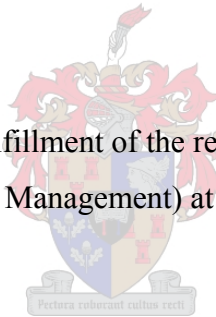


**PEER EDUCATORS' UTILISATION OF INFORMATION ON RECOGNITION
AND REFERRAL TO REFER THEIR PEERS APPROPRIATELY**

Andile Elvis Mphunga

Assignment presented in partial fulfillment of the requirements for the degree Master of
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Supervisor: Mr Gary Eva

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Declaration

I, the undersigned, hereby declare that the work contained in this assignment is my own original work and I have not previously in its entirety or in part submitted it at any university for a degree.

Signed:

Date:

SUMMARY

The purpose of this research was to investigate whether peer educators are utilising the information on recognition and referral to refer their peers needing support appropriately. The primary focus of this investigation relates to the three themes:

(i) To investigate whether the training on recognition and referral adequately capacitates peer educators to recognize and refer peers needing support. (ii) To determine the significance of community mapping exercises with regard to the establishment of meaningful relationships with the local health care facilities including non governmental organizations such that the networks for referrals are enhanced. (iii) To review the relationship between peer educators and the educator support team. This explores the effectiveness of an internal school referral system.

The study comprises of the literature analysis on peer education globally and in South African context, reviewing the *Rutanang* documents (*Rutanang*: Sotho word meaning learning from one another) that outlines the local framework for peer education. GOLD Peer Education Model, founded on the *Rutanang* documents, is the subject of the study. The main data was collected from one school in the Metropole North district of the province of the Western Cape (Northern suburbs, Cape Town), through one focus group and twenty in-depth interviews of peer educators. The findings of this study reveal that the training received by peer educators adequately capacitated them with the relevant knowledge and skills but the lack of opportunities to utilize their skills is a challenge. Community mapping exercises were significant but did not necessarily help peer educators with referrals because of service delivery issues at the clinic. The findings on schools systems also indicate that there is no effective school referral system.

The significance of this study, though very narrow, is therefore that it confirmed the findings of the Process Evaluation of the peer education programme in the Western Cape, conducted by the Adolescent Health Research Institute of the University of Cape Town (Flisher et al, February 2006).

OPSOMMING

Die doel van hierdie navorsing was om vas te stel of portuurgroepleiers gebruik maak van die inligting oor herkenning en verwysing om hul portuur korrek te kan verwys. Die primêre fokus van hierdie ondersoek was drievoudig:

(i) Om vas te stel of opleiding oor herkenning en verwysing voldoende was sodat portuurgroepleiers hul portuur wat bystand nodig het, kan uitken en verwys. (ii) Om die betekenisvolheid van gemeenskapsbetrokkenheid vas te stel, sodat die samewerking van plaaslike gesondheidsfasiliteite (insluitend NRO's) 'n netwerk verskaf wat die verwysingsprosess verbeter. (iii) Om die verhouding tussen portuurgroepleiers en die opvoeders se ondersteuningspan te bestudeer. Dit sal help om die effektiwiteit van 'n interne skoolverwysingstelsel vas te stel.

Hierdie studie bevat 'n literatuur analise oor portuurgroepleiers in beide Suid-Afrikaanse en internasionale konteks, deur die '*Rutanang*' dokumente (*Rutanang* is 'n Sotho woord wat 'leer van mekaar' beteken) wat riglyne vir portuurgroepleiers stipuleer, te ondersoek. Die 'GOLD Peer Education Model' wat gegrond is op die *Rutanang* dokumente, was die onderwerp van die studie. Die data is versamel by 'n skool in die Noordelike Voorstede van Kaapstad deur een fokusgroep en twintig in-diepte onderhoude met portuurgroepleiers te voer. Die studie het bepaal dat portuurgroepleiers se opleiding genoegsaam was om hul met die nodige kennis en vaardighede toe te rus, maar dat 'n gebrek aan geleentede om hierdie vaardighede toe te pas, 'n uitdaging is. Gemeenskapsbetrokkenheid was betekenisvol, maar het nie werklik portuurgroepleiers met verwysing gehelp nie, omdat die kliniek diensleweringprobleme ondervind het. Daar is ook vasgestel dat daar geen effektiwe skoolverwysingstelsel bestaan het nie.

Die betekenisvolheid van die studie, alhoewel baie nou gespan, bevestig vorige bevindings van die proesevaluering van die portuur-opvoedingsprogramme in die Wes-Kaap, wat bestuur was deur die 'Adolescent Health Research Institute' aan die Universiteit van Kaapstad (Flisher et al, February 2006).

Glossary of Terms and Concepts

Evaluation: It is the systematic process of collecting and analysing data in order to determine whether and to what degree the objectives have been or are being achieved.

Implementation Planning Guide:

A detailed description that lists all the activities that should be completed during any peer education project, how each one will be done, who will do it, and when each activity will begin and end.

Integration: Cross-over experiences that link peer education programmes with other health and development initiatives within the school and the broader community.

Programme Managers:

People appointed to oversee a peer education programme or a number of peer education programmes. These people will usually manage supervisors, who will in turn, run the peer education programme.

Peer Educators: Selected learners chosen and trained to educate their peers in a structured manner; informally role-model healthy behaviour; recognise youth in need of additional help and refer them; and advocate for resources and services for themselves and their peers.

Peer education: In its broadest sense, refers to a (HIV/AIDS) programme designed to train select members of any group of equals, to effect change among members of that group. Peer education is a means whereby multiple effectiveness of a single trained educator can be multiplied.

Sexually Transmitted Infections (STIs):

In keeping with the world-wide campaign to reduce the stigma often associated with a sexually transmitted infection, preference has been given to use the term *infection* rather than *disease*.

Supervisors:

The term, supervisor, is used to describe those people who mentor and manage peer educators. This term is used because it gives a sense of the importance, professionalism and rigour of a formal job which needs to be done in managing, supervising and mentoring peer educators.

Teachers:

The term *teachers* is used throughout as opposed to *educators* in order to avoid confusion with the often-used term peer *educator*.

What *Rutanang* Means:

Rutanang is a memorable Sotho word meaning “learning from one another”. It is used as the title of a series of documents to refer to how peers learn from one another, and how programmes learn from one another in the South African context.

Who *Rutanang* Is For:

Rutanang is the result of a collaborative process among multiple partners, each having an interest in a coordinated network of effective peer education programmes in South Africa. These partners include: Departments of Education at all levels, Health and Social Development, Non-governmental organisations (NGOs), Community-based organisations (CBOs), including faith-based organisations (FBOs), secondary schools, higher education institutions, youth friendly clinic services and donor agencies. The *Rutanang* process’s principles and guidelines are adaptable in different audiences, contexts, and constraints. These include

programmes for: Adolescent learners in secondary school settings, adolescents and young adults in community settings, younger learners and higher education students. It has been written using HIV/AIDS education as its major emphasis but the principles are easily translatable for almost all peer education programmes.

ACRONYMS

AHRI	Adolescent Health Research Institute
AIDS	Acquired Immune Deficiency Syndrome
ATTIC	AIDS Training Information Centre
DoE	Department of Education
DoH	Department of Health
DoW	Department of Welfare (now Department of Social Development)
EMDC	Education Management Development Centre
ESTs	Educator Support Teams
GEPEP	Global Fund peer education programme
GOLD	Generation of Leaders Discovered
HIV	Human Immunodeficiency Virus
MRC	Medical Research Council
NACOSA	National Aids Coordinating Committee of South Africa
PWA	People (living) With AIDS

PPASSA	Planned Parenthood Association of South Africa
SGB	School Governing Body
STDs	Sexually Transmitted Diseases
UCT	University of Cape Town
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
WCED	Western Cape Education Department

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Chapter 1: Introduction

1.1 Background information

In practice, peer education has taken on a range of definitions and interpretations of who is a peer and what is education (e.g. advocacy, counseling, facilitating discussions, drama, lecturing, distribution of materials, making referrals to service providers, providing support etc, (Shoemaker et al, 1998 and Flanagan et al, 1996). The European Guidelines for Peer Education defines peer education as peer to peer communication and an approach whereby a minority of peer educators from a group or population actively attempt to inform or influence the majority (Svensen et al, 1998).

The principles that influence HIV/AIDS peer education programme quality and effectiveness as well as gaps and priorities for operational research were reviewed in an international consultation of 45 experts that was held in April 18-29, 1999, in Kingston, Jamaica. This initiative was coordinated by UNAIDS and the Horizon's Project and implemented with Jamaica Ministry of Health, PATH, AIDSMark/PSI, IMPACT/FHI, and USAID.

