

HIV/AIDS

Senseless gap between working class movements

Peer education is an important response to HIV/AIDS in South African companies. Yet the relationship between thousands of workplace peer educators and trade unions shows a significant gap between them. **David Dickinson** explores the reasons and suggests where to build common ground.

Workplace HIV/AIDS peer educators constitute a major grassroots response to the AIDS epidemic. As outlined in the previous *Labour Bulletin* (30.2) recent research in large South African companies indicates that peer educators are conducting extensive education and awareness activities with co-workers and community members.

Since peer educators are drawn from the workforce at large, they are rank-and-file workers with a bias towards African women. Thus, peer educators themselves and their clients at work and at home are predominantly working class. Seventy-seven percent of the 614 peer educators surveyed were members of a union and 30% were or had been shop stewards. While workplace peer educators operate within management-supported programmes, they are often motivated to take up this role as a result of their personal experiences of seeing loved ones die of AIDS. This is of course a reflection of how working class communities are bearing the brunt of the AIDS epidemic.



Peer educators at a workshop

GAP BETWEEN PEER EDUCATORS AND UNIONS

Given the nature of peer educators and their work, there is an overlap between unions, their members and the peer educator movement in companies. On this basis we would expect a close working relationship. In fact, while there is some co-operation, a significant

'gap' exists between these two important workplace organisations. Despite sharing concerns about working people and the impact of the AIDS epidemic on them, there is only limited co-operation on the ground between the union movement and peer educators.

The table on p18 shows that peer educators reported that they received the greatest support from

PEER EDUCATORS' PERCEPTIONS OF SUPPORT FOR THEIR ACTIVITY

I get the support I need for my peer educator activity from the...	All/TU members only	Strongly Agree %	Agree %	Neutral %	Disagree %	Strongly Disagree %	N/A	N=
Occupational nurses	All TU members	42.8 41.8	26.6 29.1	12.8 12.2	7.7 7.8	3.0 2.8	7.1 6.3	561 426
Managers who are responsible for the company's HIV/AIDS policy and programmes.	All TU members	32.2 31.0	30.9 31.7	16.2 15.2	9.0 9.5	6.1 6.7	5.4 6.0	557 420
Immediate supervisors and managers (i.e. those that you deal with on a regular basis).	All TU members	25.1 24.1	31.6 30.9	14.5 15.1	14.1 14.8	9.2 9.3	5.7 5.8	546 411
Trade union officials or office bearers.	All TU members	19.3 21.0	24.5 26.2	15.7 16.1	15.0 16.1	9.4 7.8	16.3 12.7	535 409

Source: Dickinson (2006) *Workplace HIV/AIDS Peer Educators in South African Companies*

occupational nurses and then HIV/AIDS managers. While line managers scored lower in levels of support than HIV/AIDS managers this was not dramatically lower.

More surprising than the reported level of support from line management was that the support from trade unionists was *lower* than that given by line management. If only trade union members were considered there was no statistical difference between the levels of support from line managers and union officials. The high percentage of peer educators who are also trade union members responding 'not applicable' (N/A) to the level of support that they receive from union officials or office bearers is also telling.

This distance from the unions in regard to their work was reflected in interviews with peer educators. After pointing to cases of shop stewards who were active peer educators, criticism of the union in regards to HIV/AIDS activities was sometimes harsh. A peer educator in one of the auto companies who was

a union member explained, "I'd like to see the union doing something. They could make a difference, but they have no programme of their own. The union is supposed to be for the people, but we only see them in meetings. There is no motivation from the union side ... Let us fight for life too [and not only money]."

In general, across the five companies researched, peer educators gave credit to union achievements through collective bargaining, but they noted their absence from AIDS work. While some companies have partnerships with unions on HIV/AIDS programmes, this is often superficial in regard to peer education and does not filter down to support for what they are doing.

WHY THE GAP?

The key reason for this gap between peer educators and unions as institutions (rather than individual unionists who may well be peer educators or supportive of peer education) is probably the

very different ways in which the two movements work.

Unions operate on the basis of collective action in which their members are mobilised to make demands on management. Within the HIV/AIDS area this has had success in securing antiretroviral drug treatment from companies. This is an important part of an effective response that is easily formulated as a collective bargaining demand. However, much of peer educators' activity is focused on achieving behavioural change in individuals so that they will find out their status, practice safer sex to remain negative, and if positive take the sometimes difficult steps to access a wellness programme and treatment. This response to the epidemic is not something that can be achieved through collective action.

For example, it's fine to *toyi-toyi* in support of condom use but condom use cannot be demanded in the same way as the provision of drugs can be. The decision to use a condom (or practice any other



form of safer sex) is a decision made in private between two people and is therefore a personal decision by two people not one influenced by mass action!

These two different ways of operating best explain why there is often a gap between unions and peer educators.

IS THE GAP A PROBLEM?

Clearly the gap is a problem. We have two largely working class movements concerned with the welfare of employees, which do not work well together. The result is a

weaker response to the HIV/AIDS epidemic that is causing immense suffering in families and communities and which undermines national development.

Unions, because of their ability to collectively mobilise have far more power than peer educators. Peer educators must rely on what time, and resources, management is willing to give them. In this regard, support from unions for peer educator activity is likely to be critical for successful peer educator programmes.

At the same time an alliance with peer educators would benefit unions since it would support the individual behavioural change aspects of an AIDS response that unions are not well equipped to do. Broadening the scope of their concerns in this way would allow unions to deepen their response to a key challenge and would increase the relevance of unions.

AREAS FOR CO-OPERATION

Bridging the different ways of operating requires finding areas of common concern. Such areas would allow unions and peer educators to combine their strengths for mutual benefit in the fight against AIDS. Some joint platforms for activity are:

- Concern over the vulnerability of 'atypical' workers, such as sub-contracted employees, who frequently have lower levels of social protection. Unions see such forms of work as undermining working conditions while peer educators are concerned that such workers are unable to access wellness and treatment programmes.
- Push for a comprehensive response to health problems

faced by workers in companies. Such concerns are long standing among unions while peer educators are seeing the need to move beyond a narrow focus on HIV/AIDS to other aspects of physical and mental health.

- Address the migrant labour system that remains extensive in South Africa. This form of labour is a factor fuelling the spread of HIV. While migrant labour is a complex issue which is unlikely to be solved overnight, ending the worst aspect of this, such as single sex hostels, is something that union and peer educators can work jointly on.

CONCLUSION

The union movement has generally not recognised the rise of peer educators within the workforce and has failed to build bridges with this new workplace actor. This is not good for unions, for peer educators, or for the country given the impact of AIDS on society and economy. This article has outlined the gap between unions and peer educators because of the different ways in which they work – collective demands versus changing individual behaviour. Nevertheless, it is clear that joint activity which would harness the respective strengths of these two working class movements are possible.

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