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AN ANALYSIS OF THE VALUE OF PEER EDUCATION IN HIV/AIDS DISCOURSE: A PHILOSOPHIC REFLECTION

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Abstract

The question of peer education is of importance in any sound HIV/AIDS program implementation in the biosphere. Hence, the thrust of this paper is to analyze the value or place of peer education in HIV/AIDS discourse. Information on peer education is most useful to individuals, groups, learning institutions, hospital practitioners, non-governmental organizations, and other stakeholders involved in HIV/AIDS advocacy. In other words, the epistemological basis enables those involved to plan, implement, monitor, and assess the impact of their HIV/AIDS program. It is the wish and intention of the writer of this paper, through the use of the analytic approach, that all those already engaged in and about to embark on peer education to borrow a leaf from this research. Participation is always the answer in the HIV/AIDS discourse.
Keywords: Peer education; National Community Home-Based Care; HIV/AIDS; Participatory; *Ubuntu*

INTRODUCTION

Knowledge about the importance of peer education is essential to both Peer Educators and all those involved in issues pertaining to HIV/AIDS. In light of this, the paper addresses the following key areas: definition of terms, the place of peer education in HIV/AIDS, fighting against stigma and discrimination, the National Community Home-Based Care, and the conclusion. It is the researcher's conviction that the epistemological utterance of Socrates, in Akinpelu (1981), that knowledge is virtue and ignorance is vice, is inevitably authenticated with regards to the value of peer education in HIV/AIDS discourse.

DEFINITION OF TERMS

There is need to define some of the key terms making up the research topic, such as peer education, HIV, and AIDS. To begin with, Elliot and Webb (2000) described a peer as someone who "should be of the same socio-economic background, status, geographical are,a and age group as the target audience." In addition, Ezewu (1983) defines a peer group as referring

to people who share the same interests, similar social, economic, status, and age group. In simpler terms, the concept of 'peer' may refer to colleagues of common backgrounds and interests. Furthermore, the term 'education', in the eyes of Peters (1973), entails some sort of process leading to the development of a desirable state of mind in a morally, unobjectionable manner. This implies that education should focus on issues of value, that is on what is worthwhile, both to the individual and society, in general. Hence, bringing in the concept of peer education in HIV/AIDS, it entails the need to acquire morally, worthwhile information about the HIV/AIDS scourge for the benefit of the individual and society, at large. In this vein, Elliot and Webb (2000) defined peer education as "a more structured approach which helps small groups of young people build their knowledge attitudes and safer sex skills through organized educational activities by trained young people." Peer education, therefore, implies that a trained person, commonly referred to as a peer educator, has the responsibility to train others. However, this definition of peer education has an oversight on the issue of age in the contemporary HIV/AIDS discourse because even the youth, old people, and the average aged can be taught together in HIV/AIDS programs. In other words, it should be noted that age restriction is no longer a major prerequisite in HIV/AIDS peer education, but it is more on the knowledge being shared by any group concerned – a shift from the commonly held dictionary meaning of peer. In a nutshell, people become peers insofar as the sharing of common interests in HIV/AIDS issues are concerned.

The Human Immunodeficiency Virus (HIV) is responsible for destroying the immune system of the body (ZimPath Handout Unpublished). Thus, HIV, as a virus, disempowers the human body of the ability to fight against invader germs and diseases that may end up in the development of AIDS. According to the ZimPath Handout (Unpublished), AIDS stands for Acquired Immunodeficiency Syndrome, a situation whereby the body's immune system is brought down by HIV in a full-blown state, rendering the individual vulnerable to a plethora of diseases. The body's immune system, at this full-blown HIV state, is severely incapacitated, thus failing to fight against invader germs and viruses. Usually, an AIDS infected person falls prey to a multiplicity of 'chronic' diseases, such as diabetes, tuberculosis, high blood pressure, and other sexually transmitted diseases, like syphilis, gonorrhea, chancroid, and so forth. Thus, the HIV/AIDS discourse calls for a vibrant peer education program for the sake of both the infected and the affected.

