

A. GESELEKTEERDE VOORBEELDE VAN ANALISERING VAN 'N VERWANTE STUDIE

SLEUTEL TOV AFKORTINGS GEBRUIK	
R:	Ronèl
L:	Liesel
P:	Participant
T:	All the teachers

R:we will tell you again. We learned so much from you and it was such a privilege to be here and you made such nice posters. This is so valuable. And when we went home, Liesel and myself discussed it and said you are such huge resources to this community you've got so much potential and you've got so many nice things in you that you can give to the population. And I think that's the idea, is that we really start using it. Not wait but really start doing it. So we went home and took the video and we wrote down every word that everybody said and then we looked at the content and then we came to some conclusions. So we want to tell you about which conclusions we came to. And then you must just tell us if its OK and if you agree, if we heard you right. Because sometimes people say something and other people don't understand exactly what they mean. They say one thing but others don't understand it.

R:so let's tell you what we thought you said. Last time we asked you what are your concerns regarding HIV/AIDS and what do you think, what are your perceptions regarding HIV/AIDS. We thought that you basically told us seven best things, you identified seven main things that are your concerns and your worries. All the good things about HIV/AIDS the things you know that you perceive. The first thing that you identified is. You identified a lot of resources and a lot of institutions in and around the community that is actually helping and can be of help. And there you said agricultural things like you can have a vegetable garden it needs only seeds that you can plant, there is rain there's a lot of people. So agriculture is actually a good thing in the community to help overcome problems. Another thing that you said is that the community members itself the aunts and the uncles, grandfathers and grandmother is talking care of the children are actually good resources. Because they're in the community they're here and sometimes they don't help 100% really, but they're here!

T: They helped

- R: Exactly! That they're a resource... a good thing. Another thing that you said is that the government is helping. Indirectly, by giving workshops, and giving training to people and uhm, the workshop that XXX went on. That's like the government is helping so the government is also a resource.
- L: Treatment and grants so there is multiple ways in which the government is helping.
- R: Another thing that you said that was good, was the uhm... mental health or counseling that sometimes take place. Uhm... Even though you said it is not always taking place, there is still a need you said that sometimes there is a little bit of counseling. So the people's mental health is... they take care of that.
- L: Also on nutrition. You said that the counselling was for mental health and also for nutrition. Want to eat (T:Yes!) They take care of that.
- R: And you said the schools, obviously, are very, very good resources. The teachers look after the children and they identify the children with problems and they give food and they support the children and they care for them. So the schools and the teachers are very good resources. OK! Do you agree on that?
- T: Yes! (*everyone agree*)
- R: OK! The second... Uhm? (T: All is there!) OK! The second thing that we thought you told us that day was that there was also certain barriers, certain things that makes it difficult in the community and certain things that is like a, a block. A stumbling block or causes people (not?) to really cope. The first thing that we heard is that you said that the cultural ideas and the cultural approach sometimes is a barrier... sometimes a difficulty. Because maybe in a certain culture they will believe that men have to have many wives and that can spread HIV/AIDS. (T: Ja!) So that is actually a problem for the community. (T: A problem!) It's a block in front of the community and you must overcome it. OK.....
- T: It's poverty, mmm, it's poverty! That's why! Some other kids, some other girls, only the... some other's are young to have a... a old man. You see... only because they want money and then they get the, the disease from them. You see! Sugar daddy, sugar daddies!
- L: But how... uhm... how prevalent is that? How ... uhm... how often does this happen? It sounds like it's girls and, and men, né. Cause you said some men, even though they're not married, they have many girlfriends. So unmarried men will have many girlfriends, married men might have girlfriends outside. But young girls will have sugar daddies (*teachers agree all*), so if you... if I... this is just like a scene. So if there are ten people in a room, how many of these people boys and girls, men

- and women will have so many girlfriends and boyfriends? Is it one out of those ten or five people out of those ten. How often?
- T: Plenty! (*talk together*) It depends on that family.
- T: It depends on that family. If it does struggles to get money, struggles to get food. So in fact those children go in a way and depends on the uncle's and aunts.
- L: Has it also to do with unemployment, poverty? But also if there's parents who died maybe from HIV/AIDS and those children are orphaned and they might also be at risk of sleeping around (*everyone agrees*). So sleeping around is seen a currency to get money not to be poor.....
- T: It's a mess, because if you are try to convince that person next door, are you going to be able to help me? Are you going buy me the things that the sugar daddy is buying me? Then if you say no, so they will do this! Even though they are sure this is wrong, you see. If we were able to help the problem we should have used this problem, but how can you help this needs? Cause financially, the problem is money, but financially you can not even if it's your relative to do that, and you don't like it, but what if she will ask you are you going to give me what she, what he is giving me? And if the answer it's no, well let me continue with it, I know that I'm at risk.
- L: I know, I can understand that. I mean, I can, uhm, and, and, and, uhm, women through all the ages and all societies this has been something that they do to because women doesn't always have powers. And what some women do have is the ability to use their bodies, so it's something that has always been there, uhm, but if there's a threat of people been dying, because of that, does that change the way in which you try to deal with the girls or not?
- T: I think the community is coping with this. The community has all been traumatized by this HIV/AIDS. And that made the community to take it. They are apparently, they (guide?) that they must sell their body in order to get something. So with the deaths that are (comparing, taking?)... is nothing. Because they say we are all together in the community and so.
- L: If I'm hearing you correctly you're saying a coping way is trough selling your body. That is in fact coping.....
- L: Exactly. We feel the same thing. Because I wanted to ask do these children receive at any kind of counselling or, or special care?
- T: No! If I can say we are their psychologists, the teachers, the teachers because you are very well to them. We are trying to give them the best, the best life you see. There's no, I, eh... there is no

