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The Role of Peer Educators in their Peers' Negotiation of Sexual Decisions: A Wits University Case Study

A report on a research project presented to

The Discipline of Sociology

School of Social Sciences

Faculty of Humanities

University of the Witwatersrand

In partial fulfilment of the requirements for the degree M.A (Health Sociology) by Coursework and Research Report

By

SILVIE COOPER

15 February 2011

DECLARATION

I, Silvie Cooper declare that this research report is my unaided work. It is submitted as part of the requirements for the degree of Master of Arts (Health Sociology) by Coursework and Research Report at the University of the Witwatersrand, Johannesburg. It has not been submitted for any other degree or examination at any other university.

Signed: _____

15 February 2011

Acknowledgements

The researcher thanks all the peer educators that participated in this research project. The researcher is grateful for their enthusiasm, insight, wit and openness in being involved in this study.

The researcher acknowledges the role that CCDU played in allowing this research project to go ahead. The researcher would like to express her gratitude to the Unit for their professionalism and cooperation, particularly Vinoba Krishna.

The researcher would like to acknowledge her supervisor Prof David Dickinson and thanks him for his invaluable assistance, support and generosity during this research process.

The researcher thanks Monique Vajifdar and David Cooper for their guidance and encouragement.

Abstract

This research report presents the research topic and the discussion and motivations behind the chosen subject area and case study selection relating to the research study of "how peer educators assist their peers in negotiating sexual decisions: a Wits University case study". The report will outline the literature review that was undertaken to develop the theoretical framework underpinning this project, which incorporated elements of behavioural change, social identity, knowledge dissemination and life-cycle theories. The research questions guiding the research project are then presented. The report goes on to assess the ways in which socialization sources and agents shift in influence and importance during different phases of social life. Following this, the details of the study will be outlined, including the methodology comprising research design, methods, sampling techniques used and ethical considerations involved in conducting this research project. The usefulness of diaries in capturing personal narratives when conducting informal peer education is discussed in this section. Next the findings arising from the data collection phase of this research project will be presented and analysed into four interrelated themes. These include "The social environment of student life at Wits University"; "Peer educators' social identity and its influence on informal peer education interactions in different contexts"; "Just Jokes- Icebreakers, Innuendo, Teasing, Tantalising and Talking- The influence of humour in informal peer education" and "The multi-dimensional continuum of discussion". Finally the conclusions and programmatic recommendations arising from this research study are given.

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Chapter 1: Research Topic and Introduction

1.1 Research Topic

"How do Peer Educators assist their peers in negotiating sexual decisions? A case study of the University of the Witwatersrand, Johannesburg (Wits)".

1.2 Introduction

This research report presents the research topic and the discussion and motivations behind the chosen subject area and case study selection. The report will outline the literature review that was undertaken to develop the theoretical framework underpinning this project, which incorporated elements of behavioural change, social identity, knowledge dissemination and life-cycle theories. The report goes on to assess the ways in which socialization sources and agents shift in influence and importance during different phases of social life. Following this, the details of the study will be outlined, including the methodology comprising research design, methods, sampling techniques used and ethical considerations involved in conducting this research project. Next the findings arising from the data collection phase of this research project will be presented and analysed and finally the conclusions and recommendations arising from this research study are given.

1.3 Rationale and Research Aims

The topic of this research project addresses issues of sexual identity and health. The study was particularly interested in explaining the effect and influence of peer educators as they assist their peers in negotiating sexual decisions. The sexual health of young people in South Africa has been a growing concern in light of the HIV/AIDS epidemic (UNESCO, 1999). Campbell and MacPhail (2002) note that despite stable levels of knowledge about sexual health risks, there are still high levels of HIV amongst South Africa's youth. According to Unicef (2009) the HIV prevalence rate currently sits at 8.7% among the youth of South Africa and this figure rises to 21.7% when viewing the 2008 HIV prevalence trends among antenatal women for the same age group of 15-24 years (Department of Health, 2008). According to Avert (2010), 67% of people living with HIV/AIDS are found within the Sub-Saharan Africa region. This region has a 5.2% prevalence rate in adults which sits in contrast with the prevalence rates of Latin America, Western and Central Europe and South and South-East Asia being 0.6%, 0.3% and 0.3% respectively. While HIV/AIDS is not the main

concern of this study, as the research project aimed to explore sexual health in broad and inclusive terms, HIV has a tangible impact on the sexual health of South African youth. How peer educators incorporate elements of their training into peer conversations regarding matters of general sexual health has also been looked at within this research project.

This project should be viewed in its context and therefore HIV/AIDS is seen as a permeating issue when discussing sexual health in South Africa. In analysing this; it is an urgent national imperative to determine how to address this situation effectively. The Careers, Counselling and Development Unit (CCDU) provides its peer counsellors, from where the participants in this study are drawn, with information directly related to HIV/AIDS prevention. As the illness is a constant concern for young people in South Africa, both the way they negotiate sexual decisions and discuss them with peers had to be accounted for in this research. This research project documented how peer educators might discuss issues around HIV/AIDS when talking to friends and peers about sexual decisions. In exploring the sources and types of knowledge available to these peer educators, the risks posed by high HIV/AIDS prevalence rates among the youth in South Africa potentially shifts the focus and nature of conversations that peer educators have with their peers around sexual decisions. Evidence to suggest that this was the case can be seen in Chapter 4: Findings and Analysis of this report as the issue of HIV/AIDS was a continuous theme in conversations between the peer educators and their peers. While this research study did not primarily investigate the impact of HIV/AIDS on these conversations, it is a factor that underscores many conversations about sexual decisions and plays a role in how peer educators might assist their peers in negotiating these decisions and therefore is discussed within the research.

South Africa's Minister for Higher Education and Training, Dr Blade Nzimande, spoke in an address about the need to confront the risks that students are increasingly facing as HIV prevalence sharply escalates with age in this population, especially in the transition from their late teens into their early 20s and even more so after the 25 year mark (Nzimande, 2010). A recent HEAIDS (2010a) study confirmed this as the findings show that there is a sharp increase in HIV prevalence with age among their research participants (students enrolled at tertiary institutions), where the prevalence rate for the age category 18-19 year old was 0.7%, with 2.3% prevalence among 20-25 year-olds and a 8.3% prevalence rate present in the age

group of over-25 year olds (HEAIDS, 2010a). The HIV prevalence rate among students enrolled at tertiary institutions is relatively low (3.4%) and well below the national rate for the same age group (Berry, 2010). Despite this there is still the need to educate people on South African campuses about HIV/AIDS and further encourage safer sexual practices (Berry, 2010).

The peer educators involved in this study have been sourced through Wits University's CCDU. The CCDU runs a Peer Volunteer Programme and for the purposes of this research project, when Wits peer educators are mentioned, it is people that are involved with this initiative that are being referred to. The Peer Volunteer Programme also recruits and trains students in preparation for partaking in peer education activities. As the CCDU and its Peer Volunteer Programme is one of the main institutional resources provided by Wits University to support students, particularly in coping with student life, it was important to capture the range of their activities. In this report the peer educators refer to themselves variously as peer volunteers, peer educators and peer counsellors which encompasses the duties and responsibilities they undertake in being involved in the programme. Further reasons for selecting the CCDU as a source of participants are given in Chapter 3: Methodology of this report.

The ways in which peer educators create space for discussion and information sharing about sexual decisions with peers was studied. Briefly, peer education refers to the moments when information, values and behaviours are discussed and shared between people of similar ages or status groups (Green, 2001). Peer education has both formal and informal aspects and depending on the context in which the process occurs, different strategies relating to each aspect are employed. Green (2001) discusses the difficulty in identifying the distinction between formal and informal peer education, but shows that the space and planned, directed format in which the discussion occurs is usually indicative of the type of peer education taking place. Green (2001: 65), drawing from Backett-Milburn and Wilson, shows that in fact a substantial amount of peer education is passed on in casual interaction through informal social networks. For Turner and Shepherd (1999), peer education varies in its methods depending on the context and target group of the information being dispersed. According to Turner and Shepherd (1999) formal types of peer education closely resemble the methods and structure of formal tutoring in terms of whole group teaching in formal meeting spaces of

schools or youth centres. On the other hand, informal methods of peer education are more readily seen in the casual discussions that occur spontaneously in the course of social life.

For Turner and Shepherd (1999: 236) these methods can include "very informal tutoring in unstructured settings, one-to-one discussions and counselling". While these techniques and forms of informal peer education are useful in identifying and distinguishing the types of peer education being practiced in a particular encounter, the focus of this research project is the informal interactions that peer educators operating in the social environment of Wits University. Additionally, while the methods and forms of peer education overlap greatly, the spontaneous, unplanned and casual ways that informal peer education emerges and is carried out means that it is simultaneously difficult to capture, but essential to do so as it outweighs formal peer education activities greatly. Therefore for the purposes of this study, informal peer education is defined as the opportunities to disseminate health knowledge in casual social settings which emerge spontaneously and normatively in the course of group or individual discussion. This research project explored the ways in which CCDU peer educators translate strategies and information garnered within formal peer education training and activities into the informal spaces of discussions with peers about sexual decisions. This research focussed specifically on the peer educators' informal interactions in order to uncover both the skills used and information shared in these social spaces.

The term "sexual decision" refers to a broader set of processes, discussions, beliefs and perceptions that assist or inhibit particular courses of action being taken with regards to sexual activity. For instance, whether someone is a suitable sexual partner, whether contraceptive (and what type) will be used and when is the appropriate time to engage in sexual activity all qualify as sexual decisions. By having an inclusive definition, a qualitative insight into how peer educators go about discussing these issues with their peers can be obtained. The research study aimed to understand as fully as possible these processes, discussions, beliefs and perceptions by examining the nature and content of informal peer conversations where discussions of sexual decisions arose. Specifically the aim was to utilise the experience of the peer educators participating in the study as a lens through which the social environment found at Wits University, and the particular social identities at play in the environment could be described and analysed. Another aim of the project was to effectively

and comprehensively capture the nature of informal peer conversations as they occur between the peer educators and their peers.

Students are a particularly interesting group to study given the psychosocial, cultural and developmental changes many of them are experiencing in the transition from school to university. Johnson, Berg and Sirotzki (2007) explain that the intersecting forces of a particular social environment and age identity formation have an impact on the individual's well-being. In this way, a university as a social space that provides particular structures that can influence age identities to emerge becomes an optimal social context in which the effect of this process on a person's well-being can be explored. As young people integrate themselves into a more generally sexualised world where contradictory and conflicting ideas about sex and sexual decisions exist, understanding the ways in which they draw on assistance in negotiating this terrain is both useful and necessary. This research project explored the ways in which a group of Wits peer educators discuss sexual decisions with their peers and in this way are embedded within the broader negotiation of sexual decisions made by their peers. The way that the social environment found at Wits University constitutes a useful and enabling context for these processes to occur within was additionally investigated in this research project.

Within tertiary institutions such as Wits University, there is a concentration of individuals who are of similar ages but diverse racial, religious and cultural backgrounds which affords an opportune space to capture and analyse possible moments of peer education in informal conversation contexts. This is evident when viewing the social environment of Wits University and is discussed further in Chapter 4: Findings and Analysis of the report. The heterogeneous social space that exists within the institution allows different perceptions and beliefs to emerge within discussion and in confronting them, so too does debate and moments of informal peer education appear. Peer education is most effective when there is a level of engagement between the educator and their peer around a particular issue, rather than attempts to directly transfer knowledge through information sharing (Green, 2001). In having a varied university populous, there are a diverse range of perspectives present and in reconciling views in a space of discussion, there is a context for peer education to be fostered within.

In unpacking the findings of the research process, the arguments made refer to the fact that the social environment the peer educators interact with and the social identities they and their peers embody at different moments shape the nature and form of informal peer education. Additionally the role of humour in these potentially educative informal interactions is given special attention in this report as it has been previously neglected when discussing peer education. Within this report it is argued that humour is present in many situations where peer education occurs and has a particular function in easing the ability of participants in the conversation to speak about sexual health and sexual decision-making matters within group settings. To this extent it is argued that humour should be recognised for this capacity and harnessed as a tool in conducting effective formal and informal peer education.

Informal spaces and instances of peer education around sexual decisions are the central concern of this research project. Based on the need for effective policies to be devised to improve and maintain the sexual health of young people (and the subsequent decisions made), it is essential to understand how informal peer education is being conducted by peer educators in their social environment, especially in the casual conversations they have with peers around sexual decisions. It is understood that individuals speak frequently to their peers and friends about sex and sexual decisions, however little is known about the exact nature of these informal spaces of discussion, nor the content that emerges within them. Informal peer education is important to study as it is embedded within the ways in which people unpack and make sense of different types of knowledge that are presented to them from different sources (Maticka-Tyndale, 1992). In the discursive interactions advocated for in peer education practice, individuals are encouraged to internalise the knowledge being given to them (Dickinson, 2009). This research project aimed to investigate what is understood by "informal peer education" and how the process occurs through documenting the conversations of a group of peer educators and their peers. The types of knowledge being shared in these discursive spaces and the ways in which peer educators are able to translate the skills and knowledge sets gained in their formal training into informal spaces of conversation around sex and sexual decisions is additionally investigated. In doing so the form and nature of these interactions is accounted for, as well as the factors that drive conversations in one direction or another along a "continuum" towards more comfortable or

uncomfortable interactions and in doing so, this report is able to give insight into the actual experience of conducting informal peer education in a particular social environment, with specific social actors, and in doing so provide analysis on the commonalities and challenges found in these interactions as they are related by the peer educators participating in this process.

The next chapters of this report present the literature reviewed in developing the research questions for this project as well as the research methods employed, the case selection and sample details as well as the ethical considerations made to conduct this research. Then the findings arising from the research process and the analysis thereof are discussed after which the conclusions and implications and recommendations of this report are given.

Chapter 2: Literature review

This chapter in the report reviews relevant literature in order to formulate the research questions that have guided this research process. In five interrelated sections the linkages between peer education and "common-sense" sexual health knowledge are discussed followed by an analysis of how peer educators are able to act as socialising agents in the transitionary life-stage currently being experienced by those participating in this study. Taking this argument further, the ways in which peer educators gain influence and prominence in their peers' negotiation of sexual decisions when other sources of sexual knowledge become less available and accessible are analysed next. The necessity of evaluating peer education in university cohorts is then discussed. Finally the role of humour in the practice informal peer education is assessed and the effect it has on easing or complicating the experience is discussed. Throughout these separate sections elements of behavioural change theory, social identity theory, knowledge dissemination theory and life-cycle theory have been utilised. Finally the central research questions directing this research project are presented.

2.1 Peer education and "common-sense" sexual health knowledge

Peer education can constitute an important part of individual sexual knowledge, not only as a source of information and consultation, but more broadly as a negotiating platform that the individual can use to understand a range of beliefs and practices presented in establishing themselves as a sexual being in their social environment (Campbell and MacPhail, 2002). Peer education has been widely used because of the socially embedded nature of the actors. The networks and mechanisms employed in conducting peer education activities make the practice of it context specific and aligned with the environment in which it exists. It is cost effective and influential in its ability to alter peer perception and behaviour (Green, 2001). Maticka-Tyndale (1992), using Garfinkel, explores the notion of "common sense knowledge" and explains that to understand (and possibly alter) everyday behaviour, the common sense knowledge that individuals and groups hold must first be comprehended. Maticka-Tyndale (1992: 239) explains that "as *actors*, people use common sense… knowledge and scripts to guide their everyday lives and to produce explanations or accounts of their actions".

This is helpful in understanding how young people might enact information and behaviours relating to sexual health, as well as the interactions they have with people in constructing their beliefs, perceptions and behaviours around sexual decisions. Informal peer education in this regard is a useful tool through which these processes can be understood as it captures elements of discussion, knowledge (re)construction and interaction in its practice (Dickinson, 2009). In understanding the commonsense knowledge people hold about HIV/AIDS and safe sex messaging, Maticka-Tyndale (1992) showed that people translate information from various sources and in relating it back to others, the knowledge that closely resembles their own understandings and meanings is most clearly expressed. For example, biomedical information relating to safe-sexual practices is translated into folk or common-sense knowledge by young people, having been filtered through their own and peers' experiences (Maticka-Tyndale, 1992). This relates to the effects of lay perceptions in enacting particular health promoting behaviours.

Agadjanian and Menjivar (2008: 303) note that "informal communication regarding personal worries about HIV/AIDS and other HIV/AIDS related matters is pervasive and may play an important role in strengthening...individuals' abilities to navigate through the risks and uncertainties of HIV/AIDS". Aggleton (1990: 16) explains that lay beliefs allow people to make sense of health information that comes from various sources (such as educators, medical practitioners, media, family and peers) and that "popular perceptions of health arise from the attempts people make to seek order where often there is... chaos and confusion". These lay beliefs are negotiated and developed within informal communication spaces and thus understanding their form, content and frequency in young people's lives is a valuable exercise. Aggleton (1990) cites Fitzpatrick (1984) in labelling these lay beliefs as *syncretic* as they draw from a broad, diverse and often contradictory range of sources. In attempting to make sense of this conflicting and complex set of knowledge, lay beliefs of health have a powerful influence on the ways in which people approach their own and others health and health care (Aggleton, 1990).

2.2 Peer educators as socialising agents in the transformative phase of becoming "adults"

Giddens (2006: 177) discusses the fact that young adulthood is increasingly recognised as a "specific stage in personal and sexual development in modern societies". It is a time of great social, political, religious and cultural exploration and as many people take this opportunity to develop their social identity, so too are the responsibilities associated with adulthood postponed as people study for increasingly longer periods of time (Giddens, 2006). Visser (2007) explains that the youth, including young adults, are most at risk from contracting HIV/AIDS and other STDs because they still engage in high-risk sexual behaviour in spite of having sound knowledge about sexual health risks. For Visser (2007: 679), if interventions, especially prevention and health promotion programmes, are to be effective then these initiatives should be developed to specifically "match the culture, age and sexual experience of participants". These initiatives should question the continued engagement of young people in high-risk sexual behaviour by involving them in explanatory processes, thereby enabling the individuals to be empowered and aware of their actions as well as the reasons for behaving in that way (Visser, 2007). Visser (2007) also notes that in countries where there has been a decline in HIV infection rate, it is in part due to young people who are helping to reverse the trend. Visser (2007) explains that this is because young people are the ones most likely to be open to receiving knowledge and adopting new behaviours. This emphasises the importance of understanding students in terms of the knowledge they hold around sex and sexual decisions, and the processes and strategies they engage in order to distribute and internalise that information.

Universities also present challenges to this model of peer education programme implementation. Levels of supervision are far lower as responsibility for academic endeavours, health, social and sexual conduct are all placed with the individual and there is a minimal amount of intervention from the university structures regarding what is appropriate. Because university encompasses such a diversity of activity, there is little opportunity to institute concerted efforts to engage students in issues of sexual health while on campus in a productive, educative and sustainable manner. To this end peer educators who are located on campus and are already engaging in informal discussions with peers and friends about sexual health become a useful lens through which the sexual decision-making process of people in these particular social spaces can be viewed and understood. It can be seen from the findings

of this research that peer educators play a critical role in providing a discussion space for their peers to unpack their experiences, feelings and beliefs and in doing so assist their peers' in negotiating sexual decisions. This is because young people access their peers to help them explain the issues they are encountering and in doing so peer educators can assist their peers in navigating this terrain. Students at universities are at a stage in their lives where shifts are occurring in their social and sexual identities. Johnson et al (2007) explore the complex process of age identity in the transitionary space between internal, self-perceived adulthood and broader external, societal age-appropriate expectation. This process of moving into adulthood is navigated and identified by a set of meaningful markers, namely the adoption of particular social roles and the effect of individual qualities (Johnson et al, 2007).

