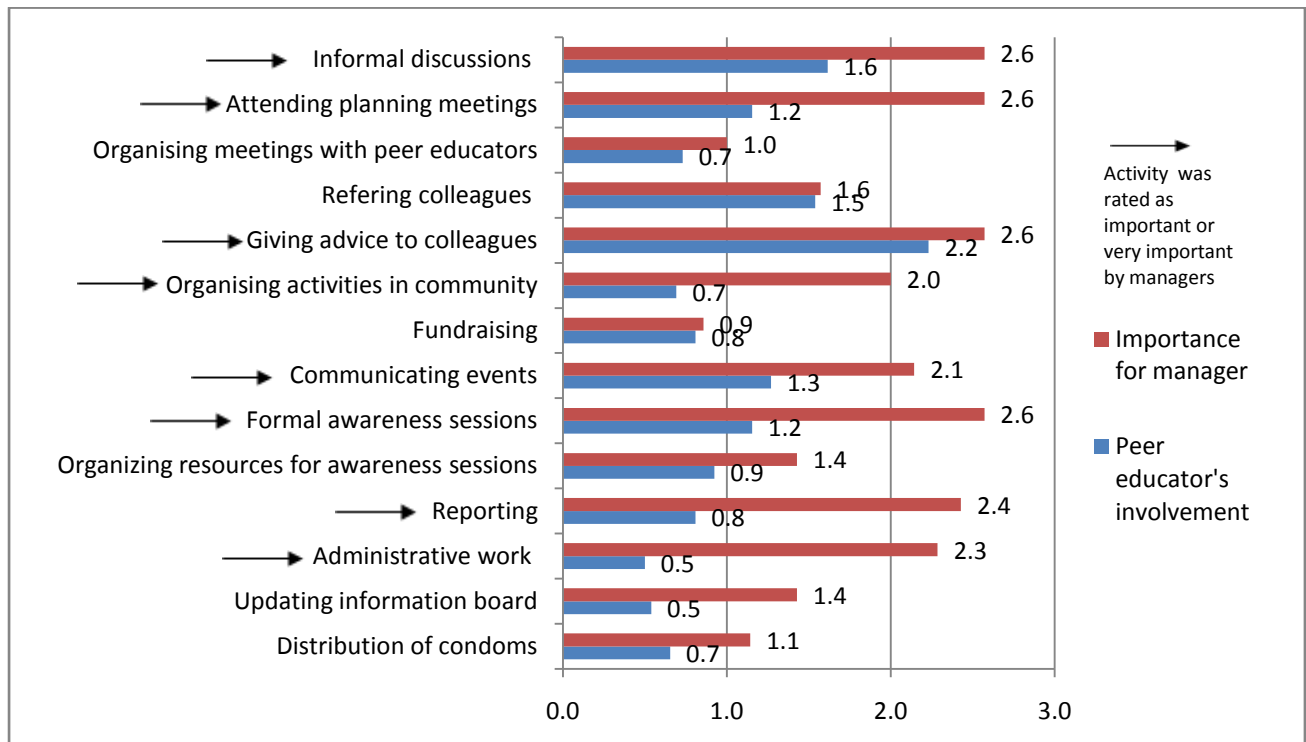
The average level of activity of each Peer Educator has been calculated summing up the different possible duties multiplied by the involvement as rated by the peer educator with 0 for no involvement and 3 for being always involved. The average level of activity of every peer educator in the three companies was plotted in the following figure 12. The activity level of the different educators in company B was generally higher than the activity levels of peer educators in companies A and C. Five peer educators of company B had activity levels of 1.2 or higher. Only one peer educator had an activity level of 0.7. Four peer educators in company A had an activity level between 0.8 and 1.2. One peer educator had an activity level of only 0.5 and one other peer educator had an activity level of 1.5. Most peer educators (10) of company C have an activity level of lower than 1. Only four peer educators in this company had an activity level of 1.3.

Figure 12: Activity level of peer educators in companies A, B and C
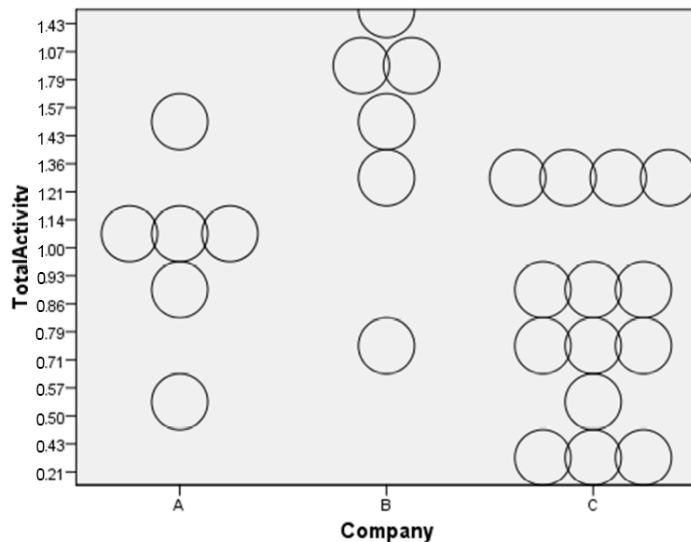
There is no significant correlation between the average level of activity of each peer educators and the reason for becoming a peer educator. Also, how often peer educators met with their supervisor does not significantly correlate with their average level of activity. There is however a significant negative correlation (r = -0.500, p-value < 0.01) between the level of activity and how often peer educators met with other peer educators indicating that meeting other peer educators was not positively influencing the number of activities peer educators were involved with.

4.2.4. Formal awareness sessions

Conducting formal awareness sessions was one of the very important activities that peer educator should be involved in according to managers. Only 30% of the peer educators reported to be involved in formal awareness sessions often or always. 50% of peer educators reported to only be involved in this activity sometimes, 23% of peer educators admitted to never conduct formal awareness session. All peer educators that never conducted formal awareness sessions were employees of company A.

Most peer educators claimed to conduct formal awareness sessions once a month (8 peer educators) or once a week (4 peer educators). Seven peer educators only conducted formal awareness sessions every two to three months and one peer educator only once every six months. In most cases these sessions were 5 to 10 minutes long, as 65% of peer educators reported. Peer educators claimed not to have much time available to prepare for these sessions. The majority did actually not know if they were allowed to use work time to prepare these session (65%). Two peer educators reported to not have work time available to prepare, 5 peer educators reported to

have less than an hour per month to prepare, and 3 peer educators reported to have more than an hour.

Managers seem not to have asked themselves the questions if and how long peer educators should prepare for their awareness sessions. Only one manager from company A reported that peer educators would be allowed 2 hours per month to prepare. All managers from company A expected peer educators to conduct weekly awareness sessions, company A managers expected peer educators to conduct sessions at least once a month, company B managers expected peer educators to conduct sessions every 2 to 3 months or every 6 months. In company B, sessions were generally planned to be 30 min to 1 hour, whereas the other two companies organised shorter sessions of 5 to 10 minutes, according to managers. This is consistent with what peer educators reported from the respective companies.

Managers from all three companies claimed that all peer educators have access to posters and information material and also had access to printing. One manager from each of the companies' A and B also reported that peer educators had access to internet, small incentives and stationary.

Peer educators seem to have a different understanding of what resources the company provided for them to prepare awareness sessions. 73% said to have access to posters, but only 50% reported to have access to information material, stationary and small incentives, 42% reported to have access to printing and only 13% (4 peer educators) had access to internet. Interesting is that the four peer educators that had access to internet are one technician, one admin staff, one operator and one in another job position, whereas the other peer educators working in the administration or as technicians reported not to have access to internet and printing. The provision of resources seems not to be clear to most of the peer educators. Access to the mentioned resources seem not to be available for all, or some peer educators organised themselves better than others.