- psychologist that there's no counsellor that is special, you see. We are their counsellors, we are their psychologists you know. And if you are teacher, if you are a teacher, you are supposed to do it all, you see. You're supposed to do it all!
- L: That's true.
- T: But some times it's difficult times because some children won't tell us for example there is a teacher who managed to identify this child but you are not a psychologist, you're not a doctor but you are trying. Now it was a disclosed one the child was taken into the hospital to help this child. Sometimes difficult because they don't tell us but if you know it's like you realize the problem. If you happen to know the child will be... you will be accommodating the child.
- L: But how will you go about to do that?
- T: By giving support that is accommodating the child in class and you must (*Everyone talk together*).....
- L: Do you take care of each other?
- T: Yes, yes. Sometimes.
- L: You are a resource to each other.
- T: Yes! (All agree) Like if I, if I have noticed, if I notice in my class this one... there is a child with withdrawal symptoms. I will go to my colleague and eh, trying to help this child and afterwards will see this is how we helped each other. And we are giving care to each other.....
- T: What we did né! Like Mrs. XXX. Eh, last year he, her, he eh has a child who was alone who was left alone at home. What we did. What the teacher did he gave, she gave him a bread, a loaf of bread everyday. But what we did we went to the home. She was, that one, the big one XXX was staying next to the squad. We went there with....squad found that it was locked because this boy was staying in the house fortunately she was staying with the sister, the sister was staying with her boyfriend.....
- T: No, the school nutrition gave that.
- L: Continuously?
- T: Ja!

- L: So, so in fact you, you realize that this child was in need of assistance.
- T: What we did, we took university (fees/funds?) and we apply for a bursary.
- L: That's very difficult, hey? And when you said, you can see, you can see whether the children are vulnerable. You have say 40 children in front of you, né how do you, ja see that that this one needs attention?
- T: Oh, it's easy! It's very easy. First thing if you look at the performance of the, the kids in the class. Then you do everything that you can to improve, to improve those and the others. Then maybe there's one, this one boy who can not, you take him aside and be or be left with him and try to get every information from him. Its then that she, he/she starts to open, and speaks openly and tell you everything.
- L: Do you do this always? (*unclear*)
- T: And sometimes they're afraid, tired, everyday, everyday they are sleeping in the class so sometimes you speak you can see they're far away from you, especially with the young ones. (*everyone agrees*)
- L: So you have to be very observant.
- T: Yes! You must look at the behaviour of the child. You must ask about the home. With whom did you stay? He will tell you with the father. So where is your mother staying? So you find out that also there is no such hope.
- L: Do you ever become so tired that you don't even want to know?
- T: (*Everyone*) No, no! Because those things that happened... Always in the day, you see, when you could see that there something, you got a problem that particular moment or when you are dealing with the whole class some of the children who is usually here at school, is the emotionally disturbance of the kids. Because they easily cry and when a child is emotionally disturbed you could see she, she or he can not concentrate she cries. And when you call that kid come and what's wrong? It's then that you start to hear the problem. And for us, for us it's difficult to know when did this things started. Because when you call the parent, the parent doesn't come to school or anyone who can assist you, so that you can help this child. We are helping this kids out of our own potential. (?)

L: Ja! I want to know, tell me... ja sorry, you want to say?

T: The parents are the one's who say we are sick. (*everyone agrees*) We are sick!

