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## Appendix I

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Asset-based intervention preparation document

## Intervention/Workshop Preparation session 1

### Welcoming:

- Sit around the table
- Introduce ourselves
- Talk about the purpose of workshop
- Talk about Informed consent; ask if they are willing to complete informed consent forms
- Eating

### Orientation:

- Give feedback on the interview we had at school – aiming to establish the expectations they have regarding a HIV/AIDS workshop.
- Four main themes arose
  - Where can HIV infected people get help – with regards to things like the grants, food parcels, medication, social support (social workers), Sister Ethel (the services she provides at clinic).
  - How to deal with child in classroom. If a teacher would like to give a child food but does not what to let the others in the classroom realize what is going on. Or if the child is feeling sleepy.
  - How can we support HIV infected people - Physically
  - How can we support HIV infected people - Emotionally

### Theme 1 - Where can HIV infected people get help?

*Min.*

Focus group discussion – share with one another where can help be found

- give phone numbers of relevant people (have telephone directory available.
- Draft action plans

Action plan 1 – if suspect child is HIV positive

Action plan 2 – if parents are infected } *make sure your*  
*have a*

Action plan 3 – if both child and parent(s) are infected } *summary of*  
*action plans*

*(get the note form the relevant person combine it into a poster which will be presented at the follow-up session)*

*Social worker: tel -*

*Sisters: tel –*

*Dept of Pensions: tel. –*

## Theme 2 – How can you deal with a HIV infected child in the classroom?

*Min.*

- Divide in two group of 4 each
- Each group receives a A2 cardboard which they will use to make a presentation to the other group (or to write down their ideas)
- Encourage them to brainstorm how to treat the child without making it obvious that child in infected. *Min.*

*(ideas: if you want to give the child food, if the child feels ill or tired, when the child is absent)*

- Allow each group to present their poster/information to the other group.

*Min.*

*(collect posters and combine them into one poster to be presented on the day of feedback)*

## Theme 3 – How can HIV infected people be physically supported?

*Min.*

- In the format of a focus group encourage the teachers to share with one another what they have done up to now (or what they have heard) to help HIV infected people. *Min.*

- Things to keep in mind regarding the treatment of symptoms:

*Directly ask the group what can be done regarding*

- Fewer – try to cool the body, stop dehydration
- Diarrhoea – dehydration
- Pain
- Cough and difficulty breathing

- Tuberculosis
- Skin problems, eg., rashes, itching or sores
- Soreness in the mouth and throat causing
- Tiredness & weakness
- Depression
- Anaemia – blood deficiency (reduced amount of blood in circulation)

- Things to keep in mind regarding nutrition:

- 3 types of food
  - Energy giving food = rice, sugar, honey, bread, pap, cooking oil, sweet potatoes
  - Body building food = meat, fish, beans, eggs, chicken
  - Protective food = citrus fruits, mangoes, dark green leafy vegetables eg., spinach or 'marogo'

- eat small amount of food often
- add sunflower oil to food
- drink lots of juices
- eat a variety of food
- give soft food if it becomes difficult to chew and swallow.

*Everything we have spoken about will also be covered in the manual. If you feel you would like to add to something we spoke of now you can write it in the manual – each receive a copy + copy of additional notes made during the focus group on the day we give feedback.*

#### Theme 4 – How can we support HIV infected people emotionally?

Min.

- In a group discussion generate some of the important things to consider when interacting with a person experiencing problems.

*Min. Ronel or*

*Tilda can make*

*notes on A4.*

- Summarise on 6 A3 poster each representing a category relating to; trustworthiness & honesty, tuning in to person with non-verbal behaviour (eg.

leaning towards person), active listening (eg. are you getting the message the person is trying to convey), displaying respect, confidentiality).

- Once they have generated ideas, provide heading for posters and introduce *helping hand of support* poster

- Thumb = Trustworthiness & honesty
- Index finger = In tune to what the person is saying (SOLER + Mind + ears)
- Middle finger = message what is the message this person is trying to convey – active listening.
- Ring finger = respect & compassion for the person sitting in front of you
- Pinkie finger – (actually called a little or small finger, but for this purpose call it a pinkie)  
= Patients
- Remember the bracelet of confidentiality.