Ochieng (2003) states that it is commonly acknowledged that young adulthood is a time for exploration and experimentation as transitions in the individual's social and sexual identity occur. However this process is less clear-cut and can be difficult to comprehend as social conditions of familial structure breakdown, economic factors, extended education, racial, ethnic and cultural values and practices muddle the meanings of markers that indicate definite changes in social identity (Johnson et al (2007); Ochieng (2003)). Therefore the process of shaping one's social identity, especially in terms young adulthood, is not obvious or straight-forward and should be understood in all its complexity and subtleties. The process is seen as continuous rather than instantaneous, with many experiences and knowledge sets to be negotiated, including those relating to sexual health (Johnson, 2007). Informal peer education could be seen as an effective means to navigate individuals and their peers through this terrain as the process is already embedded within the social environment and it is being utilised in an unacknowledged, uncultivated manner. The findings of this research project confirm that informal peer education is indeed occurring in the Wits University social environment. Furthermore peer educators operating in this social space hold conversations with their peers on one-to-one and group levels that allow knowledge and experiences to be shared, assessed and explained.

Giddens (2006) states that socialisation is a continual process which occurs as an individual shapes their identity. The level of influence a socialising force can have is context specific and varying depending on the individual's particular social identity at a given time. Along

with family, schools, religion and mass media, peers can be a very important socialising agent, both in terms of influence and social proximity to the individual. Giddens (2006) notes that compared with the family, less is known about how influential and significant peer groups are in the individual's experience of socialisation; however the relations between peer groups and the individual are likely to have a considerable effect past childhood and adolescence. Giddens (2006: 168) argues that "informal groups of people of similar ages... are usually of enduring importance in shaping individuals' attitudes and behaviour". Peers become a prominent socialising force in young adults' lives as many students move into this new phase of life and responsibility in becoming adults which means that parents and the family's role in socialising individuals is diminished.

2.3 Peer educators as socialisers when other sources are no longer accessible or available

HEAIDS (2010b) notes the discomfort experienced by (school) educators in addressing questions from students around sex and HIV/AIDS. This arises from their concern of being viewed by students as sexual knowledge sources (and consequently sexual beings). Also they feel that in imparting information and discussing sex and sexual health, students will be prompted to explore their sexuality and sexual identity and may subsequently engage in sexual activities. This diminishes the potential for educators to enact the socialising power they have in being influential figures in young people's lives. This is because their reluctance to open spaces for frank and honest discussions about sexual health means young people seek out other sources for support and assistance in negotiating their sexual decisions (HEAIDS, 2010b). This intergenerational communication breakdown can also be seen in the ways that young people relate to their parents and other influential adults in their lives (HEAIDS, 2010b). Therefore peer educators can act as a source of support and knowledge where other sources are absent or inaccessible. In conducting peer education activities the peer educators can disseminate knowledge to their peers in a horizontal, dialectic manner that appeals both to their peers' commonsense understandings and the congruency between the educator and peer in terms of age and socio-cultural similarity (UNESCO, 1999).

Peers can additionally play a crucial socialising role where school, family and religion as sources of knowledge around sex and sexual decisions have become inaccessible and less

influential as socialising forces. Campbell and MacPhail (2002: 338) note that teenagers who have "opportunities to communicate openly about sex, with sexual partners, peers and parents or other significant adults" are more likely to engage in safe sexual behaviour. Peer educators are then instrumental in creating these opportunities and spaces for discussion and consultation, and they are also sources of knowledge which reinforce or contradict thoughts and ideas held about sex and sexual decisions. Campbell and MacPhail (2002: 338) further state that if peer education programmes are to "operate at their fullest potential, issues discussed during peer education sessions need to be exported into other areas of young peoples' lives and openly discussed and debated beyond the peer education context". This refers back to the aims of this research project, namely the ways in which peer educators informally assist their peers negotiate sexual decisions.

Campbell and MacPhail (2002) show that there has been a global shift towards participatory HIV prevention strategies and this has occurred simultaneously with a conceptual move away from seeing "sexual behaviour" as the result of individual decisions. Rather, it is now preferable to employ "sexuality" as a concept in these contexts which is understood as a "socially negotiated phenomenon, strongly influenced by group-based social identities, and more particularly peer identities" (Campbell and MacPhail, 2002: 332-333). This supports the aims of this research project in understanding how peer educators engage with their peers around sexual decisions and in fact assist them in negotiating these decisions through conversation and consultation in informal ways. Campbell and MacPhail (2002) here show the importance of capturing collective processes of developing meaning, beliefs, attitudes and behaviours which is a stance this research project also takes. As the findings of the research process show, the group processes discussed above are utilised by the peer educators participating in this study in their informal conversations. Additionally these processes are highlighted as necessary and useful in helping the educators and their peers understand and engage with their social and sexual lives as they are presently being experienced in the particular context of Wits University.

2.4 The necessity of explaining informal peer education in university cohorts

Peer education literature emphasises understandings of the ways in which formal peer education operate, and the efficacy of programmes in communicating information about HIV

and encouraging Voluntary Counselling and Testing (VCT) in peers (Visser, 2007; Campbell and MacPhail, 2002; UNESCO, 1999). Peer education initiatives have mostly been located within workplaces and schools and have targeted populations seen to be at risk of contracting HIV/AIDS, such as sex workers, young people who are becoming sexually active and migrant labourers (UNESCO, 1999). It is easier to institute formal educative structures within these sites as there is already an organisational culture with high levels of supervision in place that allow for the monitoring and implementation of programmes in a top-down manner and a largely stable population (UNESCO, 1999). This reflects a broader trend in peer education studies, where the informal aspects of peer education are largely unacknowledged and little is known about the ways in which these programmes enable peer education activities within tertiary institutions.

The reason for this is two-fold. Firstly, universities are not the primary site of peer education interventions, and this is understandable in the context of low HIV prevalence rates within these spaces. Rather implementation efforts are more strongly made among those social groups perceived to be more immediately at risk of HIV infection. Secondly, as noted by Shepherd, Weare and Turner (1997) there is much complexity and difficulty associated with evaluating the effectiveness of informal peer education, as the process is often spontaneous in nature and incorporates different sets of knowledge and skill which are demanding and hard to view comprehensively. Limited study on informal peer education could be due to the challenges associated with measuring its effectiveness as it often impossible to access those who have interacted with the peer educator informally (Shepherd et al, 1997). Ochieng (2003) notes that other aspects and factors within the peer education process take precedence over informal education, such as programme design, implementation, effectiveness and outcomes.

This often means that the nuanced *practice* of peer education as well as the spaces in which it occurs is neglected within the plethora of health promotion and education literature related to this area (Ochieng, 2003). Campbell and MacPhail (2002), Ochieng (2003) and Shepherd et al (1997) all discuss the impact of the informal peer education process on the educators themselves. Shepherd et al (1997) particularly emphasises the necessity of informal peer education in revealing what gaps in sexual health knowledge exist within peer groups.

Additionally, these conversational spaces of informal peer education afford the educators the opportunity to develop self-confidence and broaden their range of peer education skills that are not accessed within formal peer education activities (Shepherd et al, 1997). The exploratory nature of the research undertaken in this project allows a comprehensive understanding of these complexities and processes inherent in the informal peer education experience to be captured and by gaining a nuanced picture of the peer educators themselves, the effect of participating in peer education activities on the educators has been investigated too.

Shepherd et al (1997) note that in order to conduct successful informal peer education, there is a need for multifaceted interventions that are able to deal with complex issues relating to sexual health and in doing so, there should be efforts made to thoroughly address knowledge, attitudes, self-efficacy and skills that are developed within the peer educators. These require the cooperation of all parties interested in attaining and maintaining the sexual health of young people, namely, government, the institution, the wellness services, peer educator programme coordinators and the individuals themselves. Shepherd et al (1997) acknowledge the difficulty in instituting informal peer education initiatives that can move beyond effecting knowledge acquisition in peers due to the necessary support and longitudinal nature of skills development in the educators. Shepherd et al (1997), drawing on Prochaska et al (1994), state that establishing the informal peer educators as change agents is a long and involving process as it takes time to introduce and maintain healthy behaviour in peer educators. In nurturing the abilities and skills of peer educators that allow them to educate others there is great time and personal investment involved, thereby slowing the process of creating informal peer educators as change agents further.

In interrogating and uncovering the potential of this form of peer education, Dickinson (2009) shows that within the workplace, the combined approach and acknowledgement of informal and formal peer education can have a profound effect in the realm of behaviour change and impacts the way people conceptualise and understand HIV/AIDS. The main behaviour change theories employed in peer education theory are Health Belief Model, AIDS Risk Reduction Model, Stages of Change and Theory of Reasoned Action (Denison, 1996). The most relevant of these to this research project is Stages of Changes which, in ascribing to a

process-based understanding, sees necessary junctures that have to be negotiated through in order to achieve behaviour change. Precontemplation, contemplation, preparation for action, action and maintenance are the main stages associated with this approach. This process involves identifying an issue, fostering the appropriate environment to broach that issue, space to consult and discuss before deciding on a course of action and then enforcing that plan and subsequently maintain the behaviours put in place to deal with the initial issue (Denison, 1996). It is a participatory, inclusive approach that contains many elements that are seen within informal peer education initiatives, in that the underlying, unacknowledged elements of behaviour change are incorporated and utilized in the process (Denison, 1996).

Duncan, Bowman, Naidoo, Pillay and Roos (2007) also explain that learning occurs in contextual and communal ways, and that the individual is not able to be autonomous from their social environment in this regard as the ways in which discourse is shaped and transferred to the individual is imbued with social and cultural norms and values. To expand on this, an ecological approach to understanding how people understand and enact sexual health is being taken within this project. Duncan et al (2007) explain that the ecological approach places the causes and outcomes of social issues (such as sexual health) and possible interventions to overcome the challenges presented by these issues at the intersection of the environmental, relational and individual spheres and factors. For instance, in understanding how the individual comes to hold and enact particular sexual health knowledge, this process should be as the result of the interaction and intersection between individual factors (such as conscientiousness as a value held by the person), relational aspects (willingness of peers to discuss sexual health issues and support decisions made by the individual) and environmental resources (such as medical facilities available, including Campus Health).

The ecological approach firmly embeds the individual in dialectic, reflexive spaces that acknowledge the ways in which identity and behaviour are shaped by both relational and environmental factors (Duncan et al, 2007). By taking an ecological approach, a comprehensive explanation of the findings of the research can be presented as many of the factors that arise from the social environment found at Wits University that shape the social identities of the participants, the conversations they hold and understandings they draw from these interactions can be accounted for. For students, their social environment is often tied closely to the university context in which they learn and socialise and spend a sustained

period of time pursuing both those activities. It can be the physical space that they meet with friends or the context in which they meet people who consequently influence their decisions and actions. By taking an ecological approach to understanding how peer educators discuss and assist their peers in negotiation sexual decisions, an inclusive stance is taken in viewing the multiple and shifting space that the university may occupy in the individual's social environment. This is useful for the purposes of this study as it is an inclusive, flexible model that allows the potential of informal peer education to be realised through a multi-causal, interactionary approach.

In shifting the way discourses of sexual health are distributed, the transformative potential that changing social identities have is exhibited. Campbell and MacPhail (2002) explain that peer educational settings allow for diversity in opinion within a changing group process. For Campbell and MacPhail (2002: 333) "individual inputs weave and clash through the process of dialogue and argument between peers" and in questioning each other, sharing stories and experiences, a forum is ideally created where different behavioural possibilities are examined and judged. This process is seen in the findings of the research in interactions where peer educators and their peers hold differing perspectives around sexual health and decisions. In these interactions they are able to challenge one another which in turn lead to perceptions, values and behaviours to being acknowledged and explained in an environment that encourages peer education to take place.

2.5 The role of humour in informal peer education

The horizontal dissemination of knowledge seen in peer education allows the individual and their peer group to develop an account of different behavioural and attitudinal norms and choices which are aligned to both their social identity and their priorities. It is also a space where complex and inaccessible issues of sexual health can be teased out, challenged, translated and internalised in terminology and processes that are familiar and relate to the individual and therefore more likely to result in behavioural change (Campbell and MacPhail, 2002). The findings that have emerged in this research process show the contextual nature of the conversations and interactions that peer educators operating in the Wits University environment have with their peers around sexual decisions and in unpacking these findings, this report details the specific and unique ways that conversations emerge, what factors drive

a conversation towards a particular topic and what allows or restricts these conversations to occur with relative ease. In acknowledging the social environment and social actors that are found in the interactions reported here, it is possible to understand how peer education emerges in informal spaces, as well as the form it adopts and paths it follows in sharing knowledge between peers. Peer education is embodied in these spaces and processes and in understanding the impact of social identity construction and reconstruction in behavioural change, it is important to study the ways in which people discuss and enact their understandings of sexual health.

Humour emerged as a concrete theme in the findings of this research project. Within peer education literature there is little mention of humour as a communicative tool that fosters a conducive environment for peer education to occur. The reason for this gap in the peer education perspectives could be attributed to the general failing of humour research to understand those instances of humour that are unrehearsed, hidden and embedded in informal social situations (Meyer, 2000). Lynch (2002) furthers this sentiment in showing the shortcomings of humour research that focuses solely on humour at individual or societal levels and suggests that a way to bridge this gap would be to employ a communication approach when unpacking and explaining instances of humour. This comprehensive view proposed in this approach is similar to the ecological approach taken earlier in this review. In promoting the inclusive and thick descriptive nature of this report, a communication approach to understanding how humour plays out in informal interactions that occur between a group of peer educators and their peers appears appropriate.

According to Meyer (2000) the fact that humour permeates through conversation and communication continually and is complex to capture and explain means that is a continual site of interest for researchers. Certainly the persuasive capacity of humour can be seen in the findings of this research project, as it present and influential in shaping the form and nature of the informal interactions of peer educators and their peers in which sexual health and sexual decisions appear as discussion topics. Participants in these conversations are persuaded, through the use of humour, to feel comfortable enough to share and discuss thoughts, opinions and experiences with other people in their peer circle. Humour encourages peer education to more readily occur by fostering a supportive and relaxed environment for these conversations to occur within. Meyer (2000) and Lynch (2002) explain the theories that dominate understandings of humour origin, at both individual and societal levels.

Additionally Meyer (2000) in particular outlines the importance of humour in establishing an audience and presenter relationship.

Lynch (2002) states that while relief, incongruity and superiority theories are able to explain all instances of humour to some extent, a criticism arises that these theories simultaneously explain too little and too much when viewing humour in communication. For Meyer (2000) it is more useful to take a typology of the functions of humour and explain instances of its presence in conversation through this means. The four functions of humour according to Meyer (2000) are identification, clarification, differentiation and enforcement and each function can correlate with a particular theory of humour. The functions serve to present a more comprehensive perspective on humour in communication and in doing so components from relief, incongruity and superiority theories can be drawn and used more effectively. For Meyer (2000: 317) humour in social situations (such as informal conversations) can act as "a 'lubricant' and an 'abrasive'... [as it can] smooth the way and integrate a [speaker] into a greater level of credibility within a group, but it can also ruffle feathers and cause social friction and conflict". This ambiguity is what Meyer characterises as the "double-edged sword" of humour which speaks to the relationship between social context, audience, speaker and conversation content. Depending on these factors, humour can act as a unifier, drawing people together and fostering comfortable and good relations between participants, or alternatively it can serve to divide the audience from the presenter and create a tense and difficult environment which does not encourage or facilitate effective discussions (Meyer, 2000).

This "double-edged sword" is useful in explaining the findings of this research project for two reasons. Firstly it underscores arguments made earlier about the intersections and interactions between social environment, social actors, conversation type, content thereof and the experience of the conversation. Humour can create a more comfortable or more tension-filled conversation depending on the ability of the communicator to garner and utilise humour appropriately in introducing and talking about sexual health and sexual decisions in informal spaces. When dealing with topics as sensitive and contested as sexual decisions humour can draw participants into a conversation more readily, and sustain their interest while encouraging the discursive, sharing space of peer education to emerge. Simultaneously humour can alienate and push people away from the discussion if the humour is viewed as being out of place, inappropriate or unnecessary. The findings of this research project support

the positive aspects of using humour as a communication device. Humour in these peer educators' informal interactions has served to create a "safe" and comfortable space for discussion, where the barriers that limit people's ability to speak about deeply personal and often "serious" topics in an open way are overcome. Humour allows peer educators to be seen in these informal social spaces as being the same as their peers, by reinforcing their commonality in sharing jokes and innuendo and especially in group situations (where humour is omnipresent in this study) it provides a path that facilitates potential moments of peer education to emerge.

Specifically, Meyer (2000: 319) states that humour that allows the presenter (in this case a peer educator or their peer) to appear "human... and [has] the ability to laugh at [oneself]... [Invoking] an issue very familiar to the audience, as well as placing the target of humour in a position of sharing meaning or perspective on that issue". For Meyer (2000) the functions of humour, when taken in their categorised form, are able to explain why people employ the practice, but also what particular responses can be expected following the delivery of a humorous message. Meyer (2000: 319) explains that "humor that reduces tensions or makes a speaker seem a part of the group serves to identify the audience with the communicator, as they laugh together at some relief of tension... Communicators also employ humor to encapsulate their views into memorable phrases or short anecdotes, resulting in the clarification of issues or positions". As seen in the findings of this research project, the fleeting and unplanned nature of informal interactions means that communicators (peer educators or their peers) do "package" their beliefs and stories and relate them to their peers in humorous ways for various reasons. It can be to hold the attention of the group, it can be to relieve tension when a "difficult" topic is being broached and discussed. Humour can be employed when peer educators and their peers are navigating and negotiating their way through a body of sexual health and decision-making discourse which is rife with contradiction and tension. In doing so are able to clarify their perspectives and experiences in ways that encourage the informal nature of the conversation to continue by not letting the discussion get too "serious". By using Meyer's (2000) function typology many of the instances of humour seen in this study can be explained and will be later in this report.

2.6 Research questions

The central research questions emerging from this literature review that have been investigated in this research process include:

- What specific issues and challenges emerge for the peer educators and their peers from interacting with the social environment of Wits University?
- What is the role of the peer educator's social identity in allowing them to encounter particular conversations and engage with their peers around issues of sexual health and decisions?
- How do peer conversations (in their form and nature) enable the processes of informal peer education to emerge?
- In what ways does humour play a role in facilitating effective informal peer education in the conversations held between peer educators and their peers at Wits University?
- What factors and processes shape the experiences of peer conversations and drive them closer to or further from a state of comfortableness?

