

Critical discussion, social identity and peer education: An HIV/AIDS prevention
initiative for rehabilitating offenders

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ABSTRACT

This study explores the effects of critical discussion about HIV/AIDS peer education on peer educators' perceptions of health-related behavior. Eleven incarcerated offenders who are peer educators in an HIV/AIDS peer education programme, participated in two-phase group discussions. In the first phase, groups considered the ways in which their present and future social contexts may affect their ability to implement principles, values and skills which they had acquired during their training programme. In the second phase participants considered the effects of the first discussion on their perceptions of the programme. The results of the study were analyzed using thematic analysis and three themes relating to social identity emerged: sense of brotherhood, sense of empowerment, and interaction. The results suggest that critical discussion has an effect on the social identity in the group.

Key words: peer education; critical awareness; social identity; offender rehabilitation; HIV/ AIDS.

INTRODUCTION

HIV/AIDS has been demarcated as a prevalent and substantially concerning pandemic in South Africa. Its effects range over areas of mental and physical health, social stigmas and economic crises (Delius & Walker, 2002). The World Health Organization reported that in 2001 there were approximately 5 million people living with HIV/AIDS in South Africa (UNAIDS/WHO, 2002; as cited in Rhele & Shisana, 2003).

The insubstantial reports of HIV/AIDS in prisons are thought to be miscalculated in light of stigma factors surrounding HIV/AIDS (Goyer & Gow, 2002). The South African Department of Correctional Services includes a report of HIV/AIDS infection in their annual report, however, as Goyer (2003) states; these statistics are a substantial underestimate of the actual levels of HIV infection given that AIDS related death and sickness are usually noted as tuberculosis or pneumonia. According to Statistics South Africa (2005), approximately 41% of the prison population is HIV positive. The report shows that since 1995 reported cases of HIV/AIDS in prisons have risen by 750% and natural deaths have increased by 600%. Goyer (2003) reports the increase in natural deaths at prisons as an indication of the effect of HIV in the prison setting.

Anecdotal reports claim that HIV is more rife in prisons than in the population at large (Bauserman et al., 2003; Braithwaite, Hammett, & Jacob Arriola, 2002; Ehrmann, 2002; Grinstead, Zack, & Faigeles, 2001; Hlela, 2002). Offenders are thought to be more vulnerable to infection than other world populations (Connor et al., 1995, Dolan et al., 1995, UNAIDS, 1997, as cited in Simooya & Sanjobo, 2001). Particular to what is known about the risk behaviors of offenders before entering prisons and the risk factor inside of prisons there is a general consensus among researchers that the pervasiveness of HIV infection in prisons is thought to be twice that of the same gender and age prevalence in the general population (Goyer, 2003). Thus, according to many researchers the prevalence of HIV/AIDS in prisons is at a worrying level, and it is a matter that needs to be dealt with urgently (Bauserman et al., 2003; Grinstead et al., 2001; Hammett, Roberts, & Kennedy, 2001; Hlela, 2002; Reddy, Taylor, & Sifunda, 2002; Simooya & Sanjobo, 2001; Watson, Stimpson, & Hostick, 2003).

Recidivism and the spread of infection

As many offenders are released into society after a period of incarceration, it is important that they are given the right treatment, education and power to be able to make decisions that will not harm themselves, the prison population, and those outside of the prison (Hlela, 2002). Many of the offenders are serving short sentences and often return to the prisons after having been released, so the HIV/AIDS infections in incarcerated offenders does not solely affect the prison population. Offenders are exposed to HIV/AIDS both inside and outside the walls of the prison and are likely to spread the infection to the general population as well as the prison population (Ehrmann, 2002; Grinstead et al., 2001). Consequently it can be reasoned that HIV/AIDS prevalence in prisons is an affecting and concerning factor for the population at large.

Reddy, Taylor, and Sifunda (2002) make the case for a focus on the health of offenders in South Africa. They argue that if HIV infection is to be reduced in the country, offenders should be included in health awareness programmes and research. Offenders are likely to return to the communities from whence they came and their behaviors and attitudes towards health risk behaviors do impact on the larger population (Reddy et al., 2002). Through health education the spread of HIV to others within and outside of prison can be reduced (Ehrmann, 2002). Researchers agree that it is important to educate offenders about healthier behavior, and attempt to bring about a change in attitudes towards healthier practices related to the contraction and spread of HIV and AIDS (Bausermann et al., 2003; Ehrmann, 2002; Grinstead et al., 2001; Hammett, 2001; Reddy, Taylor & Sifunda, 2002; Sifunda et al., 2006). Many researchers have argued that time spent within the prison is an opportune time to implement programmes that deal with HIV/AIDS prevention (Bausermann et al., 2003; Ehrmann, 2002; Grinstead et al., 2001; Hammett, 2001; Sifunda et al., 2002)

The setting of the prison has a variety of offenders that are likely to be engaging in risk behaviors and may be infected with HIV. Some offenders may learn of their status inside of the correctional facility, and without knowledge of available resources and

preventative methods outside of correctional facility they put the community at large in danger. They are thus an appropriate audience for the dissemination of knowledge and skills related to HIV risk prevention and care (Hammett, 2001). Rich et al. (2001) demonstrate that harm reduction techniques are helpful to ex-offenders and that it is feasible to launch an effective HIV intervention to prison inmates. The information that is imparted to and received by the offenders is not only helpful to them, but to their community of family and friends, to whom they can impart important life skills and knowledge (Sifunda et al., 2006).