- Divide group into pairs and practice the *helping hand of support* in role play.

1. Role play where one person is a child or a member of community having a general problem, eg., the other children do not want to play with this child or the parent feels frustrated because child does not want to learn. Min.
2. Ask volunteers to tell they how this felt. What worked well? What could have been done better? Could you see the 5 fingers of support in the person listening to your problem?  
Min
3. Switch roles, the person complaining has an HIV/AIDS related problem, eg., fewer or someone close to you recently found out they are HIV positive. Min.
4. Ask volunteer to give feedback again. Min.

- Draw their attention to the fact that counsellors use these guidelines. They are teacher and being a teacher one needs to support the community (pastoral role of teachers). By attending this workshop they are not counsellors but teacher

with the knowledge to use some of the counselling skills used by counsellors in the field.

- I will leave a copy of the formal manual which I used to collect this information with the deputy principal anyone whom wishes to educate themselves in counselling are welcome to borrow the manual.

Give certificates and gifts (a framed photograph of handing over of certificate taken on day one)

Resource required for the workshop:

- Lunch (sandwiches)
- A3 Cardboard × 11
- A2 paper for notes
- 12 manuals: *Care Giving & Nutrition of HIV Infected People*
- 1 manual: *The Basic guidelines on AIDS counselling*
- Certificates rolled up with red ribbon X 8

Intervention/workshop preparation, session 2

- Welcoming
- Cover the themes we did not get to on day one (I suspect we will only be able to cover 3 of the abovementioned themes)
- Provide lunch
- Feedback, focus group (regarding whether they feel their expectations has been met and do they feel more confident when being faced with HIV/AIDS in their classrooms and community).



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## Appendix J

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Information booklet



## The Support of HIV Infected People

A practical guide

Workshop : HIV/AIDS

JUNE 2004

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### Basic HIV/AIDS information:

Please note: The information and pictures presented in this practical guideline has been obtained from:

Zimba, E.W. 2000. *The Knowledge and Practices of Primary Caregivers Regarding Home Based Care of HIV/AIDS Children in Malawi*. Masters of Science in Nursing, Dissertation, University of the Witwatersrand.

As well as

 Mkwelo, N. 1997. *Assessing primary caregivers and community capabilities in caring for under five year old AIDS/HIV infected children in an urban informal settlement area in the Eastern Cape region*. Masters in Nursing, Dissertation, University of Natal.

HIV is the acronym for *Human immuno-deficiency virus*. This virus is spread via unprotected sexual intercourse or through direct contact with the blood of a person infected with the HIV virus. The HIV virus causes AIDS, an acronym for *Acquired immuno-deficiency syndrome*. AIDS is seen as a severe and fatal range of diseases to which the human body has lost its ability to resist (Donald et al, 2002: 256).

Once the human is infected by the HIV virus it may take up to 12 weeks for the body to produce anti-bodies fighting against the HIV virus. These initial weeks are called the window-period. Going for an AIDS test during the window-period is unreliable. The test will not be able to tell the person that they are infected by the HIV-virus.

After the HIV virus has infected the body the person carrying the virus is still healthy for a long time. This period is called the incubation period. It is only when the body's immune system is so impaired that other infections and virus can not be resisted that the person has AIDS.

#### How is HIV spread?

- Having sex without using a condom
- Being in contact with HIV infected blood or bodily fluid
- The unborn child of an infected mother, the infection might occur during pregnancy, delivery and/or breast feeding

#### How is HIV not spread?

- Sharing cutlery and crockery
- Having a haircut
- Shaking hands
- Wearing second-hand clothes
- Sharing a bathroom
- Playing
- Having a meal together
- Mosquito bites
- Swimming in the same pool or river.