Chapter 3: Methodology, Sampling Techniques and Ethics Appraisal

3.1 Methodology

This research project was designed as a case study of twelve fully participating Wits peer educators to investigate how they assist their peers in negotiating sexual decisions. The study examined the processes employed by twelve peer educators in their informal conversations with their peers around sexual decisions. The research project investigated who these peer educators were and why they chose to actively be involved in peer education. The data gathered from this part of the research process has been crucial to understanding the group as a whole, who they interact with, how these interactions occur and what content emerges from these potentially educative moments. Special attention was paid to how knowledge garnered from their peer education training is internalised and re-embedded in the casual, conversational, informal peer education activities of these individuals. The type of data included in this project is both qualitative and quantitative in nature. De Vaus (2002) and Weiss (1995) categorise document analysis, focus groups, workshops and thematic analysis as qualitative research methods and surveys as quantitative methods. All these methods were used in capturing and analysing the data in this research project. The bulk of the data collected in this research process has taken the form of the peer educators' perspectives; their perceptions, beliefs and understandings, primarily represented in the diaries they were requested to keep in order to record and reflect on their interactions with peers. This research project was broken up into various stages; labelled as follows: Initial, Getting to Know You, Diary Entry and Analysis. The project was deliberately designed with the university's calendar in mind so as to optimise the researcher's ability to contact participants on campus.

3.1.1 Initial Stage

The CCDU was consulted about the project, and with the co-ordinators' agreement, a presentation of this research project was made to the peer educators involved in the CCDU's Peer Volunteer Programme. Permission to contact the peer educators associated with the Peer Volunteer Programme was obtained from the CCDU (see Appendix 1). Sixteen people volunteered to participate in the project. Of this initial group two people did not participate in any subsequent stage of the research process, a further two completed surveys but did not attend the workshop or keep a diary. Therefore twelve people participated in all stages of the research project. Information sheets were sent to these volunteers and consent was obtained from all participants. The information letter and consent form for this research project can be

found in Appendix 1. The stance taken in the research project is that these individuals are not research participants but rather research partners (IIDS, 2010). The peer educators are not merely informants, and the purpose of the research was to afford the individuals an opportunity to critically engage with both their own perceptions and understanding of sexual health. The process also allowed them to have ownership of the knowledge they are producing through their involvement in the project. The research process intended to be reflexive and reflective so that as the peer educators participated, they were made aware of the processes and activities they engage in daily that are opportunities for effective informal peer education to occur. In participating in this research process, the peer educators were simultaneously explaining their social identities, their conversations, perceptions and behaviours and in doing so were being empowered to understand themselves and their social environments on a more conscious level which takes them beyond participants and towards research partners (IIDS, 2010). This stage of the research occurred in the first semester and enabled the data collection stage of this research project to commence in earnest in a timely manner. In early May a meeting was held to more clearly explain to the peer educators the expectations associated with the research project.

3.1.2 Getting to Know You Stage

Information on who the peer educators are (both demographically and in terms of their networks) was gathered in this stage. This stage was scheduled to begin during the university vacation and started with the distribution of an informational survey which covered demographic questions (such as race, age, religious affiliations, area and year of study at the university, level of training receive through the Peer Volunteer Programme) as well as details of their motivations for joining the Peer Volunteer Programme. The full survey completed by the participants for this study can be found in Appendix 2.3. Once this data had been collated it was utilised in a briefing workshop that took place in the second semester. This briefing workshop also adopted the format and research techniques of a focus group. Greenstein, Roberts & Sitas (2003) argue that the use of visual examples enables discussion within focus groups to flow more readily. This technique was employed by the researcher during the focus group by asking the participants to write down information relating to sexual health knowledge they held and then labelling the sources that information was associated with. This was the initial development of the narrative they later explored in their diaries. By giving the participants a visual example of their thoughts and perceptions relating to sexual

health knowledge they had a physical referent from which further discussion emerged which in turn revealed more about what they knew, were unsure of and where this information came from. The researcher, in aiming to enact a reflexive and reflective approach in facilitating the focus group, had a set of pre-prepared topics for discussion (mostly informed by the data that emerged in the survey). However in aiming for the focus group to be conducted in a relaxed and casual manner, the researcher allowed the course of the discussion to be directed by the participants, with a few interventions when it was deemed necessary. By not leading the participants towards particular viewpoints, the data captured in the focus group could be categorised as the participants' own narratives. In constantly being aware of the effect of the researcher in shaping the participants responses, extra caution was taken to not promote particular responses, rather allowing the perspectives of the peer educators to emerge naturally. This consciousness on the part of the researcher adds validity to the data garnered in this research process as the perspectives presented are the participants own (Greenstein et al, 2003).

The focus group was utilised to elicit information from the peer educators about their training received through the Peer Volunteer Programme as well making progress towards explaining their level of sexual experience and the types of sexual health knowledge they hold. In doing so the peer educators were able to engage in peer education with each other as a group by sharing their perspectives on religion, culture, sexual decisions, the university context and its particularities. They also challenged each other in a supportive and friendly manner when a perspective that contrasted with their own emerged. By encouraging the peer educators to participate in these processes they were more able to recognise that peer education potentially occurs all the time in their informal interactions. The briefing workshop served as a clarifying session where questions of their own ideas about sexual health and decisions could be unpacked and addressed as well as further outlining the task that participating in the study involved. The peer educators were presented with a model of the diary entries that they would fill in during the Diary Stage of the research project and an opportunity to adjust and structure the template in line with their input was given.

The briefing session was used to interrogate any particular issues arising from the survey, and specifically discuss why people choose to get involved with the Peer Volunteer Programme.

Shepherd et al (1997) particularly emphasise the necessity of informal peer education in revealing what gaps in sexual health knowledge exist within their peer groups. It emerged that by using the techniques of a focus group to elicit responses from the peer educators, the optimal conditions of peer education were fostered in the briefing session. Humour played a critical role in creating a comfortable atmosphere for people to discuss issues that they were used to sharing as a means of story-telling, but not necessarily interrogating. By allowing the peer educators to engage with these issues in this specific discussion space, they were made aware of their own perceptions, beliefs and behaviours in relation to sexual health and decisions. Furthermore the contrasts and similarities in perspectives between the individuals as well as the factors that shaped these differences and likenesses emerged in the focus group.

At the conclusion of the briefing workshop one peer educator commented that the workshop was the most extensive and sustained conversation he had had about sex and sexual decisions in a long time, if ever. This comment was met with general agreement from the rest of the group and in particular it highlighted additional, unanticipated issues for the researcher and allowed them to be effectively addressed in this process. A particular issue related to how the participants were meant to engage in peer conversation and this was discussed both individually with the peer educators and with the group. In allowing the peer educators to share their perspectives on what an informal peer interaction about sexual decisions would constitute the peer educators who had been unsure about how to proceed were later able to recognise and report interactions very effectively. This additionally highlights the gaps in sexual health knowledge that these peer educators may have, the insecurities they feel in relation to discussing sexual decisions with others as well as the lack of formalised opportunities they have in conducting peer education.

3.1.3 Diary Entry Stage

This stage of the research process is crucial for this study and it has been modelled on the approach taken by Dickinson (2009) in his investigations into the informal work of peer educators. This method was selected for its capacity to capture the narratives of the research participants and in doing so, the commonsense knowledge they hold in relation to their sexual decisions and sexual health could be explored from their perspective. This innovative research method is an effective way of investigating areas of social life that are not easily

accessed or observed. By using the peer educators as a lens through which the processes of informal peer education occurs at Wits University, the diaries allowed the peer educators to recognise the interactions they have as educative opportunities. Furthermore through the use of the diaries insight was gained into a process that is often unreachable due to the spontaneous and unregulated nature of informal peer educator. By employing this method the challenges raised by Shepherd et al (1997) in relation to studying informal peer education in viewing an unplanned interaction are overcome. The peer educators were able to retrospectively note the interaction and describe the content and form of the conversation and in doing so were made more aware of their experiences and understandings in relation to sexual decisions and sexual health.

Having discussed the form of the diaries with the participants it was decided they would keep hardcover A5 books in which they would record their informal peer interactions. They were asked to specifically note where the conversation occurred, what was discussed, who the interaction was with (while preserving the anonymity of their peer) and whether any techniques, skills and knowledge from their formal peer educator training was utilised. The remaining twelve peer educators involved in this research project kept "diaries" over a two month period and were mostly submitted bi-weekly. This allowed the focus of the research to be sustained and if particular themes appeared, they could be explored further while the research was ongoing instead of at the closing stages where there might not have been space for additional investigation. The peer educators reported on the conversations they were having with their peers about sexual decisions in these diaries, noting the frequency, content and processes involved in the encounters. See Appendix 2.4 for the specific template suggested and decided upon with the participants.

The method has been shown to be an effective and incisive method for garnering perspectives about informal peer education activities. This is due to the awareness in the peer educator of their activities as well as the commonality found across the group in the conversations they have with peers and the issues that arise in relation to sexual health and decisions. The narrative that is developed within these diaries is understood to be the peer educator's own and in exploring their perspective and how they themselves unravel the content and process occurring within their peer conversations, greater insight into the operational mechanisms of

peer education has been uncovered. By having a reflexive and reflective approach to working with these peer educators, in meeting with them bi-weekly and interviewing them further on their interactions the validity of the data gathered in this process could be confirmed.

The peer educators were asked to report on any interactions they have where sex is discussed, but they did not reveal who the conversation was with in detail and the researcher had no access to or influence in these interactions. The frequency and content of conversations has been tabulated and can be found Appendix 2.2 of this report, however, the form of the report is a narrative, taken from the perspective of the peer educator. It is their unplanned, informal interactions that are of particular interest to this research project. By tracing these encounters over a period of time, who the peer educators are in contact with, how often this occurs as well as the broad issues and biographical information emerging from these interactions has been captured. While "what" is being discussed holds importance in this research process, it is equally important to understand "how" it is being discussed and the diary stage is integral to explaining both of these aspects of the peer educators' informal work. By focusing on this aspect of their narratives in this research project, humour appears as a key factor in fostering and driving conversations about sexual health and decisions in a productive and supportive manner.

The number of encounters that each peer educator reported was recorded, with 160 diary entries being made by the participants in the two month data collection period of this research project. Each peer educator reported a minimum of seven conversations during this research process with one peer educator recording 35 separate interactions over the course of this project. The average number of interactions that the peer educators reported having was thirteen. This stage of the research began after briefing workshop and concluded mid-October. Luttrell (2005) argues that document and narrative analysis techniques are useful for accounting for data based in perceptions, feelings and thoughts. As this type of data correlates with the findings of this research project (in analysing the beliefs and behaviours of by peer educators and their peers in relation to sexual decision-making processes, Lutrell's (2005) assessment rings true and document and narrative analysis techniques have been used.

3.1.4 Analysis Stage

In order to achieve the dual aims of understanding peer education process and treating the participants as research partners, they were asked to be part of additional focus group sessions to assist with analysing thematic data emerging from the "diary" stage. Their perspectives in this regard then constituted another element of the research findings and in generating information from below, the gap between broad HIV/AIDS prevention programmes and their mechanisms and the issues being addressed at grassroots level could be bridged. Dickinson (2009) emphasises the importance of this approach in revealing the gaps between "official" monitored assessments of peer education in action and the more nuanced, implicit, grey areas covered in the findings of research that investigates the perspectives and evaluations made by the peer educators themselves. Having captured the data collected from the diaries, the interactions reported by the peer educators were categorised to correlate with a broad theme that could be seen across the diaries and had been expressed by the peer educators in their diaries, interviews and focus group sessions. This constituted the thematic coding and narrative analysis used by the researcher to understand and analyse the findings of this research project in following Lutrell's (2005) recommendation of suitable research methods of understanding narrative data. The coding themes included the topics of HIV/AIDS; Maturity (in terms of readiness to engage in sexual activity); Sexual expectations (what people feel they are expected to do in terms of sexual activity, sexuality and relations with people of different genders); Gendered discussions (where and how people of different or the same genders are able to have conversations and what content can be shared within these discussion spaces); Transactional sex (women in particular offering sexual favours in exchange for material possessions or financial support) and Safe sex (this referred to conversations where condoms and other forms of protection were discussed, as well as how the peer educators and their peers could engage in sexual activity without compromising their sexual health). A tabulated version of these results can be found in Appendix 2.2. In using multiple sources of data and points of analysis in unpacking the findings of this research there were many reflective and reflexive opportunities afforded to the peer educators in understanding themselves and the processes embedded in their informal interactions as they assist their peers in their negotiation of sexual decisions. These views were added to the broader research findings and analysed and have been presented by the researcher in this report.

3.2 Sampling techniques, Ethical considerations and Limitations of the study

Shuman (2002) describes the process of deliberately selecting a group from a population for their distinctive social role and position as purposive and convenience sampling. These two sampling techniques were employed in choosing to work with the CCDU. This means that participants were selected from a site that was convenient (due to its proximity and position within Wits University) as well as intentional in finding individuals who are aware of peer education and its associated teachings and activities and sourced through a specific programme for these reasons. The CCDU is one of the resources provided by the university to support students in coping with life on campus. The Peer Volunteer Programme also constitutes one of the main HIV/AIDS awareness initiatives seen at Wits. Primarily the Peer Volunteer Programme according to the CCDU is a

> Counselling service for students on campus. It was created to help students deal with problems and issues, which they may be unable to cope with on their own. The service serves as both a counselling and referral service as well as an educative body on advocacy issues. Students can get help with personal problems such as relationship difficulties, anxiety, stress, depression, family issues and basic support.

For this reason the peer educators involved in this research project occasionally refer to themselves as peer counsellors and peer volunteers, but for the purposes of this project, they all constitute the same label of peer educators. This research project also showed (in the findings that emerged from the data collection stage) that while all the peer educators were involved in formal counselling and education activities, these were infrequent, occurring twice a semester and were uniform in their structure, aim and message. All the participants recognised that they were engaged in far more informal peer education activity with many being able to report at least one conversation a week. In both the focus groups and surveys, the peer educators reflected that the scope and frequency of their formal peer education activities were limited. This was attributed to the fact that the content of training provided by CCDU was very specific and topical and that the opportunities to perform formal peer education only occurred every two to three months.

These opportunities often tied into advocacy campaigns which were focused around particular issues, such as sexual harassment on campus. By accounting for their perspectives and experiences of conducting informal peer education, which far outweighs their formal

encounters with the peer educators reporting an average of thirteen interactions in the two month period that the diaries were kept for this research project, a better understanding of how to do this can be achieved. Therefore studying their informal peer education activities proved to be necessary as there had been no attempts previously made to recognise these activities, nor understand how they come about and operate. As Green (2001) argued, the majority of peer education that occurs around sexual health is informal, but the unplanned and spontaneous nature of the practice makes it difficult to study. The accounts of the participants involved in this research project confirms this and in investigating their perspectives, the ways that they engage with their peers around issues of sexual health and decisions as part of informal peer education has been captured.

Participation in this study was also voluntary. All efforts were made to maintain anonymity of the participants by employing pseudonyms. The participants were given the opportunity to choose their pseudonym and all names used in this project are pseudonyms. Confidentiality could not be guaranteed at all stages of the research project, however, as focus group discussions did not facilitate this. Informed consent to all aspects of this research project was obtained at the initial meeting. This research was granted ethics clearance by the Wits University Ethics Committee in July 2010. Possible limitations of the study include the extent to which the findings of the research could be generalised given the very specific case study being used; however the framework of investigation is very replicable. The external and internal validity of the data emerging in this research project could be challenged given the personal and narrative form the data takes. However in presenting people's reflective perspectives the rich and detailed nature of the findings as well as the repeated efforts to confirm the evidence presented with the participants (by treating them as research partners) and the constant reflexivity of the researcher in conducting this research the findings, analysis and conclusions of the project are given credence. In dealing with people and their experiences, extra sensitivity was been employed by the researcher and all efforts to present an accurate and objective report at the conclusion of this process were made.

Chapter 4: Findings and Analysis

This chapter constitutes the findings and analysis section of the research report. In four interrelated sections the evidence gathered in this research process is unpacked and explained thematically in order to understand how informal peer education occurs at Wits University from the perspective of peer educators operating in a specific social environment. These findings primarily arise from the evidence and narratives found in the diaries kept by the peer educators who participated in this exploratory research project over a period of two months. Additional data captured in the focus groups, interviews and the surveys is used in this chapter to substantiate the arguments made herein. As explained in Chapter 3: Methodology of this report, the diaries were kept to record instances of informal peer education where sexual health and sexual decisions were discussed by peer educators and their peers. Section 4.1: The social environment of student life at Wits University describes and interrogates the context that the peer educators interact with and participate in. This is done specifically in reference to the sources of sexual health knowledge the peer educators access. Additionally the social actors, forces and structures that make up the background of the participants and their experience of the current context of student life at Wits University has been investigated and explained.

The interplay between the peer educators' backgrounds and their current university environment presents and supports particular norms, values, behaviours, relations and practices that the individual adopts and utilised in making sense of their sexual health, decisions and experiences is discussed. This then links in to Section 4.2: Explaining the peer educators' social identity. The findings of this research report show that who the peer educator is, who they interact with and in what context this happens allows them to have particular conversations and affects the levels of ease and difficulty experienced in conducting these discussions. The ways in which the social identity of the peer educators generates and structures opportunities for peer education to occur is explained and substantiated by using evidence from the peer educators' diaries. Section 4.3: "Just Jokes"- Icebreakers, Innuendo, Teasing, Tantalising and Talking- The influence of humour in informal peer education engages with the role of humour and its importance for creating and facilitating informal peer education, especially in group conversations. Finally, as a way of

summarising, a multi-dimensional continuum is outlined in Section 4.4: The multi-dimensional continuum of discussion, drawing on thematic material previously presented. The central argument made in relation to the continuum is that it can be used as an explanatory tool in analysing how discussions around sexual health and decisions are conducted. The continuum serves as a device through which the experience of conducting these conversations can be understood as the findings show a specific atmosphere dictates the movement of the discussion to an educative interaction. This is achieved by explaining the factors that drive the experience of a conversation along the continuum towards or away from a state of comfortableness.

4.1 The social environment of student life at Wits University

In analysing the social context that the peer educators in this study are operating within, it is important to describe some of the numerous social forces and factors that shape their social reality and influence their interactions. These include their families, religious affiliations and cultural identities (which can refer to geographic, racial or ethnic identities) all of which play a role in the perceptions, beliefs and behaviours they hold in relation to sexual health and sexual decisions. Due to the life-stage of the participants and the social environment they currently interact with, there is much turbulence, challenge and change experienced in making sense of who they are confirming the arguments made by Johnson et al (2007), Campbell and MacPhail (2002) and Maticka-Tyndale (1992). This section unpacks the process of internalising and constructing a social identity is also embedded with the interplay between the peer educators' backgrounds and the structures, actors and identities that constitute their current social environment of student life at Wits University. There is also much movement between social identities as the peer educators negotiate and make sense of themselves, others and particular social interactions.

In reviewing the promotional material that describes Wits University and the social life available for students enrolled at the institution, the impression given is distinctly "glossy". To balance and counter this glowing account of the university, its culture and campus life, an account of the experience of being at Wits University has been provided by Tim, one of the peer educators who participated in this research project. The University of the Witwatersrand, Johannesburg (Wits University) is described as a "medium-sized urban contact university,

English-medium and research focused, with 20 percent of its student population living in residences" by CHE (2008: 7). CHE (2008) further reports that in 2006 the University had over 23 000 students enrolled in 34 Schools across 5 Faculties which is spread over 5 campuses. CHE (2008) also stated that 3 500 were living in residences with just over a third students being part of postgraduate programmes. Black students constitute 66% of the population and just over half of the students are female. As reflected in the study, most of the students are from Gauteng. Accounts of student life given by former students in the alumni publication "Arena" (2005) show Wits to be a diverse, challenging and changing social environment, with the remnants of its historical role in the resistance of Apartheid being found in the active student leadership structures and movements. Furthering this notion are the University's aims of racial, gender and class transformation in its student body, academic staff and management structures (CHE, 2008).