Rehabilitation in correctional facilities should assist the offenders in gaining help and available resources outside of the correctional facility walls (Ehrmann, 2002). The time inside of correctional facility is appropriate because it is a time where offenders do not have the burden of searching for work, supporting families, and reintegrating themselves into society. Their time can thus be used effectively by gaining skills that they would not have had the opportunity or resources to explore outside of correctional facility. Yet, despite the fact that correctional facilities can provide this favorable opportunity, only a very small number of incarcerated populations do have available interventions for offenders (Bauserman et al., 2003). However, it remains clear from the available literature that educational programmes are important and potentially advantageous for offenders as they can return to the community with greater knowledge of ways of protecting themselves and their communities. (Hammett et al., 2001).

Offender rehabilitation

Offender rehabilitation refers to the effort on behalf of organizations, the government, and/ or society to reduce and restrain the future perpetuations of crime by to-be-released offenders (Howells & Day, 1999). In essence offender rehabilitation aims to reestablish a functional and constructive life for the ex-offender through education, training and treatment (Bartol, 1980). Thus one of the main elements of rehabilitation for offenders is reducing and eliminating antisocial and maladaptive behavior. With the realities of offenders being released into society after serving their sentences, it is important that attempts are made to prevent ex-offenders from returning to prison. Rehabilitation in

prison is thus important so that when offenders are released lawful, adaptive behavior can be adopted in their social and personal lives. The adoption of this behavior is thought to result in lower levels of recidivism and thus a prevention of overcrowding in prisons. Rehabilitation programmes in prisons include those relating to social behavior, education and health-related behavior. Incarcerated populations are thought to be an over-representative population of people living with HIV. Because many offenders are serving short sentences many of the offenders with HIV/AIDS will be released into the world and will continue HIV risk-related behaviors outside of prison. The revolving door of prison will thus bring in more HIV positive offenders and release more HIV positive offenders. This will likely exacerbate the problem of HIV and AIDS not only in prison settings, but in the country. The time for rehabilitation is thus an opportune time to implement HIV/AIDS awareness programmes.

Health Promotion and Peer Education

Health education and promotion is a crucial factor to consider in the rehabilitation of offenders. Health promotion is “the process of enabling people to increase control over, and to improve their health” (WHO, 1986). It is a social, educational and political action that aims at developing social health understanding and awareness, promotes healthy living, and empowers individuals (Aboud, 1998). Health promotion provides personal empowerment by enhancing an individual’s ability to know and influence their environments, and the environment of their society. Health education aims at developing a sense of capability to influence and alter individuals own health, as well as the health of others. It has influence over intellectual, social and psychological factors. Information is a key part of health promotion, but information alone does not necessarily motivate change. For practical lifestyle change to be plausible, the information needs to be packaged in such a way that people will listen to it. Successful health promotion and education must then provide facts, motivation, instruction for methods of implementing change, and a palatable presentation (Schomer, Wadlow, & Dunne., 1996). Peer education is one of the health promotion techniques that incorporate this belief into its structure.

Peer education is a favored method of education and training among risk populations in South Africa (Delius & Walker, 2002) and in the world (Campbell & MacPhail, 2002). The advantages of peer education are various: one is more able to reach a wider and more difficult to reach audience than if an outsider was to implement the training, peer educators are able to reach audiences of varying languages and cultures, and peer education is thus suited to settings where the desired audience is linguistically and culturally varied (Ehrmann, 2002). Peer educators are members to whom and through whom the education is to be passed. This method of training and education has been found successful in increasing protective sexual behavior, and reducing levels of infection in various contexts and communities within central and Southern Africa (Vas, Gloyd & Trindade, 1996, Laukamm-Josten et al., 2000, Wolf, Tawfik & Bond, 2000, as cited in Campbell & MacPhail, 2002). This approach to HIV education in correctional facilities would be effective because offenders do not have to consult with an authoritative figure outside of correctional facilities, but can rather gain knowledge from someone within their community that shares a commonality with them.

In a study of the advantages of peer education for the peer educators, Sawyer, Pinciario, and Badwell (1997) found that the educators reported increases in self-esteem, personal empowerment and confidence, as well as improvements in their felt efficacy to carry out the safer sexual behaviors in their own lives. Peer education is thus not only advantageous to those who are receiving education, but also those who are imparting the knowledge and skills. Offender peer educators, having learned the information for themselves, need to be able to behave in ways that are reinforcing to others in their environment, and in turn they should develop a greater understanding of and commitment to the behaviors and beliefs that they employ (Turner & Shepard, 1999). Through the successful instruction and implementation of skills to others in their communities, peer educators may foster a sense of self-efficacy and gain a sense of personal empowerment (Turner & Shepard, 1999). Peer education is thus an empowering and beneficial job for the educators themselves.

Peer Education and Social Identity Theory

Peer education has at its roots the ideas of behavioral psychology, believing that behaviors are likely to be modeled on the actions of others in the environment (Shiner, 1999). Peer education models were formerly structured around the premise that learning would more likely take place if the role model were attractive. There was a later theoretical shift in peer education towards a cognitive based practice whereby facts are provided and people are expected to make decisions based on information and beliefs (Shiner, 1999). The main attraction of peer education is the removal of the professional or expert from the learning process. In this way, peer led education and intervention becomes an involving and participatory event (Shiner, 1999).

Education through peers is believed to be more successful than professional education, for reasons largely based in theories of behavior such as Bandura's Social Learning Theory (1977). This theory asserts that people adopt behaviors after having seen others model the behavior and having gained confidence in their own abilities regarding the behavior (Devilly et al, 2005). According to this model, for peer education to be effective, peer educators need to have credibility, perform the desired actions in their own lives (role modeling), and the behaviors would need to be reinforced (Turner & Shepard, 1999). However, some researchers argue that peer education is more effective with an understanding of social identities (Campbell & Mzaidume, 2001; Campbell & MacPhail, 2002).

