

Monkey see, monkey do...

Role modelling and leadership development as components of peer education in a time of AIDS

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Abstract

Peer education was one of the most popular interventions to be implemented in early days of the AIDS epidemic. Today, more than two decades later it remains one of the most promoted interventions. This paper aims to explore the rationale of peer education within a university setting and tries to examine the relevance of the traditional models of peer education to modern students living in the region with the higher prevalence. To examine these issues it will outline the model of peer education developed by the Centre for the Study of AIDS (CSA) at the University of Pretoria. Which, while the fact that the CSA is still a fairly new programme, hosts one of the biggest student-based peer education programmes in southern Africa.

This paper will examine the traditional components of peer education, particularly role model development, and try to assess whether it should rather be replaced by less archaic and more dynamic principles. As South Africa grapples with one of the most severe epidemics in the world, and when most critics say that the window of opportunity to turn the epidemic around has shut – the CSA claims that they do not need role models, but leaders to turn the tide. The CSA's model of peer education focuses on leadership development as a possible foundation of AIDS peer education programmes at tertiary settings in South Africa.

The Centre has been described as the benchmark against which all other institutions in South Africa should measure themselves and has been asked by UNAIDS to write up the establishment and operation of the Centre as a 'best practice model'.

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Role modelling and leadership development as components of peer education in a time of AIDS

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1. HIV/AIDS and the role of universities¹

The notion of universities responding to the crisis generated in the society by HIV and AIDS is a relatively new one. For a long time, AIDS has been recognised as something that could be incorporated into the traditional services offered on campuses through the campus health clinics and student support services. This response was seen as one of counselling and care, coupled with sporadic attempts at education and awareness through safer sex campaigns, World AIDS Day events, dramas, marches and through the distribution of condoms and pamphlets.

This is essentially a conscious driven, largely passive, response. It recognises that students will be concerned about HIV and AIDS and will need support to address these concerns. It recognises that they will also be at risk of HIV infection and will need support through this risk and condoms to minimise it.

This answered the classic question – “what is to be done?” regarding students and the HIV epidemic.

But the idea of an HIV/AIDS response being institutionalised in universities is a new one and there are few examples of where it has happened.

Institutionalising HIV and AIDS as a university response is far more complex than offering counselling services or establishing research programmes. It involves turning the whole university around to recognise the threat of HIV/AIDS

¹ Crewe, M. University of Pretoria. In Otaala, B. Ed. 2000. *HIV/AIDS – The challenge for tertiary institutions in Namibia*.

both to the university and the society in which it is located and to respond to it in a holistic way. It involves addressing the essence, culture and power of the institution and it challenges the relationship between the institution and the society.

2. The relevance to higher education²

- HIV/AIDS is a development issue, not just a health issue.
- HIV/AIDS affects not just individuals but organisations and systems.
- HIV/AIDS affects human resource development.
- Preventing the spread of HIV/AIDS and managing its impact requires knowledge.
- Successful institutional and societal responses to HIV/AIDS require **leadership**.

3. Analysis of the target group: framing the tertiary environment

Universities as high-risk environments

UNAIDS has listed the behavioural and social factors which play a role in kick-starting a sexually transmitted HIV epidemic or driving it to a higher level:

- Large proportion of the adult population with multiple partners
- Overlapping as supposed to serial partnerships
- Large sexual networks
- "Age mixing", typically between older men and younger women
- Little or no condom use
- Women's economic dependence on marriage or prostitution, robbing them of control over the circumstances or safety of sex

Who are the students we teach?

In my experience the biggest gap in tertiary intervention programmes is the fact that we do not know basic characteristics of the students on our campuses. Here are some of the things that are often overlooked:

² Chetty, D. 2000. *Institutionalising the Response to HIV/AIDS in the South African University Sector: SAUVCA Analysis*. SAUVCA.