Five of the twelve peer educators in this study are currently living in university residence (either on or off campus) and report interactions that have occurred in these social spaces. One of the peer educators, Tim, spoke frankly about the difficulties he faced in coming to Wits in 2010 and moving into residence away from the comfort zone and support structure of his loving family. He also used the word "freedom" in describing this process and stated he was able to discover who he was more in his new social environment. He showed awareness of the image Wits University tries to present to attract investors, academics, students. While he could agree with elements of it, he also described the "darker" sides of campus life with the statement that

> The only edge that Wits guarantees [referring to the Wits University slogan that "Wits gives you the edge"] is pushing you over one. I learned no one has your well-being at heart and the system is ruthless. I hate how Wits portrays this image of bliss when it's actually the opposite, the students are still racially divided and there are social class groups. [The fact of the] matter [is that] a lot of people live miserable lives because of Wits and that's the reality.

Tim spoke about the fact that until he could appreciate the positive aspects of the university and being there, he hated it. These comments stand in contrast to the inclusive and supportive environment that Wits University claims is what makes it a cut above the rest in terms of South Africa's tertiary institutions. The Wits University Homepage on the SAStudy Website (2011) states that the University recognises the benefit of living in residence while studying through "faculty/student interaction... [and in] developing competence in all aspect[s] of

leadership, shaping a community from a cross-cultural perspective, late night discussions with colleagues".

It also states that over 40 sporting and social clubs are registered with the Wits Sports Council which provides ample opportunity to engage in recreational activities but also to meet people of similar ages with diverse backgrounds and enjoy an active social life while at Wits. Arena (2005) reflects that while partying and experimentation is the agenda of some students, there is also another side of student life which sees individuals striving to excel in their chosen field and an increased encouragement to pursue post-graduate studies in order to better position oneself in the competitive job-market beyond Wits. Tim was able to acknowledge in his reflection that being at Wits exposed him to a range of people and activities and in being challenged academically he questions everything he comes into contact with. Tim reflects that the experience of being at Wits University is at times a difficult one but in accounting for the benefits of being at such an institution he feels his life has been enriched as a result. The contradictions in Tim's account reflect the complexity found when trying to describe life at Wits University; however his awareness of his social environment (with all its complexities, advantages and challenges) is representative of the rest of the peer educators' feelings about their experiences of being at Wits.

Many of the peer educators who participated in the focus group conducted at the start of the study and in their diaries discussed how their views and beliefs about sexual health and behaviour are continuously challenged. In interacting with a social environment that is engrained with multiplicity and change (given the diverse social, cultural, racial, religious and age backgrounds of the students at Wits), there exist factors that provide a suitable context for social and behavioural alterations to take place within peer education interventions. As argued in Chapter 2: Literature Review of this report these factors are the same that allow these peer educators and their peers to question and confirm the perceptions, beliefs, values, behaviours and attitudes that exist in the environment (Green, 2001; Campbell and MacPhail, 2002). By engaging with these factors the peer educators are involved in a process that shapes their explanations and experiences of sexual health and decisions of them as well as those of their peers. The correspondence between the individual's background, their social identities and the way this plays out in specific social settings at Wits needs to be

unpacked in order to reveal how particular perceptions, behaviours and decisions are produced and experienced.

South Africa has one of the highest HIV/AIDS prevalence rates in the world and for this reason the sexual health of young people living here has been a concern for the last 15 to 20 years. Health promotion efforts and programmes as well as broad-based initiatives to increase health-related knowledge and alter risk behaviours in this age group have been targeted at these young people on a continuous basis throughout their schooling career. Within the research group there is evidence of how HIV/AIDS has shaped the experience and understandings of sexual health and certainly impacted on their sexual decisions in tangible but subtle ways. The narrative around HIV/AIDS and prevention is imbued with social meanings, often tied to issues of fear, trust and faithfulness. For instance, one of the participants Sarah (see Appendix 2.1 for further details on all the peer educators) spoke in her diary about her fearfulness in relation to STIs and in particular HIV/AIDS. She said that the presence of HIV/AIDS in society was

> ... [C]reating an era of mistrust in relationships of our generation. Unfaithfulness has deeper and literally life threatening implications. Even to ask your partner to be tested in the beginning of a relationship isn't enough anymore. We're urged to always be protected, no matter how much we trust our partners. HIV asks us to be paranoid for our lives.

Sarah goes on to say how she would kill herself if she contracted HIV, echoing sentiments held by the peers of other participants. Tim, a first year student, related a general discussion held between him and his roommates where the reality of living with HIV/AIDS came up. He stated that his peers expressed a preference to not know their HIV status, especially if they might be HIV positive. In the course of the interaction Tim reported that,

> My friend even repeatedly exclaimed that he would take his life the moment he [was] found to be positive. I tried persuading him (or should I say them [the group of peers participating in the broader discussion]) by introducing to him the importance of the pre-and post counselling session that [is] administered during testing.

This interaction is an example of the beliefs and perceptions held in relation to HIV/AIDS, with many peers apparently being fearful of HIV and its implications and unwilling to test as a result. More importantly, embedded in his diary entry, was what the peer educator

attempted to do to counter the perception held by his peer. Tim noticed that there was something to be changed within the peer's (and by association the other people involved in the conversation) perception of HIV/AIDS and living with the disease. In describing what actions he took in response to the initial comment, it is evident that peer education can take place in these interactions. Specifically the discussion space created in this group enabled the peers to inform and "persuade" each other towards or away from particular perceptions, attitudes and behaviours. This is therefore an instance of the processes embedded in peer education that encourage behaviour change to occur which tend towards socialising the individual towards or away from particular perspectives, actions and relations.

As discussed in Chapter 2: Literature Review, Johnson et al (2007) argue that the particular social environment and life stage of an individual impacts on the ways that their well-being is experienced. In operating in a university environment (such as Wits) individuals are able to engage in a variety of discourses on sexual health and decisions and in integrating themselves into this highly sexualised world, they are encountering conflicting and contradictory sets of information from a variety of sources. The findings of this research project show that individuals require assistance in negotiating this tricky terrain. The findings confirm Maticka-Tyndale's (1992) argument that in making sense of their sexual health knowledge, experience and decisions young people access peers as consulters, confidants and supporters. The peer educators in this study appeared to constantly be wrangling with the subject of HIV/AIDS. HIV status and testing is not an easy topic to approach as shown in Mangaliso's experience when he went to be tested following the PRIDE[1] event held in early October. He explains that

> I went to have an HIV test along with a few acquaintances. I tested negative, unsurprisingly. I asked my friend if he would like to test and he said no, because he was too scared. I didn't pursue the topic any further. I regret not pursuing it because I feel I should've encouraged him to get it done, that way he knows his status and knows from there how to look after himself.

This encounter illustrates an ideal opportunity for peer education to occur, as Mangaliso noted, but it is also an example of the difficulty faced in capturing and utilising this

[1] Joburg Pride is "the largest and oldest gay and lesbian event on the African continent" and celebrated its 21st birthday in early October with a march through Rosebank. The march featured colourful floats and thousands of revellers made up of the Lesbian, Gay, Bisexual and Transgender (LGBT) community and supports of the community in a celebration of "sexual diversity and freedoms in a fabulous and memorable day of celebration" (JoburgPride Website, 2010)

opportunity effectively. In many instances generalised knowledge of HIV/AIDS risk factors and safe-sex messaging and behaviours is high among the age group of interest to this study (Visser, 2007). Those participating in this research project confirm this, as shown by the responses given in the focus group. All participants could recall popular safe-sex messages they had seen in health promotion campaigns (such as loveLife) or heard from other media sources (TV, radio, magazines), parents, teachers, religious leaders and peers. The responses were slogans but the participants could elaborate on their meanings.

As well as their familiarity with the messages, there was a sense of "fatigue" expressed by the group in relation to HIV/AIDS, safe-sex and sexual health. They felt that sexual health information had been presented to them constantly throughout their adolescence but that the message was often repetitive and ultimately boring and so sustaining interest was difficult. During the focus group the participants were asked to write down sexual health messages they knew from memory and when the researcher reported these responses back to the group, Rachel stated she found herself,

> Switching off, and feeling like I had heard so much about it before. I mean, I know that I'm meant to help promote things like [the VCT facilities at] Campus Health [as part of being a peer educator], but every time I see [people] handing out pamphlets I take one and throw it in the bin.

In addition to this there are a variety of contrasting and sometimes conflicting sources that these peer educators and their peers consult with in order to understand the knowledge and experiences that shape and define their sexual health and decisions. Often these sources overlap with the influential shapers of the peer educator's background (such as their parents or religious community), thereby indicative of their social identity. However in interacting with a new and broader social environment, such as the one found at Wits University, so too do new influences, sources, norms, values, perceptions and behaviours emerge and add complexity to the individual's social identity. This research project recognised this and aimed to capture the ways that individuals' social identities shape the perceptions held, knowledge used and decisions made in relation to their sexual health and sexuality. Many of the peer educators discussed elements of their background during this research process, both directly and indirectly. This includes their family structures, schooling history, religious or spiritual affiliations, peer groups, cultures and place of residence. All these social forces and structures

have produced in these individuals' very particular social identities and by association their sexual identities which are indicative of the ways in which they understand and enact types of behaviour and norms and values to hold (Giddens, 2006). Directly the peer educators speak to the expectations and beliefs about sex and sexuality that are put out by various socialising forces and link these to their own perceptions and standards of appropriate behaviour as it relates to sexual decisions.

Grace, in her diary, illustrates this in stating that participating in the research project would be "very interesting 'cause I get to reflect quite a lot and to really challenge my belief of 'sex [is] a sacred thing which should be tampered with after marriage!'". Prior to starting her diary, Grace had expressed misgivings about participating in the study given her background. She described herself as a Christian person who strongly believed that sex belongs in the sacrament of marriage which she extended to include conversations and discussions around sex. The belief she held was confirmed for her by her peer group from her church, the religious leaders she interacts and her family. However having embarked on the process of keeping a diary for the purposes of this research project Grace noted that in fact she does have casual, subtle conversations with her friends about issues that relate to sexual health and decisions on a frequent basis. Some of these encounters are reported later in the findings but importantly, Grace's reticence in participating initially and her subsequent realisation of the value of reflecting on her experiences, her beliefs, perceptions and actions illustrates how crucial it is to understand the processes that lead to specific sexual decisions being made.

For example, the decision to wait for marriage before engaging in sexual activities is captured in Grace's (and other peer educators) narratives as expressed in the diary, as well as accounting for the discussions, identities and social forces involved in reaching and shaping these decisions. As a peer educator, Grace's self-awareness of her beliefs and social identity is useful, as it indicates the types of conversations she can conduct as she encounters them in her social life. Additionally shown is the directions that these conversations might take. The development of a personal narrative through the focus group and the diary included in this research process allowed peer educators to more concretely understand their views on sexual health knowledge and decisions. They were therefore able to recognise their strengths and limitations in being able to conduct informal peer education in social context of Wits student

life. Grace illustrates this in her diary through the interplays she encounters between her background and the current environment with the diversity and challenge found in it. According to Grace, by interacting with a wider range of people from different upbringings who present opinions, beliefs and behaviours that diverge from her own she is forced to assert her own norms and values more coherently in these situations.

To further this, in shaping the individuals social identity, there are specific ways in which the peer educators are enabled and prevented from engaging in particular activities and conversations that are encountered at Wits University and so regulatory behaviours and perceptions are tapped into to preserve their sense of self in an unaccommodating environment. Sheila discussed (both during an interview and in her diary) the fact that she and her boyfriend are currently not having penetrative sex and have been together for two years. She expressed pride and virtuousness in explaining her sexual decisions and states that she stands as an example to her peers in following a seemingly alternative approach to her sexual life and identity, which she values and her peers respect and aspire to. In her informal interactions with peers, especially in moments when she is acting as a consultant for the peer in making sense of their own sexual decision, Sheila often draws on the qualities of her boyfriend and the nature of their relationship to support or challenge the decision being taken by a peer. In this way Sheila is accessing and using the processes of creating "commonsense knowledge" as described by Maticka-Tyndale (1992) by providing explanations that most closely align to her own beliefs and perceptions about sexual decisions. This process of looking inwards while acting in an outward, different, difficult environment generate much confusion and challenge for the individual and their peer circle to deal with, but this also enables the educative communications that occur between individuals and their peers to seen more concretely. It reveals the complexities and distinctions made as these people move between social space and social identities and the conversations held given the context and participants involved.

The backgrounds of the peer educator participants are difficult to describe in their entirety as different aspects presented themselves at particular times with greater and lesser prominence. What is important is how their backgrounds and their current social environment intersect and interact and what identities are formed and the implications for sexual decisions that

emerge as a result of this process. It is not assumed that this is a definitive identity or that only one exists at any one time. Rather there is an attempt made to understand these individuals in their complexities and in viewing the diversity and range of their identities, the various interactions and conversations they have in relation to sexual decisions and health can be captured and explained more fully. Specifically in relation to their sexual lives the need to retain or challenge particular perceptions and values associated with decisions made about sex becomes more pressing and constitutes themes throughout all the peer educators' narratives. This relates to the argument made by Johnson et al (2007) that given the life stage and social environment that the individuals involved in this study are experiencing, there is a need to constantly re-examine and reassert particular social identities in order adapt to new social factors as they are encountered in this social setting at this time. This will be discussed in more detail in the next section.

The peer educators involved in this study were asked to assess the sources of sexual knowledge they have encountered as well as what information was garnered from these interactions and the level of influence that these sources held within their lives. Eight out of the twelve peer educators that participated in all stages of this study reported that they were religious and participated in religious activities (such as attending church) to varying degrees. They also reported that religious structures played an influential role in how they conceptualised their sexual health and navigated sexual decisions. While there was interaction with parents around sexual health and decisions, these conversations appeared to be infrequent and superficial in nature. There were limitations placed on how far a conversation could go and specific factors, such as culture, religion, respect for elders and reluctance to disclose sexual activities to parents all played a role in defining the extent of a conversation. This was discussed by various participants in being asked about their sources of sexual health knowledge and interpretations thereof. The reasons given in accessing their parents as sources of sexual health knowledge has to do with the amount of comfort and security experienced in their relationships with their parents and the ease with which they are able to approach and discuss these topics with them.

Two of the peer educators whose parents are health care professionals reported that their parent's profession formed the basis of discussions held between parent and child about

sexual health. These interactions were labelled as a "necessary" conversation rather than one that happens as a regular occurrence. It was also classified as an information-sharing talk rather than discussion and there was a limit on how far the conversation could extend. For instance, Momo spoke about her mother who is a nurse. Having wished to go on the contraceptive pill, Momo's mother advised her and assisted her in the process of accessing that treatment. However the more complex and unclear aspects of her sexual health, such as how she might feel about sex and having relationships, could not be discussed with her parents as they felt she should wait until marriage to engage in sexual relations. This also shows how her mother occupied differing social identities, as Momo's mother could justify the medical necessity and sense of being on the Pill and advise her daughter in this regard. However in acting as her parent and reinforcing the views held by her family, Momo's mother was unable to engage Momo on her sexual activities in an open and direct manner. This shows the fractured and uneven ways in which conversations about sexual health in this instance are simultaneously accessed and denied by the peer educator's parents.

This also relates to Gidden's (2006) argument that in moving into a new life-stage, people in the age cohort of the participants of this study lose contact with primary socialisation agents (such as parents and schools) and the influence of these sources diminishes. Thus people at this life stage and in this social space increasingly rely on peers to assist them in the navigation decisions relating to their social (and by extension sexual) lives (Giddens, 2006). Furthermore this reluctance to engage with young people around issues of sexual health and decisions reflects difficulties presented by intergeneration communication. As argued in the HEAIDS (2010b) study, the adult's (in this case a parent or teacher) discomfort in being viewed as a sexual being (by being thought to hold sexual knowledge) means they are unwilling to discuss sex and sexual health with the young people they interact with, namely their children or students. The loss of this influential source in making sense of their social and sexual identity means that young people seek other sources of consultation and sexual health knowledge. Peer groups and peer education, in this study, has been shown to fill the gap for young people operating in the social environment of Wits University. Where parents are not physically or emotionally available (by respectively living away from their children who are residing in student accommodation or in being unable to discuss sexual health and decisions with their children), peers step in and assist each other in unpacking and discussing sexual health issues and sexual decisions as they emerge. In conducting peer education

activities the peer educators are able to disseminate knowledge to their peers in a horizontal, dialectic manner that appeals both to their peers' commonsense understandings and the congruency between the educator and peer in terms of age and socio-cultural similarity (UNESCO, 1999).

In conversations that were reported within the diaries of the participants, the common experience seemed be that their own sexual health was never directly addressed with their parents. In these interactions with family relations and adults seen to be influential in their lives, the peer educators more readily discussed other people's experiences or generalised issues of sexual health. There are many examples of these conversations, including Angela's account of an interaction with her parents where they were

> Generally [talking] about sexual issues and the potential causes of teenage pregnancy. The main [thing] that they highlighted was that due to the lack of communication between parents and their children, a lack of knowledge persists because children (also teenagers) get information from their peers which may predispose them to detrimental health hazards.

Angela's parents' take on peer education reveals their perception of the useful and dangerous components that exist within the practice of peer education as a means of communication. Angela's parents felt that by going to peers for sexual health information, there exists the likelihood that the knowledge shared will be to the detriment of the individual. For Angela's parents this was mainly caused by the lack of correct knowledge on safe sexual health practices that is held by young people and therefore sharing this knowledge does not improve the ability of teenagers to effectively enact beliefs and behaviours that benefits their sexual health. But simultaneous to this observation made by Angela's parents, they also remark on the problem of parents' inability to communicate with their children about issues of sexual health and decisions. Where this support structure is absent as is the case for young people who are unable to go to their parents to discuss their sexual health and decisions, it is then helpful for them to turn to other sources of information and consultation, such as peers who would be more accommodating and understanding of the context and experiences that the person is going through.

The example of Angela's parents' views highlights the double-blow dealt when parents are absent as sources of sexual health knowledge and peers step in to this role but are ill-informed and are therefore unhelpful in assisting a peer effectively negotiate safe sexual decisions. If peer education is to be harnessed in promoting healthy relationships, perceptions and behaviours and cultivated properly in these social spaces, it is important to understand why it is accessed as a means of gaining sexual health knowledge as well as how it operates and can be correctly utilised. Angela held discussions with other adults about a similar topic, and she reported that they

> Agreed that lack of communication with their children is not healthy in all aspects especially since we are living in a time where HIV/AIDS contraction is on a high rate. However, the response was that cultural norms are the ones that seem to perpetuate this, as most parents depend and rely on the education system to teach their children about sexual matters. Also, they postulated that sometimes it is deemed to be disrespectful when an adult is asked questions about such by youngsters.

These conversations reveal the role of parental communication in allowing or inhibiting their children to make informed sexual decisions.

