

## CHAPTER 3

### Research Design and Methodology

#### 3.1 Introduction

The aim of this study was to explore and describe how children negotiated pathways to well-being while affected by HIV&AIDS. In Chapter 2, I provided a conceptual lens to this study that was derived from an exploration of the literature that was relevant to the focus of my study.

In Chapter 3, I explain and elaborate on my methodological choices as they informed the study. I justify my choice of research design and the primary data generation methods and instruments that were used to aid in the children's self-expression in order to answer critical questions in this study. I also explain the role of the secondary data generation methods that guided me. Furthermore, I set out the ethical issues that I considered significant to this study, expound the challenges, dilemmas and limitations that accompanied me throughout this study and explore my role as a researcher. I conclude the chapter with a discussion of the steps that I took to ensure the quality of the study. Figure 3.1 illustrates this process.

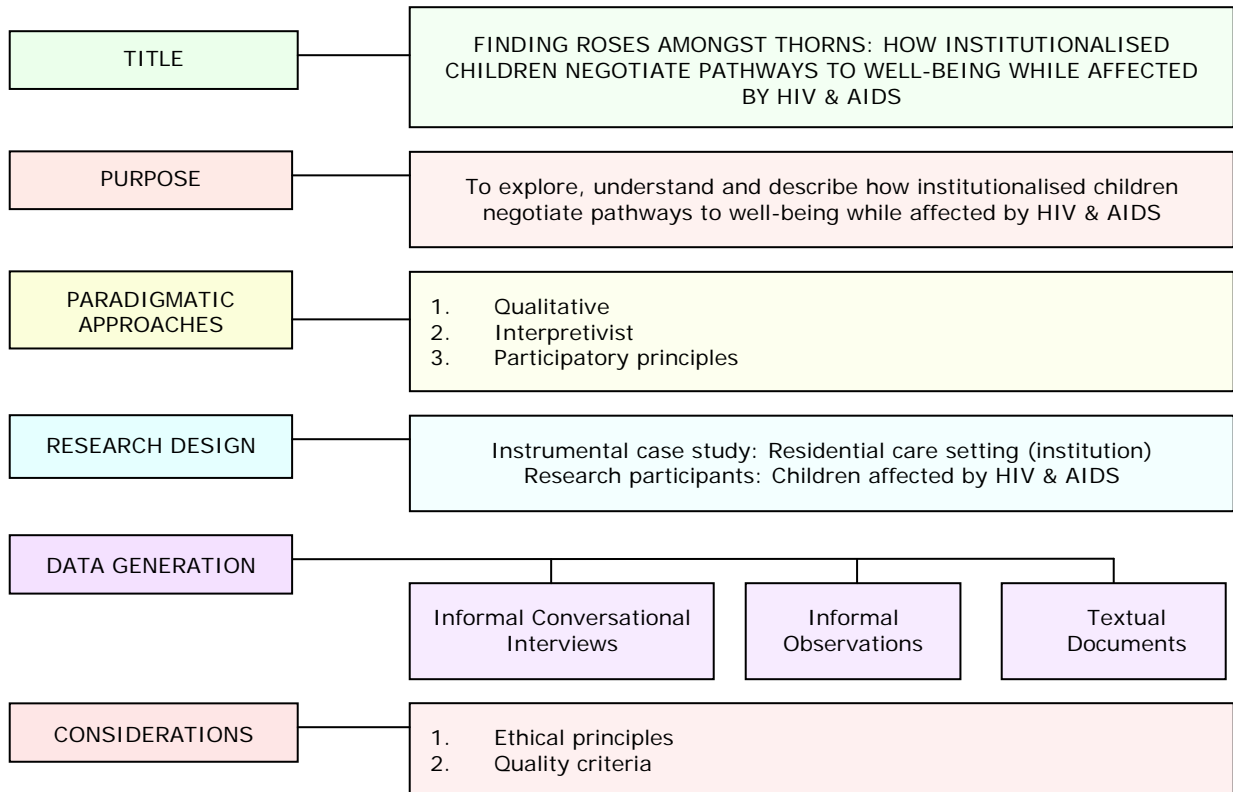


Figure 3.1: An illustration of the research process

## 3.2 My research paradigms

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### 3.2.1 Methodological paradigm

When I initially conceptualised this study, I understood that my decision to explore the experiences of a vulnerable group of children would require a multifaceted approach to establishing relationships, interactions, data generation, data analysis, understandings and interpretations in a complex and dynamic setting. Initially, I considered adopting a quantitative approach to this study. I could have designed a questionnaire and administered it to the child participants to elicit their views about their life experiences. Thereafter I could then have quantified these experiences. I could also have employed a mixed method approach where I would have incorporated both qualitative and quantitative approaches (Onwuegbuzie, 2006; Creswell, 2003). However, I felt uncomfortable about these approaches as I questioned the trustworthiness of adopting a positivist approach to conduct a study in an intensely emotive field (Power, 1998).

I chose a qualitative approach for various reasons. Firstly, it related to the focus of the study, which aimed to explore and understand at a deep level the lived experiences of a group of children who are affected by HIV&AIDS. Next, I believed that the inductive and descriptive nature of a qualitative approach (Power, 1998) could be a suitable way to explore different views, experiences, feelings, perceptions and understandings of individual children in this study. I posit that such an approach could allow me access to inductive nuances that could possibly be missed in a questionnaire approach. In choosing a qualitative paradigm, I ascribed to the words of Denzin and Lincoln (2005:3), who claim: *“qualitative researchers study things in their natural settings, attempting to make sense, or interpret phenomena in terms of meanings people bring to them.”*

Furthermore, I was influenced by Merriam’s (1998) view that the data that emerge from a qualitative study are reported in words (primarily the participant’s words) or pictures, rather than in numbers. These qualities resonated with my stance as a qualitative researcher who recognises the unique contributions that children can make to research processes and outcomes. I was therefore comfortable in choosing a qualitative research paradigm that reflected my way of thinking about the phenomenon that I was researching. At all times, I took cognisance that it was impossible to separate the phenomenon being researched from other variables in the context (Merriam, 1998). As HIV&AIDS is highly stigmatised in many communities, research conducted with children within this field necessitates sensitivity to the social constraints that could affect the child.

In my qualitative approach, I entered the field carefully and with much respect for my partners. I spent time during the initial sessions on establishing rapport and trust with the children in the study. My prolonged engagement with the children (approximately 7 months) (see Addendum 6:6.1) meant that I was afforded in-depth insights that could have been overlooked had my engagement with the children been limited or brief (Charmaz, 2000). This intense qualitative engagement also meant that I became fully immersed and involved (Patton, 2002). As such, I as researcher became the primary research instrument (Patton, 2002; Miles & Huberman, 1994; Lincoln & Guba, 1985). I abided by Power's (1998:698) view that "*the non-intrusive and subtle nature of qualitative research has been particularly appropriate in examining HIV-related issues.*" Thus, my decision to employ a qualitative approach to my study rested in the reasons that I have discussed.

### **3.2.2 Meta-theoretical paradigm**

As the focus of my study related to understanding, interpreting and describing the lived experiences of a particular group of highly vulnerable children, an interpretivist paradigm guided my inquiry into this process. I grounded my study in a qualitative-interpretive paradigm, as my concern was to understand the perceptions of the children regarding their well-being (Denzin & Lincoln, 2000:2).

The interpretivist paradigm reflects my personal view of the *world*, namely that people socially construct meanings *via* their interaction with the world around them. Considering that the main aim of my study was to understand and make sense of children's experiences, I regarded the children as being the experts in their lives and as such co-creators of knowledge. Knowledge is created through a process of personal interactions based on the understanding and interpretation of experiences within the particular context (Terre Blanche & Durrheim, 2002). Schwandt (2000) refers to the process of understanding as empathic identification, where understanding the meaning of human action and interaction requires of the researcher to understand or grasp the subjective intent of the participant.

Throughout this study, I defined the nature of the social context as being multiple, personal and internal (my ontological assumptions). In my writings, I consistently aimed to portray the subjective experiences of children in their reality by including various direct quotations and extracts of my reflections from my research journal. At various stages of the process, I reflected on the role of values in this study (my axiological assumptions) and acknowledged that in my attempts to authenticate my understandings of children's experiences of well-being from an interpretivist stance, my findings might be regarded as subjective and biased.

I also understand that this study was an interactive process shaped by my own personal history, gender, social class, race and ethnicity, and by the children in my research setting (Terre Blanche & Kelly, 2002; Denzin & Lincoln, 2000:6; Cohen *et al.*, 2000).

I adopted an insider perspective (Denzin & Lincoln, 2000) while I listened to the children for an understanding of how they construed their life world. Imbued in my writings are my perceptions derived from a mutual process of knowledge creation and interpretation. All interpretations would therefore be their interpretations and all understandings generated would be that which the children wanted or needed me to understand. However, how could I represent these voices in my writing without subsuming my personal values and judgements? To do this effectively, I needed to be one with the children: to interact, listen and understand (Terre Blanche & Durrheim, 1999:123). Denzin and Lincoln (2000:16) call this dilemma a crisis of representation and concede that in the final product there was no distinction between the writing and the fieldwork.

### **3.2.3 Adopting participatory principles**

Children's place in society may be viewed through the lenses adults use to conceive childhood. In line with the sociology of childhood, I sought to view children in my study not as *objects of concern* but to engage with them as *active participants* (James & Prout, 1990). According to article 12 of the United Nations Convention on the Rights of the Child, (1989) children and young people have a right to be involved in decisions which affect them; this includes acknowledging them as social actors in their own lives. Increasingly, children are being recognised not as adults in waiting but as a diverse group of valuable contributors to society and competent in voicing their experiences (Noble-Carr, 2006).

