



ROLE OF PEER EDUCATORS

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FORMAL AND INFORMAL ROLES

Peer educators have the responsibility to assist management in rolling out the workplace HIV & AIDS programme. This constitutes the formal role that they will engage in within their companies and in support of awareness activities in the workplace.

There is also a vital informal role that they play, both in the workplace and in their families and communities.

The roles they fill have been summarized and classified as follows:

1. The Influencers
2. The Normalisers
3. The Advisors
4. The Stigma Buster
5. The Family Builders
6. The Sex Talkers
7. The Condom Kings

The Influencers

Peer educators are able to influence other's view of the HIV & AIDS pandemic because of their position in working alongside co-workers as their friends and neighbors. Peer educators are able to significantly engage others in conversation and through ongoing dialogue are clearly able to influence others. By "dropping in" topics related to HIV in their everyday conversations they are able to extend their influence into almost any setting, whether it be on public transport, during lunch breaks, at checkouts of supermarkets or in club changing rooms – the scope is endless.

The Normalisers

By their attitude and dealings with co-workers peer educators are able to treat HIV & AIDS as a "normal" disease and not for what it might say about the person and not for what people may wrongly fear or assume about the disease. Peer educators have been able to take the lead in dealing with those who are HIV positive and where other staff members have been reluctant to deal with.

The Advisors

Peer educators are not qualified counsellors but by the very nature of their work (and the type of person they are) they are frequently asked for advice on various subjects. It is therefore necessary to have peer educators from various walks of life and that within the company they are representative in terms of race, gender and occupation. A clear understanding of their role is necessary and that peer educators recognise when problems need referral to specific outside expertise.

The Stigma Busters

This could prove a difficult role for peer educators as it could involve confrontation with co-workers who perpetuate the stigma surrounding the disease. Addressing 'gossip' in the workplace has been one way that peer educators have proved to be 'Stigma Busters'. This has also entailed befriending those who are known to be HIV positive and to give the necessary support without fear of intimidation. The reduction of stigma and fear is critical in any response to HIV & AIDS.

The Family Builders

The need to build strong families and strengthen relationships between men and women are also issues vital in the fight against HIV. Being able to listen to others and perhaps identify causes of conflict and frustration in relationships, including issues such as domestic violence and child abuse.

The Sex Talkers

Openly discussing sex has often been a taboo subject, especially amongst certain cultural groups. Dealing with HIV in the workplace has necessitated openly discussing matters of a sexual nature. The use of the condom has to be spoken about and the correct way to use one is often demonstrated. Anal sex,

oral sex, masturbation, abstinence, faithfulness to one partner, multiple partners, visiting of shebeens etc, are all subjects that will arise at some time in the context of HIV prevention. Peer educators have to become comfortable with the subject and clearly understand the need to address this issue in a clear but non-offending way. Peer educators need sensitivity, patience and a willingness to face potential unpopularity with their fellow workers.

The Condom Kings

Most peer educators agree that promotion of condom use is of pragmatic benefit in that some people will have multiple partners. Many see condom usage of benefit even in a 'monogamous' relationship because it can be argued that you can only fully trust yourself and a partner could stray and put one at risk of HIV infection.

It is therefore necessary to demonstrate the use of the condom, promote it's use and ensure its availability in the workplace. There are also myths surrounding the use of the condom which need to be combated.

This part of the programme is of much shallower worth than the other aspects which attempt to bring about deeper behavioural and attitude change, i.e. the way men and women relate to each other.

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