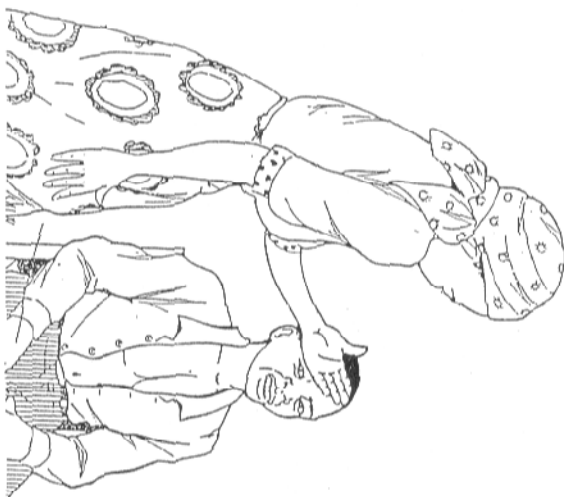
Is there a cure for HIV/AIDS?

At the present time there is neither a vaccine against nor a cure for HIV/AIDS. Some healers might proclaim to have the cure for HIV/AIDS but this refers only to the lessening of other conditions caused by AIDS such as diarrhoea. Medicine such as AZT and anti-viral treatments are used in the fight against AIDS but it can not rid the body of the HIV virus.

AIDS related conditions and the management thereof at home:

Fever:

Fever is a condition whereby the body temperature is too high. High fevers can cause confusion in Adults and fits in children. The threat of dehydration is also present.



What to do:

- > Give a cool bath
- > Increase fluid intake
- > Wipe person's body with a wet cloth
- > Keep the person clean and exposed to cool fresh air
- > For adults give: 2 paracetemols or 2 aspirins every 4 hours with meals until fever disappears

When do I take a person to a health professional?

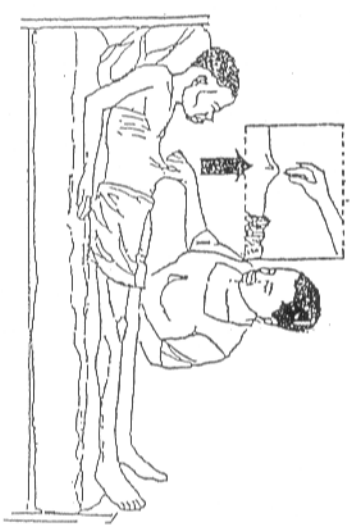
- The fever does not disappear with the above treatments
- The person shows
  - Stiff neck
  - Fits
  - Yellow eyes
  - Unconsciousness
  - Severe and sudden diarrhoea
  - Severe body pains
- If a pregnant woman develops fever.

Chronic Diarrhoea:

Passing 3 or more watery or loose stools per day can be seen as diarrhoea. The great danger of diarrhoea is dehydration in both children and adults.

What to do:

- Drink lots of fluid. A re-hydration mixture made up of – 8 litres of boiled (then cooled) water, 8 teaspoons of sugar and ½ teaspoon of salt, can be administered 1 hour after a water stool. Other fluids such as Energade or Game can also be provide.
- Make sure the person washes his/her hands after using the bathroom and before eating.
- Infected waste must be properly disposed. If toilets are at a distance, a hole can be dug away from the house to dispose the waste. The waste should be covered with soil.
- Soiled linen should be soaked in a solution of bleach 1:10.
- Eat nutritious food frequently, for example, rice, bananas, pawpaw and mangoes.
- Care givers are to wear clothes if exposed to bloody diarrhoea or bleeding episodes
- Check for severe dehydration by examining the skin elasticity (see picture)



When do I take a person to a health professional?

- If severe dehydration has occurred
- If Persistent diarrhoea
- If the person is to weak to eat or develops a fever
- When bloody stool occurs

**Pain:**

Some of the conditions related to AIDS cause severe pain.



**What to do:**  
Gently massage sore muscles.  
Apply hot or cold compress and give the person a warm bath.  
Help person to maintain a comfortable position.

Talk to the person and provide activities to relieve anxiety, such as diversionary play with AIDS child.