In the particular context of my study, which required the exploration of sensitive subjects with children, I adopted participatory techniques for their power of communication and their suitability to the study. Their advantages seemed to lie in the active representation of ideas and thoughts based on the power of visual impressions (O'Kane, 2000) that did not depend heavily on reading or writing skills. By incorporating participatory techniques in this study, I posit that spaces had been created for children in this study to be listened to and heard. According to Clarke (2005), listening is understood to be an active process of communication, involving hearing, interpreting and constructing meanings, and is not limited to the spoken word.



### 3.3 Research design

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In this section I discuss the case study design that I utilized. I also describe my research setting and the children who participated in the study.

#### 3.3.1 A case study design

I intentionally chose an instrumental case study design within the qualitative approach to explore and provide a detailed description of the life world of a group of children who are affected by HIV&AIDS. My choice was informed by the highly emotional and sensitive nature of the study, together with the critical questions that guided the inquiry. I found that my case, a residential care setting for orphaned and vulnerable children, was bounded by time and activity, and was an appropriate system within which I could gather detailed information using a variety of data collection strategies over a sustained period of time (Creswell, 2003:14; Creswell, 1998:61).

While a case study is both a process of inquiry about the case and the product of that inquiry (Stake, 2005:444), a case study design is one of the most appropriate designs when one is examining a social issue in a real life context, as its particular strength lies in its attention to the subtlety and complexity of the case in its own right and the embeddedness of social truths. Although the nature of my study lent itself to an instrumental case study as its purpose was mainly to provide insight into a phenomenon (Denzin & Lincoln, 2000:437), I lean towards Stake's view (2005: 445), that there is no hard-and-fast line dividing instrumental case studies from intrinsic case studies; rather, there seems to be a zone of combined purpose. Furthermore, as I discovered and reported on a complex, dynamic and unfolding interaction of events, relationships and contexts in this unique instance, I found a resonance between my research design (case study) and my interpretivist epistemology (Cohen *et al.*, 2000).

Within this design, I could have selected only specific children with whom to conduct my investigation. However, from an ethical stance, I chose to include all nine children who lived at the children's home as they met my inclusion criteria. By employing an instrumental case study design, I was able to focus on the aim of gaining a better understanding of the children in this unit of analysis, which was a unique and dynamic children's home (Creswell, 1998:61). The purpose was therefore not to obtain a broad understanding of HIV&AIDS in this home, but to explore, understand and describe in depth the phenomenon of the well-being experiences of children who were affected by HIV&AIDS. I sought to uncover the

case's own issues, contexts and interpretations by means of thick, detailed and intense descriptions (Stake, 2005:445; Stake, 1995) (see Addendum 6).

From the outset the trust and rapport between the children and myself (as researcher) seemed to facilitate comprehensive interactions leading to profound insights (Mouton, 2001:150). The emphatic researcher-child relationship that ensued gave the impression that the children were encouraged in their expression of experiences and perceptions of negotiating well-being. I suggest that in the process, theory (such as coping, resilience, well-being related to children affected by HIV&AIDS) might be refined or created. In this manner, children's experiences may be constructed as knowledge.

As a researcher, I was obliged to take personal decisions during the course of the research activities, which might have influenced my results and findings in this study and which, in this light, might be regarded as one of the limitations of using a case study design in this study (Denzin & Lincoln, 2000:439). Further, when one considers Mouton's (2001:149-150) views, case studies are low in control and lack generalisability of results. Within the context of my study, I did not intend to generalise my findings. As with other qualitative research designs, the main sources of error may lie in researcher bias and lack of rigour in the analysis of data<sup>1</sup>. I engaged with my peers to reflect critically on my research practices throughout the process (see Addendum 6). Although it was not my intention to generalise the findings of this study, I do submit that by providing detailed descriptions of the processes and the setting (see Addenda 6 & 8) a possibility exists of certain characteristics of this study being transferable (Stake, 2005; Seale, 1999).

### 3.3.1.1 My research setting

My research was conducted at a residential care<sup>2</sup> facility for orphaned and vulnerable children (see Addendum 8:8.1). This particular home is regarded as a family unit where the children are in the care and protection of a primary caregiver and a domestic helper. The overall guardianship of the children rests with the social worker under the auspices of the main hospital. Nine children, aged between 10 and 15 years, live at this children's home.

I chose to interact with the children at their home as I regard the setting in which the research is being carried out as crucial in establishing a perception of power equalisation. In addition, as children may perhaps behave and interact with adults differently in different settings I took into consideration that the location where the interviews were carried out was

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<sup>1</sup> I will address my approach to ensuring rigour in Section 3.8

<sup>2</sup> As explained in Chapter 1, I use the terms **residential care** and **institutional care** interchangeably. For the purpose of my study, I shall refer to my research setting as **the children's home**.

quite likely to influence the way the children would respond (Noble-Carr, 2006). As such, Mahon, Glendinning, Clarke and Craig (1996:152) are of the opinion that *"it is frequently desirable to interview people (children) in their own homes and this often provides important observational data"* for the researcher. I concur with Punch (2002b:328) that interviewing children in their own setting can also make children feel more comfortable and less anxious. Despite these precautions I observed in my study that a few children were not comfortable with talking about sensitive issues in their own home while other children were around and within hearing distance (see Addendum 6:6.2). Furthermore, the presence of others in the interview space felt disruptive and perhaps intrusive to the children being interviewed. Especially for purposes of confidentiality, I conducted individual sessions either in a private room in the house, in the study or in the garden.

In their research with children with disabilities, Save the Children (2001) also found that children could often be interrupted by siblings or parents at home and that privacy was often a lot harder to negotiate in a home setting. Therefore, *"the implications of the research setting need to be considered with particular care, awareness and sensitivity in research with children"* (Punch, 2002b:328). I adhere to my position that interviews should be conducted in a setting where the child feels comfortable, both physically and emotionally. Figure 3.2 is a visual image of the children's home.



*Figure 3.2:* Harry Potter in front of his home

### **3.3.1.2 Selecting my research partners**

At this stage of my writing, I wish to share my struggle to access research participants. Despite the campaigning at different social, political and educational levels to reduce the stigma and discrimination surrounding HIV&AIDS, stigma persists in all strata of society. When I conceptualised this project, my interest resided in exploring the experiences of a



diverse group of children affected by HIV&AIDS, across different cultures, racial divides and economic barriers. My attempt to find inter-racial, urban and middle income group HIV&AIDS-affected families who were willing to be participants in this study was futile (see Addendum 6).

Therefore, bearing in mind the sensitivity, stigma, confidentiality and ethical issues surrounding HIV&AIDS, I was constantly aware of the need for a careful choice of participants. As I had intended to collate extensive information concerning the well-being experiences of children who are living in a HIV&AIDS context, I utilised a purposive sampling procedure (Patton, 2002) that allowed me to choose the research setting (and the children who lived there) that best described the characteristics of the population I was interested in. My intention was to understand, describe and highlight the lived experiences of this particular group of young children at a particular point in time.

The children in my study were aged between 10 years and 15 years (see Section 1.4.3 and Addendum 8:8.2). They may be regarded as being in the preadolescent and adolescent phases of their lives (Mwamwenda, 2004). According to Piaget (in Thomas, 2005:191), individuals in this phase of cognitive development would probably be able to recognise (construct) symbolisation through means of imitation, of gestures, play, drawing and oral echoing. While Mwamwenda (1995:115) considers Piaget's cognitive development theory to have relevance in a dynamic and urban African context, I do surmise that the children in my study could possibly be functioning at a cognitive level lower than Piaget's expectations due to environmental and emotional deprivation together with the cognitive developmental implications of being infected by the HI virus (Smith, 2005; Gosling *et al.* 2004; Kullgren *et al.*, 2004). Children who are in my predefined age group may also be starting to act internally on objects (manipulate them mentally) while observing and working with them (Thomas, 2005:191). The competence of being able to engage in acts of internalisation would have important implications for the study as it enabled the participants to generate intense, vivid and rich descriptions of their experiences (see Chapter 4). In my data generation approach, I considered Mwamwenda's (1995:115) explanation: *"dialogue is disadvantageous to African subjects whose cultures do not facilitate or encourage intensive discussion between an adult and a child."*

The purpose of this study required that the child participants be willing to communicate with me about HIV&AIDS and be willing to share their personal experiences, feelings and emotions. In addition, the nature of the data generation required that participants should be motivated, have the time and be committed to being part of this study. I assume that the



level of commitment to the study that I required was achieved as I spent time in the initial sessions with the children on gaining and sustaining a mutual relationship of sincerity and trust (see Addendum 6). I surmise that the use of child-friendly data generation instruments had added to the sustained interest and enthusiasm that the children displayed at being part of this study.

When I selected this case, I carefully considered accessibility as another important criterion as I intended a prolonged engagement with the children. In collaboration with the children and their caregivers at our initial contact, I conducted my sessions with the children between 2 pm and 6 pm on a Friday afternoon. Although I had planned to use a research assistant to assist me with translating the children's mother tongue language (a combination of Sesotho, Tshi-Venda and Sepedi) to me and my English to the children in their mother tongue. However, I realised at my first introductory session that a translator might not be necessary as the children attended an English-medium school and spoke English fluently. Furthermore, they communicated with their caregivers in English. Nevertheless, I offered the children the opportunity to speak in their mother tongue whenever they needed to and to have my conversations translated to them in their mother tongue. I knew that I was audio-recording their conversations and so the information would be translated should I need it to be. However, none of the children opted to speak in their mother tongue nor did they require my conversations to be translated to them. For the purposes of this study, I did not explore the reasons for their choice in speaking English in this study, but I believe that it probably relates to the language of teaching and learning they are used to in school.

At the outset my decision was to exclude the voices of caregivers, teachers and other significant adults in the children's lives. I preferred to listen just to the voices of the children and to explore *their* experiences. I made this choice after reading the following comment from Eder and Fingerston (2002:181), "*... one clear reason for interviewing respondents is to allow them to give voice to their own interpretations and thoughts rather than rely solely on our adult interpretations of their lives.*"

### **3.3.2 The research process**

It has been highlighted in the literature that to fully engage children in a study, the process of data generation should consist of more than a one-off encounter with the children (Noble-Carr, 2006). I found it helpful to conduct a series of interviews especially as we were engaging in conversations that could be emotional and sensitive (see Addendum 6). The series of interviews and activities assisted with maintaining a trusting relationship by

providing opportunities to follow-up on conversations and further explore or confirm children's ideas and thoughts (Punch, 2002a & b; Mason & Urquhart, 2001). Milne, Munford and Saunders (in Noble-Carr, 2006) emphasised that research of high quality usually arises from relationships that are carefully constructed.

