

**THE UNIVERSITY OF THE WITWATERSRAND,
JOHANNESBURG,SOUTH AFRICA**

MASTERS REPORT

**“GENDER INFLUENCES &
COMMUNICATION BETWEEN HIV/AIDS
WORKPLACE PEER EDUCATORS &
THEIR PEERS”**

Joan Jebor Biwott
Student Number: 0615567H

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DECLARATION

I, Joan Jebor Biwott declare that this research report is my own work. It is being submitted for the degree of Masters in Social Sciences in the field of Development Studies in the University of Witwatersrand, Johannesburg. The research work has not been submitted before for any degree or examination at this or any other academic institution.

Full name: Joan Jebor Biwott

Signature:

Date: 5th August 2011

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ABSTRACT

HIV/AIDS continues to have devastating effects on people in Sub-Saharan Africa as there is no cure as yet, of the disease. This calls for research to be done in all dimensions and fields affected by the pandemic. This research looked at HIV/AIDS from a different lens; the workplace. Possibly one of the most significant aspects of the increasing workplace response to HIV/AIDS is the rise of peer education. Whilst international and local research has been done on HIV/AIDS workplace peer education that has contributed to existing literature, there is little research that has been done in South Africa that provides reliable information on how gender affects communication between HIV/AIDS workplace peer educators and their peers.

The aim of this study was to ascertain the barriers and facilitators that contribute to effective communication between the workplace peer educators and their peers with the focus being on their gender. This was done by conducting a qualitative research. Four research sites whose HIV/AIDS peer education programmes are co-funded by the Swedish Workplace HIV and AIDS Programme (SWHAP) participated in the research. Data was collected from a total of twenty research participants of which eight males and six females were peer educators, two males and two females were peer education coordinators and two females were occupational health nurses.

Interviews were tape recorded and transcribed. Thematic content analysis was used to generate themes. The main themes were categorized under a description of the four research sites, the gender composition of peer educators and their workforce, gender dynamics in the context of formal presentations and informal interactions and dynamics. From the findings peer educators interact extensively with their peers informally, in the workplace and in their communities. In addition, the age and sex of the peer educators determines their interaction with their peers including who confide and seek advice from them. The main findings in this research show evidence that gender influences communication between HIV/AIDS workplace peer educators and their peers.

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DEFINITION OF TERMS

Married: People of opposite or same sex staying together as husband and wife for a period not less than three months.

Single: Man or woman staying alone with no immediate future prospect of marriage

Widowed: Individuals whose partners have died and are currently living alone.

Divorced: Persons who are married who are legally separated from their spouse and are currently living alone

Educational level categories:

Primary/Grade 7: Individuals who have completed at least seven years of education

Secondary/Matric: Individuals who have completed at least twelve years of education

Tertiary: Individuals who are or have completed the third stage of education, post secondary education.

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
FGM	Female Genital Mutilation
HIV	Human Immunodeficiency Virus
SA	South Africa
STI'S	Sexually Transmitted Infections
SABCOHA	South African Business Coalition on HIV/AIDS
SWHAP	Swedish Workplace HIV and AIDS Programme (SWHAP)
UNAIDS	United Nations - AIDS
WHO	World Health Organisation

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CHAPTER ONE: INTRODUCTION

1.1 Introduction

This research report presents the research question and discussions on this area and case selection. The background to this research is firstly conceptualised and presented in this chapter. This section discusses the HIV/AIDS pandemic with an emphasis on the South African case. The research question, aim of research and research objectives are then presented. Finally, the layout of the research report is outlined.

1.2 Background

HIV/AIDS is like no other pandemic; biologically: the illness progresses very slowly, with few, if any symptoms and there is no cure or vaccine as yet (UNAIDS, 2010). HIV/AIDS is a generalised heterosexual epidemic in Sub-Saharan Africa as it is not only confined to gay men, MSM, drug users nor sex workers; however, women are more vulnerable than men (Gilbert & Selikow, 2010). The South African case is unique; in the 1980's when the epidemic was taking its toll on the rest of Sub-Saharan Africa, the country was engaged in its last struggle against apartheid (Marks, 2008: 38).

Historically the long term separation of migrant married men from their wives and families, coupled with the high risk, dangerous and low paid mining jobs, increased men masculine and sexual aggressiveness to engaging in unprotected and unhealthy sexual behaviours with the sex workers and women near the mines (Walker, Reid & Cornell, 2004:65).

HIV which attacks and destroys the immune system can be sexually passed on to a partner without him/her being aware of being infected with the virus (Mark, 2002:16). The delayed discovery of HIV in South Africa among homosexual men and Malawian

migrant workers fuelled the delayed response to the HIV/AIDS pandemic (Mark, 2002:17).

The initial reaction of business to the HIV/AIDS pandemic was slow (Dickinson, 2004). However, over the past decade, the private and public sectors of South Africa have been more and more concerned of the impact of the HIV/AIDS epidemic on their workforce. In workplaces, the impacts of HIV-related mortality and morbidity include; decreased productivity, rise in production costs and higher employee turnover (Colvin et al., 2007), greater absenteeism, vacant posts, the need to retrain and rehire workers, reduced productivity due to staff inexperience or illness, loss of morale among employees, poor labour relations, less reliable supply chains and distribution channels, among others (SABCOHA, 2010). In addition, HIV/AIDS hampers human resource development, undermines the skills base and drives away foreign investment (SABCOHA, 2010). Other direct costs to companies depend on whether they offer employment benefits. Such benefits include; funeral cover, pensions and in-house medical (Dickinson, 2004:629, SABCOHA, 2010) among others.

In the Southern African region, HIV/AIDS primarily affects working age adults, affecting the workforce (Oppenheimer, 2007:S11). Oppenheimer adds that, in the absence of treatment, there are few governments that can provide treatment to those that need it, HIV infected individuals with AIDS related illnesses are less productive and take more time off. Many of them eventually die weakening the morale of remaining workers and companies lose valuable knowledge and experience.

The impact of AIDS on working age people threatens to undermine the already weak skills base of the South African economy. Difficulties in recruiting people with appropriate levels of skills and experience, along with the costs of such recruitment, will be exacerbated by the less quantifiable impact of HIV/AIDS on levels of productivity as a result of absenteeism, lower performance due to illness, extra

resources devoted to training, and the need to utilise less skilled or experienced workers in production (Stevens, 2001). The impact and potential impact of HIV/AIDS varies from one company to the other.

In the South African workforce, over 90% of people with HIV/AIDS are in the most productive period of their lives whether they are workers, managers or employers (SABCOHA, 2010). According to the International Labour Organization as many as 36 million of the 39 million people living with HIV are in some form of productive activity. There is no doubt then that HIV/AIDS affects the business sector causing costs to escalate and markets to contract (SABCOHA, 2010). South African companies and organisations have responded to the dire impacts of the epidemic on their workforce, among many approaches, through HIV/AIDS peer education.

South Africa (S.A), with its relatively large population (over 40 million), has the largest number of people living with HIV infection in the world, approximately six million (Gilbert & Selikow, 2010). The epidemic has also taken a gendered dimension in S.A with women accounting for most of the infections, especially in the 15-24 age groups, with a difference of an estimated 13% between the men and women (17% women, 4% men) (UNAIDS, 2008).

In South African workplaces women are underrepresented among individuals who occupy decision-making positions in companies and among employers. Women are overrepresented among human resources with temporary contracts, workers with shorter working records, part-time staff, personnel who work at home, and unemployed individuals (Valiente C., 2002:773). What is of significance to this research report is whether gender influences and/or hinders communication between the HIV/AIDS peer educators and their peers. The workplace as an element of social life has attracted much scholarly attention by specialists in gender.

In South Africa, research on sexuality has shown multiple ways in which ideas about sex and gender create circumstances of greater HIV risk (Campbell, 2000). Gender

has been defined as a social structure because this brings gender to the same analytic plane as politics and economics, where the focus has long been on political and economic structures (Risman, 2004:431). Not only are women and men forced into differential social roles; they often choose their gendered paths. At a gender/AIDS training course held in South Africa, it became clear that most HIV/AIDS peer educators and health practitioners can articulate the difference between 'sex', as biological difference between men and women, and 'gender', based on socially defined identities and roles assigned to men and women (Tallis, 2000:58). This distinction is important for us understand gender as a social structure.

This research is important for academics and other readers as contributing to existing literature. There is considerable body of documentation and publication on HIV/AIDS workplace peer education and gender, separately. This research is significant as it directly addresses gender relations in the workplace between HIV/AIDS workplace peer educators and their peers.

1.3 Research question

The research question addressed in this research report is; How does gender influence communication between HIV/AIDS workplace peer educators and their peers?

1.4 Aim of research

The main aim of this research study is to explore and understand the potential barriers as well as facilitators to communication between male/female HIV/AIDS workplace peer educators and their male/female peers. More specifically the research seeks to uncover how gender either impinges or increase the efficacy of HIV/AIDS workplace peer education. The aim was therefore, to elicit and uncover the various responses from the HIV/AIDS workplace peer educators, the peer education coordinators in the four research sites and their occupation health nurses on

perspectives pertaining to their formal and informal peer education interactions with their male and female peers.

1.5 Research objectives

The research study investigated whether the gender of HIV/AIDS workplace peer educators hindered or facilitated their communication with their male and female peers. The specific objectives were;

- To get a holistic understanding of the gender dynamics that occur between HIV/AIDS workplace peer educators and their peers in the context of their formal interactions.
- To get a deeper perceptive of the HIV/AIDS workplace peer educators and their peers informal interactions and dynamics.

1.6 Layout of the research report

Chapter two: The research report after this introduction presents the literature review. This presents salient research by giving a background on peer education and gender related areas under general gender roles in households, among heterosexual couples, in workplace equity between men and women, sexual negotiation between heterosexual couples and in gender dimensions amongst male and female college students, on how teaches relate with them. These gender related areas are associated to gender areas/questions/situations that occur in the workplace between peer educators and their peers during formal presentations as well as in their informal interactions.

