

**EVALUATION OF AN HIV/AIDS PEER EDUCATION PROGRAMME AT TWO  
UNIVERSITIES OF TECHNOLOGY IN KWAZULU-NATAL: DUAL PERSPECTIVES  
OF STUDENTS AND PEER EDUCATORS**

**LUCIA THEMBISILE KWEYAMA**

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Submitted in partial fulfilment of the degree of  
PhD (in Community Psychology)

FACULTY OF ARTS

Department of Psychology

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## DECLARATION

I, Lucia Thembisile Kweyama declares that:

- The research reported in this thesis, except where otherwise indicated, is my original research.
- This thesis has not been submitted for any degree or examination at any other university.
- This thesis does not contain other person's data, pictures, graphs or other information unless specifically acknowledged as being sourced from other persons.
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Lucia Thembisile Kweyama

## DEDICATION

This work is dedicated to my late parents, Mthelo 'Te' Ncwane and Petrus "uJabulakuphakwa" Bongani Kweyama, my other two fathers who had a lot to do with bringing me up to be the person that I am today, Mr Beatus 'Giyo' Ndlovu and Julius 'Mjoli' Mabaso and my grandmother whom I love very much Mrs Christina MaNxumalo Ncwane.

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- I would also like to thank my children, Lebohang, Thobeka and Bongani Chaka, who are my continual source of inspiration and for always believing in me.
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## ABSTRACT

Peer education is a peer-driven approach to information-sharing and promotion of behavioural change amongst groups, including youth in schools and young adults in tertiary institutions. Peer education is based on the recognition of youth as potentially powerful agents of change and due to their shared similarities and accessibility to targeted populations, are deemed particularly effective in promoting positive behaviours, healthy lifestyle choices and encouraging social awareness and responsibility. The reported study investigated the perceived impact and efficacy of peer education programmes at two universities of technology in KwaZulu-Natal, namely Durban University of Technology (DUT) Midlands Campus and Mangosuthu University of Technology (MUT) in Umlazi. The research sample comprised twenty-four peer educators, ten students who had participated in peer education programmes and two health promoters. Focus groups and individual semi-structured qualitative interviews were the methods used to collect data.

The research findings suggest that the notion of peer educator identity is a distinct identity connected academically and developmentally to the broader student population, yet, unique in its responsibilities and range of practices. The findings also advance peer education as a novel 'community of practice' uniquely positioned within higher education to drive social awareness and responsibility and to effect tangible shifts in student identity and behaviour, particularly with respect to sexuality and HIV/AIDS. Highlighted by programme recipients was holistic personal growth and skills development, perceptual shifts in sexual and gender-role assumptions and stereotypes, increased awareness of sexual diversity, assertiveness and boundary-setting with respect to the handling of peer pressure, and an enhanced awareness of collective social responsibility to stop the HIV/AIDS epidemic. Recommendations include the development of a national HIV/AIDS peer education policy for the South African post-school education and training sector. Among other goals, to design and implement standardised peer education programmes with critical generic components that are sufficiently inclusive to address all aspects of social relevance to students and that are sufficiently flexible to be adapted to different institutional contexts. Recommendations for future research include targeting student leaders' (political, religious, sport and recreation) perceptions and involvement in peer education programmes at tertiary institutions, with a view to optimising its accessibility, impact and efficacy.

## LIST OF ABBREVIATIONS

HIV	Human Immunodeficiency Virus
AIDS	Acquired Immuno Deficiency Syndrome
HEADS	Higher Education HIV/AIDS Programme
DUT	Durban University of Technology
MUT	Mangosuthu University of Technology
KAP	Knowledge, Attitudes Practices
ABC	Abstinence, Be Faithful, Use a Condom
HCT	HIV/AIDS Counselling and Testing
HEIs	Higher Education Institutions
STI	Sexually Transmitted Infections
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
UNAIDS	United Nations Program on HIV/AIDS

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## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background

South Africa has the highest proportion of prevalence of the global HIV/AIDS epidemic (Haffejee, Maughan-Brown, Buthelezi & Kharsany, 2018). UNAIDS (2018) estimates that there are about 36.9 million people living with HIV across the globe, 35.1 million of these individuals being adults and 1.8 million being children below the age of 15 years (UNAIDS, 2018). Statistics South Africa (2018) estimates the HIV prevalence rate in the South African population to be 13,1 % in which case people living with HIV were estimated at 7,52 million in 2018 (UNAIDS, 2018).

The 2018 mid-year HIV statistics for the provinces revealed that Gauteng had the highest percentage of people living with HIV/AIDS (25,5%) and KwaZulu-Natal came second at 19,7%. According to studies, race is a significant factor in HIV prevalence with the infection rate highest among Black Africans (16.6 %); followed by Coloureds (5.3 %); Whites (1.1%) and Indian/Asian. Studies show that females, those between 5 and 24 years old in particular, make up the disproportionate number of HIV infections and new infections among young women rated three times more than their male counterparts (UNAIDS, 2017). As a result, the leading cause of death among women of reproductive age, namely 15 – 44 years old, are illnesses related to the HIV/AIDS epidemic (UNAIDS, 2017). Furthermore, studies show that unequal cultural, social and economic factors regarding the status of women and adolescent girls are contributors in the disproportionate prevalence of HIV/AIDS among this group (UNAIDS, 2017). These studies indicate that there is a gender-specific vulnerability with respect to HIV transmission and prevalence as well as contextual and systemic components that need to be considered and targeted by HIV prevention programmes.

According to Nubed and Akoachere (2016:1), “knowledge, attitudes, and practices (KAPs) regarding HIV/AIDS is one of the cornerstones in the fight against the disease”. While antiretroviral treatment (ARVs) is recognised as an important aspect of successful HIV/AIDS treatment, proactive social responses in the last twenty years of the HIV/AIDS pandemic have also gained impetus. Examples of these responses are HIV/AIDS

prevention programmes that focus on providing accurate information to minimise new HIV infections among individuals and communities (<https://www.avert.org/professionals/hiv-programming/prevention/overview>).

A historical review of HIV/AIDS prevention programmes indicates that programmes initially focused on behaviour change to prevent the risk of HIV transmission through sexual intercourse. This was exemplified in The ABC approach - "Abstinence, Be Faithful, Use a Condom" (Lo, Lowe & Bendavid, 2016). The last twenty years brought to the surface the key factors that set the context for the transmission and spread of HIV, such as society, culture, economy, politics and other issues (Nchabeleng, 2018). The awareness of these factors promoted a wider adoption of comprehensive programmes that offered 'combination prevention' to advocate for approaches to HIV/AIDS prevention, a holistic manner that is different to singular interventions such as the promotion of condom use. Combination prevention programmes consider a range of factors that prevail in specific settings, such as psychosocial factors, development, cultures and the demographic profile of the spread of HIV infections. The advantage of such approaches is their adoption and adaptation at the individual, community and population level. This includes the adoption of strategies that combine a focus on behaviour, biomedicine and structures (Nchabeleng, 2018).

## **1.2 Contextualising HIV/AIDS**

A contextually-relevant approach to HIV/AIDS prevention and management is especially relevant in light of prevailing stereotypes and perceptions of HIV/AIDS prevalence, accountability and prevention. The insightful work of Mampane (2018), for example, highlights the popular misconceptions about HIV/AIDS risk and vulnerability in urban versus rural communities. According to Mampane (2018, p. 1), the HIV/AIDS epidemic is viewed "as an urban problem because people who live in urban areas are often associated with promiscuity, debauchery, infidelity and prostitution". As a consequence, rural communities tend to hold the misconception that compared to urban communities they are less vulnerable to HIV/AIDS, which often results in complacent attitudes about the risks of contracting and transmission HIV/AIDS in rural contexts (Mampane, 2016). Mampane (2016) also draws attention to under-reported increasing levels of HIV/AIDS

incidents in rural areas due to inadequate instruments to track HIV/AIDS such as HIV/AIDS Counselling and Testing (HCT). In addition, religious, socio-cultural values and cultural belief systems that associate HIV/AIDS with witchcraft, ancestral disapproval and punishment from God, likely increase resistance to engaging on the topic of HIV and increase chances of HIV/AIDS infection amongst rural communities (Plummer & Wight, 2011). Patriarchal societal norms that perpetuate male superiority and dominance and female submission, further exacerbate the risk of HIV/AIDS infections amongst women. Women in this context have limited autonomy over their bodies and decision-making powers regarding safe sexual practices and condom use, which contributes towards increasing their risk for HIV infection (Shisana, Zungu & Evans, 2016). There is a culture that fosters silence and the stigmatisation of those who speak out and report marital rape, violence based on gender, and violence committed by intimate partners, and non-existent legal and social support for such victims are some of the inevitable factors that perpetuate the cycle of abuse and increased vulnerability to HIV/AIDS infection among (Mampane, 2016). In addition, poverty in rural communities creates an environment for the exploitation of women as they are often compelled to engage in transactional sexual relationships in order to survive and meet basic needs (Mampane, 2016; Stoebenau, Heise, Wamoyi & Bobrova, 2016).

### **1.3 Impact of HIV/AIDS on Higher Education Institutions (HEIs)**

HIV/AIDS statistics consistently identify youth as particularly vulnerable to risky sexual behaviour, HIV/AIDS exposure and transmission (Bwalya, Banda, Jere, Amanzi & Funsani, 2015; Mafirigi, et al., 2017; Nchabeleng, 2018; Nubed & Akoachere, 2016; Wong, Murray, Phelps, Vermund & McCarraher, 2017). The vulnerability of youth may be due to the physical, psychological and social characteristics of the adolescent stage, predisposing young people towards risk-taking, impulsive behaviour, sexual experimentation as well as susceptibility to peer pressure (Ciranka & van den Bos, 2019; Nubed & Akoachere, 2016). According to Gobind and Ukpere (2014), the culture of campus life is often liberal enough to accommodate sexually permissive lifestyles, unrestrained experimentation and impulsive behaviours. Such behaviours, therefore, predispose students to contract HIV/AIDS and other infections that are transmitted through sexual activity.

In a 2016 qualitative study exploring university students' motivators for taking risk in their behaviour regarding sex, participants cited pressure and influence from their peers, lack of communication between students and parents, weaknesses of abstinence programmes as well as emotional, extrinsic and material incentives such as a desire for love and affection, money and status (Ngidi, Moyo, Zulu, Adam & Krishna, 2016). Poverty, food insecurity as well as youthful desires to remain abreast of contemporary fashion, material and technological trends, contribute towards young females exposure to sexual behaviour that is unsafe, risky as well as that which involves financial transactions and exploitation. Originally referred to as the "sugar daddy syndrome" and more recently as the "blesser" and "blessee" phenomenon, this form of sexual relations based on the transaction of sex for other favours occurs between adult, wealthy males ("blesser") who are usually married and pursue illicit relationships with young females (Mampane, 2018; Thobejane, Mulaudzi & Zitha, 2017). Young females are attracted with cash, material possessions and other favours so that they could have sexual intercourse with the older males (Mampane (2018). According to Mampane (2018), the "blesser" phenomenon has featured prominently in South Africa since 2016 and predisposes young women to high- risk sexual behaviours and HIV/AIDS infection.

Susceptibility to peer influences can result in young adults engaging in alcohol and drug use which impairs judgement, leading to inconsistent condom use, unsafe sexual practices and poor choices (Allen, Ray & Myers, 2018; Xoko, 2016). Studies show an association between diminished psychological capacity with the abuse of drugs and other substances and sexual risk-taking behaviours (Coyle et al., 2019; Hill, Maman, Kilonzo, & Kajula, 2017; Zhang et al., 2018; Hu, Chan, Lin, & Yen, 2019). The complex and multi-layered nature of HIV/AIDS infection and transmission amongst youth warrants an integrated and holistic approach to HIV/AIDS education, to incorporate psychological, psycho-social, biological and positive lifestyle elements.

HIV positive students tend to show declining academic performance and ultimately student attrition as a result of the associated complications, that can impair their bodies, emotions and minds, to set meaningful goals, attend lectures and concentrate, and effectively comply with academic demands. HIV/AIDS, therefore, poses a serious threat to higher education institutions (HEI's) due to its impact on student admissions, retention and throughput rates, resulting in a loss of knowledge acquisition, professional skills, a

decline in productivity and enterprise profits (Katahoire & Kirumira, 2008; Sondolo, 2013). The psychological and emotional aspects of HIV/AIDS, in addition to the physical aspects, necessitate a comprehensive bio-psychosocial response to HIV/AIDS prevention and management.

Peer education programmes are recognized as viable health-promoting strategies in higher education institutions, with a particular focus on reducing the risk of HIV/AIDS among the population of youth in this sector (Kalunga, 2016). According to Swarts et al. (2014, p. 5), “peer education has long been seen as a key health promotion strategy and important mechanism to challenge and shift youth behavioural norms, especially for those issues not easily discussed between adults and youth”. Peer education programmes have the potential to achieve these behavioural objectives among youth through shared developmental and related similarities which promotes a climate of familiarity and safety. This, in turn, can have a profound impact on behavioural and attitudinal change among youth (Karaca, Akkus & Senner, 2017). Karaca et al. (2017) point out that the available peer education literature tended to assess impact without due attention to the opinions, attitudes, and experiences of the peer educators who form an integral part of the programme. Karaca et al. (2017) believes that it is worth conducting empirical investigations about the experiences of peer educators, both during their own training and in the implementation of the actual peer education programmes, in order to generate data to inform further studies and the design and development of new programmes. The present study seeks to respond to this identified research lacuna by examining the role of peer education programmes to deal with the HIV/AIDS epidemic on both the students who participate and peer educators who train and facilitate the peer education process.

#### **1.4 What is Peer Education?**

Given the academic, psychosocial, cultural and developmental changes encountered by students as they transition from high school to tertiary education, and tertiary institutions have to attempt to implement preventative and supportive programmes. Such programmes analyse the different risks to which students are exposed on campuses and residences, such as contradictory and conflicting ideas about sex and the use of protection, unplanned pregnancies, sexually transmitted infections (STI's) and HIV/AIDS

infection. It is therefore imperative that university-driven HIV programmes pay attention to the values, development stages and history of involvement in sex by the students who take part so that these interventions can be relevant and effective (Kalunga, 2016).

Peer Education is a well-established, internationally-recognised strategy geared towards health promotion in general, especially to eradicate HIV/AIDS by disseminating information, knowledge, and skills to a group of people who share demographic or developmental commonalities (D'Costa, Lobo, Thomas & Ward, 2019). Frantz (2015) describes the process of peer education as the sharing or imparting of information from one peer to another. The efficacy of this transmission process is enhanced by the fact that the transmitter of the information is at the same developmental level as his or her friend or peer. Peers benefit from communicating with individuals from their community, with more or less the same age, lifestyles, pressures and aspirations. When used as an alternative to expert-led education, peer education outcomes may, therefore, be maximised by the strong sense of group identity as well as positive role-modelling that arise when students look up to peer educator facilitators whom they could positively emulate. The impact and efficacy of peer education programmes appear to be linked to the demographic and developmental similarities shared by the peer education trainer and recipients. As D'Costa et al. (2019, p. 2) points out, "the prevailing assumption of peer-led approaches is that individuals are more inclined to personalize a message and change their behaviour and/or attitude if the messenger is perceived to have similar characteristics or share similar concerns to oneself." The rationale behind peer education is, therefore, that individuals change their behaviour both from knowledge acquisition and from trusted individuals who supply credible information. This applies particularly to young people, who tend to base their decisions and actions on the opinions and behaviours of others close to them, such as their peers.

To make responsible, positive choices and adopt healthy lifestyles, humans need to initiate changes in behaviour and attitudes. This requires a process of education and shifts in self-awareness, perspective, and responsibility-taking. Peer education is a process in which motivated, trained and competent individuals and groups, undertake the responsibility to influence and empower others to take responsibility for their health and HIV status, through education and skills development. There is a particular emphasis on altering maladaptive beliefs and attitudes as well as risk-taking behaviours

that predispose young people to HIV/AIDS exposure and infection (Jahanshahi, Abyaneh & Abyaneh, 2016). A critical factor for peer education programme is to foster collaborative group dynamics and interaction, to challenge the assumptions and norms about problematic behaviours that are usually taken-for-granted and to exchange new knowledge and ideas in order to promote adaptive change and personal empowerment.

The origins of peer education may be traced back to Ancient Greece under the influence of Greek philosopher, Aristotle, and continued through the centuries into the 1800s, in the form of teachers teaching monitors who then transferred this knowledge and skills to their peers (Arzieva & Matveeva, 2018). Efforts at HIV/AIDS prevention and health promotion led to an increase in the adoption of peer education programmes by the end of the last millennium. Peer education programmes began to be applied as a proactive preventative strategy among young people and in different settings such as schools, community settings and in informal networks (Menna, Ali & Worku, 2015).

Depending on the intended outcomes, peer education takes different forms, ranging from creating awareness through the dissemination of information, stimulating behaviour change, skills development as well as community development and empowerment. The peer education process can range from formal delivery in highly structured settings to informal interactions during the course of everyday encounters (Medley, Kennedy, O'Reilly & Sweat, 2009).

#### **1.4.1 Institutional Response to HIV/AIDS**

Higher Education Institutions do not merely serve academic and research purposes, but also have a broader social responsibility to protect and empower the youth to better understand, fight and eradicate the HIV/AIDS epidemic in society. Due to the availability of material and human resources within higher education institutions that can disseminate knowledge and skills, as well as the developmental significance of students and their capacity for positive behavioural change because of their age, HEI's have been identified as critical spaces for HIV/AIDS prevention. Thus in 2001, the Higher Education HIV/AIDS Programme (HEAIDS) was established, a partnership of the South African Universities Vice-Chancellors Association (SAUVCA), the then Committee of Technikon Principals (CTP) and the National Department of Education (DoE) (Wood & Pillay, 2016).

HEAIDS is responsible for tackling the HIV/AIDS problem holistically, through peer education, staff and student capacity building and the provision of resources within the different institutions. HEAIDS operates at sub-sector level in the Department of Higher Education, coordinating HIV/AIDS interventions at all South African institutions with a view to strengthen capacity and respond comprehensively to related HIV/AIDS challenges. Due to the complex range of functions and activities that fall within the ambit of HEI, including functioning as agents of social development research, a multi-levelled approach to HIV/AIDS is adopted (Mahlangu, Vearey, Thomas & Goudge, 2017). HEI's are tasked with addressing the following six priority areas:

- Community outreach,
- Effective prevention,
- Effective care and support,
- Share credible information to the HIV/AIDS era,
- Produce relevant research and generate knowledge, and
- Effectiveness in policy, leadership and management.

In line with the above priority areas, the primary roles and responsibilities of peer educators, as defined by the South African Qualifications Authority (2009), are to:

- Encourage positive life choices.
- Render personal support.
- Behaviour change.
- Increased behaviour to seek health.
- Reduction of risky behaviour.
- Encourage leadership in schools by building capacity and,
- Promote an enabling environment.

Consistent with this national mandate, peer educators in higher education are trained to increase awareness and provide accurate information on the transmission, and strategies to prevent and manage HIV and other STI's; to help reduce the risk of HIV infections by encouraging responsible sexual behaviour and lifestyle choices and to provide emotional and psycho-social support and advocacy for students living with, and

or affected by HIV/AIDS (Dickinson, 2011). This is achieved through support groups facilitated by peer educators both on campus and in student residences.

#### **1.4.2 Peer Education at the Durban University of Technology and Mangosuthu University of Technology**

The present research was conducted at two universities of technology located in KwaZulu-Natal, South Africa, namely, Durban University of Technology (DUT) Midlands Campus and the Mangosuthu University of Technology (MUT). DUT is a multi-campus institution comprising six campuses that span two cities, i.e. Durban and PMB. DUT has approximately 26 000 students on the Durban campus and approximately 6000 students in the Midlands Campuses (<https://www.dut.ac.za/about/>). MUT is a township-based higher education institution located in Umlazi which is about 15 kilometres from the Durban city centre. MUT has approximately 12 500 students (<https://educonnect.co.za/institutions/institution/mangosuthu-university-of-technology-mut/>). According to the current strategic plans for both MUT and DUT, the socio-economic and psycho-social profile of the majority of students at both institutions reflects lower living standards (SLM). This is consistent with the social context from which these students come, which is characterized by poverty and high rates of HIV/AIDS infections. According to Shozi and Haffajee (2017), LSM has low information dissemination and knowledge challenges.

The Peer Education Programme was introduced at DUT in 2003 and is a structured intervention programme based on the Sotho concept of 'Rutanang', which means 'learning from one another' (Deutsch & Swartz, 2003). Peer Education programmes were funded by Drama in AIDS Education (DramAide), and then as part of the HEADS programmes and run by Health Promoters positioned within Student Counselling centres as well as health clinics at HEIs. DramAide was established in 1992 and used drama to engage youths to spread information regarding sexual behaviour, gender and the HIV/AIDS epidemic. The roots of this programme are believed to have started at the University of Zululand within the Drama Department and later explored for extension at the Centre for Communication, Culture and Media Studies. The project equips young individuals with knowledge and skills pertaining to HIV/AIDS, which allows them to undertake health promotion campaigns through drama, posters, songs, and dances created by young people through participatory processes.

The following activities fall within the scope of peer education practice:

- Condom Distribution- peer educators have the responsibility to monitor, on a weekly basis, the supply and usage of condoms on campus.
- Awareness Campaigns- topics include HIV/AIDS, gender-based violence and first-year students' orientation, in accordance with the higher education, institutional as well as national health calendar. As part of the campaigns, students are encouraged to have their status tested.
- Community Outreach Programmes- skills development and information sharing projects facilitated by peer educators, targeting the broader social community. The aim is to both inform and empower community members both within and beyond, the institutional parameters.

Despite efforts to target and eradicate HIV and AIDS globally, a number of weaknesses inherent to peer education programmes, have been identified. According to Dube and Ochella (2005), these include:

- Limited contextual relevance and applicability of programme content.
- Interventions addressing individual behaviour under-emphasize the impact of values, traditions, organisational rules and an environment that is enabling.
- The material that is used to share knowledge places too much emphasis on technical experts and omit interpersonal dialogue as well as public debates.

## **1.5 Rationale for the study**

Quantitative and qualitative studies have explored whether peer education makes any difference in the experiences of peer educators and programme recipients in higher education institutions (e.g. Gazu, Mudenda & Govenda, 2008; Karaca, Akkus and Sener, 2018; Mabizela, 2015; Morar, Naidoo, and Ramjee, 2013; Ntshabeleng, 2018; Vember, 2016). However, there is a lack of adequate qualitative research that integrates the dual perspectives of both groups. The present study addresses this under-researched area. It explores the impact of HIV/AIDS peer education training on both peer educators and students, as well as health promoters also involved in peer education, with a particular focus on the evaluative narratives which these participant groups assign to their training.

It is hoped that the findings will contribute towards the formulation and standardisation of a peer education model of practice for South African institutions of higher learning. A standardised peer education model of practice could incorporate core aspects of peer education training that are relevant across populations and tertiary institutions in South Africa. It will also accommodate and adapt the unique features, characteristics and contexts of particular institutions and target populations.

Before implementing the peer education programme, peer educators themselves undergo the necessary training and skills development to build their capacity as effective peer educators. This period of knowledge acquisition and skills transfer to the student population appears to be both a crucial and problematic aspect for peer educators, as per the evidence from the literature (e.g. Aggleton & Crewe, 2005; Gazu et al., 2008; Kalunga, 2016). Aggleton and Crewe (2005) found that young people exhibit an experimental tendency towards what they have been taught, irrespective of the risks associated with such experimentation and the warnings that they were alerted to in their training. Similarly, Gazu et al. (2008), investigating HIV/AIDS peer education programmes at the Durban University of Technology, Durban campus, highlighted programme ineffectiveness in getting participants to consider their personal risk of exposure to HIV/AIDS (Gazu et al., 2008). Similarly, Kalunga (2016) explored the effects of a peer education programme on peer educators at the Cape Peninsula University of Technology where he found contradictory results. On the one hand, the peer education programme was largely successful in increasing knowledge of HIV/AIDS/STI and TB and improvement in attitudes, practices and beliefs regarding responsible sexual behaviour and HIV/prevention. On the other hand, there was no discernible shift in the practices of student peer educators themselves prior to their training and after becoming peer educators. It appears that learning and becoming competent does not necessarily translate into the performance of that same competence to real-life situations, especially in high-risk and vulnerable situations. There seems to be a gap between what peer educators know and what they do.

Improving the effectiveness of HIV prevention programmes, researchers in the field call for a better understanding the underlying internal factors and processes that prompt risky sexual behaviour, despite individuals having received the necessary HIV/AIDS education and skills development. Cognitive issues relating to beliefs, self-perceptions, self-efficacy

and attitudes of students need further investigation. Besides, emotional, psychological and psycho-social factors unique to, as well as common across populations and settings, may also help explain the apparent disjuncture between knowledge acquisition and application to real-life situations. There is a need to understand the nuanced complexities that influence behavioural change, particularly relational and contextual factors such as poor self-esteem, agency, resilience and flexibility, and the influence of peer pressure, role modelling, and social support systems.

The present study further hopes to produce new knowledge in the field of peer education by focusing on peer education training in tertiary settings which have tended to be excluded in previous research. The institutions of interest in this study are the Durban University of Technology (DUT) Midlands campus and the Mangosuthu University of Technology (MUT) based in Umlazi, Durban. The findings of the study are expected to provide comparative insights into the available literature on peer education at tertiary education institutions in South Africa. The study should identify significant similarities and differences in how peer education is experienced both locally (at provincial level) and nationally, as well as factors that may predict unique contexts and differences between universities of technology and traditional academic universities.

The present study also sought to extend and expand on research about peer education by undertaking a dual investigation of student and peer educators' experiences of peer education training. There is currently a dearth of research offering dual perspectives of both participant groups. This study furthermore attends to the experiences and perceptions of health promoters also involved in peer education training at the two KZN universities of technology, thereby offering a more comprehensive perspective on the education and training of peer educators among tertiary institutions.

Lastly, considering the high HIV/AIDS infection rates in KwaZulu-Natal (UNAIDS, 2018) the current research in KZN institutions of higher learning is deemed both timely and necessary. More so if one seeks to curb the epidemic by encouraging behavioural change amongst youth who are future leaders and contributors to the South African economy.

## 1.6 Problem Statement

A great deal of literature from studies conducted on peer education (e.g. Dalrymple & Durden, 2006; Dickinson, 2011; Frantz, 2015; Karaca et al., 2018; Mabizela, 2018; Naidoo et al., 2013; Nchabeleng, 2018; Vember, 2016), including research at the Durban Campus of DUT (Gazu et al., 2008). The studies do seem to have influenced students to avoid risk-taking with drugs and other substances, impulsive sexual experimentation as well as unprotected sex (Menna, Ali & Worku, 2015; Shozi & Haffajee, 2017). The apparent disjuncture between knowledge acquisition and application is a problem that justifies further investigation. The efficacy of HIV prevention programmes depends both providing useful and reliable content as well as on the underlying processes that influence and promote, responsible decision making and behavioural change.

Intervention programmes have been developed across South African universities to reduce the spread of HIV/AIDS. There are programmatic differences from institution to institution but the common goal shared by all institution is to ensure the provision of HIV/AIDS information to students and the promotion of responsible decision-making and practices regarding sexual behaviour. Current local and international literature into institutional HIV/AIDS programmes and the effectiveness of HIV prevention training programmes suggests the need for ongoing evaluative research to interrogate the efficacy and relevance of programme in the context of a contemporary society that is facing constant change (Blignaut, Jacobs & Vergnani, 2015).

The Peer Education Programme was introduced at DUT in 2003 and it has been facilitated by the Student Services Department. The HIV/AIDS Peer Education programme at MUT was implemented in 2015 by Campus Health Services Unit and also falls structurally, within the ambit of the Student Affairs Department. The HIV/AIDS Peer Education Programmes at DUT (Midlands campus) and MUT are relevant sites for the investigation because there have been no studies conducted here previously. The gap of empirical scrutiny has implications both for quality assurance requirements to determine the programme impact and efficacy as well as significant implications to enrich and advance personal competences of the student population both in the present and future. The evaluation of these programmes is hoped to provide peer educators, health promoters and students with an opportunity to reflect on perceived strengths and

weaknesses with a view to enhancing future programme content and processes. In addition, empirical evidence is essential to justify the economic feasibility and sustainability of student development programmes such as peer education in the local and international higher education climate currently characterised by austerity measures.

## **1.7 Research Aims and Objectives**

The goal of this research was to evaluate participants' experiences of peer education programmes implemented at two Universities of Technology (UOTs) in Kwazulu-Natal, in order to inform best practices in the field of peer education in higher education, both locally and internationally. A qualitative evaluation was conducted to explore the multiple range of students' perspectives who participated in the programme, the peer educators and Health Promoters who are custodians of the Peer Education Programmes.

### **1.7.1 Research Objectives**

To explore and evaluate the impact and efficacy of HIV/AIDS peer education at DUT and MUT on the behaviour and perceptions of both students and peer educators.

### **1.7.2 Research Questions**

Answers were required to the following key questions:

- How do students who participate in peer education programmes experience the impact of peer education on their perceptions, behaviour and lifestyle?
- What is the impact of peer education training on the perceptions, behaviour and lifestyle of peer educators themselves?
- What are health promoters' experiences of the peer education programme, with specific reference to impact and efficacy on students and their own lifestyles and behaviour?

## **1.8 Intended Contribution to the Body of Knowledge**

It is hoped that the findings will make advance new knowledge in the global scholarship of peer education, inform future peer education programme design and implementation,

and enhance programmes to train peer educators themselves. Further, the theoretical and practical benefits of the study and its outcomes, will add towards the sustainability of the programme by encouraging continued financial support from the programme's primary sponsor (DramAide) while also possibly encouraging new sponsorship from future donors.

## **1.9 Outline of the Thesis**

This dissertation is divided into six chapters. Chapter One provides the introduction and background, rationale, aims and objectives as well as the intended contribution and value of the study.

Chapter Two offers a critical review of the relevant literature about approaches to HIV/AIDS prevention through peer education programmes locally and abroad. It also discusses the theoretical and philosophical foundations that inform peer education programme evaluation.

Chapter Three attends to practical research methodology aspects such as sampling and data collection. The specific qualitative methodology and protocol employed to interpret and analyse the data are also explicated in this chapter.

Chapter Four is a presentation of the results and findings of the study.

Chapter Five offers an integration of the research findings into a coherent discussion that relates emergent data to the theoretical framework and existing literature in the field.

Chapter Six gives a summary of the main findings from the research, conducting reviews that are set against the context of the goals of the study. Further, possible research limitations and areas for future research are discussed, and specific recommendations and suggestions about peer education in higher education are offered.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 Introduction

Despite efforts to address the HIV/AIDS global epidemic, current HIV/AIDS statistics show the ongoing prevalence of the problem, with rates of new HIV infections continuing to reflect disproportionately higher levels amongst youth and females, as compared to males (Kimera, et al., 2019; UNAIDS, 2018). Sidibe (2018), describes the Joint United Nations Programme on HIV/AIDS (UNAIDS) as being at a “precarious point”, characterised by lower numbers of AIDS-related deaths and increasing numbers of people being on treatment, but a continued challenge in the area of preventing new infections. According to Sidibe (2018, p.2),

*There is a prevention crisis. The success in saving lives has not been matched with equal success in reducing new HIV infections. New HIV infections are not falling fast enough. HIV prevention services are not being provided on an adequate scale and with sufficient intensity and are not reaching the people who need them the most.... Stigma and discrimination still have terrible consequences. The very people who are meant to be protecting, supporting and healing people living with HIV often discriminate against the people who should be in their care, denying access to critical HIV services, resulting in more HIV infections and more deaths. It is the responsibility.*

This sombre state of the HIV/AIDS epidemic is reiterated by Dwyer-Lindgren (2019, p.189), who highlights that despite ambitious targets set by UNAIDS, “recent findings are that the world is not on track to end the HIV epidemic”. Moreover, international funding for HIV programmes in sub-Saharan Africa reached its highest levels in 2013 and has since climbed down, perhaps slowing down responses against the epidemic. Reduced funding requires the development of cost-effective, accessible and impactful interventions to reduce new HIV infection and transmission rates. Therefore the importance of Peer Education in schools, government departments and higher institutions of learning needs to be emphasised.

## 2.2 Global applications of Peer Education

Chapter One sketched the historical growth in the prominence and popularity of peer education over the last twenty years as it was seen as a cost-effective and accessible health promotion strategy that is applicable across populations and health-related areas (D'Costa et al., 2019; Frantz, 2015; Ghasemi, Simbar, Fakari, Naz & Kiani, 2019). The peer-specific focus of peer education programmes allows for application across a wide range of homogenous populations including school children in primary and secondary school (Young, Cole, and McNulty, 2017), adolescents in high school (e.g. Azizi, Hamzehgardeshi and Shahhosseini, 2016; Foley, Shrewsbury, Hardy, Flood, Byth and Shah, 2017; Ghasemi et al., 2019; Menna, Ali and Worku, 2015 ) students at university, substance users and sex workers (e.g. George Blankenship, Biradavolu, Dhungana & Tankasala, 2015; Rangasami & Konstant, 2019). A review of studies exploring the impact of peer education on behaviour change indicates a tendency to focus on programme recipients and to a lesser extent on peer educators. There are even fewer impact studies with a combined focus on peer educators, health promoters *and* programme recipients, which is one of the justifications for the current research to focus on multiple perspectives.