THE PLACE OF PEER EDUCATION IN HIV/AIDS DISCOURSE

A sound peer education, focusing on HIV/AIDS, should place great emphasis on the participatory methodology, where individual involvement in the analysis and sharing of knowledge is cardinal. Individuals should be exposed to a variety of participatory methodologies. According to A Training Manual for Trainers (1992), cited in Mukusha (2009), "Participatory methodology can be defined in Health Education as the process in which various groups are involved in identifying their own problems, discussing solutions, planning, and carrying out effective action programs." In other words, the participatory methodology addresses problem posing and problem solving in a pragmatic manner, with regards to HIV/AIDS discourse. In addition, peer education, as cited in A Training Manual for Trainers (1992), enables participants to, "learn and appreciate the use of participatory methods for teaching information on sensitive topics, such as AIDS and HIV, and for dealing with values, attitudes, and behavior." This clearly shows the inevitable value of peer education in HIV/AIDS discourse where information dissemination is crucial. Even Elliot and Webb (2000) confirms that "peer information involves promotional activities – organized by groups of young people for a large audience – to spread information, create awareness, and

distribute materials and condoms." In this regard, it is about information and material distribution, that is not only the responsibility of the young in today's HIV/AIDS discourse. Even the adults also form their peer in dealing with HIV/AIDS information and material dissemination.

Peer educators and their participants should be knowledgeable about the importance of participatory methods, such as brain-storming in HIV/AIDS discourse. According to *A Training Manual for Trainers* (1992), "brain-storming is a technique which involves inviting spontaneous responses from participants on a certain subject. All participants think of as many different words, feelings, and ideas on the chosen topic, as possible." It is vital for every peer educator and the participant to get acquainted with the need for brain-storming as a means of provoking the minds of the participants. This provocative approach enables participants to share a great deal of information with regards to their stereotypical ways of thinking, attitudes, beliefs, conceptions, and misconceptions. In confirmation, *A Training Manual for Trainers* (1992) stresses that brain-storming enables ideas to follow and so it generates ideas quickly. Participants have the freedom to express ideas they might normally withhold because there is no fear of judgment from the facilitators or anyone else. In a nutshell, peer education grooms facilitators on HIV/AIDS who are versatile and sensitive to the use of participatory methodology as well as to the audience. Thus, brain-storming cultivates dialogue through random interaction, which is a sign of the love to care, share, and understand one another's problems. In the light of the love of dialogue, Freire (1972) posits, "Love is, at the same time, the foundation of dialogue and dialogue itself." Peer education enables all participants, including facilitators on HIV/AIDS issues, to be epistemologically, methodologically empowered in dealing with social, health, and psychological dispositions of the HIV/AIDS infected and/or affected people.

Furthermore, the development of self-esteem of an individual, whether infected, affected, or both, is most likely accomplished through a well planned HIV/AIDS peer education program. *A Training Manual for Trainers* (1992) says, "A participatory style of education will bring pupils to the realization that they, themselves, have the greatest capacity to identify how AIDS and issues surrounding AIDS relates to them and what they can do about it." In other words, the development of self-esteem in individuals, subjected to a viable HIV/AIDS peer education program, empowers them to make informed attempts to solve some of the HIV/AIDS related problems. For instance, one with a sound self-esteem has the courage to come out about his or her HIV status, as well as visiting a Voluntary Counseling and Testing (VCT) center. Without self-esteem acquired or molded in peer education activities, very few people have the courage and desire to disclose their HIV/AIDS status. In simpler terms, the development of self esteem enables HIV/AIDS facilitators and participants to address an array of HIV/AIDS related issues and problems. Thus, UNAIDS (n.d.) remarks, "Learning that you are infected with HIV will change your life dramatically. You may experience a wide range of emotions- fear, loss, grief, depression, denial, anger, [or] anxiety." It implies that the development of a positive self-esteem through peer education enables individuals to overcome some of the HIV/AIDS infection awareness problems in a humane manner.

In addition, peer education enables the development of team building, which is an important asset in dealing with HIV/AIDS in any human society. According to *A Training Manual for Trainers* (1992), "Participatory methods recognize that when people form groups, they become stronger and develop the capacity to act. Through exchange and dialogue within a group,

learners realize that the other group members have similar problems and anxieties to their own." Thus, team building is quite supportive in addressing HIV/AIDS related issues and problems. Participants would realize that individuals are affected differently by HIV/AIDS, thereby encouraging them to seek for the ways of addressing those very problems in a respectable manner. In other words, AIDS education should strive to build on the capacity of peer groups to define new behavioral codes for both the youth and the adults. Peer education takes the central place in equipping facilitators, participants, and members of the general society with relevant knowledge and skills in dealing with a myriad of HIV/AIDS problems through team building. Hence, without the existence of a team, HIV/AIDS infected and affected people are left vulnerable to the whims of the devastating scourge – HIV/AIDS. UNAIDS (n.d.) states, "Maintaining the quality of your life is just as important as maintaining your physical health." Thus, team building provides an answer for life and body maintenance in HIV/AIDS issues and problems.