Chapter three: The methodology used in the collection of data and analyses of data is discussed in this chapter. It begins with a brief discussion of the research paradigm which is followed by a description of the setting in which the research took place. Thereafter the research participants are presented. Then follows the research

components, the manner in which the data was collected and a short discussion on the data analysis. Finally, the validity of the research and ethical considerations of this research study are outlined.

Chapter four: In this chapter the findings, analysis and discussion of the data are presented. Four main themes are discussed in this chapter. Firstly, a description of the four programmes in each of the research sites is given. Their HIV/AIDS workplace programmes are discussed including a brief introduction of the peer educators. The second theme discusses the gender composition of peer educators and their workforce. Thirdly, gender dynamics in the context of formal presentations are discussed. This is discussed under the sections board meetings and morning briefings which were the only two opportunities that the HIV/AIDS peer educators, in all the research sites, had an opportunity of addressing their peers formally. Fourthly, informal interactions and dynamics are discussed. This is discussed with an account of how the interactions occur with an explanation for these differences under gender, age and culture.

Chapter five: This final chapter presents a summary of the study, the conclusion and recommendations in terms of the research study. This research articulates gender relations in the workplace between HIV/AIDS workplace peer educators and their peers.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This research broadly address gender influences between HIV/AIDS workplace peer educators and their peers. The spread of HIV and AIDS to it being a global epidemic, (Ankrah, 1991:967), presents major social, economic and developmental challenges, especially to sub-Saharan Africa. Briefly, although there is considerable reduction in HIV infections globally, comparing the 90's to the 20th century (UNAIDS & WHO, 2008), sub-Saharan Africa still remains the epicentre of the global malady (Harsch, 2008). Of all those living with HIV, about 33.4 million adults and children, 22.4 million adults and children are in sub-Saharan Africa (UNAIDS & WHO, 2008). The region accounts for 1.9 million adults and children newly infected with the virus, as well as 1.4 million adults and children who die of AIDS annually (UNAIDS & WHO, 2008).

There has been significant research on gender dimensions that occur between opposite sexes in schools, at workplaces, and at homes that documents gender imbalances. This literature review firstly gives a brief introduction on workplace peer education. Secondly, it looks at general gender roles in households, among heterosexual couples. Thirdly, it addresses on workplace equity between men and women. Fourthly, it looks at sexual negotiation between heterosexual couples. Fifthly, it looks at gender dimensions amongst male and female college students, on how teachers relate with them. Issues that pertain to HIV/AIDS workplace peer education shall be brought out from this gender related areas. This literature review relates these gender areas with gender areas/questions/situations that might occur in the workplace amongst peer educators and their peers during formal and/or sessions/presentations/communication as well as during their informal interactions.

2.2 Peer Education

Peer education programmes on HIV/AIDS have been available for many years (Michel, 2005), they have been successful as they directly access HIV infected people, those suffering from AIDS related illnesses and those vulnerable to HIV infection (Dickinson, 2004:8). Hope (2003) refers to peer education as, “peer to peer communication, that is, those of the same societal group or social standing educating each other”. Peer education has been used in situations where there have been physical and socio-cultural barriers such as with intravenous drug users, commercial sex workers, in schools and at workplaces (Dickinson, 2004:8).

Peer education is an approach whereby a minority of peer representatives from a specific group or population actively attempt to inform and persuade the majority, it is used to empower people of all ages (Hope, 2003:268). Peer education has been successful because peer educators are able to communicate effectively with their peers: they understand the language and suitable patterns of communication of those whom they seek to influence (Dickinson, 2004:8).

HIV/AIDS workplace peer education is a strategy that has been adopted by many industries and companies in the fight of this incurable disease, AIDS. In South Africa, the earliest responses in the workplace came from the mining industry in 1986 as a result of the detection of a four per cent HIV prevalence rate among Malawian migrant workers (Brink & Clausen, 1987). Eskom, the largest state owned electricity corporation in South Africa, was the first company to adopt a workplace HIV/AIDS policy in 1988 (Dickinson, 2006:323). Trained workplace peer educators are seen as particularly valuable in changing employees’ beliefs and behaviour because they are able to communicate more effectively with their peers than are external experts, given their physical, social and cultural proximity (UNAIDS, 1999).

Workplace peer educators facilitate both formal and informal communication with their peers. Peer educators are expected by their companies to conduct formal education or training sessions such as “giving a prepared talk to co-workers”

(Dickinson, 2007:6). Informally peer educators “conduct a number of more intimate conversations or support sessions with co-workers” (Dickinson, 2006:27). Peer educators “informal activity is generally conducted with individuals or small groups, is largely unscripted, responds to peers’ needs, is essentially private, but can take place almost anywhere” (Dickinson, 2007:6).

Peer educators tend do more of informal than formal communication and interactions: with their co-workers (their peers) in the workplace e.g. during tea or lunch breaks; with other employees such as contractors; within their communities; Churches; and with their family members (Dickinson, 2006). Peer educator tasks include, development and distribution of information, education, and communication materials; condom discussion and distribution; and conversations with peers on diverse topics such as empowerment, health and human rights, and basic HIV/AIDS information (UNAIDS 1999). Peer educators, in South Africa, encounter numerous challenges, especially with management who either facilitate or hinder the peer education, but cannot stop it (Dickinson, 2006:9).

This section has briefly discussed HIV/AIDS workplace peer education. Dimensions of peer education, that is, formal and informal peer education were briefly introduced, not forgetting the facilitators of peer education in the workplace, the HIV/AIDS peer educators. The next section looks at general gender roles in the households among heterosexual couples, this relates to the main research question; how does gender influence communication between HIV/AIDS workplace peer educators and their peers.

2.3 Analysis on gender

This section firstly differentiates gender and sex, which many a times is not clearly distinct, secondly sexual and reproductive health and rights is discussed and lastly reference to constitutional and legal provisions regarding labour and gender is made.

2.3.1 Gender and sex

The term sex is used to refer to biological and as a result of, “ineradicable differences between men and women” (Heywood 2007: 201). The concept gender, however, can be defined as “a social construct, usually based on stereotypes of ‘feminine’ and ‘masculine’ behaviour” and refers “social and cultural distinctions between males and females” (Heywood 2007: 201), in other words the differences in social, economic and political conditions and standing of women in society in relation to their male counterparts. It further refers to “the social roles and interactions of men and women” as gender relations are part of social relations “in all aspects of social activity, including access to resources for production, rewards or remuneration for work, distribution of consumption, income or goods, exercise of authority and power, and participation in cultural, political and religious activity” (Allen & Thomas 2004: 385).

2.3.2 Sexual and reproductive health rights

Reproductive health rights embrace certain human rights recognized in national and international legal and human rights documents (El Dawla, 2000:45). Sexual and reproductive health rights have been emphasised more so over the past decade, as pertaining to adolescents as its believed it will lead to less incidence of teenage pregnancies, STDs infection including HIV/AIDS (Ogunlayi, 2005:111).

El Dawla (2000) adds that sexual and reproductive health rights are basic rights for couples and individuals to, “decide freely and responsibly the number and spacing of their children and to have the information and education and means to do so, the right to attain the highest standard of sexual and reproductive health and the right to make decisions concerning reproduction free of discrimination, coercion and violence and the right to reproductive health”. The World Health Organization defines reproductive health as, “a state of complete physical, mental and social well-being in all matters related to the reproductive system and its functions and processes”.

From the sexual and bodily rights as human rights conference held in Malta from 29 May to 1 June 2003, participants in the workshop discussions evidently revealed that women's lack of control over their own bodies and sexuality is at the root of a wide range of women's human rights violations including taboos around women's sexuality which serve to maintain the structures, that support these violations (Amado L.E., 2003:2). Berer (2000) explores issues around sexual rights, sexual health and education, sexual violence and adolescent sexuality in the context of laws, social practices, taboos and emerging trends especially pertaining to Africa.

During the sexual and bodily rights as human rights conference areas of concern that emerged from the workshop included marital rape, early marriages, temporary marriages, sexual orientation, premarital and extramarital sexuality, honour crimes (male right to punish women for improper sexual behavior), female genital mutilation (FGM), unmarried mothers, adolescent sexuality, unwanted pregnancies and unsafe abortion, sexuality in education and health services (Amado L.E., 2003:3). All these are areas that concern sexual and reproductive health rights, pertaining more so to women.

It is believed that through sexual and reproductive health awareness, the development of especially females will be achieved as well as solve issues such as sexual and gender violence (Ogunlayi, 2005:111). One way of achieving this is to ensure the accessibility to information and education on sexual and reproductive rights.

2.3.3 Constitutional and legal provisions regarding labour and gender

The CEDAW convention, article 11 covers the elimination of discrimination with regards to paid work. Requirements to achieve this include the provision for workplace equality through non-discrimination labour recruitment, promotion and retention policies, equal pay for equal work, minimum wage, maternal protection,

policies against sexual harassment in the workplace and family friendly environments (Chinkin, 2001:54).

The prohibition of discrimination covers all aspects of labour relations including: Women's recruitment e.g. public advertising of vacancies, job specifications, hiring panels including women, encouraging women to apply retention of women e.g. equal pay for work of equal value, targets for women's employment in management positions, leave entitlement especially parental leave, job sharing schemes, flexible working hours, transparent, objective criteria for promotion, day care for elderly people, targets for inclusion of women on management training schemes (Chinkin, 2001:55).

2.4 General gender roles in the household

A significantly large body of research documents the underrepresentation of women in positions of authority at work (Wright and Baxter, 2000). Huffman (1995) finds that women are less likely to possess supervisory authority at work than men with equivalent levels of education, occupational experience and prestige, and family characteristics such as marital status and the presence of children.

Because of many exogenous factors, women are purported to have a competitive advantage in the performance of household duties, while men specialize in paid labor (Wright and Baxter, 2000). Because of this, women individually chose to venture into female-dominated occupations, and put forth less effort than men in the workplace (Huffman and Cohen, 2004:123). Huffman and Cohen (2004) add that this decision-making process occurring at the household level makes women less likely to be promoted into positions of authority than similarly qualified men.