- Show patients, love and understanding.
  - For adults: give 2 paracetemols or 2 aspirin 4 times a day with meals.
  - For children give: paracetamol syrup (NB: read the dosage information before administering the medicine as children of different ages have different dosages).
- (Please note that children may also use aspirin but read the dosage information before administering the medicine as children of different ages have different dosages)
- When do I take a person to a health professional?**
- If the pain becomes severe.
  - When new symptoms such as headaches, necks stiffness and fever occur in association with the pain.

**Coughs and difficulty breathing:**

Persons with AIDS might show signs of lung infections, might have difficulty breathing and display a chronic cough.



**What to do:**

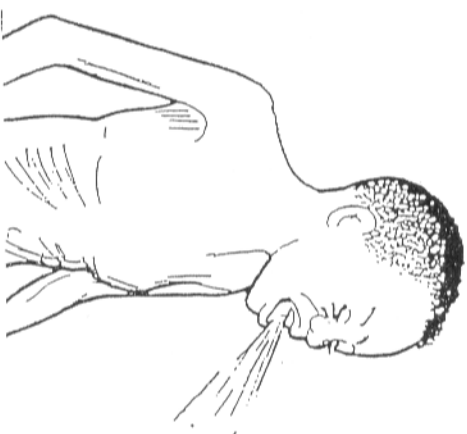
- Place the person in a well ventilated room.
  - Sit with the person and give emotional support. Difficulty breathing might causes great anxiety.
  - Provide support for the person to sit up to ease his/her difficult breathing.
  - Give adequate fluids.
  - Give a throat remedies, for example, 1 teaspoon of honey 3 time a day
  - Encourage person to cover their mouth while coughing.
  - Discard of bodily fluids by burying it or throwing it in the toilet.
  - For adults give: 2 paracetemols or 2 aspirin 4 times a day with meals.
  - For children give: paracetamol syrup (NB: read the dosage information before administering the medicine as children of different ages have different dosages).
- (please note that children may also use aspirin but read the dosage information before administering the medicine as children of different ages have different dosages)

When do I take a person to a health professional?

- If a sudden high fever develops
- When the person suffers from severe pain in the chest
- If the person becomes breathless
- When the coughing of blood occurs
- If foul smelling phlegm
- If the person does not respond to the above treatments

**Tuberculosis (TB):**

This is a chronic infectious disease affecting lungs resulting in a severe cough. In severe cases a person might cough up blood.



Symptoms of TB include:

- A severe cough for more than 3 weeks
- Weight loss
- Night fevers
- Chest pains
- Loss of appetite

What to do:

- Encourage the person to seek early assessment by a health professional.
- Encourage them to cover their mouth when they cough.
- Provide adequate fluids and nutritious food.
- Ensure that the person is not smoking or using alcohol.
- Encourage the person to take treatment medication regularly and completing the treatment.
- Provide support for the person to sit up.
- Encourage the person to refrain from excessive work.
- Discard of bodily fluids by burying it or throwing it in the toilet.

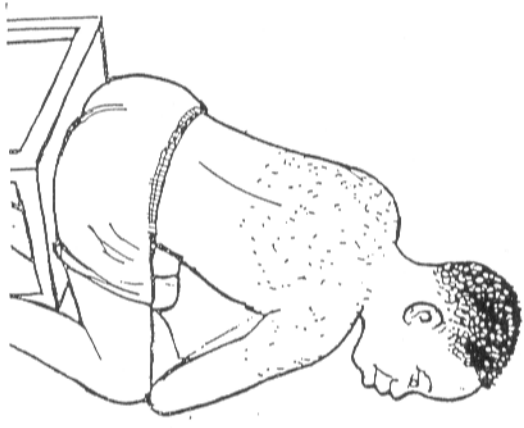


When do I take a person to a health professional?

- If the person shows a reaction such as, itching and skin rash caused by the TB medication.
- When the person is not taking the medication.
- If the persons shows no signs of improvement
- In the cases where there is a TB relaps.