The review indicated that there is a lack of rigorously evaluated HIV/AIDS peer education programs in the literature. More commonly found are studies that measure success in terms of program outputs or process indicators, such as the number of peer educators trained, the number of people reached and the number of condoms distributed (Dube et al, 1998). This does not dispute the fact that peer education is internationally recognized as an effective strategy for influencing positive behavior.

During the consultation it also emerged that peer education also generates demand for other services critical to the behavior change process such as STI management, access to condoms, and HIV/AIDS counseling and testing. Moreover, they emphasized that peer education in all spheres of society needs to be linked to community support structures.

In March 2005, the Department of Health of the Provincial Government of the Western Cape commissioned the University of Cape Town to conduct an evaluation of selected AIDS prevention activities that were taking place in schools. Peer education was one of the main activities that were studied. The project was carried out by the adolescent Health Research Institute (AHRI), which is an interdepartmental entity within the faculty of Health Sciences of the University of Cape Town. Professor Alan Flisher of the University of Cape Town was a leader of this largely qualitative process evaluation of the Global Fund Peer Education Project (GFPEP) of the Western Cape Department of Education and Health (WCED/WCHD).

Flisher et al (2006) acknowledge that peer education is a well shared educational strategy in the fields of health education and health promotion in Sub-Saharan Africa and throughout the globe. Flisher et al (2005a) contend that peer education should be subject to “methodologically seamless evaluations” which entail random allocation of schools to control and intervention groups with sufficient statistical power to detect effects. The study reviewed several African studies.

In terms of this study, one of the key roles of peer education in secondary schools in the Western Cape (GOLD Model) is to recognize peers in need of referral and to use the information collected in the community mapping exercises to conduct appropriate referrals. The most important finding, that forms the basis of this research proposal, is that Flisher et al (February, 2006) concluded that peer educators do not seem to be utilizing the information on recognition and referral to refer their peers appropriately. It is however important to note that the findings were based on the evaluation of the pilot phase of implementation of the programme. The evaluation was also very broad and did not primarily focus on recognition and referral in greater detail. The researcher deems it necessary to further explore whether indeed peer educators in secondary schools in the Western Cape refer their peers appropriately, as the pilot phase of implementation has now elapsed.

1.2 Research problem and the operationalisation of the problem.

Are peer educators utilising the information on recognition and referral to refer their peers appropriately?

The primary focus of this investigation relates to the three themes: training on recognition and referral, local community mapping as well as school systems. The objectives of this research paper are to:

- Establish whether the training on recognition and referral adequately capacitates peer educators in terms of the knowledge and skills such that they are able to recognize and refer peers needing support.
- Determine the significance of community mapping exercises with regard to the establishment of meaningful relationships with the local health care facilities including non governmental organizations and community based organizations such that the utilization of the services rendered by the service providers is enhanced. The assertion would be that if peer educators are utilizing the services, they are then likely to have the confidence to advise and encourage others about what to expect from the service providers.
- Study the quality of the issues discussed in school linkage meetings as well as informal charts recorded by peer educators. This will improve the relationship between peer educators and the educator support team.
- Lay a foundation for peer educators, learners, teachers and community service providers to fully benefit from the information, skills and services offered by the peer education programme in a school setting.

1.3 Hypothesis

A hypothesis is a suggested explanation for a group of facts or phenomena either accepted as a basis for further verification or accepted as likely to be true (Sinclair,

1994:767), or a tentative intelligent guess posed for the purpose of directing one's thinking towards the solution of the problem (Leedy, 1997:60).

According to Christensen (2004) the formulation of the hypothesis logically follows the statement of the problem, as is the case in this study, because one cannot state a hypothesis without having a problem. This does not mean that the problem is always stated explicitly.

In the context of this study, the hypothesis represents predictions of the relation that exists among the variables or tentative solutions to the problem. The hypothesis of this research was that peer educators are not utilizing the information on recognition and referral (independent variable) in referring their peers (dependent variable) appropriately.

Chapter 2: Literature review

2.1 Background

Peer education has been used successfully by many cultures throughout history (McClure, 1997). It can be simply described: as young people teaching other young people (Clements & Buczkiewicz, 1993). Despite the diversity of definitions of peer education, a key characteristic of the approach has to do with the principle that ‘those of the same societal group or social standing educate each other’ about a variety of issues or a specific concern (Svenson et al, 1998). This notion of shared social status, whether relating to age, ethnicity, gender, cultural or sub-cultural membership, has been documented as integral to the application of any peer education programme (Parkin & Mckeganey, 2000).

There is a considerable literature on peer education in the context of HIV and AIDS (Dickinson, 2007). Some of the specific issues identified are the cultural specificity of peer education activities (Shuguang & Van der Ven, 2003), the question of what characteristics constitute peer status (Wolf and Bond 2002; Ozer et al, 1997), the appropriate level of involvement in a programme that they participate within (Lewis et al, 2002; Campbell 2004), and the degree to which they influence peers or, in fact, change or benefit themselves (Strange et al, 2002; James, 2002).

In April 2003, the UNICEF Office in Bosnia and Herzegovina (BiH) initiated a Participatory Action Research (PAR) in order to develop a communication strategy for the prevention of HIV/AIDS among adolescents. This was a worldwide UNICEF initiative; BiH was the 16th country to participate in it. The research teams identified that the approach utilized in peer education was of utter importance and that ‘it should be conducted through group based, interactive workshops’. Professionals (teachers and health workers) do not have the right approach when carrying out these activities (Maglajlie, 2004).

2.2 Peer education in South Africa

It is of utmost importance to review the context of the understanding of peer education programme in South Africa as well as examining the progress made to date. Literature on *Rutanang* outlines the relevant framework including the process, rationale; roles of peer education and the school context (<http://www.hsph.harvard.edu/peereducation.htm>).

2.2.1 Process

Deustch and Swartz (2002) on *Rutanang* Book 1 explain the process where, in December 2000, the South African Department of Health convened 25 of the nation's health and education leaders with experience and interest in peer education programmes to prevent HIV/AIDS. The group strongly supported the idea that in the South African context, it is critical to take peer education seriously as a rigorous scientific endeavour. In collaboration with the US Centres for Disease Control and Prevention (CDC) and the Harvard School of Public Health, DoH embarked on a nationwide process for synthesising evidence and theory, and generating and applying field-driven practice standards for peer education. The resulting project, called *Rutanang* (a Sotho word which means learning from one another) has the following key objectives: (i) To strengthen the effectiveness and sustainability of peer education programmes addressing HIV/AIDS, other STIs, and Life Skills. (ii) To stimulate ongoing programme self-assessment, evaluation and improvement.

The subsequent *Rutanang* [documents](#) provide a language and a shared vision of what peer education might be, and the programme structures and mechanisms it requires. The *Rutanang* [process](#) is a framework for using these documents to improve programme performance and sustainability in three sectors: [schools](#), [NGOs](#) and [higher education](#). As it was envisaged, its components include:

- Establishing ongoing national reference groups, which combine peer education programme leadership from NGOs and relevant government departments and

another, consisting of higher education experts, meeting at least twice a year to review, critique and support the progress of peer education in South Africa.

- Studying, through government tender, the implementation of the *Rutanang* materials in peer education programmes in different settings.
- Providing technical assistance to higher education peer education programmes through the South African University Vice Chancellors Association (SAUVCA) and the Committee of Technikon Principals (CTP); to governmental and NGO based programmes through DoH; to schools through provincial DoE offices; and to the entire project by the Harvard School of Public Health.

(<http://www.hsph.harvard.edu/peereducation.htm>).

2.2.2 Rationale

The unprecedented nature of the AIDS pandemic in sub-Saharan Africa is well known (Deustch and Swartz, 2002). The Social Network Theory (Wolf, Tawfik & Bond, 2000) notes that since young people do most of their talking, listening, thinking, and learning about sexuality with other young people, peer education is a crucial component of prevention programmes addressing HIV/AIDS and other threats to health. For many youth, adults are not credible messengers of sexual abstinence and other responsible behaviours; and many adults, whether professionals or parents, are not comfortable helping youth examine their attitudes, understand the risks, and develop new skills related to sexual behaviour (Harrison, Smith and Myer, 2000). The necessary outcomes of HIV education including reinforcing accurate and consistent information, helping young people examine and change how they think and behave sexually, building their decision making skills, facilitating voluntary counselling and testing, and strengthening community sanctions against sexual violence require face-to-face discussion with people who are trusted, knowledgeable, accessible, and relatively comfortable talking about sexual matters. *Rutanang* documents Book 1 notes that in South Africa and globally, that is the rationale behind peer education programmes in schools, NGOs, community-based organisations and in institutions of higher education (Deustch and Swartz, 2002).

The *Rutanang* documents further explore these and other issues relating to peer education, including clearing up the use of terminology, what peer education is not and the challenges and criticisms of peer education (Deustch and Swartz, 2002).