There is no significant correlation between the involvement of peer educators in formal awareness activities and how often they met with peer educators or supervisors. When correlating the involvement of peer educators in formal awareness activities and the importance of objectives of companies HIV&AIDS WPP the following correlated significantly: Involvement in formal awareness activities correlates significantly with the objectives "creating awareness about HIV" ($r = 0.413$, p-value < 0.05), "increasing company's corporate social responsibility" ($r = 0.523$, p-value < 0.01), and "reducing the impact of other chronic diseases on the company" ($r = 0.425$, p-value < 0.05).

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4.2.5. Community outreach activities

A second activity that management rated as very important is organising activities in the community. Community outreach is linked to company's corporate social responsibility which was mentioned by management as one important objective of the HIV&AIDS workplace programme. Most of the peer educators however reported not to be involved in organising any activity. Only 23% reported to be always or often involved in organising activities in the community. Although most of them are not involved in the organisation of any events, most of them did however participate, see the following figure 13.

Figure 13: Percentage of peer educators that have been involved in companies' community outreach activities
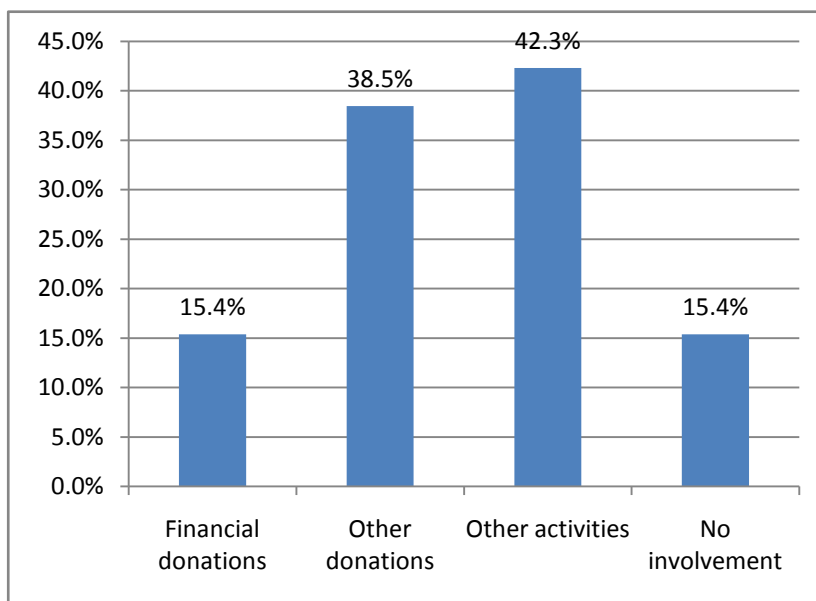
Fifteen percent (15%) reported to have been involved in financial donations within the last twelve months and 39% in any other donations. 42% have been involved in other activities and only 15% reported to not have been involved at all in any activities in the communities. This is consistent with the answers given by management. Managers from all three companies reported to have distributed financial or other donations. Company B and C have also organised other activities.

When asked if peer educators would be ready to invest private time for these activities or if they expect the company to allow them to do these activities during work time, 39% reported not to be ready to invest private time. 27% would invest between 1 and 5 hours per month, 20% would invest up to 10 hours per month, 2 peer educators would invest more than 10 hours, and two peer educators would even invest more than 20 hours of private time per month for activities in the

community. Figure 14 shows if peer educators are ready to invest private time into community outreach activities.

Figure 14: Private time peer educators are ready to invest in community outreach activities
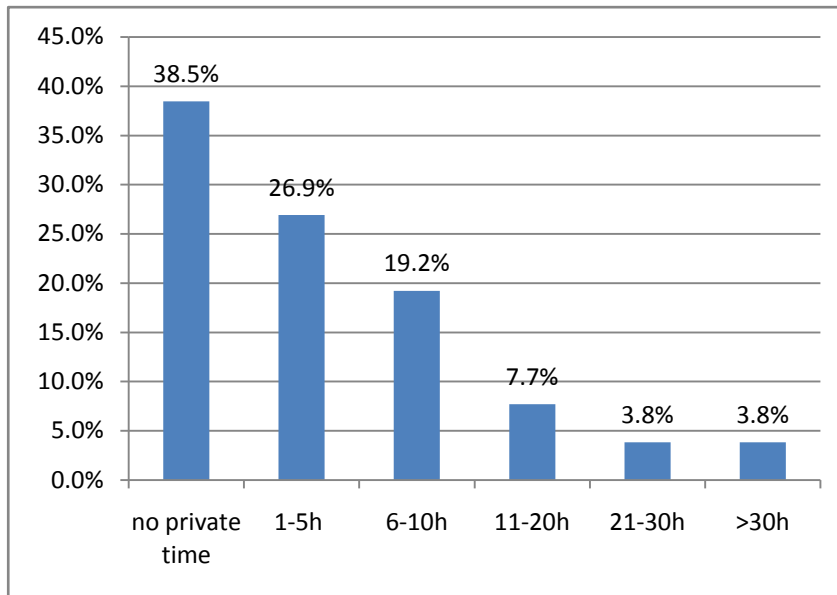
Management's opinion about peer educators using work time for community activities is not clear. Only two managers answered this question. One manager from company B claimed that peer educators would have two hours per year of working time to be active in the community. One manager of company A even stated that peer educators would have 36 working hours for community activities per year, equivalent to nearly a whole week of work.

4.2.6. Monitoring and evaluation of peer educator activities

A third area of activities that managers claimed to be as very important is reporting. Reporting of activities is important as it delivers some of the data necessary to be able to monitor the success of a programme. 42% of peer educators however reported to not be involved in any reporting or administrative work, like collecting training registers. Only one peer educator claimed to always report about activities, and further four peer educators to often report on conducted activities. 39% of peer educators only report sometimes. Among those seven peer educators that reported to often or always conduct formal awareness sessions, only three said that they would often or always report on their activities, four admitted to hand in reports only sometimes.

This result was only partially confirmed by managers. The two managers of company C strongly agreed with the statement that peer educators hand in reports, training registers, evaluation forms and also reported orally; they strongly disagree with the statement that peer educators were not monitored. Managers from company B disagreed or strongly disagreed that peer educators handed in any training registers or evaluation forms, but agreed with the statement that peer educators reported orally about their activities and that peer educators are also observed by the coordinator when conducting activities. The managers of company A agreed with the statement that peer educators are not really monitored. They disagreed with the statement that peer educators hand in any listed reporting documents and that peer educators reported orally or have been observed by the responsible supervisors. All managers disagreed or strongly disagreed to the statement that the coordinators do not know how to evaluate peer educators' activities.

All managers also disagreed to the statement that peer educators were not evaluated as their duties were voluntary. This means that managers seem to be of the opinion that the knowledge about how to evaluate was there and that peer educators' performance should be evaluated. However, only one manager of company B agreed to the statement that the responsible HIV&AIDS WPP coordinator did actually compare their performance with what they should have done according to what has been planned. Although companies C seems to have received training registers and evaluation reports from peer educators, they were not used to evaluate their performance. This might be explained by the statement that they do not have the necessary resources, meaning lack of time, to evaluate peer educators performance, which both managers agreed to. Managers of company A admitted that an evaluation of peer educators' activities does not take place.

There is a significant positive correlation between the peer educator activity "reporting" and how often peer educators meet with other peer educators (r = 0.469, p-value < 0.05). No significant correlation was however calculated between the peer educator activity "reporting" and who often peer educator meet with the coordinator.

In conclusion, although all managers stated that monitoring and evaluation of peer educators is important and that reporting is an important activity to be carried out by peer educators, monitoring and evaluation of peer educator activities seem to be a weakness in all three companies. Whereas managers of companies B and C reported to conduct at least some monitoring of peer educator activities, no monitoring was done in company A. This is also the company with the largest discrepancies between importance of activity and actual involvement of peer educators.