T: For example today there was a parent here. XXX 's father. One time she gives them two, eh, kids. Unfortunately this one passed last year. (She has?) This children came one day, one was crying. I asked, and then I asked them what is wrong. I stay with my mother, I stay my mother, I cry! It was then, it is then that I found out that they staying with their mother instead of their father....(*unclear*)... so how we managed to know. Uhm... (*unclear*)... They are new. Yesterday in my classroom and the child's new in this town and there's not parent, the aunt a young girl, young aunt, because I was so shocked that the aunt was even coming. She asked me if I didn't notices that the child was crying and I said to her, they are still new, you see, I will get used in them. She said when we go back to school, when we go back home yesterday she was a crying and she could see her eyes when there is something wrong with the kid. And when she asked the kid and the kiddy said somebody was bothering her, eh, eh, within the classroom. And she disclosed to me and I said thanks to know, because if you I didn't have tell me this, I should have not known about this. And the child would suffer and you would have tell me that the child, he would not want to go to school. And I said, you know what, now what happened, I would try and be a parent for that child. Because sometimes if that child can get love from me because her mother has passed away last year, late last year, so he left, he was left alone, together with the younger one who's two years old. So whoever take care of the private needs? The young auntie took care of her. So those... I said to her I was so glad he came to school and talked to me (L: And shared that...) because this thing is going to affect this child (T: his learning?) in a way, in his learning progress, you see. Now what I'm going to do as a teacher. And I've told her, because she told me that I think we are not working, my husband is doing, he did gardening. And I won't leave her, his for her money. Because she told me she must bring some people money. And I said to her, because you can't hear in a new problem now, and able to buy that kid this. So on Monday, don't worry. I will try by all my means that, so that she will feel comfortable and she can not feel (R: different) that my mother is not here. If my mother was here I should have had this. So, to, to, to rub away that, that loneliness (L: and sadness). Oh! Like what I will do on Monday I will call that chap and I will tell her that, nope, I'm your mother and I will take the whole class what I used to tell them. I'm your mother if you've got problem, come to me. Here at school I'm your mother when you are chose. Knowing that you know with what you (?).

L: I also hear two things. I hear that there's one part, né, uhm, where people are neglectful, and kind of don't care whether they live or die. They're trying to survive. And there are so many caring stories I'm hearing. I'm hearing caring stories from each of you. Uhm, then I'm hearing about caring aunts, and caring grandfathers. Uhm, I think that's extremely special, because that's probably how the two things are balanced. And that's amazing.....

- L: The disability grant.
- T: Ja, the disability grant it's 780 per month. And now if you see 780. (Other T:No, it's 700) 700 or 780? And because of that everybody wants that money. They want this money, they don't care. They want it cause they are going to get money now. You see. They are going to get it.....
- L: What were you going to say XXX?
- T: I think a condom is not the solution. Because they don't care about it.
- L: But they don't care about death either.
- T: Eh! That's because they need education. If you educated them, work shop them.
- L: Not but what is our message in education. Our main message in education is: HIV kills! (T:Yes! Use condoms.) And we say use condoms. What else, what else do we need to educate?
- T: Condom. It's all about education. If you don't talk about condom, that mean there's no education. By saying use condom, that educate that essence, to use condom so that you can get safe. You see. By saying I'm saying... If you want to do it, there's no problem! Do it. But do it knowing that it kills! But if you want to do it to be safer that is an honour on the education, so I don't think the government is not doing something about this, because it is something that has been done by the government. The ratios, the clinic, the peer group, the, the families, you see, even, even she said, what she said last time. She said that I took condoms from anywhere and I put it on my children so that they could see that this is the condom that they were supposed to use. If I want to be involved with sex, let me use condom. This is education, what is, she was looking what education is. But what they are doing the government is all, is doing a good thing by tries. But what the government is trying to address, so to let them live longer. They must use that money so they can buy food, mattresses, they can go.....
- T: There was only shacks here... no, no, no houses, no big houses. But, they built, eh... the government built a houses, built houses. What they did they sell houses and go to, go to shacks, go to shacks. What the government must do now, what else? Because they don't want to be ashamed.....
- T: The parent that doesn't come to school are the parents of those kids that they're the parents. You see. But, we, we, we didn't say they're coming to school all of them, they're coming to school. Some of them, you see. That's why we are saying, that's why we take our problem to ourselves for those people that have parents that doesn't come to school. You see. This is the 50/50, you

- understand? (L: I understand.) This is the 50/50! Then those who are having no parents its were we could see the guardians, the aunts coming trying to help you.
- T2: The parents who have the problems, doesn't come. If for instance she is sick, she won't help. It's when she dies then other one or the neighbour will come and tell you one of the problem. But while she's still alive she won't tell you nothing about it.
- L: And that was one of the other things, the barriers, was denial because of the stigma. (*Teachers agree.*) Blind spots, ja!
- R: I think you, you go over it very quickly towards the second best thing was the barriers. And I think we discussed all of them again. You said the cultural, denial, uhm... the whole thing about education or counselling about the status, the financial barriers, the HIV grants, that's I mean what you disclosed what you just mentioned, the symptoms. You also mentioned that last time. It will take only years for them before they see the symptoms. (L: And then they infect other people.) They affect other people. The stigmatisation issue, people feeling that they're being stigmatised. And the treatment to themselves and by others. By themselves and by others. I think we discussed all those, all those, those barriers.
- L: And I was seeing something that has changed. And now I spoke about it also. Last time when we see, saw you. Uhm.. the government had not yet decided to give treatment (teachers agree) anti-retroviral. And now how does the community, uhm... handling or what is everybody saying, now that the treatment is available? (R: The anti-retroviral) Because on paper it's available, theoretically. (*teachers agree*)
- T: Not yet! All gets medical aids, TB treatment. (L:TB treatment) It's when they get it, when they admitted it, those, you see, those, HIV related. Ja! Your going to get treatment. Otherwise they just stay at home, no treatment! No medical aid! Even if you go to... Those who get discharged from. Some of them didn't want to go, like public hospital, hospital like the whities. Because no one wanted to be seen there in the department. The department knows. Go to this department. So if somebody in that area could see in the department, that's a denial, he could notice that and get there. So they are (?)
- L: Even though... So... So they're still, they're in denial, even though people now get treatment? (Teacher: Ja! Ja! Because their going to get that stigma.)
- L: But if... So the stigma is not related to the dying, because if the stigma is related to the dying, then if there's treatment, there wouldn't be stigma. So the stigma has to do with how you were effected. (T: Ja!)