Social identity theory was developed by Tajfel and Turner in 1979 to explain inter-group behavior (Tajfel & Turner, 1979). It assumes a person to have many "selves" or identities that are connected to the groups to which one belongs. In this regard, an individual's self concept is derived from these social groups (Hogg & Abrams, 1988). The theory proposes that self concepts are formed through an understanding of the social networks to which one belongs. Identities, it is theorized, are constructed only in relation or comparison to other identities; so people who are similar are categorized as the "in group" and those dissimilar are the "out group". Individuals that believe themselves to have identities, attitudes and behaviors that are consistent with a certain group will behave in accordance with that group. These social groups or categories precede the

individual, which is to say that the individual is often socialized into that group or category due to their individual contexts and environments. Their identities are then shaped in response to this categorization. Behaviors that are related to health are performed with an understanding of the beliefs and attitudes of the social groups to which one belongs. So the decision to take steps towards enhancing or risking health will be made with reference to one's social identity and will not be solely based on individual decision making (Campbell & MacPhail, 2002).

Individuals who identify themselves with a social category of the self are said to have a social identity. Personal identity refers to the referral of the self in an individual and unique way. The central belief about group behavior is that as social identity becomes more significant, the individual self perception becomes depersonalized. The social identities come to see themselves more as members of a social group than a differing individual people (Turner, 1999). Individuals who are considered to have a social identity differ too in their commitment to that grouping. "Die hard" group members are considered to be more likely to follow the behavior of their "in group" than "fair weather" members who are said to be opportunistic, and take an individual stance towards group membership (Doosje, Ellemers, & Spears, 1999). This indicates that "die hard" members would be more likely to follow the behavior of the groups than "fair weather" members would be.

The legitimacy of the group to which one belongs may also advocate the permanence of membership to that group. If the individual perceives that the beliefs and judgments of the group are not suitable or substantial, they will be less likely to be a "die hard" member. When challenged, the group becomes instable and alterations to individual behavior will be made (Foster, 2006). However, if the group is stable and considered legitimate, the group members will be likely to stay fixed in the group and act in accordance with that group when challenged.

Social identity theory is a very useful theory in understanding why peer education would be effective. If individuals in one's "in group" are advocating a kind of behavior, that

individual is likely to favor that behavior over an alternative advocated by an “out group”. If those individuals categorized in the “in group” are performing the desired behaviors and are instructing others in their group about the desired behaviors, it would be expected that the behaviors would be adopted by other members of the group. In offender peer education programmes it is important for the offenders to then identify with a group that is practicing health enhancing behavior rather than risky health behavior.█

Social identity theory thus demonstrates how health adaptive behaviors can be acquired and how the identities are shaped. This theory offers more of an understanding about why peer education would be more effective than professional education, and how salient the peer education process may be.

Critical consciousness, Social Identity and Peer Education

It is believed by some researchers that teaching through peer education, and instructing individuals to become peer educators is not enough to enhance health-related behaviors (Campbell & MacPhail, 2002). Peer education should be effective in imparting education in a way that is palatable to the audience, but it should also offer opportunities for the audience to engage with the information in such a way that they are able to cultivate a critical awareness of the information that they are learning. Campbell and MacPhail (2002) argue that peer education offers merely superficial empowerment of those involved with the program. An understanding of social identity powers their argument—identity is understood and negotiated with knowledge of the norms relevant to the social group to which one belongs. One of the arguments that the authors advocate is that the peer educational settings should provide a forum in which the members can form an appropriate social identity through critical awareness and debate.

Health-related behavior is negotiated through an understanding of the relevant social identities to that context. By providing the participants with an opportunity to engage with their own awareness, thoughts and understandings of their conceptualization of the programme, the participants will be in a position to effectively engage with current debates around the issue. This would be valuable both to those involved in the peer

education, the peer educators and those educated, as well as the wider community. In a situation in which the individuals can deliberate about the benefits of the education and the ways in which this new education is and is not consistent with their current social identity, they can develop a greater sense of meaning from the programme and ultimately it would deepen the sense of self-efficacy and empowerment felt by those individuals.

The theoretical basis for peer education thus needs to incorporate a facet for the individuals to learn through engaging with the material that they are learning, and for individuals to learn and develop through discussion with their peers. Social learning theory (Bandura, 1977) emphasizes the importance of relevant models in demonstrating health related behavior, but Campbell and MacPhail (2002) take this further by arguing that it is not only necessary to have members of the same group modeling behaviors to one another. They argue that the social learning will take place effectively if the individuals are able to discuss and debate the information with their peers, creating a social identity that enhances health related behavior. In the context of the correctional facility setting, this would mean that peer education would be more beneficial to the offenders if they are able to argue and discuss the experience of the education, as well as discussing the suitability and limitations of the education to their specific social contexts.

According to Campbell and MacPhail (2002) critical thinking is essential to a sophisticated integration of the aims of peer education. In order for the peer educators and those that they educate to successfully incorporate healthy behavior into their repertoire, awareness of their particular contexts needs to be realized. Gender and economic factors need to be considered when determining an individual's perceived ability to abstain from unhealthy behavior (Campbell & McPhail, 2002). This is crucial because knowledge of social contexts shapes social identities which feed the motivation to perform the desired behaviors. Information about health behavior is an important contributor to health behavior change, but social factors that contend with this knowledge can override an individual's ability to act in accordance with the received information (Campbell, Foulis, Maimane, & Sibiya, 2005). Thus an ability to think critically about the factors that may affect participation in healthy behavior is important in making health

behavior change possible. Critically discussing the social hindrances to participating in HIV preventative behavior can allow individuals to consider ways in which the obstacles can be overcome (Campbell et al., 2005).