From the outset my dilemma revolved around these questions: How does a researcher gather data from a group of children orphaned and made vulnerable by HIV&AIDS? How does a researcher safeguard these children from further vulnerabilities to which the research process may expose them? I took my cue from Power (1998:690), who suggested that *"...researching the knowledge and attitudes of children regarding a matter such as HIV disease requires skill and sensitivity."* While deliberating on suitable data generation choices with my supervisor and colleagues, I was clear that the emotional safety of the children was the priority in this study. Therefore, I could not choose to use data generation methods that would be intrusive and insensitive to the children. I acknowledge that throughout the research process I was acutely aware of my position (see Addendum 6) and that methodological choices were made in the best interests of the children (see Addendum 6). During the course of my study, I also took the children's expressions of their experiences seriously and recognised that they had their own distinctive abilities in the way which they understood and explained their world (Noble-Carr, 2006; Banks, 2001; Christensen & James, 2000). I posit that recognition and encouragement of the children's potentials could have possibly contributed to the rich and valuable data that were generated in this study.

### **3.3.2.1 Piloting the study**

I conducted a pilot study in order to orientate myself to the study, to determine the exact formulation of my research problem (De Vos *et al.*, 2005) and to ascertain the effectiveness of my data generation methods. In particular, I conducted a pilot study in August 2007 in order to explore the feasibility and usefulness of certain instruments that I required to aid the interview process (see Addendum 3). To do this, I approached a friend whom I knew was taking care of her 11-year-old orphaned nephew, as his mother (my friend's sister), had died two years earlier. The child and I are familiar to each other.

According to information given to me by my friend, the child's father had also died in January 2007 and she then took responsibility for raising the child. The causes of the parental deaths are unknown. I clearly explained the purpose of the study to the caregiver and then again, in a developmentally appropriate manner, to the child. I thereby gained informed consent and informed assent to engage the child in an informal and conversational

interview regarding his experience of well-being after the death of his parents. I do concede that I did not probe the child's HIV status as I regarded it as an intensely private and confidential matter, however pertinent it might have been to this pilot study. In this respect, my participant for the pilot study differed in two characteristics from most other children in my primary study: unclear information about his HIV status and the fact that he was not in institutional care.

I conducted two interview sessions with him to explore his thoughts on what made him happy. The instruments that I used to guide these interviews were based on sand trays<sup>3</sup> and drawings. Based on these sessions, I decided to exclude the use of sand trays as an instrument to support the informal interviews. I found that I could not control the cultural and contextual variables that the child ascribed to the Westernised versions of the miniature toys that were utilised in this activity. However, I found that the drawings formed the basis for rich and detailed informal interviews that contributed to my meaning-making processes.

Subsequent to this pilot study, I realised that having conducted just one pilot study was a potential limitation. In retrospect, I believe that I would have gained greater insight into the feasibility of using the other instruments, had I conducted an additional pilot study. However, I attempted to overcome this challenge by executing this study in a flexible and non-prescriptive manner. I constantly revised, reviewed and reflected on the approaches and the instruments that guided the approaches in this study (see Addendum 6).

### **3.4 Research methodology: data generation and documentation**

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Considering that this study was conducted with children facing multiple adversities in their lives, I chose my methods carefully and sensitively and I executed them skillfully. I am fortunate to have had extensive experience of working with children. I began my career as an educator and worked in foundational phase schooling for 12 years. Thereafter I qualified and worked as a practicing educational psychologist. My experience of working with children in a classroom context and in an educational psychology practice has prepared me to understand that children may not readily speak about emotional concerns that affect them most. Rather, there appears a greater possibility of children playing out their emotionality. According to Landreth (1991:7), "*...unlike adults, whose natural medium of communication is verbalisation, the natural medium of communication for children is play and activity.*"

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<sup>3</sup> Sand play is a therapeutic technique for children and adults with psychological and emotional challenges. In this pilot exercise, it was used as a data generation tool (see Addendum 3:3.2).

I accepted Noble-Carr's (2006) insight and adopted her multi-modal approach for engaging children in research on sensitive issues. A multi-modal technique may include utilising a combination of informal observation, open-ended interviews (to gain personal stories and experiences) and discussion groups based on activities (to build on individual narratives and to discuss broader issues and ideas). Offering options to children is thought to be particularly helpful in data generation, especially when the ages of children in a study varies, as some older children may not want to talk about sensitive subjects in front of younger children (Edwards in Noble-Carr, 2006). I incorporated participatory task-based activities in my study as I was encouraged by Power (1998), who maintained that although there is an emerging paradigm of complementary methods and approaches in qualitative research, it should not limit the scope of qualitative work.

Whatever particular structures are chosen for the generation of data, the literature placed the greatest emphasis on using creative and innovative techniques, such as visual and task-based activities or a *toolkit* of different activities, to prompt discussion and debate within the interview or discussion group setting (Noble-Carr, 2006). In particular, Sorin (2003) suggested that by including children's voices in the data generation strategies, richer and more meaningful data would be produced.

Although I adhered to the stance of Landreth (1991) and Oaklander (1988) that children can express their thoughts and feelings better through playing and acting out than through talking about them, I also considered Punch's (2002a & b) assertion that we as researchers should not undermine children by assuming that they do not have the competence to articulate their thoughts and feelings. From an African cultural perspective, Mwamwenda (1995:115) comments, *"...when subjects are provided with familiar materials and are encouraged to reflect on their answers, results are likely to be more positive."* By juxtaposing these scholarly views, I embraced what I considered the most appropriate manner to engage with the children in this study: informal and conversational interviews, which would be aided by task-based activities to stimulate, elicit and maintain conversation.

#### **3.4.1 Data generation strategies**

I began data generation with the children at my first visit to the children's home on 7 September 2007. During this initial contact, I casually observed the children as we interacted inside the home. I was able to sense their willingness or reluctance to be a part of the study. After this initial visit, I followed a planned schedule and I always informed the children about the dates when I would be visiting. I endeavoured to be consistent and

predictable in my weekly visits. However, during times when I could not visit the home I telephonically informed the housemother. My telephonic contact implied that I respected the children and therefore needed to ensure that they would be informed in time of my intended absence. If I had not informed them, they would have been anticipating my visit.

Although the initial conceptualisation and operationalising of this study began in 2006, the actual time that I spent in the field was between September 2007 and March 2008. Each session with the children ranged from one to four hours. The shortest session was on 22 November 2007 (see Addendum 6). A distinct advantage of conducting this study in a qualitative manner was related to the flexibility of the design. On many occasions I scheduled meetings with the children for an activity but had to cancel either because the children had to go someplace or I had work commitments that came up unexpectedly. Furthermore, although I had planned each session, I often had to alter my plan and then engage in another activity as the children were not keen on that particular planned activity but rather wanted to do something else. The following excerpt from my research journal illustrates my point.

*Today's activity ought to have been-Draw a picture of yourself. Then we will talk about it. However, when I got there I realised that the children had something else on their minds. I think that their discussion had occurred earlier in the day because when I got there, they playfully coerced me to "ditch" the drawing because they wanted to play the board game once more. They apparently enjoyed it "so much" the last time and wanted to play again. So I postponed my planned activity for that day and enjoyed the board game with the children. (2008:03:07).*

Table 3.1 provides a summary of the data generation and documentation processes that were utilized. I also provide a reference to the addenda where examples of the data may be viewed.

*Table 3.1: Summary of data generation and documentation methods*

Method	Type	Instrument	Documentation	Addendum
<b>Interviews</b>	Informal, conversational	<ul style="list-style-type: none"> <li>o Spontaneous painting</li> <li>o Drawings</li> <li>o Incomplete sentence schedule</li> <li>o Collage</li> <li>o Draw and write activity</li> <li>o Board game</li> <li>o Clay modelling</li> <li>o Role-play</li> </ul>	<ul style="list-style-type: none"> <li>o Voice recorded and transcribed into texts</li> <li>o Visual data-photographs</li> </ul>	4
<b>Observations</b>	Observation-as-context-of-interaction		<ul style="list-style-type: none"> <li>o Research journal</li> <li>o Visual data-photographs</li> </ul>	6 8
<b>Textual data: Document</b>	Case reports		<ul style="list-style-type: none"> <li>o Copied from social worker's file</li> </ul>	2

#### 3.4.1.1 Informal conversational interviews

According to Punch (2002b:338), the choice of research methods *“not only depends on the age, competence, experience, preference and social status of the research subjects but also on the cultural environment and the physical setting, as well as the research questions and the competencies of the researcher.”* I considered the above variables when I decided to engage in qualitative research techniques for data generation that afforded a flexibility of design.

For the primary data generation strategy, I had the choice of different types of interviews (Patton in Cohen *et al.*, 2000) informal conversational interviews; interview guide approaches; standardised open-ended interviews and closed quantitative interviews. I chose to engage in informal and conversational interviews with the children, as this approach concurred with my research questions, and the context and the profile of the children. Cohen *et al.* (2000) refers to this type of interviewing as informal and non-directive interviews. This interviewing strategy resonated with my research approach as, germane to its flexible and fluid nature, I regarded myself open at all times to incorporate new areas of interest and concern as they were identified by the children in the study (Ridge, 2003).

I adhered to the following guidelines suggested by Noble-Carr (2006) as being necessary for conducting successful interviews with children:

- o I chose an appropriate setting;
- o I then established rapport with my participants;
- o I conducted informal and (at times semi-structured) interviews;
- o I enabled the children to provide a open account of their lived experiences;
- o I used open-ended questions; and
- o I employed the aid of various visual and task-based activities.