- T: And they're got that position, forgetting that it's not like that, because sometimes you can get HIV without... by drug... blood transfusion. You see!
- L: Yes! Or mother to child. (teachers: Yes! Mother to child! You see.) Or if you're... you are married the same person but you don't know how that person was. Uhm, now I understand!
- R: OK! Let's move on to the next thing. I think we've also mentioned a lot of it now. The third main thing is there's a lot of needs. You experiencing that you see a lot of needs uhm... focusing on the first thing: a changing attitude by the members in general. Uhm... Not being stigmatized, not having more than one sexual partner, not sleeping around. There's a need for the whole attitude to change. OK. The second one there's need for education. We discussed that earlier on. And the third one, there is a need for external aids. Uhm... In other words other people coming in and help you, and providing help. Ja, providing food parcels.....
- R: Because sometimes like, like myself. The problem that I've talk about, you see. You have to go... you want to give help, you want to give help, because you could see this person has no one to help her even if it's financial, just a little bit. Not that much solution, you see, just to like buy food parcel or give her, him proper... (L: stationary) Ja, or fruit. You see. So that he can get that plan, you understand. Or do something. When you go there and you could see that eh, uh, there's nothing I can do. You see. When you go there without giving hope to that person, you understand, because that person has lost hope... everything, you see. But If you could do something then it's when you know that when... like, like... when we talked to this woman... she's very sick, she's lost, she's lost, but I could see a denial. Because talking about other things. Running away from what is happening, what she's seeing. Then when the dad, he talk about that, when you are, when you seek, but we didn't mention this, you, you look lots of money. You see. And the result now I haven't got much for begging. And she was begging and she's now haven't got enough. So what we did when we went there as women union, you see, we go there for prayers. And when I got there OK! The, the, the daughter was cutting a little over a pinch. You see. But we were going there without a parcel of fruit, but for prayers. Prayers must be supported by something ...you see. Yet we know we are praying for God, but what else are we coming with? So what we did then is we said to, to the women what about having a collection? A collection and I said forgive myself let us have a collection. And I took my last (*unclear*) back, so that even if just by being here I got something to give to you. You understand?
- L: So, it's to be functional.
- T: Ja! And we felt happy when we did that! Just a little bit... when, when we go to this houses what you need to do is to adjust a little bit so that, so that, during that they're still need. They love you.

- L: Ja! Is this, Is this women's group based in the church or is it a, or is it a...
- T: Church side! From the church side. (L: OK.) She was, she was asked, then she could see. (L: So that's the one church, church one...And you, and...) But there are groups that come. (That do various things?) Ja! Support groups. Ja! Supporting groups! Ploughing, vegetables that stuff and supporting the people who are sick. But don't they know they've disclosed.
- L: Is it home based visits?
- T: Eh! Ja! Because you can not go to a person like that one who have a denial. And said we'll come to you to give this and this. You see. Why do you give me this?
- L: Ja, Because she doesn't want pity. So how do you approach that?
- T: (*unclear*)... in May or June we know this. What are you doing to our kids? You see. We said when we asked that question how did you know that this child needs help? What are you applying in that way. Because you could see what comes up there. So what I can do is to try to help by this way, you see. (?) So the better way to do it is like this...but it will be difficult for someone who is not educated, who is not interested sometimes. You see.
- T2: They'll ask you who was the child? Who was here last year. He's dropped out. He was in Mrs. (?) class, class. This boy came to ask for a, uhm, a, a transfer. I asked him why? He come as a child who passed me? Because he left early. So I thought it's a chance to save us, but I could see there's something like a neglect (Everyone agrees). So... (teachers discuss this all together How old was he? XXX, he's 15.) I'm trying to, to, to say the teachers also came early to assist. You know I told this boy: "Boy I don't know who gave you a transfer. Because I don't know why you were supposed to come (guarantee)." I took my car and went eh... to XXX's place, with XXX. I found out he stays only with his granny mother, old grandmother. You know. You know we get to sit here in big house but it's pathetic. I asked from the mother why is XXX coming to the session. Why, where is he going? Because he was our learner. We know he's falling, eh on supplements. Where is he going? He's a kid! The grandmother told me: "Madam this boy, his father passed away last year. His mother is sickly, you know. In a, in a, very sick, and suffering from HIV. He was infected due to HIV. And also this boy is sick. Right now he doesn't have the school shoes but another thing. But he took, she took all the medicine and show me. You know. You know, I found that this grandmother doesn't have money to come and register at school. That is why now they take him away. I don't know how it will go (in the shop, cause they was saving for the shop?). What I did I told the mother come and I over talk. The question of money especially. Because they wanted to see him focus.