Young et al. (2017) found that most research publications on peer education focus on its application to problematic, risky health behaviours and practices pertaining to sexual health and reproductive behaviour (e.g. Mason-jones & Mathews, 2011), HIV prevention (e.g. Frantz, 2015; Khosravi, Kolifarhood, Shoghli, Pashaeypoor & Amlashi, 2018; Menna et al., 2015; Morar, Naidoo, Goolam & Ramjee, 2018;); substance abuse (e.g. Akkuş, Eker, Karaca, Kapisiz & Açıkgöz, 2016; Karaca, Akkus & Sener, 2017); smoking (e.g. Ayaz, 2015; Bilgiç & Günay, 2018; Yoo & Lee, 2019). To a lesser extent, peer education has also been used in the management of asthma, promotion of healthy eating, encouraging hygiene, preventing the spread of infections and antibiotic use (Young et al., 2017).

The outcomes of peer education programmes are to improve knowledge, attitudes, beliefs and behaviours across a particular population (Swartz et al., 2014). Swartz et al. (2014, p. 5) point out that despite the global implementation of peer education programmes over a long period of time, “empirical evidence regarding peer education’s

efficacy has been difficult to obtain, and evidence of change for participants has been elusive". Wawrzynski and Beverley (2012), citing impact studies in the field of peer education, contend that "despite the wide use of peer educators on college campuses (Williams, 2011, p. 1), little is known, beyond anecdotal evidence, about the benefits of peer education on the peer educators themselves". The authors go on to state that studies investigating the impact of peer education are often limited by small sample size and context, where for example, studies focus on a single institution (Wawrzynski & Beverley (2012). Wawrzynski and Beverley (2012) attempted to address this limitation by investigating the experiences of 69 first-year students who were trained as peer educators. Adopting a quantitative approach, the study highlighted several positive benefits of being a peer educator, which support prior research findings e.g. (Badura, Millard, Pelusa & Ortman, 2000; Badura, Millard, Johnson, Stewart, & Bartolomei, 2003; Croll, Jurs, & Kennedy, 1997; Sawyer, Pinciario & Bedwell, 1997). Evidence indicated that first-year students who were trained as peer educators experienced significant improvements in cognitive functioning and thinking ability, intrapersonal and interpersonal skills development, enhanced diversity appreciation, presentation and communication skills (Wawrzynski & Beverley, 2012).

Fisher and Fisher (2018) explored the peer education experiences of eight peer educators working for an international family support charity called Home-Start. This charity is based on the principle of volunteer parents with childcare experience, supporting other parents and assisting them to deal with a range of challenging situations and circumstances. According to Fisher and Fisher (2018), Home-Start involves diverse supportive interventions and approaches aimed at promoting resilience and coping, particularly in disadvantaged communities where young mothers may be experiencing social, economic and emotional difficulties. Fisher and Fisher's (2018) review of impact studies focusing on peer education in the context of Home-Start interventions noted studies that yielded positive results in respect of enhanced maternal competence, well-being and improved parenting (e.g. Dekovič, Asscher, Hermanns, Reitz, Prinzie & van den Akker, 2010).

Fisher and Fisher's (2018) study focused specifically on peer educators' motivations for involvement in the programme, perceptions of impact and benefits of the programme. A survey questionnaire, individual interviews and a focus group collected data to explore

peer educators” experiences and feelings about their role. These data collection methods are the same as those that were selected for the present study. Fisher and Fisher’s (2018) study revealed a multiplicity of findings rich in information and relevance to the current study. According to Fisher and Fisher (2018, p. 82), participants’ accounts suggested that for them, “being a peer educator is a way of promoting personal objectives whilst simultaneously enhancing the lives of others”. The study found that peer educators were motivated to participate in the become involved in the Home-Start peer educator programme because of reasons such as altruistic needs and interests, a desire to assist others and volunteer their services and experiences in the context of a community-oriented role that had social relevance, meaning, and purpose (Fisher & Fisher, 2018).

Peer educators in the study described the impact of their peer education training and role as transformative and mutually beneficial to both them and programme recipients (parents targeted by the Home-Start programme) (Fisher & Fisher, 2018). Peer educators described an enhanced ability to cope with their personal challenges and pressures due to their training and peer education encounters. The formalisation of the peer educator training through relevant content, skills development and acknowledgement of participation through awarding of certificates, was found to be validating and empowering for peer educators. It served to legitimise their training efforts and participation and offered credibility to their roles as peer educators (Fisher & Fisher, 2018). Of particular interest is the fact that formal peer education training was identified as beneficial because it provided peer educators with specific information and tools, such as communication skills and parenting strategies. These new skills helped them feel empowered to effectively fulfil their role as peer educators and to make a meaningful impact on programme beneficiaries. Such findings are consistent with earlier work (e.g. Tolli, 2012) that highlighted peer education as promoting leadership and communication skills among peer educators.

For peer educators who participated in the Fisher and Fisher (2018) study, their personal growth and efficacy were enhanced not only through formal interactions and training but also through informal interactions with each other. These informal encounters that took place within the context of peer relationships characterised by shared life experiences, personal profiles and a commitment to improving parenting skills amongst programme

recipients, engendered a sense of community, shared identity and collective purpose. This, in turn, made peer educators more accessible and relatable to each other. As a result, peer educators described feeling more confident to openly disclose and discuss their experiences in a context where they felt understood, validated and supported by like-minded individuals (Fisher & Fisher, 2018). This finding is supported by earlier writers, such as Tolli (2012), who highlight the perceived credibility of peer educators based on shared backgrounds, interests and language use, thereby making it easier for sensitive topics to be explored and discussed more openly.

The Fisher and Fisher's (2018) study draws specific attention to peer education programmes as unique learning and developmental platforms that transcend hierarchical and authoritative relationships. These programmes set the foundation of shared understanding and support which enables the challenges and experiences of peer educators to be normalised and validated. Fisher and Fisher (2018, p. 74) pointed out that peer education can advance different teaching and learning methods that are not authoritarian as the conventional relationships between student and learner. Peer education as offering a novel and transformative approach to teaching, learning, and behavioural change, is therefore advanced.

Other researchers have queried the effectiveness of interventions led by peers to change behaviour and prevent maladaptive behaviours such as substance abuse. Georgie, Sean, Deborah, Matthew, and Rona (2016, p. 391), for example, expressed concern that while interventions led by peers can prevent substance abuse, "such interventions have received comparatively less attention in relation to substance use in recent years compared to the 1980s and 1990s". Georgie et al. (2019) also noted that quantitative studies exploring impact have not been sufficiently addressed. So, they conducted a systematic review of relevant studies that explored the effects of peer education as a strategy to prevent substance use among 11 to 21 years old youth. Studies with this particular sample were deemed appropriate as it encompassed youth in both secondary and tertiary education. Results from the systematic literature review conducted by Georgie et al. (2019) indicate that there is a potential for peer education to become an effective strategy to target problematic behaviours, such as substance abuse, among young people. However, Georgie et al. (2019) also caution about the limitations in the

size from which the findings were obtained as opposed to generalisations from evidence obtained from a larger research base.

Researchers such as Tamiru et al. (2017) highlighted the problem of poor sanitation and hygiene amongst primary school children in developing countries and investigated whether peer education affected personal hygiene behaviours among school children in Ethiopia. Peer education in this context took the form of intervention strategies ranging from demonstrations, poster displays, role plays and peer-to-peer discussions, to the use of media and health clubs (Tamiru et al., 2017). Research findings highlighted significant improvements in personal hygiene behaviours among children who participated in the interventions led by peers as against those in the control group, which suggested approaches that are led by peers play a role towards a positive change in behaviour. In a similar study, Young et al. (2017) used a mixed-method approach to assess the effects of peer education training on primary and secondary school children's behaviours towards hygiene, prevention of infections and the adoption of antibiotics. Statistical data were supplemented with qualitative interviews and focus groups to assess variations in participants' knowledge and behaviour towards healthy behaviours and hygiene. Research findings highlight content-specific improvements in knowledge and understanding of health and hygiene-related topics and associated behaviours, as well as an overall improvement in areas such as confidence, confidence and communication skills (Young et al., 2017).

The role of peer education in promoting social skills and emotional intelligence has also been examined. Chinyama (2012), for example, explored the impact of peer education clubs in promoting social and emotional learning in secondary schools in Fort Beaufort, South Africa using multiple data collection methods. Chinyama (2012) highlighted relevant environmental factors that have the potential to limit the success of peer education efforts. Studies show that peer education clubs achieved a low impact on the social and emotional learning and behavioural change among scholars, with logistical, administrative and resource challenges and constraints highlighted as potential obstacles to peer education success. These included insufficient support from school administrators, the poor calibre of peer educators due to flawed selection, limited time and facilities in which to undertake peer education activities, inadequate training for teachers and peer educators, as well as a lack of support from critical stakeholders such

as the departments of justice and social welfare. Chinyama's (2012) study further highlighted a critical element in peer education efforts, namely the need for clear standards of practice, rigour and sustainability, which were found to be lacking and therefore contributing to the reduced impact of peer education in that particular context.

### **2.3 Peer Education, HIV, and Sexual Behaviours**

Various programmes have been implemented over the years in South Africa to reduce the prevalence of HIV/AIDS. These include the following:

#### **2.3.1 Soul City**

The Soul City project was implemented in 1994 and it was aimed at increasing public awareness about health-related issues, including HIV/ AIDS, using radio and television dramas as a medium to influence healthy lifestyle choices amongst its viewers and (Kalunga, 2016).

#### **2.3.2 Beyond Awareness Campaign**

The Beyond Awareness campaign adopted a multimedia approach to creating awareness about HIV/AIDS as well as offered communities with the resources, such as the HIV/AIDS toll-free line, that they could access (Kalunga, 2016). This campaign targeted youth in the hope that they would disseminate appropriate information about HIV/AIDS, to the broader community. Various strategies were employed to create awareness, including the use of pamphlets, posters and many other tools that made it more user-friendly for communities to engage around issues of the HIV/AIDS epidemic. The red ribbon advertised by the Beyond Awareness Campaign became synonymous with the fight against HIV/AIDS and continues to be employed in HIV/AIDS initiatives today (Kalunga, 2016).

#### **2.3.3 Khomanani - Caring Together**

The South African Department of Health established the 'Khomanani - Caring Together' HIV/AIDS campaign to fight HIV/AIDS (Kalunga, 2016). Using media, this campaign

sought to collectively involve individuals, communities, businesses, and government, in the fights against HIV/AIDS. Specific areas of focus included youth, responsible lifestyle choices, and behaviours; living positively with HIV as well as supporting healthcare workers (Kalunga, 2016).

#### **2.3.4 LoveLife**

The LoveLife campaign, launched in 1991, sought to popularise the image of safe sexual behaviour by incorporating the 'safe sex' concept into popular youth culture (Kalunga, 2016). Furthermore, LoveLife peer education programmes sought to promote positive sexual behaviours and sexuality by positioning its message within "a broader agenda of rational life development and self-regulation" (Wolf & Africa, 2017, p. 427). In so doing, it was anticipated that this new image and message would help reduce HIV infection rates amongst South African youth. The Love Life campaign used a range of media communication strategies that included a highly visible billboard campaign to encourage open communication and dialogue about sex.

The Love Life Campaign received much criticism for its content and depiction of sexual imagery, as well as its overall message which was deemed obscure, poorly researched and implemented (Kalunga, 2016). Further criticisms of the Love Life campaign was on how it targeted 12 to 17-year-olds as a homogenous group, failing to take cognisance of the significant sexual, emotional and intellectual differences among 12 to 14-year-olds and those between 15 to 17 years (Kalunga, 2016). Studies about the impact of the LoveLife programme on peer educators (e.g. Hunter, 2010; Thomas, 2004) indicated the tension between the message and behaviours that peer educators were trained to promote and the behavioural choices the peer educators actually made in real life. According to Lesko (2007, p. 529), "in their quest to model responsible behaviour, peer educators can become 'conflicted selves' by experiencing tensions between personal experiences and competing views and knowledge". Hunter's (2010) work highlights the important dynamic of peer pressure and its influence on peer educators' behavioural choices in real-life situations, with peer educators experiencing significant tensions between wanting to resist peer pressure and choosing to engage in risky sexual behaviours, with the latter option being chosen in some instances.

## **2.4 Impact and Efficacy of Peer Education Programmes**

Peer education programmes adopt a peer-oriented approach to creating awareness, based on the notion that society and peer interaction shape behaviour among young people. Peer Education places emphasis on “Peers” rather than experts as the similarity between who gives the message and who receives it becomes an important aspect (Dickinson, 2011). The youth are seen as powerful agents of change and are deemed particularly useful in delivering the message of social responsibility where there is resistance to social influence and change. Peer education programmes, therefore, rely on youth who volunteer their time and services to influence others in their circles as they benefit and become leaders. Advantages of Peer Educators, as noted in Li, Chow, BChir, Zhang, Lam and Kim (2009), include practical ways of sharing information to groups that are difficult to reach by using individuals who belong to the same target group. Peer Education is an effective strategy to communicate changes in health and behaviour to access groups of the same age, background or interests. These aim to build the competence of youth which facilitates positive changes in behaviour, especially regarding changing behaviour to reduce HIV/AIDS.

The evidence about the value of peer education programmes is inconclusive, some studies yielding positive results that identify the efficacy of peer education as impactful and effective in changing targeted behaviour, while other studies reveal less favourable findings. Mason-Jones, Mathews, and Flichter (2011) quasi-experimental study, for example, to assess peer education programme’s effectiveness on psychosocial behaviour and practices to engage in sex and health activities among adolescents in Western Cape public schools. The large sample size comprised 3934 Grade 10 pupils at 30 public schools, with competent peer educators who disseminated information and offered peer support. Measurement of practices regarding sex and health as well as the related psychosocial development took place both at baseline level and at an 18 month follow-up period since the peer intervention. According to Mason-Jones et al. (2011), results did not reflect a significantly positive impact of the peer education process. In particular, results did not reveal significant differences in targeted sexual behaviour such as condom use and initiation of sexual activity; neither were there significant differences in psychosocial measures such as goal-oriented behaviour and decision-making skills. In light of the findings, Mason-Jones et al. (2011) recommended that government-

directed peer education initiatives be cognisant of potential barriers to programme implementation and ensure that proper systems to assess the impact of peer education and cost-effectiveness, are put in place.

Swartz et al. (2014, p. 5) noted that the popularity of peer education in health promotion and behavioural change interventions among vulnerable populations is not based on scientific evidence to prove efficacy. Peer educators obtain a range of benefits from taking part in peer education while it is difficult to obtain evidence of benefits to students who participate in these programmes. Swartz et al. (2014) spent three years assessing the effectiveness of a structured, peer education curriculum-based programme called “Listen Up”, on high school learners’ knowledge, skills, behaviours, and attitudes. The Listen Up programme addressed topics ranging from problem-solving and decision-making, seeking social support, healthy relationships, HIV risk, alcohol, and teenage pregnancy. Findings from the study revealed the significant benefits and strengths of peer education, including better knowledge, informed dialogue and improved engagement about AIDS among youth. Reports of improved self-efficacy with respect to decision-making, as well as an overall improvement in levels of empathy, compassion, leadership and academic skills, were noted. This suggests a multi-dimensional impact of peer education that extends beyond knowledge of HIV/AIDS, to include holistic well-being and personal development.

Of specific relevance to the present study is research conducted on peer educator’s experiences of peer education training. Morar et al. (2018) reported an improvement in skills development amongst females who were trained as peer educators and were also participants in HIV prevention trials. Following the peer educator training, research participants reported an increase in knowledge and understanding about HIV and health promotion, which enhanced their confidence and sense of agency to educate, inform and bring about change in their families and social communities. This, in turn, impacted positively on their communication skills and self-esteem. Research findings, therefore, suggest that peer education has the potential to impact multiple domains of individual functioning positively.

Bavington, Gray, and Prestige (2013) conducted an evaluation of a peer education workshop on its gay and bisexual male participants. The study showed a positive

perception among participants about the benefit of the workshop to increase knowledge on the topic. Other studies that evaluated peer educators' experiences of the peer educator training reported high levels of satisfaction amongst the participants (Frawley & Bigby, 2014; Mason-Jones, et al., 2011). Participants reported increased levels of confidence and feelings of empowerment after receiving the appropriate knowledge and skills, and also because of the level of respect accorded to them by others who viewed peer educators as credible sources of information. Govender and Edwards (2009) assert the need for all school-based programmes to be evaluated and assessed, while Mason-Jones, Mathews, et al. (2011) highlights the need for government to recognise existing barriers programme delivery, management and assessment.

Factors from society, economy and culture influence the spread of HIV/AIDS and this is well documented. Wolf and Africa (2017), for example, studied perceptions about the significant role of peer education concerning the community and culture where young people live. Studies in the past have also highlighted the role of social and economic factors as well as norms about gender in targeted communities, mainly because schools as institutions can reproduce existing discourses normal sexual practises and identities (Mason, et al., 2011).

## **2.5. Peer Education in Higher Education**

### **2.5.1 The Rationale for Using Peer Education Programmes**

Entry into the higher education sector presents young people with the opportunity for personal and professional growth. Intertwined in this developmental space are the presence of peer pressure, social influences, and the opportunities to negotiate these in responsible or maladaptive ways. In settings like these, peer education has the potential to be meaningful and impactful on the lives of students because peers perceive each other as relatable. As such, it is easier for peers to gain access into student communities and effectively empower students with the requisite knowledge needed for responsible and healthy living and learning.

According to Klein (2014), if peers have similar attributes such as age, culture and beliefs, then communication regarding new behaviour is enhanced. Dalrymple and

Durden (2006, p. 15) have identified the following as the rationale for using peer education programmes:

- Peer education programmes match the unique situation of tertiary education institutions, such as the culture and student profile.
- Define acceptable standards of behaviour and offer encouragement and guidance towards positive perceptions about health.
- Fill a knowledge gap among students by disseminating accurate information and providing counselling on issues around sex and health.
- Establish a group of individuals on campus whose role is to set the example by taking care of their health and responsible sexual lifestyles.
- Mobilise youth to participate in the establishment and delivery of interventions to stop HIV and run support groups.

One of the advantages of peer education, as cited in the literature, is its potential to reach target groups that are “hard to reach” because peer educators belong to this group and know where and how to recruit their peers (Li et al., 2009). Furthermore, peer education programmes use peers because they have a unique and shared understanding of their own peer groups’ attitudes, beliefs, and values. This enhances the culturally appropriate nature and impact of peer education programmes (Seymour, Almack, Kennedy & Froggarth, 2013). Through peer education programmes young people from the same backgrounds are encouraged to take leadership roles, develop their voices and increase their knowledge; and also benefit from available services which they need. The peer educators’ ability to make connections with their peers often provide a ‘safe place to learn, create a non-threatening environment, and build safety and trust which are essential in terms of the empowerment models of learning and behaviour change (Klein, Ritchie, Nathan & Wutzke, 2014).

### **2.5.2 Content and Benefits of Peer Education**

Dickinson (2011) has suggested that peer educator training should include all necessary information about HIV, communication skills, STI, HIV prevention messages and other health and wellness topics.

Roles and responsibilities of Peer Educators as quoted by SAQA (2009):

- Encourage positive life choices.
- Render personal support.
- Establish different behaviours.
- Encourage young people to visit health facilities and to seek help about health issues.
- Discourage perceptions and practices that place youth at risk.
- Develop and train leaders among learners; and
- Facilitate the creation of a climate that supports positive change.

The developmental challenges facing youth entering higher education include negotiating and consolidating a stable and secure sense of self, as well as becoming more independent, mature and socially responsible individuals capable of making rational and informed choices and behaviours. 'Finding oneself' and the pursuit of a meaningful authentic personal identity, are typical challenges encountered by youth in higher education, Identity conflicts, discrimination and marginalisation, undue influence from peers, conformity and desires for acceptance, can place young people in precarious positions where their value judgements can be compromised. Peer education programmes can provide such individuals with appropriate role models and a secure base from which to explore, negotiate and select responsible attitudes and behaviours which ultimately contribute towards the development of a mature and responsible.

Peer education programmes are intended to be mutually beneficial to both participants and peer educators themselves. Jarworsky, et al. (2013) report that peer educators benefit from the programme by learning to communicate better, and become more aware and mindful of, their own sexual behaviours and practices. Peer education, therefore, becomes an appropriate reference point against which peer educators inform others, but also learn to regulate and alter, their own attitudes and behaviours. The peer education space provides both formal and informal opportunities for mutual dialogue and sharing with peers utilizing the space to share their own challenges, interests, and experiences. Youths are thus more likely to engage with a group they perceive more similar to themselves, and who by virtue of this shared identity is judged to have a better knowledge of relevant conditions than those who hold authority and positions of power.

Jarworsky, et al. (2013) conducted interviews with peer educators to explore their experiences about youth sexual health education programmes in Ontario, Canada. Peer educators identified promotion of healthy behaviour, teaching others, disseminating information, pushing for different mindsets and attracting the attention of other youth on relevant matters, and shifting thought-patterns, habits and lifestyles of youth was seen as key ways of thinking and lifestyles indicators of success for peer education programmes. Results of the study highlighted the need for a variety of methods that could evaluate each specific aspect of the programme and its intended outcomes, as opposed to a single tool that offered a broad evaluative perspective and possibly did not capture the nuanced differences in impact and efficacy.

A local study conducted at DUT sought to evaluate the efficacy of a Health Promoter DramAide's peer educator programme. The focus of this DUT study was on how peer educators addressed the issue of HIV/AIDS in their programmes and whether the programme had the desired effect of getting peer educators to adopt improved behaviour in their personal lives to avoid HIV infection and thereby affect behavioural change where necessary (Gazu et al., 2008). Drama in AIDS Education (DramAide) is a Non-Government Organization (NGO) that aims to integrate peer education into its programmes, one of these being the Health Promoter peer education programme at DUT. Despite being dated, this particular body of work is relevant to the current study as its research setting was also DUT. The current study, in contrast, includes both DUT (Midlands campus) and MUT, the latter context being unexplored terrain in respect of peer education impact and efficacy. Gazu et al.'s (2008) study included multiple perspectives of health promoters, peer educators and programme recipients. The current study, similarly, seeks to evaluate the impact and efficacy of peer education from the multiple perspectives of the health promoters, peer educators and students who had participated in these programmes at the DUT and MUT. Gazu et al.'s (2008) findings furthermore allow for a comparison between previous peer education impact and the current status of peer education at universities of technology, with the aim being to ascertain whether current programmes reflect improvements and enhancements from earlier programmes. Students selected for inclusion in Gazu et al.'s (2008) study were those living in residences.

Language emerged as an essential factor impacting participants' engagement and response to the peer education message in workshops. According to Gazu et al. (2008, p. 20) "language both in terms of actual language spoken and in terms of diction is highly relevant to contextualising content by incorporating phrases, actual language and slang that appeal and can be understood by participants". Research findings indicate that the use of appropriate and context-specific language made the messenger (peer educators) more accessible and the message more impactful because it created a space for dialogue and an opportunity to articulate experiences which otherwise could not be shared in other settings. Gazu et al. (2008) found that the participants supported the use of familiar yet informal terminology and more than one language including isiZulu, isiXhosa and English to discuss sexual behaviour and other related matters, primarily due to the taboos associated with sex in the vernacular.

The importance of exploring alternative cultural and traditional perspectives and encouraging engagement on these topics in the context of peer engagement was further highlighted by some participants in Gazu et al.'s (2008) study. Participants noted the dominance of a Western biomedical model in the peer education programmes and felt that alternative, context-specific models had been superficially addressed and in some instances, not acknowledged when brought up by students. The sentiment expressed was that even if peer educators did not personally endorse traditional healing, however, "ignoring someone's comments may make that person feel insecure and lose confidence in their opinions which challenges the goals of both CFSC [Communication for Social Change] and participatory education, which tries to empower participants" (Gazu et al., 2008).

The content of the DUT HIV/AIDS peer education programme included topics such as how to live positively as well as dealing with symptoms, stigmatisation and stereotyping. There were also issues of femininity and masculinity over and above an emphasis on the ABC method (Abstain, Be faithful, Condomise) (Gazu et al., 2008). Participant perceptions of the programme content varied, with some perceiving the programmes as meaningful and productive because it helped alter their fatalistic perspectives on HIV and shifted them towards a more proactive and adaptive outlook that involved self-management, treatment and prevention (Gazu et al., 2008). Other participants, in contrast, saw peer education programme efficacy as compromised by the repetitive and

redundant nature of the content covered and felt that they could have accessed such information on their own. Their feeling was that such information could have been accessed through other means (Gazu et al., 2008). In essence, a perceived shortcoming of the DUT peer education programme was the lack of innovation and originality concerning content and delivery – features which could have distinguished the peer education space as a unique and transformative learning encounter to HIV/AIDS (Gazu et al., 2008).

A further challenge highlighted by Gazu et al.'s (2008, p. 25) study was the issue of 'personalising risk', described as the ability of peer educators to "practically portray or literally convey what they teach in terms of their own personal and observable behaviour". Participants reportedly experienced peer educators as failing to adequately personalise HIV/AIDS and risk, in particular, because of a perceived lack of self-disclosure during group discussions (Gazu et al., 2008). They further felt that the message of the programme would have been enhanced if peer educators had personalised the content by sharing their personal experiences, stories and challenges around HIV/AIDS (Gazu et al., 2008). Gazu et al.'s (2008) study, therefore, draws attention to the powerful influence of peer educators' self-disclosure on programme impact and efficacy, with self-disclosure not only enhancing trust and safety within the group but also making the content of the programme more relatable and accessible to participants. Gazu et al.'s (2008) study further highlights the vital function of peer educators in modelling positive attitudes and behaviours for students to emulate. That failure to openly engage with the HIV/AIDS on a personal level may compromise the legitimacy of peer educators because their ability to "practice what they preach" is in doubt. As such, the image and reputation of peer educators as accessible and as open-minded ambassadors for healthy and responsible living is, to some extent, diminished.

## **2.6 Philosophical and Theoretical Framework**

### **2.6.1 Philosophical Foundations**

The philosophical underpinnings of the present study are informed by the particular qualitative methodology adopted, which is thematic analysis. Braun and Clarke (2006) make a useful distinction between qualitative methods that are connected to a particular theoretical or epistemological position, such as conversation analysis ([CA] e.g., Hutchby and Wooffitt, 1998), interpretative phenomenological analysis ([IPA] e.g., Smith and Osborn, 2003) and grounded theory (e.g., Glaser, 1992; Strauss and Corbin, 1998) and those methods which are “essentially independent of theory and epistemology, and can be applied *across* a range of theoretical and epistemological approaches” (Braun & Clark, 2006, p.5). According to Braun and Clark (2006), thematic analysis falls within the latter category because it is not tied to a specific theory or epistemology and, in fact, maybe applied within different theoretical frameworks. For example, thematic analysis can draw on participants’ subjective, experiences, meanings and realities, or it can have constructionist leanings, examining the social construction happenings, situations, implications and understandings (Braun & Clark, 2006). Thematic analysis may also have ‘contextual’ roots, “sitting between the two poles of essentialism and constructionism, and characterised by theories such as critical realism (e.g., Willig, 1999), which acknowledge the ways individuals make meaning of their experience, and, in turn, the ways the broader social context impinges on those meanings, while retaining focus on the material and other limits of, ‘reality’” (Braun & Clark, 2006, p. 9). The present study adopted an eclectic and nuanced perspective of thematic analysis - reflecting, through the description, the experiential realities and meanings of participants, the ways in which such experiences are shared, communicated and constructed. Furthermore, it explored the effect of the institutions, context and society, on participants’ experiences and perceptions of peer education training.

### **2.6.2 Theoretical Foundation**

The present study was guided by several theories that inform peer education training programmes and related research. These are:

- The Diffusion of innovation theory;
- Social learning theory;
- Identity, “communities of practice” and social learning;
- Social comparison theory;
- The theory of participatory education; and
- Transformative learning.

### **2.6.2.1 Diffusion of Innovation (DOI) Theory**

The versatility and applicability of the Diffusion of Innovation (DOI) theory framework have been widely recognised in the literature (Thayer, 2013). DOI has been applied not only to peer education, but to various fields such as farming, management, teaching, medicine and social science (e.g. Bhattacharya & Singh, 2019; Crittenden, Kaponda, Jere, McCreary & Norr, 2015; Wyatt, Etheridge, Wallach & Lyon, 2019; Zhou & Madden, 2019). Developed by Everett Rogers in 1962, the DOI theory proposes that every population has individuals who stand out and become agents to influence and change the behaviour of others through spreading new information and shifting traditional ways of thinking and doing things (Riverola, Dedehayir & Miralles, 2016). The DOI theory furthermore examines the social processes and dynamics that are at play when this new information, idea or innovation, is spread throughout a community. The significance of the DOI, therefore, lies in its focus area, which is on how social systems adopt and adapt new information, and how this new information is translated into behavioural change and altered practices. Within the DOI theory, priority is given to the processes, agents, methods and nature of communication that is conveyed within a given context, as well as the impact of this information on different recipients within that context (Thayer, 2013).

The DOI theory is seen as having particular relevance to peer education because it provides the researcher with the conceptual tools needed to analyse and understand how behaviour change is possible as well as what hinders behaviour change within the context of HIV/AIDS (Bertrand, 2004). Innovation is considered a key element in behavioural change and is described by Sundstram (2014) as ideas or objects that, according to the perception of receivers, are embraced as novel. Rogers (1995, p. 10) defines diffusion “as the process by which an innovation is communicated through

certain channels over time among the members of a social system.” Social networks are seen as critical in initiating the diffusion process.

Adoption of a new behaviour or innovation by a group depends upon a range of factors. These may include group members evaluating the advantages of adopting the innovation versus existing beliefs or practices; whether the innovation is consistent and compatible with their existing values and past experiences; the complexity of the innovation and whether the results of the innovation are visible to others for their use (Riverola et al., 2016). One, therefore, needs to be aware of the various characteristics inherent in a particular population, when attempting to introduce innovation or behavioural change to an existing system.

Within the DOI theoretical framework, certain individuals are identified as more likely to adopt innovations or new behaviours than others. These are identified as the ‘innovators’ and the ‘early adopters’ (Bhattacharya & Singh, 2019; Riverola et al., 2016). Innovators exhibit more adventurous, risk-taking tendencies and are consequently more inclined to develop and initiate new ideas and ways of doing things. According to Riverola et al. (2016, p. 7), “Innovators are highly important to the overall diffusion process, acting as gatekeepers that introduce the innovation into the social system, notwithstanding the possible lack of respect afforded to them by other members of the population”. Early adopters are seen as sharing leadership similarities with innovators, exhibit an openness to change and embracing of alternative ways of doing things (Riverola et al., 2016; Lien & Jiang, 2016). A nuanced difference between innovators and early adopters is the degree of respect accorded to early adopters, thereby influencing their impact on the rest of the group. As Riverola et al. (2016, p. 7) point out, “unlike the innovators, they [early adopters] are respected members of the social system bestowed by their greater integration. They subsequently demonstrate a higher degree of opinion leadership, with other members of the system seeking advice and information from them about the innovation in question”. The use of concrete, guided training manuals and information resources on how to implement the innovation, is identified as a useful strategy for use with early adopters. According to Lien and Jian (2016), based on their leadership influence, early adopters are more likely to influence the rest of a group to adopt a particular innovation. Combined, innovators and early adopters are recognised as critical for the overall diffusion or adoption of an innovation in a group (Riverola et al., 2016).

In a peer education context, it may be assumed that peer educators would have to exhibit varying degrees of 'innovator' and 'early adopter' characteristics if they are to be identified and trained as peer educators before tasked with initiating change amongst the student population. Critical in this regard would be the level of respect accorded to the peer educator by the student population, which in turn, is affected by the degree to which the peer educator is integrated into the student system itself (Riverola et al., 2016). The usefulness and relevance of training manuals and information resources when training peer educators reinforce the notion of peer educators as 'early adopters' who can be empowered to transmit a particular message and affect change optimally. Also, it may be argued that the professionals responsible for training peer educators, such as the health promoter, have a reduced connection or sense of integration into the student population by virtue of their institutional identity as staff, and not students. This official identity may then render health promoters 'innovators' who introduce the innovation or concept of peer education to peer educators, who then train and empower other students to make the necessary lifestyle changes.

Within a particular group or system, the 'early majority' members are those individuals who are more likely to adopt an innovation or belief but require evidence of its efficacy before they will implement the change (Bhattacharya & Singh, 2019; Riverola et al., 2016). Visible and tangible evidence of an innovation's success, such as success stories and successful role models would appeal to the 'early majority', making the transmitter of the message more impactful and influential in promoting change. Within the context of peer education, peer educators could themselves function as positive role models for students in the programme, with their positive academic standing, leadership skills and recognition, positive lifestyle and behaviour serving as evidence that the innovation itself, is rewarding and beneficial.