I used the medium of the informal interviews to talk about important issues in a conversational style and based on some activity that the child has performed (Cohen *et al.*, 2000:268-269). As I was careful to conduct interviews in a private space where each child was afforded confidentiality, I therefore took each child to a quiet spot in the garden (weather permitting) or to the corner of the room so we could talk in privacy.

The advantages of using informal and conversational interviewing for my study varied. Questions that emerged from the immediate context of the child were asked in the natural course of things and in a natural setting; and this approach to interviewing avoided the rigid question and answer method. The child's unique perspectives on many issues were thereby brought to the fore (Patton in Cohen *et al.*, 2000).

However, there were also limitations that were noted with this approach. The children were sometimes bored with the verbal conversations, were reluctant to talk and gave partial responses, as they seemed keen to get on with task-based activities. Other potential challenges related to (the researcher's) appropriate conversational skills (Patton, 2002). In this regard, I noticed that informal and conversational interviewing had the potential of becoming long-winded and required adept interviewing skills to bring the conversation into focus. Oppenheimer (in Cohen *et al.*, 2000:270) believes that facilitating interviews require skill on the part of the interviewer to handle the interview situation, thus enabling the participants to talk freely and emotionally. My interviewing skills as an experienced counsellor appeared valuable, as I was able to add to the richness, depth, authenticity and honesty of each participant's experiences. I also utilised my interviewing skills to draw the children's focus back to the conversation on hand where needed. I recognised that if my attempt to be child-centered was to be well grounded, then I had to negotiate around matters that were seen as important by the children (Kay *et al.*, 2003).



I adopted a flexible approach to foreground the children's subjective experiences during the interviews. Mauthner (1997) described three forms in which this process of flexibility can take place. Firstly, the researcher can let the children have a greater say in setting the terms of the conversations. A second way would be for the researcher to encourage the children to describe events from their daily lives through story telling and anecdotes, as children's stories would provide a background to their lives and act as a cue for the researcher to ask specific questions and give children their own voices in the interview. Thirdly, the researcher could also consider children's experiences of the research process itself. In my study, I chose to allow children to describe events from their daily lives, their personal likes and dislikes and information about themselves and their families, through story telling by means of anecdotes, role-play and drawings. I also allowed the children a sense of control in the study by allowing them to switch the voice recorder on and off at the start and at the end of a session and to listen to their voices whenever they asked to. They were aware of the voice recorder and often spoke in a deliberately loud and clear voice. This interweaving of the children's relationship to the research process, the researcher and each other was ongoing. I posit that this reciprocal and integrated process added to the depth and the quality of the data gathered for this study.

**a) An introduction to the instruments that aided the interviews**

During the exploration phase of this study, I was challenged by Power (1998:692) to engage in qualitative HIV&AIDS research that was imaginative and creative, "*...as unique data may be generated by insight, chance, serendipity, happenstance and the imaginative application of flexible methods.*" For instance, the use of a variety of task-based techniques to put children at ease and elicit discussion has been the most prominent distinguishing feature of the research conducted with children in recent times (Noble-Carr, 2006). However, there were drawbacks inherent in these choices. Kay *et al.* (2003) were confronted with the challenges of incorporating tasks for the in-between years (11 to 14 year age range), as these children regarded games as too childish, but found formal talk sessions intimidating. In a South African study, Strode and Grant (2001) presented children with pictures and vignettes, which allowed them to make up a story based on their experiences or to talk explicitly about the similarities between the scenario in the pictures and their own experience.

I stated earlier that I wanted to maintain their levels of interest and motivation for the duration of the research process. Therefore, I incorporated task-based activities in order to stimulate and encourage conversation with the children. My choice was also based on the

possibility of the presence of varying levels of competencies, articulateness and attention span among the children (Punch, 2002a & b). I attempted to strike a balance between not patronising the children and recognising their competencies, while keeping the study interesting and relevant to them (Punch, 2002b:54) in the chance of generating unique data (Power, 1998).

In Table 3.2 that follows, I provide a summary of the task-based instruments that I employed to guide the informal conversational interviews. Many of the instruments required drawings or writings. In the table, I comment on the format of the activities, the estimated duration of each task and the documentation process. I also provide a reference to the addenda where completed examples of the instruments may be viewed.

Table 3.2: Data generation instruments

<b>Primary data generation method:</b> Informal interviews <b>Instruments that guided the interviews:</b> Child-focused task-based activities			
What did we do?	How long did we spend?	How did I record?	Addendum 4
1. Spontaneous painting activity o group activity o individual interviews	45 minutes	o Completed picture was photographed o Interview was audio-taped and transcribed	4.1
2. Drawing: Drawing a person o individual activity and interview	30 minutes	o Completed drawing was photographed o Interview was audio-taped and transcribed	4.2
3. Drawing: A child in the rain o individual activity and interview	30 minutes	o Completed drawing was photographed o Interview was audio-taped and transcribed	4.3
4. Incomplete sentence schedule o small group activity	2-hour session	o Completed worksheet	4.4
5. Picture collage: All about me o group activity o individual interview	o 2-hour session – group activity to construct the collage o Individual 30-minute interviews with each child	o Completed collage was photographed o Interview was audio-taped and transcribed	4.5
6. Draw and write activity: I think, I feel, I need o individual activity	30 minutes individual activity	o Drawing and written text	4.6



<b>Primary data generation method:</b> Informal interviews <b>Instruments that guided the interviews:</b> Child-focused task-based activities			
What did we do?	How long did we spend?	How did I record?	Addendum 4
7. Board game: o small group activity and group discussion	45 minutes per group	o Field notes o Photograph of activity	4.7
8. Clay modelling o individual activity and interview	60 minutes per individual interview	o Photograph of modelled forms o Interview was audio-taped and transcribed	4.8
9. Role-play: A family experiencing illness o children worked in pairs	60 minutes per pair of children	o Photograph of children engaged in role-play o Audio-taped and transcribed	4.9
10. Drawing: How I see myself – self portrait o individual activity o small group interview	30 minutes	o Completed drawing was photographed o Interview was audio-taped and transcribed	4.10
11. Drawing: HIV in the family	o 30 minutes to draw the picture o 60 minutes per individual interview	o Completed drawing was photographed o Interview was audio-taped and transcribed	4.11

During the process of engaging the children, I endeavoured to tap into their interests when I incorporated the use of paintwork, cutting and pasting pictures about themselves, playing a group board game and engaging in role-play. I considered that school-going children usually find visual and written techniques familiar and non-threatening (Punch, 2002a). In addition, I was also aware that in qualitative research, the design is flexible and unique and evolves throughout the research process (De Vos *et al.*, 2005). In my study it meant that I had to adapt and change some of my initial ideas in order to suit the interests and competencies of the children in the study (see Addendum 6). My intention with these activities was not to impose my researcher’s perceptions and interpretations on the tasks. Rather, I preferred to listen to the children’s descriptions and interpretations of their activities (Punch, 2002a & b). I ascribe to the thinking of Cohen *et al.* (2000:267) that *“the interview is not simply concerned with collecting data about life: it is part of life itself and that its human embeddedness is inescapable.”*

I also incorporated task-based activities to facilitate the informal interviews on a sensitive subject with the children. I did not attempt to use psychological analysis or personal interpretations on any of the activities (Noble-Carr, 2006), as I am influenced by current debate, that raises concerns with the process and interpretations of children's drawings as the vehicles for establishing meanings and views (Backett-Milburn & McKie, 1999). These discourses have raised concerns that children are usually influenced to draw what they see in their environment, implying that they may reproduce images from their surroundings (Backett-Milburn & McKie, 1999). I therefore used the completed tasks as a means to communicate with the children and to gain their insights. My understanding of their pictures was based on their explanations. Therefore, it was the children's stories that conveyed relevance; their pictures were secondary to the process of data generation.

o **Drawings and picture making activities**

I utilised drawings and pictures as the primary instrument during interviews as it is recognised as one of the key means to encourage self-expression in children (Sampson, Rasinski & Sampson, 2003), and helps to reveal their inner mind (Greig & Taylor, 1999). Noble-Carr (2006) recognises drawing as one of the most popular and effective techniques employed in research with children. For example, Thomas & O'Kane (1998:342) used prepared sheets of paper for drawings with headings such as, *My favourite place* or *What I would change with my magic wand*. Hill, Laybourn and Borland (1996) used a similar technique and asked children to draw on a sheet of paper with the title: *This is a child who is feeling \_\_\_ because \_\_\_*.

I used my initial painting session as a helpful warm-up and relationship building activity in a group session to help alleviate possible anxiety and to put the children at ease (Kortessluoma, Hentinen & Nikkonen, 2003). Beazley, Bessell, Ennew and Waterson (in Noble-Carr, 2006) also used drawings in their study with children. Specifically, children were asked to draw *protection tools* such as umbrellas, shields or a jacket and to write something in each section of the drawing to represent things such as happiest memory, person you love most, and what makes you feel safe. In my study I adapted this approach and asked children to *draw a picture of a person walking in the rain and then to tell me a story about this person*. I assumed that in the process of relating a story of the child walking in the rain, I could gain possible insights into the children's self-image, confidence and potential sources of their anxieties.

In my study, the drawings that the children executed were: a picture of what makes you happy, a person, and a child walking in the rain, a self-portrait and depicting HIV in the

family. My rationale for using these activities was twofold. Firstly, the children perceived these activities as enjoyable and fun. I also offered them a barrier or a safe space from which to talk about their creations. Secondly, I was able to use the drawings as a stimulus for conversation. I noticed a significant aspect, namely that some of the instruments generated metaphoric responses from the children. These were in the form of stories and in the images that they created. See Addendum 4 for examples of the visual data that were generated by the children in this study.