Critical consciousness is seen to develop in stages- “intransitive thought” is where a critical consciousness has not yet been achieved and thought is still immature (Campbell & McPhail, 2002). “Intransitive thought” is the stage where individuals do not have the ability to understand the ways in which gender and socioeconomic factors may impinge upon their ability to change their behavior, or the behavior of others. The last stage of critical consciousness is “critical transitivity”. At this stage, individuals are able to see the ways in which various forces affect their condition, and can work as a group to find ways of overcoming these conditions. Social identity will thus be stronger in the final stage of critical consciousness than in the first stages. The ability to act effectively in the peer educational setting will thus be affected by the ability of the peer educators to think critically.

From an examination of available knowledge on peer education, and HIV/AIDS education in correctional facilities, it is clear that this is an area of research that is particularly relevant in the current context of South Africa. It is evident that much research has been done around the efficacy of peer education programmes in correctional facility. However, an in-depth look at the peer educator’s perceptions towards the efficacy of the programme has yet to be explored.

AIMS OF THE STUDY

This study aimed to examine whether the offender peer educators perceive their identity as peer educators to have been strengthened through critical discussion about the programme.

METHODOLOGY

Design

The focus of the study was to explore the perspectives of the participants in an interactive setting, and thus a qualitative design was appropriate. As Wilson (1977, as cited in Marshall & Rossman, 1999) argues, people are constantly being influenced by their contexts. A qualitative study develops an understanding of the ways in which social identities and interactions impact on the peer education process. Past, quantitative evaluation of the effects has shown that peer education is effective in enhancing harm-reducing, health-related behavior (Ehrmann, 2002; Rotheram-Borus et al., 2001; Sawyer et al., 1997). However these evaluations have not probed the peer educators' perceptions towards the programme in an interactive forum.

Participants

Khulisa is a non-governmental organization (NGO) that strives for an eradication of crime in South Africa. One of Khulisa's main interests is providing help to offenders so that they can successfully reintegrate themselves into society, thus attempting to reduce recidivism in the country. One of the programmes offered to rehabilitating offenders is the HIV/AIDS peer education programme. The seven day programme seeks to equip pre-release offenders with the relevant knowledge and skills to incorporate awareness and protection into their own lives, as well as teaching them to impart this knowledge to their peers.

Samples included two groups of participants from Prison A and Prison B who had completed the 7-day HIV/AIDS peer educational programme offered by Khulisa. The two groups of peer educators differed in the amount of experience that they had with the programme. The group of participants from Prison A had approximately a month of experience in peer education in the correctional facility. They had set up their own forums where they could discuss their experiences of their education, new knowledge that they could share with other peer educators, and gain support and insight from other peer educators in areas of difficulty with the programme. The group from Prison A had already reached 200 offenders with the peer education and was planning on reaching 600 by the end of the year. The group from Prison B had taken the course in peer education, but had not yet had their official graduation as peer educators and had thus not had the

opportunity to gain experience in peer education at the time that this research was conducted. They had not yet come across problems with the efficacy of the programme as they had not implemented it yet, and had thus not created a discussion forum as the Prison A group had.

The difference between the groups was essential because one group had already formed a forum where they could critically discuss their experiences, and the other had not done so. By the end of the discussions with the groups there was a disparity between the levels of experience with critical thinking about the effects of peer education, and this could be examined with an understanding of the levels of critical consciousness.

The group of offenders from Prison A consisted of six peer educators; however one participant retracted from the study due to his participation in another commitment. The Prison A group thus consisted of five peer educators. The group from Prison B consisted of six peer educators who participated in both groups.

Data collection procedures

At each correctional facility two group discussions took place with each of the groups. The discussions were separated one week from each other to allow for reflection and private debate about the issues that were brought up in the first group. The first group addressed the offenders' thoughts and perceptions about the efficacy and limitations of the programme. Groups discussed the ways in which the programme had been beneficial to them, and to their peers. The discussions in the first group reflected on the ways in which the peer educational programme is applied, and reflected on possible barriers to the programme's efficacy within and outside of the correctional facility. The discussions were aimed at provoking conversation that would allow the participants to examine the programme in a critical way, thereby expanding their perspectives and identifying ways of improving their use of the programme. The second discussions repeated some of the material from the first discussions. Perceptions about the perceived benefits and weaknesses of the programme were again discussed. The discussions then focused on the

role of interaction among peer educators, and the importance of critical discussion in a peer educational setting.

Focus groups discussions were an appropriate qualitative method for data gathering. Focus groups provide a forum where the researcher can gain knowledge and understanding about the opinions of individuals (Morgan, 1997). The researcher does not only gain individual information, but rather samples of the opinions of a group of people. The group environment allows those included to listen to the opinions of others and reflect on these opinions. It initiates discussion and argument and promotes growth of opinion and understanding about topics (Krueger & Casey, 2000). People are constantly influencing and influenced by others in society, thus the focus group reflects a natural environment (Krueger & Casey, 2000). The focus group setting can thus provide a microcosm of this interactive behavior. Through interactive discussion opinions and ideas were shaped by the entire group and a collective understanding was formed. This study was interested in examining the effects of such an interaction on the peer education experience, and through this social microcosm the elements of deepening the peer educational process that Campbell & MacPhail (2002) emphasize was seen first hand. The focus group setting provided an opportunity for the participants to critically engage with the information that they have gained from the programme.

The correctional facility did not allow for any recording material to be brought in to record the discussions. The discussions were thus recorded through extensive note taking, specifically focusing on the ways in which the participants interacted with each other and the use of words when discussing their abilities and the abilities of their group.

Data analysis

The data was analyzed using thematic analysis. Thematic analysis is a method that allows the identification, analysis and reporting of themes that reside in the data (Braun & Clarke, 2006). This method of analysis was particularly appropriate because the interesting and relevant themes were found within the discussions, and not predefined before the analysis took place. The material that can be used in thematic analysis can be

rich in detail and provide one with a diversity of patterns to work with (Braun & Clarke, 2006). This mode of analysis thus provided the study with a diverse range of patterns to work with, and a process of data coding and thematic extraction gave rise to the themes relevant to the study.