Action planning in a participatory peer education program is not an option, but a necessity to HIV/AIDS facilitators, peer educators, and the general audience in participation. In this light, *A Training Manual for Trainers* (1992) reinforces "the practical application of new knowledge helps to encourage further reflection and analysis." This implies that planning must be pragmatic in nature where individuals are enabled to examine, analyze, reflect, and evaluate issues pertaining to HIV/AIDS. In other words, any form of planning that lacks pragmatism is susceptible to be null and void in its attempt to effectively address HIV/AIDS related problems. Hence, Dewey and Dewey (1962) noted "learning by doing is a slogan." In addition, Dewey's pragmatism is expressed in Meyer (1972) that "what we know is embedded in what we experience." In short, action planning, in its pragmatic sense, exposes individuals dealing with HIV/AIDS in a participatory peer education, with adequate skills to tackle a barrage of problems experientially. Thus, the value and place of peer education is crucial in dealing with HIV/AIDS problems where society is viewed as a social experimental laboratory.

The development of a responsible human being is always cherished in any education program of note, peer education included. In the same vein, *A Training Manual for Trainers* (1992) notes, "Participatory in the learning process helps to foster a sense of responsibility among learners for their own education and for their own actions." This implies that through active involvement in HIV/AIDS issues, individuals will become responsible for their choices, decisions, and aspirations. Responsibility, as an invaluable asset of humanity, enables peer educators and participants to dedicate themselves to the duty of servicing each other in an attempt to deal with HIV/AIDS problems in society. Thus, Elliot and Webb (2000) stressed that "HIV prevention is more, however, than just a bio-medical intervention. It is also a social process which includes factors difficult to assess by scientific or rigorous methods … HIV prevention is, unavoidably, a value-laden intervention." The question of freedom and morality appears to be essential in dealing with HIV/AIDS problems where the taking of responsibility by a responsible individual is a sign of a well-developed individual texture of responsibility achieved through a vibrant and pragmatic peer education system.

POSITIVE LIVING THROUGH NUTRITION

A relevant peer education system should also address issues pertaining to positive living through nutrition. According to the ZimPath Handout, on Positive Living through Nutrition Training Manual (n.d.), the importance of nutrition education for people living with any form of infection, including HIV, is as follows:

> "To build healthy eating habits – which gives a person the chance to eat health food…Maintaining good health – good nutrition can help to extend the period when the person with [an] HIV infection stays well and can continue to study and work and can be a caring person for dependants … Preventing weight loss – during the time when [an] HIV infection could develop into full blown AIDS, weight loss is really a great danger because it weakens the body and reduces the working and efficiency of the defense system. A balanced diet and proper nutritional recovery after [the] infection can reduce weight loss and lessen [the] impact of future infections… Reinforcing treatment – when a person is receiving treatment for opportunistic infections, medicines being taken may influence eating and nutrition, hence GOOD nutrition will reinforce the effects of any medication, herbs, or supplementary pills."

Thus, the value of nutrition is crucial in HIV/AIDS peer education for the good of workshop participants and society, in general. Echoing the same sentiments on Positive Living through Nutrition are various sources, such as: FAO and WHO (2002); Romelyn (1998); Bijlsma (1997), NAP+ (1995), and Haas (1992). It can be noted that dissemination of information on nutrition is fundamental in any sound peer education system on HIV/AIDS in Zimbabwe and the worldwide.