4.2.7. Management's satisfaction with peer educator activities

Although most managers disagree with the statement that peer educators in general are doing a great job, they do strongly agree that some of the peer educators are doing a great job. This is consistent with the statement that most peer educators are not as active as managers thought they should be. All managers agreed to this statement. The managers of companies A and C consistently disagree to the statement that peer educators are doing more than expected. The managers of company B however agreed to this statement. Most managers disagreed or strongly disagreed to the statement that peer educators do not receive enough time and resources from the company to do their activities. There is however one manager from company B who strongly agreed to this statement. Four managers agreed to the statement that peer educators are not really passionate about being a peer educator, but two managers disagreed and one manager even strongly disagreed. The two managers of company B agreed to the statement that peer educators are doing a great job considering the difficult conditions. The 5 managers from the other two companies disagree.

The results from the different companies are not consistent. The managers of company B seem to be more satisfied with peer educators' performance than managers of companies A and C. Company B seems to be also the only company that does somehow evaluate peer educators.

4.2.8. Perceptions of peer educators in regards to their duties and the received support

The following figure 15 shows how peer educators perceived their duties and the received support. There are only two statements that all peer educators agreed or strongly agreed on: Peer educators felt that the training prepared them well for their position as peer educators (50% agreed and 50% strongly agreed) and they would like to be more involved in planning of activities (46% agreed and 54% strongly agreed). More than half of the peer educators agreed or strongly agreed with following statements: "I think the company should give us more time to get involved in community outreach activities" (58% strongly agree and 27% agree), " I was involved in planning of programme activities" (50% agree and 23% strongly agree), "I am involved in planning of larger events" (50% agree and 19% strongly agree), "Management is satisfied with my involvement" (58% agree and 12% strongly agree), "The HIV&AIDS

coordinator is doing a good job in coordinating the programme" (27% agree and 27% strongly agree).

More than half of the peer educators disagreed or strongly disagreed with following five statements: "I get enough time to conduct formal awareness sessions" (54% disagreed and 12% strongly disagreed), "I have the necessary time to prepare my formal awareness sessions" (54% disagree and 8% strongly disagree), "I feel well supported by management" (39% disagree and 19% strongly disagree), "I am involved in planning community outreach activities" (58% disagree) and "I think the coordinator should plan all activities" (35% disagree and 19 strongly disagree).

Figure 15: Peer educators' perceptions in regards to companies WPP activities, frequency distribution
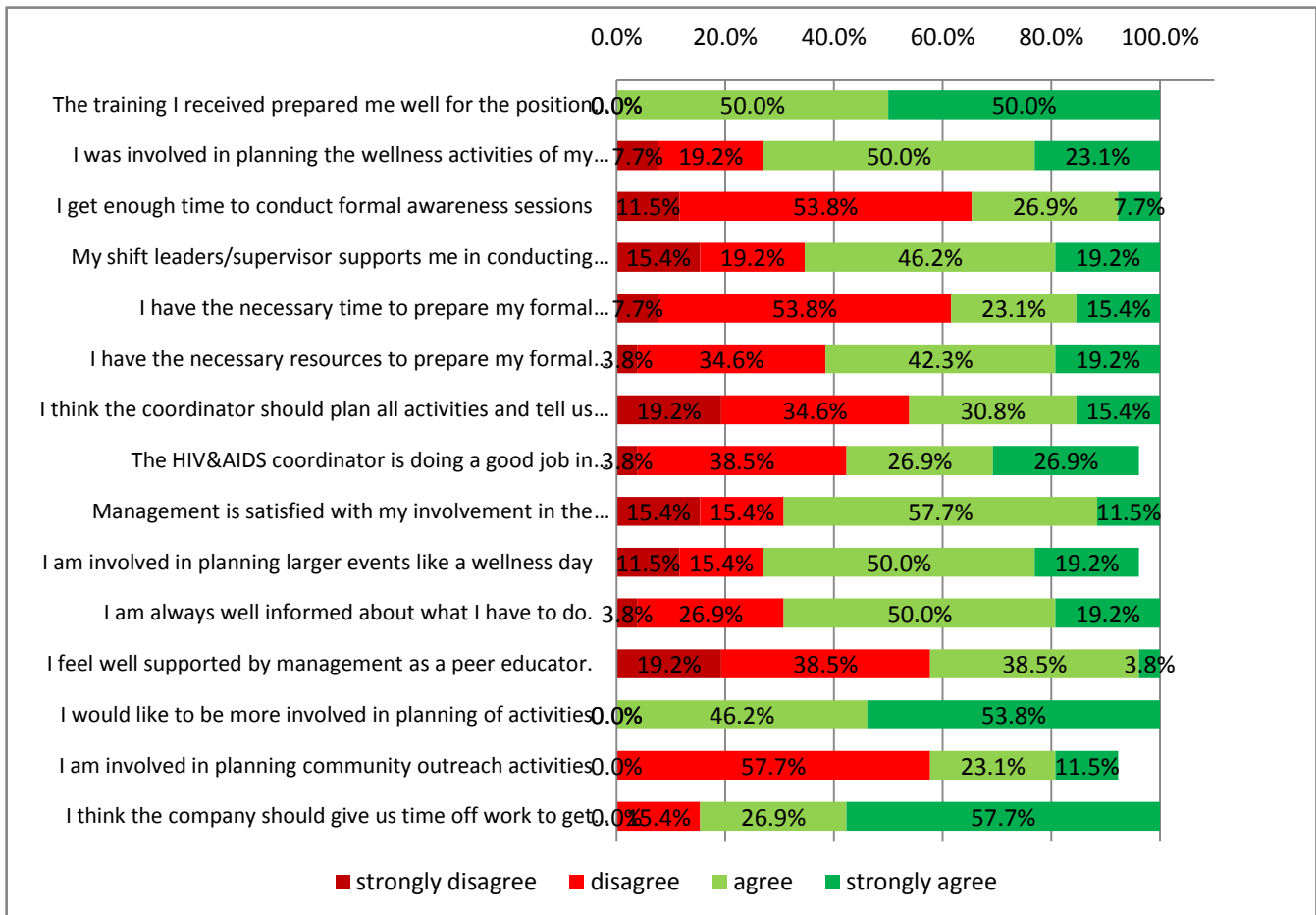
The mean answers are shown in table 1 below. In average, peer educators agreed to the following statements: they would like to be more involved in planning of activities (1.54), the training prepared them well for their position as peer educators (1.5), they think that the company should

give them more time to get involved in the community (1.27), they have been involved in planning activities (0.62) and that they are informed about what they have to do (0.54). In average they also agree that they are involved in planning of larger events (5.0), that the HIV&AIDS WPP coordinator is doing a good job in coordinating the WPP (0.42), that their supervisors and shift leaders support them in conducting formal awareness sessions (0.35) and that they have the necessary resources (0.38), and that management is satisfied with their involvement (0.35). Peer educators in average disagree with the statements that they get enough time to prepare (-0.15) and to do formal awareness sessions (-0.27), that they are well supported by management (-0.38), that the coordinator should plan all activities and tell them what to do (-0.12) and that they are involved in planning community outreach activities (-0.12).

Table 1: Average rating of peer educators within the different companies

|	Mean peer educators company A	Mean peer educators Company B	Mean peer educators Company C	Mean all peer educators
The training I received prepared me well for the position as a peer educator	1.4	1.5	1.7	1.50
I was involved in planning of activities	0.2	0.7	1.5	0.62
I get enough time to conduct formal awareness sessions	-0.5	-0.2	-0.2	-0.27
My shift leader/supervisor supports me in conducting formal awareness sessions	0.5	0.0	0.3	0.35
I have the necessary time to prepare my formal awareness sessions	-0.3	0.2	-0.2	-0.15
I have the necessary resources to prepare my formal awareness sessions	0.1	0.5	1.0	0.38
I think the HIV&AIDS coordinator should plan all activities and tell us what to do	0.2	-0.2	-0.8	-0.12
The HIV&AIDS coordinator is doing a good job in coordinating the programme	0.0	0.3	1.2	0.42
Management is satisfied with my involvement in the programme	0.0	0.8	0.7	0.35
I am involved in planning larger events like a wellness day	0.2	1.3	0.3	0.50
I am always well informed about what I have to do	0.3	1.3	0.3	0.54
I fell well supported by management as a peer educator	-0.4	0.5	-0.8	-0.31
I would like to be more involved in planning of activities	1.4	1.7	1.7	1.54
I am involved in planning community outreach activities	-0.3	0.2	0.0	-0.12
I think the company should give us more time off work to get more involved in the community	1.4	1.3	1.0	1.27

When analysing the responses depending on the different companies, some specific issues are apparent. The average ratings of peer educators within the different companies are shown in table 1 and in the following figure 16.