2.2.3 The roles of peer education

The *Rutanang* experts (<http://www.hsph.harvard.edu/peereducation.htm>) note that for youth in school, out of school, and in institutions of higher education, activities that raise awareness convey information, and make condoms available are necessary but not sufficient. Young people must be actively engaged in informed conversations, in the building of skills and the strengthening of healthy norms. South Africa needs its youth to think together, talk together, and work together if they are truly to grasp and respond to the conditions they face. The *Rutanang* approach is thus anchored in what we need peer education to do. It describes four complementary and interrelated roles peer educators play. The pivotal role, on which all others depend, is the role of educator. Peer educators are trained to use lesson plans and simple learner-centred teaching materials to achieve educational objectives in structured, scheduled sessions. This role is critical for two reasons. First, South African youth need to be exposed to more interactive HIV education. Second, proactively delivering such learning enables peer educators to play their other three roles: Recognising and referring learners in need of help (the focus of this investigation), acting as role models and informal influences, and promoting activism and becoming advocates for youth health (Deustch and Swartz, 2002).

2.2.4 Resources

Chapters 1 to 2 of Book 3 (Deustch and Swartz, 2002) and Book 4 (Deustch and Swartz, 2003a), provide detailed information on the development of resources. In order to assist in creating awareness of peer education amongst policy and decision makers as well as to facilitate training of programme managers, supervisors and peer educators themselves developed a set of 24 tools that included all norms and standards. During the national consultative process, participants consistently asked to be provided with learning plans for peer educators to use. Ten *Rutanang* learning plans (and guidelines for their use)

were developed because that seemed a sufficiently ambitious undertaking both for the developers and for most peer education programmes.

Rutanang is both a set of documents and a sustainable process. These draft documents have been developed over a two year period through provincial and sectoral workshops involving more than 300 people in all nine provinces of South Africa, as well as through three national consultative meetings. Book 1, entitled Towards Standards of Practice, is a comprehensive set of guidelines intended to help peer education programmes at all levels steer a course from where they are, to where they want to be. Three Implementation Guides (books 2, 3 and 4) assist programmes in using these standards in three different settings: Schools, NGOs and Higher Education (Deustch and Swartz, 2003b). Finally book 5 provides 10 lesson plans for use by peer educators in various contexts. But the utility of all of these documents depends on the *Rutanang* process, an evolving mechanism for sustainable reflection, evaluation, and programme improvement to be engaged in by programmes both individually and jointly, with collegial technical assistance coordinated by the appropriate national agencies. A limited number of hard copies of these materials are available from the Department of Health in South Africa (<http://www.hsph.harvad.edu/peereducation/resources.htm>).

2.2.5 Schools

Rutanang book 3, chapter 2 (Deustch and Swartz, 2002), recorded the dynamics with regard to school based peer education programmes. Schools are places where youth are and are thus ideal locations in which to discuss the complex issues of sexuality, and are a fantastic forum for peer educators to reach friends. There are numerous advantages to running peer education programmes in schools. Schools make the possibility of structured education so much easier to achieve because Life Orientation and sexuality education is already an integrated part of the curriculum. Schools have trained educators who can act as competent supervisors. Schools have the infrastructure, resources and expertise of regional and national educational departments to support their efforts. Schools have the formal support of parents and the community.

School peer education programmes could be run as part of the structured Life Orientation learning programme (which is likely to be most effective since it reaches all rather than only those who volunteer to attend), with peer educators fulfilling their education role by taking certain lessons for younger or same age peers. A second approach would be to offer peer education as an after school (or during break times) extracurricular activity. But offering peer education as a part of the formal school programme is not without challenges. Schools need to consider the policy and legal implications of having learners teach their peers in classrooms during the formal school learning programme. How do teachers guarantee the safety of learners (which they are obligated to do) if peer educators are facilitating lessons for which a teacher's presence is not ideal? How do the lessons which peer educators deliver fall into the overall Life Orientation curriculum? How are they recorded, reported and assessed? How do we ensure that all learners learn the skills that peer educators will learn – of research, presentation, facilitation? Of course there are answers to these questions and dilemmas but education planners and managers have yet to articulate a clear policy and will need time to do so, as education itself is transformed. As these issues are debated and resolved, schools would do well to allow existing peer education programmes to find ways to operate in such a way that existing policies are not transgressed but that also allows peer education programmes to derive the maximum benefit inherent to its nature (<http://www.hsph.harvard.edu/peereducation/schools.htm>).

2.2.6 Non-governmental education

Book 2, chapters I and 2 (2002) notes that non-governmental organisations (NGOs) were front runners in peer education in South Africa. They are experienced, skilled and versatile in the roles they are able to fulfill when it comes to peer education. They often play the role of specialist, bringing their technical expertise to bear on the design and planning of new peer education programmes. They make use of the same experience by providing training to school and higher education institution supervisors, programme managers and peer educators themselves. NGOs are often called on to be the provider of resources at the inception of a programme or later on, when a problem is encountered. They are usually a good source for articles, books, lesson aids and ideas for interactive activities. NGOs are often involved in implementing peer education programmes in

varied contexts. They are invited by schools or institutions to run programmes during the structured learning programme; they work after school hours with learners or they work alongside the school in the previously mentioned roles.

In South Africa, there is a growing need for after school programmes to help youth remain usefully occupied after school hours while caregivers are unavailable, but these programmes rely on voluntary attendance or youth choosing health-seeking behaviour. NGOs also work creatively with youth who are out of school (either because they have dropped out or because they have completed their schooling). Often these programmes are located in youth centres or in association with other community institutions such as churches, career guidance centres, libraries, sports clubs or even on the street.

The ultimate goal of peer education is to promote responsible sexual behavior among learners so that they are at least risk of harm from HIV/AIDS. The goal of all NGO-run peer education programmes should be to ensure that programmes successfully nurture peer educators to accomplish measurable objectives in each of the four roles of peer education. In addition, where NGOs are running programmes at institutions such as schools (as is the case with regard to this investigation), they should always be striving to build sustainability and expertise for the future.

(<http://www.hsph.harvard.edu/peereducation/ngos.htm>).

2.3 Global Fund peer education programme

2.3.1 Background information

The Global Fund peer education programme as written on the official Global Fund website: “the Global Fund was created to finance a dramatic turn-around in the fight against AIDS, tuberculosis and malaria. To date, the Global Fund has committed US\$7.1 billion in 136 countries to support aggressive interventions against all three” (<http://www.theglobalfund.org/en,18>). The peer education programme, the evaluation of which forms the basis of this study, is thus one of the objectives of the Global Fund Grant.

According to the information, as reflected on the Global Fund website (<http://www.theglobalfund.org/programs/grantdetails/countryId,18>), the Western Cape has adopted a comprehensive response to the epidemic, aiming to provide a continuum linking prevention, care and treatment. The provincial department of health is involved, through clinical trials and trial sites, in the development of programmes for the provision of ARV therapy to selected patients. However, at present, the province's clinical expertise outstrips its ability to provide drugs. The province is attempting to leverage resources both within government budgets and in negotiations with the private sector, but at this stage, these are still limited. Clearly the next important step for the WC HIV/AIDS programme is to offer some form of access to ARV treatment through the public health system, complementing the existing comprehensive approach and supporting prevention efforts. However, financial constraints limit the province's capacity to deliver services and funding is sought for a component that aims to:

- Ensure optimal service delivery to all people with HIV/AIDS in the Western Cape by strengthening the existing response
- Expand existing treatment by providing access to ARVs for PWAs in the province within the next five years

2.3.2 Objectives:

The objective of the HIV/AIDS component is;

- To strengthen the current prevention effort by expanding a peer education programme among youth and strengthening a community-based response that includes community mobilization, awareness and programmes to reduce stigma and discrimination. A further objective is to strengthen an already comprehensive treatment programme through the significant up scaling of the provision of antiretroviral treatment, which will allow an estimated one third of eligible patients to access this form of treatment. This component also has the objective of strengthening palliative care services in the province by growing the already existing network of step-down or hospice facilities.

- To reduce morbidity and delay mortality by providing a limited scaling up of antiretroviral treatment
- To implement an effective peer education (a focus of this investigation) programme for young persons
- To provide holistic palliative and home-based care to patients with stage 3 & 4 HIV infection resulting in the best possible quality of life for patients and their families in all areas of the W Cape and securing access to care for underserved communities
- Empower communities to address HIV/AIDS and TB needs and implement projects that mitigate the impact of these on the community

2.3.3 Goal

The goal of the HIV/AIDS component is to strengthen and expand the current prevention, treatment and care programmes.