- Students are young adults, thus all principles of adult learning must apply
- Students in the tertiary environment are voluntary learners and we need to respect that
- They are on their way to becoming professionals
- A large section of a tertiary student body is already sexually active, abstinence messages might not always apply or be suitable
- They are the leaders of tomorrow and
- We should not underestimate their intellect

4. What is peer education?

Peer education is a popular concept that implies an approach, a communication channel, a methodology, a philosophy and a strategy. The English term 'peer' refers to "one that is of equal standing with another; one belonging to the same societal group – especially based on age, grade or status". The term 'education' (v. educate) refers to the "development", "training" or "persuasion" of a given person or thing, or the "knowledge" resulting from the educational process. In practice, peer education has taken on a range of definitions and interpretations concerning who is a peer and what is education (e.g. advocacy, counselling, facilitating discussions, drama, lecturing, distributing materials, making referrals to services, providing support etc.)

Peer educators must be acceptable to the target group and their personality must be conducive to the training and suited to the work that they are doing.

5. Why Peer Education?

Approximately half of all people, who get infected with HIV, become infected before they turn 25³. Thus it is crucial that programmes be undertaken within institutions to help young people to protect their sexual health. There has been a lot of uncertainty in how to address HIV/AIDS prevention in young people. Within a South African society there is still the concern that 'too much' sex education will lead to widespread promiscuity and cause youth to become sexually active

³ Innovative Approaches to HIV Prevention – Selected Case Studies. 2000. UNAIDS Geneva Switzerland.

prematurely. Other programmes relying on ABSTINENCE-based messages and education, without really giving insight to issues such as sexuality, safer sex and gender equality. Several studies have shown however, that well designed and accessible programmes of sex education, combining messages about safer sex as well as abstinence, may delay sexual debut, as well as increase preventative behaviours among those young people who are already sexually active. Where youth have been able to access appropriate knowledge, skills and means, they have shown willingness to adopt safer behaviour.

Peer education is widely implemented because it is:

- **Accepted and valued:** Peer education is a widely used and implemented strategy that is accepted by the target audience (students) and educators.
- **Access:** Peer educators have physical and socio-cultural access to target audiences in their natural environments.
- **Behavioural theory:** Peer education is based on behavioural theory, which asserts that people do not make changes because of scientific evidence or statistics.
- **Communication:** Peer educators are effective and credible communicators who have inside knowledge of the intended target audience.
- **Cost-effective:** Peer education is a cost-effective intervention because it makes use of student volunteers.
- **Participatory nature:** Peer education facilitates the involvement of the target audience.

6. The Centre for the Study of AIDS (CSA)

The University of Pretoria (UP) established the Centre for the Study of AIDS (CSA) in 1999 to “mainstream” HIV/AIDS through all aspects of University’s core business activities. Its mission was to understand the complexities of the HIV/AIDS epidemic in South Africa and to develop effective ways of ensuring that all the students and staff of the University are prepared both professionally and personally to deal with HIV and AIDS as it unfolds in South African society. Since that time, the CSA has continued to develop and expand its innovative training, educational, counselling and research programmes, as well as providing intellectual leadership and consultancy services off campus to government and the private and non-governmental organisation (NGO) sectors. The current programme of the CSA primarily serves more

than 30 000 on-campus students at the University. It includes training for staff and students, counselling and support and a range of community-based programmes. In addition, the CSA promotes the development of HIV/AIDS-related curricula and research on HIV/AIDS at a faculty level

Two major imperatives underpinned the establishment of the CSA at UP:

- The economic imperative
- The moral imperative

The economic imperative is firstly to assess what level of impact the epidemic will have on the University as well the tertiary sector as a whole. This will ensure that a University of this size and complexity is able to survive through, and be strengthened by, its response to the epidemic. The second aspect of this imperative is to ensure that the economic impact of the epidemic on the country and its future development potential is fully understood by all staff and students.