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Peer educators from company C for example seem to agree more that they have been involved in planning wellness activities than peer educators of the other two companies and they seem to have enough resources to conduct awareness sessions. They also seem to be more satisfied with the coordination of the programme through the HIV&AIDS WPP coordinator but are much more unsatisfied with management support than peer educators of the other two companies.

Peer educators of company B agree on average more to be well informed about what is expected of them and that they are well involved in planning bigger events like wellness days than the peer educators of the other two companies. They are the only group that on average feels supported by management, but at the same time they feel not supported by their supervisors/shift leaders in conducting formal awareness sessions.

Peer educators from Company A are on average more negative than peer educators from the other two companies. They disagree more than the other peer educators that they have been involved in planning activities, feel on average less well informed on what is expected from them, and agree the least with the statement that they have enough time to conduct awareness sessions. In contrast to the peer educators of the other two companies do they rather agree that the coordinator should plan all activities and tell them what to do, although they agree at the same time that they would like to be more involved in planning of activities.

Figure 16: Average rating of peer educators within the different companies
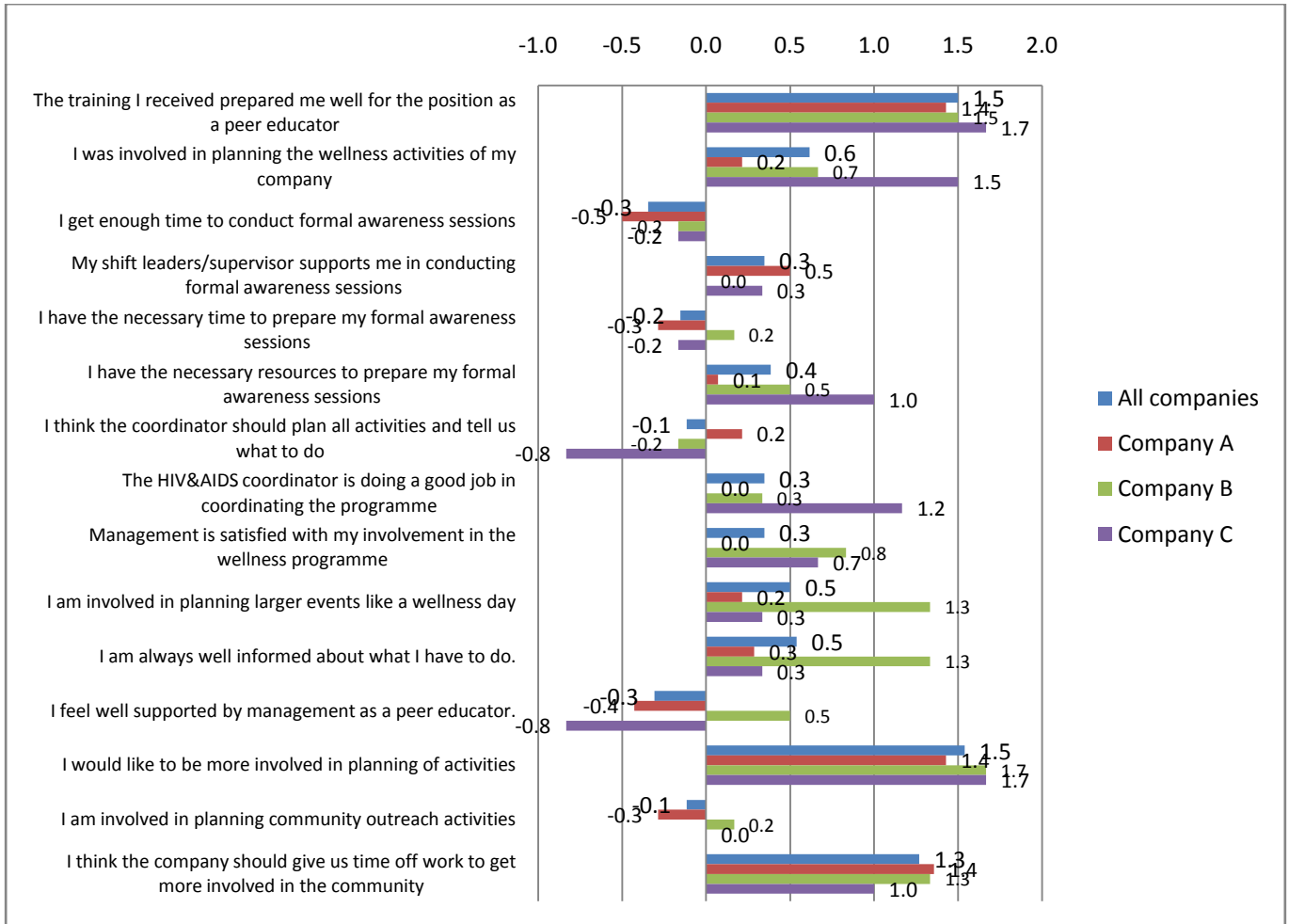
Following statements significantly correlate with each other or with the average involvement of peer educators:

- "I was involved in planning of activities" significantly correlates with average level of activity ($r = 0.53$, p-value < 0.01).

- "I was involved in planning of activities significantly" correlates with "I get enough time to conduct formal awareness sessions" ($r = 0.46$, p-value < 0.05)

- "I was involved in planning of activities" significantly correlates with "I have the necessary time to prepare formal awareness sessions" ($r = 0.506$, p-value < 0.01)

- "I was involved in planning of activities" significantly correlates with "I have the necessary resources to prepare formal awareness sessions" ($r = 0.585$, p-value < 0.05)

- "I was involved in planning of activities" significantly correlates with "the HIV&AIDS coordinator is doing a good job in coordinating the programme" ($r = 0.561$, p-value < 0.01)

- "I was involved in planning of activities" significantly correlates with "I feel well supported by management as a peer educator" ($r = 0.549$, p-value < 0.05)

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- "I get enough time to conduct my formal awareness sessions" significantly correlates with "Management is satisfied with my involvement in the programme" (r = 0.499, p-value < 0.01)

- "My shift leader/supervisor supports me in conduction formal awareness sessions" significantly correlates with "I get enough time to conduct formal awareness sessions" (r = 0.495, p-value <0.05)

- "I have the necessary resources to prepare my formal awareness sessions significantly correlates with the average level of activity (r = 0.395, p-value < 0.05)

- "I have the necessary resources to prepare my formal awareness" sessions significantly correlates with "the coordinator is doing a good job in coordinating the programme" (r = 0.611, p-value < 0.01)

- "I am always well informed about what I have to do significantly correlates with the coordinator is doing a good job in coordinating the programme (r = 0.696, p-value < 0.01)

- "Management is satisfied with my involvement in the wellness programme" significantly correlates with "I am involved in planning community outreach activities" (r = 0.554, p-value < 0.01)

In conclusion, the different conditions as perceived by the peer educators might explain the differences in how much peer educators were involved in the WPP activities. Peer educators that were involved in planning activities and that stated to have the necessary resources to prepare formal awareness sessions were also the ones that where more active. Those peer educators that were more involved in planning activities felt also better supported by managers or supervisors, felt to be well informed about what they were expected to do and were more satisfied with the HIV&AIDS coordinator coordinating the programme. They also agreed more to having enough time and resources to prepare and conduct formal awareness sessions. This might indicate that the lack in carrying out activities that are expected by managers might also be due to a lack in involving peer educators in planning activities, lack or perceived lack in available resources and lack in support.