Skin Problems:

A person living with AIDS often shows rashes, painful sores and itching skin.



What can be done:

- Bathe the person with warm water and soap.
- Daily clean open wounds with mild salty water and place new dressing on wound.
- Apply the appropriate prescribed skin lotion.
- Provide the person with nutritious food.
- Encourage the person be out of bed as much as possible. In cases of very ill persons or babies make sure that their positions are often changed to prevent pressure sores.
- For adults give: 2 paracetemols or 2 aspirin 4 times a day with meals.
- For children give: paracetamol syrup (NB: read the dosage information before administering the medicine as children of different ages have different dosages).

(Please note that older children may also use aspirin but read the dosage information before administering the medicine as children of different ages have different dosages.)

When do I take a person to a health professional?

- > If wounds become infected (swollen and hot), the pain worsens or if a fever occurs.
- > When the wounds bleed.
- > If the abovementioned treatment is ineffective.

Tiredness and Weakness

AIDS can make a person very weak and tired.



What to do:

- > Help the person with eating, bathing and getting in and out of bed.
- > Encourage the person to use a walking stick if he/she has difficulty walking.
- > If the person is to weak to get out of bed, gently move their limbs several times a day.
- > Turn the person from side to side and gently massage pressure areas, to avoid pressure sores.
- > Provide and encourage the person to eat nutritious food (especially energy giving food)
- > Keep the person company

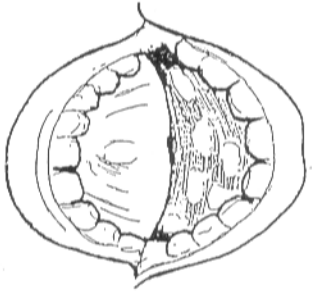
When do I take a person to a health professional?

- > If the person does not improve



Mouth and throat problems:

Sores in the mouth and throat cause pain and this makes it difficult for the person to chew and swallow.



1 do:

Provide the person with soft nutritious food

Increase fluid intake

Obtain treatment for thrush (Candida = white patches in mouth)

Clean the person's mouth with warm salty water or gargle with dissolved aspirin.

For adults give: 2 paracetemols or 2 aspirin 4 times a day with meals.

- For children give paracetamol syrup (NB: read the dosage information before administering the medicine as children of different ages have different dosages).

(Please note that older children may also use aspirin but read the dosage information before administering the medicine as children of different ages have different dosages)

When do I take a person to a health professional?

- If the person is unable to swallow or breathe properly
- When the person is dehydrated
- When the person develops a fever
- If the above mentioned treatment is ineffective

Anaemia:

A reduced amount of blood in the circulation causes tiredness, weakness, heart palpitations, swelling of feet, dizziness and breathlessness.

The presence of anaemia can be investigated by looking at the colour of

- Membranes on the inner layer of the eyelid (see picture)
- Tongue
- Colour of the palms and nail bed



What to do:

- Try to control any superficially bleeding by applying pressure (remember to wear gloves)
- Provide lots of nutritious food especially green leafy vegetables.
- Encourage the person to take prescribed medication such as iron supplements
- Assist person when they are weak and tired (see tiredness and weakness section)

When do I take a person to a health professional?

- If the person become very weak
- When the person experience difficulty breathing
- If there is no sign of improvement

## Nutrition

### Possible nutritious food items include:

- Energy giving food : rice, sugar, honey, bread, cooking oil, pap and sweat potatoes
- Body building food : meat, fish, beans, milk, nuts, chicken and eggs
- Protective food : citrus food, guava, mangoes, dark leafy vegetables e.g., spinach and marogo

### Points to remember:

- Nutrition is important for maintaining a healthy immune system, thus healthy food improves the general condition of the person
- Hygiene should be exercised when preparing food, and utensils and grocery should be thoroughly washed
- Eat small amount of food often
- Drink lots of juices
- Eat a variety of food
- Add vegetable oil or nuts to food
- Eat soft food when experiencing difficulty chewing and swallowing



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## Emotional support

People with AIDS tend to have mood disturbances such as depression and may be experiencing a sense of loss and grieving due to their anticipated death. Other people's reaction toward them may also lead to their moods being affected. They might be experiencing guilt as to how the infection occurred.