The DOI theoretical framework also allows for the incorporation of individuals who take longer to adopt an innovation or new way of being. These individuals are identified as the 'late majority' and 'laggards' (Bhattacharya & Singh, 2019; Riverola et al., 2016). Both groups are identified as conservative, possessing limited resources and information (Lien & Jiang, 2016). According to the DOI theory, the 'late majority' tend to be very conservative, cautious and suspicious in a group. This consequently impacts on their access to information and resources, resulting in a delayed acceptance of an innovation,

even though the majority of individuals in the system would have successfully tried and implemented the innovation (Lien & Jiang, 2016). 'Laggards', similarly, are identified as the conservative, traditional or vulnerable within a group who have the least resources, information and tend to be isolated from others (Lien & Jiang, 2016). Laggards are usually the last in a system to adopt new innovation and implement behavioural change because they tend to be sceptical of change. They are likely to adopt an innovation only under duress or when they are the minority in a group whose members have all implemented change (Lien & Jiang, 2016). The DOI's concepts of 'late majority' and laggards' may have particular analytical value when examining them in the context of peer educators and students' age and life experience, social background, culture and tradition, financial stability and access to resources – with a view to establishing a relationship between peer education impact and participants' demographic and social characteristics.

#### **2.6.2.2 Social Learning Theory**

Peer Education draws a lot from the Social learning theory, of which Albert Bandura produced a great deal of literature (1977; 1986). Social Learning Theory proposes that learning and the acquisition of new, alternative behaviours, can occur by observing and imitating or modelling other people. Within a social learning theoretical framework, people, therefore, serve as potential models of behaviour change who are capable of influencing others, depending on their morals, values and belief systems (Bandura, 1986). According to the social learning theory, individuals change behaviour either through their own experiences or through observing the behaviour of trusted individuals; therefore, it advocates modelling as an essential component of learning and behavioural change. For a behaviour to be adopted a subject needs to observe such behaviour from others, be allowed to practice or apply the behaviour, experience the positive outcomes or benefits from engaging in such behavioural change (positive reinforcement) and thereafter, adopt it. Within social learning theory, the characteristics of the role models are important determinants of whether a new behaviour is adopted or not. These may include the perceived consequences of adopting the modelled behaviour and who the role model is. In the process to learn a new behaviour, the credibility and reinforcement of role models are essential elements, with the credibility of role models and the anticipated positive outcomes of behaviour change, seen as increasing the likelihood of

a particular behaviour being adopted (Bandura, 1977). In essence, there is a higher likelihood of individuals to embrace particular behaviours from perceived significant and relevant individuals if the outcomes are perceived as beneficial and personally meaningful.

Social learning theory is of particular relevance to peer education programmes because of the potential for peer educators to be positive role models to the student population by virtue of their positive characteristics which are taken into account during peer educator selection and training. According to Bilgiç and Günay (2018), the essential criteria for the selection of peer educators and trainers are to find individuals who are respectable role models, have the ability to listen and communicate well. More so, they should be able to offer practical and intellectual leadership whilst they possess the ability to handle conflict.

The above leadership qualities coupled with the peer educator's shared academic status and affiliation with the general student population, therefore lend credibility to their image and status as ambassadors of responsible living and learning in higher education. In essence, a peer educator has the potential to showcase healthy behaviour in the social learning theoretical framework, whose actions and behaviours can positively influence the behaviour of others who observe and interact with them. This has been viewed as necessary in terms of eliciting change through common value and background (Klein, Ritchie, Nathan & Wutzke, 2014).

### **2.6.2.3 Identity, “communities of practice” and Social Learning**

Wenger's (1998) seminal ideas on identity formation, community membership and participation in “communities of practice” is of relevance to the present study because peer educators have a distinguished role and identity as ‘peer educators’ while simultaneously sharing an academic identity as ‘student’ with the mainstream student population. Wenger (1998; 2012) asserts that learning, self-discovery and identity formation occurs in the context of social interactions in practice. He furthermore contends that people belong to multiple communities of practice simultaneously (e.g., home/family, career, social) with such multi-group participation and engagement fostering learning and personal growth. Wenger's (1998) work takes cognizance of the social,

cultural and political influences on identity formation, and conceptualizes identity as a contextual and historical process of understanding oneself in relation to our past experience as well as future aspirations that we have for ourselves (Wenger, 1998). Wenger's (1998) contextual emphasis is relevant and noteworthy in light of the specific social, historical and cultural spaces within which DUT and MUT students and peer educators are rooted; the ways in which these past experiences inform their present identities, belief systems, and behaviours, as well as their future goals and expectations with regard to behavioural change and lifestyle choices.

Wenger's (1998) model consists of four related concepts: community, practice, meaning and identity. 'Community' in Wenger's (1998) model refers to a group established for a common purpose, sustained through interaction and sharing a repertoire of skills, resources, and information. Through ongoing social interaction by group members, learning is facilitated. Peer educators may be regarded as a 'community' because of their common identity as peer educators, which is a shared identity with a collective purpose to educate students, encourage behavioural change and the adoption of healthier and more responsible lifestyles. According to Wenger (1998), practice is about the concrete objectives, activities and processes, which could be made explicit or remain tacit, that are designed to achieve particular outcomes. Peer education may be understood as a practice based on its definition as "a planned educational model that aims to change knowledge, behaviour, and attitudes in groups with similar language and behaviour, which have both social interaction and equal status with each other" (Bilgiç & Günay, 2018, p. 103). Peer educators at MUT and DUT employ a variety of strategies to achieve their educational and behavioural objectives, including information sharing and awareness workshops on topics such as HIV/AIDS, getting tested and knowing one's status; first-year adjustment; dialogue sessions in residences; condom distribution and monitoring of usage as well as community outreach programmes. The status of peer education as a 'practice' is reinforced by the modes of delivery, which range from formal and structured workshops to informal, everyday interactions and positive role-modelling designed to communicate a particular message to students.

According to Wenger (1998) "meaning-making is ultimately transformative in that it is "an experience of identity. [Learning] is not just an accumulation of skills and information, but a process of becoming" (p. 215). It is, therefore, through community participation and

engagement that individual and group *meanings* and *identities* are negotiated, reconstructed and refined. Wenger's (1998) states that the social learning that takes place through communities of practice creates processes for self-discovery where the individual gains consciousness of identity through participation and engagement with others. Peer education training, as a 'community of practice', is geared towards increasing self-reflection and self-awareness amongst students and peer educators themselves, with an emphasis on self-examination of current beliefs, attitudes, behaviours – all of which impact on one's identity. The aim of this community of practice is, therefore, for students and peer educators to critically interrogate their current identities or present 'selves', with specific reference to maladaptive beliefs, attitudes, behaviours and lifestyle choices that embody this current identity, and to engage in personally meaningful identity reconstruction. The overall objective would be a more positive and mature identity that embodies responsible and informed attitudes, beliefs, behaviours and healthy lifestyle choices.

#### **2.6.2.4 Social Comparison Theory**

Festinger's (1954) social comparison theory states that individuals compare themselves to others due to self-doubts about their individual opinions, abilities, and status (Miao, Li, Yang & Guo, 2018). Social comparison is also recognised by researchers to play an essential role towards learning and growth because through the assessment of their social environment and making comparisons and evaluations against others, individuals learn and gain insight into the self, can initiate change and consequently, grow (Wang, Tong, Takeuchi & George, 2016). According to Miao et al. (2018), research data on social comparison reveal variable findings. On the one hand, studies suggest that individuals who rely heavily on social comparison may experience undesirable or negative feelings such as academic inferiority (Gong and Sanfey, 2017), reduction in happiness (Alderson & Katz-Gerro, 2016), self-perception that is poor, self-esteem that is low and anxiety in social situations (Vogel, Rose, Roberts, & Eckles, 2014). On the other hand, Miao et al. (2018) assert that other studies suggest more positive outcomes when one engages frequently in social comparison, with such individuals exhibiting an openness to other views and ideas, engaging in more cognitive evaluation and reconstruction, and consequently developing strategies that are more proactive (Affleck & Tennen, 1991; Gibbons & Buunk, 1999). This links directly to Festinger's (1954) social

theory framework, which proposes that behaviour and behavioural change occur as a result of individual cognitions (views and perceptions) about particular circumstances as well as individual evaluation of their abilities and potential to change and adapt. Social comparison can, therefore, facilitates social adaptation (Yang, 2016). The impact of social comparison on decision-making and judgement is furthermore recognised as significant because it can affect cognitive functioning at a neurological level, with significant implications for behaviour (Wang et al., 2016). Literature suggests that individuals use the information received from others for various reasons such as:

- Self-evaluation, where they check for correctness between their opinions, capabilities for action and emotional status;
- To enhance and/or protect themselves where they deem others as comparatively worse than themselves or their self-esteem;
- Self-improvement from others who are doing better than themselves.

People who are able to interact in all of the above processes can be better positioned to influence their peers positively, serving as role models and providing relevant and accurate health information (Simoni, Franks, Lehavot & Yards, 2011). When considered in the context of youth's risk-taking, impulsivity, and susceptibility to peer pressure and influence, social comparison theory offers a useful theoretical framework that can inform peer education interventions and anticipated outcomes. Students trained and functioning as peer educators are seen as uniquely positioned to positively influence the student population to adopt healthy attitudes and behaviours because of their leadership distinction, common demographic similarities as well as shared academic identity as students themselves (Simon et al., 2011).

Festinger's (1954) social comparison theory is directly relevant to peer education as it proposes that individuals are constantly engaged in the process of social comparison with others, particularly their peers. Adolescence and early adulthood are critical stages of development characterised by emotional, behavioural and social milestones and challenges that young individuals have to negotiate, particularly in the area of peer pressure and risky behaviour (Bilgiç & Günay, 2018). A desire for social acceptance and integration is a characteristic feature of this sector of the population, with young people exhibiting a tendency towards social comparison in an effort to establish norms and

standards of acceptable behaviour (Bilgiç & Günay, 2018). Youth are therefore more likely to look for characteristics or behaviours that will make them fit in within a particular group, with a natural tendency to the opinions and influence of peers and friends over that of authority figures and parents (Bilgiç & Günay, 2018). As peers belong to the same social group as a youth in higher education, their role in modifying behaviour and attitudes of young people cannot be underestimated. According to Bilgiç and Günay (2018, p. 102), peer role models are friendly individuals who suggest and convince others and behaves in ways to show sympathy and awareness of the suffering of fellow peers. Peer education is conducted in many strategies such as to conduct advocacy, to counsel, facilitate, discuss, drama, lectures, information dissemination, refer queries to relevant (available) services and provide support (Odundo, Kioko, Muriithi, Odhiambo & Mwada, 2014). In so doing, peer educators offer students diverse, ongoing learning opportunities that have the potential to stimulate social comparison, cognitive reappraisal of existing attitudes and behaviour and ultimately, positive attitudinal and behavioural change.

### **2.6.2.5 Theory of Participatory Education**

Participatory or empowerment models of education emphasise a link between community powerlessness at the grassroots level, resultant economic and social disadvantage and increased risk for ill health (Wolff et al., 2017). For participatory empowerment to be effective, inclusive participation of community members at the grassroots level is therefore critical (Wolff et al., 2017). Such a model necessitates involving the full and active participation of community members in creating awareness and educating each other about relevant issues and challenges. Furthermore, to solve problems and make decisions in a collective manner with the emphasis on dialogue, collective planning and implementation of agreed-upon interventions. Proponents of peer education believe that the horizontal processes in peer education are the key advantage because peers are related as equals and they are able to talk among themselves and determine appropriate actions ([https://www.unodc.org/pdf/youthnet/action/message/escap\\_peers\\_01.pdf](https://www.unodc.org/pdf/youthnet/action/message/escap_peers_01.pdf)). In addition, Bilgiç and Günay (2018) state that peer educators speak the same language as their audience, they have equal status, collaborate and learn together and they provide mutual assistance. Peer educators are, therefore, highly accessible to a target audience.

The principles of shared participation, mutual collaboration, and engagement - characteristics of peer education, therefore share a strong resonance with the concept of participatory education.

Similarities have also been drawn between peer education and community psychology (Naidoo, 2016). Within the context of community psychology, community empowerment is said to encompass training, mentoring and the promotion of self-reliance amongst community members through the effective utilisation of strengths and resources (Nelson & Prilleltensky, 2005). Naidoo (2016) asserts that peer counsellor training and education at tertiary institutions is can equip and empower students to acquire skills for self-reliance and to offer support to others, as opposed to relying solely on perceived experts. In so doing, peer counsellor education and training are seen as challenging the stereotype of the psychologist or practitioner as the 'expert'. According to Naidoo (2016), this participatory empowerment aspect of peer training programmes is compatible with the community empowerment aspect of community psychology.

#### **2.6.2.6 Transformative Learning**

Espoused by Mezirow (1997), the transformative learning also relates to theories of development, psychology and adult education, promotes innovation, critical thinking and social responsibility among students so that they can become educated, relevant to society and offer solutions to problems. In order for learning to be transformative, a change in one's 'frames of reference' is required (Mezirow, 1997). Mezirow (1997:5) describes frames of reference as coherent experiences that are formulated through relationships, ideas, beliefs, emotions and practice. Transformative learning opportunities are those spaces and opportunities wherein one is required to critically reflect on underlying assumptions and belief systems that inform our behaviour and experience, and to alter and adapt these accordingly (Mezirow (1997). This cognitive flexibility and adaptation is a gradual process that involves the following aspects:

- awareness of individual primary traditions and beliefs;
- assessment of the evidence for these beliefs and assumptions;
- ability to defend and challenge one's beliefs and that of others;
- openness to other worldviews; and

- possibility to revise or adapt one's interpretation and understandings (Grabove, 1997).

Mezirow's (1997) transformative learning theory has relevance in peer education because the generic objectives and transferable outcomes facilitated by the peer education training process resonates with those of transformative learning. These include the emphasis on promoting critical, self-aware and responsive individuals who exhibit healthy, socially responsible attitudes and behaviours both personally and academically. Mezirow's (1997) theoretical emphasis on cognitive adaptation and behaviour modification new behaviours adaptability and behavioural modification in response to new information and contextual demands, focuses attention on how peer education impacts on students' and peer educators' beliefs, attitudes and behaviours towards HIV/AIDS. In particular, Mezirow's (1997) "frames of reference" offers a useful conceptual tool with which to understand perceptual and behavioural change amongst the student and peer educator population in this study.

Grabove (1997) endorses the notion of transformative learning that is experientially-driven in nature. It may be argued that the highly interactive and participative nature of peer education group interactions and activities, which are all grounded in the actual realities, challenges and needs of students, provide an ideal experiential platform for transformative learning and growth. Among its primary objectives, peer education is to introduce peer educators among students as positive role models who bring positive attitudes and behaviours. Students who participate in peer education programmes have the opportunity to directly observe and emulate positive role-modelling behaviours of peer educators on a formal and informal basis, with the intended outcome being the adoption of alternative, more socially responsible behaviours. This direct observation and positive role-modelling aspect of peer education reinforce the notion of peer education as being an experientially-driven, transformative learning process.

## **2.7 Conclusion**

Chapter two sought to explicate the philosophical and theoretical influences that informed the present study's focus on the experiential impact of peer education programmes at MUT and DUT. The philosophical roots of thematic analysis and the

inherently ambiguous, eclectic and nuanced nature of this particular qualitative methodological approach, was elaborated on in the first section of chapter three. The remaining sections of chapter three paid attention to the multiple theoretical influences that guided the present study's focus, with a particular focus on the relevance of the diffusion of innovation theory, social comparison theory, the concept of communities of practice that forms part of social learning theory, as well as the notion of transformative learning. These theories and concepts are revisited in chapter five, with the research findings examined in relation to said philosophical and theoretical frameworks.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

Chapter two presented a critical review of contemporary literature related to peer education globally, with a particular focus on peer education as applied to health promotion and HIV/AIDS prevention. The significance of the literature review was that it aids in contextualising the present study by identifying the scope, strengths and limitations of previous findings as well as highlighting gaps in knowledge production that the current study sought to address.

The present chapter focuses on specific methodological aspects of the study. These include the research paradigm, the context of the study, target population and sampling procedures, data collection methods and data analysis.

#### **3.2 Research Paradigm**

According to Rahi (2017), a paradigm is a worldview that is generally accepted as a plausible thought framework, especially in a particular field of study. A research paradigm is, therefore, an interpretative framework through which we perceive, understand, experience and make sense of a specific topic. Salvador (2016) identifies three categories of beliefs. Firstly, Epistemology, which has to do with knowing, knowledge and how one comes to discover knowledge about the world. Secondly, Ontology, which pertains to our assumptions about how the world and reality is made up and the nature of things. Lastly, Methodology, which pertains to the tools and techniques of investigation and enquiry (Kamal, 2019). The epistemological and ontological positions adopted by the researcher, broadly reflect one's worldview towards reality and any given phenomenon under investigation. One's epistemological and ontological positions, therefore, have an influential bearing on the type of research method adopted. Kivunja and Kuyimi (2017) identified four research paradigms: positivism, post-positivism, critical theory and constructivism. However, positivism and constructivism

tend to dominate research studies because of their vastly different views of reality and their methodological choices with which to investigate this reality.

Positivists assume the ontological position that the reality is objective, given and independent of social and subjective construction. Positivism attempts to uncover the truth using empiricisms (Rahi, 2017). Positivistic thinkers, therefore, adopt methods of science and quantitative approaches to collect and analyse data. Constructive-interpretivist approach, in contrast, is a qualitative approach in nature, with the belief that there is no single and fixed reality, nor one correct method or approach to exploring and understanding the world (Antwi & Hamza, 2015). Interpretive research is furthermore qualitative in nature because it prioritises people's subjective experiences and perceptions of reality and recognises that knowledge is open to multiple meanings and interpretations. Knowing and determining what is meant are both intellectual exercises to interpret phenomena, leading to the ontological position that individuals construct reality, a category of epistemology which is inter-subjective. This ontological position is used by interpretive researchers to view the world through the observation and understanding of participants. It follows those experiences to construct and interpret the researcher's understanding from the data gathered and how it will be treated when it is analysed. This paradigm can accommodate multiple versions of the truth and emphasises the need to take into account the context of research (Thanh & Thanh, 2015).

According to Kaplan and Maxwell (1994), interpretive research is less about predetermined definitions of whether variables are dependent or independent. Instead, it considers holistic human knowledge and meaning which take place as the process develops and becomes transparent. Since interpretivism seeks to understand particular phenomena using the subjective perspectives of individuals, qualitative, meaning-oriented methodologies are consequently employed to collect data and to make sense of it. Qualitative methodologies are interactional, interpretive and involve interpersonal engagement between researchers and participants. Researchers gain a deeper understanding of phenomena and its complexity in its unique context rather than trying to generalize the base of understanding for the whole population (Pham, 2018).

The present study sought to provide a qualitative account of students', peer educators' and health promoters' evaluative experiences and perceptions of the peer education programme at MUT and DUT. In giving priority to the subjective experiences of the research participants and seeking to illuminate how they construct meaning from their peer education training through qualitative interviews and focused groups, this study, therefore, adopts a constructivist-interpretive research paradigm.

### **3.4. Research Setting**

The context of the study was two Universities of Technology located in the province of KwaZulu-Natal, South Africa, i.e. Durban University of Technology (DUT- Midlands, Pietermaritzburg campuses) and MUT. Although both institutions are technological-driven institutions of higher learning, they are distinct from each other in respect to physical and social location, which can influence the nature and dynamics of the student populations. DUT is a large urban-based institution comprising six campuses spanning two cities, namely Durban and Pietermaritzburg. DUT has a racially diverse profile, with approximately 6000 students based at the Midlands Campuses. MUT, in contrast, is located in the sprawling township of Umlazi, which is the biggest township in the Province of KZN (Council on Higher Education (CHE), 2012). MUT has approximately 12 500 students, the overwhelming majority of whom are Black. The main language that is spoken in the province of KwaZulu-Natal and also at MUT is isiZulu, followed by English and Afrikaans. Despite differences in physical and social location, the majority of students from MUT and DUT come from predominantly disadvantaged communities. Their communities are characterised by poverty, resource and infrastructure challenges, poor access to basic necessities such as sanitation, water and electricity, high prevalence rates of HIV/AIDS and a host of other psychosocial ills and challenges which impact on their access and retention in higher education institutions.

#### **3.4. 1 Target Population and Sampling Procedures**

Purposeful sampling is employed in qualitative research to determine research participants' experience in and knowledge of a particular topic under investigation (Etikan, Musa & Alkassim, 2016). It is also essential for participants to make themselves available and be willing to become involved in the study, be able to openly, clearly and

insightfully share their worldviews (Pilankis, Horwitz, Green, Wisdom, Duan & Hoagwood, 2015). Since this was a study about the views of individuals who had participated in peer education training programmes, purposive sampling was deemed the most appropriate form to identify respondents. The target population for this study was a group of students who were trained peer-educators and students who were recipients of the peer education programme.

#### **3.4.2 Criteria for Inclusion in the Study were as follows:**

Peer Educators as Facilitators of the Peer Education Programme were required to meet the following criteria:

- Current registration as a student at DUT and MUT for the 2018 academic year.
- Must have undergone peer-educator training prior to the interviews and group discussions.
- Prior exposure to the peer education programme.

Participants from the general student population as recipients of the Peer Education Programme were selected based on:

- Current registration as a student at DUT and MUT for the 2018 academic year.
- Must have participated in the peer-educator programme or must have received some training and skills development from peer-educators.
- Must have interacted with peer-educators.

Data from the peer educators and students were supplemented with interview data from the Health Promoters. Health Promoters criteria for inclusion in the study were:

- The Health Promoters working or placed at either HIV/AIDS Units or Campus Health Clinics as Health Promoters.

- The Health Promoter is the custodian of the HIV/AIDS Peer Education Programme, responsible for coordinating these programmes at the two institutions.

### **3.4.3 Recruitment Process**

Institutional gatekeeper's permission was obtained from the relevant institutional authorities before the research study was conducted, obtaining permission to advertise the study via posters and to recruit participants. Posters were put up on notice boards at strategic points on both the DUT and MUT campuses (see Appendix 1). The posters highlighted the purpose of the study, emphasised that participation was voluntary and the information was to be kept confidential. Health Promoters were approached telephonically to invite them to participate in the study. This was followed up with an email detailing the purpose of the study, emphasising that participation was voluntary and assuring them that the information was to be kept confidential (see Appendix 2).

## **3.5 Ethical Considerations**

### **3.5.1 Ethical Clearance & Gatekeeper's Consent**

Ethical clearance was obtained from the University of Zululand Research Ethics Committee (UZREC) prior to the commencement of fieldwork (see appendix 13) since this is where the researcher was registered as a doctoral candidate. Gatekeeper's consent was thereafter sought from both DUT and MUT institutions before participants were recruited, as the populations came from these institutions (see appendices 14 and 15).

### **3.5.2 Informed Consent, Autonomy and Respect for Participants**

A consent form was signed by all willing participants (see Appendix 7) which detailed the voluntary nature of participation in the study. They were given assurances to be allowed to withdraw from participation, the use of pseudonyms to ensure anonymity and the storage of forms and data in a safe and secure facility at all times and accessible only to the researcher and supervisor. The intended use of the research and how findings would

be disseminated and published was communicated to participants. All participants were over the age of 18 and were able to consent on their own without parental guidance. The researcher was mindful of ethical considerations taking into account the issues of anonymity and confidentiality. The researcher ensured confidentiality by using code names for participants. Also, the researcher changed all the identifying areas or any information in the reporting of findings in ensuring the confidentiality of participants.

The interview venue for DUT was at the Riverside Campus Student Counselling Training Room, whereas for MUT it was at Human Resources Boardroom. The researcher ensured that the interview locations and venues were accessible and conducive to interviewing. The interview rooms of the study for both DUT and MUT ensured that there was a “do not disturb” sign at the door to ensure that there were no interruptions and participants’ identification by other students and staff. The interviews were conducted on a Saturday where there were no academic activities taking place and ensuring that there was a less presence of student population on campus.

The researcher held the position of a Dean of Students at MUT; however, this had no impact on the participation of students as posters that were used and circulated on campuses did not identify her. Also, as much as the peer education programme falls under one of the departments overseen by the Dean, this had no effect as the Dean had very minimal interaction with students in the peer education programme.

The language issue was taken into consideration in conducting data collection. The consent form and information sheet were written in English since this is the teaching and learning medium in both these universities. However, the researcher ensured that a thorough explanation in the participants’ home language (isiZulu) was conducted. Likewise, the researcher encouraged participants to express themselves in a language of their choice when seeking clarity about their participation. The researcher also constantly reminded the participants that participation in the study was voluntary and they were allowed to withdraw from participation, without punishment or penalisation.

### **3.5.3 Nonmaleficence**

Ensuring nonmaleficence was the researcher's primary priority as far as participants were concerned. The researcher ensured that there was no harm to the participants by not using any form of deception or coercion. Also, the researcher ensured ongoing respect for participants before and after the research. Issues of safety were also taken into consideration by ensuring accessibility, safety, security, noise levels and privacy considering the unpredictable nature of the university environment where student protests can suddenly take place. In the event where the research participants experienced emotional breakdowns due to participation, the consent form also informed participants of debriefing/ counselling support resources available to them should they required it following the research interviews.

### **3.5.4 Beneficence**

The researcher conducted this research for academic purposes and to improve the Peer Education Programme at MUT and DUT. It was expected that students and staff would benefit indirectly through knowledge generation. The researcher collected the contact details of participants to share and present the research findings in future. The participants were also informed that a duplicate of the completed study would be accessible from the University of Zululand Library and on online research repository platforms. Copies of the dissertation would also be available at MUT and DUT libraries.

### **3.5.5 Justice**

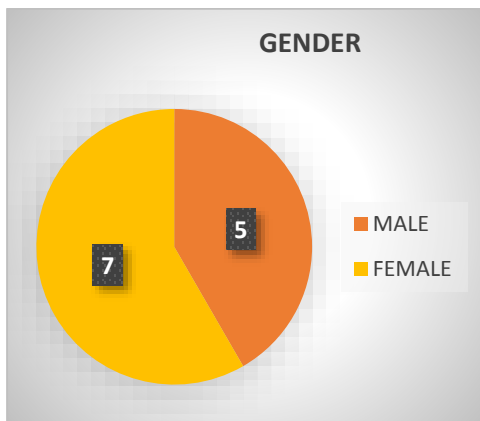
There was a fair selection of participants as the researcher circulated the posters on DUT and MUT campuses. Also, the participants are the people who stand to benefit from this study's recommendations and improvements. The researcher took measures to safeguard participants from possible distress through their participation, and emphasised that should there be any participants whose emotions got provoked by participation, arrangements were made with Student Counselling Unit for support. The researcher also respected the cultural and religious backgrounds of participants; hence, they were also encouraged to converse in a language with which they were comfortable. Issues of demographical locations were also taken into consideration in ensuring good selection

and participation in the study. The researcher provided transport for students whose geographical location was not close to the venue in which the interviews were going to be held. Lunch was also provided to all the participants to compensate for their time. This was however not advertised in the recruitment posters as the researcher sought to ensure that participation was purely voluntary.

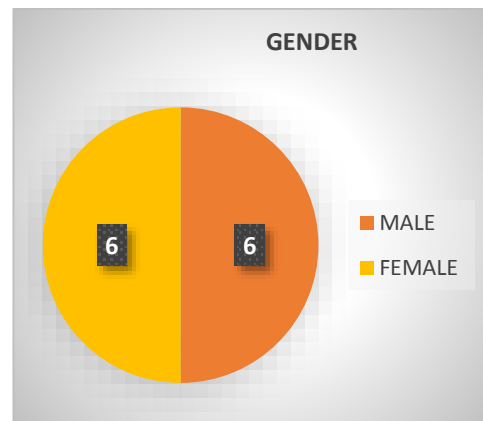
### 3.6 Participant Demographics

The sample comprised twenty-four trained peer educators (MUT = 12; DUT = 12) and ten students (DUT = 5; MUT = 5) who had participated in peer education programmes. Below is a graphical breakdown of participant demographics for the peer educators from MUT and DUT.

#### 3.6.1 Gender

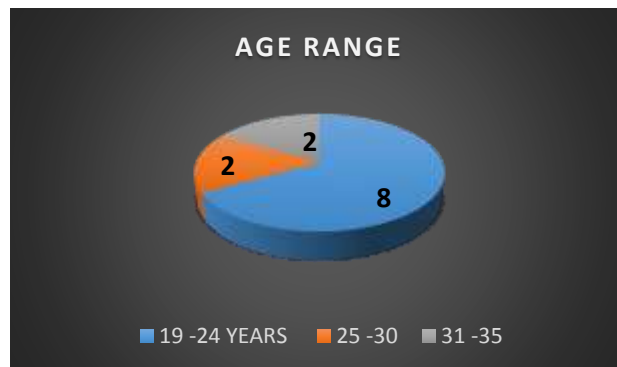


DUT Peer educators



MUT Peer educators

#### 3.6.2 Age

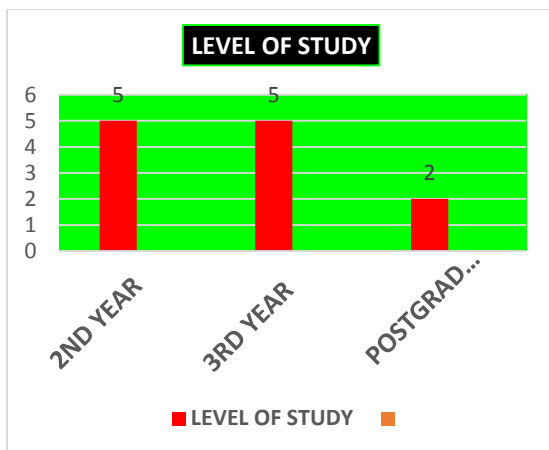


MUT Peer Educators

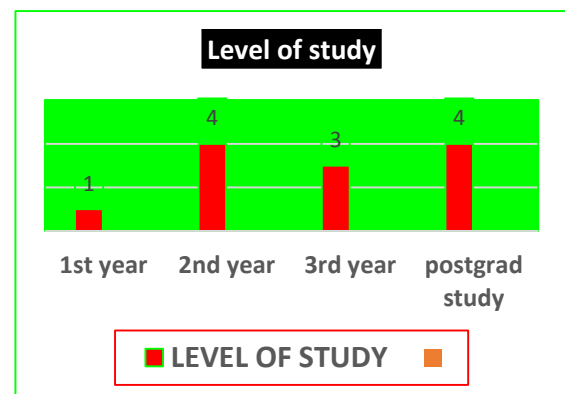
In contrast to the MUT peer educator sample above, which reflects more considerable variation in age ranges, all twelve DUT peer educators were in the age range 18 -25 years.

### 3.6.3 Study Levels

The bar graphs below reflect levels of study for the peer educator sample from DUT and MUT, respectively. A noteworthy difference is that the MUT sample contained one first-year student who was also a peer educator, in contrast to the DUT sample, where peer educator levels started from the second year.

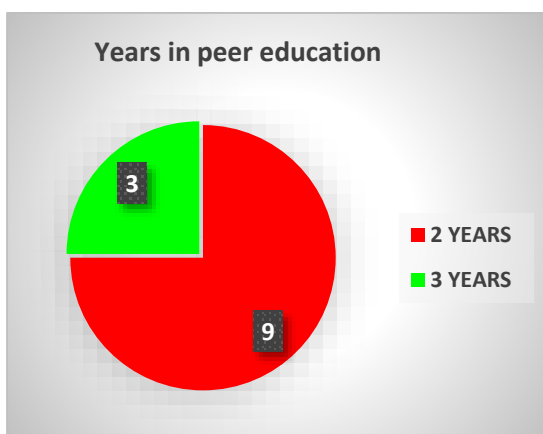


DUT peer educators

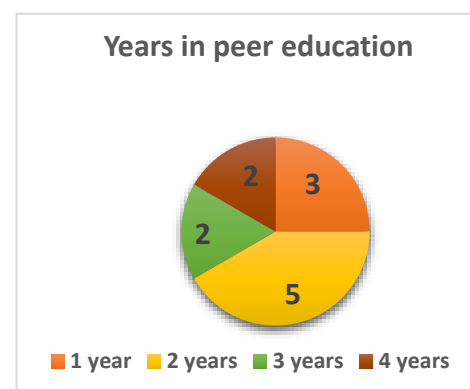


MUT peer educators

### 3.6.4 Peer Educator Experience



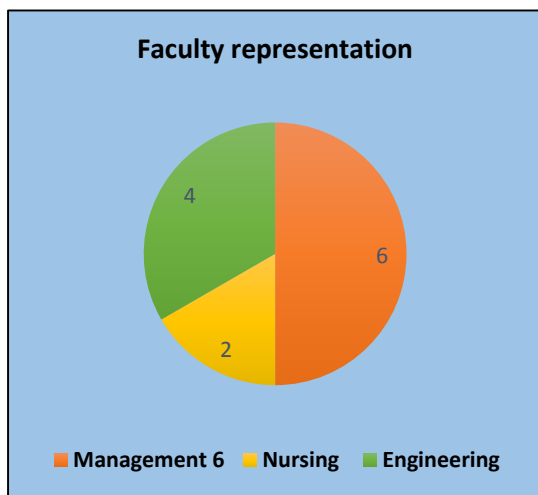
DUT peer educators



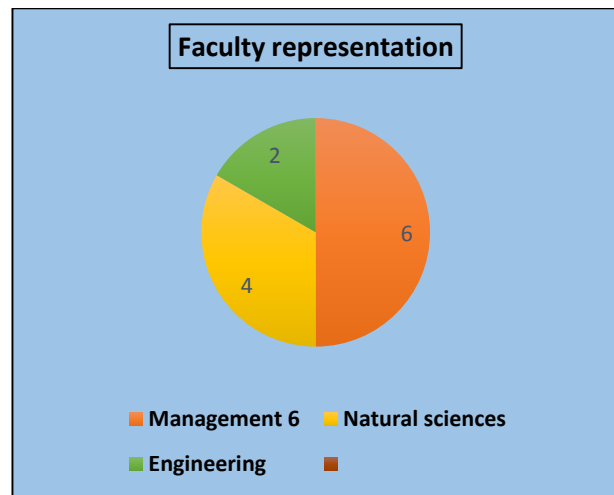
MUT peer educators

The above pie charts highlight similarities and variability in respect of peer educator involvement in the Peer Education Programme at DUT and MUT. Most peer educators had been involved in peer education for at least two years at both institutions. An interesting difference is that one participant from the MUT peer educator sample had been a peer educator for four years.