This has been confirmed by literature. Dickinson (2007) found that the limited power peer educators have in companies' structures might be translated in limited power to influence and plan activities that they are expected to do voluntarily. This could negatively influence their motivation of engaging in those activities. It is important to understand that peer educators are motivated independently of management. While they are working within management-supported

and organized structures and being aware that their activities are in the interest of the company, they still do so for their own reasons and not for the good of the company (Dickinson, 2006a).

5. DISCUSSION

5.1. Discussion of general findings

The number of participants was disappointing. The results could only be based on answers given by 7 managers and 26 peer educators from three companies out of the targeted five companies with a population of 15 managers and 110 trained peer educators. The research sample might be too small to draw reliable conclusions and to generalise the results to other companies in the SME sector.

The analysed data indicate that managers that were actively involved in their company's HIV&AIDS WPP were quite clear about the objectives of their company's WPP. They rated most of the possible duties of peer educator to be important for the WPP. The fact that managers rated certain duties as to be important means that managers expected these duties to be carried out so that the objectives of the HIV&AIDS WPP can be achieved. According to the data collected among managers, but also among educators, many peer educators however did not engage in many of these important activities although they considered themselves as active peer educators. Therefore the conclusion can be drawn that there is indeed a gap between what managers expect peer educators to do as part of company's WPP and what peer educators are actually doing or what they perceive as to be their duties. There are different conclusions that can be drawn from the data in regards to the reasons.

The first suggestion is that peer educators' personal goal, what they think they would like to contribute to the fight against HIV&AIDS, differs from the motivation of managers to implement peer educator activities as part of company's WPP. One indicator to support this is that managers rate all proposed objectives of the WPP to be of high relevance, including the increasing of company's corporate social responsibility and reducing the impact of HIV&AIDS on the company. Peer educators on the other hand distinguish much more; the variance in the responses is much higher for the different objectives, and only two objectives are on average of high relevance for peer educators: creating awareness about HIV&AIDS and enabling the workforce to live a healthy lifestyle. This result is confirmed by literature.

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Dickinson (2006b) reported that peer educators believe that their biggest contribution they could make in the workplace is to educate and raise awareness on HIV&AIDS, support infected/affected colleagues and promote a healthy lifestyle, whereas the need to protect the company from the impact of HIV&AIDS is not mentioned as a motivator of being a peer educator. It seems to be true what Dickinson concluded: "Companies need to be (and be seen to be) responding to the epidemic; peer educators are also responding to the epidemic, but independently of managerial needs. Both, it would appear, have their own agendas that, for the time being at least, coincide." If peer educators have a different understanding of programme's objectives or have developed their own goals to be reached through their activities, it might result in a different understanding of their roles and duties compared to what managers are expecting. Literature emphasises on the importance of including peer educators when developing objectives of a peer educator programme (Adamchak, 2006), and that duties of peer educators need to be aligned to these objectives (Flanagan et al., 2007). As the roles and duties of peer educators are clearly linked to the programmes' objectives, it seems to be evident that the clarification of the expected roles of peer educators are a critical element in peer educator programmes (UNAIDS, 1999).

A second explanation could be that the planning, monitoring and evaluation of the programme have not received the needed attention. This is supported by several indicators. The only two duties of peer educators that managers reported to be of lower importance were organising meetings among peer educators and fundraising. Most managers as well as most peer educators also admitted that meetings among peer educators as well as meetings with the respective HIV&AIDS WPP coordinator to plan and discuss activities were not regularly organised and that peer educators were not attending meetings. The data also suggest that peer educator activities were not monitored and evaluated consistently. On the other hand, most peer educators would like to be more involved in planning of activities. Managers acknowledge the importance of monitoring and evaluation but the data suggest that the necessary activities were not carried out. It also seems that the necessary time resources to monitor peer educator activities were not allocated. Fraser et al. (2002) found that SMEs generally have limited financial and human resources capacity to handle HIV&AIDS programmes. This might be an explanation why monitoring and evaluation of the programme was neglected in the companies that were part of the study as the necessary resources to monitor and evaluate peer educator activities were not available.

The importance of including peer educators in the planning of the programme was already mentioned above. Not only would the joined development of programme objectives help to clarify expectations in regards to the needed activities and the roles and duties of peer educators

to achieve these objectives, but it would also clarify what resources are available and how they can be allocated. During the planning process of the programme, management needs to consider that according to Dickinson (2006a) workplace peer educators must be understood as allies that they need to work with, rather than employees who can be instructed. Peer educators voluntary activities need to be distinguished from their paid duties as workers in a company. While the person in his position as a worker gets assigned specific duties he has to perform, in his voluntary position as a peer educator it might be more difficult to assign him specific duties.

Many literature sources put emphasis on the importance of monitoring and evaluation of peer educator programmes (FHI, 2005, Flanagan et al., 2007, UNFPA, 2005) and that it is managements role to oversee and supervise peer educator activities as well as monitor the programme. Dickinson (2006a) found however that in general, there seemed to be little pro-active assessment of peer educators through monitoring and evaluation. For a successful peer educator programme it is not only important to clarify peer educators' role in the WPP but also management's role. In the companies that took part in this study manager seem to either have neglected this, or their role and the needed resources were not enough clarified during the planning phase of the programme. This leads to the following third explanation.

A third explanation could be that peer educators also had expectations of management that were not met. Indicators that support this are that many peer educators report that they did not feel supported by supervisors or managers and that many peer educators were not satisfied with the coordination of the programme. Some peer educators also reported to not receive the necessary resources like time to prepare formal awareness sessions or time for activities in the community. There was a significant correlation between the statements that shift leader supported the peer educator in conducting formal awareness sessions and the perceived availability of time to conduct these sessions. Also those peer educators that felt supported by management were more involved in planning activities.

Different to the peer educators of the other two companies, most peer educators in company A responded that they would prefer that the HIV&AIDS coordinator should plan the activities and tell them what to do. The fact that no formal awareness sessions took place in this company although managements rated this as an important activity could be an indicator that the coordinator in this company was not meeting peer educators expectation of planning the activities for them. Although literature suggests that peer educators are motivated independently of management (Dickinson, 2006), the results of this research shows that in those two companies where peer educators were more satisfied with support of management and supervisors and had

better access to the necessary resources peer educators and were more active in carrying out activities. Peer educators in companies B and C also seemed to belief that management is rather satisfied with their involvement and management also indicated to be satisfied with the engagement of peer educators. The small amount of data does however not allow correlating the two indicators perceived support received from management and level of activity of peer educators. More data would have to be collected to confirm this statement.

A common problem, as stated in the literature (Esu-Williams et al. 2005; Dickinson, 2006a), is that supervisors often do not allow peer educators enough time nor provide adequate support to carry out activities. Peer educators need an appropriate level of support if they are to be active and to sustain the activities (Dickinson, 2006a). Adamchak (2006) also points out that support for peer educators is essential to ensure sustainability.

The level of support a peer educator receives can also be measured by the resources he has or perceives to have access to.

A fourth explanation could therefore be the lack of available resources, specifically time. This is critical as peer educators as well as programme coordinators in all three participating SMEs were carrying out their duties on a voluntary basis which needs a lot of commitment. If peer educators do not have access to the necessary resources, only access them under difficulties or are not aware of the availability of resources, they might not be able to carry out planned activities and other more important task might be prioritised. In the three companies that participated in the research, peer educators were much more involved in those activities where fewer resources were necessary, specifically informal discussions, referring colleagues and giving advice to colleagues. Dickinson's research (2006a) indicates that the allocation of time resources for peer education activity increases the percentage of peer educators conducting formal education sessions and the frequency with which these sessions are conducted. Literature confirms that it is a common problem that supervisors often do not allow peer educators enough time nor provide adequate support to carry out activities (Dickinson, 2006a, Esu-Williams et al, 2007). Dickinson (2007) also found that one of the major barriers to successful peer educator programmes in the workplace is the limited power they have in companies' structures. This might explain the gap between what resources management thought were available to peer educators and what peer educators perceived to have access to. This might be translated in limited power to influence and plan activities that they were expected to do voluntarily. Those peer educators that were more involved in planning of activities were significantly more active

and perceived to have more time and resources to prepare and carry out formal awareness sessions.