In many instances, parents especially mothers are more psychologically distressed than non-parents (Ross & Willigen, 1996:573). "Child care includes time spent on any of the following items when performed for the household's children: physical

care, emotional care, teaching, helping, reprimanding, playing, reading, talking, minding children, visiting child-care establishment or school, and communication and travel associated with child care” (Hook, 2004:107). There is a form of commitment that parents have towards their children, especially mothers, apart from their career commitments, they have a duty to attend to their children. HIV/AIDS workplace peer educators who voluntarily chose to be one, have a commitment apart from their work duties, to be advocating change agents of HIV/AIDS.

Although many working women share childcare responsibilities with their spouses (Kessler & McRae, 1982:220), in the household, mothers do a disproportionate amount of child care much of it in the form of housework like cooking, cleaning, and doing laundry (Ross & Willigen, 1996:573). Ross & Willigen add that mothers typically are exposed to the difficulties of arranging care for the children while the parents are at work. Inequity in the distribution of housework and child care is a major way by which gender inequality is perpetuated in the home. Trained female HIV/AIDS peer educators may not deliver to their peers due to time constraints: commitments at home. They tend to be more informal than formal peer educators on HIV/AIDS to their peers. It is easier for a female peer educator to educate a live-in relative on HIV/AIDS (informal), than to give a formal presentation at work which may require her to sacrifice home-time, which she can't afford to. This is not applicable to women alone; there are many single-parent men who have to care for their children and are also HIV/AIDS peer educators.

Children create demands for child care in the home, which is more stressing especially at night, with most of the burden being shouldered on their mother, (Ross & Willigen, 1996:574), this edicts a gendered inequality perspective. “Women are at the centre of support networks. For both intensive care giving and general support to a range of recipients, “women are more likely to provide care to a greater range of relations, provide more hours of care, and provide care over a longer duration than men”, (Hook, 2004:102). Women engage intensely with their families as care givers.

Peers in the workplace may feel comfortable or obliged to confide in a female peer educator because of their care giving nature, especially older ones.

Women are also tasked mentally as compared to men. Walzer (1996) defined mental work as the thinking, feeling, and interpersonal work that accompanies childcare duties. She divided mental work into three separate categories of childcare, which include worrying, processing information, and managing the division of labor. This also consists of the delegation of tasks to the other parent. The findings revealed that mothers engage in mental work more often than fathers. Female peer educators as compared to male peer educators may tend to approach questions or situations concerning their peers by 'putting themselves in their shoes', being more sensitive due to their care giving nature.

Although there is body of literature documenting changes among heterosexual couples in the household division of labor, this should be interpreted as mere adjustments occurring due to societal changes or 'modernity' not a change in gender ideology and relations in the household. There is segregation of housework according to gender with men being less prepared than women to reject traditional gender role attitudes (Sullivan, 2004:213). Hook (2004) adds that, "Wives perform housework and husbands avoid housework as a way to do gender". From the research, gender in the workplace is a bone of contention as male and female peer educators contrasted to male and female peers interact with each other to a certain extent. Factors that come into consideration are; the age of the male/female peer educator and culturally HIV/AIDS being a sensitive issue, to some individuals, cannot be discussed openly.

Recent studies document that husbands and wives input into housework has decreased due to other commitments, but even though the amount of time dedicated to housework has decreased, wives still do more than two-thirds of the housework as compared to their husbands (Meir, McNaughton-Cassill & Lynch, 2006:62). Meir et al

add that being employed does not protect women from the inequality of housework, having children creates an even more imbalance. From the research, at one of the research sites there are individuals in the workplace who were peer educators in 2007 and have are now (2010) no longer peer educators, 4 women and 2 men. The peer education coordinator accounted this to the former peer educators having personal commitments as well as supervisors' pressure on production time. He said, "Some said they have family issues and don't have time to attend peer educators' training while the others said their supervisor at the floor complains when they try to take time off".

Among the many theories that attempt to explain the inequitable division of household labor, gender has been used to explain the division of housework. "Gendered" theories that attempt to explain unequal divisions of household labor suggest that the meaning that men and women attach to housework and childcare help confirm their male and female identities, respectively (Kroska, 1997). Women express their care and love for their family by doing things for them, including caring for the house and its occupants, because such work is central to their identity (Thompson & Walker, 1989). Men, on the other hand, establish and confirm their masculine identity by focusing on paid work and avoiding household labor (Kroska, 1997). From the research, there was a disproportionate representation of female and male peer educators, comparing them to the total number of women and men in the workplace. In two of the research sites there is an over-representation of female peer educators as compared to the total number of female and male individuals in the workplace. This can be accounted to that fact that men prefer to commit to what gives them monetary reward such as working overtime than engaging in peer education. Whereas in the other two research sites, there is an over-representation of male peer educators as compared to the total number of male and female individuals in the workplace.

Volunteering in the household also takes a gendered dimension. Research on volunteering focuses on the factors influencing the volunteering decision, namely individual motivations and values, available human capital and social resources. Women are documented as volunteering to render a helping hand, within and out of the home, as compared to men (Hook, 2004:102). There are many gender disparities between men and women in households. Women in the workplace are more willing to volunteer to be peer educators due to their nature; they get emotional satisfaction simply by helping their peer as compared to men. This is one of the reasons why in two of the research sites there are more female than male peer educators.

This section has discussed the general gender roles in the households among heterosexual couples and related it to the research. The different parts in the sections have been accounted to the research findings. The following section looks at gender dynamics and equity in the workplace that relates to the research question how does gender influence communication between HIV/AIDS workplace peer educators and their peers.

2.5 Gender dynamics & equity in the workplace

In the workplace, there is an imbalance between men and women, men are better off in: positions they are appointed to, especially those with power in the organisation; promotion opportunities within the workplace; their wages and benefits; and the allocation of tasks, despite both sexes having attained the same level of education as well as experience (Elliott & Smith, 2004). From the research, male HIV/AIDS peer educators were held with higher status than female peer educators in workplaces. One of the interviewed male peer educator, between the ages of 41-60+, indicated that he received praise and acknowledgment of his formal and informal interactions from his peers.

An assumption that many researchers have documented is that “marriage and parenthood correlate negatively with power attainment among women, who have historically been more likely than men to sacrifice employment mobility for domestic responsibilities” (Elliott & Smith, 2004:365). From the research, seven of the interviewed female peer educators are at the lower level of management in their workplaces. Their position in their workplaces’ does not hinder their urge of being active peer educators in the workplace and their homes and communities.

Employers often admit women to low positions of authority; rarely do they appoint them to high positions that involve greater control (Elliott & Smith, 2004:365). Cotter et al.'s (2001) analysis of data from the Panel Survey of Income Dynamics reveals increasing wage inequality for white and black women, relative to white men, but not for black men. The authors concluded that the increasing inequality in wages in individual careers is more reflective of gender stratification. Women are often excluded from networks that regulate access to information, opportunities, and resources needed to advance in the workplace (Elliott & Smith 2004:368). From the research, of the interviewed seven female and five male peer educators, all at the lower level of management indicated that they encountered hindrances to facilitating peer education. Their supervisors insist on production time being more paramount.

An adaptive mechanism to discrimination in the workplace is through instrumental network assistances, to attain power. From the research done by the Multi-City Survey of Urban Inequality (MCSUI), in the United States, “Network assistance is increasingly effective among black women, relative to white men, for moving into higher positions of power...the odds of black women advancing from workers to supervisors increase 39 percent when they receive network assistance, and the odds of black women advancing from supervisors to managers increase 500 percent”, (Elliott & Smith 2004:369). There are generally gender differences among men and women in the workplace. In one of the research sites, four female peer educators have formed a women support network. The group was an existing social

network as it was conceived before they volunteered to be peer educators, they all live in the same community. The group share experiences in the workplace and in the community on their peer education encounters as well as encouraging and supporting each other.

This section discussed gender dynamics and equity in the workplace and related this to the key research question how does gender influence communication between HIV/AIDS workplace peer educators and their peers. The different parts were interrelated to the research findings. The following section shall look at sexual negotiation among heterosexual couples that relates to the research done.

2.6 Sexual negotiation among heterosexual couples

Sexual encounters between men and women hinge on unequal power relations between the genders (Taylor, 1995). Complexities of sexual negotiations between married couples also involve family commitments and economic situations based on cultural norms and the resources available to them individually and jointly, in addition to differential sexual norms and expectations (George, 1998). Five male and three female peer educators, all between the ages of 41-60+, indicated that their peers below the age 40 talked to them on sex matters.

Sexual decision making are hindered by socio-cultural realities and complexities (Taylor, 1995). Within heterosexual relationships, men typically have power due to their controlling and authoritative nature which is a key in sexual negotiations (George, 1998). Five male and three female peer educators, all between the ages of 41-60+, indicated that their peers below the age 40 confide and seek advice from them.

The vulnerability of women is heightened by the gendered nature of their roles within heterosexual relationships. Women's relative disempowerment with regard to men is a critical factor influencing women's greater risk of infection placing gender issues at

the centre of the HIV prevention challenge (Amaro 1995). With specific reference to the South African case, Rapid social changes in the post-apartheid era including legislative, policy, socio-economic changes and the maturing HIV epidemic (Hunter 2004) have produced a conventional criticism that has strong implications for the interpretation and enactment of gender roles (Leclerc-Madlala, 2001).

In South Africa, the ways in which gender inequalities operate at a societal level to reinforce prevailing power structures have been well described (Campbell & MacPhail 2002). Young South African women face significant socio-cultural restrictions in the arena of sexuality (Lambert & Wood 2005), with an emphasis on maintaining modest behavior, protecting their virginity, and avoiding sexual relations until involved in regular relationships' (Leclerc-Madlala 2001).

Young women's vulnerability to HIV infection in the face of these gender dynamics is compounded often by having older partners, being sexually inexperienced, and having few sources of social support or guidance (Jewkes et al. 2002). These gender dynamics influence women's risk for HIV in a number of important ways (Susser and Stein, 2004). Women are more often disadvantaged with regard to decision-making within relationships (Varga 2003), with less power to negotiate the timing of sex (Varga 1997) and condom use (MacPhail and Campbell 2001), or to dictate the terms of relationships (Strebel 1996). Varga 2003 describes aspects of gendered power relations within young people's relationships, demonstrating the overwhelming degree to which gender and power affect relationship dynamics especially the use of sexual coercion (Campbell and MacPhail 2001).