Both sets of interaction show how parents relegate this task of discussing sexual health and decisions to others, be it school or peers and this confirms the challenges that young people face in negotiating their sexual decisions as those sources which could potentially be the most influential and supportive are unable to assist them in this process. One key argument underlying this research project is the way people understand, interpret and experience their social world and sexual lives forms part of the process of socialisation, where information and knowledge is shared and drawn from referents that have influence in our lives. Where some sources are absent there is a need to seek out other forms of support in making sense of our social environments (Ochieng, 2003). Therefore peer education, in all its forms needs to be understood from the perspective of the peer educators operating in this context so as optimally utilise the practice in promoting and maintaining the sexual health of young people.

Having said that there are peer educators in the study who do consult with their parents on generalised issues relating to sexual health, there are other peer educators who feel a complete disconnection with their parents both in terms of being able to approach them and to specifically discuss sexual health. In reporting on a new relationship, Rachel stated that

“my family is SUPER conservative and they don’t even think I've kissed him. If they found out they’d most likely murder me”. In later discussions she expressed her inability to talk to her mother in particular about sexual health and thus her sexual decisions as they feel she should not engage in sexual activities until marriage. She also stated that merely the suggestion that she try discussing the sexual aspects of herself with them made her incredibly uncomfortable. The ways in which parents are interpreted as being “out-of-touch” and unrealistic in their expectations of their children are repeatedly discussed in many of the participants’ diaries and this limits the ability of these individuals to utilise this source effectively. James illustrates this view in the following exchange with his parents: “[I] was talking to my parents and they hold the view that sex before marriage [is not acceptable] and [young people should] focus [on work] while at school. Interesting as there are still people [like my parents] with an increasingly conservative outlook of life”.

Furthermore, different cultural backgrounds and respect for parents create a dynamic which informs interacts between the peer educators and their parents. Tim was particularly expressive on this matter, in explaining how cross he got with his mother when she assumed his 14 year old brother must be engaging in sexual activities because he had expressed interest in girls. The specific comment made by his mother and Tim’s reaction are detailed below

> ‘I hope he condomises’- what a one sided assumption I thought to myself, how can one deduce that a teenager is partaking in sexual acts just by having a particular interest in the opposite sex?! At times adults just jump into conclusion, but looking at the brighter side of things ‘condoms’ were mentioned.

The complexity of the social environment also reveals itself here in that Tim comes from a religious background, is religious himself and even though his parent is attempting to be open-minded about what her son may be doing, Tim interprets it differently and sees her as overreacting and judging her son’s feelings and experience in this regard. Again difficulties faced in engaging in inter-generational communication are illustrated in this interaction. In the following diary entry Tim shares the different ways that people see their interactions with their parents around issues of sexual health and decisions and shows that these differences create a highly conducive environment for peer education to occur as peer challenge each other and debate perspective that diverge from their own. He explains that,

> Biogaga, Amanda and Pretty [pseudonyms given by Tim] [and] myself had a lovely debate on openness about sex to our parents/adult loved ones.
> The argument was brief and clean, the majority [of people participating in the debate] felt a fine line should be drawn when it comes to divulging sexual [information] to our parents depending on the content of the situation. Amanda had difficulty seeing the importance of parents engaging their children or teenagers [on these matters] - she thought it was very disrespectful-especially more so because her Zulu culture doesn't really allow them to address such topics with their elders openly- there is always an element of fear and respect (as she put it) to her mother.
> When we asked her 'wouldn't it be advantageous to alert her children one [day]', if it so happens she becomes a mother, on common sex issues and probably things to look out for in relationships, she disagreed. Her relationship with her mother is similar if not identical to a relationship she would like to have with her children on sex.

This conversation and the discussion framework it uses (in being a debate) shows the ways in which peer education can be used as a communication tool to challenge and shape opinions. The diversity found in the perspectives held allows for concrete challenges to be brought up, interrogated and explained. This encounter also illustrates the commanding role that perceptions of "culture" can play in people's understanding and experience of sexual health, knowledge sharing, discussions and decisions. It also again shows the common inaccessibility of parents in these situations because, for Amanda, it is not possible to talk to her mother. Amanda, in this encounter, is comfortable talking to her peers about sexual decisions and aspects of sexual health. She also plays an important role in presenting an opinion of talking to parents about sex that differs from her peers, thereby setting up a conversation that allows the people involved to explore and understand why and how they are able to more readily hold those conversations with their own parents.

For many of the peer educators in this study there is a sense of having multiple identities which are reflective of the many, occasionally contradictory and changing social contexts in which they find themselves. In a diverse society with multiple social forces at play, there are a number of relatively stable religious and cultural identities which influence, sometimes strongly, individuals' beliefs and choices. The dialectic found between individual and collective identity (in first internally making sense of sexual experiences, knowledge and decisions before seeking consultation externally with peers) encourages a set of circumstances that enable individuals to seek counsel and discussion as they approach and understand their sexual health. In a context where sex can be posited as something

simultaneously sacred and casual, cautious and immediately available there is much ambiguity in how young people should appropriately broached and experience and experience their sexual health. Given the sense of confusion that emerges in this context it is clear why the interactions and informal ways that people go about understanding their own sexual health and that of their peers are necessary to explore and capture. The ways that these individuals convert information into commonsense knowledge is additionally important (Maticka-Tyndale, 1992). While the individuals involved in this research project are deemed in a "low-risk" category of youth (due to their high education levels, general socio-economic status and the university environment they currently operate within) many of their concerns and activities correspond with those pertaining to others in their age group (Visser, 2007; Campbell and MacPhail, 2002). Many of the peer educators and their peers and friends were constantly negotiating their own sexual decisions, sometimes challenging the conventions, norms and expectations relating to sex and specifically questioning maturity, readiness, willingness, fidelity, transactional sex and power relations in sexual relationships during the course of this research project[2].

In line with the argument made in the literature review section of this report the age cohort and life-stage of these participants and the people they interact with in this environment means that they are experiencing a form of "turbulence" where their social identity is challenged and shaped and made evermore complex in order to function effectively in their new, unfolding context (Johnson et al, 2007). The social world in which they operate is more sexualised and Grace's diary entry that follows illustrates both the difficulties and challenges faced by her peer in negotiating his sexual decisions in the social environment of Wits University. Grace's peer finds himself in a social space that is not conducive or supportive of his behaviour and perceptions nor does his context affirm the beliefs he holds in relation to his sexuality. Grace's peer comes from a religious background and he believes in not engaging in sexual activity until he is married. Grace reports that

> I was with my friend this Saturday; who happens to be male (my friend from Church). After an in depth discussion about how 'diverse' and heterogeneous life [at university] is, we began to speak about... (Drum-roll please...) SEX!
> He stays in student accommodation- South Point- and [he] was telling me how increasingly hard [it is] to remain a virgin- particularly in an environment like that

[2] See Appendix 2.1 for a table of conversations reported in the diaries of the participants.

> one! He says that sex is so prevalent and so 'over-done' that you can even smell it in the air!
> Condoms (used ones at that) are found everywhere- the showers, on the passageways- especially after the weekends.
> He has a group of guys whom he sits and discusses such issues with them and they all found it extremely weird that at 20, he hasn't had sex yet.
> Well his decisions are informed by his religious values and though the pressure is there- increasingly- to get a girl and sleep with her.
> But his strong conviction and commitment to wait for marriage continuously makes it worthwhile to wait!
> It really stood out for me when he said that people have sex so excessively! He told me of an instance when a group of friends were chilling- a girl walked in and joined the group. About 5 [minutes] later, she walked out; with one of his friends to 'do it'.
> 20 [minutes] later, they both walked in and sat as if nothing had happened.
> Worst of all these people had not known each other before that day.
> The close of the long conversation I had with my friend was that it was getting more tough to remain a virgin and not fall into this popular culture of "casual sex; friends with benefits" etc.
> It's worse for him being a guy, staying in a mixed residence and seeing half naked girls step out of the shower almost every morning; to still think of sex as a sacred 'thing' which is reserved for married couples.

What is also useful in this passage is the important role that Grace as the peer educator plays in assisting her peer negotiate this particular sexual decision by allowing him to share his perceptions and experiences. This diary entry highlights the awareness that the peer educator and her peer have of the diversity and challenge that characterises their social environment, but also the omnipresence of "sex" in these social spaces and the direct challenges it presents to particular social identities. This environment also enables people to be more critical and reflective of their beliefs and decisions when these contradictions are found. The peer expresses confusion in this interaction and questions his background given the new and challenging environment he finds himself in. The peer educator (Grace) plays a crucial role in being an active listener and discussant for her peer. Grace as the peer educator also serves as a confirmer of his social identity and the validity found in taking the sexual decision to delay sexual debut until marriage by reemphasising the value of the religious beliefs and convictions that are the foundations of both their social identities.

This underscores the overall argument of this research project that peer educators are utilised by individuals in the specific context of Wits University as consulters, information sources and supporters to help their peers tackle and address various aspects of sexual health and decisions in tangible and effective ways. The ways in which these young people have to constantly re-examine and assert particular identities is characteristic of this dynamic context

in that strong ties to religion and culture still exist which impart messages of abstinence and sex as part of marriage and restricts discussion of sexual decisions and health with elders as a sign of respect. This occurs while the broader social world that they interact with on a daily basis is highly sexualised and seen as promoting an attitude of sex as constantly consumable and accessible and simply fun which in turn means considering the challenges of sexual violence and HIV/AIDS and how sexual health can be constructed in this context. The next section further explores the impact that social identities of the peer educators involved in this research project makes on the types of conversations they are able to conduct with peers around issues of sexual health and sexual decisions. Additionally, the ways in which the peer educators occupy specific social identities in particular social settings is also explained in the following section.

4.2 Peer educators' social identity and its influence on informal peer education interactions in different contexts

This theme addresses the multiplicity of roles and identities that the peer educators in this study occupy in different social settings. When questioned (in the surveys and focus groups) why the participants in this study chose to become peer educators most expressed a desire to help others as motivation for joining. Others spoke about previous experiences as peer volunteers (either at school or through their church) and presented this as a reason for continuing through their involvement in the Peer Volunteer Programme. The fact that these peer educators come from varied backgrounds and are interacting with a diverse environment with many different social actors explains the fact that there is movement in their identities as they aim to contradictorily retain and remould their sense of self in line with or as distinguishable from what they are currently encountering. In retaining parts of their identity and simultaneously changing others the multiplicity of people's identities can be viewed and explained by utilising the perspectives of individuals as they are experiencing this. This could be seen as part of the process of learning and identity formation or socialisation. This is because as these individuals are exposed to various perspectives and perceptions relating to sexual health and decisions in the course of their university career they are also take from these encounters norms, values and behaviours that contribute further to their identity and understandings of how to approach and enact social and sexual living. Using evidence from the participants' diaries, a description of the identities belonging to these peer educators will be given as well as an explanation of the ways in which shifts between these identities occur.

The argument made within this section is that as the peer educators negotiate shifting social identities this influences the form a peer conversation will take, what topics will be discussed and the level of comfort experienced in conducting these informal interactions.

Another strand of the argument made in this section relates to the ways that perceptions and attitudes held by the peer educator influences their educative efforts. In unpacking this argument the sources of sexual health knowledge that these peer educators access will be further explained, thereby building on the arguments and evidence found in the preceding section. The peer educators involved in this study consult a range of sources in gaining and making sense of sexual health knowledge. These sources include parents, religious or spiritual organisations and peers and in continuing the argument made earlier, it has been found that given the life-stage and social environment that these peer educators are currently experiencing, these individuals are more comfortable talking to their peers about sexual health and decisions than other sources. "Peers" in this study encompasses partners, friends, friends of friends and casual acquaintances that the peer educators participating in this project have conversations and discussions with around sexual health and decisions. Biomedical health structures (such as medical personnel and HIV testing facilities) feature very peripherally within this study. In acknowledging the minimal impact they appear to have, the central and vital role that peers and peer education play in enhancing the sexual health of young people is more clearly emphasised.

In understanding the multiplicity of these individuals' identity it is recognised that there are disconnects that occur between who the peer educator may describe themselves as and the social situation that they find themselves in. This in turn enables or restricts the capacity for particular conversations to be held. In unpacking and understanding the informal processes and opportunities of peer education it is acknowledged that these shifts can go unnoticed by the individual and their peers but in presenting a comprehensive view of how informal peer education occurs in these settings it is vital to understand initially who the peer educators are, the narratives they explain their social world through and the types of people they encounter and discussions they have as a result. It also allows for the understanding that what is expressed in one setting may not be carried through to another where the topic or content would be received differently. The main topics that are discussed by these peer educators in

their diaries include HIV/AIDS (10%[3]) and its impact on the social and sexual lives of young people, readiness and maturity in relation to sexual debut or initial sexual encounter within a relationship (20%) and sexual expectations in terms of willingness to engage in sexual activity (27%). Furthermore what is appropriate in terms of discussion and the behavioural and perceptual differences between men and women in this regard (13%), transactional sex (11%) and the complexity involved in negotiating a safe (both biologically and emotionally) sexual experience (20%) were reflected in the participations diaries too.

Topic	HIV/AIDS	Maturity (readiness)	Sexual expectations	Gendered discussions	Transactional sex	Safe sex	Other	Total
Reported conversations	15	31	41	19	16	30	8	160
Percentage	9%	19%	26%	12%	10%	20%	4%	100%

What is evident from the information collected in this research process is that particular discussions, encounters, perspectives, beliefs and behaviours are found in specific social spaces. The peer educators show an awareness of this in different ways and as Shafinaaz's diary shows, her occupation of multiple identities (being young, Muslim, female, student, daughter, debater, friend, peer counsellor) enables her to encounter a spectrum of social situations that align with her own beliefs and behaviours and allows her to observe, if not engage, and understand the social situation she is in. The list of her identities incorporates the various elements of her background and the activities at university that Shafinaaz participates in. In describing herself as a debater, involved in debating as an extra-curricular activity, she interacts with a specific group of people that she meets in a particular context. Some of the activities that Shafinaaz is involved in, such as her work as a peer counsellor (an indication from her that she is part of the CCDU's Peer Volunteer Programme and participates in that formal activity), provides particular skills as well as giving her opportunities to interact with different people in specific places. As a self-described peer counsellor Shafinaaz participates in HIV/AIDS awareness campaigns, performs formal peer education relating to the dangers of mixing sex and alcohol and is a counsellor for peers who request meetings through the CCDU. The fact that Shafinaaz is able to extract skills and information from her participation in the Peer Volunteer Programme and transpose them in to other interactions she has with peers in her social life shows her ability to move norms, behaviours and values between

[3] Percentage of reported conversations. See Appendix 2.2 for full table.

identities and social situations and adopt what is needed in her character in a specific interaction. Shafinaaz, like other peer educators, discussed the fact that most of her work as a peer educator occurs informally in the casual conversations she frequently has with peers and friends. This movement shows the way in which peer educators are able to direct their social identity and utilise various aspects of themselves in order to appropriately address a particular social situation as it emerges.

Shafinaaz detailed many conversations held at various debating tournaments she attended in the course of the research project. Debating as a sport in South Africa happens at school and university and competitions are held at regional, provincial, national and international levels in both categories. It is typical that the school league is organised by university debaters in cooperation with the schools participating in the tournaments and many university debaters are coaches for school teams. Wits Debating Union (WDU) offers members the opportunity to "debate a variety of issues, from 'This House supports the bombing of Iraq' to 'This house would have more sex' and manages to balance some world class debating with great socialising and fun" according to Budlender (1999). Shafinaaz furthered this description in the following diary entry:

> Debating Nationals (schools/university) are a place for adjudicators to 'let loose'- one individual said that she is two completely different people: At home she is quiet, shy and very, very reserved, however at debating she completely 'goes wild'- not reserved and definitely not shy.

In this conversation the peer that Shafinaaz is referring to is clearly illustrating the multiplicity in her identity discussed earlier in that her social situation determines her expression of self and while who she is comprehensively covers all these aspects particular parts of her identity are displayed at different times in different contexts. Shafinaaz's description shows her own awareness, and that of her peers, that particular social situations produce very specific social experiences, where people adopt identities that are intrinsically part of who they are but are not necessarily expressed elsewhere in their social lives.

Furthermore, Shafinaaz showed that the setting at these debating tournaments encourage and allow particular behaviours and norms and values to emerge and be played out. In encountering these conditions in this social context, the individual has to make choices in line

with options and offers that are presented and decide the best course of action to take. As the conversation reported by Shafinaaz below shows, the social identity of peers heavily influences the decisions that individuals take in negotiating sexual decisions in line with the context they find themselves in. This process can be additionally challenging because of what is expected as the norm in that situation and how it may differ from the individual's beliefs, perceptions and behaviours. Shafinaaz reported that,

> Parties are a norm at these events- so when the kiddies are asleep their adjudicators, trainers/coaches are out and about painting the town red.
> The individual mentioned previously (let's call her 'X'), said while everybody is trying to get "laid" she isn't, she values the concept of "no sex before marriage" and believes that [your] "1st time" is not about the guy, but rather about you, so you shouldn't be worrying about trying to "please him" but rather about making [yourself] happy- and being happy about the decision you have made- not having to worry about awkward morning afters etc.
> So 'X' goes [out] drinking and has fun [with the other people at the tournament] but never even considers getting 'laid' by a complete stranger, she is waiting for marriage.

What Shafinaaz's peer does is to engage with the situation to an extent, but where the conditions and expectations of the context interfere with her own beliefs, specifically in relation to sex here, she limits her involvement with that aspect. Shafinaaz's peer reconfirms her identity and norms and values and distinguishes them from the environment she is interacting with. In the conversation reported above, 'X' also displays the clear understanding of sexual health as more than just an assurance that condoms are used, HIV tests are taken and physical health is accounted for. She is referring to the more emotional aspects of sexual health in that making sexual decisions one should consider the suitability of the situation in which sex happens as being one that correlates with personal beliefs and is conducive to making one happy.

This is significant in that many of the peer educators during the focus group held with the participants prior to the diary stage of this project debated the validity of the notion of a holistic outlook of sexual health as one that incorporates physical *and* emotional aspects of health. Rachel specifically challenged the notion of sexual decisions as emotional decisions arguing that it was about physical desire and meeting a biological need that did not require specific thought or emotional investment to make a choice about having sex. This comment met a lot of contestation from the other participants, specifically Tim, Mangaliso and Latoya.

The general argument from these peer educators was that in making sexual decisions, whatever the outcome, there is a level of self-reflection and consultation with the perceptions and beliefs that are held in relation to sex which is an emotional process. Therefore a component of sexual health should include the way you think and feel about a sexual situation, both in the way it is approached and engaged with. The examples used by these peer educators to illustrate this sentiment included the fact that liking a person should be a critical part of a decision to have sex with them, likewise holding a religious conviction that sex should only be broached after marriage were both emotionally driven situations which could ensure and enhance the sexual health of the individual involved.

This discussion became an example of peer education (between the peer educators) as Rachel's perspective was subsequently changed and allowed her to reflect critically on her own views and approach to sexual decisions. She commented during the focus group that "I feel that... because I haven't had sex, I never considered that it would be an emotional thing, like I just thought it was about physical desire... but I understand that there are emotions involved". Her comments were echoed by other participants in the focus group during the feedback section, where they discussed what they had taken from being involved in the session. Grace stated that she felt "almost overwhelmed" at the quantity of information that had been discussed in the focus group and said that she had never had such a long or in-depth conversation about sex or sexual health. Grace also commented that she appreciated the opportunity to look at her own conceptions of sexual health and decisions and to have an open and honest space in which to unpack these issues.