- T: It's something! You see. It's nice to have. Because if they put you as if they didn't care. You should have glad that people... But because of the symptoms that you see, this child is doing the wrong thing. Let we go and check what is happening.
- T: You know what Liesel, Uhhh... I don't blame those parents or people who are, who, who doesn't want to disclose their status, because, because even a, even those professional, professional supporter they don't want to disclose, they don't want to disclose. They just keep quiet, you know. But, but you know what, although we are not going to be able to give something to each or to give something... and eh... emotional support, you know. You give them support, you give them support they don't want to disclose their status.
- L: So actually not disclosing is also a way of coping.
- T: Uhhh! Uhhh! Ja. You see how can we blame others, though even the professionals they don't want to disclose. You see. It's not that, it's only because they are, it's not that they are, it's not that they, because of the... ja... illiterate! It's only because they don't want to, because professionals even they don't want to.
- R: And you actually raised, and it's been raised many times today, the one big thing that we identified was to generating solutions to cope. And this is just another example. Because all I hear is that you actually teaches at a school assisting and supporting and giving sometimes school but sometimes emotional support and the women's groups and the sport services and the community members: the grand parents and the aunts and the uncles so the whole idea of generating ways to cope, it's already happened in the community.
- T: But we want to do more, we want to do more, like we said last time that we wish to have a garden here in our school. A big garden with a lot (?) there and we want a garden because to help eh... to plant vegetables everything so that everybody can get as you know that we have children that are HIV positive it will be easy for us if we have a garden here, you see.
- L: And even children who are not HIV positive. Children who are under nourished or malnourished!
- T: Ja! Ja! It will be easy for us to do that...(unclear). We are doing because there is poverty.
- L: But you know what, né. This is just so amazing, sometimes I get so angry with the media, because they tell us all the bad things that is happening. This is why we couldn't stop talking last time about all the wonderful people. Because here you are like magnificent people doing all of this. I don't ever

- think it matters to you how amazing it is what you are doing! You're telling all the things that you are doing and I am just astounded! (R: Amazing!)
- T: But the government doesn't want to come to the ground and understand. But the government is doing the AIDS they're just... And we want to do more!
- L: I'm not saying it's the government. I'm saying television and radio they want to tell all the terrible stories. They want to sell... all they're telling is the nastiness they're just saying about men being raping girls. And all of this. (T: It's all about business!) Yes, it is! But I'm telling you that good stories will sell just as many news papers as horrible, terrifying stories!
- T: For instance last year there was the district at Quasa-Quasa the children like to have eh...those schools all around, ne. What we did as a school we... (L: Same like what?) (T: Try to explain all together) We signed papers and sell chips. (L: Oh! Like a bash?) Ja!
- T: (*Everybody discuss all together*) ... even for us the teachers! The reason it's set at Quasa-Quasa, you know the giant Quasa-Quasa (*teachers agree and laugh*) they talk about the giant. Ja, there is a giant! Quasa-Quasa (*laugh*) that giant at Quasa-Quasa, because he is eating. You see. Now what we did as a school, ne... we go out to the clinic, the clinics, ne. So that they, the nurses can come to the school to inject them. (L: To help them.) Yes, to help them! At least we are trying our bests, we are trying our best, you know. (*talk all together*) Those who were suddenly committed like XXX, XXX who did it, the child who are, he, he is in his class. The, the, the, the nurses of the clinic could come to XXX to monitor if the child is drinking the treatment, is taking the treatment. Because the parents didn't care.....
- T: Ja! The teacher has to take a form to say that you see to it and XXX had to write a letter and send that child with another one so that we could see that he did go to a clinic for check ups. And that child end up to receives treatment. But the parents are there, the parents if that parents it was said that it's a toyi-toyi They are the first ones to come!
- L: What did you now say just now? It's our tradition?
- T: It's our tradition. It's our tradition, to do so. Because we can't just take (?)
- L: I'm thinking what if wrote cultural aspects here as a barrier. But you know what now, we should put cultural as a resource. Because some of the things your doing... (T: Ja! Ja) All the care and the kindness...