Fear of violence is an important factor that impedes women from initiating condom negotiation and use with their partners, especially since power imbalances have been shown to be a major impediment in women's abilities to negotiate condom use (Amaro, 1995). Unfortunately, condom use is male controlled and there is a high male resistance to condom use (World Health Organisation, 2000). Sadly, "condoms

are useful in the prevention of other sexually transmitted Infections which disproportionately affect women's health and fertility, and women are more likely to be infected with HIV by having sex with HIV+ men than the reverse" (Kimberly, 1998;14). From the research, only three out of the ten female peer educators interviewed, all between the ages of 41 – 60+, engaged/interacted with both men and women of below 40 years. The remaining seven female peer educators below 40 years, who work in these male dominated workplaces, tried to initiate conversations with their male peers, to no avail.

This section has briefly discussed sexual negotiation among heterosexual couples that relates to the research question how does gender influence communication between HIV/AIDS workplace peer educators and their peers. The parts have been interconnected with the research findings. Lastly in this chapter, the following section looks at teacher-student relations and how it is linked to the research question.

2.7 Teacher – student relations

Gender equity is of concern to educators; however, gender bias continues to be perpetuated throughout the curriculum; in classroom interactions, instructional materials, pedagogy, and instructor evaluations (Heinz, 2002). Research shows that female students are often silenced whereas their male colleagues are given an attentive ear by their teachers/instructors/tutors.

More specifically, female students "are rarely called on, and their comments are more likely to be interrupted and less likely to be accepted or rewarded" (Sadker, Sadker, & Stulberg, 1993). Male students tend to "control classroom discussions... receive more praise... and more constructive criticism" (Hannan, 1995, p. 103). Instructors try to promote gender equity, however, about "one-half of students in college classrooms are silent and two-thirds of the silent students are women" (Sadker & Stulberg, 1993). This "male-based focus... contributes to women's alienation" and is eventually harmful to all students (Gallos, 1995). In two of the

research, three of the interviewed female peer educators, between the ages of 41-60+, all in managerial positions in their companies, have a platform of formally addressing their peers during monthly board meetings. They indicated that they received both positive and negative reception of their agenda (HIV/AIDS peer education). In addition, they noted that cold reception mostly comes from the men.

Research also shows gender bias in teacher evaluations of male and female students work. From Barnes research, “male teachers tend to be generally intolerant of emotional writing but even more critical when the author is female” (Barnes, 1990, p. 151). Male students are “more likely to be praised for the intellectual quality of their ideas,” whereas females are “more likely to receive praise for attractiveness of their work and general appearance” (Sadker & Sadker, 1990, p. 179).

Furthermore, when almost identical essays are attributed either to a female or to a male student, the essay is “given a higher grade when respondents believed it to be written by a man, a lower grade when respondents believed it to be written by a woman” (Pearson, 1987, p. 5). Moreover, when grades are held constant, females are not challenged to improve their work in the same way that men are. That is, “the ‘C’ male student is told that he should work harder and that he can improve; whereas the female student, is told that her performance is adequate” (Pearson, 1991, p. 75). Therefore, a ‘C’ is acceptable for women, but not for men. Although male and female peer educators have different styles of communication, they both receive the same peer education training. From the research, only three female peer educators out of the ten interviewed as compared to five male peer educators indicated that they received praise and acknowledgement of their formal and informal interaction from their peers.

This section has discussed teacher-student relations as it is related to the main research question, how does gender influence communication between HIV/AIDS workplace peer educators and their peers. The different parts have been correlated

with the research findings. As a conclusion, the following section will outline the research questions which are related to the key research question deduced from the above sections.

2.8 Conclusion

From the above literature, there are gender dimensions between men and women, in their general gender roles, in workplaces, in sexual negotiation and in schools. The literature has been related to gender dimensions that occur between HIV/AIDS peer educators and their peers, during formal sessions in the workplace and informal interactions with their families and in the community. The focus of the research is on the gender dimensions that occur between HIV/AIDS workplace peer educators and their peers during formal and informal sessions/communication.

In summary, research questions from the above literature review that relate to what gender dimensions of communication occur between HIV/AIDS workplace peer educators and their peers include:

1. Does gender influence patterns of the peer educator's formal or informal engagement with their peers? (Section 2.4, Paragraph 3)
2. Given that women are caregivers; do peers in the workplace feel more comfortable/obliged to confide or seek advice from female peer educators as compared to male peer educators? (Section 2.4, Paragraph 4)
3. If there are a disproportionate number of male/female peer educators in the workplace, why?; (Section 2.4, Paragraph 5, Section 2.5, Paragraph 2)
4. Are male peer educators held with higher status as compared to female peer educators, by their peers, during formal sessions? (Section 2.5, Paragraph 1)

5. During formal education sessions, is there more or less audience participation/interaction with female or male peer educators? (Section 2.6, Paragraph 2)
6. During formal education sessions, is the audience participation/interaction with the peer educators influenced by the gender capacities of the audience? (Section 2.6, Paragraph 2)
7. Do peers appreciate and acknowledge formal presentations and interactions by male or female peer educators, differently? (Section 2.7, Paragraph 4)
8. Do male/female peers approach/ask male/female peer educators, on sex matters during formal sessions, differently? (Section 2.6, Paragraph 3)
9. Is there a difference to the way peers pay attention, during formal sessions and informal interactions by male and female peer educators? (Section 2.7, Paragraph 2)
10. Do male or female peers give feedback on their change of attitude or way of life to male or female peer educators, differently? (Section 2.7, Paragraph 2)

As a point of departure from this chapter, information gathered from the literature review shaped the research questions above. The research questions were interrogated on during the research course using different research methodologies which are discussed in the next chapter.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

In this chapter the methodology used in the collection and analysis of the data is discussed. This includes information regarding the research paradigm that has been utilised, research questions related to the key research question: how gender influences the communication between HIV/AIDS peer educators and their peers, the research setting, research participants, data collection, data analysis, validity of the research and ethical considerations.

3.2 Research Paradigm

A qualitative research paradigm underpins this study. The decision to use qualitative data is based on the need to understand matters from the research participant's perspective (Babbie & Mouton, 2004). Lindlof and Taylor (2002) have argued that, "Fundamentally, qualitative researchers seek to preserve and analyze the situated form, content, and experience of social action, rather than subject it to mathematical or other formal transformations". Consequently, the aim of this study is to describe and explain events as close as possible to the real experiences of the research participants. In addition, the researcher hoped to uncover profound and meaningful interpretations of the related research questions through in-depth descriptions to capture the understanding of the participants (Neuman, 1994).

3.3. Research Setting

The research was conducted under the Swedish Workplace HIV and AIDS Programme (SWHAP). The Swedish Workplace HIV and AIDS Programme (SWHAP) is a joint initiative between the International Council of Swedish Industry (NIR) and the Swedish Industrial and Metalworkers' Union (IF Metall). From the SWHAP 2010 regional report, the organizations' objectives are to assist employees

at Swedish-related workplaces to positively respond to the HIV pandemic; to document and share the experiences of the workplace programmes and to influence and motivate other actors in the field by the shared experiences. This is achieved by providing support to the workplaces; organizing network activities; undertaking evaluation and research; as well as providing co-funding for individual workplace programmes and interventions. The research was conducted in four SWHAP workplaces in three economic sectors. In the power and automation technologies sector; transportation related products and services sector and the automotive sector.

3.4 Research Participants

Four South African companies in three economic sectors participated in the research between June and December 2010. Companies were identified from within selected economic sections and included on the basis of them having an operational peer educator programme and willingness to allow research access. The table below shows the companies that participated in the research.

Table 1: Companies participating in the research

Sector	Number of employees (Permanent & Non-permanent)	Number of peer educators	Ratio: Peer educators to employees
Power and automation technologies A	1400	12	1:117
Power and automation technologies B	155	11	1:14
Transportation related products and services	511	12	1:43
Car parts company	157	5	1:31
Total	2223	40	

Source: Interviews

3.5 Research Components

The research consisted of three components:

3.5.1 Semi-structured in-depth interviews

Firstly, semi-structured in-depth interviews were conducted with twenty HIV/AIDS workplace peer educators. According to Marshall and Rossman (1995), an in-depth interview is more like an ordinary conversation than a question-and-answer session. However, unlike a conversation, there was a clear purpose in the interview sessions. The researcher used a semi-structured interview schedule as it allowed for a set

amount of information to be gained without limiting the sequence and flow of the discussion. Therefore, the semi-structured, in-depth interviews allowed for greater flexibility in the questioning process. As a result the researcher was able to probe for greater detail and depth, or clarification of opinions, attitudes and beliefs regarding the subject matter (Marshall & Rossman, 1995)

Of the interviewed peer educators ten were male while ten were women. These employees, in all the research sites, play a dual role of being committee members and peer educators. Four of the interviewed peer educators were the programmes' peer education coordinators. Two of the interviewed peer educators were on-site female occupational health nurses. All the interviews lasted between 20-30 minutes. During the interviews a mini-questionnaire was administered to all the research participants that consisted of demographic questions, questions on what the peer educators do and questions that probed the research question: (How does gender influence communication between HIV/AIDS workplace peer educators and their peers?). The selection of the interviewees was done by request from the researcher to the interviewees on a willingness to participate with consideration of representation of both genders and a wide spectrum of race. Informed consent was obtained from interviewees' that was granted in all cases. Table 2 below shows the interviews conducted.

Table 2: Interviews conducted

Interviews	Sex of interviewees		Total of interviewees
	Male	Female	
Peer educators	8	6	14
Peer education coordinators	2	2	4
Occupational health nurses	0	2	2
Total	10	10	20

Source: Interviews

All the interviews were tape recorded. One of the reasons for choosing to tape record the interviews was that the key advantage of this method over taking field notes is that it is less prone to the interpretive filtering effect which is more evident in taking field notes (Speer & Hutchby, 2003).