FIGHTING AGAINST STIGMA AND DISCRIMINATION

One cannot do without mentioning the indispensable need for any HIV/AIDS peer education system to fight against stigma and discrimination. Crouch (2004) defines stigma as "the imposition of a special, discrediting and unwanted "label" on a person, or group of persons, that indicates that they are looked upon as fundamentally and, in most cases, shamefully different from "normal" persons." It implies that stigma is a negative tattoo that has adverse effects on the labeled, for instance, those infected with HIV/AIDS. It is, therefore, imperative for any peer education system to seriously fight against stigmatization in order to destigmatize the society. This will, inevitably, assist those living with HIV/AIDS to avoid shunning away those who are actually infected and affected with HIV/AIDS. Hence, dealing with stigma incessantly through the peer education society can sustain living positive with the HIV/AIDS pandemic. In the same vein, a Flier on Stigma and Discrimination (Unpublished) explains self-stigmatization as it "is shame felt by an individual after receiving the negative responses and reactions of others and/or by believing they are to blame for getting HIV." In view of such a self-destructing self-stigmatization, it is the responsibility of a participatory peer education system to undo self-stigmatization in a highly creative manner. The same Flier on Stigma and Discrimination (Unpublished) defines stigma as "a process of harming the character of a person in the eyes of others." Therefore, any sound peer education system's first port of call should be anchored on dealing with stigma as an attempt of destigmatizing individuals, facilitators, and society, in general. Destigmatization necessarily opens avenues for other methods, activities, and individual involvements in HIV/AIDS issues to widen, thereby establishing a favorable environment in addressing problems associated with the pandemic.

Furthermore, a term closely related to stigmatization is discrimination. Crouch (2004) describes discrimination as "a prejudicial thought or attitude [that] leads to a distinction being made against a person, or persons, that results in the person or persons being treated unfairly on the basis of their belonging, or being perceived to belong, to a particular group." As such, there is need for a peer education system that fights discrimination as a way of establishing an enabling environment in addressing a plethora of HIV/AIDS related problems. In this perspective, it, therefore, entails that peer education is not a child's play, but something of pedagogical relevance, validity, reliability, and necessity in the biosphere. By doing away with discrimination, one would be encouraging the development of positive living with HIV/AIDS in society. SAFAIDS (2005) notes that "The will to live is one of the strongest medicines for people living with HIV/AIDS… Positive Living is a term used to describe steps taken by people living with HIV or AIDS that enhance their lives and increase their health." Therefore, through positive living one will develop a positive mind to live with HIV/AIDS, thereby sustaining the longevity of the infected and affected. In this regards, SAFAIDS (2005) has this to say, "If you think you will deal with your HIV infection and will live a long and healthy life within – then you are already HALFWAY there." Peer educators, through peer education, should be synonymous with a courageous warrior in fighting against discrimination in the HIV/AIDS arena.

There is need to seriously consider the application of some of the participatory methodology, such as the devil's advocate, case studies, debates, surveys, and role- play/drama, among other methods. The use of the devil's advocate in a participatory peer education program is of great value in addressing HIV/AIDS issues. According to *A Training Manual for Trainers* (1992), "a devil's advocate is a person in a discussion who puts forward an undesirable or dangerous point of view. The technique of devil's advocate involves a "devil" who advocates risky behavior or undesirable attitudes." This method enables facilitators and participants to discuss individual differences, stereotypes, and discriminative tendencies with regards to HIV/AIDS. Thus, through the heated debate that is encapsulated by the use of the devil's advocate, people learn a lot and it encourages the development of behavior change in attitudes and the demystification of certain sexual practices. Again, *A Training Manual for Trainers* (1992) confirms that the "Devil's advocate is most often used when dealing with areas of behavior temptation for participants… helps them to judge some of the choices they have to make." In a sense, the devil's advocate frames the problem in view of possible solutions through critical examination, analysis, and evaluation of issues pertaining to HIV/AIDS. Even, Holden (2003) coins, "The framing of something as a problem suggests that a solution exists, or can be found." It is the role of a sound peer education system to subject participants in solving HIV/AIDS dilemmas through the utilization of the devil's advocate method.

Case studies are helpful in the quantitative collection of data in relation to HIV/AIDS in a peer education program. According to *A Training Manual for Trainers* (1992) "Case studies describe a situation that a group has to discuss, or a problem that a group has to solve." In this regard, peer education should utilize the case study as a participatory method that would enable participants to deal with problems of HIV/AIDS, such as stigmatization, discrimination, isolation, depression, and other socioeconomic difficulties that the HIV/AIDS infected and affected came across in life. In a nutshell, the case study approach will enable participants to attain practice in problem solving and informed decision making strategies in life.

The use of debate as a form of participatory methodology in addressing HIV/AIDS issues is also pivotal in a sound peer education program. In light of this, *A Training Manual for Trainers* (1992) says, "In a debate, the advantages and disadvantages of an issue are presented… useful when we wish to explore a topic from several points of view." Just like the devil's advocate discussed earlier, debates help participants to understand each other through the use of their cognitive, affective, and psychomotor skills with regard to HIV/AIDS. Also, Holden (2003) remarks, "A health-promotion agency sees its core business as increasing awareness and [the] use of preventative and curative health measures, which it mainly does through performance[s] of community theatre. If it wanted to begin AIDS work, it might conduct AIDS education through a new program of drama performances and video shows." Thus, through debating/drama knowledge gaps are identified, filled, and possibly achieved a positive behavior change in dealing with people who are suffering from HIV/AIDS, as well as those living with HIV/AIDS – this applies to every human being in existence.