- T: And you know, and you know you white people né... (R: Tell us! Tell us about us white people! Everybody laughs!) You don't care about the others. Look like in the houses, you don't know who is I staying next door to you. You don't care! You mind your own business. You don't know what is happening next door. To us. You know what is happening in the areas. You know your area. (L: You care!) We care! You know each and every...
- R: Your culture is the foundation of your coping.....
- T: How can a child, if you get a child, name him XXX. You see. Then the pa... the neighbours, the neighbours said you can they come to school. And I asked: "Are you going to be able to take care of him?" She said: "Yes! I will be able, I will do everything for her, as for you. As long as... sjuut, as a result I go to the deputy, I talk to the deputy, and I went to the deputy and I said to the deputy: "Deputy, that is the problem!" And I realize it so much, because of the neighbour the neighbour wasn't there just to be a neighbour, he's a real neighbour, because he could see the need of this kid! You see. And what is that to us? I think, I told this kid to come to my home to take a lunch, every morning! I... I... Even will pay school fees for this child, and he said I will do everything for he... him. And we said, what you are saying are you promised to do for the child and as the teachers XXX. Now, together with myself we promised to take care of him!
- L: You know what... last time you kept on saying you want training. Now while you are talking, I think you should give training. (*everyone laughs*). I don't think people should come here to give training. I think all of you should give training. (*everyone talks together*).
- T: It's experience, cause... The reason why we know this, it is happening around us!
- R: Nurses and family, and social workers. And then you can maybe give me the names or the contact numbers or maybe you can contact them and we can arrange a schedule for February.....

B. VERLOOP VAN NAVORSING

DATUM	NAVORSINGSAKTIVITEITE
Jan 2004	Bewuswording van navorsingsprobleem
Feb-April 2004	Konsultasie met studieleier ten aansien van navorsingsprobleem en doelwitte van studie Oplees van relevante literatuur en navorsingstudies
7 Mei 2004	Voorlegging en goedkeuring van navorsingsvoorstel aan die Departement Opvoedkundige Sielkunde
Mei 2004	Inhandiging van navorsingstudie se etiese dokument aan die Etiese Komitee, Fakulteit Opvoedkunde, Universiteit van Pretoria
Mei 2004	Analise van batekaarte asook transkripsies van fokusgroepe vir die verwante studie Vorbereiding en beplanning van fokusgroep-werkswinkel-sessies Konsultasie met studieleier en mede-studieleier
6 Jun 2004	Tree op as veldwerker in verwante studie Eerste ontmoeting met deelnemers
7 Jun 2004	Eerste fokusgroep-werkswinkel-sessie
8 Jun 2004	Tweede fokusgroep-werkswinkel-sessie
Jun-Aug	Bly op hoogte van vordering ten aansien van geïdentifiseerde projekte deur gereelde oproepe en sms'e aan die drie groep-koördineerders Konsultasie met studieleier en mede-studieleier
19 Aug 2004	Derde fokusgroep-werkswinkel-sessie
Aug-Sept 2004	Konsultasie met studieleier en mede-studieleier
2 Okt 2004	Aanbieding van voorlopige resultate by die <i>Postgraduate Research Indaba</i> , Fakulteit Opvoedkunde, Universiteit van Pretoria
29-30 Okt 2004	Laaste besoek aan die deelnemers vir die jaar
Jan 2005	Eerste poging
Feb 2005	Finale inhandiging van navorsingstudie

C. NAVORSER SE VELDJOURNAAL

Refleksie : Fokusgroep-werkswinkel-sessie 1

Datum: 7 Junie 2004

Alhoewel dit die eerste fokusgroep-werkswinkel-sessie van my studie was, het ek die deelnemers reeds die vorige dag met Viona se werkswinkel ontmoet. Ek is baie bly dat ek die geleentheid gehad het om die deelnemers vooraf te ontmoet en op die vorige, verwante studies te kon voortbou.

Tydens my eerste werkswinkel wat ek aangebied het, het 'n gemaklike en informele atmosfeer geheers. Die deelnemers het spontaan deelgeneem en die nodige insette gelewer.

Ek het besef dat my metode van aanbieding effens "bo" die deelnemers se vlak was. Ek het dikwels konsepte en terme gebruik waarmee hulle nie bekend was nie. Dit is immers nie een van hulle se eerste of selfs tweede of derde taal nie. Die gevolg was dat ek hulle maklik "verloor" het, omdat ek dit nie in ag geneem het nie. Ronél (my studieleier) het my egter baie bygestaan in hierdie opsig en nou en dan dit wat ek gesê het, op 'n eenvoudiger wyse aan die deelnemers oorgedra.

Ek voel egter positief na hierdie sessie en wil graag die deelnemers help om 'n verskil te maak in hierdie gemeenskap. Ek droom groot vir hierdie projek, en wil vreeslik graag hê dat dit moet werk.

Aan die ander kant moet ek realisties wees en nie té hoë verwagtinge koester nie. Ek is bang dat hulle dalk nou, terwyl ons by hulle is, gemotiveerd is, maar dat hulle dan later minder gemotiveerd en nie meer so opgewonde oor die hele projek sal wees nie. Ek kry die gevoel dat hulle meer in hulself en hulle vaardighede moet begin glo. Ek sal egter alles in my vermoë doen om hulle gemotiveerd te hou. Ek sal hul gereeld sms en skakel om te hoor hoe dit gaan en hoe vêr hulle is. Ek dink dit is baie belangrik.