2.3.4 Programme administration

School based peer interventions in South Africa are usually administered and implemented by the HIV/AIDS and the Life skills Unit in the Provincial Departments of Education. Programs are funded by the conditional grant. The Western Cape is the only province to have received external funding for the peer education programme, which is funded by the Global Fund. The different provinces in South Africa are typically organized according to districts or regions, each of which has one or more district coordinators or district officials. District coordinators, officials in the HIV/AIDS and Life skills Unit (of which the researcher is one of them in the Western Cape at Metropole North), are responsible for coordinating the Western Cape Peer education Programme and other Life skills programmes in the province.

In all the provinces, the peer education programme is outsourced to service providers, who liaise closely with the district coordinators in administering and implementing the programme. Service providers are typically organizations or independent consultants who are experts in the area of peer education or youth development. Provinces will

typically have different service providers in the different districts/regions, and the number of service providers, contracted for each province varies – for example there are eight service providers in the Western Cape and two in the Eastern Cape.

The Western Cape is the only province that uses the GOLD peer education model. All eight service providers contracted to implement the programme in the Western Cape are required to adhere to the principles and guidelines outlined by the Model.

2.4 GOLD peer education programme

2.4.1 Background information

GOLD (Generation of Leaders Discovered) website www.goldpe.org.za describes GOLD including the definition, background, the rationale, the theory and methodology, key components of the model as well as key programme participants.

GOLD Peer Education Development Agency, a not-for-profit organization based in South Africa but operating in Botswana and South Africa, has recently won the internationally acclaimed Commonwealth Education Good Practice Award for helping education in difficult circumstances (GOLD newsletter: Summer issue, 2006).

At the heart of GOLD is the belief that the message giver is the strongest message. Information alone does not change people; people change when others around them change. GOLD Peer Education Development Agency equips community based organisations to implement programmes in line with the GOLD peer education model. The core strategy is to develop the GOLD peer education model and facilitate its multiplication and quality implementation within selected communities in the sub-Saharan region. According to this model, GOLD is a pioneering intervention strategy that responds to the root factors causing the HIV/AIDS pandemic amongst young people through an approach that encompasses both a prevention and future leadership strategy. This peer education model is implemented within a developmental framework by skilled peer education facilitators working for implementing organisations, who equip adolescent

leaders to influence their peers and younger children. The model is implemented within a cluster of 2-5 schools within one geographical area. It is a rigorous, quality-assured approach to youth leadership in HIV prevention, risk behaviour reduction and school-community-based support for vulnerable youth. The model is founded on *Rutanang* principles (www.goldpe.org.za).

2.4.2 Working definition of GOLD peer education

GOLD peer education (www.goldpe.org.za) is the process whereby skilled facilitators assist a group of suitable young people to:

- Role-model health-enhancing behaviour;
- Educate peers in a structured manner;
- Recognize peers in need of help and refer them for assistance;
- Uplift their communities through: advocating for resources and services for themselves and their peers, acts of service, and raising awareness of important issues affecting youth

2.4.3 The need for GOLD peer education programme

According to GOLD (www.goldpe.org.za), if by 2025, millions of African people are still becoming infected with HIV each year, and experts suggest that it will not be because there was no choice. It will not be because there is no understanding of the consequences of the decisions and actions being taken now, in the early years of the century. It will be because the lessons of the first 20 years of the epidemic were not learned, or were not applied effectively. It will be because, collectively, there was insufficient political will to change behaviour (at all levels, from the institution, to the community, to the individual) and halt the forces driving the AIDS epidemic in Africa.

The extent of the epidemic and the destiny of Africa will largely depend on how Africa responds and invests into its young people now. Through the model, they seek to offer Sub-Saharan Africa a strategy that capitalises on this window of opportunity to decrease the impact of the epidemic on adolescents. GOLD aims to prevent new infections

amongst youth, provide support for affected youth and secure a generation of young leaders to bring about community transformation across Sub-Saharan Africa for decades to come. Their vision: "We see a generation of young African leaders confronting the root issues of the HIV and AIDS pandemic, through uplifting their communities and imparting vision and purpose to present and future generations". Their mission is to collaborate with viable organisations in the implementation of GOLD peer education across sub-Saharan Africa through participatory:

- Researching and Developing best practice peer education methods and resources
- Capacity Building of implementing organisations through training, mentorship and programme support
- Quality Assurance of implementation through assessment, monitoring and verification

2.4.4 Theory and methodology

Underpinning the GOLD model is a cascade approach in which it is believed that personal transformation leads to group transformation, which in turn leads to community transformation. Personal transformation is the key to this process as it is believed that people do not change with information, they change when others around them change.

GOLD subscribes to the theory that risky behavior among adolescents is a symptom of lack of vision and purpose for the future. It thus uses a ‘futures – oriented’ approach to change behavior, in which adolescence are imparted with vision for the future.

2.4.5 Key components of the GOLD model

The model is implemented by an implementing organization working within the school community setting. The model is founded on ‘Rutanang Standards Towards Excellent Peer Education Programmes’.

The model is a long-term peer education programme of three years (optional fourth year in which peer educators fulfill the four roles (Department of Health, 2000). These four roles of peer educators are:

- Education of peers in a structured manner.
- Informally role – model healthy behavior
- Recognize youth in need of help and refer them
- Advocate for resources and services for themselves and their peers.

An attitude of ‘it starts with me’ is essential to ensure integrity and credibility as a peer educator. Peer educators may therefore need to experience personal transformation before they can begin to have any meaningful impact on their peers. In order to fulfill this role, and once peer educators have themselves experienced personal transformation, they are required to initiate interactions with peers around issues of HIV/AIDS and healthy sexuality. These are typically short “interviews”, “chats”, or “street chats” that take place outside the formal classroom environment. This entails educating and providing information to peers and younger learners, usually in a structured environment such as a classroom.

Peer educators need to be able to recognize peers in need of help and assist them where possible. In order to do this effectively, peer educators need to be able to: transfer information, listen effectively, challenge unhealthy lifestyle issues and ask good questions. In order to furnish themselves with the appropriate knowledge to conduct referrals peer educators are able to undertake a community mapping exercise (also referred to as a community audit). This entails visiting stakeholders in the community centers to introduce each to the GOLD peer programme as well as to learn about the services offered by each of these providers.

A further activity is advocating for services and resources for themselves and their peers, which entails facilitating an environment in which there are resources in place to assist and support positive behavior change amongst adolescents, and to sustain these over

time. Activities undertaken to fulfill this particular role might include visiting relevant stakeholders to promote the peer education programme or participating in a public or community event aimed at promoting awareness. The table below outlines the progression of the model over the three to four year period (Flisher et al, 2006).

Peer education model 3 – 4 year process

Year 1	Year 2	Year 3	Year 4
Grade 10	Grade 11	Grade 12	Post school
Track 1	Track 2	Track 3	Track 4
Junior	Seniors	Mentors	Co - facilitators

Track 2 peer educators, participants in this study, are required to conduct the four roles outlined above. The model is implemented by the skilled peer education facilitators, who equip adolescent learners (peer educators to influence their peers and implement the four roles of a peer educator). The facilitators are employed by the facilitating organizations.

The model establishes relationships with all community stakeholders as a priority. This includes linkages with schools, clinics, churches, community based organizations and forums police, etc. The model is not a replacement of the Life Orientation curriculum, it is intended to enhance and strengthen it (www.goldpe.org.za).

2.4.6 Key programme participants

The peer education programme comprises of the following key participants:

Programme managers: the programme managers are responsible for running the day to day activities of peer education programme of the implementing organization.

Facilitators: Facilitators are employed directly by the implementation organization and their main responsibility is the training of peer educators. Facilitators have the most direct contact with the school and with peer educators and are therefore an important link between the school and the organization.

Teachers: Teachers act as a liaison between the implementing organization/ facilitators and the learners. Teachers are typically the Life Orientation or Guidance teachers.

Peer educator: learners in grade 10 to 12 who are selected for the programme and trained within the peer education model.

Learners: Also known as students, refers to those who attend the school where the programme is being implemented.

Department of education: the government department responsible for administering the Global Fund Peer Education Programme in the Western Cape.

Implementers: this term is used to refer collectively to Directors, Programme managers and facilitators from the implementing organizations.

Chapter 3: Research design

3.1 Research methodology

Qualitative research techniques were utilized in the study. Christensen (2004) defines qualitative research design as interpretative, multimethod approach that investigates people in their natural environment. This was, more specifically, a case study conducted in one school in the Metropole North Department of Education district in the province of the Western Cape, South Africa.