Extending the participatory methodology in HIV/AIDS peer education is the use of surveys. *A Training Manual for Trainers* (1992) defines, "A survey is a fact-finding exercise on a specific topic. The information may be collected from classmates, school mates, parents, brothers, sisters, other adults, or an authority in the community." Thus, through the use of questionnaires, interviews, and opinion polls in surveys, HIV/AIDS information can be easily accessed for the good of say workshop participants, as well as a myriad of stakeholders in society. A peer education system that implements surveys is almost holistic in approach in its attempt to address HIV/AIDS in institutions of learning, home-based care centers, and society, in general. Thus, surveys instituted by the use of opinion polls, questionnaires, and interviews influence the strategies to be used in HIV/AIDS advocacy in order to reach the greatest clientele.

FORMS OF NATIONAL COMMUNITY HOME-BASED CARE STANDARDS (NCHBCS)

Under the banner of National Community Home-Based Care Standards lies an array of approaches, such as: the Holistic, the Home-Based Care, the Palliative Care, Counseling, Bereavement Support, the Patient health assessment, and the Primary Caregiver, Monitoring and Evaluation, and the Program Cost Analysis. Having such a large store of approaches, Peer education holds a central place in dealing with HIV/AIDS information gathering and dissemination techniques. Hence, the researcher is compelled to embark on a brief address for each of the approaches mentioned in this paragraph.

The holistic approach opens this section. Crouch (2004) defines holistic as "an approach that looks at the complete person, physically, psychologically, spiritually, and socially." This informs that a peer education program should be holistic, in nature, in order to exploit all the necessary data from individuals and institutions of varying degrees in any society with regards to HIV/AIDS. Thus, the holistic approach is evidentially in nature as it calls for the individual's cognitive, psychomotor, and affective (moral) domains into play in dealing with the HIV/AIDS pandemic in society.

Next on the line is the home-based care. Crouch (2004) defines home-based care as "any form of care given to sick people in their own homes." In other words, home-based care refers to the 'hospitalization' of a patient at home, especially undertaken by the family members or social parents in various institutions out of the formal clinics and hospitals. Thus, the responsibility of looking after an ailing HIV/AIDS patient is shouldered more by the immediate members of the family than by the formal

hospital or clinic. However, whether those people in the home are knowledgeable or not about the ways of giving care depends on their involvement in HIV/AIDS workshops and programs; otherwise, there is sheer lack of medical knowledge. Anywhere, the rationale for implementing the home-based care is summarized in Crouch (2004) as:

> "HIV infected children face stigma and discrimination and are often denied their fundamental rights to parental love, proper health care, nutrition and education. HIV/AIDS patients face bouts of often life-threatening illness, interspersed with periods of reasonably good health. For home-based care to be effective, essential support services need to be developed or strengthened to assist relatives and communities to provide quality care for patients in the most cost effective manner."

In other words, home-based care emanates as a result of the inconsistency in terms of the period of illness of an HIV/AIDS patient, the availability of support groups, in the form of the family and other support services say from non-governmental organizations and other community-based caregivers. It is the duty of an efficient and effective peer education system to expose participants to various techniques and reasons for the implementation of the home-based care approach in dealing with HIV/AIDS challenges in society. Even at the 2010 Vienna International AIDS Conference, AFP cited in the Sunday Mail In-Depth (2010) confirmed that "UNAids has drawn up proposals called 'Treatment 2.0' designed to improve efficiency in the global Aids effort by developing more simplified drugs and delivery systems and using more community health workers."

Another form of care is the palliative care. According to the HIV Counseling Series No.3 (2001), "Palliative care is the care of someone who has an illness that cannot be cured, e.g. AIDS, cancer, etc. It involves the control of pain, as well as support for psychological, social, and spiritual problems. It allows the patient to make choices about daily living." Palliative care, thus, extends beyond the care of an HIV/AIDS patient to other chronic diseases in life of which a peer education system should also encompass diseases outside HIV/AIDS. This explains the centrality of a well-activated peer education that is societal sensitive in terms of the existence of a plethora of illnesses.