This should ensure that staff and students can make a meaningful contribution, during their studies and in their professional careers, to South Africa as it grapples with HIV/AIDS. They will understand what they need to do to ensure that the rate of transmission is slowed, that community and family support is in place. They must be able to act in their personal and professional lives in such a way as to make a major impact on the progression of the epidemic and the response of the country.

The moral imperative lies in ensuring that staff and students who are already infected feel able to disclose their HIV status should they wish to do so; secure in the knowledge that they will be treated with compassion, respect and dignity. It involves ensuring that the support structures are in place for counselling, legal and social welfare advice, curriculum and workplace issues.

The second aspect of this imperative lies in ensuring that staff and students who are currently uninfected are able to remain so. This requires extensive work with the students and staff in order to create a safe campus. Safe from HIV infection, safe in terms of sexual abuse and harassment, safe in terms of gender equality and respect for human rights.

All staff and students should have a sophisticated understanding of the epidemic that guides how they should act in their personal and professional lives.

The moral and economic imperatives influence how we share our new understandings of the epidemic to provide effective ways to address it through human rights, gender, social and legal issues together with effective education, counselling and support outreach.

The University of Pretoria is committed to a comprehensive and institutionalised HIV/AIDS programme, through the Rector, Vice-Rectors, Deans, staff and students. All sectors of the University are increasingly involved in the HIV/AIDS programmes at all levels.

The CSA model of peer education

The CSA volunteer or peer education programme has trained more than 800 students since 1999. Students are recruited from all nine faculties of the UP.

The entry-level course is provided for all students who have registered to be part of the CSA Programme. This training covers all the basic facts as well as training in attitudinal work, cultural, racism and gender studies and in AIDS as a development issue. After this entry-level training students opt for further training in different specialised areas as follows:

- Befriending (peer counselling for students who wish to have an HIV test, students who are HIV positive or students who are affected by HIV/AIDS)
- Community outreach (these students are trained to do community outreach work and are placed with organisations in the community)
- Education and awareness (this training covers more advanced training in education and awareness raising for HIV prevention)
- Research (this equips students to understand and be involved in research around HIV/AIDS, primarily as research assistants)
- Media (these students are trained in the development and testing of HIV/AIDS media)
- Workplace (this equips students with a basic understanding of HIV in the workplace, policy development and programme development)

Students who are enrolled in the CSA continuously undertake more HIV/AIDS postgraduate research and/or are offered positions in the AIDS field.

7. HIV/AIDS as an adaptive problem

To frame HIV/AIDS as an adaptive problem, one needs to look at its opposite – the technical problem. With technical problems the solutions are already known to the individual. With adaptive problems the solutions are not none to us, when it comes to HIV/AIDS we are dealing with behavioural psychology, health, peer pressure and sexuality.

Known risk behaviour amongst tertiary students clearly indicates that no two risk situations are alike. Hence, HIV/AIDS as an adaptive problem, because the answer to a given situation is not known to us.

8. Role-modelling

role model: a person looked to by others as an example to be imitated.

-Concise Oxford English Dictionary. 10th edition. 2002.

The issue of role-modelling or role model development has been contentious but widely embraced by the designers and implementers of peer education programmes. When consulting literature about peer education one can be sure to find references, explicit or not, about role-modelling.

Examples:

Several criteria relating to peer educator "character" are also mentioned including dynamism (ability to take initiative), "good morality" (role model), and sociability.⁴

Be a role model⁵

Positive examples set by friends and role models can promote safer sexual behaviour⁶

⁴ Vision 2000 Funds – The peer education approach in promoting youth sexual and reproductive health.

⁵ See footnote 4.

⁶ Eaton et al. 2003. *Unsafe sexual behaviour in South African Youth*. Social Science & Medicine . Vol. 56 (2003) 149 – 165.

These are just a few examples, the list is endless. Yet finding the actual “how to” of role model development is virtually non-existent in any good academic educational databases.

One must realise that peer education as an educational approach has been around longer than the HIV/AIDS epidemic itself and originally it was not designed for such an all-encompassing challenge as HIV and specifically because HIV/AIDS is an adaptive problem.