Ethical issues and Negotiating Prison Access

The participants involved in the study are classified as a “vulnerable population group”. It was therefore necessary for steps to be taken to ensure that they were fully informed and no human rights were infringed upon. The participants signed a form of informed consent detailing the aims of the study, their voluntary participation, and their rights to withdraw at any time. Their anonymity was assured (Appendix A).

In order for the research to be carried out inside the correctional facility the research was conducted under the auspices of Khulisa. Khulisa thus provided me with a letter granting the researcher permission to conduct the research under their auspice (Appendix B)

FINDINGS

Analysis and Discussion

Thematic analysis of the notes from the discussions gave rise to the following themes: sense of brotherhood, sense of empowerment, and group interaction which were found to be related to the larger theme of social identity. The critical discussions that were provoked during the group meetings challenged the peer educators’ sense of duty and brotherhood, questioned their sense of empowerment, and focused on the ways in which the participants interacted with each other. The identity that the peer educators wish to portray is bound within the discourse that they use to relate their perceptions of the programme, and thus attention in analysis was paid to the discourse that the participants employed in the discussions.

Duty and Brotherhood: The first discussions with the groups yielded instances of duty that the participants felt they had towards their peers:

“I do this for the love that I have for my fellow inmates. You know, people are dying here day by day. There is nothing else but for love. You know there are hospitals here, and we see people dying all the time from AIDS.” (C, PA)¹

The participants expressed at various times during both discussions that they had a strong commitment to the programme and its goals. When discussing their reasons for doing the programme the Prison A offenders mentioned that they felt that this was “our job” or “our duty”. They indicated that their intentions for continuing with the programme was because helping others was their “duty”. The participants from Prison B indicated that their reasons for doing the programme were because it would be useful to them “on the outside” where they can reach people. When it emerged that one of the reasons that some people took the course was “to get the papers” (a certificate that states completion of the course and goes into their file), the participants vehemently denied having completed course for any reason other than to help others:

“Why would I? I could do another programme that is much shorter, but we did this course over months. It is very long. I have a passion for this course. It is something that I can use on the outside to help others.” (A, PB)

The participants purposefully demonstrated that they had a strong sense of duty to the cause of peer education. When communicating their sense of duty to peer education, both groups eagerly provided strong arguments asserting that their reasons for partaking in the course were pure. When the participants spoke about the educators who did the course solely for the certificate, they distanced themselves physically from the topic and those to whom they referred. Many participants leaned back in their chairs and folded their arms and moved away from the subject quickly. This is expected as the participants are eager to show their commitment to the programme and the rehabilitative quality of the programme. The peer educators thus wished to demonstrate their complete affiliation with the role of “peer educator”, and set themselves aside from their identity as “offender”.

¹ The inserted transcripts were excerpts from the notes taken at the correctional facility and were not transcribed from audio recordings as recording was not permitted by the correctional facility.

When discussing the use of the programme outside of the correctional facility in the second phase of discussion, the participants voiced their opinion about importance of community participation and often indicated that they felt that their purpose was to help at a community level.

“We can make an impact on our families and communities. My church gives courses to people in drugs and they have heard that I do this inside the prison so I am going to be doing it outside of prison too.” (B, PA).

Their discussion thus turned away from the brotherhood at the level of incarceration, but rather brotherhood at the level of society. It was noted that the group of participants from Prison A had a much more specific plan to implement outside of the correctional facility, however both groups showed a strong tendency to cling to the idea of community “on the outside” when discussing the sense of duty that they felt. More than the participants from Prison B, the Prison A group indicated that their reasons for carrying out the programme were for duty to others rather than to their own benefit. They communicated a greater interest in the practical benefit of the programme, rather than the predominantly theoretical benefits that the Prison B group discussed.

After having discussed the ways in which the participants would be perceived outside of the correctional facility both sets of participants in the second discussions indicated that although they have “paid for [their] crimes” they know that they will still be perceived as a “criminal” by many in society. They thus believe that it is important to demonstrate to others their sense of belonging and duty to their society. The discussions thus succeeded in pushing the participants to think critically about the way that they will be perceived in society, and their sense of duty and brotherhood was considered significant in their role as an ex-offender and peer educator “on the outside”:

“When we come back into our communities we are not coming back as animals. We are coming back so that we can give. The programme helps you to know who you are and helps us to help others.”(A, PB).

An analysis of the discussions in both groups thus indicates their entire commitment to their fellow offenders and their fellow man. The participants endeavored to communicate their enduring commitment to the plight of their fellows. Both groups indicated that their sense of duty toward others and their brotherhood with their community inside and outside of the correctional facility motivated their continued participation in the programme.

Sense of empowerment: In the first discussions the participants expressed the sense of empowerment that the programme had given them:

“It schools you, and empowers you...make an impact on our families and communities.” (E, PA).

“And it builds your confidence.”

“Ja, it empowers you; we can carry it over to men and women with confidence. Because we are in a mixed group it gives you that experience of the outside world.” (B, F, PB)

The peer educators thus expressed their perceived benefits of the programme through their perceptions of the programme’s impact on their abilities as peer educators. The peer educators from Prison B indicated many times that they were “confident” to implement the programme to their peers. Both sets of offenders demonstrated that they have been given a power and sense of importance that they had not experienced before and this experience made the programme worthwhile for them. The discourse that was employed to demonstrate these feelings indicated a strong sense that the programme affected the ways in which they perceived their ability to “make an impact”.