Counseling steals the lime light in the contemporary world bedeviled with a barrage of chronic diseases, such as HIV/AIDS, as well as the prevalence of psychological disorders due to pressing health, socio-economic related matters. In this vein, HIV Counselling Series No.3 (2001) posits, "Counselling is a structured conversation between a counselor and one or more clients (e.g. patients or family members) that assists the client to work through particular problems he or she faces." In other words, the role of counselors in different models of counseling is to assist individuals to make informed decisions about their state of being as an attempt to find possible solutions. Hence, any sound peer education must include counseling sessions in order to equip both facilitators and participants with relevant basic to advanced counseling skills that are useful in dealing with people suffering from HIV/AIDS in society. The use of either individual or family or group counseling or all should be part and parcel of any sound peer education curriculum portfolio.

Bereavement support is another crucial component in dealing with HIV/AIDS problems in society that should also be enshrined in any peer education program of note. Crouch (2004) defines bereavement support as "provisions of counseling and practical assistance to those who are anticipating the death of a family member or had a family member die." It implies that a bereavement support is necessitated by the prevalence of a bereavement of some sort. Clarifying the concept of bereavement is HIV Counselling Series No. 3 (2001:1) by saying that "Bereavement is the consequence of the loss of something of value…Bereavement also occurs following a divorce, miscarriage, job redundancy, or any other loss in a person's life." Thus, death and other forms of loss constitute what bereavement is and it needs support in order to deal with the problems caused by such losses. In the case of people with HIV/AIDS, there is need for a cautious approach in order to deal with those remaining or having remained due to the death of say, a breadwinner. It is of utmost significance for a peer education curriculum or program to delve into equipping the bereaved, or the about to be bereaved, in society in order to sustain hope.

Of note, the Patient Health Assessment and Primary caregiver(s) is pivotal in dealing with the HIV/AIDS pandemic. Crouch (2004) explains that patient health assessment is a process of evaluating the current status of a person's health, whilst the primary caregiver(s) refers to a person or people with the ultimate responsibility of caring for the sick person on a routine basis in the home. Skills in both patient health assessment and primary caregivers are necessary to the individuals involved in peer education as facilitators, peer educators, as well as for the general members of the community. In another version, peer education seems to provide an alternative solace for people suffering and living with HIV/AIDS as well as other chronic diseases in need of caregivers' assistance. This reminds the researcher of this paper of the Zimbabwean brain drain rush to the United Kingdom from year 2000 to 2008 only for them to partake caregiver's duties to the very young and the ailing British geriatrics. It is quite necessary for individuals across the racial divide to be equipped with primary caregivers' skills.

In any sound peer education, monitoring and evaluation are essential to the success of any home-based care system. For Crouch (2004), monitoring refers to the day-to-day process of ensuring that program activities are carried out in a way that will allow the program to achieve its goals and objectives, whilst evaluation is a more formal process involving a systematic collection and analysis of quantitative and qualitative program data. It is, therefore, imperative for peer educators and participants to have the ability to monitor and evaluate the impact of HIV/AIDS related projects implemented in the community in order to gain more knowledge or address certain methodological knowledge gaps. This, in turn, entails the need for a sound program-based analysis in HIV/AIDS home-based care, as purported by Crouch (2004) that, "adoption of the community home-based care standards, other policies, and professional principles by home-based care stakeholders assures good care management. Thus, a viable peer education at workplaces, schools, colleges, universities, hospitals, and other specialized caregiver institutions should be part and parcel of any peer education program dealing with HIV/AIDS discourse. In a nutshell, peer education should encompass Ramose's (1999) concept of *ubuntu,* where a holistic one-ness is of importance in dealing with issues demanding cooperation, solidarity, and human life.

CONCLUSION

The paper has sufficiently attempted to address the value of peer education in HIV/AIDS discourse through the use of a multiplicity of examples derived from a participatory methodology. Major issues such as: introduction, definition of terms, the place of peer education in HIV/AIDS discourse, nutrition, the fight against stigma and discrimination, as well as forms of National Home-Based Care Standards have been professionally addressed and are ready for both public consumption and scrutiny. Thus, in this paper it has been established that the idea of peer education ensures good health, continued living as well as contributing towards building and facilitating the establishment of support groups in society. However, the researcher challenges other interested researchers to specifically look into some of the aspects alluded to in this somewhat holistic paper on the indispensable value of Peer education that is valuable towards sustainable development where human dignity is respected.

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