### The 5 finger support plan:

- Thumb = Trustworthiness & honesty
- Index finger = In-tune to what the person is saying (body + mind + ears)
- Middle finger = Message, what is the this person trying to say to you – active listening.
- Ring finger = respect & compassion for the person sitting in front of you
- Pinkie finger = Patients (actually called a little or small finger, but for this purpose call it a pinkie)
- Remember the bracelet of confidentiality.

What to do:

- Provide a 'safe' environment for the person, where they feel loved and cared for.
- Regularly chat to the person and encourage friends to visit them
- Encourage the person to talk about their worries
- Where possible encourage the person to be involved in daily activities
- If the person shows the need pray with them

When do I take a person to a health professional (counsellor)?

- If the person withdraws completely
- When the person refuses to eat
- If the person shows suicidal tendencies

Action plan – If you suspect that a child might be infected

Action plan – If a parent(s) is infected

How can you best deal with a HIV infected child in your classroom?

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## Appendix K

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Cut-and-paste analysis of interviews and focus group  
discussion

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## Cut- and-paste analysis of Face- to- Face Interviews

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### **Educators feel they do not know how to cope with a HIV infected learner**

- Sometimes early in the morning she doesn't feel well, she doesn't want to work, as a teacher what must I do (Interview 1 p. 2)<sup>1</sup>
- we must help all the children but this is confidential a disease like this, but that child is in the classroom, there are a lot of children that is next to her. What are the children going to do with the children in the classroom (referring to the stigma attached to HIV, Interview 1, p.3)
- So that we as the teachers we want to know (Interview 1p.7)
- you take a means of letting the kid to sleep in the class, but after knowing that it's when I took care of her, in a way to make so that the class can not suspect why the teacher now loves XXX, why when XXX feels like sleeping she lets XXX sleep. (Interview 2 p.2) *referring to confidentiality of HIV status and disclosure*<sup>2</sup>
- for teachers I think I want for them to be trained, to take the classes equally, irrespective of you know that there's a child who is positive they must then change now to be very kind to that child because maybe that child will take that, and if you are shouting you will make the child even more sick. (Interview 4 p.3)
- I don't know, some teachers make a big mistake, by if she/he has identified that child, take that child with special treatment, now that child also gets embarrassed (Interview 4 p. 4)

### **Educators perceived that they do not have sufficient knowledge on HIV&AIDS**

- First of all they must know what you are talking about so that if they ask questions you can answer them. If you don't know you can say no I don't know, and come later with an answer, you don't just talk talk talk. You must have got a full information (Interview 1, p.1)
- even us teachers we are not really sure what we know you see. You see sometimes you can feel scared you see (Interview 1 p.4)

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<sup>1</sup> Interview 1 = participant 1, interview 2 = participant 2, interview 2 = participant 2 and interview 4 = participant 4

<sup>2</sup> I made notes for myself to remember the context in which participant made statements/make further interpretations.

- The other one would bring a cheese and bread with cheese, but maybe the cheese is not good for her, but we want to help but we don't know what if it is right or wrong do you understand. (Interview 1p.7)
- But we can think that we know, but we don't know because I'm not trained properly you see (self-efficacy expectations, Interview 1 p.8)
- The other thing is education, so that some people had got the right information. (Interview 2 p.3)
- . But if I knew more I would have given her more than an advise (Interview 2 p7)
- although I heard about them but I need somebody who can give me surety, when we go to a workshop, you know that this thing has helped, now it's going to help (Interview 2 p.8)
- basically all the things that I would speak of would be around coping .....they don't know how to cope and the caring if someone is infected because most of the time it seems nobody accepts it, they don't know what to do, all of them whether you are infected or affected, coping to both of them (Interview 3 p3) (referring to coping skills that educators can utilise to support infected and affected community members)
- is the way in which we can make people to understand that you need to know your status (Interview 4 p.2) (referring to educating the community so that they go for testing and disclose their status)
- because we lacking information (Interview 4 p3)