My voorlopige hipotese is dat agt uit die tien deelnemers daaraan sal werk en hulle kant sal bring. XXX het gesê dat hul na twee maande, as ons hul weer gaan besoek, halfpad met die projek sal wees. Ek sê toe aan haar dat hulle teen daardie tyd, al die kalwers in koeie moet laat groei het. Dit wil voorkom of ek dalk onrealistiese verwagtinge het of dat die deelnemers nie genoeg in hul eie vermoëns glo nie. Hulle dink dalk op hierdie stadium dat dit vreeslik baie werk en "input" van hulle kant af gaan wees. Ek wil hulle egter help om te besef dat hul eintlik net die fasiliteringswerk moet doen, en die gemeenskap moet bemagtig om daarmee voort te gaan. Dit is tog waaroor die hele studie gaan – die fasilitering van die opvoeders om die gemeenskap te bemagtig om die bestaande bates en hulpbronne binne hul gemeenskap aan te wend en te benut.

Refleksie : Fokusgroep-werkswinkel-sessie 2

Datum: 8 Junie 2004

Met vandag se fokusgroep het ek doelbewus daarop gefokus om eenvoudige taal te gebruik sonder enige vakterminologie. Ek het probeer om op die deelnemers se vlak te kommunikeer en het baie van herhaling gebruik gemaak deur sekere boodskappe op twee verskillende maniere te verduidelik. Ek wou seker maak dat ek hulle nie vandag verloor nie – vandag was die laaste dag om hulle te motiveer en aan te moedig vir die volgende twee maande van aksie wat voorlê. Ek dink ek het tot 'n groot mate daarin geslaag, maar ek sal definitief nog daaraan moet werk en selfs in die toekoms nog meer op hulle vlak moet kommunikeer.

Ek voel positief oor vandag se sessie. Die deelnemers het die geïdentifiseerde potensiële bates in drie prioriteitsareas van bate-mobilisering verdeel, om sodoende die gemeenskap se hantering van MIV/VIGS te verbeter. Die deelnemers het in drie groepe verdeel, waarna elke groep 'n groep-koördineerder aangewys het. Dit was interessant dat die deelnemers presies dieselfde groepleiers aangewys het, as wat ek ook gedink het hul die beste van die taak sou kwyf. Ek was baie verlig oor die gekose groepleiers, want ek voel dat hulle baie leierseienskappe het en die groepe deurentyd sal motiveer en aanmoedig. Die drie groepe het aksie-strategieë vir die mobilisering van die drie onderskeie prioriteitsareas ontwikkel en doelwitte vir die projekte geformuleer. Die ander groepe

het deurentyd baie sinvolle insette gelewer. Dit was vir my wonderlik om te sien hoe hulle mekaar so positief kan opbou.

Aan die einde van die sessie, het elke deelnemer haar toewyding en verbintenis aan die projek geformuleer. Elkeen se toewyding was uniek en het getuig van die deelnemers se opregte belangstelling en toegewydheid aan hierdie projek. Dit het my net laat besef dat elke deelnemer 'n groot bate in die gemeenskap is, wat oor baie potensiaal beskik om nog groot dinge in die gemeenskap te vermag. Ek het met 'n geruste hart daar weg gegaan en gehoop dat die toewyding so sal bly....

Refleksie : Fokusgroep-werkswinkel-sessie 3

Datum: 19 Augustus 2004

Ek was maar aanvanklik senuweeagtig, want ek het vandag stoksielalleen na Port Elizabeth gegaan. Ronél kon ongelukkig nie saam nie, want haar dokter het gemeen dit is veiliger om nie in die eerste twee maande van swangerskap te vlieg nie. Al die bekommernis was toe verniet... dit was groot pret!

Ek het die oggend vroeg gevlieg. Daar geland het ek dadelik die huurkar gekry en na Pick-a-Pay gery om middagete en ander eetgoed vir die deelnemers te koop. Daarna het ek bietjie in Port Elizabeth self rondgery, waarna ek na die skool toe is. Ek het maar liewers bietjie vroeër na die skool gery, omdat ek bang was dat ek dalk kan verdwaal – gelukkig het ek nie. Ek het toe nog genoeg tyd tot my beskikking gehad om foto's in die gemeenskap te neem.

By die skool aangekom is ek aangenaam verras..... XXX en XXX het my voor die skoolhek ingewag en hulle groentetuin vir my gaan wys. Dit was ONGELOOFLIK, "AMAZING", ONBESKRYFLIK!!!! Ek kan dit regtig nie in woorde omsit hoe ek op daardie stadium gevoel het nie. Ek kon my oë nie glo nie. Voor my was velde en velde van groentetuine! Dit het so welig gegroei en daar was 'n paar gemeenskapswerkers wat besig was om daarin te werk. Baie netjies gedoen, met paadjies, sodat daar deur die verskillende groentetuine gestap kan word asook

afvoer-voortjies waar die water kan uitloop. Noem enige groente en dit is daar - en nie net een van elk nie. Die groente het so welig en gelukkig daar gegroei. Ek kon nie glo dat hulle in net twee maande so baie uitgerig het nie. Die beste van alles is dat hulle die gemeenskap, veral die werkloses betrek en bemagtig het. 10 uit 10 vir hulle!!!