The above four reasons that were offered to explain the identified gap between what management expected from peer educators in the three automotive supplier companies that participated in this study and the perceived duties from peer educators are certainly interlinked. The importance of well defining the objectives of the programme and the involvement of peer educators in the planning of the HIV&AIDS programme and the activities they are expected to do, the supporting of peer educators, the availability and accessibility of necessary resources, and the importance of monitoring and evaluating activities have already been identified by the literature. Literature has also identified challenges that are faced by SMEs that might result in lacks in the above mentioned areas and that endanger the sustainability of peer educators' activities in these companies. Dickinson's research (2006a) indicates that there is a relationship between companies' readiness to provide resources (including the necessary human resources to coordinate the programme), their initiatives to monitor the programme and to what extend expectations have been formulated and communicated. This would indicate that small and medium companies that run low budget HIV&AIDS programmes might be lacking in this regard. As peer educators are often in the core of HIV&AIDS programmes in SMEs, the sustainability of the whole HIV&AIDS programme might be endangered if the identified lacks are not addressed.

5.2. Limitations of the study

The study should be interpreted in the context of a number of limitations. The study only focused on a number of automotive companies supplying to Ford that are based in Port Elizabeth, South Africa. The HIV&AIDS WPP were implemented by the same service provider two or three years ago. This limits the ability to generalise the results. Limitations of this study include also the limited number of research participants as only three companies participated in the study. The small number of only 33 participants limits the reliability and validity of the study. The sample might also not be representative to the population. It was planned to collect data from all managers and peer educators that were active in the respective companies. The response rate was however not satisfying. It is possible that those managers and peer educators that did not participate in the study have a different view on the topic that is not reflected in the results. More data need to be collected to increase reliability and validity of the results and so be able to generalise the results. A qualitative approach might have as well been used in this case. The availability of managers for qualitative interviews was however not evident. Further limitations

include that research participants interpret the questions of the survey differently due to language barriers. Although all participants were English speaking, some have a different home language.

6. CONCLUSION AND RECOMMENDATIONS

6.1. Conclusion

Managers that were actively involved in company's HIV&AIDS WPP seem to be quite clear about the objectives of their company's WPP and the importance of certain peer educator duties to achieve these objectives. Peer educators however did not engage in many of these important activities although they considered themselves as active peer educators. Therefore the conclusion can be drawn that there is indeed a gap between what managers expect peer educators to do as part of company's WPP and what peer educators are actually doing or what they perceive as to be their duties. Different reasons have been identified that could explain this gap. The first suggestion is that peer educators' personal goal, what they think they would like to contribute to the fight against HIV&AIDS, differs from the motivation of managers to implement peer educator activities as part of company's WPP. The roles and duties of peer educators need however to be linked to the objectives that have been defined for the HIV&AIDS WPP. Differences in the understanding of the objectives might have resulted in a different understanding of expected roles and duties of peer educators. Secondly the lack in planning, monitoring and evaluation of activities might be one of the biggest lacks in the peer educator programmes of all three companies. The fact that peer educators would like to be more involved in planning of activities might be an indicator that the lack of involvement in some of the activities might be a result of not being involved in the planning in the first place. Peer educator activities were also not monitored and evaluated consistently. Management's role in monitoring and evaluating peer educator activities and the needed resources seem not to have been enough clarified during the planning phase of the programme. Thirdly, the lack of support as perceived by the peer educators might explain why peer educators did not meet all managers' expectations. Many peer educators did not feel supported by supervisors or managers. Lastly, the lack of available resources, specifically time, seems to be critical in the companies. Not having access to the necessary resources, only accessing them under difficulties or not being aware of the availability of resources, might have resulted in peer educators not being able to carry out planned activities, specifically under the condition that peer educators as well as programme coordinators in all three participating SMEs were carrying out their duties on a voluntary basis. As peer educators are often in the core of HIV&AIDS programmes in SMEs, the sustainability of the whole HIV&AIDS programme might be endangered if the identified lacks are not addressed.

6.2. Recommendations

In the following some recommendations are developed to address the challenges identified in this research. This should help the respective companies to close the identified gap between what was expected from peer educators by managers and the actual performance of peer educators in company's HIV&AIDS WPP:

1. **Management has to acknowledge** that there is a gap between what they expect and what peer educators are willing and able to deliver. Dickinson (2006a) found that the clearly dominant activities that peer educators believe they can do are to raise awareness, provide education, and support those who are infected or affected by the disease. He further found that while peer educators are working within management-supported and organized structures their activities are fundamentally motivated for their own reasons and not for the good of the company. From management's perspective, workplace peer educators must be understood as allies that they need to work with, rather than employees who can be instructed.

2. **Programme planning:** Peer educators should participate in planning of activities and defining the goals and objectives of the programme. Not only that peer educators in most cases requested to be more involved in planning of activities, but this is also recommended in the available guidelines about how to plan, implement and monitor peer educator activities, see for example FHI (2005), Flanagan et al. (2007). Dickinson reports that active participation of peer educators in the planning and organisation of programmes is stressed as a critical factor for success and sustainability by several authors in the literature. It is argued that peer educator inputs can tailor programmes to better suit their intended audience and raise levels of motivation (Dickinson, 2006a:7). The planning of activities must include the clarification of available resources as there seem to be misunderstandings among managers, HIV&AIDS coordinators and peer educators about what resources are available to carry out planned activities. During this process, clarifying expectations on both sides by jointly defining goals and deciding on necessary and feasible activities covered by available resources is essential, including the necessary resources to prepare activities. A joined planning of activities needs a platform of communication. Meetings or other means of communication to discuss the programme has to be agreed on depending on what is realistically feasible in the company context. It is questionable that effective coordination of peer educator activities in the company is possible if there is no platform to plan or discuss these activities.

3. **Monitoring and evaluation**: Monitoring and evaluation is not only an essential activity in every programme, but it needs resources allocated to carry out the necessary activities. The importance of monitoring should be clarified already during the planning process and responsibilities need to be allocated by management. It should be investigated if incentives could be a solution to encourage peer educators to deliver the necessary data. The evaluation of peer educators provides a key source of potential support (Dickinson, 2006a).

4. **Networking:** Meeting other peer educators within the company but also with in the network of supplier companies might raise levels of activity. Peer educators exchanging information might help coordinating activities. It might also be an opportunity for peer educators to access support and advice. Dickinson (2006a) reports that meeting with other peer educators did raise activity levels and might help to motivating less active peer educators to increase their activity to higher levels. Being involved with other peer educators appears to be a factor in sustaining peer educator activities over time. Contacts among peer educators can also help to identify and solve problems.

5. **Further research:** The collection of more data about the expectations of managers and peer educators perceived roles and duties is necessary to allow generalising the results.

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Appendix A: Information sheet and consent form for the survey

INFORMATION SHEET

Who we are

My name is Friederike Baasner-Weihs and I am working for the Automotive Industry Development Centre, AIDC. I am conducting a survey on the duties of peer educators in the workplace.

What we are doing

We are conducting research based project to determine duties of peer educators in the workplace. We are administering questionnaires to collect information that will assist us in creating intervention strategies that are tailored for the SMEs doing peer education in the workplace. In this case, we ask you to participate in a survey.

Your participation

We are asking you whether you will allow us to ask you a few questions from a questionnaire. If you agree, we will ask you to participate in a survey to answer questions on your views about the duties of peer educators in the workplace, for approximately ONE hour.

You will receive or be part of the interventions that are to be implemented irrespective of whether you agree or decline to participate in this survey

Please understand that your participation is voluntary and you are not being forced to take part in this study. The choice of whether to participate or not is yours alone. If you choose not take part, you will not be affected in any way whatsoever. If you agree to participate, you may stop participating in the research at any time if don't want to continue. If you do this there will be no penalties and you will NOT be prejudiced in ANY way.