The participants were then provoked to discuss scenarios where they would be disempowered to use the programme. They were encouraged to discuss ways of overcoming these obstacles in order to empower themselves and others. They collectively attempted to negotiate new ways of addressing the problem. Subsequent to these discussions, in the second phase, the participants from Prison A indicated that although they recognized the struggle that they would face, they felt that they had overcome many

obstacles in implementing the programme in the correctional facility and thus felt themselves competent and empowered to implement it in their communities:

“If you think about the problems that we have inside of the prisons, like the prison environment where we only have a certain amount of open hours to use that time is sometimes not the best thing. Some people want to use that time to do other things and then it messes up our plans to do the programme. Also the apathy from the members. We have all of these problems inside of the prison and taking it outside may be difficult because we may come across similar barriers, like the case that we talked about last time where the person that you want to help does not even consider you in the same class as them. It is like that with some of the members and it makes it difficult to get through to them, but we talk you know... and find a way”(C, PA.)

“Ja, also for purposes of support and assistance... and collective ... resolution of challenges. The sharing enhances easy resolution to challenges. When we are all together there are much more ways that we can think of overcoming a problem than when we are alone and I think that makes it all easier to deal with.” (C.PA)

The participants from Prison A thus attribute much success of the programme to discussing the ways in which the programme has setbacks, and finding ways of overcoming these obstacles. The participants allocate much of their felt empowerment to their engagement in critical discussion with one another. They also assert that if they are able to find ways of overcoming obstacles in their outside communities, they will decrease the likelihood of failure. The participants at Prison A indicate the empowerment that they feel is a result of their ability to overcome the barriers through critical awareness. This is consistent with Campbell and MacPhail’s (2002) argument that critical discussion enables those involved to examine the ways in which they are disempowered, and to find ways of emancipating themselves from the oppressive circumstances wherein they find themselves.

In their second discussion, the participants from Prison B were again asked whether they will come across any limitations that will prevent them from being empowered to use the programme and their responses generally focused on limitations inside of the correctional facility:

(E) “The officials in here can be a big barrier”

{Laughing together}

(B) “I have learned and taught a lot how to deal with problems and barriers from all angles and to respect other peers and people.”

{agreement}

(A) “Ja, we have learned how to approach people and make them aware of the dangers of some of their behaviors.”

(C) “I don’t think that there will be many things that will prevent us from using the programme. They have taught us how to do that and to respect our peers and people that we will be educating and giving information to.”

The participants attribute their felt empowerment to the knowledge that they have gained from the programme. Contrasting to those from Prison A, this group did not allocate much of their empowerment to the ways in which they could collectively overcome barriers through critical discussion with one another. Although some participants did acknowledge the benefit of their group discussions as a way of facing challenges, they did not attribute their sense of empowerment to critical awareness and discussion, but rather to theoretical knowledge that they have gained in the programme. However all of them agreed that critical discussion could assist them in helping others, they did not define it as a necessary part of the peer education process as had Prison A.

The participants thus felt that the programme had empowered them and made them confident and capable in initiating behavior change. However the group from Prison A felt that critically considering the ways in which they may be limited in their ability to help others and ways in which they may be disempowered empowered them. The group from Prison B did not place as much importance on critical awareness and allocated much of their sense of self empowerment to the knowledge that they had acquired. In understanding Freire’s (1993) levels of critical consciousness, it was as if the group from Prison A appeared to have reached a stage nearer to “critical transitivity” where they are able to understand the ways in which various forces impinge on their ability to freely educate others, and they can explore various ways of overcoming these barriers. The group from Prison B appears to be still in the early stages of critical consciousness where they have not yet developed a mature critical consciousness, and could not recognize the ways in which a critical consideration of their social contexts may affect their perceived

empowerment. Consistent with previous findings (Campbell & MacPhail, 2002; Campbell, 2005), the sense of empowerment that was felt by the groups was reported by them to be exacerbated by their engagement in critical discourse.

Both groups indicated that they could not be fully empowered in the setting of the correctional facility because they were sometimes limited by the DCS and the members in the institution. This is supported by previous research which indicates that a peer education programme that incorporates relevant knowledge, identity, critical awareness and interaction is not complete without a supporting agency that can assist in areas where the actors may be limited (Campbell, 2006). The sense of empowerment that the participants reported to feel was linked to the knowledge that the programme provided, their ability to discuss the programme with their peers, and problem solve, and the help of committed members.

Interaction: One of the most obvious differences between the two groups of participants was the ways in which they interacted with each other, and their perceptions of the importance of interaction among peer educators. At the level of interaction for education, all peer educators were in agreement that interaction between the teacher and those taught is vital. However, when discussing the role of interaction among peer educators there was disparity as to the importance of it between and within the groups.

In the first discussions at Prison A the five peer educators sat in a circle. Each of them had much to say, and engaged in discussion with the researcher and each other. Each person spoke to almost every point that was raised during the discussions, and all of them paid attention to each others points and sometimes would offer their own opinions on their peers' insights. The discussions were charged with this constant interaction between the peer educators.

The first discussions at Prison B were somewhat different to Prison A. The participants sat quite far away from the researcher and directed almost all of their discussion at the researcher. Provoking debate and interaction among the participants proved difficult as

for most of the discussions there were one or two “spokesmen” and the rest of the group nodded their heads in agreement. However once the group started tackling issues that they had not considered, and required them to give opinions that weren’t simply generated from their peer educator knowledge, the interactions between the participants became more interesting. There was much conversation, and growing debate. The participants became more actively engaged with each other than with the researcher, and started to critically discuss their role as a peer educator within different contexts.

At the second discussions at Prison A the participants unanimously agreed that group interaction and participation was vital to their success as peer educators.