Christensen (2004) defines a case study as an intensive description and analysis of a single individual, organization, or event based on information obtained from a variety of sources, such as interviews, documents and focus groups, as it is the case in this investigation. There are several types of case studies: intrinsic, instrumental, and collective case studies (Stake, 1995). The intrinsic case study, as used in this investigation, is an in-depth description of a particular individual, organization, or event conducted for the purpose of obtaining a better understanding of that particular case (Christensen, 2004). This particular investigation seeks to obtain a better understanding of the issues that affect the peer educator's roles of recognizing peers needing support and referring them appropriately. The intrinsic case study, in this investigation, utilized interviews and a focus group as a means of data collection.

Ethical considerations for both the interviews and a focus group are the same as for other methods of social research (Homan, 1991). A particular ethical issue to consider in the context of this study is the handling of sensitive issues and confidentiality given that they will always be more than one participant. At the outset, participants need to be aware that they need not mention names of peers they referred during the sessions. Participants need to be encouraged to keep confidential the scenarios they hear during the meeting and also be given assurance that the data from the group will remain anonymous. Debriefing sessions will also be conducted. The aim, method and objectives of the study were communicated fully before the official commencement of the study. Consent forms

were sent to both peer educators and parents in line with policies and procedures in the department of education (see appendix A).

3.1.1 In-depth interviews

The face-to-face interview method, as the name suggests, is a person to person interview, which typically involves going to the interviewee's home and conducting the personal interview. This technique has the advantage of allowing the interviewer to clear up any ambiguities in the question asked or to probe for further clarification if the interviewee provides an inadequate answer, and it generally gives a high completion rate and more complete information. However, this technique is the most expensive (Groves & Kahn, 1979).

To collect accurate data using the interview technique, the researcher took into account the potential errors. These may include the fact that the interviewer may bias the responses. For example, an interviewer may (either consciously or unconsciously) spend more time with and probe more effectively an attractive interviewee of the opposite sex and bias the results (Christensen, 2004).

3.1.2 Focus group

There are many definitions of focus group in the literature, but features like organized discussion (Kitzinger, 1994), collective activity (Powell et al 1996), social events (Goss and Leinbach, 1996) and interaction (Kitzinger 1995) identify the contribution that the focus groups make to the research. Powell et al define a focus group as a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of research (1996, 499). Focus groups rely on intervention with a group based on topics that are supplied by the researchers (Morgan & Morgan, 1997).

A focus group was used to gain more detailed information on the research question, adding more richness to reflections during interviews by adding illustrative examples; “why” beliefs are held or what attitudes underlie a particular behavior. The benefit of

using the focus group is that peer educators can become a form of change (Race et al, 1994), both during the focus group meeting itself and afterwards. For example, in research conducted by Goss and Leinbach (1996), the participants in the research experienced a sense of emancipation through speaking in public and by developing reciprocal relationships with the researchers. If peer educators work together, trust develops and they may explore solutions together with regard to referring to their peers to community support structures as a unit (Kitzinger, 1995), rather than as individuals. The focus group provides an ideal opportunity to discover how and why peer educators interact with their peers and community structures. There is richness here that numbers cannot capture. This qualitative research design has the potential to incorporate phenomenology as a strategy of inquiry.

The potential limitations of this particular research design will be taken into account during the interpretation of the results. The focus group limitation includes the tendency to assume that the individuals in a focus group are expressing their own individual definitive personal view. The reality is that they are speaking in a specific context, within a specific culture, and sometimes it may be difficult to clearly identify an individual message as well as the fact that there is less control on data produced (Morgan & Morgan, 1997).

3.2 Sampling design

In testing the hypothesis that peer educators do not utilize the information on recognition and referral to refer their peer appropriately, systematic random sampling was used. Systematic random selection of twenty five peer educators for the in-depth interviews as well as five peer educators for the focus group method was conducted based on the availability of participants.

3.3 Data collection

Permission to conduct the study was formally approved by the provincial department of Education (see appendix B). An introductory and explanatory letter was sent to schools as well as the supporting letter from the provincial office. Peer educators were also furnished with the same consent letters addressed to them and their parents.

In-depth interviews were conducted in a spare classroom in the schools using a semi structured interview schedule. The interview schedule, as well as a focus group schedule, probed peer educators covering the following topics;

- Training received by peer educators to identify peers in need and refer them.
- The nature of issues in referrals conducted per week and per month.
- Local health facility's environment with regard to youth friendliness
- Attitudes for both peer educators and teachers with regard to referrals.
- The effectiveness of school internal referral systems.
- The use of log books by peer educators to record informal charts with peers.
- Challenges and the perceived impact of the peer education programme.

The recommended number of people per focus group is usually six to ten (Maclintosh, 1981), but some researchers have used up to fifteen people (Goss and Leinbach, 1996) or as few as four (Kitzinger, 1995).

Two cassette recording devices during each session as well as the spare batteries were utilized for data recording. Two people were present to conduct each focus group. I acted as a facilitator and the other person was in charge of the recording devices, taking notes and was available to facilitate should the need arise. The participants were given name tags. The focus group session took one hour and thirteen minutes in total.

3.4 Measuring instruments

According to Creswell (1994:154) data analysis involves reducing and interpreting data. The researcher takes a voluminous amount of information and reduces it to a certain pattern or themes and interprets the information.

With regard to both the focus groups, numerous data forms collected include tapes, moderator notes and observer or debriefing notes. The notes collected during interviews include the researcher notes and debriefing notes only. The strategy utilized to analyze this qualitative data was construct a grid of themes across groups. A more thorough method of tape transcription, development of a coding scheme, input of text into a computer and the use of one or more software programs for the organization data could have been used up if deemed necessary. Carefully selected quotes will be included as examples of vernacular, to clarify measuring, and to illustrate statements and conclusions.

3.5 Limitations of the study

Part of the methodological difficulties of research in this general area has been the near total reliance upon self-reported changes in attitudes and behavior. According to Hart (1998) peer educators may contribute towards creating a normative environment within which subjects tend to provide researchers with socially acceptable responses rather than the correct answers regarding possible changes in their risk behavior (1998, p.88). Another difficulty concerns the uncertainty of attributing any change in knowledge or behavior to the particular influence of the GOLD education programme, given the participants are likely also exposed to a range of other sources of information.

Other issues include the fact that there has not been an evaluation of the impact upon the target group (peers at school in general), exclusion of facilitators and teachers in the study as well as the small sample size. The initial design was to include two schools from different socio-economic situations but only one school participated in the study due to circumstances beyond the researcher's control.

There may well be other areas in South Africa which have similar experiences but the findings of this study are not intended to be generalized across peer education programmes. Rather, they should stimulate programme planners and evaluators to examine the factors affecting recognition and referral of peers within the school context as well as in a community setting.

Chapter 4: Research findings

4.1 Introduction

A total of 30 peer educators were selected to participate in the study and a total of 25 were in the final sample. It was not possible to include the remaining 5 peer educators because they were already writing March exams. One focus group consisting of five peer educators was held and 20 peer educators were interviewed in total.

4.2 Training on recognition and referral

Both the focus groups and the interviews were mainly about knowledge and skills that determine the extent to which peer educators are able to recognize and refer peers in need. There was no formal evaluation of the training materials by the researcher.

Peer educators reflected that the training on recognition and referral adequately capacitated them such that they are able to identify and refer peers in need appropriately. When asked about the aspects of training, with regard to the content, they indicated that the knowledge gained on problem solving techniques has been beneficial in conducting their task of referral. Research findings indicate that the peer educators have benefited personally through training. Such benefits seem to include improved communication skills, high self esteem, critical thinking and increased knowledge about sexuality issues.

Most peer educators believed that there is no need to improve the training content and approach utilized in training but the challenge is lack of opportunities to apply such knowledge and skills acquired through training. Individual peer educators shared a number of cases in which they were able to utilize their skills acquired to recognize and refer peers needing support. There was a greater emphasis on indicating the extent to which training capacitated peer educators such they undergone personal transformation. During both the focus group and interviews sessions, peer educators indicated that prior to joining the peer education programme, they had a number of personal problems. They

reflected that now they are able to critically resolve those problems by utilizing the problem solving techniques gained through training.

4.3 Community mapping

It emerged during both sessions that community audits are important with regard to recognition and referral as peer educators get an opportunity to market their program by interacting with the relevant stakeholders. Peer educator's participation in community events, according to them, builds their self esteem and further sharpens their public speaking skills.

Some of the skills that they have learned in community audits include effective sharing of information with the people, listening skills, and communication skills. Furthermore, participants have learned about services rendered at the local clinic (including services rendered by other local service providers). Such services include VCT, home visits conducted by an NGOs based at the clinic, food garden programmes as well as a range of services with appropriate times rendered by the clinic. Peer educators indicated that the community audit did not necessarily help them with their task of recognition and referral because of a number of reasons. The most common reasons stated were about the bad attitude by the nurses (lack of youth friendliness at the clinic), lack of privacy during counseling sessions for VCT, lack of understanding of the VCT protocol by the clinic staff, the preferential treatment tendency by the clinic staff and the total lack of professionalism in service delivery. Peer educators reflected that they do not have confidence in the quality of service at the clinic and as such they are unable to enthusiastically encourage their peers to visit the clinic for support.