In informal exploratory discussions with newly recruited peer educators earlier this year I discussed the term role model with them. In these discussions students were worried that role modelling associated with peer education made them feel pressurised and one even replied that it sounds unrealistic. The students further said that students on campus tend to associate role model with the so called “goody two shoe” type of student.

Generally the discussions showed the average student tend to make negative associations with the term role model. This raised interesting concerns for me about role modelling. Specifically because it forms the foundation of several peer education programmes around southern Africa and the rest of the world. I also think it calls for more extensive research.

Please note that the aim of this paper is not to shoot role modelling down entirely. I just want to raise questions to see if role modelling addresses the challenge of HIV/AIDS adequately, and if it is not time to find less static and more dynamic principles for peer education in a time of AIDS.

9. Leadership development

What is today’s biggest leadership challenge: keeping direction in a world that’s shifting faster and faster. Leaders set and keep direction.⁷

Every day, in every facet in our lives, the opportunities to lead call out to us. At work and at home, in our local communities and in the global village, the chance to make a difference beckons.⁸

⁷ Entrepreneur.com, Inc. 2003. *Why we need good leaders?* [online] www.entrepreneur.com

⁸ Heifetz, R. A. and Linsky, M. 2002. *Leadership on the Line: Staying alive through the Dangers of Leadership*. Boston: Harvard Business School Press.

Leadership forms the foundation of the CSA peer education programmes. Leadership is considered to be an improvisational art. What we do from moment to moment cannot be scripted; to be effective we must respond to what is happening.

To illustrate leadership clearly one needs to look at the characteristics of a leader:

- Charisma
- Trustworthiness
- Passion
- **Ability to inspire others**
- Integrity
- Good judgment
- Willingness to involve others
- Adaptability
- Vision and foresight
- Ability to make things happen
- They have interpersonal skills
- They have problem solving skills
- They have an ambition and a desire to succeed
- They persevere hard in challenging situations
- They have the ability to make decisions, even in situations with far reaching consequences
- After making those decisions they have the readiness to act on them

Students with leadership skills are likelier to be involved in campus and community affairs, are better at approaching potential employers and see a rise in their poise and confidence. The CSA strives to develop peer educators of this nature.

Most of the CSA training models are based on personal-effectiveness training. This methodology is a creative approach to:

- challenge attitudes to HIV,
- help trainees to develop a positive self-concept and
- improve their capacity to act appropriately in situations of HIV risk.

Using experiential training methodologies, participants are taken through a process which challenges their self-concept in

an exciting but entirely safe manner. The training methodology was tried and tested by Lifeline Rustenburg.

The methodology has been customised to suit the needs of the CSA and has been conducted on a variety of target groups, including peer educators, health workers, teachers, social workers, community workers, youth, unemployed people and corporate sector employees.

10. Conclusion: role-modelling vs. leadership development

Some people might say that I made some sweeping statements concerning role-modelling and peer education. Maybe yes, but please think of the following whilst keeping the characteristics of a leader in mind:

- HIV/AIDS is unlike anything we have seen before.
- HIV/AIDS is an adaptive problem, not a technical one
- HIV/AIDS risk situations is not something that you can script and learn of by heart.
- Programmatic leadership involves transparency in programme conception, design and implementation; peer educators with good leadership skills are potentially untapped resources and active participants in the tertiary environment.
- Also, compare the Oxford definition that a role model is "a person looked to by others as an example to be imitated" to one of the characteristics of leader – "a leader has the ability to inspire others".

Leadership development further promotes a climate of inquiry – we need people who question everything – for as long as we keep on asking the same questions, we will keep on getting the same answers.

The HIV/AIDS epidemic is not a Shakespeare tragedy performed by mediocre actors, it is a challenge that requires leadership.

Thus – a monkey see, monkey do approach might be wishful thinking.

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