In whatever format, drawing is effective because it gives children time to think about what they wish to portray. An added advantage is that the images can be changed or added to (Punch, 2002b: 331) if so desired. During the process, I was able to observe verbal and non-verbal interactions between the children. As I stated earlier, I chose to allow the children to engage in this activity as children may not always realise that their artwork expresses thoughts and feelings and are therefore not usually defensive about their drawings (Lyon, 1993).

In retrospect, I concede that drawing, or other artwork may not be a suitable technique to use with all children as some older children may be inhibited by a perceived lack of artistic competence and may not consider drawing to be a fun method (Punch, 2002a). For many children, drawing does not come naturally. I chose not to analyse the drawings, as I did not want to misinterpret the children's drawings by imposing my (adult) interpretations on the analysis (Punch, 2002b: 322). Therefore, I chose to talk to the children about the meanings they themselves attributed to their pictures (Morrow & Richards, 1996: 100). Throughout the data generation process, I adhered to asking the children in an open way to explain what their drawing meant to them and why they decided to draw those images (Punch, 2002b: 322).

- o **Collage**

This activity was useful in my study relating to sensitive and often emotional content as it allowed the children to step back from their own experience and discuss broader issues first, until they felt safe enough to relate to their own experiences. Nobel-Carr (2006) cited Aubrey and Dahl's (2006) study where children chose photographs of other children and were questioned about their perceptions of these photographs.

I used this activity to explore what children considered important in their lives and to talk about their hopes, dreams and plans for the future. It also helped spark the discussion and trigger memories of the children's personal experiences. My prompt to the children was:

*Collect pictures and make a collage about yourselves and your lives. Remember, we will talk about each picture that you chose, later on (see Addendum 4:4.5).*

○ **Draw and write activity: I think, I feel, I need**

The children drew a picture of a person and then indicated what they thought that this person is thinking, what he/she is feeling and what he/she needs. The rationale for using this activity was to allow the children to distance themselves from their responses, thereby creating a safe medium to express themselves. Furthermore, as explained elsewhere, it is assumed that children sometimes refer to themselves in the third person, so it was hoped that this approach would allow the researcher to get a glimpse into the thoughts of the children in the study. My prompt to the children was: *Make a picture of a person. Then write down what this person is thinking, what he/she is feeling and what he /she needs in his /her life.* The drawings and written answers were discussed with the children to ascertain their meanings. Rather than being used in a diagnostic sense, the use of children's drawing and writing offers one way of exploring their beliefs (see Addendum 4:4.6).

The draw and write technique presents advantages and possible challenges. Firstly, this technique is described as an innovative method to provide an empirical demonstration of the high quality of data that may be gathered from children (Pridmore & Bendelow, 1995). It offers many opportunities to explore meanings, especially related to health and illness (Piko & Bak, 2006; Backett-Milburn & McKie, 1999). Because images may be reproduced from other familiar images, an understanding of the child's social context would be needed before interpretations could be justified (Backett-Milburn & McKie, 1999). However, in my study I did not intend to interpret the drawings, but rather used them as a basis to elicit information about the child's thoughts, feelings and needs.

***Other participatory techniques***

Cook *et al.* (2003) suggest that children who rarely express their feelings through words may spontaneously share them through art and music. The creative process may not only provide an emotional outlet for the child but could possibly allow one to see what the child is thinking and feeling. I included other multi-modal instruments to aid the interview process.

○ **Board game**

The purpose of this board game was to explore the children's understandings and perceptions about different carefully chosen concepts related to the theme of my study. Board games have often been used in therapeutic processes. Byles (2007) used a board game to study its impact as a parent guidance strategy to reinforce Cognitive Control

Therapy in the home environment. In my study, I adapted the word cards of a board game used in psychotherapy with children, (Seedat, 2006) to make it relevant to my study (see Addendum 4:4.7). Word cards are usually borrowed in research practices from therapeutic work with children and are regarded as non-threatening and may be useful for children of all ages (Noble-Carr, 2006).

I also explored the dynamics between the children and the manifestations of confidence, self-esteem and self-worth that emerged. I recorded my observations in my research journal. A possible limitation that arose was that my voice recorder was not working on the day we played the board game. As a result, I had to depend on writing field notes and on photographing the process. I illustrate with an extract from my field notes.

The children were so excited about the idea of playing the board game today. During a previous session, I introduced the idea of a board game with them and then realised that they had not played a board game previously. So today, before we began, I explained the aim of the game and outlined ground rules. At the first roll of the dice, I turned on my voice recorder and noticed with dismay that it had no power. I tried to conceal my disappointment from the children and surreptitiously scribbled notes on a notepad regarding the content of the children's conversations and group dynamics. 2008:02:01.

Bellinson (in Byles, 2007) regards board games as structured activities that have specific rules of interaction. Arising from this view, the limitation of its use in my study was that the children were not familiar with the rules of board games and I had to adapt the rules to suit the needs of the children (see Addendum 4:4.7).

○ **Clay modelling**

At a later stage in the data generation process, I used clay to provide a medium through which I could base an informal conversational interview to explore deeper issues regarding family, HIV&AIDS and other relevant and emotional issues (see Addendum 4:4.8). This informal conversational interview and the clay modelling activity were conducted in an individual and private manner. My prompt to the children: *Use this clay and make a family with it. As you do that, we will talk about many things in your life.*

○ **Role-play**

Another instrument that seemed to appeal to the creativity of the children in my study was role-playing (see Addendum 4:4.9). Role-play can be an important tool for young children to express their feelings and can be an alternate way for listening to and observing young children involve their bodies and their senses (Clarke, 2005).



Children were grouped in pairs during this activity. I chose this activity to offer the children another modality in which to express themselves. Firstly, I wanted the children to engage in an unrestricted and spontaneous activity where I did not ask questions. Secondly, by using this approach I considered the possibility of the children subconsciously acting out pertinent aspects of their lives. My prompt to the children was: *Using these toys, I would like the two of you to plan and then to role-play a scene or act out a scene where a family is affected by HIV or where someone in the family is sick.*

Role-play methods can be developed by children or young people to portray events, life stories or issues that concern them (NSW Commission for Children and Young People, cited in Noble-Carr, 2006). This technique helped me to understand how the children perceived important events, and the role of significant others in their lives. In most cases, it is likely that the children in this study drew on their direct experiences when they role-played. Therapy was not an aim in my study. However, from a therapeutic standpoint, play may be regarded as beneficial for children who find it difficult to articulate their grief, because the process of play allows children to confront emotionally painful situations using a repetitive process of acting out their feelings and the situations that evoke them (Cook *et al.*, 2003).

I found the role-play sessions challenging for the following reasons: they were time consuming; they required clear guidelines; there were issues of control within the dyads of children – some children may have wanted to take control of the process. In addition, I found that a few children felt uncomfortable performing which could perhaps be attributed to their limited self-confidence or their introverted personality type. Noble-Carr (2006) also thought that some older children might be shy and would not want to participate in role-play. However, I did not find age to be a factor in role-play in my study. I acknowledge that children can be given more power over the research process if they are allowed to choose and/or direct the role-plays (Noble-Carr, 2006). However, I was focused on exploring a particular aspect of the study and did not allow the children to direct the theme of the role-play, but they were allowed to control the content by selecting the miniature toys they wished to use in their role-play.

o **Worksheet (Incomplete sentence schedule)**

In her research, Punch (2002a) utilised prepared closed and open-ended questions for children to complete. Noble-Carr (2006) cites other studies (Harden *et al.*, 2000; Beazley *et al.*, 2005 in: Noble-Carr, 2006) where written texts such as sentence completion exercises were used. I used this activity to explore the children’s subconscious responses to partially completed sentences (see Addendum 4:4.4). My prompt to the children was: *Complete these sentences with the first thought that comes to your mind.*

**b) Potential benefits and limitations of instruments utilised**

At this point, I would like to posit **benefits and challenges** of the task-based activities as a means to explore the children’s experiences of well-being while affected by HIV&AIDS. Table 3.3 provides a summary of the potential benefits and challenges that I encountered.

Table 3.3: Potential benefits and limitations of the task-based activities

Task-based activity	Potential benefits	Limitations
Spontaneous painting activity	<ul style="list-style-type: none"> <li>o Useful in establishing rapport</li> <li>o Enhanced participation</li> <li>o Achievable, therefore boosted self-esteem</li> <li>o Non-threatening</li> <li>o Fun, engaging and enjoyable for all</li> </ul>	<ul style="list-style-type: none"> <li>o Children tended to copy one another</li> <li>o Limited number of colours of paint that was made available limited their responses</li> </ul>
Drawings: <ul style="list-style-type: none"> <li>o a person</li> <li>o child walking in the rain</li> <li>o HIV in the family</li> <li>o self portrait</li> </ul>	<ul style="list-style-type: none"> <li>o Drawings allowed the children to be creative</li> <li>o Provided rich visual images of what children considered important in their lives and how they viewed the world</li> <li>o Drawings were used in an exploratory manner in conversations with the children to avoid adult-imposed interpretations</li> <li>o Third drawing was a powerful tool upon which to base our conversation about HIV in the family</li> </ul>	<ul style="list-style-type: none"> <li>o In the first 2 drawings children either tended to copy each other or draw in a similar manner</li> </ul>
Incomplete sentence schedule	<ul style="list-style-type: none"> <li>o The children chose the order in which they answered questions, which gave them time to think about their responses</li> <li>o They had the opportunity of afterthought where they were allowed to go back and add on or delete responses they were not comfortable about sharing</li> <li>o Not dependent on spoken language</li> </ul>	<ul style="list-style-type: none"> <li>o Difficulty in expressing thoughts in writing</li> </ul>
Paper collage	<ul style="list-style-type: none"> <li>o Detailed information was gathered</li> <li>o Provided rich visual images of what the children considered important in their lives</li> </ul>	<ul style="list-style-type: none"> <li>o Time-consuming</li> <li>o Restricted to the pictures contained in the magazines provided to the children</li> </ul>