3.5.2 SWHAP (Swedish Workplace HIV/AIDS Programmes) peer educators' workshops

Secondly, the researcher attended three SWHAP (Swedish Workplace HIV/AIDS Programmes) peer educators' workshops. The researcher participated and observed during the workshops. The workshops were held in July, September and December 2010. The workshop in July was on the current status of the peer education programmes in the workplaces and what activities they have planned for the rest of the year. Peer educators' success stories were also shared. The second workshop in September was on barriers to effective communication between the peer educators and their peers and what challenges they face in their workplaces'. The third workshop in November was a follow up on the 3rd HIV/AIDS in the workplace research conference. This was to explore on what SWHAP (Swedish Workplace HIV/AIDS Programme) workplaces can incorporate into their programmes to be more effective and efficient.

3.5.3 Document analysis

The third component consisted of document analysis of the four research sites HIV/AIDS peer education documents and policies. All the research sites had comprehensive documents and policies suited to the specific workplace' but nevertheless they all seek to address the subject matter: HIV/AIDS. In three of the research sites where the HIV/AIDS peer educators played a dual role of also being in the wellness committee, there only existed one blueprint that incorporated all aspects of employees' health.

3.6 Data Analysis

The analysis of data was done by means of the qualitative analytical technique. All the audiotapes were transcribed verbatim. Once the data was transcribed, thematic content analysis was used to analyse how does gender influence communication between HIV/AIDS workplace peer educators and their peers. Thematic content analysis involves thematic coding which is a process of developing initial categories of concepts and themes through in-depth analyses of the data (Marshall & Rossman, 1995). General themes were thus extracted and carefully scrutinised to accurately capture the understanding and perspective provided by the participants associated with the research questions. A thematic content analysis can therefore be defined to be a systematic technique for compressing huge amounts of information into fewer categories (Boyatzis, 1998).

This procedure involved the evaluation of information through five key steps (Marshall & Rossman, 1995). Firstly, the data was organised into key ideas and theories arising from the literature review (Marshall & Rossman, 1995). For the purpose of this research, questions asked during the interview provided the framework and foundation for the organisation of the themes. This assisted in compressing the raw data into a more manageable size. It also allowed for an internalisation of as much data as possible by the researcher (Boyatzis, 1998). Secondly, key themes were identified through a process of induction (Marshall & Rossman, 1998). During this process the precise description of the themes was not as important as looking for and finding broad patterns across the responses (Boyatzis, 1998). Themes were then developed and categorised deductively. Prior research and theory was applied to replicate, extend or refute what was already presented in the literature review (Boyatzis, 1998).

Thirdly, coding of the emerging themes took place by using different colour markers. The aim of this type of clustering was to further break down thematic information

(Marshall & Rossman, 1995). Fourthly, the themes were then explored. This was done via elaboration that allowed for a comparison between themes and sub-themes (Marshall & Rossman, 1995). Finally, the data was written up as an interpretation (Marshall & Rossman, 1995) of the collected information.

3.7 Validity of research

A common concern with qualitative research is the way in which the researcher's bias may influence the findings and discussions (Greenstein, 2003). It is thus important that some form of systemic check and cross-check be carried out by the researcher to ensure that the data is credible. Greenstein's four aspects of credibility, transferability, dependability and confirmability were taken into account to ensure trustworthiness. Credibility is the accuracy of the description of the data (Greenstein, 2003). For this reason the researcher worked closely with her supervisor to ensure that the reconstruction and representation of the respondents' views on how does gender influence communication between HIV/AIDS workplace peer educators and their peers was thematically coded and depicted accurately.

The second aspect of transferability ensures that the findings can be applied to other contexts and to the other research participants (Greenstein, 2003). This was done by establishing a degree of similarity in the respondent's views with other research material on the same subject matter. Additionally, differences were explored and alternative explanations were also sought.

The third aspect of dependability concerns the constancy of qualitative data over time (Greenstein, 2003). This research collaborated with other similar research and even though people's perspectives over time, much of the findings concurred with similar themes and observations found in the literature study. In addition, the researcher has availed data in the research findings, discussions and conclusions for verification and to ensure comparability.

Despite the above checks to control for researcher neutrality, the personal as well as intellectual biases and values of the researcher have to be taken into consideration as this impact on the nature of the interaction with the research participants and the quality of the information gained. This was standardized by getting a second opinion from her research supervisor and colleagues.

3.8 Ethical Considerations

Informed consent was obtained from the research participants by providing them a subject information sheet. Once the research participant has read and understood the information sheet, she or he was given an opportunity to ask questions, if they are willing to participate in the research, he or she then signed the consent form. The research participants were assured of their confidentiality and privacy of their responses. Their participation was completely voluntary and they were made aware that they were free to withdraw from the research at any point if they wished to do so. They were also informed that they were not obliged to answer any questions if they felt that some of the questions were too personal, and if they felt uncomfortable they had a right not to respond.

The real names or any other form of identification of the research participants are not going to be revealed to a third party under any circumstances. Anonymity was guaranteed to the research participants however confidentiality was not guaranteed at all stages of the research as the researchers' observations during the Swedish Workplace HIV/AIDS Programme (SWHAP) workshops did not facilitate this.

In addition, permission to tape record the interview sessions was gained beforehand. The preference of the researcher to tape record over taking notes during the interview sessions was extended to all the research participants. All the research participants signed an informed consent for tape recording of the interviews. Participants were informed that the tapes would be transcribed verbatim and that at no point in time would any reference of the transcripts or research report be able to

identify them. The researcher assured all the research participants that no information of a personal or sensitive nature would be used in the final report.

3.9 Conclusion

In this chapter the methodology used in the collection and analysis of data was discussed with specific reference to the research paradigm, research questions, research setting, research participants, data collection, data analysis, validity of the research and ethical considerations.

It should be noted, as a weakness, in light of data collected initial questions used in the interviews with research participants changed direction. The interview schedule used in the collection of data has been included in the appendix.

CHAPTER FOUR: FINDINGS AND ANALYSIS

4.1 Introduction

This chapter outlines the findings of the research and presents a discussion of the findings. The transcribed data, including quotes, is presented under key themes that have been organised under four main sections. Firstly, a description of the four programmes in each of the research sites is given. Their HIV/AIDS workplace programmes are discussed including a brief introduction of the peer educators. The second theme discusses the gender composition of peer educators and their workforce. This section discusses the women support network section as an account for the difference in the number of male and female peer educators as compared to the number of male and female individuals in the workforce.

Thirdly, gender dynamics in the context of formal presentations are discussed. This is discussed under the sections board meetings and morning briefings. Those were the only two opportunities that the HIV/AIDS peer educators, in all the research sites, had an opportunity of addressing their peers formally. Fourthly, informal interactions and dynamics are discussed. This is discussed with an account of how the interactions occur with an explanation for these differences under gender, age and culture.

The presentation of these key themes has been done in accordance with the research questions and research aims. The themes are considered to be representative of how does gender influence communication between HIV/AIDS workplace peer educators and their peers. The research findings and analysis have been organised in a manner that demonstrated the multiplicity of issues on how gender influences communication between HIV/AIDS workplace peer educators and their peers without getting mislaid in the content but nevertheless remained in keeping with the thematic content analysis.

4.2 Description of the four programmes

Four large South African companies in three economic sectors participated in the research between July and December 2010. Companies were identified from within selected economic sections and included on the basis of them having an operational peer educator programme and willingness to allow research access.

All the research sites have active HIV/AIDS peer education programmes that have been in existence for between one to four years. Their peer education programmes are co-funded by the Swedish Workplace Peer Education Programme (SWHAP). SWHAP assist employees at Swedish-related workplaces to respond to the HIV/aids pandemic. Three of the research sites have an on-site occupational health nurse. In all the research sites, there is a good network referral system between the organisations' HIV/AIDS peer education coordinator and the on-site occupational health nurses to appropriate health facilities or their Wellness Service Provider. This section is divided into four sub-sections. Firstly two of the research sites, in one economic sector, Power and Automation Technologies A and B are discussed. Secondly, the third research site in the automotive economic sector is discussed. Finally, the company in the car parts economic sector is discussed.

4.2.1 Power and Automation Technologies A and B

The South African companies offer a wide range of power and automation technologies solutions from a wide range of their products and services. The group has seven manufacturing sites around the country but research was only conducted in two of them. The organization was established in South Africa in 1992 and employs more than 2,400 people. The following sub-sections will discuss the two research sites independently.

Power and Automation Technologies A

The company has a total of 1,467 employees of which 379 are females and 1088 are male. Of these employees, six are male peer educators while six are female peer educators. Comparing the total number of employees to the total number of peer educators, the estimated ratio is 1:122. However, the representation of peer educators in the company is not made according to divisions or units. The peer education committee ensured that every floor is represented by one or more peer educators as the company is relatively big in size. In addition, the peer education committee is currently, in 2011, on a recruitment drive within the organisation for more peer educators at every floor.

Currently, there is a peer education structure which is part of a broader HIV/AIDS programme. Apart from the HIV/AIDS peer education programme, the organisation has an external Wellness Service Provider. The service provider facilitates managements' support in ensuring that the health of their employees is paramount for the total wellbeing of the company. Intervention mechanisms are in place with regards to the health of all the employees, there is a thriving supportive environment health-wise and the Wellness service provider conducts evaluations on the employees to measure their level of health. Evaluations are conducted through health tests such as diabetes testing and HIV/AIDS counselling and testing.

The peer education programme in the research site has not been very active as they newly recruited peer educators, between June and October 2010, who only received their first training in November 2010. In addition, peer educators who were in the old structure have resigned. The current peer education coordinator was waiting for the peer educators to return before they could have a meeting to form possibly a more functional peer education structure.

There is an on-site occupational health nurse. She is not actively involved in the workplace peer education programme or wellness committee as she was recruited

into the company in June 2010. However, the peer educators refer their peers to her where medical attention is needed or for HIV/AIDS counselling and testing. The occupational health nurse also refers patients who need to be on the Anti-retroviral treatment programme to relevant health facilities.