### 3.6.5 Faculty Representation:



DUT peer educator sample

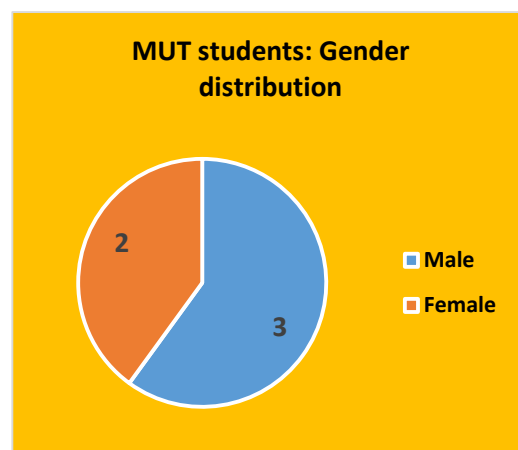
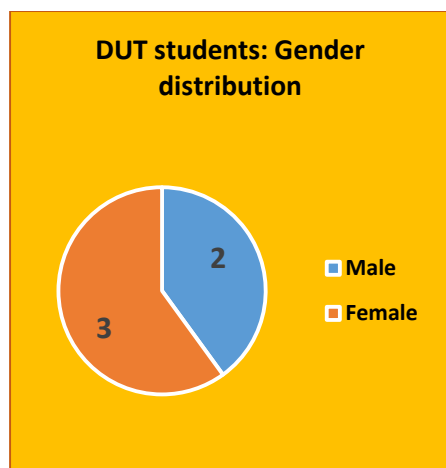


MUT peer educator sample

### 3.6.6 Individual students interviewed:

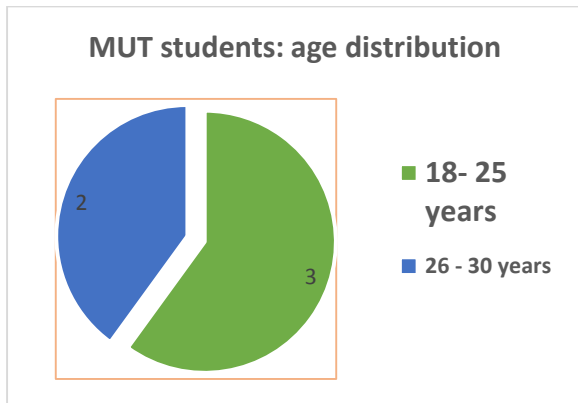
DUT students = 5

MUT students = 5

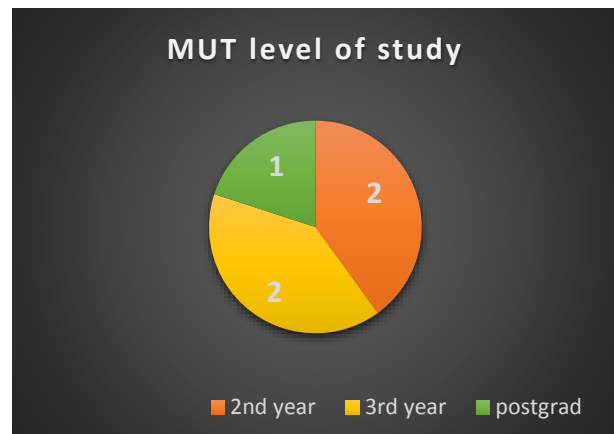
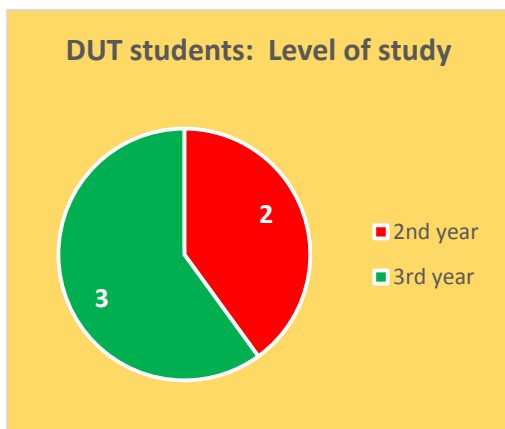


Individual interviews were conducted with five students from DUT and five students from MUT. Slight gender differences were noted between the two samples, with more female

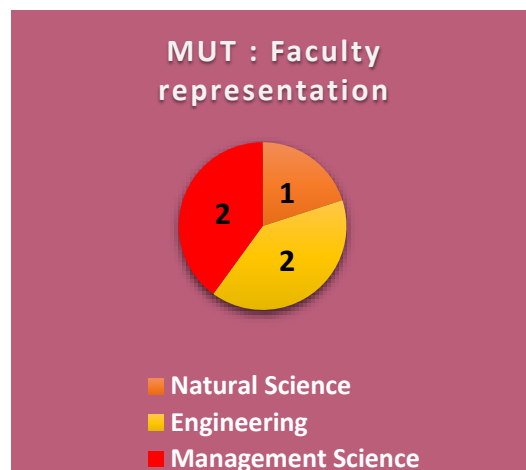
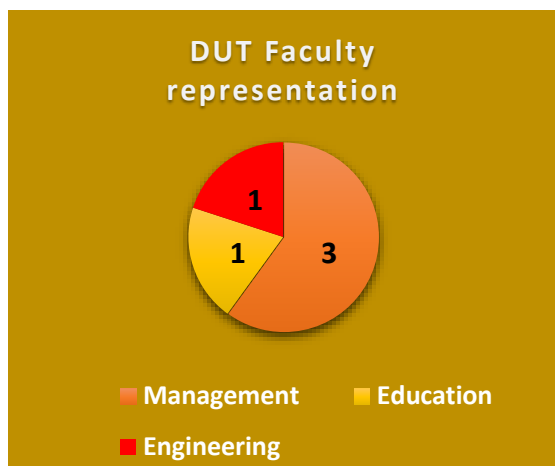
students being represented in the DUT, while the MUT student sample revealed that more male students were participating.



The age range of the five DUT students who participated in the study was 18 – 25 years, while the MUT students’ ages ranged from 18 – 25 years, to more mature individuals aged 26 to 36 years. MUT age variability is depicted in the graph above.



The majority of students from both DUT and MUT were in their second and third years of study, with one postgraduate student (fourth year) from MUT also participating.



Common faculties represented in both the DUT and MUT student samples were the faculties of Management Sciences and Engineering, with the Faculty of Education also being represented in the DUT sample. Qualifications in education are not offered at MUT, which may partly explain the lack of representation in the MUT sample.

### 3.7 Data Collection Instruments

As the research study involved human subjects, a qualitative approach was used. Data collection methods consisted of focus group interviews (see Appendix 10) and individual one-on-one semi-structured interviews with students (see Appendix 5), peer educators (see Appendix 4) and health promoters (Appendix 3). Qualitative methods, such as interviews and focus groups, are the instruments widely used to explore issues with young people. The rationale behind this tendency is that qualitative methods allow young people to talk more freely, in their own words about their perceptions of and feelings towards a particular phenomenon without having to respond to researchers' closed questions in a questionnaire (Wooley, Edwards & Glazebrook, 2018). Interviews are suitable data-collection methods for qualitative studies because they enable the researcher to obtain detailed information on a particular phenomenon. They are especially useful for exploring participants' thoughts, feelings, beliefs, emotions and experiences of human subjects, as well as investigating deep personal and sometimes very sensitive social issues (DeJonckheere & Vaughn, 2019). Focus groups are in-depth, joint interview sessions that comprise a limited number of participants recruited in order to express their opinions on specific topics (Dawson, Daniels & Clapham, 2014). Focus groups are particularly useful where group interaction is a crucial component of the target

sample's experience. Participants are encouraged to engage with each other as well as comment on each other's expressed opinions, thoughts and feelings (Nyumba, Wison, Derrick & Mukherjee, 2017). Economically, focus groups are more feasible because they save time and enable the researcher to access a larger group of participants in a shorter space of time, as compared to the more tedious traditional one-on-one interview format. Focus groups and individual interviews were, therefore, deemed compatible and complementary data collection methods that could offer a comprehensive and in-depth perspective on peer education experiences.

The researcher issued the information sheets to participants (see Appendix 6) to read and understand before interviews and focus group discussions were conducted. The sheets were written in simple English language and as an additional measure to ensure understanding an oral explanation of the details contained in the information sheet was provided in isiZulu and participants were allowed to seek further clarity by asking questions. For participants in the focus group discussion, a request was made to sign the confidentiality pledge (see Appendix 9) to ensure that the information shared in the group by other participants was not to be discussed outside the group. Participants also signed a consent form to permit audio recording (see Appendix 8) which enabled the researcher to capture what was said clearly and not rely solely on the notes and memory which may distort the information. The researcher further requested the participants to use code names when referring to themselves in order to protect their identities.

Interview data were supplemented by a self-constructed biographical questionnaire designed by the researcher, which was completed by all participants (see Appendix 16). The biographical questionnaire included demographic details such as gender, age, race, year of study, faculty registered with and duration of peer education programme participation.

The interview instrument used in the interviews was designed by the researcher guided by literature review and the peer education programme itself in these institutions.

### **3.7.1 Focus Groups**

The researcher conducted focus group discussions with two separate groups of peer educators. There were twelve participants in each group. Discussions ran for a period ranging between 60 and 90 minutes. Focus groups enabled the researcher to explore unique and varied experiences and perspectives of peer educators, while also identifying common experiences shared by all participants that serve to connect them experientially in the context of peer learning and education.

The research participants were requested to maintain confidentiality concerning the details emanating from focus group interviews and were required to sign a confidentiality pledge. To ensure the anonymity of participants, the identities of research participants were substituted with pseudonyms which were maintained throughout the transcription of interviews and the write-up phase.

### **3.7.2 Individual Interviews**

The study employed individual interviews to gain more in-depth information on experiences and perceptions which may not have emerged during the focus group discussions because of personal preference as well as sensitivity. The duration of the individual interviews varied from one to two hours and depended on the nature and volume of information which each participant was able to share with the researcher.

Individual interviews were conducted with ten respondents out of the total of twenty-four peer educators who participated in the focus groups, as discussed in the previous section. Before the interviews commenced, the research participants were alerted on the duration, goals of the study, selection criteria and role-players in the investigation. In addition, assurances were given on their right to withdraw from participation or refuse to provide responses, should it become untenable for them to continue. The criteria used by the researcher to select participants was an observation of their input and participation during the focus group sessions, and their anticipated ability to provide more abundant and more in-depth detail of their experiences on a one-to-one basis. These participants were then invited to participate in the follow-up individual interview sessions. Two Health

Promoters and ten student recipients of the peer education programme were also interviewed individually.

Records of both groups of focus group interviews and individual interviews were audio-taped and transcribed verbatim, in isiZulu (the language of the participants), by the researcher. The transcriptions were later translated into English for purposes of analysis and write-up. One advantage of audio-taped sessions is that the researcher can focus fully on the subject (DeJonckheere & Vaughn, 2019) while the actual interview is taking place, thereby reducing the potential for biased recall. The audio-records of the interview enabled the interviewer to focus on the interview and establish empathy with the participants, without the distraction of taking notes. It was communicated to participants that the audio-recording was to be used for data collection and their permission was required for this purpose.

### **3.8 Data Analysis**

Thematic analysis is a qualitative research method that offers the researcher a means of capturing, categorising and evaluating qualitative data (Nowell, Norris, White & Moules, 2017). Researchers support the use of thematic analysis on its own (Nowell et al., 2017) because it is applicable across various epistemological approaches and study questions. It enables one to organise, describe and outline key elements of data and provide interpretation (Braun & Clark, 2006, p. 6). The core features of thematic analysis (TA) were deemed compatible with the research study's aims and objectives, which was to identify and categorise students, peer educators and health promoters' experiences of peer education programmes, with specific reference to impact and efficacy.

Clarke and Braun (2013) state that thematic analysis offers theoretical flexibility and as such is regarded as more of a *method* than a rigid methodology. The thematic analysis involves intense engagement with the data, with the aim of discerning repeated patterns of meaning across data. This outcome is achieved by the examination of data to identify recurrent meaningful themes. This is done by following six linear steps or phases, which Braun and Clarke (2006) refer to as a linear model of qualitative analysis:

### **3.8.1 Phase One: Familiarisation with Data**

This phase of analysis involves immersing oneself in the data so that one becomes acquainted with total content. Immersion in the data at this phase entails repeated reading and listening to the audio-recorded data, searching for meaning and patterns before coding.

### **3.8.2 Phase Two: Coding**

Coding is described by Creswell (2014) as the process of identifying and coding themes that appear to be the common denominator to provide relevant information to the research. It is a useful data management tool to organise related text to assist in interpretation which would provide an audit trail to prove that the research study is credible (Nowell et al., 2017). This second phase in thematic analysis, therefore, involves producing initial codes from the data after having listened to and read the content several times.

### **3.8.3 Phase Three: Searching for Themes**

A theme has been described by Vaismorad, Jones, Turunen and Snelgrove (2016) as a topic that organises a group of repeated ideas extracted from the research, giving it coherence and helping to illuminate answers to the research questions. The codes contained in the themes have a common notion of reference with a high degree of generalisability. During this phase, the different codes are sorted into potential themes and collated within the identified themes (Clarke & Braun, 2013).

### **3.8.4 Phase Four: Reviewing Themes**

This stage involves ensuring that identified themes relate to both the coded excerpts and full datasets and as such, reflect the complete story about the data in its totality. This is achieved by interrogating for and ensuring, coherence and synergy between individual and collective themes within the data set. During this process, the researcher may

encounter themes that need to be redeveloped or refined – either by being combined, split or even discarded.

### **3.8.5 Phase Five: Defining and Naming Themes**

This phase involves the identification of the core information underlying each theme. That is, the core idea or topic determining what aspects of data adequately reflect and confirm this theme, as well as ensuring no significant overlap between themes when they are considered in relation to each other.

### **3.8.6 Phase Six: Writing Up**

This last phase in TA constitutes an integral part of the analytical process. The write-up entails integrating the analytical narrative with qualitative evidence drawn from the transcribed interview, as well as place the research findings in the context of the research goals and current literature.

## **3.9 Evaluating Qualitative Research Findings**

Social context, human subjectivity and interpretation are considered crucial elements in qualitative data collection and analysis. As a consequence, it is accepted within a qualitative research paradigm that research findings can never be entirely neutral and objective (Mukherji & Albon, 2015). As such, alternative methods of evaluating qualitative research are required. According to Birt, Scott, Cavers, Campbell and Walter (2016), ensuring the quality of data is crucial in research. In contrast to the positivistic criteria of validity and reliability typically associated with quality and rigour in quantitative research, qualitative research is generally evaluated against alternative concepts such as *credibility, transferability, dependability, and conformability* (Moon, Brewer, Januchowski-Hartley, Adams & Blackman, 2016).

Ensuring credibility within qualitative research is considered of paramount importance because qualitative research involves human subjects, their realities, and experience. According to Korstjens and Moser (2018, p. 121), credibility refers to the level of trust

that can be placed in the truthfulness and accuracy of research findings. To determine whether qualitative research is credible or truthful, the degree or extent to which findings represent and convey the actual meanings and intentions of the research participants, therefore, is assessed (Moon et al., 2016). In essence, the credibility of a qualitative study has a bearing on the accuracy and plausibility of the research findings, in terms of its relationship and link to the original data, participants' views, and the researcher's interpretation thereof (Korstjens & Moser, 2018).

A variety of strategies may be used to establish research credibility, including triangulation, member checking and peer debriefing (Fusch, Fusch & Ness, 2018; Moon et al., 2016). Triangulation is a qualitative research technique which involves using more than one method or data sources in qualitative research, allowing for a complete and exhaustive investigation of phenomena (Fusch et al., 2018). Denzin (1978) and Patton (1999) identified four types of triangulation: (a) method triangulation, (b) investigator triangulation, (c) theory triangulation, and (d) data source triangulation. The researcher employed method triangulation and data source triangulation to increase trust in the research findings. This was achieved by adopting dual data collection methods of focus groups and individual interviews, as well as using students, peer educators and health promoters as multiple data sources in the sample. Thematic analysis is a well-documented and popular qualitative research methodology used in different disciplines. Its employment in this study was anticipated to lend credibility to the collection, interpretation and analysis of data.

The study further sought to maintain the authenticity and integrity of participants' experiences and encouraged them to express themselves in the language of their choice. It was anticipated that this would lend further credibility to participants' accounts and accurate collection and analysis of data.

To further increase the research findings' credibility, the researcher employed peer debriefing. Peer debriefing involved the researcher engaging and sharing with peers the research process and findings, when necessary, in order to obtain additional perspectives and feedback regarding the accuracy of interpretations (Fusch et al., 2018).

Dependability was ensured in this research through the use of qualitative research methods and using different methods to collect data. Also, the study used health promoters to assist in corroborating or offering different views to the information provided by peer-educators. This phenomenon is about ensuring that the findings of the research and research procedures are clearly documented to facilitate replication by other researchers, audit the research process and probably obtain the same results if using the same participants (Korstjens & Moser, 2018).

Confirmability was conducted through ongoing review of literature, theories and data to assess whether the progress was consistent with the goals and methods of the study. Triangulation also assists in ensuring confirmability. Researchers are expected to show logical links between research findings and conclusions using replicable approaches. Triangulation is relevant to confirmability and they gained importance for completed studies that are supposed to inform policy (Moon & Blackman 2014). It is also crucial that the researcher reports on measures undertaken to avoid bias as this helps protect the study from the researcher's philosophies or experiences and ensures results emanate from accurate data obtained from participants.

Transferability is about the applicability of research findings in other settings. The total of participants in the study was 37, made up of students from two different universities, in different geographical locations. The diverse nature of the participants generally increases the study's transferability to other settings with similar contexts. Lincoln and Guba (1985) describe transferability as undertakings by researchers to facilitate the transfer of research findings across diverse situations while producing the same results. The transfer of research in other contexts is crucial where the research aims to influence policy. This is so because policy management depends on reliable and accurate data, conclusions as well as recommendations especially from fewer research programmes when the application context is different from that in which the findings were obtained (Moon & Blackman, 2014).

### **3.10 Conclusion**

Chapter three introduced the reader to the research methodology aspects crucial to any research undertaking. These included ethical considerations, sampling techniques and

data collection methods, stages in the analytical process, evaluation criteria and considerations applicable to the present study.

## CHAPTER FOUR

### RESEARCH RESULTS

#### 4.1 Introduction

This study sought to explore how students, peer educators and health promoters experience HIV/AIDS peer education programs at DUT and MUT. The focus was specifically on the impact, efficacy and relevance of such training on their perceptions, behaviour change and lifestyle choices. Chapter four presents the dominant themes that emerged from students' and peer educators' experiences of the programmes, with research findings highlighting similarities in experience for participants from both DUT and MUT. In addition, specific experiences and factors were highlighted by participants in the MUT sample and not those in the DUT sample. This suggested important contextual influences and differences in how peer education is received, internalised and applied by students and peer educators at different institutions.

#### 4.2 Students' Perspectives on Peer Education

##### 4.2.1 Peer Education Programmes as Safe Learning Spaces

While students expressed varied reasons for participating in the HIV/AIDS peer education programme, there was a discernible shift from transient, extrinsic motivations to a deeper, intrinsic appreciation of the programme. The extract below illustrates this shift:

*To be honest, at first I wanted a t-shirt.., what made me stay is that you learn a lot more than you can be taught at home. At home, you don't find a chance to sit down with your parents because they are always too busy. That's why I stayed and learned a lot of things in general.*

Most participants reported an initial material incentive to join the peer education programme. This external motivation appears transient and is replaced by a deeper appreciation of the unique impact and benefit of the programme. The uniqueness of the peer education programme is evident from the participant's comparison of peer

education with the learning opportunities afforded at home with family members, which he sees as limited in comparison. The above extract suggests that peer education programmes afford students an experience of safety and transparency conducive to engaging with issues which they would not necessarily be comfortable discussing with their parents. In particular, peer education programmes are experienced as safe spaces wherein issues of a sensitive, controversial nature, issues considered taboo in families or those issues not deemed appropriate to discuss with one's elders at home ("you learn a lot more than you cannot be taught at home"), can be explored more openly. Research findings on safety, therefore, have implications for peer education impact and efficacy. It suggests that safety is an important group dynamic and variable that can enhance group participation, learning and behavioural change.

An interesting finding that emerged from the MUT student participants in this study was the explicit recognition of peer educators as extended family support systems assuming the role of a caring, maternal figure, yet accessible enough to discuss sensitive issues. As stated by one of the participants:

*In my own understanding, peer educators are basically our mothers, who teach us how to look after ourselves first of all. They help with sexual issues, health and advice. Sometimes they do what is supposed to be done by peer helpers because they advise us on dating and like when you come to res this is how you carry yourself. You don't lose morals because you have changed your environment, you don't want to do things because you want to fit in a group because you want to impress a certain guy and because of peer pressure. When I came to MUT every girl was talking about sex and I have maintained my virginity. They look at me like an outsider but you learn that you are unique. So, they are very helpful shame.*

The student's account, above, speaks to student perceptions and experiences of peer educators as complex role players assuming multiple roles that go beyond that of formal trainer and facilitator of knowledge and skills, to surrogate maternal figure. It is also interesting to note from the student's account that students appear more willing or at ease, to discuss sensitive topics with their peer educator maternal figures, as compared to their parents at home. This suggests that the features shared by peer educators and

students, such as age and academic status, as well as those which distinguish peer educators from the general student population, i.e. seniority and experience, have a powerful and positive impact on learning and engagement in the programme. This, in turn, increases the likelihood of positive programme outcomes and behavioural change.

The two extracts below, one from a DUT student and the other an account from a MUT student, offer some insight into the unique approach characterising peer educator engagement. Peer educators' self-confidence and personality traits enabled them to establish rapport and trust with students. This created an environment conducive to the discussion of sensitive topics and the acquisition of new skills:

*Most peer educators are not shy and it suits their category. They come to us and talk about things that are taboo, and they use a sense of humour so as to get us to be at ease.*

*Yes, most peer educators are extroverts. They could take something that is not easy to talk about and they have a sense of humour. They are even able to make someone who is shy, to talk about things like condoms and stuff. They talk about people who change from being a female and be a male. Yes, they do make a lot of things easy.*

This experience is reiterated below in the account of a student from MUT who had participated in the peer education programme:

*There are many students who have different issues. So, peer educators are there because they are institution wise to assist students in terms of sexual activities. They provide condoms in residences, hold debates so that students talk openly and communicate more about the things that affect them generally. We have learnt that we come from different backgrounds where we couldn't speak about certain things, so, peer educators are there to teach us. We also learn about many things that are happening in the world currently, especially, the things we can't share with our parents.*

The above extract highlights the broad and generic impact of peer education programmes on student engagement and learning. In particular, it highlights the subtle and nuanced appreciation of contextual and socio-cultural influences on student participation. This suggests that DUT and MUT peer education programmes seek to maximise their relevance and impact on student learning. This is done by taking cognisance of both content-specific programme detail as well as process-specific interpersonal factors that can affect participation, learning and programme outcomes. Research findings highlight the experience of peer education as open and accessible platforms conducive to critical engagement, learning and change. This experience seems to compensate for the contextual and social constraints characteristic of their families and social communities back home (“we come from different backgrounds where we couldn’t speak about certain things”). Implicit therein is a socio-cultural and familial element to HIV prevention, with social support systems emerging from the narrative as either constraining or aiding the fight against HIV. These emerging systems are either censoring or encouraging critical dialogue around risky sexual behaviours, safe sexual practices and the reality of HIV prevalence. The inclusive nature of peer education is also emphasised by the participant’s reference to the diversity of students’ backgrounds, experiences and perspectives which are taken into account in the peer education programmes. In addition, the reference to learning about things “*happening in the world currently*” highlights the global impact of DUT and MUT peer education programmes on students in higher education. The implication is that students are prepared to effectively engage locally and globally with topical trends and challenges pertaining to HIV/ AIDS and other social issues.

Students described the peer education experience as one of acceptance and affirmation. They attribute this to the fact that it provides an environment in which they could freely acquire knowledge, ask questions and give their input without feeling judged. The absence of hierarchies within the peer education space, the shared demographic similarities such as age, race, psycho-social and cultural backgrounds as well as academic status, promoted a sense of familiarity, collegiality and ease. This resulted in students in the peer education programme feeling equally respected and valued as the peer educators. This ethos enabled dialogue, interaction and learning to take place. This experience also inevitably had a positive impact on participants’ self-esteem, encouraging them to acknowledge their limitations with respect to knowledge and

understanding. This self-awareness, in turn, facilitated the adoption of alternative beliefs and values which enabled responsible behavioural change and positive lifestyle choices to be made.

The accessibility of peer educators to students was a theme also echoed by health promoters who participated in the study. Health promoters are the custodians of the peer education programmes at higher education institutions, and their deliberate selection of fellow students as peer educators suggests the strategic utilisation of students to maximise the impact and outcomes of peer education:

*Students, in general, feel comfortable to relate with their peers. It's easier to approach them, to ask them to just open up with whatever issues that they have instead of coming to us [health promoters]. So, it has a great impact. Students feel very comfortable interacting with their peers.*

#### **4.2.2 Bridging the Gap between Sexual Health and Holistic Development**

Students reported noticing significant changes in their personal awareness and understanding of safe and risky sexual behaviours. They also became conscious of how this can have a direct impact on their health and well-being. This finding speaks directly to one of the main goals of the study, which was to explore and identify participants' experiences and perceptions of programme impact.

*As for me personally, I didn't know the dangers of having unprotected sex in detail. I didn't know about oral sex. I used to hear people talking about oral sex but I didn't understand until last year when we had discussions with ladies. And ladies talk. We talked about everything and one of the peer educators spoke about the dangers of sucking a man, the dangers if a man sucks you, the dangers of having unprotected sex. Even though both are negative there are some STIs and STDs which were clarified to me.*

The above account draws attention to the student's gap in knowledge before participating in the peer education programme, to a deeper, more detailed appreciation of the various aspects of sexual behaviour and potential consequences thereof, after

receiving the peer education training. This extract further highlights the open and personalized nature of peer education information as we see the student shifting from “hearing people talking oral sex” to direct involvement in learning about the topic through dialogues facilitated by the peer education programme.

Both MUT and DUT students described peer education as comprehensive and all-encompassing, not just limited to HIV/AIDS:

*I can talk to them about anything, HIV-related issues and things that are general.*

*I am learning a lot, you know. I look at the point that if you involve yourself or become part of peer education you become different. Your coming in is not the same as your going out. You gain a lot of skills in many different dimensions. I see that we are here on campus we are going to work soon. You get trained in being punctual, listening skills and many other important skills.*

*I learned many things from being a shy person now I am able to stand in front of people and talk openly and pass on the accurate information to others. I am able to interact with other people and I have learnt to listen to others.*

The extract captures the experience with the peer education programme as powerfully transformative in the sense of enhancing self-awareness and overall skills development (“Your coming in is not the same as your going out”). This observable shift in the self is experienced as comprehensive and all-encompassing, not just limited to issues of HIV/AIDS awareness. Rather, improvements in social and interpersonal skills, as well as self-confidence (“being able to stand in front of people and talk openly), are addressed.

#### **4.2.3 Challenging Beliefs and Perceptions: Peer Education as a Behaviour Change Model**

Programme impact and efficacy was described by students in terms of being both informative and facilitating behavioural change. They described shifts from a state of naivety with respect to current social challenges and trends prevalent amongst the student community to a more realistic appreciation of the realities of student life. They also gained emotional, social and cognitive tools needed to cope with these challenges:

*The reason why I joined peer education is because of programmes I saw before I joined PE. While I was doing my first year and I saw that there are so many things that we are exposed to on our campus that we were not aware of, like PHUZA WISE. When you get into tertiary you meet different people sometimes you don't know how to deal with things like Phuza wise. As a woman, you get to know when to say no to sex and the importance of using condoms. You get exposed to those things and can learn to say no to a guy, get motivated as a woman and get inspired.*

The above participant draws specific attention to the impact of peer education programmes on skills development in a wide range of areas currently experienced as challenges by students in higher education. These include diversity management, handling peer pressure, assertiveness, self-discipline, making responsible sexual choices, the setting of personal boundaries, decision-making and problem-solving. All of these topics have critical implications for the establishment of positive self-esteem, healthy relationships and informed decision-making that inform and promote responsible sexual behaviours and practices at MUT and DUT. Such evidence suggests support for peer education programmes as providing important generic information and skills that may be applied across situations and contexts, including social and sexual encounters. The comprehensive and holistic nature of programme content seemed to bridge the gap between student deficits and the need for survival skills in a myriad of areas necessary for successful living and learning, and not just limited to sexual behaviour and HIV/AIDS. The participant above goes on to identify peer education programmes as instrumental in supporting students to adjust and make healthy lifestyle choices. This suggests that peer education programmes are experienced as impactful and effective because they are grounded in relevant, real-life experiences and challenges facing young people at university. Participants in peer education programmes, therefore, see peer education programmes as spaces that offer opportunities for confronting and engaging with topical and often contentious issues that students may silently struggle to deal with, on their own. Through open discussion, reflection and engagement with peers and peer educators, more responsible and adaptive ways of coping, are explored. Findings of the present study, therefore, illustrate the relevance and applicability of peer education as an appropriate peer-driven tool that can make a meaningful contribution to student

holistic well-being while simultaneously targeting the transmission and spread of HIV/AIDS.

Participants' subjective accounts of their experiences suggest that the impact of the peer education programmes extended beyond information and skills development to include issues of personal identity. Students cited the training as having a powerful and positive impact on their personal identities as young men and women, ("get motivated as a woman and inspired") – a theme that resonated throughout participants' narratives. The embracing of one's gender identity and sexual orientation, as opposed to conforming to peer and societal pressure, was associated with increasing levels of self-acceptance and self-esteem. This enabled recipients of peer education programmes to resist responding impulsively to peer pressure and to assume greater agency and control over their sexual choices and lifestyles.

Increased awareness and sensitivity to gender identity and sexual orientation issues, featured prominently in the narratives of students who participated in the study, particularly those from MUT:

*What they have assisted me with is to give me an understanding of the LGBTI group, yes, I didn't know anything about that. I didn't know that there was something like that. I gained so much knowledge it opened my eyes to things that I wouldn't have known if I had never met peer educators. I also learnt about the health of the opposite sex and the things that females go through. And general information.*

The extract above powerfully illustrates the shift from a state of naivety and a lack of awareness with respect to the LGBTIQ community, to increased awareness and appreciation of gender diversity in the MUT community and broader social context. The fact that participants from MUT highlighted this aspect of peer education in their accounts suggests that peer education serves to bridge the gap between social and culturally conservative communities from which many of the MUT students originate. It also brings to the fore the realities of a progressive and transforming South African society which MUT seeks to reflect. This account further highlights the transformative impact of peer education at MUT, with particular reference to students' values, beliefs and principles.

As illustrated by the account above, peer education programmes were experienced as more than simply an information-sharing platform because they challenge students' traditional beliefs and taken-for-granted assumptions about gender identities, roles and stereotypes. Through creating awareness about different aspects of diversity and inclusivity, students "eyes were opened" and in the process, their frames of reference and perspectives of others were expanded to become more flexible and tolerant. This account also highlights the broader social relevance and transferability of peer education training, as students who participate in the programme implicitly express a state of preparedness for global engagement with communities beyond MUT.

The impact of peer education programmes on students' interpersonal skills and handling of relationships, is aptly captured in the two extracts below:

*One of the things I learnt in the group discussions in the programmes is that I can now stand up for myself. I'm not afraid to say exactly what I feel especially in relationships.*

*As women or young ladies, it is very difficult to stand up for yourself but through the discussions at residences, I have learnt not to do that to myself, just to take things as they come. I can challenge circumstances. I am encouraged to invite many friends to these discussions so they can see the value of these programmes.*

A powerful consequence of peer education training, illustrated in the above extract, was the management of conflict and assertiveness skills, particularly in social situations. This is evident from the student relating her own experience of learning not to "just take things as they come", but to "challenge circumstances". She attributes this shift in her confidence and assertive stance to the interactive, group-based nature of peer education programmes which seem to promote a sense of collegial support for members involved. Her reference to being "encouraged to invite many friends to these discussions so that they can see the value of these programmes", further suggests that participants experience peer education programmes as highly beneficial and relevant to all students and that all students should be given the opportunity to benefit from such developmental initiatives.