Task-based activity	Potential benefits	Limitations
Draw and write activity: I think, I feel, I need	<ul style="list-style-type: none"> <li>o A combination of writing and drawing provided in-depth information</li> <li>o Not dependent on spoken language</li> </ul>	<ul style="list-style-type: none"> <li>o Difficulty in expressing thoughts in writing</li> <li>o Too abstract for some of the children</li> </ul>
Board game	<ul style="list-style-type: none"> <li>o Small group activity that allowed observations of nonverbal behaviour and reaction and understanding of keywords in the game</li> </ul>	<ul style="list-style-type: none"> <li>o My voice recorder did not work and so I covertly wrote field notes</li> </ul>
Clay modelling	<ul style="list-style-type: none"> <li>o Physical manipulation of clay possibly served as an outlet for emotions</li> <li>o Seemed to have allowed the children distance from the topic in which they were engaging</li> </ul>	
Role-play	<ul style="list-style-type: none"> <li>o An attempt to make the study fun, to maintain levels of enthusiasm for the study</li> <li>o An alternate mode that took different interests into consideration as not all children might have found paper-based activities fun and enjoyable</li> </ul>	<ul style="list-style-type: none"> <li>o Time-consuming</li> <li>o Children bickered about who should pair with whom in this activity</li> </ul>

I found that one of the main advantages of using multimodal task-based activities as a means of data generation was the sustained level of enthusiasm it offered the children in the study. By utilising participatory techniques, I was able to cater for the varying interests and competencies amongst the children. As the study progressed, I was able to engage with the data that was emerging by constantly moving back and forth between the analysis and the data generation to ensure that my understandings were in fact the interpretations that the children provided. Thus, my presence ensured that I did not miss important phenomena and the use of multiple task-based activities proved to be a useful validation mechanism. In this way I was also able to implement an informal procedure for member checking. Member checking (Lincoln & Guba, 1985) is one of the ways in which a qualitative researcher may enhance the validity of the study.

Overall, I found the drawings and picture making activities as well as the role-play activity to be the most successful in terms of the quality of data they generated during the informal interview. I found the incomplete sentence activity to be the least successful as the children were least motivated to complete this task. I believe that a possible reason for the lack of interest in this activity was because of their limited spelling and writing skills as illustrated in their school reports. Furthermore, the incomplete sentence activity was perceived as less fun and inspired little creativity from the children. Although conducting the board game proved extremely challenging due to the group dynamics, the children’s responses to the cue words offered me a glimpse into their perceptions of key concepts (see Addendum 6).

### 3.4.1.2 Observation

My role as a qualitative researcher meant that I was interested in observing the children as participants in my study. Hence observations formed an essential part of my research on both the individual and group levels. Although I relied mainly on informal conversational interviews as the in Cohen *et al.*, (2000) primary data generation strategy, I also utilised observational methods to note body language and other gestural cues that lent meaning to the words of the children being interviewed (Angrosino, 2005:729) and to observe interactions amongst the children and between the children and myself. I adopted a participatory role in this study so I could observe from an insider perspective. For these reasons, my chosen observation method may be described as observation-as-context-of-interaction (Angrosino & Mays de Pèrez, 2000).

I took into account that observation of human actions and interaction can only be interpreted in the situational context in which it occurs and not by means of pre-determined codes (Angrosino & Mays de Pèrez, 2000). Therefore, my observational methods did not entail structured or predetermined categories of responses but rather was broad and descriptive. I relied on casual and unobtrusive observations to gain insight into the environment of the children in the study, their relationships with each other, their caregivers and community volunteers. Moreover, considering the health status of the children in my study, an advantage of observational methods was that it guided me in structuring my interviews with the children. From my insider stance, I was able to ascertain when the children were not feeling well enough to engage in interviews or whether they needed to rest (see Addendum 6).

The challenge that I experienced in utilising observation related to my experience that observations might be directed at external behaviours; as a result I had to infer the thoughts and feelings of the children in the study. As I utilised interviews in conjunction with observations, I was able to verify my meaning-making processes. Another challenging aspect of observation is that the researcher has the potential to influence the situation being observed, thereby resulting in data that is not reliable (Patton, 2002). I continually reflected on my positionality and the possibility that my presence might have influenced my observations (see Addendum 6:6.2).

My weekly visits to the children's home were ideal for recording my observations as unobtrusively as possible. Perhaps due to my background as a psychologist, I am not comfortable about writing or recording notes in the presence of the children with whom I am

engaging. I found that this approach served as an obstacle and limited my engagement. Therefore, in this study, I would often simply scribble key words in between the children's activities. I waited to get home in the afternoons and then wrote my detailed descriptions in my research journal. In the early stages, this recall was difficult for me and I later realised that I had forgotten to record important observations. However, as I delved further into the study and became more familiar with each child and their home situation, it became easier for me to write key words and phrases at the site and then the detailed descriptions when I got home.

I recorded my observations of the physical descriptions of each child, their mood for the day, their interactions with others or perhaps a particular interaction that I observed as important. I also recorded their interactions with significant adults in the home. During our conversations, I recorded non-verbal behaviour as well as body language and facial expressions. Often, I also recorded my feelings and perceptions. I found it to be an advantage of the observations that I was able to view the children's actual behaviour in its particular context. However, I also found that when I relied too heavily on observations, I risked losing the voices of the children.

I used a research journal to record my informal observations, my field notes and my reflexive thoughts (Patton, 2002; Terre Blanche & Kelly, 2002). However, some parts were captured electronically while at other times, I wrote in my journal. Early in the study, I found that using a research journal would prove especially valuable in documenting the processes, time lines, logistics and decisions made in the early stages of proposal writing and gaining access to the research site. However, further on, I realised that my research journal had become an even more valuable companion to me as I began to document my thoughts, feelings, perceptions and observations during and between sessions with the children (Patton, 2002; Terre Blanche & Kelly 2002). I depended heavily on my field notes for recording emotions and non-verbal behaviour as well as key words during conversations. This was especially so when my voice recorder would not work and or the child requested that the voice recorder be switched off (see Addendum 6:6.2, p6).

My research journal allowed me space to reflect and to express my emotions in a safe and constructive manner. In addition, my research journal became a tool for ensuring the quality of the study, to provide the messy evidence and to record how processes and decisions were reached. Rowling (1999) kept a research journal as distinct from her field notes. Corresponding to Rowling's (1999:178) views, the research journal allowed me to trust the process.

I provide an example of the potential value of recoding my observations and conversations in my research journal. Although I had indicated that in this study, the voices of the children would be foregrounded, I must add that I also spoke to the social worker at particular points as the information she provided helped me to direct the research process. During a particular session with the children, I had the opportunity of having an unplanned and unscheduled conversation with the social worker who arrived at the research site. After our conversation, I recorded the important points in my research journal. In this informal and spontaneous manner, I was able to gather valuable information pertaining to the children in the study that informed my data generation process (see Addendum 6:6.2).

#### **3.4.1.3 Textual Data: Social worker's report**

The social worker, who has been appointed as the guardian of the children, allowed me access to each child's medical file and the case report that she compiled when the children were initially admitted to the children's home. I utilised the information from the case report as a means to understand the children's life context. Furthermore, only information that was essential to this study was utilised. All information that was provided has been kept strictly confidential: children's identities have been protected as much as possible in the information that I report on (see Addendum 2).

### **3.5 Data analysis and interpretation**

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A key characteristic during data analysis in interpretative studies is to produce high quality, meaningful and relevant data that make it possible for valuable insights to emerge within a social context. In my quest to maintain my research partner's presence throughout the research process, I utilised the principles of the constructivist grounded theory approach in the thematic analysis and interpretation of my data (Charmaz, 2000). Gathering and analysing data concurrently formed a mutual interaction between what was known and what I needed to know. This pacing and the iterative interaction between data and analysis formed the core of attaining reliability, validity and rigour in my study (Morse, Barret, Mayan, Olson & Spiers, 2002; Lincoln & Guba, 1985).

#### **3.5.1 Constructivist grounded theory**

The principles of the constructivist grounded theory (Charmaz, 2000:509-535) that informed my approach to data generation and analysis included a collaborative relationship between myself (the researcher) and the children in my study; keeping myself (the researcher) close

to the children in the study by keeping their words intact in the process of analysis and by writing in a manner that demonstrated the potential to communicate how the children constructed their worlds (Mills, Bonner & Francis, 2006).

In my approach, I considered the multiple social realities in which my study is embedded. In light of this, I ascribed to eliciting multiple meanings from a process of mutual (myself and my participants') knowledge creation (Mills *et al.*, 2006). In addition, I was guided by the following data analysis and interpretation strategies suggested by Charmaz (2000) (see Addendum 5):

- o I coded the data I gathered from the multiple data generation methods.
- o I applied selective or focused coding to highlight the specific concepts that shaped my understanding.
- o I defined and categorised data.
- o I wrote memos (notes) throughout the process.
- o I employed theoretical sampling (purposive sampling).
- o I integrated these suggestions in my approach to data analysis and interpretation.

### **3.5.2 Thematic analysis**

The experiences of the children are embedded in the data that has been generated across a spectrum of sources. Considering the diverse, complex and nuanced underpinnings of qualitative research in general, thematic analysis in this instance offered a foundational method for analysing the data (Braun & Clarke, 2006). I utilised this approach for identifying, analysing and reporting patterns or themes within the data. In the process, I discovered that often, the analysis went deeper than a single level to interpret various aspects of a research topic.

One of the benefits of a thematic analysis is its flexibility (Braun & Clarke, 2006) and the fact that it may be applied across a range of theoretical and epistemological approaches while not anchored in a particular theory or epistemology. According to Braun & Clarke (2006:78), *"through its theoretical freedom, thematic analysis provides a flexible and useful research tool which can potentially provide a rich and detailed, yet complex account of data."* I adapted and integrated the approaches suggested by Charmaz (2000) and Braun & Clarke (2006) to inform my data analysis and understanding process. I followed the suggested steps quite broadly, as I found that the stages and processes tended to overlap.