Power and Automation Technologies B

This research site is has a total of 155 employees of which 114 are women while 41 are men. Of these employees, five are male peer educators while six are female peer educators. Comparing the total number of employees in the organization and the total number of peer educators, the estimated ratio is 1:14. Individuals in the workplace voluntarily chose to become HIV/AIDS peer educators. However, the peer education team is hoping for an increase in number in 2011 in-order to have a more equal representation of peer educators compared to the total number of the workforce.

The workplace peer education programme has been in existence since January 2010. The peer educators perform a dual role, as they are also in the company's wellness committee. Currently there are no monitoring and evaluation measures of the peer education programme. However, there are plans to conduct a KAP survey in 2011. In addition, all the peer educators, at the beginning of 2011, have been issued a log book for recording all their peer education related activities in the workplace and in their local communities. This will be an account of their peer education activities.

The company has an on-site female occupational health nurse who is part of the wellness committee. However, she is not involved in the peer educators' activities; the peer education coordinator is planning to involve her in the peer education programme in 2011. Nevertheless, the peer educators refer their peers to her where medical attention is needed or for HIV/AIDS counselling and testing. The

occupational health nurse also refers patients who need to be on the Anti-retroviral treatment programme to medical facilities.

The local community clinics have the peer education coordinators' information to contact him if and when they need to educate the surrounding communities on HIV/AIDS and its related illnesses.

The above two sub-sections have discussed two of the research sites incorporation with their HIV/AIDS peer education programmes. The two sites are in the power and automation technologies economic sector. The following section discusses the third research site in the automotive economic sector.

4.2.2 Automotive

The company creates, manufactures and sells automotive safety systems. Their main agenda is to a large extent reduce traffic accidents, fatalities and injuries. The research site is a worldwide leader in automotive safety, a pioneer in both seatbelts and airbags, and a technology leader with the widest product offering for automotive safety. The company services clients from 80 facilities in 29 countries. They have an estimated 38,000 employees worldwide.

The research site has a total of 157 employees of which 57 are men and 100 are women. Out of these employees 2 are male peer educators while 3 are female peer educators. Comparing the total number of the workforce to the total number of peer educators, the estimated ratio is 1:31. Becoming a peer educator is completely voluntary. However, the HIV/AIDS peer education committee is in process (2011) of recruiting more peer educators in-order for the currently few peer educators not to be over-whelmed in their engagements with their peers within the workplace and in their homes and communities.

The workplace peer education programme has been in existence since 2000. As with the power and automation technologies companies these employees play a dual role of being committee members and peer educators.

They perform this dual role because middle management does not allocate them time to engage in the peer education programme and the wellness committee, separately, as this time could be used for production. Their last training was in November 2010.

Currently there are no monitoring and evaluation measures of the peer education programme. The peer educators are planning to conduct internal and external KAP surveys before the first quarter of 2011. The external KAP surveys will be conducted by the external wellness service provider. They have a female on-site occupational health nurse who is also a peer educator. She is actively involved in the peer education programme.

This section has discussed the third research site in the automotive economic sector. The peer education programme was also discussed. The following section will discuss the fourth and final research site in the transportation economic sector.

4.2.3 Car Parts Company

This company provides transportation related products and services with focus on quality, safety and environmental care. The company was founded over eighty years ago, with a solid position and reputation worldwide built over the decades.

The peer education programme at the research site was re-launched in 2010 where they re-elected wellness committee members. As with the power and automation technologies companies, these employees play a dual role of being wellness committee members and peer educators.

The research site has a total of 511 employees, of which 121 are women while 390 are men. Of these employees two are male peer educators while ten are female peer

educators. Comparing the total number of individuals in the company and the total number of peer educators, their estimated ratio is 1:43. Becoming a HIV/AIDS peer educator in the organization is voluntary. However, the peer education committee has plans to recruit new peer educators in 2011 in-order for there to be a more reasonable representation of peer educators as compared to individuals in the workforce.

The peer education programme is monitored and evaluated. This is done by conducting KAP surveys to identify employee needs and where they need to work on or improve. KAP surveys are conducted on a yearly basis through the administration of questionnaires to all the employees. In the 2010's KAP survey, 94 percent of the employees felt that the research site in the transportation economic sector cares for them. Care here refers to the generous benefits including adequate health care access that the employees receive. There is confidence that the peer education programme is a success because they had a few HIV+ employees who were in denial but are currently registered in the HIV management programme through their medical aid. This vital information was confirmed from the yearly counselling and testing drive conducted by an outsourced company on world AIDS day. Employees are encouraged to test for HIV on AIDS day as part of showing their commitment to tackling this dire pandemic.

There is no on-site occupational health nurse at the research site. However, medical aid membership is a condition of employment thus all employees must join a medical aid scheme. The car company contributes 100 percent, on a monthly basis, towards their employees' medical aids'. In cases where a medical general practitioner diagnoses that an employee needs to see a specialist, such as psychologist, the company pays for it. Despite the fact that the employees are covered partially or fully by their medical aids, the company covers all the costs.

This section has discussed the research sites under the three economic sectors that participated in the research. Two of the research sites were in the power and automation technologies sector, the third company was in the automotive economic sector and the fourth company was in the transportation economic sector. A brief description of all the research sites was given and their HIV/AIDS peer education programmes were discussed. The following section will discuss in depth the gender composition of the peer educators and their workforce. The section is relevant to the research question, how does gender influence communication between HIV/AIDS workplace peer educators and their peers.

4.3 Gender composition of peer educators & their workforce

In all the research sites, there is a difference on the number of male and female peer educators as compared to the number of men and women in the workforce. This is illustrated in the table below:

Table 3: Number of peer educators & number of individuals in the research sites

Company	Number of peer educators			Number of Individuals in the company's			Conclusion
	Male	Female	Total	Male	Female	Total	
Power and Automation Technologies A	6	6	12	1088	379	1467	Women are over represented as peer educators
	50%	50%	100%	74%	26%	100%	
Power and Automation Technologies B	5	6	11	41	114	155	Women are under represented as peer educators
	45%	55%	100%	26%	73%	100%	
Transportation	2	10	12	390	121	511	Women are over represented as peer educators
	17%	83%	100%	76%	24%	100%	
Automotive	2	3	5	57	100	157	Women are under represented as peer educators
	40%	60%	100%	36%	64%	100%	

Source: Interviews

In two of the research sites, there is an under representation of men as peer educators as compared to the number of men in the workforce while in the other two research sites, there is an under representation of women as peer educators as compared to women in the workforce.

Because of the small numbers of the workforces' in two of the research sites in Power and Automation Technologies B and Car Parts Company, an attempt for gender balances by the peer education coordinators is almost impossible. The over

represented of peer educators in two of the research sites is in the power and automation technologies and transportation economic sectors. An explanation why women are overrepresented is accounted for in one of the research sites where female peer educators formed a women support network. They support each other, as peer educators, in the organization and in the community as they live in the same area. The following section will discuss the women support network at the research site.

4.4 Women support network

There is a difference in the number of male and female peer educators as compared to male and female individuals, respectively, in the workforce. At two of the research sites there is an over representation of women as peer educators. At one of the sites in the Power and Automation Technologies company the female peer educators have formed a women support network.

In this workplace, the female peer educators offer each other support. Four of the interviewed female peer educators, all from one company, have formed their exclusively women support network. All these women live in the same neighbourhood. The group was an existing social network before they became peer educators in the workplace.

They all attend the same community Pentecostal Church. In addition, they share the same religious belief that emphasis the power of God for good health on those using ARV's. This social network allowed them engage in the same level of their peer education activities in the workplace and in their community. In the workplace, they do not discuss issues of their faith with their colleagues. Peer education implies an area of difficulty but keeps them active as it is incorporated with their religious beliefs. One of the interviewed peer educators indicated, "We are Christians and what we believe in about HIV/AIDS, that one can get better when they take their ARV's and God will help them, motivates us in our work as peer educators". The

other female peer educator in the support network added, “We are motivated by our faith when we continue about our peer educators activities, both in the company and in our community”. Their religious beliefs give them positive energy as they engage in peer education activities with their peers. In addition, they keep information of their social network out of the workplace least they get discriminated.

There are situations where a peer confides and seeks advice from the peer educator and it is too heavy for her to comprehend and advice accordingly, she then turns to her peer (peer educator) in the support network for in-depth on the case. They have formed a strong bond of trust amongst themselves. One of the interviewed female peer educator in the network, said, “we became friends and started trusting each other because we work together and we are neighbours at home, so we share a lot”.

Out of the workplace, they offer the same support to each other. Since they live in the same neighbourhood, they visit each other and share situations, brainstorm and share advice. They take time to share information with the community on HIV/AIDS by distributing pamphlets on HIV/AIDS and other HIV related illnesses and they have a platform during funerals and at their local church. People in the community know them as ‘HIV activists’, and in many situations seek advice from them. One of the interviewed peer educator, said, “Our Pastor gives us time to educate the congregation on HIV/AIDS after the service”.

This section presented an account why there are more female peer educators in one company. This was in the power and automation technologies company. The support that these women offer each other regarding their peer education activities keeps them motivated. In addition, their religious belief those individuals who have contacted HIV or have AIDS related illnesses can get better in health with the power of God and by them taking their ARV’s. This is the only support network that was identified during the research as an account why there is more women as peer educators in this workplace. The following section discusses the gender dynamics in

the form of formal presentations that is underpinned on the research findings and analysis on how does gender influence communication between HIV/AIDS workplace peer educators and their peers.

4.5 Gender dynamics in the form of formal presentations

In all the research sites, at the heart of HIV/AIDS workplace peer education is the certainty that, peer educators having received formal training, should pass on information to their peers through formal and/or informal engagements. This is the traditional model of workplace peer education. However, in all the research sites, there were less formal peer educators' communication to their peers. In two of the research sites, peer educators, formally addressed their colleagues during board meetings and morning briefings.

4.5.1 Board Meetings

In two of the research sites, the Car Parts and Power and Automation Technologies companies, the peer educators have an opportunity of formally addressing their workmates. The peer educators, in both the research sites have this opportunity during monthly board meetings. Board meetings are held to discuss the progress of the departments as per their job descriptions and duties as well as projections to be reported on their next monthly meeting. These peer educators in managerial positions briefly address their workmates, in middle and managerial positions, on HIV/AIDS issues. They are allocated between 10-15 minutes. As the table below shows, all the peer educators that had an opportunity for formal interactions with their peers are all women.