“Communication is ... paramount... for purposes of... support and assistance in overcoming the structural challenges. When we discuss things with each other we can all find diverse ways of approaching the problem and then controlling it. We often have discussions together and we find out what works and what doesn’t.” (C, PA).

“Ja, it is so important because it helps one to ... uplift or promote his standard of facilitating and to boost one’s Morales.”(A, PA).

The participants were actively involved in critical discussions prior to this study, and in these discussions they acknowledge the benefits of this discussion. Most of the participants believed the critical discussion to have an impact on the efficacy of the peer education. They also believed that their interaction with each other was beneficial in the ways in which they could gain insight from each other. The general impression that the group emanated was that they were comfortable in discussing and debating with each other and that they believed this to be fundamental to their success.

The participants from Prison B had not developed forums in which they could engage in critical discussion with each other. From the first discussion to the second, there was not much difference in the ways in which the participants addressed the discussions.

Generally there were still two participants who spoke more frequently than the rest.

However at this discussion it was noted that other participants that had remained silent for almost all of the first discussions were more actively involved in the discussions in the second phase. The participant also seemed to be more interested in asking the opinions of

others in the group and this resulted in a more fruitful discussion. This group also acknowledged the importance of communication with their peers:

“I think that it is important because you need to know how your colleagues see a problem or solution... two heads are better than one... ja.” (E, PB)

“Ja, you may learn of a problem and be able to give an opinion that is based on your past experiences.” (D, PB).

“Also it’s important because as peer educators we should learn from one another and share to advance the ways of educating.” (B, PB).

The critical discussion that the participants had become involved in during the first group appears to have made an impact on the way that they interacted with each other during the second group. Independent statements were made by individual participants and a varied discourse emerged that was contrasted to the harmonious statements of agreement from the first discussions.

Both groups of participants agreed that engaging in critical discussion enhanced the ways in which they could be successful in implementing the programme. The Prison A participants who had already developed their own discussion forum had incorporated this way of interacting with their peers into their discourse and were constantly employing critical thought in both sets of discussions. The Prison B participants appeared to become more interactive in discussion after having engaged critically with each other. The critical discussion thus appears to have made an impact on the ways in which the participants interacted with each other.

Social Identity: The previous three themes of brotherhood and duty, empowerment, and interaction are tied into the social identity of the participants.

The feelings of duty and brotherhood are associated with their reasons for being peer educators. Most of the participants attribute their reasons for doing the programme to their feelings of duty to others within and outside of the correctional facility. They identify their role as peer educators with their sense of duty to others, and feelings of brotherhood within and outside of the correctional facility. The participants are not only identifying with their group of peer educators, but they appear to be identifying with

everything that is non-offender. They affiliate themselves with their communities and fellow man, but they place themselves aside from an identity as a “wrong-doer”. The sense of duty and brotherhood that they persist in communicating appears to be coupled with their sense of connection to the identity as a member of a community, rather than the identity as one who has been exiled from the community.

Campbell (2006) argues that critical awareness can be most effective “in an atmosphere of trust and solidarity” with those that feel that they have “common life goals and face common problems”. The groups sense of identity is thus enhanced though their sense of solidarity with their community within and outside of the communities.

It was expected that the participants would have developed a deeper sense of empowerment from the critical discussion with their peers as was consistent with Campbell and McPhail’s (2002) argument. The participants from both groups said that they felt a sense of empowerment and gave examples of how this new power could be manifested. Their knowledge and ability to negotiate ways of overcoming obstacles provides them with a sense of personal and social empowerment that enhances their affiliation with their social group. As Foster (2006) explains, “in situations where people perceive possibilities for change (instability)... cognitive alternatives will be readily available” (pp. 45). In the discussions with the groups, areas of instability in their social identity were challenged, and through a critical discussion the identity was strengthened and their social identity legitimized, and according to this theory a legitimate identity will not instigate a search for alternatives (Foster, 2006). The discussions that were held in the groups led to a stronger legitimacy in the group and as a result the groups felt a stronger sense of empowerment. It can thus be said that the social identity of the groups was enhanced, and their sense of empowerment made more salient through their engagement in critical discussion.

The ways in which the groups interacted and the discourse that was used was an indication of how entrenched the social identity of the groups was. As was previously shown, the group from Prison A interacted in a way that provided all members of the

groups an opportunity to share their opinions in a way that provoked discussion and debate. It was noted that the ways in which the participants referred to themselves was most often from a social identification: The identifying pronouns that the participants most used in their discussions were “we” and “us” and this indicated that the participants were identifying their own selves with their groups. When describing the benefits of the programme, they identified the benefits with the entire group. They frequently referred to themselves as a unified group even in instances which were directed at personal identification. They often communicated in ways that were group inclusive. It appears that the groups identified in ways that categorized the self in terms of their “in-group”. This self categorization occurs when people see themselves less as individual persons that are different from their group, and more as analogous representatives of their “in-group” (Turner, 1999). It thus appears that the group from Prison A had become less personalized in terms of their self categorization, and represented themselves as part of the larger group.

In the first discussions at Prison B the two “spokesmen” for the group would often speak on behalf of the group and would use words such as “we” and “us” to speak on behalf of the other participants who nodded in agreement in the background of the conversation. However, when engaging further into these discussions it was found that the “spokespeople” reverted from using group pronouns to using pronouns that referred to themselves as individuals. The discussions that attempted to provoke debate and group participation found all the members using the pronouns “I” and “one”. The groups appeared to have a more entrenched personal identity than the group from Prison A. This could be a result of the fact that the group from Prison A had more experience in their group and were more familiar with their group identity than the Prison B group. Their personal identity appeared to be much stronger in these group discussions than their social identity.