4.4 School systems

During both the focus group and interview sessions, participants indicated that they are largely perceived at school as people who are just about HIV/AIDS and not broader sexuality and life skills issues. Their understanding was that, in part, this is the reason

that some peers do not come to them for support. Participants during the interviews also identified that their conduct as peer educators has an influence on how they are perceived by their peers and has a bearing on their task of recognition and referral.

All peer educators reflected that they don't have any meaningful, structural relationship with the Educator Support Team at school (EST). They further indicated that teachers do not seem to have any knowledge about peer education.

Chapter 5: Discussion on the findings

5.1 Peer educator's personal transformation

The training has personally helped me, not only about being able to recognize and refer peers needing support but it has transformed me as a person.

(Focus group, boy 15).

This is an illustration of personal transformation, as expressed by a peer educator during a focus group session, when asked to reflect about whether training has capacitated him adequately such that he is able to recognize and refer peers needing support. Another reflection on personal benefit was also conveyed when discussing the value of community mapping exercises;

I have learned how to effectively conduct public speaking, sharing of information, listening from other people and the skills on how to control the noise from the audience. (Interview, boy 16).

According to Sawyer et al (1997) the knowledge acquired by peer educators as a result of their involvement in a peer education project needs to be seen as an important aspect when evaluating the overall impact of peer education projects. Parkin & Mckeganey (2000) note that other programmes have similar effects of peer education upon delivering relevant services. Haignare et al (1997) studied an HIV/AIDS peer education programme in New York. In this project peer educator's knowledge on self esteem and other aspects of their lifestyle were recorded before and after receiving training. The findings showed significant change (i.e. overall increase) in each of the above over a period of the study. Kerr & MacDonald (1997) report of an intervention in which nurses in secondary schools provided sexual health education in the form of an interactive drama between audience and actors. A pre- and post- event evaluation of the project concluded that those responsible for delivering the education experienced raised self esteem, heightened confidence and improved communication skills.

Harrin (1997) has recorded a further example of the benefit which can result from working as a peer educator in an account of her own involvement in delivering sex and drug education to young people in West Sussex. In a reflective qualitative account, she describes her personal experiences of involvement in the peer education project, her personal achievement, and how this increased her self confidence and self esteem. Further examples of peer educators reporting benefits have also been reported by Klein et al (1994), McDermont & McBride (1993), Parkin (1998) and Sawyer et al (1997).

On the basis of the reflections by peer educators during both the focus groups and interviews about their personal benefits derived from training, as well as the literature on the subject, it is clear that an important element of the effectiveness of peer education approaches is the impact of the intervention on the peer educators themselves. According to Parkin & Mckeganey (2000), the rationale for peer education programme projects, however, is about more than improving the social functioning of peer educators. It is about a presumed positive impact on those who are the target audience. This view is consistent with the *Rutanang's* performance and sustainability standards (*Rutanang* book 1 chapter 2, 2002).

5.2 Identity and solidarity amongst peers

Peer influence is often an important determinant of sexual behavior, and peer education seeks to provide a context for the collective renegotiation of peer sexual norms. Furthermore, strategic conversations that would enable peer educators to recognize and refer peers in need, are likely to occur in an atmosphere of trust and solidarity amongst young people with whom they feel they have common life problems (Campbell & MacPhail, 2002). A range of dynamics underlines the likelihood of such solidarity amongst peers at this particular school.

All the time our peers at school look at us as people who are just about HIV/AIDS. They do not really come to us for support because they don't

understand what peer education is about. They only pay attention to our name tags and have no interest on knowing exactly what our roles are.

(Interview, boy 16).

One of the peer educators during the focus group also highlighted the notion that bad peer educator's image is often exacerbated by peer educators who have resigned from the programme;

I had an experience in my class wherein peer educators that resigned from the programme continuously spread negative derogatory comments about peer education programme. (Girl 15, focus group).

Some traces of divisions of this nature, as illustrated by the views of the two peer educators quoted, seem to be in existence between peer educators and their peers. These divisions undermine the likelihood of common identity. This lack of solidarity has the potential to negatively impact the task of referring peers in need. Peer educators are most likely to transfer their knowledge and skills to their peers if they have a sense of self respect and respectful recognition from others (Wallerstein, 1992).

5.3 Peer educator's relationship with teachers (school systems)

I don't even want to talk about teachers because we are as good as non existent at our school. (Interview, girl 16).

Perhaps one may say that this peer educator's view is the most antagonistic but it is certainly consistent with other peer educator's views depicting low levels of bonding social capital. One of the peer educators, on a discussion about school systems impact on recognition and referral during a focus group, also noted that:

I don't see educators supporting us. You can go to most of the teachers at school and ask them what peer education is about, they will not be able to answer you because they don't know. (Boy 17, focus group).

According to Campbell C et al (May 2005), bonding social capital refers to the existence of trusting and supportive relationships within the local community, which form the context within which people can work collectively to achieve goals of mutual interest (in this case the recognition, support and referral of peers in need). Bonding social capital is important because peer educators who live in trusting and cohesive school environments, where their voices are heard by teachers and they are able to articulate their views, are more likely to take ownership of their task of supporting learners in need (Campbell & Jovehelovitch, 2000). It is also within such favorable school environments that peers can receive peer educators with enthusiasm, respect and dignity. Peers are more likely to have confidence in peer educators if teachers embrace the programme and further begin to seek information about prevention and other programmes such as VCT, for example. The lack of support from the teachers, as articulated by peer educators, is also an indication that there is no sense of full ownership of peer education programme at the school in which the study is conducted.

The notion of the quality of the school environment was raised during the focus group session by a peer educator:

We as peer educators are not working with teachers as a team. There are also many committees and student organizations at school but such formations don't link with each other and collaborate in implementation of our respective roles. This culture of working in isolation makes it difficult for teachers to support us with referrals. (Boy 16, Interview).

This indicates that the school management's strategic approach impacts on peer education intervention programmes. Johnson, Verganani and Chopra (2002) point to the importance of active programme support and active participation by the school principals

to ensure the proper implementation of intervention programmes. Moletsane et al (2002) compare how school cultures impact on the likelihood of peer education success in two South African township schools with different organizational styles. The first school has more democratic, undisciplined and youth participatory ethos (the ‘social capital model’). The second school is more concerned with rigid structure and efficient management (the ‘school effectiveness model’). Whilst the ‘social capital school model’ was better able to disseminate HIV prevention lessons about gender inequality in ways that students could understand, the ‘better managed school’ provided the strongest long term likelihood of institutionalizing HIV prevention programmes in a sustainable manner. According to Walker et al (2003) the contextual features of the school can enhance or limit the implementation of effective peer education programmes. The support of senior management is however known to be a key factor in the successful implementation of new initiatives (Aggleton et al, 2000).

It is therefore the responsibility of the school management team to create a culture of openness and further coordinate the student formations to ensure improved collaboration and ownership of peer education by teachers and learners alike.

5.4 Peer educators’ relationship with the clinic

Peer educators, both during the focus group and interviews, consistently referred to the local clinic as being ineffective in relation to the delivery of reproductive health services for the youth. Some views, as a result of peer educator’s experiences during the community audits were:

Our clinic does not support us at all as peer educators. If you are a teenager and want to prevent for the first time, the nurses will first shout at you before helping you.... But there is nothing wrong with preventing unwanted pregnancy. (Interview, girl 17).

In 2006, I went to the clinic with five of my peers for VCT. We were sent to the counseling room individually but there was no privacy at all. The counselor asked me, for instance, why I wanted to take an HIV test but what was disturbing was that there were two of her colleagues in the same room talking to her. Even when the counselor was giving me my HIV test results, she was still conversing with her colleagues. I didn't like that at all. I think maybe she didn't understand the VCT protocol. (Focus group, girl 16)

Clearly, these reflections by peer educators depict that peer education programmes need to go hand in hand with parallel efforts that seek to promote social environment that are supportive of safer sexual behavior (Beeker et al, 1998 ; Waldo and Coates, 2000). Buczkiewicz & Carnegie (2001) note that such efforts have the potential to provide the necessary support for peer educators to empower their peers such that they grow through adolescence into adulthood with health, optimism and confidence. According to Campbell C et al (2005) the youth needs to be singled out as a marginalized group in addition to women and the poor in talking about the role of social exclusion in both facilitating HIV transmission and undermining prevention. Whilst this study supports this recommendation, based on how peer educators are treated at the local healthcare facility, I further argue that the clinic staff is also duty bound to support health promotion programmes (such as the peer education intervention strategy) . In essence this lack of support by the clinic is, in part, about responsibility and accountability.