Table 4: Research sites, sex of the peer educators' and their positions in the companies

Research site	Sex of peer educator	Position in company
ABB Longmeadow	1 female	Managerial
Volvo	2 female	Managerial

Source: Interviews

These female peer educators, who are also in their companies' wellness committees, have an influence in their companies because of their positions. One of them said, "They listen to me when am talking, maybe it is because of my position... chuckles)". They address a mixed group of both men and women. Often reception of the agenda is mixed, both positive and negative, depending on individual interests. One of the interviewees said, "when am talking, our general manager is always looking at his watch and back at me, but I keep talking, I don't stop because I am not scared of him". There is trend that the cold reception comes from the men, the interviewed peer educators noted they are the ones always reacting. She added, "I hear him (general manager) telling other men when we finish the board meeting, 'what does she know', but I just ignore him, he doesn't intimidate me".

Of the three interviewed female peer educators and five male peer educators, all in over 40 years, they indicated that they receive acknowledgement and praise from both male and female peers of their formal education sessions. The three female peer educators indicated that they receive praise and acknowledgment mostly from women, with a reported estimate ratio of 2:1. The trend is so because women engage with each other easily especially when the female peer educator is older, she is a motherly figure believed to have knowledge and wisdom. One of the interviewed peer educator, between the ages of 21-30, said, "We (women) feel free to talk to each other..." while another female peer educator in the same age group

added, “we seek advice from the older female peer educators because they have more experience and knowledge”.

4.5.2 Morning briefings

At one of the research sites, a male peer educator, between the ages of 41 – 60, has an opportunity of addressing his fellow workmates during morning briefings, once every second week, for 10 minutes. The male peer educator, who is a floor supervisor, said, “I talk to them briefly during our meeting, they listen to me, you know we are mostly men here, we understand each other...”. At the floor level, there are mostly men working with technical and manual job descriptions. There is an aura that men listen to each other as they are of the same standing in terms of gender and also culturally they share mutual respect for each other.

The peer educator indicated that he receives praise and acknowledgement from his fellow male workmates. He said, “some of them (men) tell me thank you, that they have learnt something new, that motivates me as a peer educator”. The peer educator also receives feedback on a reported change of sexual behaviour of some of the men. He added, “Some men, especially the younger ones, like below 35 years, come privately to confide in me that they are now using condoms, others say they have dropped their many girlfriends they just have two or three now and they are using condoms with them”. The acknowledgement, praise and feedback on a change of sexual behaviour motivate peer educators on their challenging roles in their workplaces.

4.6 Informal interactions: gender, age and culture dynamics

4.6.1 Introduction

There are informal interactions between the peer educators and their peers both in the workplace and in their communities. There are more informal interactions between the peer educators and their peers than formal engagements. Six male and

five female of the interviewed peer educators indicated that their peers in the workplace spoke to them on matters surrounding HIV/AIDS, one on one, at their spare time, such as during lunch. In addition, all the interviewed peer educators indicated they were comfortable talking to their peers on HIV/AIDS matters, as well as to their family members and people in their communities. The following sections discuss informal interactions by firstly giving an introduction on the formal engagements of the peer educators and their peers, secondly an account is given for the pattern of the informal interactions under gender, age and culture.

The gender of peer educators influences their interactions with their peers. In the workplaces, both male and female peer educators indicated that their interactions/engagements on matters pertaining HIV/AIDS are with men and women respectively. In addition, five of the ten male peer educators and three female peer educators interviewed, all over 40 years, interacted with both men and women of all ages. The female peer educators, who work in male dominated workplaces, tried to initiate conversations with their male peers, to no avail. This pattern is tabulated below:

Table 5: Informal interactions between the peer educators and their peers

Sex of peer educators	Age of peer educators	Number of peer educators	Sex & age of peers who confide and seek advice from the peer educators
Male	Below 40 years	5	Only male peers in the same age group with the peer educators
	41 – 60+	5	Both male and female peers of all age groups
Female	Below 40 years	7	Only female peers in the same age group with the peer educators
	41 – 60+	3	Both male and female peers of all age groups

Source: Interviews

The pattern is that few men in the workplace confide in younger male peer educators below 40 years whereas both men and women confide in older male peer educators over 40 years. In addition, the male peer educators over 40 years indicated that both their male and female peers speak to them on sex matters. This is so because there is an understanding that older male peer educators are easier to approach as they have a greater deal of experience and knowledge to trust and confide in them and to seek advice accordingly. They are more of parental figure among their peers. An interviewed male peer educator, 54 years of age said, “I have been in the company for over 30 years, everyone knows me, I am like a father to most people, I think that is why both women and men confide and seek advice from me on their personal issues”.

More female peers seek advice from female peer educators below 40 years while both male and female peers seek advice from female peer educators over 40 years.

In addition, the female peer educators over 40 years indicated that both their male and female peers speak to them on sex matters. This trend is so because seven of the interviewed female peer educators were below 40 years and the remaining three were over 40 years. There is an understanding peer educators over 40 years of age are motherly due to their experience and the knowledge they have thus both male and female peers have the assurance to confide and seek advice from them.

An interviewed female peer educator, 50 years of age said, “I am popular because I have been in the company for 27 years now, most people know me, I am actually a mother to many (laughs), men and women talk to me and I advice them”. Peer educators who have been in the company for a long time are respected and this opens a communication channel with their peers. Individuals working in the company approach them on both official and private matters, more importantly on issues around HIV/AIDS as they are known as peer educators.

Out of the workplace, both male and female peer educators of all ages indicated that both male and female peers confide in them. However, the peers who confide and seek advice from them are in their age set. This pattern is so because firstly, the environment that prevails in the community is different from the workplace. There is no structures and bureaucracy in the community which exist in the workplace. Secondly, there is more engagement of male and female peer educators with their peers of both sexes at different community gatherings, such as weddings and during recreation time. An interviewed male peer educator said, “while we are having a few drinks with my friends and their girlfriends, I tell them about HIV/AIDS, and advice them to condomise [laughs]”.

There are several reasons why peer educators informally interact with their peers as discussed above. An account for these patterns will be briefly discussed in the sections below. Firstly, the gender of the peer educators which influences their interactions with their peers will be discussed. Secondly, the age of the peer

educators is a determining factor in their informal interactions is discussed. Thirdly, culture which hinders and/or influences informal interactions and communication between the peer educators and their peers is discussed.

4.6.2 Gender and informal interactions

From the interviews with the male peer educators, men in the workplace find it difficult to talk to women, especially below 40 years, on matters pertaining HIV/AIDS as it is a sensitive issue to them, they would rather talk to a male peer educator as they understand each other. One of the interviewed male peer educator, over 40 years, said, "At work I mostly talk to men because there is a way we talk to each other, we understand each other". Men share a common understanding between themselves and a form of mutual trust that they are comfortable talking and seeking advice from each other.

In addition, from the interviews with the female peer educators, they indicated that they experience difficulties trying to initiate informal interactions with their peers, especially in the workplace. One of the interviewed female peer educators said, "I have tried many times to talk to the men on my floor about HIV/AIDS, they tell me who am I as a woman to talk to them about an issue like that". Many female peer educators, especially below 40 years of age, in all the research sites, experience difficulties informally interacting with their peers in the workplace.

4.6.3 Age

The second factor that influences the informal interactions of peer educators is age. Seven of the interviewed female peer educators, all below the age of 40, indicated that they did not engage with their male workmates as most of them are older than them. An interviewed female peer educator confirmed that, "I can't talk to them (men) here (in the workplace) as they are older than me". Older men, above 40 years, do not engage with female peer educators younger than them as they feel they are not

more knowledgeable than them. It is also regarded as disrespectful for a young woman to talk to an older man on matters surrounding sex.

4.6.4 Culture

From the research, another hindering factor of peer educators' interactions with their peers is culture an issue that frequently interacts with age and gender differences. Culturally, women can not talk to men on sensitive matters in this case, issues pertaining sex. An interviewed female peer educator said, "In African culture, you can't just talk to a man about sex, it is a sensitive issue, it is somehow disrespectful, it is as if I have gone beyond my boundaries as a woman". Sex is considered in many societies as a sensitive issue that is addressed in a careful manner. Men and women, respectively, can discuss among themselves on matters surrounding sex as they share a common understanding on the subject.

Informally, out of the workplace, male and female peer educators engage with both male and female peers, in their homes, in churches, and at events such as weddings and funerals. Communication exists between the peer educators and their peers of all ages as they are in the same social network. An interviewed male peer educator, who is also a pastor at his local community church said, "At the end of services, at least once a month, I speak on HIV/AIDS to the congregation, many people, men, women and youth, of different ages, come to seek advice from me one-on-one on their situations". An interviewed female peer educator affirmed that, "at home, I speak to my family and also extended family about HIV/AIDS".

4.6.5 Conclusion

This section presented the findings and analysis of the research. A brief overview of the research sites from the three economic sectors was given. These sectors include the power and automation technologies sector, transportation related products and services sector and the automotive sector.

The gender composition of the peer educators and their workforce in each of the research sites was tabulated and explained. There is a difference in the number of male and female peer educators as compared to men and women in the workforce, respectively. An explanation for the over representation of female peer educators at one of the research sites is they formed a women support network in the same social network with a tight bond of friendship, mutual respect and secrecy.

Formal presentations are where the peer educators have a formal platform of addressing their peer educators. Two of the research sites had this platform during board meetings and morning briefings. Informal interactions are where peer educators engage with their peers in an informal setting in the workplace and in their homes and communities. This was discussed under peer educators gender and their peers and who confides and seeks advice from peer educators. The research findings were presented under the above discussed sections and they show evidence that gender as well as age and culture influences communication between HIV/AIDS workplace peer educators and their peers.