### 3.5.3 Process of data analysis and interpretation

After my initial session with the children, I immediately and independently transcribed the interview (see Addendum 5) making sure that my typed transcriptions reflected as much of the exact voice recording as was possible. For an accurate reflection of the taped interviews, I also compared my field notes to my transcription (Cohen *et al.*, 2000). During the initial stages of reading, I started to look for and notice patterns of meaning and issues of potential interest. I read and reread my transcriptions (to become immersed in the material) while writing memos in the margin and in the field notes (Creswell, 1998) (see Addendum 5). Considering that I conducted the entire research process independently in the field (data generation, transcriptions of voice recording, photography of visual images, analysis of textual evidence), it was an advantage to me as I was familiar with the material. The concept of familiarisation distinguishes interpretive research from its positivist counterpart in that there is no attempt to define variables (Mills *et al.*, 2006). I found that the suggestion by Terre Blanche and Durrheim (1999), to stay close to the data and to interpret it from the position of emphatic understanding, was of tremendous benefit to me as I was fully immersed in the data and was able to conduct the open coding process fairly rapidly.

Since I regard writing as an integral part of the analysis process, my writing began with the jotting down of ideas, potential codes and possible themes. When I advanced into the second and third phases of data analysis and interpretation, I worked closely with my research supervisor on a weekly basis. We coded and re-coded the interviews, line by line (Charmaz, 2000) which helped me to discover recurring ideas, patterns or and concepts.

Concurrently, we made notes regarding emerging patterns and possible the broad themes that could be used (see Addendum 5). This phase, which involved the production of initial codes from the data, is referred to as open coding (Ezzy, 2002; Charmaz, 2000). I used a bottom-up approach (inductive approach) to work out naturally occurring commonalities in words, phrases, and themes. We began sorting and organising the elicited codes into categories that seemed to share or reflect similar thoughts, feelings or behaviours. In this process, I also had in mind the conceptual framework of this study and thereby attempted to generate categories that could possibly align with key concepts in the conceptual framework while adding new or different insights to generate a theory on how the children in this study experienced well-being.

Allied to the process, at one stage of data generation and data analysis, I found that I required further expressions about aspects related to a particular research question. Going

back to the field is characteristic of constructivist grounded theory. However, the theoretical sampling process that I undertook was purely to refine and focus my ideas and to add depth on specific information (Charmaz, 2000). The intention was not to contribute more data. I constantly took cognisance of suggestions by Braun and Clarke (2006), to code for as many potential categories and themes as possible and to code extracts of data inclusively so that I did not lose the context of the data (Terre Blanche & Kelly 2002; Patton, 2002; Miles & Huberman, 1994) (see Addendum 5).

Based on the initial analysis sessions with my supervisor, I was able to engage personally and at a deeper level with the material and to go back to the raw data to alter, adjust or modify the codes that I had generated, to align them with my conceptual framework. I found that the analysis and interpretation process was not simply linear, but rather more recursive in nature (Braun & Clarke, 2006). I moved back and forth as needed throughout the process to elaborate, clarify and rephrase initial ideas as they related to the critical questions in my study. I aligned the raw data with the actual codes that were used, and then the codes were grouped into categories and possible themes. I employed a visual strategy of recording all codes on individual cards, which were then pasted onto a wall (see Addendum 5:5.4). They served as reminder to me and I was able to constantly engage in the process of analysis, interpretation, synthesis and theory construction. Along these lines, I discovered relationships between and across categories and themes, which encouraged me to make linkages and offer plausible explanations for these.

When it seemed that I had saturated (Morse *et al.*, 2002) the coding process, I formalised the emergent themes by cross-checking and validating with the raw data and the list of codes. This reviewing and refining process alerted me to the occurrence of possible sub-themes, which I then incorporated in the final analysis.

I employed member checks (Lincoln & Guba, 1985) to verify my findings. I presented a summary of my findings to a few children in my study to review for accuracy in my understandings and interpretations in the emergent themes. This member validation process afforded me the opportunity to re-engage with my partners in order to encourage further elaboration, clarification or correction (see Addendum 7).

In Chapter 4, I shall present the results of my thematic analysis. In Chapter 5 I shall then engage in a critical discussion of the findings constructed from a qualitative inductive thematic analysis approach.



### 3.6 Ethical considerations

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Researching children's lives raises a number of methodological issues. Along with issues of consent, access, privacy and confidentiality there was also the question of unequal power relationships between vulnerable children and myself as an adult researcher. Mauthner (1997) described several ways of minimising unequal power relations between the researcher and the child participants. The ideas that I incorporated into my study included researcher responsiveness, reflexivity (see Section 3.7.2) and open-ended research goals and methods, which allowed the children to set their own agendas and talk about their views and their daily lives.

I learnt early on in the research process that by adopting a reflexive approach to the study, I would be able to engage with many of the following ethical considerations that arise in research in general, and in particular when conducting research with vulnerable children. I considered the following issues: informed consent and children's assent, protection, privacy, confidentiality, being accountable and addressing power imbalances.

I shall now describe the various ethical principles that underlined this study and how I engaged with them. As my research participants were minors, I obtained written informed consent from the primary caregiver of the children, the social worker who was appointed by the Children's Court to act as guardian to the children (see Addendum 1:1.3).

I obtained written informed assent from the child participants. Schenk and Williamson (2005) describe informed assent as an active agreement from the child while recognising the child's age and level of maturity. My research participants voluntarily agreed to be a part of this research after I explained the research in detail to them, on an age-appropriate level and in language with which they are familiar. To enhance the ethicality of this study, I engaged the cooperation of the social worker to act as child advocate and witness to the informed assent process, and to ensure that adequate protection was provided to the child participants (Schenk & Williamson, 2005).

Throughout the research process I was acutely aware of the potential for harm and took all precautions to ensure that the participants were protected at all times. I continuously strived to act in such a way as to preserve their dignity, respect and privacy as human beings (Cohen *et al.*, 2000). I constantly reflected on my role and my presence in the children's lives and ultimately decided that I was accountable to the children in different ways. Firstly, I was accountable for representing the stories of their lives as accurately as possible. Then I

was accountable for the children's well-being for the duration that they were in my care for this research.

For these reasons, I took the following measures during the research process:

- o I clarified my role as a researcher to the children in the study and to their caregivers at the first session.
- o I engaged in activities that were aimed to put the children at ease and to reduce anxiety as much as possible.
- o I referred children to the social worker for counselling after an intense and emotional session. I followed up with the social worker the following week to ensure that the child had indeed received counselling.
- o I discontinued sessions when I realised that the children were tired or were not really in the mood to engage in activities.

I ensured privacy and confidentiality in the following manner: I switched off the voice recorder at certain points; I did not probe or ask intrusive questions when I saw that children were visibly upset, either by their words spoken or by gestures and other body language; moreover, the children chose pseudonyms at the start of the study in order to protect their identities (see Addendum 6). Furthermore, I obscured the children's images in my presentation of my results to further ensure anonymity.

### **3.7 What challenged me and how I worked through the issues**

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#### **3.7.1 My role as researcher**

My greatest dilemma prior to beginning this study involved a clash between my ontological beliefs about how I believed this research with the children ought to be conducted and how to execute it in a scholarly, scientific, accountable and responsible manner. It is a commonly held perception among academics and researchers that in order to elicit reliable and valid data that is untainted by researcher bias, one has to maintain an emotional and empathic distance from the research participants (Schwandt, 2000).

I decided that if I needed to connect with the children on a deep level in order to understand their experiences, then I would firstly have to work on building a mutual relationship of trust and sincerity between my research participants and myself. I worked intensely at establishing a firm foundation of trust and respect as, according to Power (1998), the

qualitative researcher is responsible for forging trusting and sensitive links with the respondents in AIDS research.

I provide an excerpt from my research journal that highlights the dilemmas I faced.

In my initial planning I decided to make my engagement with the children fun and exciting. Since HIV&AIDS is highly stigmatised and still very much taboo in many societies, I was sure that I definitely could not broach the subject very early on in my relationship building with the children. When I drew up my research proposal and defended it in January 2007, my plan was to spend 2 months in the field with the children. I had planned a session each of drawings, clay modelling, completing an incomplete sentence schedule and sand tray images. I had also planned to conduct interviews with the caregivers and the teachers. However, after my first 2 visits with the children, it dawned on me, that there was really no way in which I could gather deep and relevant data from children who had experienced severe trauma and who appeared to be distrusting and emotionally "closed." I struggled with the dilemma of my ethical obligations to the children after I have established a relationship of trust. I was once asked, "What is the ethics around doing research with someone who is dying?" The implication with this question was, "what's the point of conducting research as he is going to die anyway." These comments struck a deep chord within me and I felt an overwhelming sense of relief when I came to the realisation that it was the voices of the children that was the most important component in this study. Children in this study were not children who were dying, but children who are living and they deserved to be heard. (February 2008).

I constantly reflected on my role in this study (see Section 3.6.2 and Addendum 6:6.2) and after reading Burgess (1994), I realised that I was accountable to the children in this study who placed their trust in me. Burgess (1994) stressed that researchers needed to be balanced in their quest for moral accountability and responsibility to participants in the research. Furthermore, I took cognisance of Mason's (2002:67) warning that one should not try to turn an interview into a therapeutic encounter because this may not be the *best* moral choice. When I understood and personalised the study as such, I became unstuck and found it easier to distance myself as a researcher, albeit in a very empathic manner. I was able to define my role as the researcher clearly and to work within the confines of that distinction.

I was advised by my family and colleagues not to get *too close* to the children in the study. Rowling (1999) grappled with a similar dilemma many years earlier. She pointed out that maintaining distance from your research participants actually implies detachment. This detachment relates to indifference and coldness to the emotional responses of participants. To me this indifference actually implied a paradoxical situation, as my participants' emotional responses to their experiences were the empirical data of this study. Therefore, I

concur with Rowling (1999) that being detached would not yield the quality of data that would answer the critical questions of the study. I therefore engaged in a process of empathic interviewing as a means to reduce the emotional distance between the children and myself as researcher. Rowling (1999) refers to empathic distance as part of her researcher's role. I concur with Rowling (1999:174) in her view that "*researching sensitive issues needs an empathic involvement because of the nature of the research topics and consequent subjective experiences in the research process.*" In essence, these views represented the qualities underpinning my interpretivist inquiry.