The impact and efficacy of peer education programmes as a catalyst for behavioural change is reinforced below. Peer education platforms are described as serving as spaces wherein the social status quo, particularly with respect to gender role stereotypes and assumptions, could be interrogated, interrupted and revised.

*I can say that joining peer education since 2016 I have grown a lot. I have learnt so many things that I did not know. When I was growing up I thought to be a man is defined by having a beard and wearing pants. Coming here has taught me that a man is defined by his behaviour. I have learnt how to lead people and to know that when you are more knowledgeable than other people it helps because you end up being a role model to other students.*

The participant's narrative suggests that his experience of peer education was a constructive and transformative one that prompted a level of introspection regarding what it means to be male and female. This had important implications for participants' perceptions of gender identity, roles, interpersonal and sexual relationships. Peer education facilitates a more realistic and informed appreciation of gender identity and how it is interpreted, understood and manifested in society and in one's personal life. This, in turn, seemed to engender a sense of accountability and responsibility to apply this information in more positive and constructive ways - by adopting the identity of a positive role model for other students.

Students who participated in peer education training reported being more mindful of gender-based stereotypes that often fuelled inappropriate sexual expectations and conduct. This included the choices that they made in terms of their sexual behaviour and interpersonal relationships. As a consequence of this renewed mindfulness, students felt more empowered and in control of their own lives. This experience of challenging taken-for-granted beliefs and assumptions, and developing a deeper level of emotional intelligence and social insight, suggests that peer education has a cognitive, social and behavioural transformative impact on students. This finding resonates with the concept of transformative learning advocated by Mezirow (1997) wherein he emphasises the importance of preparing students to be socially responsible, critical thinkers, and that a critical element in this learning process is a change in one's "frames of reference".

Mezirow (1997) described this change as an acquired “coherent body of experience - associations, concepts, values, feelings, conditioned responses”. For learning to be impactful and transformative, it, therefore, has to provoke critical reflection on existing understandings and assumptions as well as provide a platform for these to be interrogated, challenged and revised where necessary (Mezirow, 1997).

According to Grabove (1997), the following are central to transformative learning: self-awareness and awareness of other in respect of assumptions and beliefs; being able to assess the evidence and to defend or challenge our own beliefs and that of others, as well as being open to different perspectives and worldviews. Transformative learning, therefore, appears to require a level of cognitive flexibility as well as opportunities to consider and explore behavioural options and adapt accordingly - conditions which peer education programmes seemed to offer, according to the reports of students who participated in this study.

#### **4.2.4 Giving Back to the Community: Peer Education as Social Responsibility**

Students who participated in the peer education programme reported an increased sense of ownership and accountability for their choices and actions with respect to social behaviour, sexual practices and risk-taking behaviours. This included exercising caution and restraint on issues such as unprotected sex, peer pressure and the use of alcohol and drugs which could impair their judgement. These subjective experiences speak directly to perceived impact and efficacy of the peer education programmes at MUT and DUT. Participants also reported increased awareness and a more realistic appreciation of the magnitude of the HIV/AIDS epidemic. This enhanced awareness was accompanied by an increased connectedness, affiliation and sense of accountability to the broader social communities from which they came. This shift from a narrow, individualistic focus to a broader, systemic application of the peer education programme training, highlights the far-reaching impact and value of peer education training at higher education institutions. One participant shares this assessment as follows:

*I joined peer education because of my rural community background which does not have information. The information that I am getting here, I am able to take it back to better my community and for self-development as an individual. I also*

*wanted to share my life experiences as an individual with the hope that someone will learn from them and what I have been through. I want to share how I achieved the things I got. So, joining peer education was basically taking information from the urban to the rural area where I come from and where there is no information at all.*

The student's reference to wanting to go back to his community and share the information with them, suggests that participants experienced peer education training as relevant and applicable across populations, including rural communities. In addition, the account suggests that the student's perception of the peer education programme is that of being accessible and adaptable in nature, hence his intention to share his knowledge at the grassroots level. The student also draws a comparison between urban and rural communities and highlights the gap in knowledge and resources in rural communities. South Africa, in general, has a unique rural context with poor compromised socioeconomic circumstances, including lack of resources when it comes to health and clinical support. This, in turn, poses a threat as it yields poor health outcomes (Omole & Semanya, 2016). This illustrates a heightened awareness and appreciation of context and psycho-social factors possibly linked to HIV transmission, such as lack of training initiatives and limited resources to support rural communities in the fight against HIV. The student seems to appreciate the magnitude of the HIV/AIDS epidemic, as well as vulnerable sectors of the South African population who warrant specific attention if HIV transmission is to be curbed. The peer education programmes also seemed to alter students' priorities and promote positive character traits and interests. The participant expresses a strong sense of leaning towards volunteerism and altruism in the form of "giving back" ("taking information from the urban to the rural where I come from and where there is no information at all").

#### **4.2.5 Limitations of Peer Education Programmes: Students' Perspectives**

##### **4.2.5.1 The Paradox of Dual Identities**

While research findings indicate that MUT and DUT students shared similar perceptions of programme benefits and value, it was interesting to note that DUT students were less vocal about perceived shortcomings of peer education programmes. An ironic finding

was that the very characteristics that seemed to render peer educators relevant and impactful to the student community, i.e. similarities in age and academic status as 'students' themselves, were identified as potential shortcomings by MUT students. This may possibly suggest nuanced differences in MUT and DUT students' perceptions and expectations of peer educator roles and identity. It may further suggest that the needs of MUT students differ to some extent from their DUT counterparts. In addition, MUT participants' more vocal expressions of what they deem as limitations of the peer education programme, may, in fact, suggest a positive outcome of peer education – which is to promote generalized self-awareness and increased critical reasoning and reflection abilities. The fact that MUT students' narratives exude a critically constructive analysis of peer education benefits and shortcomings, may actually be an indication that the peer education programme has achieved its objective of promoting mature, critical thinkers amongst the student population.

*They are helpful but from what I have observed their help is limited. It is not everyone who would find it easy to open up to someone who belongs to the same age group. So, for me, they are helpful but it doesn't reach where it is supposed to reach. As at times, one tends to be mindful of what you disclose to people of the same age because they might judge you and sometimes they take you for granted and don't take you seriously. They are helpful, yes, but to a certain extent.*

The above extract highlights the complexities around features shared by peers and students. MUT students expressed the opinion that the age, maturity level, social and academic proximity of peer educators to the general student population, may compromise students' trust and receptiveness to them. This, in turn, may negatively impact on peer educators' accessibility to students, resulting in a compromised peer education programme that does not fully achieve all its intended outcomes ("They are helpful, yes, but to a certain extent.").

The issue of accessibility is highlighted again by another MUT student (below) whose account draws attention to the conflictual nature of the peer educators' dual identities. These identities are indicated as that of students and peer educators which inevitably have normal academic demands and routines which have to be complied with. These, in turn, are perceived by students as limiting their availability to students:

*I can say they are helpful, however, at times it becomes a challenge as they themselves are students so when you sometimes need them, you can't access them because they are in lectures. That's why I say sometimes they are not easily accessible.*

The notion of limited accessibility is reiterated below, in a health promoter's account of programme challenges from their perspective:

*The challenges are that sometimes when they are needed, they don't answer the call. You will try and notify them that we need to meet because there is a programme that is forthcoming and we need to put ideas together. You find that sometimes they are not available, not because they are not... but mostly because of their studies. It is a great challenge because even if it's for their training, to get them all to attend their training is a very big problem. Last year we had that problem when only a few could attend because it was during a school vacation and some of them were assigned to do their in-service training. After you have made such arrangements and spent so much money paying for the refreshments, trainers and all of that, it is the most frustrating thing in the programme. But otherwise, the peer educator programme is a good initiative.*

The subjective and often contradictory nature of human experience and perception is captured below in another MUT student's positive reference to peer educator availability and accessibility:

*It is their marketing strategy that makes it easy for us to get to them. They are next to the main gate that is used by everybody to access the campus. Every time when you feel like you want to talk to them, you know that you can go to them at all times because they are within reach at all times. Even if there are some initiatives that they are running here on campus they are the first people that are available. Even if there is an incident like the one that happened last week where one student collapsed they were the ones that got there first to try and assist the student.*

While some students saw peer educators as having limited accessibility because of academic commitments, others experienced peer educators as being highly accessible and approachable by virtue of their strategic physical placement on campus. Thus, while time and role constraints seemed to challenge the extent and scope of peer education programmes, physical positioning and visibility helped maximise the time that was available for peer educators to assist and support students.

Length and frequency of exposure to peer education were also identified by MUT students as important factors potentially affecting the success and outcomes of peer education programmes:

*At times one [peer educator] is trained this year and next year he has completed his studies. So it could benefit them to have more pieces of training, induction and all that. It will also be a good idea to train peer educators from their first year in the institution so they can learn and make an impact.*

The above extract highlights students' perceptions of peer education as having the potential for long-term impact and sustainability if training opportunities were increased and extended to include first-year students. Suggested therein is that the peer education programme, in its current form, is limited in its preparation of peer educators. It appears that peer educators require more intense, frequent and prolonged engagement in the programme if they and students are to obtain maximum benefits. Also suggested from this extract is that the length of peer educator involvement in the programme limits the time they have to fully engage and build meaningful, sustained relationships with students. This implies that MUT students' expectations of peer educators are that they will build close, interpersonal bonds with students that allow for role modelling of positive behaviours and attitudes. Students' perspectives of the programme, therefore, suggest that this crucial interpersonal aspect is not being fully realised due to the limited duration of peer educators' involvement and disruption of student-peer educator relationships when they graduate and leave the institution. In essence, the account implies that peer educators require more long-term and extensive preparation on an ongoing basis, as well as an extended period of engagement with students if they are to remain competent, accurate and stable sources of support and influence to the student population.

#### **4.2.5.2 Expand the Psycho-social Focus in Peer Education**

Although information dissemination is one of the key functions of peer educators, with an emphasis on making students aware of the various academic and student support services available to students, MUT students felt that peer education programmes needed to expand its psycho-education and social focus approach:

*I would recommend they include in their programmes things like the challenges that students battle with, for example, the issues of NSFAS. They could assist when you want to apply for NSFAS or if you want to appeal for NSFAS or as the case may be. I think they should also assist students with these issues.*

The extract above suggests that students have a more holistic expectation of peer educator roles and functions which extends beyond the domains of HIV/AIDS and social skills development, to include psycho-social issues such as student funding. Practical guidance and assistance with funding challenges, such as how to apply for NSFAS funding and how to appeal NSFAS applications, were identified as important considerations for future peer education programmes. Results, therefore, suggest the need for peer education programmes to reflect both theoretical and practical components with an emphasis on basic life skills such as funding applications procedures and appeals processes. The fact that students highlighted this need possibly suggests that they identify with peer educators as both students, who are conversant with funding and related psychosocial issues, and institutional representatives who can function in a formal administrative capacity.

### **4.3 Peer Educators' Perspectives of Peer Education Programme**

#### **4.3.1 Peer Education as a Platform for Personal Development**

Focus groups and individual interviews with peer educators indicate that the peer education programme had a powerful and positive impact on their personal development, with specific reference to self-esteem and self-confidence, social and interpersonal skills development. Some peer educators highlighted difficulties in making new friends and talking in front of large groups of people prior to the peer educator

training and running peer education programmes. They attributed this improvement in self-confidence and social skills to the open and accepting nature of the peer educator training and programme itself, where they felt comfortable enough to freely express their opinions without being judged.

*I learned many things... from being a shy person now being able to stand in front of people and talk openly and pass on accurate information to other people, I am able to interact with other people and have learnt to listen to others.*

Participants also reported feeling that their opinions and contributions during the peer educator training were valued and respected, resulting in them gaining confidence in their own abilities and their potential to be positive role models for students. In addition, participants reported feeling that the content of peer education discussions, especially that of a sensitive and controversial nature, increased their courage and ability to confront and deal appropriately with challenges such as peer pressure and expectations when these went against their own values and principles.

#### **4.3.2 Peer Educator as a Unique Identity**

Several of the peer educators highlighted the experience of having a unique and distinguished identity as a peer educator. This identity was accompanied by a sense of responsibility to behave in a particular way, which fellow students could aspire to and emulate. The notion of role modelling as an important aspect of the peer educator identity, therefore, emerged prominently from peer educators' narratives in this particular study:

*Apart from being a role model for other students, it has also helped me with other things. Like finding myself, realising who I am before I even start to assist other students because it's all about you at the end. You need to know who you are, what type of person you are. So, it has helped me a lot in many things like getting to know other people and to be a role model for them.*

The participant's references to "finding myself" and realizing "who I am before I even start to assist other students", highlights the peer education training process as one of

increased self-reflection and self-awareness with respect to one's identity, beliefs, values and principles. The sense is that positive behaviours and a positive lifestyle worth emulating by students can only be achieved through critical introspection and insight into the nature of who one is and how one's choices and behaviours reflect this identity. For peer educators, this transformative learning process was afforded by the peer education training and programme. At times, critically reflecting on one's personal history, beliefs, behaviours and choices necessitated a revision of participants' identities and behaviours to be more compatible with that of a mature, responsible role model. Results further suggest that peer education was experienced as not merely a didactic process of transmitting information on HIV/AIDS, but a complex experience of internal personal growth which enabled more meaningful interpersonal engagement and role modelling between peer educators and students in the programme.

#### **4.3.3 Peer Education as an Intentional Community of Practice**

In the focus group discussions, participants highlighted their increased awareness of the support structures and resources that were available to students to help them adjust and cope with the demands of living and learning at university. This was an important and revealing experience for peer educators, with many expressing surprises at the extensive range of resources available to students as they were not previously aware of certain resources prior to joining the peer education programme.

*The more you know, the more you can help others. Knowledge is power. When students come up with issues perhaps when they finding it difficult to adapt, it is easy to assist as you know where you can refer to for them to be assisted further.*

Peer educators who participated in this study reported feeling adequately equipped with the information and skills necessary to have a meaningful impact on students in need.

*What I have learnt is that as we are meeting here not only are we developing ourselves, but we go and change people's lives and give support. What I like is that we must not be selfish but at the same time be disciplined like now I'm talking and people are listening it shows that I am part of something I am being*

*appreciated so this platform given to us makes us grow inside and we will be leaders with a difference.*

The extract above highlights the dual impact of peer education, as perceived by the peer educators. There is a sense of continuity and collective purpose, with peer education transcending institutional and student boundaries, to inform and empower the individual student, broader student community and social communities as a whole. Wenger's (1998) concept of "communities of practice", seems applicable to the peer educators when one considers the intentional nature of their training, interactions, and application of their knowledge and skills to the student population and large social context. According to Wenger (2012, p. 1), communities of practice have a common identity constructed around "a shared domain of interest". The members of a community of practice furthermore develop a "shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems- in short, a shared practice" (Wenger, 2012, p. 2). Peer educators were united by a common purpose, which was to help others and in the process, helps themselves:

*I joined because I just discovered my purpose in my life and I always say when I am talking to my friends I find that I am able to support them emotionally. I am able to motivate my friends not to give up, I hope they can testify on that. I believe I am here to make an impact I have realised that more than anything, the impact is the most important thing in order to better our communities where we come from so that we can be able to live with one another.*

It should also be noted that students' perceptions and descriptions of peer educators seemed to resonate with the notion of an intentional community of practice:

*I see them [peer educators] working together as a team, a family trying to achieve a common goal*

Peer educators described the peer educator training as impactful in the sense that they felt informed, knowledgeable, and competent and empowered to communicate effectively with students, to support them emotionally and to network and refer to appropriate referral resources where necessary. These experiences engendered in peer

educators a feeling of confidence in their abilities to be effective support systems and role models to their peers.

*The more you know, the more you can help others. Knowledge is power. When students come up with issues that they finding it difficult to adapt, it is easy to assist as you know where you can refer to for them to be assisted further.*

Peer educators' subjective evaluations of the peer educator programmes, therefore, indicate that the main objectives of the programmes, which were to empower and support students and communities through information, skills and effective role modelling behaviours, were achieved.

#### **4.3.4 Peer Education as an Expression of the Preferred Self**

Some peer educators saw the peer education programmes as compatible with their personalities, interests and preferences. While others saw the programme as an opportunity to enhance existing strengths, values and personality attributes. In a sense, peer education became the platform for peer educators to express their preferred selves (Naidoo, 2016) and to consolidate their personal and professional identities as agents of social change and future leaders in the service of others:

*Looking at my character I have often described myself as an approachable person. I am able to talk to any person. People feel at ease talking to me about their issues. I like it when a person has a problem and he would open up to me and say I have a problem with this and that and I tell him /her okay do this and that so I saw that I am a role model somehow somewhere I can help other people.*

*What made me join peer education was that I like to gain skills like sharing ideas with other people and working as a team. I have a genuine desire to work with people, gain communication skills and to socialise. I talk with people and make friends even in the bus going back to the student residence. Even though I'm not talkative I wished to gain extra information that I can pass on to others even after I have completed my diploma.*

Evident from the extracts above is the notion of peer education as meeting peer educators' needs and desires for personal growth and skills development. This happens through their ongoing interaction and engagement with fellow peers and students. In addition, the notion of a continuity of learning and growth through the peer education programme is highlighted in the last sentence of one of the participant's account. She indicates her desire to extend her peer educator knowledge and skills beyond her academic journey and the confines of the DUT institutional context. This suggests the sustainable impact, relevance and accessibility of peer education programmes in higher education. This notion is perceived by peer educators when they indicate that peer education provides them with opportunities to develop others because of the interactive, team-oriented nature of the learning experience.

#### **4.3.5 More Than Just a Student: Challenges of Being a Peer Educator**

Peer educators were asked to indicate what they saw as possible challenges and limitations of peer education. Some of the respondents reported feeling socially and personally constrained by the responsibility of always being a role model and monitoring their own behaviours. This was articulated in terms of not always feeling free to “live the simple life” of a student. In a sense, the unique identity and practice of being a peer educator were experienced as both a growth opportunity but also a burden in terms of the demands and expectations to be mature and responsible role models at all times. The need for ongoing debriefing with respect to these experiences is indicated for future peer education programmes.

*Sometimes I can say that it limits you living a normal university life because you are seen as a role model. You cannot do as you please as you are guided by the rules of Peer Education.*

*There are limitations to a certain extent because you are a role model, you have to lead by example.*

#### **4.4 Health Promoter Perspectives on Peer Education**

##### **4.4.1 A Comprehensive, Health-Oriented Approach**

In contrast to other participant groups in the study, whose perceptions of peer education programmes were more biopsychosocial in nature, health promoters' descriptions suggest a more clinically-orientated evaluation of programme scope and benefits.

*It helps other students to get tested, to know their statuses and to know how to take the treatment correctly and easily. They would communicate with their peers and tell them about taking treatment easily. In peer education, they support other students mainly when a student is positive. They will have support groups and a person will know that I am not the only one that is living with the disease. And then they take their medication. They mobilise other students like teaching other students many other things like the importance of doing a pap smear or medical circumcision, TB and HIV. The importance of going to test and get treatment. For instance, at my institution, some of the students who are on chronic treatment are not comfortable taking the medication in front of other students. But, if they join peer education, they can take their medication even in public because they have a better understand that HIV does not kill.*

The above extract exudes clinical terms that are consistent with the role and practise of the health promoters at MUT and DUT who are based mainly in the campus health clinics. It is interesting to note that health promoters are the custodians of the peer education programmes at an institutional level and are responsible for training peer educators. The nuanced contrast between the predominantly clinical perspective of the health promoters and the broader psychosocial perspective of students and peer educators suggest that the latter groups adopt and adapt the peer education training content in a way that is meaningful and relevant for both their personal growth and the learning needs of the general student population.

##### **4.4.2 Role Modelling & Positive Behavioural Change**

Consistent with the experiences of students and peer educators who participated in the programme, health promoters also highlighted the peer education programme as instrumental in facilitating positive behavioural change amongst students and peer

educators. Below is a personal account of one health promoter's observations of change in a peer educator who underwent the peer educator training:

*It's very good for students. It helps them a lot. We don't only teach them about HIV but we also teach them, for instance, this other one who is on drugs like the drug users. There was this one peer educator who was a drug user before he joined peer education. He then understood better and saw that it is important as we were educating them on how to be responsible, the dangers of taking drugs and many other things that could end up causing lots of challenges. He later motivated other students about the negative impact of using drugs as he was heavily on drugs but after being involved in peer education he changed even at his home he became a better person.*

The impact of peer educators' personal testimonies and positive role-modelling behaviours, on student development, is captured above. The health promoter highlights how a peer educator drew on his personal experience of negative lifestyle choices and the consequences thereof to create awareness and facilitate change amongst students in the programme. Through the peer educator personalising the peer education training material, students were able to fully appreciate the impact of their choices and the possibility for positive behavioural change. The personal nature of the peer educator's disclose and his use of this personal experience for the benefit of other students in the programme reinforces the notion of peer education programme as personalised and safe learning spaces characterised by trust, openness and a non-judgmental ethos. This account further highlights the accessible nature of peer educators, whom students can relate to and learn more positive attitudes and behaviours.

Although the previous theme drew attention to the clinically-oriented perspectives of health promoters with regard to peer education scope and impact, health promoters' appreciation of the holistic impact of peer education training cannot be underscored. The extract below highlights this holistic nature and far-ranging impact of peer education as perceived by health promoters from both MUT and DUT institutions.

*Peer education doesn't end on campus. It even impacts the way you relate with other people and your family. At home, they can observe that you are a different*

*person and you do things differently now that you are a peer educator. You have a better understanding of life. Even with respect to your parents, it builds you. We don't just teach them about HIV we teach them how to be a responsible young adult. And the way you behave when you have joined the programme. Yes, we even touch on students' attitudes like someone may have an attitude and have challenges and fails to talk to other people. So, we don't just talk about HIV and disease but we build a person as a whole.*

The health promoter's reference to "peer education not ending on campus" and building "a person as a whole" highlights the holistic and systemic impact of peer education programmes. Thus, while peer education programmes may appear to target predominantly sexual behaviours and HIV of students, the overall outcomes are an enhanced awareness of self and others. The result is a transformation in attitudes, behaviour and lifestyle. These changes reflect the internalisation of a more mature and responsible perspective, which then manifests itself in the form of improved social skills and relationships and more responsible lifestyle choices.

## **4.5 Challenges of Peer Education Programme**

### **4.5.1 Increase Extrinsic Rewards for Peer Education Participation**

An earlier section of this chapter highlighted the gradual shift from extrinsic to intrinsic motivations for joining peer education programmes. Yet, it is noteworthy that health promoters also identified tangible, material incentives as strategies to encourage HIV testing and participating in the more clinical aspects of the peer education programme.

*To mobilise students, the peer educators would love to have incentives. They could maybe have lanyards, promotional materials, or anything that has a logo of the institution. Students would come in numbers to mobilise for testing.*

### **4.5.2 The Stigma of Peer Education**

Another noteworthy finding that emerged from the health promoters' perspectives was the perceived stigmatisation associated with participating in the peer education programmes.

*Another challenge with peer education is that there is a stigma. Some people are saying peer educators are involved in HIV/AIDS campaigns because they are HIV positive. Some were even scared to join the peer education group because they feared that people will say they are HIV positive. Like in the institution, there was a joke going around that you must not talk to the students who are peer educators because they are HIV positive.*

The extract above highlights the negative impact that social discrimination and stereotyping can have on a programme that is intended to achieve the exact opposite. That is, de-stigmatisation of HIV, greater openness to discussing and preventing HIV, and the adoption of healthy lifestyles and choices. The fact that the health promoter highlighted this fearful misconception of peer education, points to the continued prevalence of HIV denialism, stigmatisation and discrimination at institutions of higher learning. This revealing aspect further suggests that peer education efforts need to be intensified in these areas of intrapersonal and interpersonal vulnerability, as these may be linked to peer pressure that endorses an avoidance of HIV testing and knowing one's status.

#### **4.6 Culture, Practices and HIV/AIDS**

The MUT peer educators reported during the focus group discussions that they had challenges from their religious structures. Condom distribution as one of the activities of the peer educators had lots of contradicting views from religious structures. The below extract highlights the challenges they faced.

*So this peer educator had a condom in his pocket. The other colleagues from his religious structure called him and expressed how unhappy they were about what he was doing. They expressed their unhappiness about him being a religious person and carrying a condom. He was shouted at because they saw this and interpreted this as promoting sex.*

These experiences highlight the potential for religious dogma and conservatism to either support or adversely affect secular efforts at promoting safe sexual practices in the fight against HIV/Aids. The extract above is further significant in that it illustrates conflicting paradigms inherent in the struggle to reduce HIV/AIDS infections and transmission. Safe sexual practices, such as condom use are subjected to moral criticism. Such conflicting paradigms can be problematic for both peer educators tasked with promoting responsible sexual behaviour and programme recipients (students) who are socialised in both religious and secular worldviews. This dilemma is further illustrated in another extract below:

*When I first started the peer education I had a challenge. I was scared to hand out condoms, especially, when I went to church. They looked at me as if there was something wrong that I was doing.*

The above extract highlights the strong moral implications of endorsing condom use and how this can impede change on a number of levels. The peer educator's account highlights his own fears around condom promotion and distribution as a consequence of conservative moral views and disapproval. Such conditions suggest resistance and a lack of openness which can compromise peer educators' efforts to inform and promote change. Furthermore, attempting to undertake peer education in the context of challenging religious and other contexts can elicit controversy, conflict and fear amongst peer educators ( "I was scared to hand out condom..."). This, in turn, can delay and possibly sabotage efforts aimed at creating awareness and promoting positive behavioural change. In light of these findings, it is imperative that the content and processes of HIV/AIDS peer education programmes reflect a comprehensive and realistic approach that incorporates religious, social and cultural perspectives. In so doing, peer educators may be emotionally prepared and equipped to successfully negotiate such situations while still achieving impact and intended outcomes.

#### **4.7 Conclusion**

The present chapter presented major themes as they related to students' and peer educators' evaluative experiences of the peer education programme. Similarities in

experience were noted across the two groups, as well as some variation in respect of the impact the programme had on them as facilitators or trainers and students.

## CHAPTER FIVE

### DISCUSSION OF RESULTS

#### 5.1 Introduction

HIV/AIDS continues to dominate global discussions as an epidemic with a myriad of health, psycho-social, economic, educational and political implications. According to Nubed and Akoachere (2016), interventions aimed at reducing and eradicating HIV/AIDS need to specifically target people's knowledge, attitudes, perceptions and practices. Proactive strategies are, therefore, a crucial complement to reactive treatment responses such as ARV treatment.

Research and statistics consistently identify youth as particularly vulnerable to HIV/AIDS infections and transmission due to their high susceptibility to peer influences, social and sexual experimentation as well as impulsive, risk-taking behaviours (Max-Planck-Gesellschaft, 2017; Nubed & Akoachere, 2016). The transition to university and the permissive lifestyles and freedom associated with student life, pose a substantial risk of HIV infection amongst youth entering higher education institutions (Gobind & Ukpere, 2014).

The present study sought to evaluate the impact and efficacy of HIV peer education programmes that were conducted at DUT and MUT campuses. This was done by drawing from the experiences and perceptions of the students who participated in the programme. The sample also included peer educators who were trained to facilitate such programmes and two health promoters who were custodians of the peer education programme at MUT and DUT respectively. It should be noted that this study was not a longitudinal study that aimed to quantitatively capture and measure, peer education impact and efficacy in terms of behavioural outcomes. Instead, the study focused on participants' *subjective* perceptions and experiences. These personal accounts highlighted specific features of the programme which participants experienced as meaningful and impactful for them. These findings are elaborated on in the sub-sections below and are contextualised in terms of existing literature in the field. It is also noted as to how the present study's findings support, challenge and extend current knowledge in the field of peer education locally and internationally.

## **5.2 Peer Education Impact and Efficacy: A Qualitative Perspective**

### **5.2.1 Wearing Many Hats, Meeting Many Needs: Peer Education as Holistic and Inclusive**

The transition to university is a complex and multi-layered experience for students, specifically first-years. This period is characterised by numerous challenges which pose both risks but also opportunities for growth and maturation in the areas of health, psycho-social, sexual and academic development. Students' experiences of peer educators at MUT and DUT may be likened to that of 'wearing many hats', encompassing a diversity of roles and identities in response to a diverse range of student needs and challenges. Research findings indicate that students saw peer educator roles as lying on a spectrum from that of a parent, to age-appropriate peer, formal trainer and facilitator. The extract below captures the multiple roles and identities of the peer educator:

*... peer educators are basically our mothers who teach us about how to look after ourselves first of all. They help on sexual matters, health and advice. They advise us on dating; things like when you come to res this is how you carry yourself. You don't lose your morals because you have changed your environment.*

The ease with which participants felt they could identify with and relate to peer educators, and the various identities which they attached to peer educators, suggests that peer education programmes at MUT and DUT held multiple meanings and intertwined levels of engagement for both students and peer educators. This included the peer educators being perceived as senior authority figures akin to parents who possessed nurturing maternal qualities and provided the necessary support and guidance to students when needed. Peer educators also seemed to impact students from the point of developmental similarities. Students expressed the ease with which they could discuss sensitive topics around dating, sex and alcohol use. These represent some of the issues they would not ordinarily feel comfortable nor permitted to discuss with their parents. In addition, peer educators were perceived by students in the context of their primary formal training and development roles, where they were tasked with equipping and empowering students with the necessary tools to make positive adaptive choices and lifestyle changes that enhanced their overall development and success as

young adults. The extract below aptly captures the diverse needs of students and the demands placed on peer educators to assume multiple and context-specific roles.

*There are many students who have different issues. Peer educators are there because they are institution-wise to assist students in terms of sexual activities. They provide condoms in residences and they hold debates so that students talk openly and communicate more about things that affect them. We also learn about many things that are happening in the world currently, especially the things we can't discuss with our parents.*

Like many other accounts from the research sample, the above extract highlights an increased level of awareness through various communication and information-sharing strategies. These included didactic information sessions, dialogues and debates involving the active participation of students. In addition, practical demonstrations of safe sexual practices through condom distribution in the residences was also undertaken. Such demonstrations necessitated role transition on the part of peer educators from that of 'parent' or 'mother' to a more formalised role demonstrating what constitutes responsible sexual behaviour and practices. Such role differentiation was necessary to ensure peer educator accessibility to students in all aspects of learning, particularly areas which students were not comfortable exploring with their parents due to cultural issues of respect for elders as well as traditional parent-child relationship hierarchies. DUT and MUT students' experiences of the peer education programmes, therefore, suggest that the programmes were meeting its intended objectives of increasing awareness about safe and risky sexual behaviours and encouraging more responsible, healthy lifestyle choices.

Students were specific and explicit in the areas they felt the peer education programmes had successfully targeted. This observation is evident from the extract below:

*As for me, personally, I didn't know the dangers of having unprotected sex in detail. I didn't know about oral sex. I used to hear people talking about oral sex but I didn't understand. One of the peer educators spoke about the dangers of sucking a man, the danger if a man sucks you and the dangers of having unprotected sex. Even though both are negative there are some STI's and STD's*

*which was more clear to me.*

The explicit detail shared by the above participant implies a heightened level of awareness and clarity concerning sexual behaviours and practices. In particular, exposure to the peer education programme seems to have challenged her assumptions about seemingly innocuous sexual activities and the implicit risks involved therein, which she was previously unaware of. As such, it may be argued that in the context of such detailed sexual-related discussions, peer educators were required to go beyond the role of a parent figure and assume a more seasoned, peer-related authority who is knowledgeable and conversant with accurate sexual and health-related matters.

The experience of peer education programmes as comprehensive and all-encompassing was evident from participants' references to being able to talk to peer educators "about anything- HIV-related issues and things that are general". Another student described the experience as one of "gaining a lot of skills on many different dimensions". Results highlight increased levels of self-awareness and insight as well as a perceived internal locus of control concerning positive behavioural change and decision-making. Programme participants also identified peer education as a platform for facilitating social skills development, particularly in the area of assertiveness, listening skills, critical reasoning and problem-solving abilities. These skills, in turn, enabled students to make informed academic and personal lifestyle choices, exercise self-restraint and resist peer pressure. Students were essentially able to take ownership of their actions in areas such as sexual behaviour, alcohol and substance abuse. These findings suggest that peer education programmes at MUT and DUT are in compliance with the roles and functions of peer educators, as defined by SAQA (2009). This includes addressing topics recommended for inclusion in peer education programmes as highlighted by authors such as Dickinson (2011) who mentions HIV/AIDS and all health-related topics, communication skills and broader wellness topics that encompass personal development.

Participants verbalised their appreciation for both the formal learning interactions afforded by the peer education programmes, as well as the informal opportunities for socialising with peers which many saw as very valuable catalysts for social transformation within themselves. Some reported transitioning from being shy and

lacking confidence, to being assertive and confident in social situations. Others reported feeling empowered to initiate small conversations and to greet people - something which they had previously not been able to do because of their social insecurities. These findings are particularly significant in light of the fact that HIV/AIDS interventions and programmes have been criticised in the past for placing too much emphasis on technical experts while neglecting interpersonal interactions (Dube & Ochella, 2005). Research findings of the present study, therefore, appear to bridge this gap between expert theoretical knowledge and real-world, practical exposure through informal group debates, discussion and interactions. Such exposure has wide-spread applicability not only for successful living and learning on campus and in residence, but, also has important implications for future employment preparation and global citizenship. Students further reported an element of employment readiness through learning about time management, listening skills, social and communication skills, which served to reinforce the relevance and holistic benefits of peer education programmes at DUT and MUT. In addition, the contextualisation of peer education programmes at these institutions within a broader framework of holistic development reinforces the notion that the HIV/AIDS epidemic cannot be simplified and compartmentalised into the category of health. Instead, it requires multi-level forms of proactive and responsive intervention that ultimately produce healthy, well-rounded and responsible individuals capable of making a meaningful contribution to their own lives and the lives of others.