5.5 Policy context

I did VCT at our peer education camp because the entire community would know my results if I had done it at the local clinic. (Interview, boy 15)

*We don't have any relationship with the EST and SMT at my school.
(Interview, girl 17)*

The notions such as these, articulated by peer educators during interviews when discussing their experiences about community audits as well as the nature of the relationship with their teachers, can easily make one think that peer education is not part of policy of the education and health departments respectively. According to Campbell C (2002) in 2000, the then national minister of education, Professor Kader Asmal, identified HIV/AIDS as a priority issue. He argued that HIV/AIDS has the potential to become the worst crisis facing education to date. The minister is said to have called for peer education programmes in schools as part of an integrated strategy dealing with promotion of gender equality, conflict resolution and developing positive self esteem.

On the other hand while applauding those policy prescriptions in principle, doubts have been expressed as to whether schools are equipped to deal with such complex solutions, given their difficulties in implementing the relatively simpler life skills approaches (Morrel et al, 2001).

The Department of Health policy guidelines also emphasises the importance of safe and supportive environments for young people, providing them with information about health risks, building health related skills, offering counseling and ensuring access to health services (Dickson-Tetteh & Ladha, 2000). The current peer education programme in schools, which is the subject of this study, is managed jointly by both departments and supported through the Global Fund.

The more structured process, as outlined in *Rutanang* book 1 to 5, provides the detailed policy context of the peer education process in South Africa, including structures and mechanisms it requires.

It is therefore very clear that the support rendered by the clinic and the school is not consistent with policy prescriptions of both departments. This suggests lack of full implementation of policies and programmes at grassroots level.

5.6 Informal charts

The theme on the inability for peer educators to provide qualitative reflections about strategic conversations emerged during interviews and focus groups. In the interest of this study, the focus was not on number of informal charts conducted by each peer educator but it was on the nature of the issues discussed as well as whether peer educators do share such experiences to learn from one another. The GOLD model of peer education has a component that encourages peer educators to record such informal charts.

We don't review and discuss any records of our strategic conversation.

(Interview, girl 15)

Literature on peer education indicate that (see Coxon, 1994; McAleavy et al., 1996; Revill et al, 1997; Ward et al, 1997) most peer education programmes request that peer educators record all such instances in a 'diary' when verbal assistance was given to friends, family or peers. Their review of peer education programmes revealed that journals recorded problems encountered in delivering the relevant advice, information and/ or education, the levels of interaction and any positive or negative progress noted by individual peer educators. This reflective documentation of personal interaction would be an important source of information for peer educators and facilitators to discuss scenarios and deduce lessons without mentioning names of peers that they recognized and referred for support.

According to Kelly (February 2004) peer educators become increasingly skilled and proficient during role playing practice conversations, they could then be asked to have real life conversations with peers and report back during subsequent group sessions. Such discussions would help peer educators to refine their approach, and thus be able to recognize and refer peers appropriately.

5.7 Integration of peer education strategy with other community strengthening efforts.

During the focus group session, a discussion about how peer educators think they should improve relationships with the clinic, this view emerged:

Peer educators need to participate in local community programmes such that we are able to go to the clinic not only when we are sick or during the community audits. We need to be committed on community development programmes. We need to help in programmes at the clinic, in local churches..... Small things like picking up the seats for a big church event so that it can be easier to work with such stakeholders on peer education programme because they would know us (focus group, boy 17).

Literature that is not necessarily on peer education, but has a direct bearing on the research question, provides some insights on the integration of intervention strategies in empowering the youth.

A South African study extensively focuses on the importance of integrating HIV prevention efforts with programmes seeking to empower young people through life skills and self esteem promotion, vocational training, and art and music therapy and individual as well as community development through sport (Renkin & Pedro, 2002). In a study of higher educational institution's responses to the epidemic, Chetty (2002) regrets that responses have too often been limited to the level of awareness raising. He points to the need for institutions to develop more integrated responses, combining awareness with community based care, workplace programmes such as peer education and VCT programmes. Integration can be realized if primary mobilization focuses on teachers and learners to embrace the principles of the programmes. The second mobilization strategy should focus on the creation of partnerships or alliances between peer education networks and more powerful groupings, locally and internationally (Gillies, 1998).

A Zambian study draws attention to the complex array of multilevel factors impacting on high risk sexual behavior by young people (Magnani et al, 2002). The author highlights the complex interaction of gender, peer influence and socio-demographic factors impacting on HIV transmission which makes it unlikely that single interventions can change behavior. In another Zambian study, Motsepe et al (2002) point out that young people are increasingly caring for people living with AIDS, and that their support and training should be part and parcel of integrated programmes in the HIV/AIDS field.

It is therefore of utmost importance for peer education as an intervention strategy to be integrated with existing youth empowerment strategies at both school and community level (www.goldpe.org.za).

Chapter 6: Conclusion and recommendations

6.1 Specific conclusion

The hypothesis that peer educators do not utilise the information on recognition and referral to refer peers appropriately is held. Indeed, as expected, peer educators do not take on the responsibility of a professional counselor as they do not possess in-depth counseling expertise. Furthermore, peer educators have conducted the community mapping exercises/community audits.

The findings of this study reveal that peer educators perceived the training that they received as adequate but they could not create opportunities to utilise their skills and knowledge. Community mapping exercises were significant but did not necessarily help peer educators with referrals because of the poor service delivery at the clinic. The findings on schools systems also indicate that there is no meaningful relationship between peer educators and teachers. Teachers don't seem to have taken ownership of the peer education intervention programme.

The significance of this study, though very narrow, is therefore that it has confirmed the Process Evaluation of the peer education programme of the Western Cape, conducted by the University of Cape Town (Flisher et al, February, 2006). The lessons of the study are hoped to be applied in endeavors to maximise the forging of a working relationships between peer educators and community service providers. Furthermore, the lesson derived from the study is that multifaceted approaches that focus on school ethos, community and the environment are likely to be more effective. It is therefore difficult for peer educators to fully benefit from information, skills and services offered by peer education in a school setting unless there is a direct functioning link with teachers and the community service providers such as clinics.

6.2 General conclusion

This thesis has revealed that school based interventions need to move beyond the classroom (Allensworth & Kolbe, 1987; WHO, 1997). The findings further indicate that a bigger impact in terms of the learning might come about by addressing meso level factors that influence learning (Harrison et al, 2002). These factors might include; taking a whole school approach to sexual health, addressing the general ethos of the school (including the quality of the relationship amongst teachers and peer educators), gaining support of the senior management team, giving peer educators an opportunity to market the programme at school. But even with a broadly supportive policy context that includes a concern to develop schools as health promoting organizations (DoH/MRC/WHO, 2003), local factors can disorientate the best intentions (Coetzee & Kok, 2001).

The greatest challenge with peer education is not that it is successful in one place and time and not another. If anything, we should be seriously surprised if a single programme engendered the same effects regardless of learners and their context. This would be against what we know about learning (Harrison et al, 2002) and about the nature of the social behavior itself (Slife & Williams, 1995). The greatest problem with peer education is that we have neither significantly explored its educational dynamics nor committed ourselves to the critical development of its greatest resource, its practitioners (Aggleton et al, July 2000).

The study further reveals that, as much as there is literature abundance on peer education globally and in Africa, there is however still a need for continued research to further our understanding of, (i) contextual influences on the success or failure of participatory peer education programmes in schools, (ii) the type of partnerships needed to facilitate contexts that are supportive of school's based peer education, (iii) factors which develop or hinder the development of such partnerships, and (iv) factors which promote or hinder the practical implementation of sound government policies in applied contexts within schools (Foulis C, 2002).

6.3 Recommendations

It is recommended that the following points be considered in ensuring that peer educators recognise and refer their peers needing support appropriately;

- The department of education, at district level, should be actively involved in advocating for the programme such that schools are able to take full ownership of the programme.
- The district office should offer continuous strategic support to ensure that peer education programme is integrated in school's improvement plan.
- GOLD and implementing organisations should have regular interactions with both the district officials as well as school principals to ensure that all targets are met.
- District officials, GOLD, school principals and implementing organisations should ensure that all teachers implementing peer education (as well as local service providers including clinics) understand the intervention programme and play a meaningful supportive role.
- Peer educators should be granted an opportunity to share their experiences qualitatively with regard to their experiences during strategic conversations on a regular basis in their meetings.
- Peer educators should also be given an ample opportunity to market the programme amongst their peers at school in a structured way and be further supported by teachers.
- Some peer educator's programmes, such as the World AIDS day, should be planned jointly with the local clinic to forge harmonious working relationships.
- The school management team should create opportunities to ensure that the peer educators collaborate with the EST and other student formations in the implementation of programmes.
- Peer educators should conduct the community audits as groups and it must be very structured with clear outcomes.
- School linkage meetings must occur in a structured and systematic manner

- School internal referral system must be communicated to peer educators and be carried out in line with policy prescriptions, White Paper 6 (EST document). (Department of Education, 15 March 1995)

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APPENDIX A: CONSENT LETTER

26 Dublin Road
Summer Greens
Milnerton
7441
07 February 2007

To: Western Cape Education Department, Secondary Schools, Parents, Peer educators,
Life Skills educators and LSP facilitators.