This illustrates how an enabling context (in the form of the focus group managed by an experienced facilitator) allows participants to go beyond their backgrounds and sense of self to approach and understand particular aspects of sexual health, decisions and allows them have discussions in specific ways. This encounter also illustrates the malleability of these perceptions and beliefs as well as the positive aspects of peer education and its ability to alter and shape the norms and values held by people in relation to sexual health and decisions. The environment in which this discussion took place is also significant, in that all participants were attuned and able to relatively comfortably discuss topics relating to sexual health and

sexual decisions because of the way in which the workshop had been posited and conducted, as a safe space that aimed for opinion sharing.

Shafinaaz further illustrated how the social context of a peer conversation gives a situation meaning and acceptability where it might not be found elsewhere. She discussed an incident that occurred during a debating tournament, stating that

> Sometimes, taken out of context, statements have a [particular consequences in understanding a] situation.
> One night at supper a guy (we will call him PTA) came to sit at our table next to (we will call her) Jozi. The conversation started like this: He had taken someone else's seat: he was told this and he simply said "I wanted to be close to Jozi, is that a problem?", he was then asked for the bag of the individual who's seat he had taken: PTA replied by saying its safe with [him]; then he put his hand on Jozi's leg and said "Oops my hand is just taking a walk and mistakenly took the wrong turn..."

In this interaction Shafinaaz explained that PTA and Jozi were friends, but not involved in any way and what is therefore noteworthy about this interaction is the consent found between the direct participants (PTA and Jozi) that flirting in this manner seems acceptable to both parties. Shafinaaz, in this diary entry goes on to reflect that,

> [T]he point is, taken out of this specific scenario it would have made a lot of people uncomfy- to talk about sexual relations/activities.
> (What's even more interesting is what PTA commented on- he said he comes from a very conservative society that would/does condemn such behaviour [and] actions).

Shafinaaz noticed that there was acceptance within this group of a situation full of sexual intent and innuendo (shown by her comment that in another context, this flirting incident would have made other people uncomfortable) and PTA's subsequent acknowledgment that in other circumstances his behaviour would be against his background. Again this illustrates the way in which peers in these educators' society and context are able to embody different aspects of their identity given the particular conditions and expectations dictated by that social setting.

These shifts occur continuously and especially where peer educators and their peers have an amorphous and unclear sense of self. This is because it can be confusing for the peer educators and their peers to negotiate an appropriate and safe path through the sexual decisions. This confirms Aggleton's (1990) discussion about the chaos and confusion

encountered in making sense of health knowledge and experiences and that the task of navigating one's way through this process can be challenging at times. This could be shown in the contrast between Rachel's experience of trying to work out whether to have sex or to delay sexual debut with her new partner. Grace and Themba, by contrast, are very clear about the place sex hold in their lives, in that it should be engaged with after marriage. This raises the perennial themes of maturity, readiness and justifiability in engaging with another person sexually that many of the peer educators and their peers address in their conversations. For peer educators like Grace and Themba, the clear response is to avoid any situation that may compromise their religiously-based belief of no sex before marriage. Other peer educators are less clear about the decisions to be made and what would be the best path to take because their values, norms and perceptions are not as immovable. Examples of how these sentiments are illustrated include the following extract from Themba's diary in an interaction with his sibling.

> I was watching a movie on TV with my younger brother (15). In one of the scenes a couple started kissing and undressing. When my younger brother noticed what was going on, he asked to change the channel.
> I asked why and he became uncomfortable and [he] was not willing to answer. At home we have been taught to protect ourselves i.e. what we watch on TV etc. When watching TV at home when such scenes appear we change the channel to avoid having the scenes in our heads. We know that the people are gonna have sex even though it's just a movie.
> Normally the older/other person in the room will change the channel but in this one my younger brother had to ask me.
> Sexual health- understanding your sexuality- he understood how his body would react when he saw people having sex.

Here Themba shows how his background has given him clear guidelines in how to react to particular situations, which he has great understanding of and believes strongly in the ideology and religion that drives these actions. In noticing that his brother took evasive action when confronted with a specific movie scene and questioning his response in this regard shows Themba's ability to act as an assistor and source of information for his brother and therefore act as a peer educator. This interaction reflects Maticka-Tyndale (1992: 239) explanation that "as *actors*, people use common sense… knowledge and scripts to guide their everyday lives and to produce explanations or accounts of their actions". Themba and his brother are able to account for this interaction by using "scripts" to guide them in reacting to provocations found in their social environment.

In contrast Rachel, in the diary entry detailed below, feels confused while negotiating her sexual decision and is uncertain who to consult and how to approach the situation she finds herself in:

> I think my relationship status is changing/has changed. We [my partner and I] haven't really talked about it. The thing is he's 5 years older than me and A LOT more experienced sexually. I mean a lot. I've never had sex before. Things started off really slowly which was slightly frustrating. Now it's like someone's hit fast forward and we seem to be on the fast track to sex. The thing is I don't know if I can/want to. I think I've learnt so much more from the Peer Volunteer [Programme and being involved in it]. [Also] from one of the meetings for this [research] study. Especially [with regards to] sexual health being emotional too. I'm so terrified that if we do end up having sex I'll have a nervous breakdown or something.

In this extract Rachel expresses the difficulties she faces in knowing what decision to make. However she also shows how useful it has been for her to be part of the Peer Volunteer Programme. By her own account the programme is a source of information and space to explore the different aspects of her sexuality simply by encountering ranges of perspectives that could converge or diverge from her own. In later diary entries she speaks about discussing her sexual debut with her partner and her peers and having accounted for a range of perspectives on the matter and reaches a decision to delay sexual debut until she feels more certain. It illustrates how peer education is accessed in these decision-making processes. Even when the peer educator is the one seeking assistance and consultation on these matters it is an example of the sexual health matters that are faced by young people in this environment and the means through which they negotiate these types of decisions. A further example of this is shown in Tim's account of a peer education interaction between him and his residence friends where they discussed

> the appropriate age to start indulging in sex, and it was agreed to be a period in one's life where they think they fully understand and know themselves and further know the consequences that may arise from the onset they decide to have sex.

In stating how "experienced" her new boyfriend is; Rachel also reflects on a theme found in other educators' diaries which refers to expectation and maturity specifically when the male partner in a heterosexual relationship has had sex before and his female partner has not. Other instances that confirm this are found in Sheila and James's diary. Sheila is in a relationship where her boyfriend and she have not had sex while being together for two years. James, in a new relationship, has previously had sex but having considered the fact that his girlfriend has

not had sex before there had been a decision to delay sex. The different ways that these decisions were communicated are interesting to note, both for who participated in the conversation as well as their function in the broader conversation. Sheila used her mutual decision with her boyfriend to delay sex to confirm a perception held by a peer who was questioning what expectation might be placed on her given that the peer's new boyfriend might have had sex with his previous girlfriend. Sheila's conversation with her peer went as follows:

> I was talking to my friend, who is a girl, about this other girl's ex [who] is now my friend's boyfriend and we were talking about [whether] he had [had] sex with her (the ex) or not. [M]y friend hopes that he does not expect anything sexual from her, because she won't give it. From the way she said that I think she includes oral sex and any other below the belt touching but I didn't ask. I explained that my boyfriend who is not a virgin does not expect me to go any further (i.e have sex) and never pushes me to do so.
> My point [to her was] that I know her boyfriend and I think he is as patient [about not having sex yet] as mine [is].

James reported in his diary on his conversation with his girlfriend which centred on the changes that having sex would make to the dynamics of their relationship. By being able to communicate their feelings and thoughts about this they were able make a decision about having sex together. It is another instance of peer education occurring, this time in an intimate and conducive setting that, through discussion, allows that process of determining a path to come to the surface and be tackled head on. Both James and Sheila used their own experiences, values and norms to discuss the topic of sexual debut, under different conditions (Sheila talking to a friend about a third party situation and James talking to his partner about their own sexual relationship) and were able to conduct these conversations comfortably and easily. Thus the social identity of the participants in a conversation, the conditions and setting of the interaction as well as the topic and content of the discussion indicate the ease with which issues of sexual health and sexual decisions can be addressed in educative ways. From this perspective, the social identity of the peer educator involved in the discussion, as well as the people they are interacting with and the setting can act as enabling or obstructive factors in the peer education process of the given conversation. This means that these intertwined factors determine whether or not a topic can be comfortably and securely broached. Additionally headway can be made in informing, generating knowledge and reaching decisions pertaining to sexual health among peers.

Evidence of this argument can be found in most of the peer educators' diaries. Rachel's comments on an interaction where a sexual topic was discussed and the number of participants and differing levels of sexual experience in those participants made for an uncomfortable encounter. She stated that

> A friend of mine was talking to two other people (me and someone else). We were looking through some magazine and she points out this device. I'm not sure what it was- a G-spot-finder vibrator thing... Anyway she was saying that she hopes that we know where our G-spots were. The other girl seemed a bit embarrassed and said she wasn't [very] sexual. The one who made the comment seemed quite embarrassed.

This interaction indicates further that the relative intimacy of the relationship between the participants can also determine the ease with which or discomfort experienced these topics when these topics are broached but also how they emerge and dealt with in these conversations. The diaries indicated that the structure and purpose of group interactions as well as one-to-one conversations also reveals how easy or difficult, how assured or discomforted, how deep or shallow the interaction is able to be in addressing issues of sexual health and sexual decisions. Where peer educators are able to successfully embed educative moments in these interactions is by striking the correct balance between these factors so that participants understand the boundaries and thresholds in the range of discussions and details. Furthermore the feeling of safety and confidence in sharing opinions, perceptions, beliefs, thoughts and experiences that relate to sexual decisions are important parts of this process. Unaccommodating peer education settings are found in situations where imbalances exist or participants feel threatened and uncomfortable with sharing their perspectives and experiences.

As discussed before, the social identity of the peer educator can play a vital role in how they approach and handle a social situation, especially in relation to something as complex and intangible as sexual health and decisions. The driving force behind this is the peer educators' ability to engage others on topics in various settings and create that conducive and supportive space of open discussion so that informal peer education could emerge and occur. Where social identity (and the attached norms and beliefs) is obstructive in this process is continually illustrated in the peer educators' diaries, as detailed in Themba and Grace's diaries. This also indicates the difficulties that peer educators face in detaching themselves

and their beliefs from the role they fulfil as peer educators, especially in informal settings. Themba, in relating an experience to a peer who was enquiring about the Careers, Counselling and Development Unit's (CCDU) Peer Volunteer Programme (knowing about Themba's involvement with it), said they

> Started talking about what peer volunteers do, what I like and don't like.
> I mentioned that in one of the campaigns we had last semester I was uncomfortable. It was the HIV campaign and we had to hand out condoms to students.
> He asked why I was uncomfortable and I told him that I don't believe in sex before marriage. People must not have sex before marriage and they must be faithful to their partners.

Even in participating in activities as part of his role as a peer educator, Themba shows that he does not agree with what he is being asked to do and is thus limited in his ability to convince others of the messages being propagated and engaging with people on sexual health issues in a comfortable manner. This interplay of who Themba is and what he is being asked to do in assisting peers to negotiate their own sexual decisions is found here. Also seen is the discontinuity that consequently emerges and stands as a challenge to peer education occurring with ease in this situation.

This interaction usefully summarises the argument discussed above in showing the ever-present influence that social identity has on how peer educators are able to approach, recognise and conduct opportunities of informal peer education. Furthermore how it affects their responses and how they are able to embody different identities given the social situation they are presented with has been unpacked. As Grace reflected in her diary when mulling over her uncertainty of her peer's sexual activities, her social identity limits her accessibility as a peer educator as she is unable to question her peer without possibly being perceived as judgemental. After having a telephone conversation with a peer where the peer informed Grace that she had spent the weekend in bed with her boyfriend, Grace wrote:

> My assumption of course is that she is a virgin or rather that her boyfriend and her have never had "penetrative sex".
> I've never mustered up courage to ask her if they've 'done' it before since her and I are not really that close. But I think partly the reason she doesn't share such details with me is because of my convictions and affirmations about sex being reserved for marriage.
> Maybe she sees me as being judgemental or me judging her. Our fundamental Christian beliefs are the same and maybe sometime I come across as being judgemental when I hold fast to my beliefs.

Grace's ability to reflect on the effect of her background in conducting peer conversations is significant as this self-criticism is an important part of developing and conducting more effective peer education. It also illustrates her awareness of the argument made here about the dialectic between an individual's social background and the peer conversations they are able to have. Additionally the ways in which the interactions are experienced as easy, approachable, and difficult or discomforting has been explored and analysed with examples that illustrate the arguments made. In the next section the importance of humour in creating informal peer education moments, especially in group scenarios and the different dimensions of humour that determines the effectiveness of humour as a communication tool in these encounters is discussed.

4.3 "Just Jokes!"- Icebreakers, Innuendo, Teasing, Tantalising and Talking- The influence of humour in informal peer education

This theme explores the importance of humour as a way of facilitating informal peer education interactions by providing the gateway for educative opportunities to occur between peer educators and peers in group and smaller settings. Group interactions appear to draw on humour as an influential tool to initiate and structure the conversation. These interactions occur as part of frequent meetings where participants discuss "sex" broadly and in a generally casual manner with the aim of sharing stories in entertaining ways. Humour in these instances is used to introduce topics and is drawn upon frequently throughout conversation to create an atmosphere that is comfortable and conducive to sharing of opinions and thoughts. What the diaries were often able to capture was the complicated and non-linear ways in which conversations occur, in that topics relating to sexual health were not often presented in straight-forward or explicit ways within informal interactions. Rather the conversations had many topics that were superficially touched upon at different points. Additionally there was much movement in the discussion between the topics and as such, humour could be seen as the tool through which the conversations were kept moving and allowed participants to arrive at particular topics to be interrogated more concretely as their interest might have been captured. In the interaction detailed below, Themba and his peer are able to have an interaction which is educative in nature as the result of a joke shared at the start of the conversation. This confirms Meyer's (2000) assertion that humour unites people in conversation by highlighting their commonality because in sharing jokes and it means participants find the same things funny. Themba reports in his diary that,

> My neighbour at res (Men's Residence on Campus) asks to use the phone in my [room] to call a girl. The phone did not work and the guy was pissed [off]. In response, I jokingly (lol[4]) said he must not go and help himself (implying he must not [go and] masturbate).
> He laughed and seemed shocked [and] we then started talking about different sexual practices. He found it difficult to believe that guys masturbate and was disturbed by guy sex (a guy having sex with another guy).
> The discussion moved to [asking] what is sex about; why did God create sex? I said for 3 reasons.
> - Procreation (Genesis 1:28)
> - Strengthening relationships (Genesis 2:24)
> - For fun (Proverbs 3:18, 19).

By using humour in this form, Themba's peer is drawn into a discussion with Themba where they are able to share their opinions, ask questions and present perspectives that relate to issues of sexual health and decisions. Themba is able to act as peer educator in this situation, allowing his peer to share concerns and giving answers to questions. In drawing on his own perspectives, Themba also demonstrates how his social identity (in terms of his religious background) encourages him to share a particular viewpoint on the issue of sex, shown in his quoting of the Bible. Humour in this situation acts as a gateway through which the conversation is lead to a moment of peer education and therefore it is embedded in the informal processes that encourage educative moments of conversation to emerge.

Both Tim and Latoya discuss the fact that conversations that take place in group-based interactions and are conducted in a humorous manner allows more serious topics to emerge. Latoya illustrates this in relaying an interaction in her diary and commented that,

> Today [I] was at a debating tournament [and] thus engaged with people and [we] had good laughter around the sex topic. I [heard] from the discussion how one girl's boyfriend broke up with her on suspicions that she was not ready to be sexually active in that relationship, even though the guy did not outright say it, but [he] gave irrelevant excuses, whereas, in the beginning, she made it clear that she was not yet on that level. [T]he boyfriend (now ex-boyfriend) said [to the peer] that in his previous relationship there was sexual activity.

This interaction shows that while humour was an underlying part of the discussion, it did not restrict the emergence of a deeper level of discussion around a topic that specifically speaks to aspects of sexual health and sexual decisions. It appears that within this situation laughter acted as a device to make the participants more open and willing to engage on topics that

[4] "Lol" or "LOL" refers to a term used by the peer educators frequently in their diaries to indicate they found something in the interaction amusing. It is an abbreviated term meaning "Laughing out loud" but has become commonplace in written communication to denote that something is funny.

might be viewed as inaccessible if not broached through this indirect communication process. However this laughter did not necessarily imply hilarity and humour as the subject matter being discussed was in fact difficult (in speaking about sexual expectation and rejection). But this instance shows the role that laughter can play in turning a serious and personal topic into something to be shared in socially appropriate manner. This was achieved by bringing familiarity and expectation through humour so that discussion could occur within this group and served to make people feel more secure and comfortable.

In the following interaction, Angela and her classmates are able to discuss a range of issues and part of what enables their discussions is the fact that it is perceived as a "fun" activity. This means that issues relating to sexual health and decisions are presented in an environment that is supportive of people sharing different opinions and thoughts in a non-judgemental manner that is instituted by keeping the conversation "light" by using humour. Angela reported in her diary that,

> My friends from class and I were discussing sex in general and some of the important issues that I noted in this conversation were:
> -the difficulty of talking about sex to others when the person that one's involved with is present or around them
> - We particularly debated about the right time a person may start having sex. This was interesting because some suggested that when one's emotionally ready, then this should serve as a point whereby a person may say that they are 'ready'. However, this contradicted with others' suggestion of age. That is, concerns were raised whether for example, if a 13 year old is emotionally ready, then does that mean that they are ready to engage in sex?
> - We also discussed the psychotherapeutic value of sex; however people weren't particularly sure about this.
> - I also observed how fun the conversation had turned out to be, because we ended up laughing at some of the 'sexual gestures' that were being acted out.

The impression given within the findings is that if participants (in the interaction) are comfortable sharing jokes then this is indicative of the fact that they are on similar level thereby encouraging horizontal knowledge dissemination to occur. Additionally it shows that peer educators and their peers are able to discuss differing and difficult opinions more readily and easily. This above interaction between Angela and her peers also illustrates some of the key components necessary for successful peer education to occur, as discussed by Campbell and MacPhail (2002), because an environment is fostered that is ripe for debate, with diverse perspectives being shared and discussed. In Angela's reflection on the nature of the

discussion, in finding it an enjoyable experience as a direct result of the humour involved through her peers' use of "sexual gestures", she also critically shows how humour can shape the experience of peer conversations in ways that encourage educative discussions.