Participants in the study also made important references to the inclusive nature of the peer education programmes. They made specific reference to being exposed to students from diverse social backgrounds with different worldviews and cultural perspectives. There were also issues of sexual orientation and gender identity differences which they had not previously been exposed to. This highlights the holistic and contemporary impact of the peer education programmes on participants' understanding and engagement with others on an interpersonal and broader social level. While this important aspect is addressed more in-depth in a subsequent section of this chapter, it needs to be noted that this particular finding represents an original contribution to the field of peer education because of the noted lack of explicit inclusion and in-depth engagement with LGBTQI issues in peer education programmes at tertiary level. A noted tendency has been studies focusing on LGBTQI programme inclusion at high school level (e.g. Pearce, Gardiner, Cummingv-Potvi & Martino, 2016; Snapp, Burdge, Licon, Moody & Russell,

2015). As a result, there has been insufficient attention paid to the inclusion of LGBTQI issues in HIV/AIDS peer education programmes at universities. Slater (2013, p. 1), speaking from the position of curriculum development and implementation at schools, asserts that:

*“Sex-education materials often assume students are heterosexual and non-transgender. Many sex-education curricula do not mention sexual orientation or gender identity at all, and some that do discuss it only in a negative light. This not only prevents LGBT students from learning the information and skills they need to stay healthy, but it also contributes to a climate of exclusion in schools, where LGBT students are already frequent targets of bullying and discrimination.”*

Slater (2013, p. 2) further asserts that:

*“Leaving out LGBT youth in sex education also implies that they are abnormal or not worthy of inclusion. Many sex-education curricula assert heterosexuality as the norm and leave no room for deviation, with materials containing statements such as, “What do guys talk about in the locker room? (Girls) What do girls talk about at sleepover parties? (Guys). This type of exclusion contributes to the feelings of isolation and rejection that LGBT youth experience all too frequently.”*

On the one hand, it is acknowledged that the above concerns regarding programme content were specifically directed at American schools. On the other hand, these concerns are viewed as applicable to peer education programmes in South Africa since literature review in the context of higher education does not suggest any inclusive and in-depth focus on LGBTQI community in peer education programmes. DUT and MUT students' accounts emphasised increased engagement with issues of gender identity and sexual orientation. The participants indicated how knowledge of sexual orientation diversity was enhanced through these peer education discussions. This suggests an attempt on the part of MUT and DUT peer education to be as holistic and socially inclusive as possible.

### 5.2.2 From 'Me' to 'We': Peer Education Programmes as Enhancing Social Responsibility and Citizenship

A unique finding emerging from the present research is an expanded sense of self that characterised students' perceptions of identity, belonging and community engagement. Participants reported an increased understanding of HIV/AIDS and the systemic nature of the problem. They expressed a keen desire to uplift and empower their communities of origin by sharing this information with them in an effort to promote change and reduce the spread of HIV/AIDS on a broader social scale. These findings suggest identity progression from an 'I' position of narrow individualism, (joining the programme for material incentives), to a collective position of 'We' characterised by broader, grassroots level community identification and engagement. Implicit in this identity shift is a heightened awareness of social responsibility and collective citizenship. This transition to a broader, relational sense of self following participation in the peer education programmes, further suggests that participants perceived the peer education programmes as impactful and relevant not only to themselves but to other populations and communities as well. Furthermore, the confidence with which participants committed to disseminating the information to their communities implies a recognition of the programme content as relevant in broadly promoting behavioural change.

The identity transition from that of 'Me' to 'We' also suggests that the peer education programmes helped increase students' understanding about the extent to which HIV/AIDS threatens the health and future of youth. Thus, making a case for collective action on a broad, social scale. In addition, this transition to a more collective, relational sense of self (Naidoo, 2016) may have been enhanced by the ethnic and cultural profiles of participants in the sample, all of whom were African students. The transition from 'Me' to 'We' in the context of MUT and DUT peer education, lends itself to the African cultural concepts and principles of *ubuntu* and the related expression, *umuntu ngumuntu ngabantu*, which expresses a broader, systemic understanding of the self in relation to others (Mkhize, 2013). According to African culture and social systems, *umuntu ngumuntu ngabantu* is a collectively-informed notion of the self as a being intrinsically connected to, and defined by, one's relationships and communal engagement with others (Mkhize, 2013). Mkhize (2013) asserts further that identity consciousness is heightened and clarified when we take cognisance of the worldviews

and realities of others and recognise that our existence and being is indelibly connected to our relationships and connectedness to others. Through relational awareness of ourselves in the context of others, we become “conscious of who we are” (Mkhize, 2013, p. 77). According to Breed and Semanya (2015), the African cultural concept of *Ubuntu* refers to mutual respect, compassion and understanding of others. An ethos of co-operation, consensus and agreement is also embodied in the spirit of Ubuntu, and is considered the inherent features of African culture and community (Breed & Semanya, 2014). As such, it may be argued that participants’ enhanced awareness of themselves in relation to their broader communities is a reflection of formative cultural influences (*umuntu ngumuntu ngabantu*) with the peer education programme. The programme possibly serves to reignite and enhance this awareness of self in relation to others. It may be argued further from the findings that as students underwent identity transformation and experienced a stronger sense of communal identification, they realised that change within the self necessitated change within the community. Their personal identities were indelibly connected to these broader systems. The intertwined, systemic nature of African students’ identity is, therefore, powerfully illustrated herein. The participants’ desire for community empowerment and transformation reflects an awareness that their own personal identities are intimately connected to others at grassroots level. Transformation at an individual level is viewed as incomplete without transformation being effected at a larger systemic level.

### **5.2.3 Psychological Safety and Trust: Enhancing Group Participation and Learning Outcomes**

Research findings highlight safety and trust as essential factors influencing programme participation and learning outcomes. Noteworthy is that participants’ perceptions and experiences of trust and safety went beyond seeing peer educators as simply accessible, relatable and easy to talk to. Many students in the sample likened the peer educators to maternal surrogate figures and an extended support system away from home. However, research findings highlighted a distinct and more nuanced relationship experience that transcended their traditional experiences of family, parental figures and protocol regarding topics that were permitted for discussion and those which were not. For DUT and MUT students in the sample, the peer education programme provided them with a foundation of familiarity and connectedness akin to their families of origin. At the same

time, it also extended beyond that to function as a uniquely safe space in which they felt free to engage with topics which they ordinarily could not discuss openly with their parents and elders. There seemed to be an implicit identification with peer educators as being 'like family, but more than family'. Peer educators appeared to be encompassing other roles including that of confidant whom students identified with from a developmental point of view and with whom students felt comfortable.

As previously highlighted in chapter four, health promoters who participated in the study also emphasized the accessibility and relevance of peer educators to the programme. One health promoter, in particular, highlighted students' preference for talking to peer educators instead of them because they (students) felt more comfortable and could relate better to their peers. This may possibly suggest that on some level, students' perceived the health promoters as elders or parental figures. As such, were uncomfortable to discuss matters of a sexual nature with the health promoters. The experiences and perceptions of both students and health promoters in the study, therefore, lend support to existing research. Research similarly identifies peers as strategic agents of behavioural change because of the developmental and social similarities they share with the target population (e.g. D'Costa et al., 2019; Frantz, 2015; Kalunga, 2016; Karaca et al., 2017; Swarts et al., 2014).

In particular, certain peer educators' personality traits and qualities were highlighted as instrumental to the success of the programme. They assisted students to overcome interpersonal and communication barriers, such a shyness, anxiety and discomfort when discussing sensitive topics. Notable in this regard were students' descriptions of peer educators as 'extroverted', as having bold self-confidence and being able to confront and address 'taboo' topics using humour. Humour was specifically identified as a powerful ice-breaker that helped to neutralise student anxiety, fear and embarrassment around sensitive programme content. As one participant aptly highlighted:

*...they [peer educators] could take something that is not easy to talk about and use their sense of humour. They are even able to make someone who is shy, talk about things like condoms and stuff. They talk about people who change from being a female to being a male. Yes, they do make a lot of things easier.*

The unique nature of the student-peer educator relationship, and the specific qualities and characteristics and qualities of peer educators in the study, engendered a sense of 'psychological safety' conducive to self-disclosure, learning and change. Edmonson and Lei (2014) engage theoretically with the concept of *psychological safety* and its applicability to the workplace and organisational context. Research findings of the present study lend further support to the concept of 'psychological safety' and its applicability to learning in the context of peer education programmes in higher education. Edmonson (2003) makes an important distinction between psychological safety and interpersonal trust and identifies psychological safety as intrinsically tied to learning behaviour and learning outcomes. Edmonson asserts that "Trust is the expectation that others' future actions will be favourable to one's interests; psychological safety refers to a climate in which people are comfortable being (and expressing) themselves" (p. 1). Citing Schein (1985), Edmonson (2003, p. 5) further asserts that:

*Psychological safety helps people overcome the defensiveness, or "learning anxiety" that occurs when people are presented with data that disconfirm their expectations or hopes, which can thwart productive learning behaviour. Psychological safety does not imply a cozy environment in which people are necessarily close friends, nor does it suggest an absence of pressure or problems. Rather, it describes a climate in which the focus can be on the productive discussion that enables early prevention of problems and accomplishment of shared goals because people are less likely to focus on self-protection.*

Research findings, therefore, suggest that the impact and efficacy of the peer education programmes at MUT and DUT were enhanced by the high degree of relatedness and rapport between students and peer educators. There was also an accompanying sense of 'psychological safety'. These elements allowed for the insertion of the students' 'authentic self' into the programme. This is a self that felt vulnerable and naive, yet secure and comfortable enough to acknowledge this vulnerability and be open and receptive to learning, development and change. It may be argued that 'psychological safety' – the by-product of successful peer education group dynamics - laid the foundation for more honest and meaningful engagement in the peer education programmes. It enabled students to actively engage with past and current knowledge forms. Similarly, they

acquired more realistic and accurate forms of knowledge, behaviours and practices, particularly with respect to their sexuality, gender-role expectations, sexual practices and risk-taking tendencies.

As discussed previously in chapter two, the Diffusion of Innovation (DOI) theory proposes that certain individuals within a particular context are perceived as influential and capable of introducing new information and innovative ways of thinking and behaving to others. As a result, such individuals are able to facilitate behavioural change amongst group members (Riverola et al., 2016). Of particular significance to the present study is the DOI's emphasis on social dynamics at work. This aspect is of interest because it suggests that DOI can influence the adoption of new information by individuals and consequently, the initiation of new behaviours. Social networks and systems are identified within DOI as important in the diffusion of new information (Rogers, 1995). Participants' relationships with and experiences of the peer educators may be likened to that of a unique social system characterised by trust and psychological safety. This is attributed to the fact peer educators were perceived to be like family, but also sufficiently distinct from parents to introduce new information to the group. Under such conditions, the DOI concepts of 'innovators' and 'early adopters', discussed in chapter three, can be seen as applicable to peer educators' roles. Peer educators were trained in various aspects of HIV/AIDS and related topics. This was done with the expectation that they would be able to function competently in a manner that they would influence and motivate students to adopt the new information and initiate attitudinal, perceptual and behavioural change. During their period of training, the expectation from peer educators would have been an openness to a new innovation (new knowledge and skills relating to HIV/AIDS, healthy lifestyles, behavioural choices, and holistic skills development) (Riverola et al., 2016; Lien & Jiang, 2016). Peer educators would, therefore, have functioned as 'early adopters' who were exposed to the new innovation. They would have engaged intensely and responsibly with it, and appropriately internalised the innovation in a way that would ultimately rendered them 'innovators'. They would be regarded as 'innovators' in the sense of being influential leaders, "gatekeepers" of the innovation and transmitters of this innovation through a process of dynamic social exchange with students.

The DOI theory, therefore, has some relevance and applicability to the present study. This is considered so because it allows the researcher to conceptualise peer learning,

development and change using the DOI theory concepts of 'early adopters' and 'innovators'. These terms further allow for a cyclical process of developmental tracking and succession to be posited by the current study. The terms portray peer educators initially functioning as early adopters and then progressing to the role of innovators in the context of peer education training with students. During the implementation of peer education programmes, peer educators or 'innovators' are then instrumental in engaging with and influencing students with varying degrees of responsiveness to the information ('early majority', 'late majority' and laggards' (Bhattacharya & Singh, 2019; Riverola et al., 2019). The anticipated outcome of these peer education programmes is transformation in the target student group to a level where they are equipped to function as innovators themselves, disseminating vital information and skills to other students and their communities at large.

#### **5.2.4 Transformative Learning and Behavioural Change: Peer Education as a Catalyst for Change**

The theme 'Challenging beliefs and perceptions: Peer Education as a Behaviour Change Model' highlighted peer education programmes as opportune spaces wherein problematic, self-defeating attitudes, beliefs, perceptions and behaviours could be altered. Participants' narratives suggest a sense of being ill-equipped to deal academically, emotionally and socially with being a first-year student at MUT and DUT. They seemed to have assumed that the transition from their schools, homes and communities of origin, would be a seamless one. Evidenced from participants' accounts was that these taken-for-granted assumptions about life at university were soon challenged by the lack of stringent supervision and monitoring from elders. Instead, there was a presence of negative peer influences, alcohol and substance use and widespread opportunities and pressure to participate in unsafe sexual practices. It was within the peer education space built on safety and trust that students (peers) felt comfortable enough to disclose their private challenges and adjustment difficulties. Working together, they were able to explore alternative and more adaptive ways of coping with social pressures.

Highlighted by female students, in particular, was the manner in which peer education programmes allowed them to interrogate and challenge the rigid, patriarchal status quo

prevalent on campus, in residences and their communities. As the extract below illustrates, peer education dialogues and the supportive relationships inherent therein, allowed young female participants an opportunity to acknowledge the oppressive impact of unequal gender and power relations in their lives. This was particularly in respect of interpersonal relationships' difficulties, such as dealing with conflict, abuse and exploitation:

*As women or young ladies, it is very difficult to stand up for yourself, but through the discussions at residences, I have learnt not to do that to myself – to just take things as they come to me. I am now able to challenge circumstances and am encouraged to invite as many friends to these discussions so they can see the value of these programmes.*

The above extract highlights a transformative shift in the student's perception of agency and control over her life and circumstances. Noteworthy is the explicit recognition of gender-specific challenges around areas such as being assertive and setting boundaries ("it is very difficult to stand up for yourself"). This points to an awareness of the unequal power imbalances and statuses assigned to males and females. These power imbalances may imply both externally-enforced oppressive expectations that serve to mute female voices and internalised models of acceptance of the submissive role. Having been socialised in the role of the submissive female with limited power and authority, the student's previously normalised and internalised 'frames of reference' (Mezirow, 1997) are now challenged following her exposure to the empowering influence of peer education. Within the context of peer education dialogues, females are accorded a voice to articulate the oppressive nature of their internalised, taken-for-granted assumptions about what it means to be a female. The opportunity to engage in dialogue and share common experiences as a collective is a liberating experience for the participants. They consequently recognise the need to negotiate and redefine the limits of acceptable and unacceptable behaviour and to implement necessary behavioural changes. The student's reference to "now being able to challenge circumstances" suggests significant perceptual, attitudinal and behavioural shifts in how she perceives and responds to current situations. She has shifted from a position of submissive acceptance and tolerance of her disempowered status to a more assertive stance where she reclaims personal agency by *re-defining* the boundaries of acceptable and

unacceptable behaviour. The participant's further reference to wanting to invite as many other students so that they can benefit from the peer education programmes speaks to the perceived impact and efficacy of peer education from the perspective of programme recipients. This finding also illustrates and reinforces the shift from an 'I' position of individual benefit to a 'We' position of collective identification with all women. There is the consequent sense of responsibility to share and empower others when one is empowered.

Perceptual, attitudinal and behavioural shifts were also reported by male students who participated in the peer education programmes. These transformations were attributed to the open and participative nature of peer dialogues and group discussions. Some of these spaces comprised both males and females, even though at other times they were exclusively males. Decisions regarding group composition were made on a discretionary basis, taking into account the nature of the topic and the degree to which a mixed profile of students would enhance or hamper student engagement and self-disclosure. Students remarked at how the peer education programmes stimulated a process of self-reflection and introspection. At the same time, the programmes encouraged them to challenge and unlearn the superficial gender role stereotypes and assumptions which they had been socialised in. One participant's reference to "growing up and thinking that being a man was defined by having a beard and wearing pants" and his subsequent reference to learning in the programme that masculinity goes beyond physical characteristics to encompass behaviour, highlights powerful shifts in the individual's gender role assumptions and expectations ('frame of reference'). There were reports of how peer education made them appreciate the complexity of male identity, which necessitated a shift beyond superficial, masculine discourses based solely on male physique, power and dominance. One individual remarked that coming to peer education programmes had "taught me that a man is defined by his behaviour". This statement powerfully illustrates a deeper understanding of the nuanced complexities around gender identity, roles and associated behaviours. It suggests that a process of accommodation rather than assimilation has taken place with the student's foundation of understanding revised and reconstituted. The implications of such knowledge transformation were profound as the student's subsequent disclosures revealed a desire to promote change amongst his male peers by being a positive role model to them – through his *actions*. This again illustrates his understanding of *behaviour* as an expression of gender role and identity,

more especially, the crucial link between *knowledge* and *behaviour*. Positive role modelling, for the student, entailed translating his new-found knowledge into tangible practise which others could see and follow; in essence, leading by example. Reinforced here is the transition from an 'I' position of individual preoccupation, to a broader systemic perspective characterised by the shift to a 'We' position of collective male membership. The student's awareness of himself in relation to others necessitates that the same growth and behavioural change imperatives that he experiences are transferred to other males, who are an extension of himself. He, therefore, sees positive role modelling as the ideal platform in which to initiate this change on a collective and continuous scale.

Diversity awareness and appreciation also emerged as learning outcomes for students who participated in the programmes both at MUT and DUT. Exposure to gender diversity, especially people with different sexualities, was highlighted as a culture shock for participants. The overwhelming majority of them came from homogenous, close-knit, traditional communities where perceptions of gender, sexual orientation and practises were informed and shaped by religious, cultural and social conservatism. As previously mentioned in chapter four, the LGBTQI community was identified by students as a neglected aspect of their conservative upbringing and socialization around what constitutes male and female identity and associated sexual norms and behaviours. While participants' accounts suggest an increased awareness of sexual orientation differences with respect to the LGBTQI community, results also indicate that future peer education programmes need to focus more intensely on this area and go beyond superficial information-sharing. Discernible from the findings was an implicit disjuncture between *knowing more about* LGBTQI and actual *shifts* in attitudes, beliefs and behaviours towards the LGBTQI community. The extract below captures this disjuncture between learning and outcomes:

*What they [peer educators] have assisted me with is to give me an understanding of the LGBTQI group. Yes... I didn't know anything about that. I didn't know there was something like that...*

The student's repeated references to the LGBTQI community as "that" implies an 'Othering' (Debnath, 2017) of the LGBTQI community in a way that continues to

marginalise and polarise them. Further suggested by the student's utterances is an existing worldview that pathologises the LGBTQI reality as a 'phenomenon' or a 'condition' outside of, 'mainstream' masculine and feminine identities. According to Debnath (2017, p. 89), "Social identities are relational; groups typically define themselves in relation to others". Debnath (2017) further asserts that "Other" is the counterpart of "self," and means those who are neglected and situated at the margin of the power structure ... "The lesbian, gay, bisexual and transgender (LGBT) community can be regarded as "other" of the male-female binary". The frames of reference or existing worldviews show a lack of integration or pathologising of the LGBTQI reality as a 'phenomenon' or a 'condition' outside of 'mainstream' masculine and feminine identities. Thus, while participants' accounts suggest that the peer education programmes increased their awareness of the LGBTQI community, a semantic interrogation of specific words by the participants suggests that their prior worldviews, beliefs and attitudes have not necessarily been changed or *accommodated* to include this new information. Instead, it appears that the new information about LGBTQI has simply been absorbed or *assimilated* into their existing belief systems and frames of references.

Piaget's (1954; 1971) ideas on cognitive constructivism and specifically his concepts of *accommodation* and *assimilation* have theoretical relevance to the present study's findings when one considers them in relation to peer education learning processes and outcomes. According to Piaget, individuals make sense of the world and learn from experiences by drawing on previous experiences which have become engrained as mental representations of what he referred to as *cognitive schemas* (McLeod, 2015; Proulx, 2006). Mezirow's (1997) concept of 'frames of reference' and the transformation thereof when new learning occurs, described earlier in chapter three, shares some conceptual similarity with Piaget's notion of cognitive schemas. However, as discussed earlier, Mezirow's (1997, p. 5) frames of reference extend beyond cognition to include all relevant experiences – including "associations, concepts, values, feelings, conditioned responses". Piaget introduced the concept of 'assimilation' to describe how individuals use their accumulated knowledge to understand and assimilate new information and experiences (Bormanaki & Khoshhal, 2017). Assimilation is further described as an adaptive process that is influenced by the environment where new learning is influenced by what we already know. Previous experience, knowledge and

beliefs, therefore, act as filters or screens that influence the way in which we process and understand new information (Zhiqing, 2015).

Accommodation, in contrast, demands the learner to be more sensitive to their own past and reflect on the new knowledge. This is made necessary by the fact that beliefs are usually challenged by the nature of the new information, which cannot be simply incorporated into the existing schemas. Under such conditions of cognitive conflict or discrepancy, a person does not impose his or her view through assimilation but changes a mindset in order to adapt according to the newly acquired information (Mubarik, Budiarto & Sulaiman, 2018).

The concept of disequilibrium is a significant factor in facilitating fresh learning. It essentially refers to the experience of discomfort or conflict that arises when one is unable to reconcile new information and experiences, with old belief systems and habits (McLeod, 2015). For Piaget, the desire for equilibrium propels the individual towards new learning and ultimately change because individuals dislike being in a state of frustration and imbalance (Proulx, 2006). As a consequence, individuals try to restore balance and reduce this uncomfortable state by altering or accommodating existing knowledge to make it compatible with the new experience and new information.

Participants' responses to the LGBTQI community, therefore, suggest that old perceptual influences from early socialisation might not have been sufficiently challenged by the peer education programmes. This was evident in the continued attachment of an 'Other' identity to individuals from the LGBTQI community. This continued marginalisation of the LGBTQI by the student, evidenced implicitly from her choice of words, therefore suggests that she merely added on, or assimilated the new LGBTQI information into existing schemas. If a process of accommodation had occurred, the participant's views would have reflected a more inclusive and normalised perspective of LGBTQI. This points to areas for further development within peer education. The new focus should be on how complex issues and topics, such as LGBTQI, are approached during training. There should be an interrogation on what specific content, pedagogical and facilitative strategies are used to explore issues of diversity and to what extent these peer education spaces are sufficiently challenging for students to provoke accommodative learning.

### **5.3 Peer Educator Programme Outcomes**

#### **5.3.1 'Finding My Voice': Peer Educator Empowerment**

The increase in knowledge and skills development outcomes highlighted by student participants were equally reiterated by peer educators. Peer educators' narratives exposed deficiencies or limitations in certain knowledge areas pertaining to HIV/AIDS, health and sexuality prior to commencing the peer educator training. Their accounts suggest that the peer educator training increased their understanding of HIV/AIDS, sexual behaviour and practises. Their experiential engagement in the peer education sessions enhanced their knowledge and skills because it provided them with the opportunity to apply what had been learnt during training.

Peer educators highlighted self-esteem, social skills and critical engagement with contemporary social issues as significant areas of development for them. Such findings support existing work in the field (e.g. Caron, et al., 2013; Frawley and Bigby, 2014; Mason-Jones, et al., 2011) which point to the holistic benefits of peer education training.

Repeated exposure to peer education group dynamics and the safety engendered by the familiar and cohesive peer educator group membership, enabled peer educators to process, articulate and share individual and collective shortcomings and to work through these in the context of a supportive peer environment. Peer educators reported that the simulated peer educator training exercises, actual group experiences of training students and formal and informal interactions with the DUT and MUT student community had a profound impact on their social skills and levels of interpersonal competence. Peer educators embraced enhanced confidence in public speaking, listening skills, appreciation for group dynamics and increased awareness of student support resources which they were not previously aware of. Peer educators also identified developed skills in assertiveness, leadership, self-discipline, self-regulation and problem-solving. This supports other studies (e.g. Prince and Knibbs, 2009) which also identify these positive outcomes of peer education. In addition, the research participants also viewed the impact of their peer education training as enduring and transferable, as opposed to being temporary and context-specific. The present research findings, therefore, suggest compatibility between peer education learning outcomes and the critical cross-field

training outcomes identified by SAQA (2000) as important for holistic development and lifelong learning:

- Identify and solve problems in which responses demonstrate responsible decision-making using critical and creative thinking.
- Work effectively with others as a member of a team, group, organisation, community.
- Organise and manage oneself and one's activities responsibly and effectively.
- Collect, analyse, organise and critically evaluate information.
- Communicate effectively using visual, mathematical and/or language skills in the modes of oral and/or written presentation.
- Use science and technology effectively and critically, showing responsibility towards the environment and health of others.
- Demonstrate an understanding of the world as a set of related systems by recognising that problem-solving does not exist in isolation, but must be contextually-relevant and collaborative (SAQA, 2000; 2019).

Similarities between the above generic skills development outcomes and the learning outcomes identified by both students and peer educators following their participation in the MUT and DUT peer education training programmes is, therefore, discernible.

The notion of now having a 'voice' has a number of literal and metaphorical meanings. These include literally acquiring the knowledge and skills of HIV/AIDS and related topics to enable one to confront and challenge gaps in knowledge and promote transformation in learning and behaviour. It also refers to enhanced verbal communication skills and the confidence to speak in front of groups following peer education training and programme exposure. The notion of having a 'voice' further indicates liberating connotations that imply a sense of agency and empowerment after receiving the necessary training and skills development. This, in turn, prompted a sense of accountability and responsibility to be positive role models for students. Thus, while peer educators experienced a sense of collective identity with students on the basis of a common 'peer' identity at university, findings also suggest the retention of an 'I' position of authority which peer educators felt they needed to use to empower and promote

positive behavioural change amongst students. One may, therefore, assert that peer educators occupied dual identity positions that comprised both 'I' and 'We' elements.

### 5.3.2 “Finding Myself”: Identity Awareness and Community Membership

Findings indicate that peer educators experienced themselves as having a unique and distinguished identity that revolved around student training, development and student support in the prescribed areas of HIV/AIDS. This identity comprised both 'I' and 'We' elements in the sense that they still identified and connected with the student community by virtue of the shared academic status. Moreover, there was a sense of identity distinct from the broader student population because of their unique peer education training and role.

Participants' references to “finding myself” indicates the power of peer education in shaping identity development among peer educators. The implication from the findings was that peer education training equipped peer educators to be more effective role models to students by first grooming them in processes of critical self-reflection on their own beliefs, attitudes and behaviours. Through self-reflective exercises, peer educators were afforded the opportunity to reflect on how compatible their beliefs, attitudes and behaviours were with the actual content of what they were imparting to students. At times, this necessitated perceptual and behavioural shifts on the part of peer educators in order to ensure consistency between what peer educators were *teaching* and how they were *behaving*.

Research findings also highlight peer education programmes as unique opportunities for an expression of the 'preferred self'. The term 'preferred self' was initiated by Kahn (1990) to describe a level of authentic and meaningful engagement in one's work roles. Kahn (1990, p.702) avers that individuals engage and disengage as “people bring in or leave out their personal selves during work-role performances”. For Kahn (1990), one's 'preferred self' is expressed cognitively, emotionally and physically. This, thus, refers to a holistic and meaningful insertion of the *complete self* in the context of work activity and roles (Bailey, Madden & Alfi, 2015). Bailey et al. (2015, p. 26) assert that the authentic, 'preferred self' “is contrasted with disengagement whereby the individual ‘uncouples’ his or her true self from his or her work role and suppresses his or her involvement”. On the

one hand, some peer educators' experiences of their training suggested a possible incompatibility between programme requirements and participants' personal characteristics (some described themselves as being shy and uncomfortable talking to groups of students). On the other hand, several other peer educators described the programme demands and requirements as aligned to their personalities and strengths.

### **5.3.3 Personalising of Information and Behavioural Change**

Peer education programmes have been shown to be unsuccessful in influencing peer educators to internalise and personalise the content of peer education programmes. This has mainly been with reference to peer educators' subjective encounters and challenges around risky sexual behaviour and practices. For instance, Gazu et al. (2008) noted this shortcoming in research conducted on peer education programmes at DUT. In Gazu et al.'s (2008) study students asserted that peer educators' inclusion of their own subjective experiences and challenges would have rendered the programme content more meaningful and applicable to students.

In contrast, MUT and DUT peer education programmes were perceived by students as impactful and relevant. Students attributed this partly to the personal testimonies shared by some peer educators around their experiences with alcohol and drug abuse. In their self-disclosures peer educators indicated the impact of these substances on judgement and risk-taking behaviours, as well as the short- and long-term implications thereof affecting the general quality of life. These disclosures helped in providing students with a first-hand perspective of young adulthood and the social realities associated with this developmental milestone. Such self-disclosures furthermore helped normalise social influences and peer-related challenges encountered by young people, as well as offered tangible evidence of coping strategies that students themselves could adopt. Personalising of peer education content helped to establish peer educators as authentic and knowledgeable transmitters of information; this, in turn, lends credibility to the peer education programme and promotes buy-in from students.

The Diffusion of Innovation theory, explored in chapter two, has an important bearing on the present study's findings pertaining to peer educators personalising of information and risk. MUT and DUT peer educators' subjective identification with the programme content

seemed to enhance the 'diffusion' or transmission of information process, rendering peer educators credible and influential facilitators or 'innovators' and enhancing the possibility of students becoming 'early adopters' (Bhattacharya & Singh, 2019; Riverola et al., 2016).

#### **5.3.4 Peer Education as a 'Community of Practice'**

Findings from the research are an expression of peer education as a distinct 'community of practice' (Wenger, 1998) defined by its unique student composition, intentional nature of the training objectives and outcomes and specific context within which the programme was situated. The collective identity, cohesive nature of 'peer educator' group membership and common purpose or 'shared domain of interest' in the area of HIV/AIDS lends itself to Wenger's (1998) concept of "communities of practice". The application of the concept of communities of practice assists the formalisation and elevation of the status of 'peer education to a level consistent with the way in which it was perceived and valued by students, peer educators and health promoters from MUT and DUT. Articulating peer education as a community of practice also lends credibility to this purposeful exercise and allows for its incorporation into curricula and professional training programmes at institutions of higher learning. Implications for teaching, learning and holistic development are elaborated on in the 'Recommendations' section of this chapter.

## CHAPTER SIX

### CONCLUSION

#### 6.1 Introduction

The results of this study provide evidence that the Peer Education Programme at DUT's Midlands campus is effective both in its impact as well as its designed outcomes on the student population and peer educator community. The literature shows that in order for peer education programmes to be effective, research and evaluation are required to integrate the experiences and perceptions of peer educators. The present study attempted to contribute towards this aspect by incorporating the student and the peer educators' perspective.

Chaoudhury et al. (2009, p. 43) assert that "peer educators are the most important part of the programme and should be well known in the community, have the ability to learn and the ability to teach the course". Peer educators who are recruited at DUT and MUT are currently registered students at the respective institutions and they belong to the larger student community. The peer educators are deemed accessible to students and most suited to disseminating the relevant information and skills to the broader student community. The present study, therefore, satisfies the criteria for evaluation as suggested by Chaoudhury et al. (2009).

This study sought to determine whether peer educator programmes at the DUT Midlands campus and MUT are achieving their desired objectives. Peer Education programme is one strategy that was introduced in HEI's as a way of providing health education, training and support in the form of peer educators. Peer educators are seen by their peers as equals because of their similar backgrounds. The peers feel comfortable speaking and sharing experiences about topics that have been considered taboo. From the results of this study, peer educators felt that they had impacted the lives of students in a positive manner. Some peers spoke about how the programme had changed their attitudes and negative perceptions about themselves. Others reported that the programme had enhanced their critical thinking and influenced them to discard negative and outdated gender stereotypes.

According to Frantz (2015), peer education can have far-reaching benefits that extend to both students as well as peer educators themselves. That conclusion is supported in the results obtained from the present study. Evidence suggests that peer educators develop the necessary personal development and subsequently become competent to change the lives of others both within the university and beyond institutional boundaries which may be rural and urban communities. In a sense, both the recipients and facilitators of peer education become agents of change as they continue the cycle of empowerment.

Valuable suggestions from the individual interviews and focus groups were:

- Recruit more students to join peer educator programmes so that more students can be empowered.
- Target youth in high schools, with peer educators at university serving as positive role models to which they can aspire to. It is hoped that this may encourage young girls to aspire for tertiary education and seek to become self-reliant, independent professionals as opposed to resorting to 'sugar daddies' or 'blessers' who prey on vulnerable, needy females in the community.