This means that interpretations may be influenced by language, gender, social class, race and ethnicity. Therefore, I consistently reflected on my personal involvement in the research situation. Furthermore, by keeping a research journal, I documented my thoughts, feelings and my reflections on how my personal circumstances might have influenced the findings of this study.

I acknowledge that throughout the data generation and writing up processes, emotions (those of my child-participants and my own) played an important part. I found that my research journal proved to be an extremely useful space within which I could reflect on my emotions as well as my personal bias and subjectivity, which could have influenced the findings of this study (Terre Blanche & Durrheim, 1999). I acknowledged the children's emotions in a respectful and sincere manner, a skill I have developed in my training and practice as a therapist. In writing up, I found that I had to exercise control over emotions in order to theorise the findings. I found that writing and then re-writing helped me to de-emotionalise the text. I often replaced evocative or emotional language with scholarly language. This helped me to remain focused on writing this thesis in a scholarly and academic voice. Another strategy that I employed in my writing was to write in a very structured way. I discovered that this tool helped create a distance between me, the researcher and writer of this text, and me, the person who engaged with the children on a personal and emotional level for a prolonged period of time (see Addendum 6).

### 3.7.2 Reflexivity

According to Richardson and St. Pierre (2005), reflexivity describes the author's subjectivity as a producer and as a product of the written text. Significant questions asked by Richardson and St. Pierre (2005:964) include, *"Is there adequate self-awareness and self-exposure for the reader to make judgements about points of view? Does the author hold himself or herself accountable to the standards of knowing and telling of the people he or she has studied?"* Guillemin and Gillam (2004:275) explain that *"adopting a reflexive research process means adopting a continuous process of critical scrutiny and interpretation, not just in relation to the research methods and the data but also to the researcher, participants and the research context."*

In this study, I achieved a reflexive practice through internal dialogue and constant (and intensive) scrutiny of the process through which I constructed and questioned my interpretations of field experiences (Noble-Carr, 2006). In other words, reflexivity requires that researchers step back from their own adult perspectives to constantly question their role, assumptions, choice of methods and application of these methods throughout the whole research process (Punch, 2002b). Flexibility and openness to new ideas and ways of conducting research are crucial to a reflexive practice.

In my reflexive approach, I made careful observations and assessments on what was and what was not working. I then adapted or changed my techniques according to the children's competence and whether or not the key research questions were being answered (see Addendum 6). Furthermore, to address power imbalances, I utilised non-confrontational participatory techniques, which were in some instances chosen by the children themselves (Morrow & Richards, 1996). In my study, a reflexive stance was also useful when I analysed and attempted to make sense of my data. As a researcher I was constantly aware of the potential of my own bias that might encourage me to interpret children's behaviours or views through my own frame of reference of a graduate, middle-class woman. I therefore abided by Noble-Carr's (2006) suggestion to meet with other members of the research team (my supervisor and co-supervisor) who assisted me in addressing these issues (see Addendum 6:6.2 p16, 19).

Throughout the research process, I adopted a critical approach and constantly reflected individually in my research journal as well as with colleagues in my field and with my research supervisor upon choices and decisions that I made, my role in the field and the unplanned for ethical challenges along the way. I believe that by adopting this reflective



attitude, I was able to improve on the quality and validity of each stage of the process thereby leading to research that was more rigorous. This view is made explicit by Guillemin and Gillam (2004), who deem reflexivity in qualitative research as a perceived way of ensuring rigour. In my reflexive practice I therefore engaged in a process of critical self-reflection pertaining to how I (as the researcher) constructed knowledge from the research process, what factors influenced my construction of knowledge and how these influences were revealed in the planning, conduct and writing up of the research.

### **3.8 Ensuring the rigour and quality of the study**

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*“Without rigour, research is worthless, becomes fiction and loses its utility” (Morse et al., 2002:2).* I strived to ensure rigour in my study by addressing aspects of reliability, validity and trustworthiness. As the aim of my study was to understand participants’ construction of well-being, the credibility of the research could not be established separately as an outcome but was constructed into and was integral to the entire research process (Morse et al., 2002).

Various terms in qualitative research allude to the establishment of believable results. When a qualitative researcher speaks of credibility, trustworthiness and authenticity (Creswell, 2003), it is accepted that the validity of the study is being referred to. I adopted these terminologies when I referred to the validity of this study. Validity may be regarded as the strength of qualitative research and maybe used to determine whether findings are accurate from the standpoint of the researcher, the participant, and the readers (Creswell, 2003; Kvale, 1989). Throughout the processes involved in this study, I strived to ensure that the research was conducted in a trustworthy manner. Techniques to improve the internal validity (the match between findings and reality) such as using member checks, triangulation (crystallisation) and peer reviewing were all a part of my research plan (Creswell, 1998; Merriam, 1998).

The aim of this study was to establish believable results and to demonstrate that the research had proceeded in a manner that was consistent with accurate identification and description of the participants’ experiences. I will now outline the procedures that I followed to enhance the credibility of my study.

Because of my lengthy interaction with the children (Lincoln & Guba, 1985) in the field, I was able to develop an in-depth understanding of the experiences of the children in this study. In addition, I believe that my patience and acceptance of the children added value

and rigour as I was able to slow down the field work and not push the children because of researcher time constraints. I allowed the children to conduct activities and to respond in a manner that suited them. The children in my study were not pressurised to conclude an activity or respond quickly. Instead, at each session, if an activity was not concluded, I arranged for completion at the next session. I also made a deliberate attempt at more conscious use of language as I was aware that I should not appear patronising to the children (Punch, 2002a & b). I have provided a schedule detailing the time that I spent with the children at each session in Table 3.1 (also see Addendum 6:6.1).

While some writers use the term triangulation (Patton, 2002; Creswell, 1998) to refer to the deployment of different methods to validate findings, I adhered to the term crystallisation (Richardson & St. Pierre, 2005:963). Unlike triangulation which involves a rigid, fixed, two-dimensional object, crystallisation is described by Richardson & St. Pierre (2005:963) as *combining symmetry and substance with an infinite variety of shapes, substances, transmutations, multidimensionalities and angles of approach*. Therefore, I utilized a crystallised approach for a deepened and multifaceted understanding of the phenomenon under investigation.

While the primary data source was from the informal conversational interviews, I also gathered data by observations, field notes, and engaging in ad hoc conversations with other caregivers involved in the daily care of the children. This process of crystallisation unfolded when I engaged the children in a variety of participatory task-based activities that formed the basis for the informal and conversational interviews. These activities were discussed in detail earlier in this chapter. I conducted member checks (Lincoln & Guba, 1985) as an integral and integrated part of my conversations with the children. I integrated member checks as part of my interviewing style. This means that during the interviews, I constantly reflected, repeated and summarised the children's words to ensure that I did not misunderstand the children's words or their interpretations (see Addendum 5). Furthermore, whenever I read the transcripts and realised that I was not quite sure about what the child said or was referring to in a conversation, I followed up with the child on this point on a subsequent visit. In this way member checks were recurrent during the data generation and analysis phase. At the conclusion of my study I collaborated with the children in the study to confirm my findings (see Addendum 7).

From the outset, it was vital for me as a novice researcher to collaborate with senior and experienced researchers in my field to offer objective and valuable peer review and debriefing (see Addendum 6:6.2 p16). I approached PhD qualified colleagues in the

department of Educational Psychology who acted as critical readers (see Addendum 6:6.2 p19). Furthermore, I sought the professional opinion of another colleague to analyse a transcript of my conversation with the children. I then compared her coding to mine and my supervisor's and incorporated her suggestions. I also collaborated with my colleagues and more especially with my supervisor to debrief after emotionally laden sessions with the children. I realised that since emotions were a key component of this research, I needed to address mine in a constructive manner to be able to contain those of the children when I met with them (Rowling, 1999). Creswell (1998) refers to this strategy as peer debriefing to enhance the accuracy of the account. These debriefing sessions provided me with immense emotional support and in this mode, I believe, the trustworthiness of the data was enhanced.

In addition, I provided an in-depth description of the setting of the study, the participants, social groups and interaction patterns as a means of enhancing the trustworthiness of the study (see Addendum 8). I was critically present in the case study by engaging my participants and listening to their reflections about their experiences of their negotiating constructs of well-being while living in the adversity of HIV&AIDS. Such presence ensured that I did not miss the occurrence of phenomena.

I incorporated a chain of evidence (Miles & Huberman, 1994) as proof the processes and engagements (see Addenda 1 to 8). My notes my research journal with regard to logistical arrangements, requests for appointments to meet with the children and my personal and reflexive thoughts and research schedule were included in the chain of evidence. In my writing of this thesis, I incorporated low-inference descriptors such as participants' verbatim accounts of their experiences and descriptions of their stories to ensure the internal reliability and dependability of this study (Seale, 1999:148). Furthermore, the mechanical recording of data was an important element that I considered. I documented my data generation using audio (voice recordings) and visual documentations (photographs as end products of activities) to ensure that data would be stored in its original form.

### **3.9 Summary of the chapter**

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In this chapter, I focused on a comprehensive account of the methodological processes that I employed in my exploration of children's experiences of well-being. I explained the choices that I made at each stage of the research process while also offering glimpses into my reflexive notes and research journal. I integrated dialogue pertaining to my primary and secondary data generating methods with a critical discussion of the research instruments



that guided the data generation methods. I also expounded my data analysis strategy while outlining the key principles that guided this process. I documented my ethical decisions and reflected on the challenges that I encountered. I concluded this chapter by explaining the ways in which I enhanced the trustworthiness of this study.

In the next chapter, Chapter 4, I report on the results of this study. I structure the chapter by addressing the themes, sub-themes and categories as they addressed my research questions.