In the second discussions it was found that the participants would more often refer to themselves as a group instead of personally. Many of them still referred to themselves personally, but most often they would couple this with a referral to the entire group. The

ways in which they identified themselves became less personal, and more group-oriented. This is in accordance with the literature that hypothesizes that as social identity becomes more prominent the individual, personal identifying behavior becomes depersonalized and individuals come to see themselves more as group members and less as differing persons (Turner, 1999). The discussions that Prison B had appear to have allowed them to consider ways in which their current contexts may de-legitimize the group ideology:

“I learned a lot from the discussions and it gave me things to think about... about how we can use the programme outside.” (C, PB).

“Ja, I think that it helps to discuss the different aspects of the programme and to challenge it in a way to see if we are strong enough to use it. It helps us as educators to improve and helps Khulisa as well to improve on certain aspects. We can also discuss the problems with our peers so that we can be organized and communication between us is the key to success.” (A, PB).

Through the critical discussions the groups were able to discuss the ways in which they could improve the programme, and thus strengthen their identity as peer educators. Their social identity was further legitimized and consequently strengthened. In result of their engagement in critical discussion there was a change in the ways in which they groups interacted with each other, and consequently an enhancement in the perception of social identity of the participants.

CONCLUSION

The discussion sessions with the participants sought to investigate the impact of critical discussion on the peer educators' perceptions of social identity. The group from Prison A that had a more extensive practical experience as peer educators had developed forums where they could engage in critical discussion prior to the study's discussions. The group from Prison B had only recently completed the peer education programme and had not initiated a forum whereby the groups could engage in discussion with their peers. The research findings indicate that the group from Prison A were in the last stages of critical consciousness as conceptualized by Freire (1993), and had consequently developed a salient social identity. The group from Prison B seemed to still be in the immature stages of critical consciousness and thus had a social identity that appeared to be less

entrenched. The critical discussions were reported by the participants to impact positively on the efficacy of the programme, and the analysis indicates that the groups' social identity was enhanced through critical discussion.

The findings of this study are limited by the small sample size that was used, and the data collection procedures that were used. As there were only two groups of participants at two prisons, the findings cannot be generalized to the larger population. However, the evidence from Campbell and McPhail (2002), Campbell et al., (2005), as well as the evidence presented in this study offer grounds for a more extensive and lengthy study into the effects of critical discussion on peer education in high risk populations. This can be done through both qualitative and quantitative methods in a way that will provide an empirically rich account of the efficacy of critical discussion in enhancing peer education.

In the discussions at Prison B the participants had been trained as peer educators in a "mixed group" where the males and females had an opportunity to be involved in the programme together. The participants indicated that the way that the training was structured where male and female prisoners were allowed to interact, provided them with a greater experience and thus additional empowerment. They indicated that they now felt comfortable in engaging with members of the opposite sex:

"It empowers you; we can carry it over to men and women with confidence. Because we are in a mixed group it gives you that experience of the outside world. It is much more effective in a mixed group, because in the real world we are in a mixed group. When you are in a single sex group they stereotype you, by being in a mixed group we can confront the stereotypes. It prepares you, you know."
(D, P.C.)

A comprehensive study in peer education may wish to explore whether mixed gender groups impact the process of peer education in any way. It would be worthwhile to explore the ways in which identity is shaped in these mixed group settings, and to integrate critical discussion in order to address gendered oppression and subjectivity.

The motivation behind much of the participants discourse could be allocated to their desire to appear as part of the community rather than being negatively separated from it as an “offender”. They may thus be motivated to display feelings of personal empowerment and group empowerment in order to be seen as rehabilitating offenders, rather than re-offending offenders. A study into the behavior of ex-offender peer educators may be useful in understanding whether the participants are otherwise motivated in their participation in the peer education programme. It may also provide an understanding of how rehabilitation programmes inside of the correctional facility affect individual behavior in the outside world.

The benefits of critical discussion in peer educational settings have been demonstrated through this study. It is evident that critical discussion impacts on the ways in which social identity is negotiated and understood within various contexts. This is in accordance with Campbell and McPhail’s argument (2002) that critical consciousness enhances the social identity of peer educators. As a stronger social identity is associated with a greater likelihood that groups will engage in behavior that is akin to the behavior of their “in-group”, these results indicate that critical discussion impacts upon the efficacy of the peer education through an enhancement of social identity. It is therefore recommended that offender peer education programmes include a forum in which the peer educators and those educated can discuss the ways in which they may be disempowered and contextually oppressed, and discuss ways of challenging barriers and oppressive powers that may prevent their participation in health-related behavior.

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APPENDIX A

CONSENT FORM

The research project:

Exploring the perceptions of pre-release prisoners towards an HIV/AIDS peer educational programme.

Principle researcher:

Jessica Ross

Department/ research group address:

63A Queen Victoria Street, Claremont, Cape Town, 7708

Email:

rossjes@gmail.com

Name: _____

Nature of the research:

This research will consist of two focus groups. The groups will discuss the impact and effects of the HIV/AIDS peer educational programme- its benefits and shortcomings.

Involvement of participant:

Participant will take part in two discussion groups in which they will discuss their perceptions towards the programme and answer questions relating to HIV/AIDS.

Declaration by participant:

I, the participant, _____

- Agree to participate in this research project.
- Have read this consent form and the information it contains and had the opportunity to ask questions about them.
- agree to my responses being used for education and research **on condition my privacy is respected**, subject to the following-
 - I understand that my personal details will be used in aggregate form only, so that I will not be personally identifiable.
- I understand that I am under no obligation to take part in this project.
- I understand I have the right to withdraw from this project at any stage.

Signature of participant _____

Name of Participant: _____

Signature of person who sought consent: _____

Name of person who sought consent: Jessica Ross

Signature of principle researcher: _____

Date: _____

**APPENDIX B
LETTER FROM KHULISA
(OVER PAGE)**