CHAPTER FIVE: CONCLUSION

5.1 Research Summary

HIV/AIDS is a global pandemic with statistics showing that South Africa remains one of the countries with the highest prevalence rates (UNAIDS, 2007). South African companies have responded to the dire impacts of the HIV/AIDS endemic, on their workforce, among many approaches, through workplace peer education. The aim of this research was to explore and understand the potential barriers as well as facilitators to communication between male/female HIV/AIDS workplace peer educators and their male/female peers. More specifically the research sought to uncover how gender either impinges or increase the efficacy of HIV/AIDS workplace peer education. In order to gain a profound and rich understanding of this research topic, the qualitative method of research was deemed to be the most appropriate. The research participants included HIV/AIDS workplace peer educators, the peer education coordinators in the four research sites and their occupational health nurses. The data that was generated through the semi-structured interviews was thematically organised to reflect how gender influences communication between HIV/AIDS workplace peer educators and their peers.

Although most of the findings in this research study support the findings of other research conducted in this field, there is also significant additional information that has come to light. As the themes unfolded three major themes emerged in relation to the main research questions, aims and objectives. These themes include:

- The first theme revealed during the research is that there is a difference in the number of male and female peer educators as compared to the number of men and women, respectively, in the workforce. A significant account for this difference in numbers of male and female peer educators as compared to male and female individuals' in the workforce, is that female peer educators in

one of the research sites formed female support network. This network is a supporting pillar in their engagements in the workplace and their community as female peer educators.

- The second theme that emerged is that the research participants conduct formal presentations as peer educators to their peers in their workplaces'. Formal presentations occur firstly, during monthly board meetings which are informative discussions on the progress of the different departments. Secondly, formal engagements between the peer educators and their peers occur during morning briefings, every fortnight, at one of the research sites.
- The third theme is peer educators interact with their peers informally, in the workplace and in their communities. The account for this is firstly, the gender of peer educators influences their interactions with their peers. Secondly, considering the age and sex of the peer educators, their peers confide and seek advice from them. The pattern is that few men in the workplace confide in younger male peer educators below 40 years whereas both men and women confide in older male peer educators over 40 years. In addition, the male peer educators over 40 years indicated that both their male and female peers speak to them on sex matters. More female peers seek advice from female peer educators below 40 years while both male and female peers seek advice from female peer educators over 40 years. Out of the workplace, both male and female peer educators of all ages indicated that both male and female peers confide in them. Age, gender and culture influence the patterns of informal interactions between HIV/AIDS workplace peer educators and their peers.

5.2 Limitation of research

Being a qualitative research study, this research has been limited by the restricted sample size. There were only twenty research participants. As a consequence, one limitation is the inability to provide generalised conclusions. The views and opinions are therefore a reflection of a specific group of participants. This affects the external validity of the study (Greenstein, 2003). However, as the main purpose of this study has been to gain an in-depth understanding that will add to the existing body of knowledge and generate future research in this area, the criteria of credibility, transferability, dependability and conformability were adhered to in order to ensure soundness of the study (Rosenthal & Rosnow, 1991).

5.3 Recommendations

Recommendations that arose from the research conducted include:

- A criteria of recruitment of HIV/AIDS workplace peer educators needs to be in place to ensure that is a more proportionate representation of gender, age and a diversity in culture as this influences their interaction patterns with their peers especially informally.
- HIV/AIDS workplace peer educators need to be trained on gender dynamics so that they can collectively be able to interact with all genders and age groups whether informally or formally.

ANNEXURE

INTERVIEW SCHEDULE – PEER EDUCATORS

Introduction

This peer educators' interview schedule is divided into:

- demographic questions;
- questions on what peer educators do, and;
- research questions linked to interview questions.

1. Demographic questions

1.1 Your Sex

Male	Female

1.2 Your Race

African	coloured	Indian	white

1.3 Your Age

16 – 20	21 – 30	31 – 40	41 – 50	51-60	60+

1.4 What is your marital status?

Married/long-term partner	Divorced	Widow(er)	Single

1.5 What is the **highest** education qualification that you completed? (*Tick only one*)

Tertiary	Matric (Standard 10/Grade 12)/N3	Standard 8/Grade 10	Below Standard 8/Grade 10

1.5 What is your job title?

1.6 What is your income level?

0 – R 3000	R 3001 – R 6000	R 6001 – R 9000	R 9001 +

1.7 In which year did you join the company?

2. What peer educators do

2.1 In which year were you trained as a peer educator?

2.2 Have you received any subsequent further training after then? (Provide details)

2.3 What do you do as a peer educator?

Formal peer education	Informal peer education	Both formal & informal peer education

2.4 How often do you conduct formal peer education sessions? Where? (Provide details)

2.5 Who do you interact with informally? How frequently? (Provide details)

3	Research questions	Interview questions
3.1	Does gender influence patterns of the peer educator’s formal or informal engagement with their peers? (Section 2.3, Paragraph 2)	<ul style="list-style-type: none"> ▪ Refer to Section 2.3 ▪ Why do you do formal educational sessions? Does you being a man/woman influence these interactions? ▪ Why do you do Informal interactions? Does you being a man/woman influence these interactions? ▪ Do you encounter problems with your superior or management in the facilitation of formal educational sessions? Does your gender influence this?
3.2	Given that women are caregivers; do peers in the workplace feel more comfortable/obliged to confide or seek advice from female peer educators as compared to male peer educators? (Section 2.3, Paragraph 3)	<ul style="list-style-type: none"> ▪ Do your peers confide and seek advice from you on personal issues? Why? Does you being a man/woman influence these interactions? ▪ Apart from your co-workers, is there any one else that confides and seeks advice from you? Does you being a man/woman influence these interactions? ▪ If you were a man/woman, do you think ‘they’ would still confide in you?
3.3	If there are more female peer educators in the workplace, why?; (Section 2.3, Paragraph 4, Section 2.4, Paragraph 2)	<ul style="list-style-type: none"> ▪ Refer to Section 1.1 ▪ Why did you volunteer to be a peer educator? Does you being a man/woman influence these interactions? ▪ If you were a man/woman would you still volunteer to be a peer educator? Elaborate
3.4	Are male peer educators held with higher status as compared to female peer educators, by their peers, during formal sessions? (Section 2.4, Paragraph 1)	<ul style="list-style-type: none"> ▪ Do you feel comfortable or intimidated when facilitating formal sessions? Does you being a man/woman influence these interactions?
3.5	During formal education sessions, is there more or less audience participation/interaction with female or male peer educators?	<ul style="list-style-type: none"> ▪ Does the audience listen and engage with you during formal sessions, differently? Does you being a man/woman influence these interactions?

	(Section 2.5, Paragraph 2)	<ul style="list-style-type: none"> ▪ If you were a man/woman, do you think they would listen and engage with you? ▪ When interacting informally, are you comfortable or intimidated? Does you being a man/woman influence these interactions?
3.6	During formal education sessions, is the audience participation/interaction with the peer educators influenced by the gender capacities of the audience? (Section 2.5, Paragraph 2)	<ul style="list-style-type: none"> ▪ Is your audience mostly men or women? Frequency? ▪ During the formal sessions, do you think the audience participation depends on the gender capacities of the audience?
3.7	Do peers appreciate and acknowledge formal presentations and interactions by male or female peer educators, differently? (Section 2.6, Paragraph 4)	<ul style="list-style-type: none"> ▪ Do you receive praise/acknowledgement of your formal presentation? Does you being a man/woman influence these interactions? ▪ Who gives you praise/acknowledgment, man or woman?
3.8	Do male/female peers approach/ask male/female peer educators, on sex matters during formal sessions, differently? (Section 2.5, Paragraph 3)	<ul style="list-style-type: none"> ▪ During formal presentations, do your peers ask you questions on sex matters? Does you being a man/woman influence these interactions? ▪ During formal presentations, who asks you questions on sex matters? Men or women? ▪ Who seeks advice from you on sex matters informally? Does you being a man/woman influence these interactions?
3.9	Is there a difference to the way peers pay attention, during formal sessions and informal interactions by male and female peer educators? (Section 2.6, Paragraph 2)	<ul style="list-style-type: none"> ▪ Does your audience pay attention when you are facilitating formal sessions? Does you being a man/woman influence these interactions? ▪ In the audience (men or women), who do you think pays attention during formal sessions? ▪ When you are interacting informally, does your recipient pay attention? Does you being a man/woman influence these interactions? ▪ Who do you think pays attention, men or women, when you are interacting with them informally?

3.10	Do male or female peers give feedback on their change of attitude or way of life to male or female peer educators, differently? (Section 2.6, Paragraph 2)	<ul style="list-style-type: none">▪ Do your peers give you feedback on change of attitude or way of life? Does you being a man/woman influence these interactions?▪ Who gives you feedback on their change of attitude or way of life, men or women?
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**INTERVIEW SCHEDULE – PEER EDUCATION
COORDINATORS/OCCUPATIONAL HEALTH
PRACTITIONERS**

1.1 Your Sex

Male	Female

1.2 Your Race

African	coloured	Indian	white

1.3 Your Age

16 – 20	21 – 30	31 – 40	41 – 50	51-60	60+

1.4 What is your marital status?

Married/long-term partner	Divorced	Widow(er)	Single

1.5 What is the **highest** education qualification that you completed? (*Tick only one*)

Tertiary	Matric (Standard 10/Grade 12)/N3	Standard 8/Grade 10	Below Standard 8/Grade 10

1.5 What is your job title?

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1.6 What is your income level?

0 – R 5000	R 6000 – R 11000	R 12000 – R 17000	R 18000 +

1.7 How long have you been with the company?

0 – 3 years	4 – 7 years	8 – 11 years	12 years +

1.8 In which year were you ordained & trained as a peer education coordinator/occupational health practitioner?

1.9 Have you received any subsequent further training after then? (Provide details)

1.10 What is your role as a peer education coordinator/occupational health practitioner?

1.11 Explain to me how one is prepared to be a peer educator?

1.12 Tell me, how are peer educators recruited? Does the training include skills like communication, confidence, gender?

1.13 Explain to me how the peer educators are trained?

1.14 Tell me, why is there a disproportionate gender (male/female) of the workforce?

1.15 Tell me, why is there a disproportionate gender (male/female) of the peer educators?

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