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Herein receive a request to humbly participate in an MPhil (HIV/AIDS management) research study as enrolled by Stellenbosch University.

One of the four key roles of peer educators in the secondary schools of the Western Cape is to recognize peers in need of support and use the information received through training and community audits to conduct appropriate referrals. The aim of the study is therefore to investigate whether peer educators at the identified secondary schools do utilize the information on recognition and referral to refer their peers appropriately. The primary focus of this investigation is with regard to:

- Establishing whether the training on recognition and referral adequately capacitates peer educators in terms of the knowledge and skills such that they are able to recognize and refer peers needing support.
- Determining the significance of community mapping exercises with regard to the establishment of meaningful relationships with the local health care facilities including non governmental organizations and community based organizations such that the utilization of the services rendered by the service providers is enhanced. The assertion would be that if peer educators are utilizing the services,

- Studying the quality of the issues discussed in school linkage meetings as well as informal charts recorded by peer educators. This will improve the relationship between peer educators and the educator support team.
- Laying a foundation for peer educators, learners, teachers and community service providers to fully benefit from the information, skills and services offered by the peer education programme in a school setting.

In-depth interviews (face-to-face interviews) are to be used to gather data from all research participants (peer educators, educators and implementing organization's facilitators). The study is scheduled to commence on the 6th of February 2007 to the 30th of March 2007. The focus group method will also be used. A random selection of 15 peer educators will be conducted at each of the two schools. All interview sessions and focus groups will be conducted after the official contact time (sessions will commence at 14:00 to 15:00 depending on the availability of the participants and school programmes).

One of the ethical issues to be considered for investigation is the handling of sensitive issues and confidentiality, given that there will be 4 to 7 participants in a focus group. It is important to note that recording devices will be used during the focus group sessions. At the outset, participants will be made aware that they need not mention names of peers that they have referred during both the interview and the focus groups session. The focus group session will take one to two hours and special arrangements will be made (not interfering with the contact time in any way).

The lessons of the study are to be applied in endeavors to maximize the forging of working relationships between peer educators and the school including the community (support structures such as clinics, FBOs and CBOs). This study seeks to reveal that school based interventions have the potential to move beyond the classroom. The study would therefore enable peer educators to fully benefit from information, skills and services offered by peer education in a school setting. A direct link with the community

services such as those rendered by the clinic as well as internal support structures for referral within the school will be inculcated and reinforced.

Other general considerations are that;

- Each peer educator has the right to decide on whether or not to participate in the research study.
- Peer educators have the right not to answer questions that make them feel uncomfortable in any way.
- Participants can withdraw from the study at any stage without penalty.
- All data and records obtained will be kept confidential.
- A face to face debriefing session will be conducted within 24 hours after the actual interview.
- Participating in the study will not be rewarded in monetary terms or in any other form.

Your co-operation is greatly appreciated.

Yours Faithfully
Andile Mphunga

RESPONSE TO THE CONSENT LETTER

I.....

Name and surname of peer educator/ facilitator/ educator

Herein wish to

Participate/not participate

In the research study as outlined in the consent letter received. I am fully aware of all the aspects of the study.

Signature:.....date.....

Print Name:

RESPONSE TO THE CONSENT LETTER

I.....

Name and surname of the parent

Herein wish to

allow my child to participate/ not allow my child to participate

.....

Name of the child participant

In the research study as outlined in the consent letter received. I am fully aware of all the aspects of the study.

Signature:.....date.....

Print Name:

APPENDIX B: PERMISSION TO VISIT SCHOOLS

Navrae
Enquiries
IMibuzo
Dr RS Cornelisson

Telefoon
Telephone
IFoni
(021) 467-2286

Faks
Fax
IFeksi
(021) 425-7445

Verwysing
Reference
ISalathiso
20070206-0012



Wes-Kaap Onderwysdepartement

Western Cape Education Department

ISEbe leMfundo leNtshona Koloni

26 Dublin Road
Summer Greens
MILNERTON
7741

Dear Mr A Mphunga

**RESEARCH PROPOSAL: PEER EDUCATOR'S
UTILIZATION OF INFORMATION ON RECOGNITION
AND REFERRAL TO REFER THEIR PEERS APPROPRIATELY.**

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

- 1 Principals, educators and learners are under no obligation to assist you in your investigation.
- 2 Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
- 3 You make all the arrangements concerning your investigation.
- 4 Educators' programmes are not to be interrupted.
- 5 The Study is to be conducted from **6th February 2007 to 30th March 2007.**
- 6 No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December 2006).
- 7 Should you wish to extend the period of your survey, please contact Dr R. Cornelissen at the contact numbers above quoting the reference number.
- 8 A photocopy of this letter is submitted to the Principal where the intended research is to be conducted.
- 9 Your research will be limited to the following schools: **Buren High and Inkwenkwezi High.**
- 10 A brief summary of the content, findings and recommendations is provided to the Director: Education Research.
- 11 The Department receives a copy of the completed report/dissertation/thesis addressed to:
**The Director: Education Research
Western Cape Education Department
Private Bag X9114
CAPE TOWN
8000**

We wish you success in your research.

Kind regards.
Signed: Ronald S. Cornelissen
For: **HEAD: EDUCATION**
DATE: 6th February 2007

APPENDIX C: INTERVIEW AND FOCUS GROUP SCHEDULES

INTERVIEW SCHEDULE

Let me take this opportunity to welcome you in this interview session. The purpose of this session is to investigate whether you, as peer educator, are able to utilize the information acquired through training and community audits to recognize and refer your peers needing support appropriately.

The lessons of this study are to be applied in endeavors to maximize working relationships between peer educators and the teachers including the community support structures such as FBOs and CBOs. This interview will take about 40 minutes.

I would like you to be very honest and critical. This interview is not about providing the correct answer or the wrong answer but it requires you to reflect in terms of your own experiences. You can speak in Xhosa as well as in English if you are comfortable.

Allow me to remind you that you should not mention any names of the peers that you have referred in the past as well as that everything that we discuss during the session should be kept confidential. You are allowed to raise questions with me during the session. Please remember that you have the right not to answer questions that make you feel uncomfortable in any way.

FOCUS GROUP SCHEDULE

Let me take this opportunity to welcome to welcome everybody in this focus group session. The purpose of this focus group is to investigate whether you, as peer educators, are able to utilize the information acquired through training and community audit to recognize and refer your peers needing support appropriately.

The lessons of this study are to be applied in endeavors to maximize working relationships between peer educators and the teachers including the community support structures such as FBOs and CBOs. This focus group session will take about one hour.

I would like you to be very honest and critical. This focus group is not about providing the correct answer or the wrong answer but it requires you to reflect in terms of your own experiences. You can speak in Xhosa as well as in English if you are comfortable.

Allow me to remind you that you should not mention any names of the peers that you have referred in the past as well as that everything that we discuss during the session should be kept confidential. You are allowed to raise question to me and to each other during the focus group session but each person should express his or her own opinion. Please remember that you have the right not to answer questions that make you feel uncomfortable in any way.

PROBE:

Training on recognition and referral

- What does the training on recognition and referral entail
- What are the gaps and recommendations to improve both the approach as well as the content with regard to training on recognition and referral?

Community Mapping

- What community mapping exercises have you conducted in 2006
- Describe the interaction you had with the officials at the local clinic. Can you say that the clinic is youth friendly? discuss
- What is the significance of community mapping with regard to your experiences
- Do you have confidence in the quality of the service rendered by the local clinic? Can you utilize services such as VCT from the clinic?

School Systems

- Describe the nature of the relationship with your school's Educator Support team. How does such a relationship impact on your role of referring peers in need for support?

- Are the school linkage meetings structured and systematic? What issues pertaining to referrals are discussed in the school linkage meetings?
- Can you say that there is an effective school referral system?
- What major challenges have you experienced with regard to referrals within the school environment as well as to the local community support structures? Reflect with regard to systems and processes.
- What mechanisms and strategies do you use to overcome such challenges?
- What are the gaps in the current interaction between peer educators and the EST/SMT/ educators in general? What are your recommendations to strengthen the relationships and thus improve the process of referrals?
- In what way do informal charts help you to identify and refer peers in need? Do you record such details?

Your cooperation is greatly appreciated