Confidentiality

Any study records that identify you will be kept confidential to the extent possible by law. The records from your participation may be reviewed by people responsible for making sure that research is done properly. All of these people are required to keep your identity confidential. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.

The information you provide will not be published unless you give your specific permission in writing at the end of this consent form. All identifying information will be kept in a locked file cabinet and will not be available to others. We will refer to you by a code number or pseudonym (another name) in any publication.

Risks/discomforts

At the present time, we do not see any risks in your participation. The risks associated with participation in this study are no greater than those encountered in daily life.

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Benefits

There are no immediate benefits to you from participating in this study. However, this study will be extremely helpful to us in developing intervention strategies and means of understanding expectations about peer educators in the workplace. Its purpose is to understand the duties of peer educators in the workplace.

If you would like to receive feedback on our study, we will record your phone number on a separate sheet of paper and can send you the results of the study when it is completed or invite you for a presentation of findings. The report for the study will be send to the participating organisation and the final research report will be accessible to participants at the University of Stellenbosch Library and at the Africa Centre for AIDS Management.

Who to contact if you have been harmed or have any concerns

This research has been approved by the Research Ethics Committee of the University of Stellenbosch. If you have any complaints about ethical aspects of the research or feel that you have been harmed in any way by participating in this study, please contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development or the study supervisor Prof Geoffrey Setswe on 011 950 4329.

CONSENT FORM- PARTICIPANT

I hereby agree to participate in research on the duties of peer educators in the workplace. I understand that my participation is free and without being forced in any way to do so. I also understand that I can stop participating at any point should I not want to continue and that the decision will not in any way affect me negatively.

I understand that this is a research project whose purpose is not necessarily to materially benefit me personally in the immediate or short term.

I understand that my participation will remain confidential.

…………………………..   ……………………………..

Signature of participant   **Date**

…………………………..   ……………………………..

Signature of Witness   **Date**

Appendix B: Questionnaire for Managers

Questionnaire for Managers involved in company's HIV&AIDS Workplace programme
Please tick the appropriate boxes.

1 **How many employees does your company employ?**
less than 200 ☐   200 - 299 ☐   300 - 399 ☐   400 - 499 ☐   more than 500 ☐

2 **What is your position in the company?**
Plant Manager ☐   HR Manager ☐   Prod. Manager ☐   Coordinator ☐   Other ☐

3 **What are your duties in regards to the HIV&AIDS programme?**
Member of Steering Committee ☐   Monitoring of the programme ☐   Reporting to other managers ☐   Planning of activities ☐   Supporting the programme ☐   Coordinating activities ☐

4 **When you think about the main goals of company's HIV&AIDS programme, how relevant are the following objectives?**

	no relevance	small relevance	medium relevance	high relevance
Creating awareness about HIV and AIDS	☐	☐	☐	☐
Reducing stigma and discrimination among the workforce	☐	☐	☐	☐
Reducing absenteeism	☐	☐	☐	☐
Reducing the impact of HIV&AIDS on the company	☐	☐	☐	☐
Reducing the impact of other chronic diseases on the company	☐	☐	☐	☐
Reducing the number of new HIV infections	☐	☐	☐	☐
Enabling the workforce to live a healthy life	☐	☐	☐	☐
Increasing company's corporate social responsibility	☐	☐	☐	☐

5 **How many peer educators are active in the programme?** ☐

6 **How many of them have been trained in what year?**
2009:_____   2010:_____   2011:_____

7 **Who is supervising the peer educators?**
HIV&AIDS Coordinator ☐   HR Officer ☐   HR Manager ☐   Other ☐

8 **How often do peer educators meet to discuss HIV&AIDS programme related issues?**
Every week ☐   Every two weeks ☐   Once a month ☐   Once every two months ☐   They do not meet regularly ☐

9 **How often do Peer Educators meet with their supervisor?**
Every week ☐   Every two weeks ☐   Once a month ☐   Once every two months ☐   They do not meet regularly ☐

10 **How are peer educators involved in the planning of HIV&AIDS programme activities?**
One peer educator is member of the steering committee ☐
Peer educators are asked for their input ☐
Peer educators plan their activities autonomously within a planning framework ☐
Peer educators are expected to do what was planned by the steering committee ☐

11 **How important are following possible duties of peer educators as part of your company's HIV&AIDS programme?**
Please mark N/A if peer educators are not expected to do this activity.

	N/A	not so important	important	very important
Distribution of condoms	☐	☐	☐	☐
Updating company's wellness information board	☐	☐	☐	☐
Administrative work like collecting training registers/evaluation forms	☐	☐	☐	☐
Reporting	☐	☐	☐	☐
Organizing necessary resources for awareness sessions, like for example leaflets, information from the internet	☐	☐	☐	☐
Conducting formal awareness sessions	☐	☐	☐	☐
Communicating events to employees	☐	☐	☐	☐
Fundraising	☐	☐	☐	☐
Organising activities in the community	☐	☐	☐	☐
Giving advice to colleagues	☐	☐	☐	☐
Referring colleagues to outside institutions, like clinics, counsellors, support groups	☐	☐	☐	☐
Organising meetings with other peer educators	☐	☐	☐	☐
Attending regular planning meetings with the coordinator or other peer educators	☐	☐	☐	☐
Informal discussions with colleagues during working hours	☐	☐	☐	☐

12 **How much work time are peer educators allowed to use to prepare their activities per month?**

Hours per month:_____   I don't know ☐

13 **How often is every peer educator expected to do formal awareness sessions?**

Once a week ☐   at least once a month ☐   every 2 or 3 months ☐   every six months ☐   once per year ☐

14 **How long are these awareness sessions?**

5-10 min ☐   10-30 min ☐   30 min to 1 hour ☐

15 **What other resources does the company provide peer educators to carry out their activities?**

Information material ☐

Posters ☐

Stationary ☐

Access to internet ☐

Access to printing ☐

Incentives, like T-shirts, sweets ☐

Others, like…. _____

16 **Has the company been engaged in community outreach activities in the last 12 month?**

Yes, financial donations ☐   Yes, other donations ☐   Yes, other activities ☐   No ☐

17 **How much work time could one peer educator use for activities in the community?**

None, they are expected to use private time ☐

They can use _____ hours of work time per year.

18 **How well are peer educator activities monitored?**

	strongly disagree	disagree	agree	strongly agree
Peer Educators regularly hand in activity reports	☐	☐	☐	☐
Peer educators regularly hand in training registers	☐	☐	☐	☐
Peer educators regularly report orally to the HIV&AIDS coordinator	☐	☐	☐	☐
Their supervisor observes them and reports regularly on their activities.	☐	☐	☐	☐
Peer educators regularly hand in training evaluations	☐	☐	☐	☐
Their activities are not really monitored	☐	☐	☐	☐

19 **How well are peer educator activities evaluated?**

	strongly disagree	disagree	agree	strongly agree
Their activities are compared to what they should have done in the reporting period	☐	☐	☐	☐
We do not evaluate their activities due to lack of resources (nobody has time to do it)	☐	☐	☐	☐
The coordinator reviews their performance and talks to them if they do not perform	☐	☐	☐	☐
As their duties are voluntary, we do not evaluate their activities	☐	☐	☐	☐
I don't think the coordinator really knows how to evaluate peer educator activities	☐	☐	☐	☐

20 **How satisfied are you with what has been achieved by the peer educators' activities**

	strongly disagree	disagree	agree	strongly agree
They are doing a great job	☐	☐	☐	☐
Some of them are doing a great job	☐	☐	☐	☐
Most of them are not as active as I think they should be	☐	☐	☐	☐
I think the company does not give them enough time and resources to do their activities	☐	☐	☐	☐
I think most of them are not really passionate about being a peer educator	☐	☐	☐	☐
Most of them are doing more than I expected	☐	☐	☐	☐
Considering the difficult conditions, they are doing a good job.	☐	☐	☐	☐

Thank you for your time.