Some of the personal outcomes attributable to peer education involvement were increased level of self-awareness with respect to personal identity, social skills, sexual behaviours and health. Participants highlighted improved awareness about health and a desire to monitor one's health status, better public speaking, increased self-confidence, increased self-efficacy and self-understanding. These findings support existing work, such as that of Wawrzynski, LoConte, & Straker (2011).

## **6.2 Recommendations for Future Research**

- The study focused specifically on two Universities of Technology in the KwaZulu-Natal region, using a qualitative approach. Future research initiatives could adopt a mixed-method approach focusing on peer education programmes at tertiary institutions nationally.

- Research into peer education programmes at technical, vocational and education and training (TVET) colleges is generally absent. It is, therefore, recommended that future studies should focus on the extent to which peer education programmes are implemented and prevalent at TVET colleges. Inquiries could further explore such programmes' impact and efficacy from a quantitative and qualitative perspective.
- Research findings highlight peer education as a critical co-curricular aspect of student support and development in higher education. It is recommended that a generic policy for HIV/AIDS peer education in post-school education and training be developed. Such a policy could serve to ensure standardisation and consistency of content implementation. The policy may further provide guidance on the recruitment and training of peer educators. It is further recommended that HIV/AIDS peer education programme be formalised as a legitimate activity within higher education by integrating it into the academic curriculum.
- The findings of this study demonstrate how peer education is aligned with the critical cross-field training outcomes identified by SAQA (1999) as essential for holistic development, lifelong learning and employability. The inclusion of peer education in the academic timetable might, therefore, serve to reinforce its status as an officially recognised 'community of practice' and optimise accessibility and impact. In addition, it is suggested that peer education programmes be integrated into the mainstream academic curriculum from first year up to the final year of study with content increasing in complexity and depth in subsequent years of study.
- Recommendations by the students who participated in the study were that peer education programmes needed to expand their psycho-social focus to include issues of funding and economic empowerment. Such a suggestion seems appropriate considering the prevalence of student financial challenges and the 'blesser'/'blessee' phenomenon which impacts directly on young people's lifestyle choices and decisions to engage in risky sex.

- As a recommendation, peer education programmes have to adopt a more inclusive approach to content by including a more in-depth appreciation of sexual orientation and the LGBTQI community in particular. The peer education programmes should further address the issue of disability and its implications for sexual behaviours and practices. Such an approach has the potential to assist in reducing the marginalisation and discrimination typically associated with these vulnerable and often neglected groups.
- Student leaders' perceptions of and participation in HIV/AIDS peer education programmes is a neglected research area both locally and internationally. Considering their degree of influence and accessibility to the general student population, it is anticipated that research into this area could yield a myriad of insights relevant to programme design and implementation. It is also anticipated that the inclusion of student leaders from political and religious structures in peer education programmes might help normalise peer education as an essential co-curricular activity as opposed to a sign of one's HIV status.

### **6.3 Limitations of the Study**

- This research does not offer a longitudinal, quantitative perspective on peer education, but rather offers a retrospective evaluative account based on participants, peer educators and health promoters' subjective accounts of the programmes. Pre- and post-programme behavioural outcomes could, therefore, not be quantified and reported. Considering the subjective and the retrospective nature of participants' recall and self-disclosure, important aspects of their experiences may not have been recalled and reported on at the time of the interviews.
- The study was qualitative in nature and focused specifically on the DUT's Midlands campus and MUT. Findings can, therefore, not be generalised to other peer education programmes at other institutions. However, the research findings offer useful research reference points and areas for further exploration in the field of peer education. These are elaborated on in the 'Recommendations' section of this chapter.

#### 6.4 Original Contributions to Knowledge

- While findings from the present study support existing research in the field of peer education, the study also reveals unique insights and original contributions to the field of peer education globally. The study offers alternative, contextually-relevant ways in which peer educator identity may be articulated and appreciated, drawing on the multiple role assumptions and identity transitions that occur amongst peer educators who participate in the programmes. From parental ‘caregiver’ and extended support system to age-related peer and formal training, the present study’s notion of ‘*wearing many hats*’ draws attention to the importance of identity and role flexibility in peer educator profiles. This finding has important implications for the manner in which peer educators are recruited and selected, with the recommendation being that identity flexibility and an openness to role expansion and adaptation be used as important criteria for consideration when recruiting and training peer educators.
- The notion of peer education as offering opportunities for an expression of the ‘preferred self’ suggests that peer education programmes possess valuable personal growth and career development potential. The reciprocal developmental impact of peer educators is, therefore, highlighted by the study. This is particularly revealed with respect to emotional intelligence (self-reflection and self-awareness) and enhancing insight into one’s personality, values, career leanings and preferences. In enhancing personal and career-related knowledge about the self, peer education programmes, therefore, offer experientially-driven career exploration opportunities that can successfully complement more formal career assessment and guidance exercises with the general student population and peer educators specifically.
- The reported study highlights the sense of continuity and collective purpose which characterised peer educator participation in the programmes. Both MUT and DUT peer educators displayed commitment towards peer education and its programme objectives, which were broadly to create awareness, disseminate information and promote skills development in areas, directly and indirectly, pertaining to the

HIV/AIDS epidemic. The intentional nature of peer educator training, as previously stated in Chapter Two, specific objectives and anticipated outcomes of programmes as well as the unique sense of identity and purpose which characterised participants' experiences of being a peer educator, resonate with *Wenger's (1998)* concept of "communities of practice" (1998). Peer educators can be regarded as a community of practice which is constructed around "a shared domain of interest" (Wenger, 2012, p.2). Sharing a package of personal development competencies, such as the experience, reflections and strategies to deal with ongoing difficulties in the context of sharing (Wenger, 2012, p.2) helps to formalise and legitimise a powerful interpersonal tool. Peer educator roles, identity and relationships with the student population may often be misconstrued as informal and ad hoc, particularly in the higher education context underpinned by academic and professional hierarchies, practices and protocol. As such, the reported study offers a novel way in which to appreciate and advance peer education practices, particularly in the higher education sector.

- The theme 'From 'Me' to 'We': Peer education programmes as enhancing social responsibility and citizenship' lends itself to contextualisation within an African cultural worldview and systemic framework underpinned by the principles of Ubuntu and *Umuntu Ngumuntu Ngabantu*. As such, the study's findings offer a novel and culturally-relevant conceptual framework that is unique to the African context, yet sufficiently flexible to be adopted by other cultures globally to mitigate the impact of the HIV/AIDS epidemic. Ubuntu and *Umuntu Ngumuntu Ngabantu* are concepts that present as useful alternative conceptual tools with which to articulate the magnitude of the HIV/AIDS epidemic, the transmission of HIV and the collective responsibility of all in promoting change. It is, therefore, anticipated that the incorporation of such culturally-meaningful concepts into peer education programmes might enhance accessibility and relevance of content, facilitate participant engagement and understanding and thereby increase impact and efficacy of the programmes with respect to behavioural change.
- While the present study has drawn on theoretical frameworks popular with other peer education research, such as DOI theory, emergent findings necessitated the inclusion of additional theoretical frameworks to understand how new learning

was facilitated in the context of MUT and DUT peer education programmes. Two noteworthy original contributions of the present study are its use of Mezirow's (1997) concept of transformative learning and inclusive notion of 'frames of reference' to articulate how peer education functions as transformative learning spaces wherein existing beliefs and maladaptive patterns of behaviour are confronted and challenged. Piaget's (1954; 1971) ideas on cognitive constructivism and his concepts of *accommodation* and *assimilation* complement our understanding of peer education as transformative learning spaces. This is because they serve as useful conceptual tools with which to explain how participants in the programme encounter, process and transform this information in a manner conducive to behavioural change. The concepts of assimilation and accommodation can also aid in understanding the pace and extent to which perceptual and behavioural change has occurred following peer education participation. This, in turn, has implications for programme impact and efficacy, with some participants in the sample demonstrating assimilative tendencies which possibly suggest superficial shifts in their understanding and attitudes towards issues of sexual orientation. The concepts of assimilation and accommodation can, therefore, serve as useful pedagogical ways to inform future peer education content, design, implementation and evaluation of impact. Assimilation and accommodation can possibly provide a measure of impact by assessing how these different cognitive processes impact on knowledge acquisition and understanding, and ultimately, attitudinal and behavioural change.

- There is a scant reference to the concept of 'psychological safety' in peer education literature. Rather, there is a tendency towards broad use of 'safety and trust' as conditions necessary for positive group dynamics and processes in peer education. The present study enhances understanding of the nuances inherent in peer education group dynamics that can promote or hinder self-disclosure and learning. This is achieved by extending Edmonson's (2003) concept of 'psychological safety into the peer education setting. The present study's findings highlight student and peer educator self-disclosure as an important part of authentic participation and learning. Further, the study identifies psychological safety as an important condition that takes place before self-disclosure. The originality and unique contribution of the study, therefore, lies in its illumination of

psychological safety as an important aspect for explicit incorporation into peer education training manuals and programmes.

- Research findings highlight areas of progression, but also lag behind in respect to social transformation, diversity and inclusivity. Moreover, there is no indication on how peer education programmes are formulated and implemented. The study endorses the notion of peer education as a transformative learning space and unique community of practice wherein contemporary issues of social relevance that impact on gender and sexuality can be explored and constructively addressed. The area of gender empowerment emerged as a positive learning outcome, with females and males experiencing the peer education content and group processes as instrumental in facilitating personal agency, positive identity reconstruction and the revision of maladaptive conformist tendencies towards a position of greater personal agency and positive lifestyle choices.
- Issues pertaining to sexual orientation and the LGBTQI community were highlighted by participants as noteworthy components integrated into the DUT and MUT programmes. This offers unique and original contributions to peer education since literature review suggest that sexual orientation, gender diversity and issues affecting LGBTQI individuals are not adequately integrated into contemporary peer education programmes. Instead, an observable trend has been the implementation of LGBTQI-specific peer education programmes (van Dyk, et al., 2015). While such homogenous programmes may arguably be a useful supportive and informative platform for the LGBTQI group, failure to integrate this aspect into all peer education programmes may perpetuate the marginalisation and discrimination of the LGBTQI community instead of increasing awareness and promoting a culture of authentic acceptance and inclusion. Of further concern was that while participants in the present study did highlight an increased awareness of LGBTQI, a semantic interrogation of their accounts suggests a superficial engagement with sexual orientation and LGBTQI issues in the programme. This points to a need for future peer education programmes to promote both basic and more complex levels of engagement with LGBTQI, sexual orientation and diversity. In so doing, a more inclusive and holistic appreciation of

sexuality and its implications for HIV/AIDS, interpersonal relationships and overall quality of life, may be achieved.

- A noted absence from participants' narratives was the issue of disability, its impact on social relationships, self-esteem, peer pressure and positive lifestyle choices. Students with disabilities were also not specifically targeted in the sample, possibly due in part because they form a minority of the student population and may not have participated in peer education programmes at the time the research was undertaken. The absence of disability as a topic in the peer education programme context points to the need for a revision of peer education content to be as inclusive and holistic as possible, by incorporating all aspects of diversity. Such programmes would need to deconstruct the nature and various manifestations of diversity. Areas of diversity to be addressed are generational differences, religion, socio-cultural, urban versus rural, national versus foreigner, sexual orientation differences and disability. This process should be conducted with a view to exploring how HIV/AIDS impacts on diversity and how diversity influences the understanding, transmission and prevention of HIV/AIDS, sexual practices and lifestyle choices.
- The present study further contributes to peer education training and outcomes by explicitly capturing peer educator and student self-disclosure and how this speaks to participants' ability to personalise their own experiences and risks associated with HIV/AIDS and related issues. The present study highlighted, in particular, how peer educator self-disclosure and personalising of information represented the insertion of an 'authentic self' in the programme. This, in turn, lent authenticity and credibility to the information that was transmitted, making it more meaningful and impactful to the peer education audience. In terms of originality, relevance and impact, the present study's focus on personalising of information and risk helps to address an issue identified as a limitation in other studies (e.g. Gazu et al., 2008).

## REFERENCES

- Adamchak, S. (2006). Youth peer education in reproductive health and HIV/AIDS: Progress, process and programming for the future (Youth Issues Paper No. 7). Arlington, VA: Family Health International.
- Aggleton, P., & Crewe, M. (2005). Effects and effectiveness in sex and relationships education. *Sex Education*, 5(4), 303-306.
- Akkuş, D., Eker, F., Karaca, A., Kapisiz, O., & Açıkgöz, F. (2016). *Is peer education programme an effective model in prevention of substance addiction in high-school teens?* Retrieved from [http://www.journalagent.com/phd/pdfs/PHD-59489-RESEARCH\\_ARTICLE-AKKUS.pdf](http://www.journalagent.com/phd/pdfs/PHD-59489-RESEARCH_ARTICLE-AKKUS.pdf)
- Alderson, A. & Katz-Gerro, T. (2016). Compared to whom? Inequality, social comparison, and happiness in the United States. *Social Forces*, 95(1), 25-54.
- Allen, V.C., Ray, L.A. & Myers, H.F. (2018). Examining the sexual health consequences of alcohol among black gay and bisexual men. *Alcohol: Clinical and Experimental Research*, 42(8), 1548-1555.
- Anney, V. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies*, 5(2), 272-281.
- Antwi, S.K., & Hamza, K. (2015). Qualitative and quantitative research paradigms in business research: A philosophical reflection. *European Journal of Business and Management*, 7(3), 217-225.
- Arzieva, D.T., & Matveeva, I.A. (2018). Review of the methodological history of peer instruction in educational process.

- Ayaz, S., & Açıl D. (2015). Comparison of peer education and the classic training method for school-aged children regarding smoking and its dangers. *Journal of Pediatric Nursing*, 30(3), 3-12. doi: 10.1016/j.pedn.2014.11.009.
- Azizi, M., Hamzehgardeshi, Z., & Shahhosseini, Z. (2016). Influential factors for the improvement of peer education in adolescents: A narrative review. In *Journal of Pediatric Review*, 1-8. doi: 10.17795/jpr-7692.
- Badura, A. S., Millard, M., Johnson, C., Stewart, A., & Bartolomei, S. (2003). Positive outcomes of volunteering as a peer educator. ERIC, 1-13.
- Badura, A., Millard, M., Peluso, E., Ortman, N. (2000). Effects of peer education training on peer educators: Leadership, self-esteem, health knowledge, and health behaviours. *Journal of College Student Development*, (5), 471, Retrieved from <http://elibrary.bigchalk.com>
- Bailey, C., Madden, A., Alfes, K. & Fletcher, L. (2015). The meaning, antecedents and outcomes of employee engagement. A narrative synthesis. *International Journal of Management Reviews*, 19, 31-53.
- Barry Chametzky, B. (2016). Coding in classic grounded theory: I've done an interview; now what? *Sociology Mind*, 6, 163-172
- Bhattacharya S., & Singh A. (2019). Using the concepts of positive deviance, diffusion of innovation and normal curve for planning family and community level health interventions. *Journal of Family Medicine and Primary Care*, 8, 336-341.
- Bilgiç N., & Günay, T. (2018). Evaluation of effectiveness of peer education on smoking behaviour among high school students. *Saudi Medical Journal*, 39(1), 74-80. doi: 10.15537/smj.2018.1.21774.
- Birt, L., Scott, S., Covers, D., Campbell, C., & Walter, F.M. (2016). 'Member checking: a tool to enhance trustworthiness or merely a nod to validation? *Qualitative Research*, 26(13), 1802-1811.

- Blignaut, R.J., Vergnani T., & Jacobs J.J. (2014). Correlates of sexual activity versus non-activity of incoming first-year students at a South African University. *African Journal of AIDS Research*, 13(1), 81-9.
- Blignaut, R., Jacobs, J., & Vergnani, T. (2015). Trends in HIV risk behaviour of incoming first-year students at a South African University: 2007-2012 Sahara-J. *Journal of Social Aspects of HIV/AIDS*, 12(1), 39-50.
- Bormanaki, H.B., & Khoshhal, Y. (2017). The role of equilibration in Piaget's role of cognitive development and its implications for receptive skill: A theoretical study. *Journal of Language Teaching and Research*, 8(5), 996-1005.
- Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2). pp. 77-101. Retrieved from <http://eprints.uwe.ac.uk/11735>.
- Breed, G. & Semanya, K. (2015). 'Ubuntu, koinonia and diakonia, a way to reconciliation in South Africa?', *HTS Teologiese Studies/Theological Studies* 71(2), 1-9. <http://dx.doi.org/10.4102/hts.v71i2.2979>
- Bulgic, N., & Gunay, T. (2018). Evaluation of effectiveness of peer education on smoking behaviour among high school students. *Saudi Medical Journal*, 39(1), 74-80.
- Bwalya, B.B., Banda, A., Jere, S., Amanzi, P., & Funsani, P. (2015). Can HIV/AIDS be fought by targeting youths in Zambia? Analysis of the knowledge, attitudes and sexual behaviour among youths aged 15-24 years. *Epidemiology Biostatistics and Public Health*, 12(4), 1-22.
- Campbell, C., & MacPhail, C. (2002). Peer education, gender and the development of critical consciousness: Participatory HIV prevention by South African youth. *Social Science and Medicine*, 55, 331-354.

- Caron, R N F., Otis, J., & Pilate, F. (2013). Evaluation of an AIDS peer education programme on multiethnic adolescents attending an urban high school in Quebec Canada. *Journal of HIV/AIDS Prevention for Adolescents and Children*, 2(1), 31-53.
- Chinyama, N. (2012). The role of peer educators in enhancing social and emotional learning: A case study of four secondary schools in Fort Beaufort district. Unpublished master's dissertation. Retrieved from <http://libdspace.ufh.ac.za/bitstream/handle/20.500.11837/427/the%20role%20of%20peer%20educators%20in%20enhancing%20social%20and%20emotional%20learning.pdf?sequence=1&isallowed=y>
- Choudhury, SM., Brophy, M., Fareedi, MA., Zaman, B., Ahmed P., & Williams R. (2009). Examining the effectiveness of a peer-led education programme for Type 2 diabetes and cardiovascular disease in a Bangladeshi population. *Diabetic Medicine*, 26(1),40-44.
- Ciranka, S., & van den Bos, W. (2019). Social influence in adolescent decision-making: A formal framework. *Frontiers in Psychology*, 10(1915), 1-16.
- Clarke, V., & Braun, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage: USA
- Clarke, V., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist*, 26(2), 120-123.
- Cooper, S., & Dickinson, D. (2013). Just jokes! icebreakers, innuendo, teasing and talking: The role of humour in HIV/AIDS peer education among university students. *African Journal of AIDS Research*, 12(4), 229-238.
- Coyle, R.M., Lampe, F.C., Miltz, A.R., Sewell, J., Anderson, J., Apea, V., & Rodger, A. (2019). Associations of depression and anxiety symptoms with sexual behaviour

- in women and heterosexual men attending sexual health clinics: a cross-sectional study. *Sexually Transmitted Infections*, 95, 254-261.
- Cranton (Ed.), *Transformative learning in action* (pp. 89-95). San Francisco, CA: Jossey
- Creswell, J.W. (2014). *Research design: Qualitative, quantitative, and mixed-method approaches*. Thousand Oaks, CA: SAGE.
- Crittenden, K.S., Kaponda, C.P.N., Jere, D.L., McCreary, L.L., & Norr, K.F. (2015). Participation and diffusion effects of a peer-intervention for HIV prevention among adults in rural Malawi. *Social Science and Medicine*, 133, 136-144.
- Croll, N., Jurs, E., & Kennedy, S. (1997). Total quality assurance and peer education. *Journal of American College Health*, 45, 247-249.
- D'Costa, B., Lobo, K., Thomas, J., & Ward, J.S. (2019). Evaluation of the young deadly free peer education training programme: Early results for future evaluations. *Frontiers in Public Health*, 7(74), 1-11.
- Dalrymple, L. & Durden, E. (2006). *HEAIDS: Peer Education Project Report*.
- Damghanian, A., Sharietpanahi, G., Khieltash, A., & Barahimi, H. (2019). Effects of peer education on physical activity and nutrition among Iranian adolescents, *Social Health and Behaviour*, 2(2), 52-57.
- Davis, R., Campbell, R., Hildon, Z., Hobb, L., & Michie, T. (2015). Theories of behaviour and behaviour change across the social and behavioural sciences. *Health Psychology Review*, 9(3), 323-344.
- Dawson, A., Daniels, J., & Clapham, P. (2014). The contribution of focus group discussions to aboriginal Australian health services research: A content analysis of practice and experience. *International Journal of Critical Indigenous Studies*, 7(2), 1-15.

- Debnath, K. (2017). LGBT identity: The illustration of “Othering” in India, *Sexuality, Gender, and Policy*, 1(1), 89-100.
- De Vreede, C., Warner, A., & Pitter, R. (2014). Facilitating youth to take sustainability actions: The potential of peer education. *The Journal of Environmental Education*, 45(1), 37-56.
- Dearing, J.W., & Cox, J.G. (2018). Diffusion of innovation theory, principles, and practice. *Health Affairs*, 32(2), 183-190.
- Dedehayir, O., Ortt, R.J., Riverola, C., & Miralles, F. (2017). Innovators and early adopters in the diffusion of innovations: A literature review. *International Journal of Innovation Management*, 21(8), 1–27.
- DeJonckheere, M., & Vaughn, L. M. (2019). Semi-structured interviewing in primary care research: A balance of relationship and rigour. *Family Medicine and Community Health*, 7(2), 1-8.
- Dekovic, M., Asscher, J.J., Hermanns, J., Reitz, E., Prinzie, P., & van den Akker, A.L. (2010). Tracing changes in families who participated in the Home-Starting Parenting Programme: Parental sense of competence as mechanism of change. *Previous Science*, 11(3), 263-274.
- Dekovic, M., Stoltz, S., Schuringa, H., Manders, W. & Asscher, J. (2012). Testing theories through evaluation research: Conceptual and methodological issues embedded in evaluations of parenting programmes. *European Journal of Developmental Psychology*, 9, 61-74.
- Deutsch, C., & Swartz, S. (2003) Peer education lesson plans. Pretoria, South Africa: Department of Health.
- Dickonson, D. (2011). Myths, Science, and Stories: Working with peer educators to encounter HIV/AIDS myths. *African Journal of AIDS Research*, 10, 335-344.

- Douwes-Schultz, D., Burstein, R., Casey, D.C. Deshpande, A., Earl, L., El Bcheraoui, C., & Hay, S. (2019). Mapping HIV prevalence in sub-Saharan Africa between 2000 and 2017. *In Nature*, 570, 189-193. Retrieved from <https://www.nature.com/articles/s41586-019-1200-9.pdf>
- Dube, L., & Ocholla, D. N. (2005). Insight into the management and diffusion strategies of HIV/AIDS Information in Institutions of Higher Education in South Africa. South Africa. University of Zululand
- Dwyer-Lindgren, L.; Cork, M.A., Sligar, A., Steuben, K.M., Wilson, K.F., Provost, N.R., ... Alkassim, R.S. (2016). Comparison of convenience sampling and purpose sampling. *American Journal of Applied Statistics*, 5(1), 1-4.
- Edmondson, A.C. & Leia, Z. (2014). Psychological safety: The history, renaissance, and future of an interpersonal construct. *The annual review of organizational psychology and organizational behaviour*, 1, 23-43
- Etikan, I., Musa, S.A., & Alkassim, R.S. (2016). Comparison of convenience sampling and purpose sampling. *American Journal of Applied Statistics*, 5(1), 1-4.
- Fiaz, N. (2014). Constructivism meets critical realism: Explaining Pakistan's state practice in the aftermath of 9/11. *European Journal of International Relations*, 20(2), 491-515.
- Foley, B.C., Shrewbury, V.A., Hardy, L.L., Flood, V.M., Byth, K., & Shah, S. (2017). Evaluation of peer education programme on student leaders' energy balance-related behaviours. *BMC Public Health*, 17(695), 3-8.
- Frantz, J.M. (2015). A peer-led approach to promoting health education in schools: The views of peers. *South African Journal of Education*, 35(1), 1-10.

- Frawley, P., & Bigby, C. (2014). "I am in their shoes": Experiences of peer educators in sexuality and relationship education. *Journal of Intellectual and Developmental Disability*, 39(2), 167-176.
- Fusch, P., Fusch, G.E., & Ness, L.R. (2018). Denzin's paradigm shift: Revisiting triangulation in qualitative research. *Journal of Social Change*, 10(1), 19-32.
- Gazu, A.W., Mudenda, P.M., & Govender, A. (2008). An evaluation of health promoters' peer education programme administered at the Durban University of Technology. Unpublished doctoral dissertation. Retrieved from [http://ccms.ukzn.ac.za/files/articles/Hons\\_essays/anusha%20etc%20research%20paper%20final%20edited%20em.pdf](http://ccms.ukzn.ac.za/files/articles/Hons_essays/anusha%20etc%20research%20paper%20final%20edited%20em.pdf)
- George, A., Blankenship, K.M., Biradavolu, M.R., Dhungana, M., & Tankasala, N. (2015). Sex workers in HIV prevention: From social change agents to peer educators. *Global Public Health*, 10(1), 28-40, DOI: 10.1080/17441692.2014.966251.
- Georgie, J, M., Sean, H., Deborah M, C., Matthew, H., & Rona, C. (2016). Peer-led interventions to prevent tobacco, alcohol and/or drug use among young people aged 11-21 years: A systematic review and meta-analysis. *Addiction (Abingdon, England)*, 111(3), 391–407. doi:10.1111/add.13224
- Ghasemi, V., Simbar, M., Rashidi Fakari, F., Saei Ghare Naz, M., & Kiani, Z. (2019). The effect of peer education on health promotion of Iranian adolescents: A systematic review. *International Journal of Pediatrics*, 7(3), 9139-9157. DOI: 10.22038/ijp.2018.36143.3153.
- Glaser, B. (1992). Basics of grounded theory analysis. Mill Valley, CA: Sociology Press.
- Gobind, J., & Ukpere, W.I. (2014). Evaluating HIV/AIDS Programme within South African Universities. *Mediterranean Journal of Social Science*, 5(3), 346-357.

- Gong, X., & Sanfey, A. G. (2017). Social rank and social cooperation: impact of social comparison processes on cooperative decision-making. *PLoS One*, 12(4), 1-14.
- Govender, D., & Edwards, S. (2009). Appreciative enquiry into life skills- based HIV/AIDS education in South Africa. *African Journal of AIDS Research*, 84, 115-121.
- Grabove, V. (1997). The many facets of transformative learning theory and practice. In P.
- Grinnell, R. M., & Unrau, Y. A. (Eds.). (2008). *Social work research and evaluation (8th ed.)*. New York: Oxford University Press.
- Haffejee, F., Maughan-Brown, B., Buthelezi, T., & Kharsany, A.B.M. (2018): Perceived HIV-related stigma among university students in South Africa: Implications for HIV testing. *African Journal of AIDS Research*, 1-9. DOI: 10.2989/16085906.2018.1439512
- Heeren, G.A., Jemmott, J.B., Ngwane, Z., Mandeya, A., & Tyler, J.C. (2013). A randomized controlled pilot study of an HIV risk-reduction intervention for Sub-Saharan African University students. *AIDS and Behaviour*, 17(3), 1105-1115.
- Heydari, A., Dashtagard, A., & Moghadam, Z.E. (2014). The Effect of Bandura's social cognitive theory implementation on addiction quitting of clients referred to addiction quitting clinics. *Iranian Journal of Nursing and Midwifery Research*, 19(1), 19-23.
- Hill, L.M., Maman, S., Kilonzo, M.N., & Kajula, L.J. (2017) Anxiety and depression strongly associated with sexual risk behaviours among networks of young men in Dar es Salaam, Tanzania, *AIDS Care*, 29(2), 252-258, DOI: 10.1080/09540121.2016.1210075
- Houghton, C.E., Casey, D. & Murphy, K. (2010). Ethical challenges in qualitative research: Examples from practice. *Nurse Research*, 18 (1), 15-25.

- Hu, H-F., Chang, Y-P., Lin, C., & Yen C-F. (2019). Quality of life of gay and bisexual men during emerging adulthood in Taiwan: Roles of traditional and cyber harassment victimization. *PLoS ONE*, 14 (2), 1-15.
- Hunter, M., (2010). *Love in the time of AIDS: Inequalities, gender and rights in South Africa*, Indiana University Press, Bloomington, IN
- Hutchby, I., & Wooffitt, R. (1998). *Conversation analysis: Principles, practices, and applications*. Cambridge: Polity Press.
- Jahanshahi, F., Abyanesh, N. A., & Abyaneh, E. E. (2016). Investigating the effects on self-efficacy in patients with heart failure in selected hospitals of Saveh Country. *International Journal of Medical Research and Health Sciences*, 5(11), 630-635.
- Jaworsky, D., Larkin, J., Sriranganathan, G., Cout, J., Janssen, J., Campbell, L., & Flynn, S. (2013). Evaluating Youth Sexual Health Peer Education Programmes: Challenges and Suggestions for Effective Practices. *Journal of Education and Training Studies*. 1:1, 227-234.
- Kahn, W.A. (1990). Psychological conditions of personal engagement and disengagement at work. *Academy of Management Journal*, 33, 692-724.
- Kalunga, M.J.B. (2016). *The effects of peer education programme on peer educators of the HIV/AIDS Unit of the Cape Peninsula University of Technology (CPUT)*. Master's Thesis, Cape Town
- Kamal, S.L.B.A. (2019). Research paradigm and the philosophical foundations of a qualitative study. *PEOPLE: International Journal of Social Sciences*, 4(3), 1386-1394.

- Kanekar, A., Sharma, M., & Bennett, R. (2015). Using social cognitive theory to predict safer sex: Behaviours in College students. *American Journal of Health Studies*, 30(3), 90-101.
- Karaca, A., Akkus, D., & Sener, D.K. (2018) Peer education from the perspective of peer educators. *Journal of Child & Adolescent Substance Abuse*, 27(2), 76-85, DOI: 10.1080/1067828X.2017.1411303
- Katahoire, A.R., & Kirumira, E. K. (2008). The impact of HIV and AIDS on higher education institutions in Uganda International Institute for Educational Planning, UNESCO, Paris, France.
- Khoshraftari, E., Ildarababdi, E., & Vashan, H. (2015). The Effects of peer education on psychological dimension of quality of life of elderly patients with hypertension. *Journal of North Khoran University of Medical Sciences*, 7(3), 585-595.
- Khosravi, N. Kolifarhood, G., Shoghli, A., & Pashaeypoor, S. (2018). Effectiveness of peer education approach on improving HIV/AIDS related healthy behaviours among immigrant street children: A randomized controlled trial. In *Clinical Epidemiology and Global Health*, 6(3), 115-121. Retrieved from <https://doi.org/10.1016/j.cegh.2017.09.004>
- Kimera, E., Vindevogel, S., Rubaihayo, J., Reynaert, D., De Maeyer, J., Engelen A., & Bilsen, J. (2019). Youth living with HIV/AIDS in secondary schools: Perspectives of peer educators and patron teachers in Western Uganda on stressors and supports. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 16(1), 51-61, DOI:
- Kivunja, C., & Kuyini, A. B. (2017). Understanding and applying research paradigm in educational contexts. *International Journal of Higher Education*, 6(5), 26-41.
- Klein, L.A., Ritchie, J.E., Nathan, S., & Wutzke, S. (2014). An explanatory model of peer education within a complex medicine information exchange setting. *Social Science and Medicine*, 111, 101-109.

- Knibbs, S. & Price, N. (2009). How effective is peer education in addressing young people's sexual and reproductive health needs in developing countries? *Children and Society*, 23, 291-302.
- Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120-124.
- Layzer, C., Rosapep, L., & Barr, S. (2014). A peer education programme: Delivering highly reliable sexual health promotion messages in schools. *Journal of Adolescent Health*, 54, 71-77.
- Leung, L. (2015). Validity, reliability and generalizability in qualitative research. *Journal of Family Medicine and Primary Care*, 4(3), 324-327.
- Li, L.P., Chow, K.W., Griffiths, S., BChir, M.B., Zhang, L., Lam, J., & Kim, J.H. (2009). University-based peer health education in China: The Shantou experience. *Journal of American Health*, 57(5), 549-552.
- Lien, A.S., & Jiang, Y. (2016). Integration of diffusion of innovation theory into Diabetes Care. *Journal of Diabetes Investigation*, 8(3), 259-260.
- Lo, N.C., Lowe, A., & Bendavid, E. (2016). Abstinence funding was not associated with reductions in HIV risk behaviour in Sub-Saharan Africa. *Health Affairs*, 35(5), 856-863.
- Mabizela, S.E. (2015) Experiences of student peer helpers in an open distance learning institution, University of South Africa, Pretoria
- MacArthur, G.J., Harrison, S.; Caldwell, D.M., Hickman, M., & Campbell, R. (2015). Peer-led interventions to prevent tobacco, alcohol and /or drug use among young people aged 11-21 years: A Systematic review and meta-analysis. *Addiction*, 111(3), 391-407.