Tim discusses the effect of humour and innuendo on his peer interactions by characterising the conversations he has as "joking, teasing and entertaining". He also illustrates how the underlying perceptions, beliefs and experiences of his peers arise more readily if they can be conveyed humorously, as if making light of the thoughts and behaviours they hold and enact will make them more acceptable to the group that the individual is presenting to. This makes the process of knowledge-sharing horizontal in nature as peer educators and their peers are relating through their communal sense of humour and therefore they feel on the same level as each other (Green, 2001). Importantly the fact that these perceptions, beliefs and behaviours are encouraged to emerge within this space through humour means that opportunities are created where questioning, debating and discussion of discourses, perspectives and experiences can be explored in ways that could be educative (Campbell and MacPhail, 2002). An instance of this is where Tim's peer expressed his fear about contracting HIV/AIDS and getting tested in the encounter used in Section 4.1 of this report. Prior to Tim's peer's statement that he preferred not knowing his HIV status and felt fearful of testing positive and even in making the statement, humour was continually present and entirely characterised the encounter as Tim described it as "entertaining". Tim stated that before his friend's admission around HIV testing, the group had been discussing masturbation and Tim's comments show the integral role of humour in shaping the course and outcomes of the interaction. He reported that

> Masturbation was surprisingly a topic people were not keen on talking about because nobody wanted to admit having done it, but knowing me I broke the ice and set the mood for a laughter session- that was the only way we could share our experiences, by making them sound humorous!

Humour can also be obstructive to the aims of peer education at times but this then reveals the difficulty that peer educators face in dealing with "friends" as opposed to "peers" or "colleagues" in that the processes of communicating with them are not as clear or defined nor are "appropriate" responses readily available to the educator in any given situation. The distinction made in the statement above refers to the intimacy of the relationship between a

peer educator and their peer. Tim and other peer educators felt that there was a difference between peers, friends and acquaintances the categories referred to the level of closeness and contact between the peer educator and the person they were interacting with. The perceived relationship between the peer educator and their peer also affected the scope and direction of a conversation and is discussed in more detail in Section 4.3 of this report.

Later in the same encounter Tim was attempting to persuade his peer that the pre-and-post test counselling available with VCT for HIV/AIDS would prepare him for the outcome of the test regardless of the result. Tim challenged the perception held by his peer that HIV/AIDS was such a threat to his wellbeing that ignorance was a favourable option. Tim noticed that in instances where a topic is perceived to cross a threshold of seriousness, the use of humour can act as a barrier to further discussion. Tim acknowledged that his friends were not willing to discuss the implications of not getting tested for HIV and topics deemed to be serious were rejected. However in raising the issues and presenting his perspectives, Tim felt that the information he was sharing was being transferred to his peers despite the joviality and the limitations placed on the extent of the conversation. As Tim reports, "only laughter was being entertained. I do believe still that through the joking something stuck with them". His optimism about the effects of intervening regardless of whether his peers wanted to hear the information he was providing is questionable, and possibly approaching the peer who expressed the opinion separately and alone another time could be an alternative strategy for effecting peer education.

What is important here is the opportunity presented where peers could share their perspectives and experiences and were encouraged to do so and the vital role that humour played in this process. If humour as a communication device in informal peer education can be appropriately recognised, harnessed and utilised many of the difficulties faced in creating opportunities and spaces of discussion where topics relating to sexual health and decisions could be broached. In this way peer educators can play a crucial role in assisting their peers to negotiate their sexual decisions by being sources of consultation and discussion. The barriers that are broken down and the familiarity created by sharing jokes, humour and innuendo means that instantaneously people are put at ease and feel more comfortable with sharing experiences and perceptions that are profoundly personal and often encouraged to remain

private (Meyer, 2000). If this can be addressed in ways that allow people to explore and further understand the views they hold and explain their experiences then peer education could occur more readily and effectively.

However, caution must be taken as the delicate lines that distinguish comfort and discomfort can be found in the "double-edged sword" of humour (Meyer, 2000). As discussed in Chapter 2, Meyer's (2000: 317) analysis of the dimensions and functions of humour is useful in explaining the nature of informal peer interactions, and as humour acts "as a 'lubricant' and an 'abrasive'" in communication processes, it is understandable how ambiguities in its functions emerge. Meyer's (2000: 317) notion of the "double-edged sword" of humour characterises the relationship between social context, audience, speaker and conversation content and in this way humour either acts as a unifier, drawing people together and fostering comfortable and good relations between participants, or it might divide the audience from the presenter and create a tense and difficult environment which does not encourage or facilitate effective discussions. In the same way that humour creates comfort and security it can also be harmful when peer educators use it to offset their own discomfort with the form or content of a particular conversation. Using Meyer's (2000) typology of the functions of humour, this behaviour relates to "differentiation" where humour is used to create distance between a presenter and their audience, as well as tension relief. This is illustrated in a separate encounter of Tim's where a peer sought counsel and humour was used by Tim to relieve possibly his own feelings of awkwardness and led to him potentially mishandling the situation. The conversation between his peer and him is detailed in the following diary entry:

> Pretty came to 'hang' (chill out) with me this morning after visiting a pharmacy.
> I was curious [about] what she bought and she showed me a post-exposure pregnancy tablet that would prevent her from becoming pregnant once she took it.
> Apparently whilst having sex with her boyfriend, the condom broke and he ejaculated within her. She was obviously horrified at what just happened. I then jokingly said that they should opt for love-making instead of violent sex!

The fact that Tim noticed his friend's distress over the circumstances that resulted in her having to take a post-exposure contraceptive pill but did not react sensitively to her predicament (in choosing to make a joke about it) shows that he used humour possibly as an attempt to reduce his own anxiety and discomfort with the situation. Fortunately the friendship he shares with "Pretty" allowed for this joke to be received in the spirit in which it was intended. Tim reported that after he made his comment his peer added that "people can't

always have boring and mundane sex (that's what we would consider love making). She only showed a lot of remorse for placing herself at risk".

This encounter is also a reminder of the inexperience of these peer educators and the effects it has on their ability to deal with real issues within their social environment as faced by them and their peers. Making jokes was acceptable for the conversation participants because of the intimacy of their friendship and the regularity of using humour to talk to each other. However what is lost through the use of humour is the seriousness of the subject matter being discussed. This indicates the other side of the double-edged sword that Meyer (2000) discussed because while humour enabled Tim and his peer to initiate a discussion it also limited their ability to delve deeply into the underlying issues and implications of her situation. In this instance humour ensures that while the conversation can carry on in a relatively comfortable manner, it also touches on sexual health issues in superficial ways.

Therefore in peer conversations humour serves as an important function in introducing topics related to sexual health and decisions. Additionally it is a real factor in making conversations familiar, comfortable and intimate which are important in fostering peer education moments. However if not harnessed appropriately it can mean that topics which are genuinely serious are not given the weight they deserve. Had Tim utilised his jokes to enable his peer to feel secure enough to discuss what happened to her and later adopted a more serious approach this might have been a more effective moment of peer education. As these concerns relating to sexual health and decisions present themselves more concretely in the society in which these young people operate it is ever more important to appropriately equip the peer educators with skills and knowledge that allow them to be well-prepared and ready for the diversity and difficulty of the topics they might encounter. This further allows them to distinguish and clarify themselves as the embodiment of multiple social identities that can function differently and be expressed in separate social settings.

In terms of the findings of this research project however, humour is seen to facilitate the creation of safe spaces to discuss and question specific and often contentious aspects of sexual health in a way that encourages sharing and allows debate to develop. Humour assists

this process by providing gateways and prompts for participants which in turn structures the atmosphere needed to discuss an area of social life seen as private within a public setting. Humour plays a less obvious role in one-on-one interactions between peer educators and their peers as the nature of the conversation appears to have a serious overtone in these cases. This intersects with interactions that occur when the individual is approached in the role of the peer educator because they are known and regarded as a source of consultation due to their involvement with the Peer Volunteer Programme. Humour is a communication tool that has different effects given a variety of factors including timing, appropriateness of the comment within the context, the content of the humorous statement, who is the humour being used with, why and where. A similar perspective can be taken in understanding the distinctions that can be seen in shifting social identities and how they play out in different social settings in response to various conversations and issues relating to sexual health as presented by peers and other social actors.

4.4 The multi-dimensional continuum of discussion

This theme speaks to the context and content that dictates the ease or difficulty experienced in addressing particular conversation topics, specifically related to the peer educator's own social identity and the person they are interacting with. In drawing together these themes and seeing them as interrelated the purpose of this theme is to bring the arguments together and capture the multi-faceted understandings of the role of peer educators in their peers' negotiation of sexual decisions. The continuum that drives a discussion topic to being comfortable or awkward is multi-dimensional, taking into account the perceptions and attitudes of the peer educator and the link to their own social identity which then facilitates or inhibits particular conversations occurring in particular moments between particular people. By taking a multi-dimensional perspective in understanding how these conversations occur and what is discussed within them, it is possible to make fuller and clearer conclusions about the structured and interactional nature of peer education. This refers to the interplay between who the peer educator is as a social being, who they have conversations with in informal settings and what cultural, religious or social norms, values, beliefs and attitudes allow a conversation to be comfortable for some and uncomfortable for others.

This again illustrates the ways in which conversation that is seemingly unplanned, unrehearsed and spontaneous is in fact imbued with social meaning and strongly shaped by both the social context and the social actors participating in the interaction (Shepherd, 1997). In understanding how peer educators interact with their peers in the particular social context of Wits University, it is possible to use their perspectives as a lens through which the picture of informal peer education as it occurs in this social environment can be captured and explained. Peer educators in this way serve as drivers in determining the nature of an informal conversation with a peer, and whether the experience of conducting that conversation will be comfortable or uncomfortable. In furthering the arguments made earlier in this chapter, the social identity of the peer educator and their peers, the context in which a conversation occurs as well as the content of that conversation all move the interaction towards one end or the other of the continuum explained below. In taking a multi-faceted approach to understand the nature of informal peer interactions it is possible, through the use of the continuum, to see what factors affect the ease with which discussions about sexual health and decisions can be held between peer educators and their peers. The challenges of conducting informal peer education will be discussed in this section by examining the "grey" areas of peer interactions where the elements that make informal peer education so successful in imparting health knowledge are also the aspects that make it difficult for peer educators to not respond as friends but as educators.

The continuum discussed within this theme is presented in the form of a table shown below. This table shows the factors that drive a conversation in one direction or another, further away from or closer to a state of comfort. While it is understood that conversations are porous in nature in that they shift in experience, it is still important to account for the indicators that particularly characterise comfortable and uncomfortable conversations. Therefore the factors are categorised according to the level at which they ease or create tension in discussion, or whether their effect is ambiguous.

Uncomfortable Conversation Experience

Speaker and Audience Factors	**Content Factors**	**Group Conversation Factors**
Gender	Explicit detail	Social proximity

Comfortable Conversation Experience

Race	"Funniness" of topic	Humour
Religious background	"Seriousness" of topic	Willingness to discuss "sex matters"
Cultural background	"Taboo" topic	Intimacy of relationships in group

These factors are categorised into Speaker and Audience factors (which refers to the individuals involved in the conversations and their social identities), Group Conversation Factors (which relates to the structure and nature of group discussions which provides a context for these conversations to occur) and the Content Factors which includes the subcategories of the perceived fun that can be derived from discussing a topic as well as the extent to which participants regularly discuss a topic. Having assessed the findings of this research project it is evident that there are a variety of factors that affect the ease with which particular topics relating to sexual health. Questions of gender, norms, sexualities, social/religious/cultural expectations of "appropriate" sexual behaviour and the interplay of the context with individual action speaks to the earlier themes and analysis arising from the findings of the study. In taking this further and viewing it from various angles and in acknowledging the diverse factors that shape how conversations are approached and conducted, important indicators of how peer educators are able to communicate with peers in informal ways are effectively captured.

In many of the conversations reported in the peer educators diaries there emerged a link between where a conversation occurred, who participated in it and what was discussed with regards to sexual health. While similar content across different peer educators' diaries

appeared, the reported experience of participating in those conversations varied. The gender, culture, race and religious or spiritual background of the peer educator all affected the extent to which informal education opportunities could be fostered and utilised in discussing sexual health and decisions with their peers. For instance, if a people from different cultural backgrounds and genders were relating in a conversation one-on-one, they might face much discomfort in attempting to discuss sexual health. This is because gender-based norms and expectations limit the amount of common ground that can be found in this social space and renders the experience of the conversation uncomfortable. Tim demonstrates the limits placed on appropriateness both in terms of who participates in conversations and what is discussed and the thin threshold that distinguishes conversations as either agreeable or offensive. Tim stays in rented student accommodation near Wits University and in his diary he often discussed the regular get-togethers he and his residence friends have. Tim and the people he lives with are of similar ages and are all university students and having become friends a routine of meeting in their residence room and talking about many topics (including sexual health and decisions) was established. From his diary entries it appears that a core group of people, i.e. those he shares the room with, are continually involved in these get-togethers, but there is also a wider circle of people who live on the same floor or in the same building as Tim and participate in these discussions.

Tim explained that because they lived together there were frequent opportunities to casually meet and talk and this became a space where "bedtime stories" were shared in entertaining and anecdotal ways but also he showed that it was a context where different perspectives could be presented and merited or rejected within the group. This is indicative of the conditions for effective peer education to occur as described by Campbell and MacPhail (2002) because there are elements of familiarity and security within the peer group, as well as opportunities to present and discuss diverse perspectives of sexual health and decisions. What one encounter in Tim's diary showed was that the proximity of an individual to the group in how intimately connected they were to the other participants in the discussion as well as the topic and explicitness of the content being discussed had consequences for how easily a discussion could be conducted in a relaxed manner. He reported that

> The usual 513 crew (our room number) discussed and gave some insight on some of the most disturbing stuff said by a peer of ours on the floor. This girl in particular is a peer who is by far the most experienced in terms of the sexual encounters she has

> had. She seems like a well groomed young lady who boasts wisdom but we all were shocked at her openness about sex. I found it disrespectful to be divulging her most intimate experiences with us- although I couldn't care less for they were an eye-opener! She is so expressive that whenever she said something- you would automatically visualise it...
> A point was brought up suggesting certain bedroom stories should be left out/or kept where they originate- which is behind closed doors under the sheets, because some girl said it made her feel inadequate in the sense that she would be or haven't thought of pleasing her partner sexually in the ways described...
> All in all the discussion was an eye-opener as I mentioned but honestly speaking- that [girl] should keep some details to herself... It was amusing and disgusting to some degree talking so openly about the number of partners we have, or the best sexual experiences we had. The moral of the discussion showed me that if adults/parents or guardians could be open about sex, their children wouldn't seek/indulge [in] risky sex activities- or even hide them for that matter.

What Tim effectively described was the delicacy of the boundary between open discussion and discomfort and the effect that too much information could have in gauging his own beliefs and perceptions on what acceptable behaviour might be as well as seeing the damage caused in alienating people by making them feel inadequate in comparison. Tim also the importance of the interaction for opening up communication channels so as to expand the range discussion and the positive effects that this process might have. In this encounter, the continuum could explain the dynamics of the conversation that made Tim feel simultaneously comfortable and uncomfortable at different moments of the discussion. For instance, Tim appeared to take issue with the fact that the person sharing her sexual experiences so explicitly was a woman and felt it was inappropriate given the fact that within the group she was not a "friend" so much as a "peer" and therefore not as intimately associated with the conversation participants. He also shows the multiple dimensions of his discomfort in that he was simultaneously disgusted and fascinated with what his peer was sharing with regards to her sexual experiences and in this way, the continuum usefully illustrates both the movements and dynamics of his experience in participating in this conversation.

While some topics are universally difficult and discomforting for the peer educators in this study, such as HIV/AIDS, sexual experience and inadequacy and transactional sex, there is also evidence that despite the feelings of unease that surround discussions of these topics, these conversations still occur. The reasons for feeling discomforted are attributed to perceptions of being judged (in their behaviours and beliefs) by other conversation participants as well as finding the topic boring. In relating this back to Section 4.3: "Just Jokes" of this chapter, and the arguments made there, humour plays a critical role in altering

the ways that these seemingly difficult topics can be broached and discussed in a comfortable manner. This also illustrates the usefulness of the continuum in capturing the dynamism and movement seen in the trajectory of a conversation. The fact that the peer educators are able to recognise the occurrence of these discussions as well as the factors that drive the conversation towards an uncomfortable experience shows that these feeling do not diminish the educative opportunity inherent within the discussion, nor does it significantly fracture or harm the group dynamic. This is important to understand because while these conversations might contain awkward moments they still continue and in acknowledging the particular factors that drive a conversation one way or another along the continuum of conversation experience towards or away from a state of comfortableness, the structured and patterned nature of these interactions can be further established. By utilising this continuum as an explanatory device, the role of humour in easing or furthering feelings of discomfort can additionally be explained and in taking a multi-faceted approach in explaining how the continuum works it is possible to understand how conversations simultaneously constitute comfortable and uncomfortable discussions.

In talking about homosexuality both Rachel and Shafinaaz comment in their diaries about how the topic created an awkward atmosphere which resulted in further discussion as the reasons for feeling uncomfortable were interrogated. In her diary Rachel reported a conversation in which her skill as a peer educator tapped into in order to dispel particular perceptions her peer held in relation to sexual decisions. She reported that,

> I was talking to my cousin who is homosexual. She was telling me how her girlfriend told her that she'd had anal sex a few times (her girlfriend is bisexual) and my cousin was really disturbed by this. Anal sex was something we had discussed in the peer volunteering training sessions [at CCDU]. I tried to talk to her about it and tried to make her see that she only thought it was wrong because of the stigma attached to it and that it all came down to personal choice. She said that it wasn't natural because of the pain one would probably feel during anal sex. I tried to bring to her attention that one can a) experience pain with any penetrative sex and b) one can experience an orgasm during anal sex. I don't think I managed to convince her but I think I did manage to show her different points of view.

In using these elements of discomfort in the conversation, Rachel as the peer educator was able to effect a discussion which was educative in nature. While the information that Rachel is sharing in order to change her peers perceptions could be challenged (in terms of its accuracy), what is more pertinent in this interaction is the skills she used in noticing a discrepancy in her peer's belief. Another programmatic consideration that emerges in unpacking this interaction is the fact that while Rachel is drawing on knowledge gained during her peer educator training sessions, she is in fact using hearsay rather than experience to alter her peer's perception. This highlights the fact that Rachel, like many of the peer educators, has skills (to a certain extent) that she uses to conduct informal peer education. However, their own lack of sexual experience means the gaps in their sexual health knowledge base is constituted with specific, occasionally inaccurate and insubstantial information. Nevertheless this interaction underscores the necessity of equipping peer educators with enough factually correct information to go out into their social environment and conduct effective informal peer education when the opportunity arises. Additionally in recognising what skills the peer educators draw on in practicing peer education, greater efforts should be made to developing their confidence to approach their peers and talk to them about uncomfortable and difficult topics in productive ways.

Shafinaaz in another diary entry also demonstrated the fact that uncomfortable conversations can form a useful platform from which challenges to perceptions and behaviours can be made. This could be attributed to the feeling of unacceptability experienced when one is uncomfortable in an encounter and in identifying and questioning these feelings, further discussion and interrogating of those feelings can be initiated. Shafinaaz, in describing her encounter with a peer below, usefully highlights many of the elements of peer education discussed in this report. She shows how the conversation emerged, what issues presented themselves and what perceptions about those issues existed. She also describes the challenges made to her peer as well as a reflection of the conflict faced within the peer herself in navigating the sexual knowledge she encounters in interacting with the particular social environment of Wits University. Shafinaaz's diary entry appeared as follows,

> So Student Village prints a few hundred books/magazine things. In the middle of the book is a 'sex page'- [and] the contents that stand out are the different 'sex positions' and their ratings i.e. how hot it is and how much 'pleasure' it elicits. LOL. How uncomfortable- a friend of mine 'P' thinks it is disgusting and inappropriate she

> doesn't know why they would want to print such things. I ask her why she feels that way... and she says "those of us why aren't having 'you know' don't want to know". Amazed I asked her why again, she says "just because"- Then to my amazement she says "ok maybe it isn't... I don't know". This friend of mine is very split when it comes to talking about 'sex'- or rather she gets [uncomfortable]...