Die werkswinkel was geskeduleer vir 2-uur, maar op die ou einde het ons eers half-4 begin. Die personeel het 'n "staff meeting" gehad. Ek was effens geïrriteerd daarmee, want ek het al die pad gekom en alles vooraf gereël, juis om seker te maak dat hulle niks anders op hierdie dag aan het nie. Verder was ek bang die tyd haal ons in, want ek moes nog 'n vliegtuig haal. Niks kon egter my opgewonde "spirit" op daardie tydstip demp nie. Ek het in XXX se kantoor gesit en wag totdat hulle klaar was met die vergadering.

Die werkswinkel het afgeskop met middagete (die deelnemers was teen die tyd al rasend honger gewees). Ek het aan hulle gesê dat ek so graag al die nuus van die drie projekte wil hoor, maar dat ons eerder moet wag totdat die werkswinkel begin, sodat alles op band geneem kan word - anders kan daar dalk data verlore gaan, deurdat dit nie weer later genoem word nie. Ons het toe lekker oor ander dinge gesels terwyl almal geëet het.

Die fokusgroep-werkswinkel is afgeskop, deurdat elke groep vertel het wat hulle die afgelope twee maande gedoen en bereik het. Hulle moes ook aandui waar die pyltjie op die plakkaat trek - hoe naby hulle aan die "volgroeide koei" is. Ek was baie dankbaar oor alles wat hulle al bereik het in slegs twee maande. Die deelnemers se gemoed was baie hoog en hulle het baie opgewonde van alles vertel.

Een ding wat ek dink ek nogal goed reg gekry het, is om die groepe deurentyd te rig en te laat fokus op dit wat reeds gebeur het en nie dit wat hulle nog beplan nie (dit sou daarna gebeur). Telkens het die deelnemers "afgedwaal" oor dit wat hul nog gaan en wil doen, waarna ek aan hul verduidelik het dat hulle net daaraan moet vashou, want ons gaan dit volgende bespreek.

Ek het deurentyd daarop gefokus om baie meer te verduidelik, stadiger te praat en ook eenvoudiger taal te gebruik. Ek dink ek het daarin geslaag. Een van die redes daarvoor is dat ek

geweet het dat ek geen “back-up” van ‘n ander fasiliteerder het om my te help nie, en dat ek alles alleen moet doen. ‘n Ander rede is dat ek uit die vorige werkswinkel daarvan bewus geraak het dat ek soms te “hoog” praat en die deelnemers dan verloor. Ek was deurenetyd daarvan bewus en het gesorg dat dit nie weer gebeur nie.

Nadat die deelnemers terugvoer gegee het oor die afgelope twee maande is daar aan hulle die opdrag gegee om weer in hul groepe te gesels oor dit wat hul nog wil doen en beplan, om sodoende by hul doel (die “volgroeide kalf”) uit te kom. Ek het dit baie mooi verduidelik en hulle het aan die werk gespring. Ek het tussen die groepe beweeg en insette gelewer en verdere planne gefasiliteer. Daarna het hul weer terugvoer gegee, waarna die ander groepe die geleentheid gekry het om verdere insette te lewer. “Great” idees het na vore gekom. Dit was vir my baie “nice” hoe hulle as kleiner groepies saamwerk, maar ook as ‘n groter span mekaar ondersteun. Dit is nie dat hulle drie aparte groepe is wat niks met mekaar te doen het nie, maar ondersteun en vul mekaar eerder baie aan. Al die deelnemers was aktief betrokke by die groentetuin en *vice versa*. Ek het geen jaloesie opgemerk nie, maar eerder sterk en gunstige groepskohesie.

Aan die einde van die fokusgroep-werkswinkel (ongeveer 18:00) het ek balkies aan die deelnemers uitgedeel, waarop die MIV/VIGS-strikkie en elkeen se naam op gegraveer was. Hulle was natuurlik baie trots daarop en het dit dadelik aangesit. Daarna het ‘n paar fotosessies gevolg. Dit het my hart so bly gemaak dat nie een deelnemer, een keer gevra het hoe lank nog, of wanneer gaan ons klaarmaak nie. Hulle doen alles uit die liefde van hulle harte en omdat hulle toegewyd is aan die projek en graag ‘n verskil wil maak.

Ek het met ‘n gelukkige en tevrede hart daar weg gegaan. Tog ook bietjie hartseer, want ek het geweet dit was my laaste keer... Ek het beslis ‘n stukkie van my hart by XXX Primary School en hul “stunning” onderwyseresse verloor. Ek sal graag weer in die nabye toekoms gaan kyk watter hoogtes hulle nog bereik het en steeds gaan bereik.