- Mafirigi, R., Matovu, J.K.B., Makumbi, F.E., Ndyanabo, A., Nabakula, D., Sakor, M., ... Wanyenze, R.K. (2017). HIV prevalence and uptake of HIV/AIDS services among youths (15-24 years) in fishing and neighbouring communities of Kasensero, Pakai District, South Western Uganda. *BMC Public Health*, 17(251), 1-10.
- Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical guide for learning and teaching scholars. *All Ireland Journal of Teaching and Learning in Higher Education (AISHE-J)*, 9(3), 3351-33514.
- Mahat, G., Scolovena, M.A., & Ayres. (2014). Comparison of adolescents' HIV/AIDS knowledge and self-efficacy across two cultures. *Journal of Cultural Diversity*, 152-158.
- Mahlangu, P., Vearey, J., Thomas, L., & Goudge, J. (2017). Implementing a multi-sectorial response to HIV: A case study of AIDS Councils in the Mpumalanga Province, South Africa, South Africa. *Global Health Action*, 10(1), 1-11.
- Mampane, J.N. (2016). Factors influencing the vulnerability of women to the risk of HIV-infection in rural village in North West province, South Africa. *Gender and Behaviour*, 14, 7338-7346.
- Mampane, J.N. (2018). Exploring the 'blesser' and 'blessee' phenomenon: Young women, transactional sex and HIV in Rural South Africa. *Reproductive Health in Sub-Saharan Africa*, Sage Open, 1-9.
- Mason-Jones, A.J., Mathews, C., & Flisher, A.C. (2011). Can peer education make a difference? Evaluation of a South African adolescent peer education programme to promote sexual and reproductive health. *AIDS Behaviour*, 15(8), 1605-16011. doi: 10.1007/s10461-011-0012-1.
- McLeod, S.A. (2015). Jean Piaget. Retrieved from [www.simplypsychology.org/piage.html](http://www.simplypsychology.org/piage.html).

- McCreary, L.L., Kapanda., C.P.N., Kafulafula, U.K., Ngalande, R.C., Kumbani, L.C., Jere, D.L.N., & Norr, K.F. (2010). Process Evaluation of HIV Prevention Peer Groups in Malawi: A Look Inside the Black Box. *Health Education Research: 25(6)*, 965-978.
- Medley, A., Kennedy, C., O'Reilly, K O. and Sweat, M. (2009). Effectiveness of peer education intervention for HIV prevention in developing countries: A systematic review and meta-analysis. *AIDS Education Prevention. 21(3)*, 181-206.
- Menna, T., Ali, A., & Worku, A. (2015). Effects of peer education intervention on HIV/AIDS-related sexual behaviours of secondary school students in Addis Ababa, Ethiopia: A quasi-experimental study. In *Reproductive Health*, 12(84), 1-8. DOI 10.1186/s12978-015-0077-9
- Mezirow, J. (1997) 'Transformative Learning: Theory to Practice'. *New Directions for Adult and Continuing Education*, 74, 5-12.
- Miao, H., Li, Z., Yang, Y., & Guo, C. (2018). Social comparison orientation and social adaptation among young Chinese adolescents: The mediating role of academic self-concept. *Frontiers in Psychology*, 9(1067), 1-10. doi: 10.3389/fpsyg.2018.01067
- Milena, Z.R., Dainora, G. & Alin, S. (2008). Qualitative research methods: A comparison between focus group and in-depth. *Annals of Faculty of Economics*, 4 (1), 1279-1283.
- Mkhize. N. (2013). Sociocultural approaches to psychology: Dialogism and African conceptions of the self. In D. Hook, N. Mkhize, P. Kiguwa, A. Collins, E. Buurman and I. Parker (Eds.). *Critical Psychology*. Cape Town, South Africa: Juta and Company.

- Moon, K. & Blackman, D. (2014). A guide to understanding social science research for natural scientists. *Conservation Biology*, 28,1167-1177.
- Moon, K., Brewer, T.D., Januchowski-Hartley S.R., Adams V.M., & Blackman, D.A. (2016). A guideline to improve qualitative social science publishing in ecology and conservation journals. *Ecology and Society*, 21(3), 17.
- Morar, N.S., Naidoo, S., Goolam, A., & Ramjee, G. (2018). Research participants' skills development as HIV prevention peer educators in their communities. *Journal of Health Psychology*, 23(10), 1343–1349. Retrieved from <https://doi.org/10.1177%2F1359105316655470>.
- Mubarik, M., Budiarto, M.T., & Sulaiman, R. (2018). Using the schema owned in solving problems through assimilation and accommodation. *Advances in Intelligent Systems Research*, 157, 194-197.
- Mukherji, P., & Albon, D. (2015). Research methods in early childhood. An Introductory Guide 2<sup>nd</sup> ed.) London: Sage Publications.
- Murray, C E. (2009). Diffusion of Innovation Theory: A bridge for the research-practice gap in counselling. *Journal of Counselling and Development*. 87 (1), 108-116. DOI: 10.1002/j.1556-6678.2009.tb00556.x
- Muswazi, M.T. & Nhamo, E. (2013). Note taking: A lesson for novice qualitative researchers. *Journal of Research and Method in Education*, 2 (3), 13-17.
- Mutinta, G., Govender, R., Gow, J., & George, G. (2013). An investigation on students' risky sexual behaviour at KwaZulu-Natal University. *American Journal of Sexuality Education*. 8 (3), 121-139.
- Mvadzenge, S.N., Luecke, E., & Ross, D.A. (2014). Effective approaches for programming to reduce adolescent vulnerability to HIV infection, HIV risk, and

HIV related morbidity and mortality: A systematic review of systematic reviews. *Acquire Immune Deficit Syndrome*, 66(2), 154-169.

Naidoo, P. (2016). On the cups of context and profession. An interpretative phenomenological analysis of identity negotiation and compromise amongst South African psychologists employed in Student Counselling. (unpublished doctoral dissertation).

Naidoo, S., Morar, N.S., & Ramjee, G. (2013). Participants as community-based peer educators: Impact on clinical trial site in Kwazulu-Natal, South Africa. *South African Journal of Science*, 109(7/8), 1-5.

Nchabeleng, L.N. (2018). An analysis of communication tools employed for HIV/AIDS education by student support services at universities in KwaZulu-Natal. Unpublished thesis.

Ngidi, N.D., Moyo, S, Zulu, T., Adam, J.K., & Naidu Krishna, S. (2016). Qualitative evaluation of selected social factors that impact sexual risk-taking behaviour among African students in Kwazulu-Natal, South Africa. *Journal of Social Aspects of HIV/AIDS*, 13 (1), 96-105.

Nisson, C., & Earl, A. (2016). *Examining the reasoned action to prediction and change of health behaviour*. University of Michigan to Appear in Sweeney, K & Robbins, M. (Eds). The Wiley Encyclopedia of Health Psychology.

Noble, H., & Smith, J. (2017). Issues of validity and reliability in qualitative research. *Evidence-Based Nursing*, 18(2), 34-35.

Nowell, L.S., Norris, J.M., White, D.E. & Moules, N.J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16, 1-13.

- Nubed, C.K. & Akoachere, J.T.K. (2016). Knowledge, attitudes and practices regarding HIV/AIDS among senior secondary school students in Fako Division, South West Region, Cameroon. *BMC Public Health*, 16(847), 1-10.
- Nyumba, T. O., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and Evolution*, 9, 20-32.
- Ochillo, M.A., van Teijlingen, E.M., & Hind, M. (2017). Influence of faith-based organisations on HIV prevention strategies in Africa: A systematic review. *African Health Sciences*, 17(3), 753-761
- Odundo, P.A., Kioko, U., Muriithi, E.M., Odhiambo, T., & Mwanda, S.O. (2014). Peer education and behaviour change on HIV/AIDS prevention in secondary schools in Rochuonyo District, Kenya: Prospects and policy. *Global Journal of Human-Social Science: G Linguistics and Education*, 14(4), 4-12.
- Omole, O.B., & Semanya, M-AML. (2016). Treatment outcomes in a rural HIV clinic in South Africa: Implications for health care. *Southern African Journal HIV Medicine*, 17(1), 1-6. a414. [http://dx. doi.org/10.4102/sajhivmed. v17i1.414](http://dx.doi.org/10.4102/sajhivmed.v17i1.414)
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wilson, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Admin Policy Mental Health*, 42(5), 533-544.
- Park, J., & Park, M. (2016). Qualitative versus quantitative research methods: discovery or justification? *Journal of Marketing Thought*, 3(1), 1-7.
- Pham, L.T.M. (2018). A review of key paradigms: positivism, interpretivism, and critical inquiry. *Research Gate*

- Pharr, J.R., Bungum, T.J., Coughenour, C. & Lough, N.L. (2018). Effects of peer sexual health on college campuses: A systematic review. *Health Promotion Practice*, 20(10), 1-15.
- Piaget, J. (1954). *The construction of reality in the child*. Translated by Margeter Cook. New York.
- Piaget, J. (1971). *Psychology and Epistemology: Towards a theory of knowledge*. Translated by Arnold Rosen. New York: The Viking press.
- Plummer, M. L., & Wight, D. (2011). *Young people's lives and sexual relationships in rural Africa: Findings from a large qualitative study in Tanzania*. Plymouth, UK: Lexington Books.
- Proulx, J. (2006). Constructivism: A re-equilibration and clarification of the concepts, and some potential implications for teaching and pedagogy. *Radical Pedagogy*, 8(1), 65-85.
- Rahi, S. (2017). Research design and methods: a systematic review of research paradigms, sampling issues and instruments development. *International Journal of Economics and Management Sciences*, 6(2), 1-5.
- Rangasami, K., & Konstant, T. (2019). Evaluation of peer education in the global fund sex work programme *April 2016 to March 2019*. Retrieved from [https://www.nacosa.org.za/wp-content/uploads/2019/05/final-report\\_sex-work-peer-educator-evaluation-2019.pdf](https://www.nacosa.org.za/wp-content/uploads/2019/05/final-report_sex-work-peer-educator-evaluation-2019.pdf)
- Rogers, E.M. (2002). Diffusion of preventative innovations. *Addictive Behaviours*, 27, 989-993.
- Rose-Clarke K, Bentley, A., Marston C., & Prost, A. (2019). Peer-facilitated community-based interventions for adolescent health in low- and middle-income countries: A systematic review. *PLoS ONE*, 14(1):e0210468.<https://doi.org/10.1371/journal.pone.0210468>.

- Roy Fisher, R., & Fisher, P. (2018) Peer education and empowerment: perspectives from young women working as peer educators with Home-Start, *Studies in the Education of Adults*, 50(1), 74-91.
- Salvador, J.T. (2016). Revisiting the philosophical underpinnings of qualitative research. *International Education and Research Journal*, 2(6), 4-6.
- SAQA (2019). National policy and criteria for the implementation of recognition of prior learning (Amended in March 2019).
- Sawyer, R. G., Pinciario, P., & Bedwell, D. (1997). How peer education changed peer sexuality educators' self-esteem, personal development, and sexual behaviour. *Journal of American College Health*, 45, 211-217.
- Seymour, J.E., Almack, C., Kennedy, S. & Froggath, K. (2013). Peer education for advance care planning: volunteers' perspectives on training and community engagement activities. *Health Expectations*: 16, 43-55.
- Shisana, O., Zungu, N., & Evans, M. (2016). Historical, social and cultural aspects of HIV. In B. Ngcangweni (Ed.). *Sizonqoba! Outlining AIDS in Southern Africa* (23-51). Pretoria, South Africa: Africa Institute of South Africa.
- Shozi, T., & Haffajee, F. (2017). Examining first-year student experiences: What inform their contraceptive choices? A case study of the Durban University of Technology. *Journal of Human Ecology*, 57(1-2), 11-19.
- Sidibe, M. (2018). Foreword, in *UNAIDS 2018*. Retrieved from [https://www.UNAIDS.org/sites/default/files/media\\_asset/unAIDS-data-2018\\_en.pdf](https://www.UNAIDS.org/sites/default/files/media_asset/unAIDS-data-2018_en.pdf)
- Simoni, J.M., Franks, J.C., Lehavot, K., & Yard S.S. (2011). Peer interventions to promote health: conceptual considerations. *American Journal of Orthopsychiatry*, 81(3), 351-359.

- Skelly, C., Hall, C., Risher, C., & Brown, B. (2018). Peer-to-Peer education of college females on sexual health. *Universal Journal of Educational Research*, 6(5), 844-847.
- Smith, J., & Chudleigh, J. (2015). Research essentials: Introduction to qualitative research. *Nursing Children and Young People*, 27(2), 14. ISSN 2046-2336.
- Snapp, S., Burdge, H., Licona, A. C., Moody, R., & Russell, S. T. (2015). Students' perspectives on LGBTQ-inclusive curriculum. *Equity and Excellence in Education*, 48, 249–265. <http://dx.doi.org/10.1080/10665684.2015.1025614>
- Sondolo, M. (2013). Unpublished Thesis. A comparative study of student retention and throughput in a postgraduate distance education programme.
- Stoebenau, L.H., Wamoyi, J. & Bobrova, N. (2016). Revisiting the understanding of 'transactional sex' in Sub-Saharan Africa: A review and synthesis of the literature. *Social Science and Medicine*, 168, 1-45.
- Sundstram, B. (2014). Breaking women's health taboos: Integrating diffusion of innovations theory with social marketing. *Social Marketing Quarterly*, 20(2), 87-102.
- Swartz, S., Bhana, A., Moolman, B., Arogundade, E., Solomon, J.P., Timol, F. & Vawda, M. (2014). "Opening locked doors": Evaluating peer education in schools in the Western Cape Province: A mixed methods longitudinal study. (Final draft report submitted to the Centre for Peer Education, Health and Education Training and Technical Assistance Services (HETTAS), 14 February).
- Tamiru, D., Argaw, A., Gerbaba, M., Ayana, G., Nigussie, A., Jisha, H., & Belachew, T. (2017). Enhancing personal hygiene behaviour and competency of elementary school adolescents through peer-led approach and school-friendly: A quasi-experimental study. *Ethiopian Journal of Health Sciences*, 27(3), 245–254. doi:10.4314/ejhs.v27i3.6

- Thahn, N.C., & Thahn, T.T. (2015). The interconnection between interpretivist paradigm and qualitative methods in education. *American Journal of Educational Science*, 1(2), 24-27.
- Thayer, K.K. (2013). The diffusion of innovations in education: A study of secondary English language arts teachers' classroom technology integration. Publication 2013. Doctoral dissertation: The Florida State University
- Thobejane, T.D., Mulaudzi, T.P., & Zitha, R. (2017). Factors leading to 'blesser-blessee' relationships amongst female students: The case of a rural University in Thulamela Municipality, Limpopo Province, South Africa. *Gender and Behaviour*, 1-18.
- Thwaites, R. (2017). (Re) Examining the feminist interview: Rapport, gender "matching", and emotional labour. *Frontiers in Sociology*, 2(18), 1-9.
- Tolli, M.V. (2012). Effectiveness of peer education interventions for HIV prevention, adolescent pregnancy prevention and sexual health promotion for young people: a systematic review of European studies. *Health Education Research*, 27(5), 904-913.
- Turner, G., & Shepherd, J. (1999). A method in search of a theory: Peer education and health promotion. *Health Education Research*, 14(12), 235-247.
- Vaismoradi, M., Jones, J., Turunen, H., & Snelgrove, S. (2016). Theme development in quantitative content and thematic analysis. *Journal of Nursing Education and Practice*, 6(5), 100-110.
- Van Laren, L., de Lande, N. & Tanga, P. (2013). 'Breaking out of the cocoon': Academics experiences of integrating HIV/AIDS into the curriculum. *Acta Academica*, 45 (3), 291-317.

- Vember, H. (2016). Empowering peer educators at Higher Education Institutions (HEI) to deal with HIV/AIDS. *Southern African Journal of Social Work and Social Development*, 28(3), 355-372.
- Vogel, E.A., Rose, J.P., Roberts, L.R., & Eckles, K. (2014). Social comparison, social media, and self-esteem. *Psychology of Popular Media Culture*, 3(4), 206-222.
- Wang, H., Tong, L., Takeuchi, R., & George, G. (2016). Corporate social responsibility: an overview and new research directions: Thematic issue on corporate social responsibility. *Academy of Management Journal*, 59(2), 534-544.
- Wassenaar, D. (2006) In Terre Blanche, M., Durrheim, K. & Painter, D. *Research in Practice: Applied Methods for the Social Sciences*. Cape Town: University of Cape Town Press.
- Wawrzynski, M. R., LoConte, C. L., & Straker, E. J. (2011). The national peer educator study: Assessing outcomes of peer educators. In L. B. Williams (Ed.), *Emerging issues and practices in peer education (New Directions for Student Services, No. 133, pp. 17-27)*. San Francisco, CA: Jossey-Bass.
- Wenger, E. (1998). *Communities of practice: learning, meaning, and identity*. New York: Cambridge University Press.
- Wenger-Trayner, E., and Wenger-Trayner, B. (2014). Learning in landscapes of practice: a framework. In Wenger-Trayner, E., Fenton-O’Creevy, M., Hutchinson, S., Kubiak, C., and Wenger-Trayner, B. (Eds.) *Learning in landscapes of practice: boundaries, identity, and knowledgeability*. (London, Routledge), 13-30.
- Williams, L.B. (2011). *Emerging issues and practices in peer education (New Directions for Student Services, No. 133)*. San Francisco, CA: Jossey-Bass.
- Wolf, K., & Africa, A. (2017). “Now that I’m pregnant. I’m no longer an example.” Peer educators’ experiences of an HIV prevention Programme in Cape Town, South Africa. *Sex Education*, 17(4), 425-439.

- Wong, V.J., Murray, K.R., Phelps, B.R., Vermund, S.H., & McCarraher, D.R. (2017). Adolescents, young people, and the 90-90-90 Goals: A call to improve HIV testing and linkage to treatment. *AIDS*, 31(7), 191-194.
- Wood, L., & Pillay, M. (2016). A Review of HIV and AIDS curricula response in the Higher Education sector. *African Journal of Higher Education*, 30(4), 126-143.
- Wooley, K., Edwards, K.L., & Glazebrook, C. (2018). Focus group of individual interviews for exploring children's health behaviour. The example of physical activity. *Advances in Pediatric Research*, 5(11), 1-10.
- Wyatt, T., Etheridge, R.J., Wallach, P.M., & Lyon, M. (2019). The Diffusion of an innovation: Implementing an ultrasound curriculum across a state-wide. *Journal of Regional Medicinal Campuses*, 1(5), 1-7.
- Xoko, T. (2016). Insights of urban and rural female youth regarding the nature and consequences of sexual risk behaviour. Unpublished Master's thesis.
- Yang, C.C. (2016). Instagram use, loneliness, and social comparison orientation: Interact and browse on social media, but don't compare. *Cyberpsychology, Behaviour, and Social Networking*, 19(12), 703–708.
- Yoo, H.H., & Lee, S.H. (2018). Evaluation of the effectiveness of peer education on smoking. *Saudi Medical Journal*, 39(6), 635–637. doi: 10.15537/smj.2018.6.22888
- Young, V.L., Cole, A., Eley, C.V., & McNulty, C.A.M. (2017). A mixed-method evaluation of peer- education workshops for school-aged children to teach about antibiotics, microbes and hygiene. *Journal of Antimicrobial Chemotherapy*, 72, 2119-2126.
- Zhang, C., Li, X., Liu, Y., Zhou, Y., Shen, Z., & Chen, Y. (2018). Impacts of HIV stigma on psychosocial well-being and substance use behaviours among people living

with HIV/AIDS in China: Across the life span. *AIDS Education Prevention*, 30(2), 108-119.

Zhiqing, Z. (2015). Assimilation, accommodation and equilibration: A schema-based perspective on translation as process and as product. *International Forum of Teaching and Studies*, 11(1-2), 84-89.

## **Appendix 1: Posters**

### **WE WANT TO TALK ABOUT THE PEER EDUCATION PROGRAMME.**

Would you be interested in participating in a discussion about the Peer Education Programme and Peer Educators at MUT/DUT?

Are you a MUT/DUT Student?

Fully registered for the 2018 academic year?

Have you received any services from the Peer Educators here at MUT/DUT?

We are conducting a research study evaluating the effectiveness of peer education programme at MUT/DUT.

*If you are interested please register your name, contact details and your availability date at the Student Counselling Unit reception by the 15<sup>th</sup> of September 2018.*

## **Appendix 2: Letter to the Health Promoter**

Dear Health Promoter

My name is Thembi Kweyama. I am conducting research on the effectiveness of the Peer Education programme at DUT and MUT.

I would like to have a group discussion with 12 peer educators and also have about five individual interviews. The Peer Educators need to be registered students for the 2018 academic year and have undergone the peer education programme training.

The process is voluntary.

Those who are interested are requested to come to register their names at the Student Counselling Unit and also indicate their availability.

Regards

---

Thembi Kweyama  
(083 414 1392)

### **Appendix 3: Questions for an Interview with Health Promoter**

#### Questions for Interview with the Health Promoter

- Do you think Peer Education has an impact in your institution?
- What were/are the challenges of working with Peer Educators?
- How can these be improved?
- How do you evaluate the programme in your institution?
- What is your overall impression of the peer education programme in your institution?

## **Appendix 4: Individual Questions for Peer Educators**

Individual Interviewing Questions for Peer Educators:

- How has Peer Education helped you as an individual?
- Would you come back next year and serve as Peer Educator in your Institution?
- Would you recommend the programme to any of your friends?

## **Appendix 5: In-depth Interview Questions with the Students**

Interviewing Questions for the in-depth interviews (receivers of the programme)

- What or who are the peer educators (knowledge of peer education)
- What have they assisted you with?
- Are they helpful?
- What is their attitude?
- Are they accessible to you on campus?
- Are they easy to talk to?

## **Appendix 6: Information Sheet to Participants**

Dear Research Participant

Thank you for agreeing to participate in this study. This sheet is intended to provide you with all the information you will/may need regarding the study. It also explains the role you are expected to play during the interview process.

### **The Study**

I am conducting research on the effectiveness of peer education at DUT & MUT. This is part of my PhD degree. I would like to know how much knowledge and understanding do you have about peer education programme and its effectiveness.

### **The Interview Process**

The interview will take 45-60 minutes. The researcher will ask you questions about the peer education programme to find out about your perception, experiences and your involvement in the programme. There is no right or wrong answer. You are encouraged to express yourself freely and informally. You can answer questions you are comfortable to answer and leave the ones you don't want to answer. Your participation in the discussions is voluntary. You are free to leave the study at any time, should you feel uncomfortable in some way.

### **Recording**

The interviews and focus groups will be recorded so that the researcher can pay attention to what people have said and translate it into English if there is a need.

### **Confidentiality and the Use of Information**

Your name or student numbers will not be used, instead, we will use pseudonyms. Each person who participates will be given a code number so that his or her name is not used in the study. This means that no one will be able to know who said what in the interviews or focus groups. Once we have held the interviews and focus groups, we will keep the information.

As you are in a group setting, you will be requested to sign a confidentiality pledge indicating that everything that was discussed in the focus group will be kept confidential. By signing, you are agreeing that you will not reveal and or discuss what was discussed in the focus group. You will be also asked to choose a fake name as your name during the discussion.

However, be advised that we cannot guarantee confidentiality even if a pledge is signed. For this reason, you will be asked general questions, not personal questions. It is also important not to disclose any sensitive personal information about yourself during the discussion.

## **After the focus group**

After the discussion, I will take the information and transcribe it into a written form. In this process, you will still be referred to by your fake name. The transcription will be analysed and reports will be written. This report will be used for the PhD study. It will be examined by at least two staff personnel in the Department of Psychology at the University of Zululand.

The data will be available through my supervisor (Prof Jabu Thwala-035 90226611).

The information will also be used in other studies. The information collected in the research process will also be used to write research articles and to present at conferences so that other people may learn from the experience of our research. I will be using this information to study for my PhD degree.

## **Storage of Information**

The information will be kept for future research purposes. It will be stored for five years in my supervisor's locked cabinet in his office.

## **Possible Interview**

After participating in a focus group, you may be asked to participate in a separate, personal interview. If you would like to do this, you will receive details of this process.

## **For more information**

If you have any questions, then please contact me. You can talk to me directly, or you can call my supervisor- Prof JD Thwala 035-902661 or email him:thwalaj@unizulu.ac.za.

Thank you for your time and participation, it is highly appreciated. I hope this is an interesting and rewarding experience.

Sincerely,

---

Ms Thembi Kweyama

## **Appendix 7: Consent Form to be Signed by Participants**

I hereby agree to participate in this study on the evaluation of the peer education programme. I have had an opportunity to read and understand the information sheet given to me.

The purpose of the study has been explained to me. I understand what is expected of me in terms of my participation in this study and the time commitment I am making to participate in this study.

I understand that my participation is voluntary and I know that I may withdraw from the study at any point, without negative consequences.

I understand that there is a limit to confidentiality in a focus group setting as the researcher cannot guarantee that the other participants will adhere to the confidentiality pledge.

I understand that my data will be stored securely for five years and used for future research. I understand that measures will be taken to ensure that my identity is protected and my participation in this research will be completely confidential in this regard. I understand that no identifying information about myself will be published.

I have the contact details of the researcher should I have any more questions about the research. In the unlikely event that any personal issues should arise during the research arrangements can be made for me to receive counselling from the Student Counselling Unit.

Signature of Participant.....

Date.....

## Appendix 8: Consent to Audio-tape Interviews

In order to be able to understand clearly what you have said in this interview/focus group, and to remember it, we would like to record the discussion on this small digital recorder. I will listen to the recording and write it down. It will also be translated into English should the need arise.

After I have written the information down, I will then delete the recording on the digital recorder.

I assure you that your name will not be linked to the recording or the written information from the recording. I will give you a code name, using numbers, for example, Participant 1\_Interview 3. Or Focus Group 3.

Do you agree that we can record the discussion?

If yes, then please sign here \_\_\_\_\_

Date \_\_\_\_\_

## **Appendix 9: Confidentiality**

As a member of this Focus Group, I promise not to repeat what was discussed in this form group with any question outside of the focus group. This means that I will not tell anyone what was discussed in the group. By doing this I am undertaking to keep the comments made by other focus group members confidential.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Appendix 10:

In order to be able to understand clearly what you have said in this interview/focus group. And to remember it, we would like to record the discussion on this small digital recorder. I will then listen to the recording and write it down. It will also be translated into English should the need arise.

After I have written the information down, I will then delete the recording on the digital recorder.

I assure you that your name will not be linked to the recording or the written information from the recording. I will give you a code name, using numbers, for example, Participant 1\_Interview 3. Or Focus group 3.

Do you agree that we can record the discussion?

If yes, then please sign here \_\_\_\_\_ Date \_\_\_\_\_

## **Appendix 11: Letter to the Student Counselling Unit**

28 Morgan Road  
Bellevue  
Pietermaritzburg  
Kwazulu Natal  
3201

Student Counselling Unit  
511 Mangosuthu Highway  
Umlazi  
4031

Dear Director: Student Counselling Unit

### **Re: Measure to Secure Psychological Support for Participants in the Research Study**

This letter concerns the notification of a PhD research project regarding the evaluation of the peer education programme at MUT/DUT.

The study will be looking at the effectiveness of the programme. The study will adopt a qualitative method and the data will be collected through the use of focus group discussion as well as in the individual interviews.

HIV/AIDS a sensitive topic as it involves many other factors that could provoke emotions.

In the efforts to minimize these risks, arrangements are requested for the counselling services that your institution provides should participants develop these feelings.

Participants will be made aware that they will be able to make an appointment and seek counselling from a psychologist at your institution.

This is a precautionary measure taken in the event of such an outcome during the study which unlikely. A response to the request may be communicated via email. I would be

glad if you take my request into consideration.

With kind regards

---

Thembi Kweyama, Email: [thembic69@gmail.com](mailto:thembic69@gmail.com)

## **Appendix 12: Confirmation Letter**

15 January 2019

To whom it may concern

This letter serves to provide the assurance that should any interviewee require psychological assistance as a result of any distress arising from the approved research process conducted by Thembi Kweyama, PhD student of the University of Zululand, it will be provided by Student Counsellors at the Student Counselling Unit.

Yours sincerely

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Director: Student Counselling Unit  
MUT Student Affairs

## Appendix 13: Ethical Clearance Certificate

UNIVERSITY OF ZULULAND

RESEARCH ETHICS COMMITTEE

(Reg No: UZREC 171110-030)



RESEARCH & INNOVATION

Website: <http://www.unizulu.ac.za>

Private Bag X1001

KwaDlangezwa 3886

Tel: 035 902 6731

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Email: DlaminiA@unizulu.ac.za

### ETHICAL CLEARANCE CERTIFICATE

Certificate Number	UZREC 17111000 PGD 2018/249						
Project Title	EVALUATION OF HIV/AIDS PEER EDUCATION PROGRAMME AT TWO UNIVERSITY OF TECHNOLOGIES IN KWAZULU-NATAL: A DUAL PERSPECTIVE OF STUDENTS AND PEER EDUCATORS						
Principal Researcher/ Investigator	L Chaka						
Supervisor and Co- supervisor	Prof J Thwala						
Department	Psychology						
Faculty	Arts						
Type of Risk	Low Risk- Data collection from people						
Nature of Project	Honours/4 <sup>th</sup> Year		Master's		Doctoral	x	Departmental

The University of Zululand's Research Ethics Committee (UZREC) hereby gives ethical approval in respect of the undertakings contained in the above-mentioned project. The Researcher may therefore commence with data collection as from the date of this Certificate, using the certificate number indicated above.

- Special conditions:
- (1) This certificate is valid for 1 year from the date of issue.
  - (2) Principal researcher must provide an annual report to the UZREC in the prescribed format [due date-06 December 2019]
  - (3) Principal researcher must submit a report at the end of project in respect of ethical compliance.
  - (4) The UZREC must be informed immediately of any material change in the conditions or undertakings mentioned in the documents that were presented to the meeting.

The UZREC wishes the researcher well in conducting research.

**Professor Gideon De Wet**

Chairperson: University Research Ethics Committee

Deputy Vice-Chancellor: Research & Innovation

06 December 2018

**CHAIRPERSON**

UNIVERSITY OF ZULULAND RESEARCH

ETHICS COMMITTEE (UZREC) REG

NO: UZREC 171110-30

07 -12- 2018

RESEARCH & INNOVATION OFFICE



**Appendix 14: Gate Keepers Letter (MUT)**

27 March 2019

Dear Ms Kweyama

**Title: "Evaluation of HIV/AIDS peer education programme at two University of Technologies in KwaZulu Natal: A dual perspective of students and peer educators"**  
**Ref: M10/19/25**

The Interim MUT Ethics Committee considered and noted your application for the proposed study at their meeting held on 27<sup>th</sup> March 2019. The study was approved.

Your acceptance of this approval denotes your commitment to comply with the South African National Research Ethics Guidelines of 2004 as amended, South African Good Clinical Practice Guidelines (2006) as amended, and the MUT Research Ethics Policy, Procedures and Guidelines. The approval is valid for one year, (27<sup>th</sup> March 2019 to 27<sup>th</sup> March 2020).

Your reference is ME 10/19/25

Furthermore, permission to conduct the project is granted on the condition that any changes to the project must be brought to the attention of the MUT Research Ethics Committee as soon as possible.

Good luck with your research.

Yours faithfully,

Dr Z.L. Kwitshana  
Interim Chairperson  
Ethics Committee

Mangosuthu University of Technology

Tel: 031 8199273; Email: [kwitshanazl@mut.ac.za](mailto:kwitshanazl@mut.ac.za); Skype Zilungile.Kwitshana

**Appendix 15: Gate Keepers Letter (DUT)**



Directorate for Research and Postgraduate  
Support Durban University of Technology  
Tromso Annexe, Steve Biko Campus  
P.O. Box 1334, Durban 4000  
Tel.: 031-3732576/7  
Fax: 031-3732946  
E-mail: [movos@dut.ac.za](mailto:movos@dut.ac.za)

27 March 2013

Ms Lucia Thembisile Chaka  
c/o Student Counselling Department  
Durban University of Technology

Dear Ms Chaka

**PERMISSION TO CONDUCT RESEARCH AT THE DUT**

Your correspondence in respect of the above refers. I am pleased to inform you that the Institutional Research Committee (IRC) will grant permission to you to conduct your research at the Durban University of Technology. However, kindly note that the committee requires you to provide proof of ethical clearance prior to you commencing with your research at the DUT.

We would be grateful if a summary of your key research findings can be submitted to the IRC on completion of your project.

Kindest regards.  
Yours sincerely

**PROF. S. MOYO**  
**DIRECTOR: RESEARCH AND POSTGRADUATE SUPPORT**

## Appendix 16: Biographical Questionnaire

It would be appreciated if you could take some time to complete this questionnaire. All information given will be treated as strictly confidential and will only be reported when collate e.g. 40% of the peer educators came from Faculty of Natural Sciences.

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Please answer the questions below by placing an X in the appropriate box.

1. Gender:

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

2. Your age:

<input type="text"/>
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3. Home Language:

English	<input type="checkbox"/>
Afrikaans	<input type="checkbox"/>
SeSotho	<input type="checkbox"/>
isiZulu	<input type="checkbox"/>
Other	<input type="checkbox"/>

4.

5. Year of

Study:

First Year	<input type="checkbox"/>
Second Year	<input type="checkbox"/>
Third year	<input type="checkbox"/>
Post Grad	<input type="checkbox"/>

6. Faculty registered in:

Engineering	
Management Sciences	
Natural Science	

7. How many years have you been involved in Peer Education in your institution?

One	
Two	
Three	
Four	

8. Do you reside in any of the University Residences?

Yes	
No	

Thank you.