By using the continuum to explain this encounter it can be seen that the Speaker/Audience factors at play include the peer's perception that being confronted with information pertaining to sexual health is unacceptable, therefore driving the conversation to a state of discomfort. In understanding that the peer does not regularly speak about sexual health or decisions because she feels that as she is not engaging in sexual activity she should not have to discuss it Shafinaaz, as the peer educator, is able to recognise her peers feelings and address them and in doing so she draws her peer into a discussion in which the ambiguity of her peer's feelings are revealed and interrogated. The encounter also illustrates that when there is a lack of willingness to discuss sexual health or decisions there is also an atmosphere of unease that develops. However, in recognising and challenging why that discomfort exists, Shafinaaz is able to effect an informal peer education moment by critically questioning her peer about her perceptions and the basis for them. The continuum therefore usefully captures the elements found in this conversation and by indentifying and analysing the factors that drive a discussion towards or away from a state of comfortableness; these encounters can be more fully understood.

In explaining the findings of this exploratory piece of research investigating the informal peer conversations happening between a group of peer educators and their peers at a South African university, it has been shown that the social environment that the peer educators operate within and its interface with the social identities of the peer educators allows for particular conversations to emerge. It has also been shown that humour has a vital role to play in creating an atmosphere that is conducive to informal peer education. The findings have shown the importance of understanding the perspectives of peer educators and acknowledged the challenges faced in effecting sexual health for young people in South Africa. Simultaneously the critical role that peer educators continue to play in assisting their peers to negotiate their sexual decisions by acting sources of information, consultation and discussion has been demonstrated. This has been achieved by showing how these processes allow the peer educators and their peers to more fully understand their perceptions and experiences as

well as the social environment in which they are interacting with and within. The next chapter draws together the conclusions of this research study and implications arising out of the process.

Chapter 5- Conclusions, Implications and Recommendations:

In analysing how the group of peer educators participating in this research project are able to assist their peers in negotiating sexual decisions, the conditions and challenges that arise from the particular context of South Africa, and Wits University specifically, have been examined. The continuous developmental changes that the peer educators and their peers are undergoing and the effects that interacting with this social environment has on the ways in which they engage in informal conversations and the perspectives on sexual health and decisions that emerge in these moments has been accounted for in this report. This has been achieved by outlining and explaining the social environment found at Wits University and the ways in which the peer educators themselves move between different social identities in this context. In assessing the impact that these shifts have on the particular types of conversations they conduct with peers in this setting, the function of informal peer education to enable or restrict the ability of these individuals to speak about specific topics related to sexual health and sexual decisions has been explored.

This research report detailed a research question, topic, rationale and case selection, literature review, theoretical framework and research methodologies, as well as ethical considerations and limitations of the proposed study. The research topic "How do peer educators assist their peers in negotiating sexual decisions? A case study of Wits University" was unpacked and explored. The study was particularly interested in understanding the effect and influence of peer educators, sourced through Wits University's Careers, Counselling and Development Unit (CCDU), in sexual decision-making processes. The ways in which peer educators create space for discussion and information-sharing about sexual decisions with peers was studied. This research project confirmed that informal peer education does take place on campus. In examining how this process unfolds, the perspectives of the peer educators involved in this study were found to be insightful and critical to explaining this. The use of diaries (as well as other sources of data) proved to be an effective research method in capturing the perspectives of interactions that are generally difficult to study due to the informal and spontaneous nature of peer interactions. Green (2001: 65), drawing from Backett-Milburn and Wilson, shows that in fact a substantial amount of peer education is passed on in casual interaction through

informal social networks. This research project explored the ways in which CCDU peer educators translate strategies and information garnered within formal peer education training and activities into the informal spaces of discussions with peers about sexual decisions and demonstrated this process repeatedly in presenting the findings of this research.

A conclusion emerging from the findings of the research project is that peer educators associated with CCDU are able to recognise conversations as potentially being moments and spaces for peer education to occur, however when the peer educators encounter situations that fall outside of the scope of their knowledge and skills, they are unable to effectively draw on the training they have received from CCDU. This is possibly due to the specific set of knowledge and skills that CCDU imparts to its peer educators, with the focus of training being on counselling skills development and campaign-directed discussion. If peer educators who are involved in CCDU's Peer Volunteer Programme are to seize and utilise the informal peer education opportunities related in this study more effort must be made to developing, training and supporting the peer educators to diversify their sexual health knowledge base and engage critically on issues of sexual health and decisions.

With a cohort of people within the age range of 18 to 25 years old, the university also becomes an opportune space to institute programmes that reinforce messages and encourage safe sexual practices often seen in HIV prevention strategies. To recognise the opportunity presented by working with a populous university to effect behaviour change through peer education is a recommendation of this report. The challenge and diversity found in the university environment means that individuals operating in this social space are more attuned and able to accept different perspectives than people of different age groups (Campbell and MacPhail, 2002). Furthermore, in currently shaping their sexual health, identity and decisions, the peer educators and their peers prove appropriate candidates to be involved in the overall improvement of young people's sexual health in South Africa.

Within the findings of this research project, the elements of discussion and debate that drive educative opportunities in peer conversations to emerge can be found in the reported interactions that the peer educators and their peers have when informally talking about sexual

decisions. In particular, the mechanisms and opportunities of peer education, when it potentially occurs in these social spaces and peer circles, is most clearly seen when people from different backgrounds participate in discussions around these issues. This is because they are able to present contrasting perspectives which then further encourages discussion and "learning" moments to emerge. This in turn heightens engagement and debate about the particular issues and decision-making processes that shape the social and sexual identities, perceptions, beliefs, behaviours and values that constituted the focus of this research project.

This project also interrogated the ways in which peer educators at Wits University draw on their background and social identity in order to navigate their perceptions, experiences and behaviours and adapt them to the diverse and challenging environment that they find themselves in currently. The findings of this research show that the peer educator's individual social identity allows them to interact with particular people in specific social spaces and engage with their peers around issues of sexual health and decisions to varying degrees. The findings of this research project demonstrate the impact of social identity in creating informal peer education opportunities. They in turn allow peer participants to share their perspectives and experiences with regards to sexual health and decisions.

The findings show the role of humour in these interactions and the atmosphere it creates in enabling these discussions. The extent to which a peer educator's background enables them to effectively conduct both formal and informal peer education was highlighted in this report. A recommendation made here is that in fully understanding the peer educators for who they are, programme implementers could better utilise the particular skills of their peer educators in diverse ways. In attempting to institute peer education programmes that are sensitive both to the environment and the peer educators involved in the process, the factors that drive peer conversations, how people make sense of sexual knowledge and how peer educators do assist their peers in negotiating sexual decisions should be considered. This report has attempted to do this by understanding all these factors as well as showing the myriad of conversation topics, sexual health issues, challenges faced and strategies employed by the peer educators in navigating their sexual health experiences.

In unpacking the findings of the research process, the arguments made included the fact that the social environment the peer educators interact with and the social identities they and their peers embody at different moments shape the nature and form of peer education found in this research process. Humour, in particular, has emerged through this research process, as a key factor in both initiating educative conversations and allowing them to continue in a comfortable and relaxed manner. While humour is present in these interactions and is generally seen to have a positive impact on the nature and extent of the conversations held between peer educators and their peers in informal spaces, the more uncomfortable and hazardous aspects of the use of humour in these situations is also accounted for in Section 4.4 of this report. From the findings of this research project, it was seen that humour is always present in the group interactions that the peer educators reportedly hold and in dealing with an occasionally difficult and sensitive topic, such as sexual health or sexual decisions, humour fulfils an important function in fostering a relaxed atmosphere by facilitating a seemingly "safe" environment where sharing experiences, perspectives and beliefs is acceptable. In a society where discussions of sexual health, sex and sexual decisions is often taboo, opening up these spaces and understanding what elements constitute and encourage participation in these interactions is important.

Additionally the role of humour in these potentially educative informal interactions is given special attention in this report as it has been previously neglected when discussing peer education (as evidenced by the literature). The findings of this report illustrated that humour plays a critical role in initiating and furthering potentially educative moments in peer conversations. The different dimensions and functions of humour were accounted for using Meyer's (2000) typology and in acknowledging the useful and dangerous components of humour, the interactions reported in the diaries of the research participants could be more comprehensively understood. While humour can act as an abrasive force in shaping conversation, it has been found (in this research project) to be a useful means of conducting informal peer education by allowing people to comfortably and easily discuss topics (such as sexual health and decisions) in enjoyable ways in social spaces that feel familiar and safe. Therefore it is felt that that humour should be recognised for this capacity and harnessed as a tool in conducting effective formal and informal peer education.

This research project questioned what is understood by "informal peer education", how it plays itself out amongst a group of peer educators and their peers, the types of knowledge being shared in these discursive spaces and the ways in which peer educators are able to translate the skills and knowledge sets gained in their formal training into informal spaces of conversation around sex and sexual decisions. In doing so, the form and nature of these interactions is accounted for, as well as the factors that drive conversations in one direction or another along a "continuum" towards more comfortable or uncomfortable interactions. In doing so, this report is able to give insight into the actual experience of conducting informal peer education in a particular social environment, with specific social actors, and to provide analysis on the commonalities and challenges found in these interactions as they are related by the peer educators participating in this process.

The case selection and research tools utilised in this study were found to be effective in achieving the research aims of this study. While the specific and narrow lens provided in taking a small sample of students from a much broader population could be criticised, the participatory approach and narrative development that this study undertook meant that this group was able to provide rich and in-depth data. This in turned created a detailed picture of how peer education occurs in this social environment as well as the factors that affect its relative success or failure.

The aim of the study was to understand how peer educators make sense of their social reality in terms of who they are (both in their background and as current students) and how they are able to interact with their peers about sexual health and decisions, as well as how they interpret this process in their social environment. These aims were achieved within this study and the research tools of a survey, focus group and diaries were effective in generating data that not only supported these aims but allowed the participants to take ownership of their perspectives and utilise them effectively in understanding and explaining their perspectives and experiences. In having multiple sources of data, the attempt to produce accurate and valid findings was made, and in being critically reflective and reflexive in the process, the researcher wanted to present a picture of peer education as closely to how it happens in reality in this case study.

The focus groups in particular highlighted how the process of informal peer education can be made more effective. There are programmatic implications in this finding, as the spontaneous result of the briefing workshop, with a trained facilitator, was a space and opportunity in which the peer educators could challenge their own perceptions as well as those held by their peers. They also could develop narratives to explain their experiences and beliefs to each other. In looking forward this technique of focussing the peer educators' perspectives into tangible forms through the use of focus groups should be considered by programme implementers.

In understanding the social aspects and influences on sexual decision making processes, this research aims to address the HEAIDS (2010b) call for additional exploratory studies to understand the interventions opportunities by investigating the sexual health of young people and the associated processes and negotiations of the transitionary experiences embedded in their social context was achieved. While it may not be possible to generalise from all the findings, the ease with which this study could be replicated (shown through the success of the research tools and appropriateness of the case selection) adds credence to the fact that this research project was worthwhile, informative and able to capture the ways in which peer educators are able to assist their peers in negotiating sexual decisions in an innovative and effective manner.

Appendix 1: CCDU Permission Letter; Information Letter for peer educators; Consent Form

CCDU Permission Letter

Counselling and Careers Development Unit
A Division of Student Affairs

Private Bag 3, Wits 2050, South Africa • Tel: +27 11 717-9140

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

To Whom It May Concern.

This letter serves to confirm that permission has been granted by the Careers, Counselling and Development Unit (CCDU) co-ordinators in charge of the Peer Volunteer Programme (PVP) for Silvie Cooper to contact and work with the Peer Volunteers involved in the programme.

It is understood that access to these individuals is granted only if informed consent is obtained and the purpose of working with these individuals relates to Miss Cooper's MA (Health Sociology) Research Project. The research project is titled: "*How do Peer Educators assist their peers in negotiating sexual decisions? A Wits University case study*". The basis for involvement in the project is voluntary on the part of the individuals. CCDU co-ordinators are available for consultation and supervision of the process, however it has been agreed that once the individual agrees to be involved in the research project, the onus is on the individual and the researcher to maintain that arrangement.

Sincerely,

Vinoba Krishna

HIV/AIDS Co-ordinator, CCDU

Counselling & Careers Development Unit:
University of the Witwatersrand
Private Bag X3, Wits 2050

Information Letter for peer educators

Re: Participation in Masters Research Project **08 April 2010**

Following our meeting on March 31st, I invite you to participate in a research project investigating *the role of Peer Educators in assisting their peers negotiate sexual decisions- A case study of Peer Education at Wits University.* I am a Master of Arts (MA) student, enrolled in the Health Sociology Programme at Wits.

The research stems from an understanding that students on campus speak to their friends and peers about sexual decisions, but the frequency, content and strategies around this Peer Education process are not well known. While many tertiary institutions in South Africa have Peer Education Programmes, the informal work of peer educators as valuable and accessible source of knowledge and consultation for young people is not well understood. Students are an important group to study as they move into a new phase of life with new challenges and responsibilities and changes in their sources of information. Peers act as an influential socialising force that assists the individual through this transitionary phase.

With your participation, I hope to understand where informal Peer Education occurs, how it operates and the perspective and insights of the Peer Educator in this process. By choosing to work with the Careers, Counselling and Development Unit's (CCDU) Peer Volunteers, I hope the project uncovers valuable information around the function you perform on campus and elsewhere. I view you as research partners and not simply as participants, as your insight and opinions form an integral part of the outcome and findings of this research project. Your participation in this study is voluntary and there is no reward for participating or penalty for not participating. However, by participating in this project I believe you will have the opportunity to reflectively learn about your work as a peer educator. I also feel that your involvement will contribute to the strengthening of Peer Education Programmes in South African universities. Involvement in this study requires your participation in:

- Two to three project meetings- starting before the end of April
- A biographic survey to be administered before or during the June break.
- A semi-structured interview following the survey
- "Diary" entries detailing your informal Peer Educator activities. This will commence after the June break and should minimally impact on your daily routines.
- Focus groups to assist with analysing thematic data emerging from the "diary" stage

You will not be obliged to answer any questions with which you are uncomfortable and can decline to respond to any questions asked. You may terminate your participation in the research project at any stage.

All data collected through the research process will be treated with the strictest confidentiality and you will remain anonymous. A copy of the final report will be provided. There will also be a feedback presentation given. The results of the research will be submitted as part of the requirement for my Health Sociology Masters Research Report. If you have any concerns regarding the study or if you require any additional information, please contact me or my supervisor, Prof David Dickinson.

Kind regards,

Silvie Cooper *Prof Dickinson*

076 600 5001 or silvco@gmail.com david.dickinson@wits.ac.za

Consent Form

Participant Consent Form:

I hereby confirm that:

- I, _____ have been briefed on the research that Silvie Cooper is conducting on the "Role of peer educators in their peers' negotiation of sexual decisions: A Wits University case study".
- I understand what participation in this research project means
- I understand that my participation is voluntary
- I understand that I have the right not to participate in any process that I do not feel comfortable with
- I understand that I have the right to withdraw my participation in the research at any time I so choose
- I understand that any information I share will be held in the strictest confidence by the researchers

Please Tick the following:

- I hereby request that I be guaranteed anonymity ☐
- I hereby request a copy of the research report ☐

Signed by_____ on____/____/2010 at_____ (place)

Signature: _____.

Appendix 2.1: Participant biographies as described by the peer educators

Pseudonym	Age	Gender	Racial Background	University Area of Study	Religious/Spiritual Background
Tim	20	Male	Coloured	BSc (Biological Sciences)	Roman Catholic
Mangaliso	22	Male	Black	BA (Dramatic Arts)	N/A
Latoya	20	Female	Black	BA	Christian
Rachel	22	Female	Caucasian	BA (Fine Arts)	N/A
Momo	21	Female	Black	BCom (Information Systems)	Christian
Shafinaaz	20	Female	Coloured	BA (Psychology, Sociology and International Relations	Muslim
Grace	19	Female	Black	BA	Christian
Sheila	19	Female	White	BA	Christian
Angela	20	Female	African	BA	Christian
Sarah	20	Female	Caucasian	BA (Philosophy and Psychology)	N/A
James	19	Male	Coloured	BSc	N/A
Themba	19	Male	Black	BSc	Christian

Appendix 2.2: Peer conversations as reported in participants' diaries

Topic	HIV/AIDS	Maturity (readiness)	Sexual expectations	Gendered discussions	Transactional sex	Safe sex	Other	Total
Reported conversations	15	31	41	19	16	30	8	160
Percentage	9%	19%	26%	12%	10%	20%	4%	100%

Appendix 2.3: Survey distributed to participants

WITS PEER EDUCATOR SURVEY:

This questionnaire should take no longer than 30 minutes to complete. Please answer all questions as fully as possible.

1. Name:

2. Age:

3. Sex:

4. Racial Background:

5. Religious Affiliation (if any):

6. What forms do your religious beliefs, values and practices take (E.g. praying, attending religious services, having a strong sense of faith)?

7. Please rate how actively you participate in religiously based activities *(Tick only one box*)

Extremely active	**Very active**	**Active**	**Not very active**	**Not active**

8. First spoken language:

9. Other languages spoken:

10. Hometown:

11. Current place/area of residence:

12. Do you reside there permanently or temporarily?:

13. Area of Study (Degree):

14. Year of Study:

15. Year joined CCDU Peer Volunteer Programme:

16. Please list any training received from Peer Volunteer Programme:

17. What information around sex and sexual decisions have you received from the Peer Volunteer Programme?

18. Who has given you this information?

19. In your opinion, what are the best ways of changing people's behaviour, attitudes and perceptions?

20. Reasons for selecting Peer Volunteer Programme as programme to be involved with:

21. In your opinion, what qualities should a peer educator possess?

22. Please explain what peer education activities you undertake in your work as a Peer Volunteer.

23. How many times a month do you participate in these activities? Please list a number next to the activities mentioned above.

24. What are your hobbies and interests?

25. Are you currently in a relationship?

26. If so, for how long?

27. How much of your time is allocated to friends and peers?

28. Where do you mostly see friends and peers?

29. Are you involved in any other social/religious/community groups or organisations (Y/N)?

30. If you answered "Yes" to the above question, please list these below. Please also give a brief description of each.

Thank you for taking the time to fill in the survey.

Appendix 2.4: Template for diaries as determined by researcher and participants

- Write down any conversation where sex, sexual decisions, practices and relationships are discussed. Use your discretion in determining what qualifies as needing to be recorded.
- How did this conversation come up? What were you talking about before this particular discussion started?
- Was there anything that made the conversation easier or more difficult to have? Did you feel comfortable, confident, uneasy or uncertain during the conversation? Explain why.
- Notice who is involved in the conversation. Describe where the conversation is happening, who is participating and what is being said by whom.
- Are there any aspects of your training from CCDU that are used by you in this conversation? Is there any overlap in the topics you have covered with the CCDU that have come up in the conversation? Did you use information from CCDU in this conversation?

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