Appendix C: Questionnaire for peer educators

Questionnaire for Peer Educators involved in company's HIV&AIDS Workplace programme
Please tick the appropriate boxes.

1 Demographic data

Age   20-29 ☐   30-39 ☐   40-49 ☐   50 or older ☐

Gender   male ☐   female ☐

Highest level of education achieved

   High school ☐   Matric ☐   College degree ☐   University degree ☐

Job level

   Management ☐   Admin ☐   Supervisor ☐   Technician/artisan ☐   Operator ☐   other ☐

Received first training as a peer educator of this company in

   2009 ☐   2010 ☐   2011 ☐

2 Why have you become a peer educator?

I was asked by management/coordinator/nurse ☐

I was nominated by colleagues/other peer educators ☐

I wanted to become a peer educator and asked to be sent to the training ☐

3 When you think about the main goals of company's HIV&AIDS programme, how relevant do you think are the following objectives?

	no relevance	small relevance	medium relevance	high relevance
Creating awareness about HIV and AIDS	☐	☐	☐	☐
Reducing stigma and discrimination among the workforce	☐	☐	☐	☐
Reducing absenteeism	☐	☐	☐	☐
Reducing the impact of HIV&AIDS on the company	☐	☐	☐	☐
Reducing the impact of other chronic diseases on the company	☐	☐	☐	☐
Reducing the number of new HIV infections	☐	☐	☐	☐
Enabling the workforce to live a healthy life	☐	☐	☐	☐
Increasing company's corporate social responsibility	☐	☐	☐	☐

4 How often do you meet other peer educators to discuss HIV&AIDS programme related issues?

Every week ☐   Every two weeks ☐   Once a month ☐   Once every two months ☐   We do not meet regularly ☐

5 How often do you meet with the HIV&AIDS coordinator to discuss HIV&AIDS programme related issues?

Every week ☐   Every two weeks ☐   Once a month ☐   Once every two months ☐   We do not meet regularly ☐

6 Are you involved in any of the following activities?

	No	sometimes	often	always
Distribution of condoms	☐	☐	☐	☐
Updating company's wellness information board	☐	☐	☐	☐
Administrative work like collecting training registers/evaluation forms	☐	☐	☐	☐
Reporting	☐	☐	☐	☐
Organizing necessary resources for awareness sessions, like for example leaflets, information from the internet	☐	☐	☐	☐
Conducting formal awareness sessions	☐	☐	☐	☐
Communicating events to employees	☐	☐	☐	☐
Fundraising	☐	☐	☐	☐
Organising activities in the community	☐	☐	☐	☐
Giving advice to colleagues	☐	☐	☐	☐
Referring colleagues to outside institutions, like clinics, counsellors, support groups	☐	☐	☐	☐
Organising meetings with other peer educators	☐	☐	☐	☐
Attending regular planning meetings with the coordinator or other peer educators	☐	☐	☐	☐
Informal discussions with colleagues during working hours	☐	☐	☐	☐

7   How much work time are you allowed to use to prepare your peer educator activities per month?

Hours per month:_____   I don't know ☐

8   How often do you conduct formal awareness sessions?

Once a week ☐   at least once a month ☐   every 2 or 3 months ☐   every six months ☐   once per year ☐

9   How long are these awareness sessions?

5-10 min ☐   10-30 min ☐   30 min to 1 hour ☐

10   What other resources is the company providing you to carry out your activities?

Information material ☐

Posters ☐

Stationary ☐

Access to internet ☐

Access to printing ☐

Incentives, like T-shirts, sweets ☐

Others, like…. _____

11   Have you been engaged in community outreach activities in the last 12 months?

Yes, financial donations ☐   Yes, other donations ☐   Yes, other activities ☐   No ☐

12   How much private time would you be ready to use for community outreach activities?

None, I expect the company to provide time off work to conduct community outreach activities. ☐

I would be ready to invest _____ hours of private time per month to do activities in the communities. ☐

13   Please give your opinion on the following statements:

	Strongly disagree	disagree	agree	strongly agree
The training I received prepared me well for the position as a peer educator	☐	☐	☐	☐
I was involved in planning the wellness activities of my company	☐	☐	☐	☐
I get enough time to conduct formal awareness sessions	☐	☐	☐	☐
My shift leaders/supervisor supports me in conducting formal awareness sessions	☐	☐	☐	☐
I have the necessary time to prepare my formal awareness sessions	☐	☐	☐	☐
I have the necessary resources to prepare my formal awareness sessions	☐	☐	☐	☐
I think the HIV&AIDS coordinator should plan all activities and tell us what to do	☐	☐	☐	☐
The HIV&AIDS coordinator is doing a good job in coordinating the programme	☐	☐	☐	☐
Management is satisfied with my involvement in the wellness programme	☐	☐	☐	☐
I am involved in planning larger events like a wellness day	☐	☐	☐	☐
I am always well informed about what I have to do	☐	☐	☐	☐
I feel well supported by management as a peer educator	☐	☐	☐	☐
I would like to be more involved in planning of activities	☐	☐	☐	☐
I am involved in planning community outreach activities	☐	☐	☐	☐
I think the company should give us time off work to get more involved in the community	☐	☐	☐	☐

Thank you for your time.

Appendix D: Letter of permission to conduct the study

Friederike Baasner-Weihs

Automotive Industry Development Centre

POBox 63835

Greenacres 6057

Date: xx /yy/ 2011

To: CEO of COMPANY NAME

Study on duties of peer educators in the workplace

Dear Mr. XXXX

Your company has an HIV&AIDS Workplace Programme in place which has been implemented through the support of the Automotive Industry Development Centre, AIDC.

Peer Education is an important part of this Workplace Programme. We are currently conducting a research based project to determine duties of peer educators in the workplace. We are administering questionnaires to collect information that will assist us in creating intervention strategies that are tailored for the SMEs doing peer education in the workplace. In this case, we ask your permission to ask managers as well as peer educators that are involved in your company's workplace programme to participate in a survey.

The survey has following objectives:

- To identify management's expectations towards peer educators in relation to company's HIV&AIDS WPP.
- To identify what peer educators think are their duties
- To identify what peer educators are doing in the company and the community
- To identify peer educators' attitudes towards their duties
- To develop recommendations to fill the identified gap

Employee's participation in this survey is voluntary and the information collected is strictly confidential. The questionnaire will take about 20 minutes to complete. Your support in this regard will be appreciated.

Please also refer to the attached Ethic committee Application Form for more information.

The information provided by your employees will not be published unless you give your specific permission in writing at the end of this consent form. All identifying information will be kept in a locked file cabinet and will not be available to others. We will refer to your company by a code number or pseudonym (another name) in any publication.
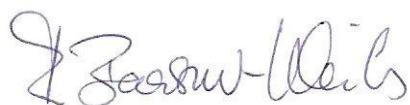
This study will be extremely helpful to us in developing intervention strategies and means of understanding expectations about peer educators in the workplace. Its purpose is to understand the duties of peer educators in the workplace. We will send you the results of the study when it is completed or invite you for a presentation of findings.

Your company's participation in this survey is voluntary. You have the right to query concerns regarding the study at any time. Immediately report any new problems during the study to the researcher at the AIDC (Friederike Baasner-Weihs: 041 3932135, fbaasner-weihs@aidc.co.za) as well as the decision not to participate.

This research has been approved by the Research Ethics Committee of the University of Stellenbosch. If you have any complaints about ethical aspects of the research or feel that you have been harmed in any way by participating in this study, please contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development or the study supervisor Prof Geoffrey Setswe on 011 950 4329.

Please sign below to approve your informed and voluntary consent to allow the described research to take place in your company.

Regards

Friederike Baasner-Weihs
Project Manager

Herewith, we give formal institutional permission to Friederike Baasner-Weihs to conduct the research in our company as outlined in Ethical Commission application form dated 27/06/2011.

_____

Signature of CEO