### **Educators would like to have surety in the knowledge they have/obtain from a workshop**

- because my fear, not to say I've got a fear but my fear sometimes is for someone to present something, then there comes a question, if each and every question you've been asked and then you cannot be able to answer, say okay I'm gonna look for .., like I'm not sure about this but .., but I think always giving his or her own knowledge and that other than that saying I will try and then to come back to you, maybe I'm gonna find it, like I will go out then make a research what it is, you know that stuff. At least 90% of your presentation you must be able to cover it, not to say everything (Interview 3 p.6)
- it's a bit of more weight if someone is saying ' I got this at a teacher workshop (Interview 3 p.7).

- I will and will be happy because what I don't want to do is to stand in front of people saying something that I'm not sure of, I want to be sure of myself, (Interview 2 p.10)
- you know to hear a thing from the horses mouth it's much better than hearing from others (Interview 4 p.7)

### **Educators would like to provide emotional support**

- you have to give them emotional support. You can give them spiritual support because when they can help you into the trauma for the family and for themselves (Interview 1, p1)
- you know when a person come to you, for example if your friend come to you telling you the first time he hears the news, or she hears the news, what are you going to do, are you going to cry, what help are you going to do, in other words what are you going to do (Interview 1, p1)
- I want to give her hope, I want to give the support spiritually and emotionally (Interview 1, p.2)
- and the role play counselling, as a teacher you are a counsellor, with this you must know how to do it (Interview 1 p.4)
- we need to treat these learners kindly now – you know, because we used to get parent dying and all these things (Interview 4 p.3)

### **Educators indicate that they would like to support learners/families infected with and affected by HIV&AIDS**

- I want to do more. You see I want to do more, what can I do today for XXX, you know (Interview 1 p 2)
- what we can do as teachers to help that family you see (Interview 1p.7)
- Now what I've concentrated on now is what can help them because it's there. (Interview 2 p.5)
- what can we do to help, if there's someone infected, how can that person be helped, at home, at school or at work, how can you help that person. (Interview 2 p.3)
- I also told her that if I can get help I will be able to help you but I had nothing that I could do for her at that moment in time (Interview 2 p.2)
- but now the important issue is how can we help (Interview 2 p.6)
- But now you feel angry when you cannot help (Interview 2 p.7)



- for me I would feel much better if I was also giving AIDS life skills because most of the things that they get now, they are just a flesh, the kids need to get more (Interview 3 p.10)
- Now they must come and ask the last child the one looking sick or the one that is talking to his heart the whole day and say with him, “can you call your parents, I want to know if there are problems, because even these learners, you can even identify that the child is not well (Interview 4 p.3)
- it would be very nice for the department to develop another program but also if we can start our own, so that they’ve got good nutrition, not the teachers who take their lunches and give them lunch (Interview 4 p.4)

**Educators indicated that they would like to have (assess to asset in community) practical guidance to support community members**

- I want to know about the grant, about the social worker (Interview 1 p. 2)
- what else we want to know, the resource relief of organisations involved in HIV in PE, (Interview 1, p.6)
- sometimes they haven’t got the diets, what they must do you see (Interview 1 p. 6)
- So if you have a child I can keep on talking to her, nothing will help, but if I come with ..”okay why don’t you use garlic” (Interview 2 p.7)
- ‘okay now you’ve got sores, why don’t you wear gloves and put something that will help the sores. The help, literally help that you van give her, physical things that you can give her, not just talk (Interview 2 p.7)
- how to care for someone who’s infected (Interview 3 p.3)
- like treating the sores and all those that are sick and also say you know the diet and all these things, sometimes somebody will get an accident with blood so people must be told that it’s like that, you must take cloves (Interview 4 p.2)

**Educators can identify and utilise assets**

- you as a teacher you must have a role play in counselling you see, because you are here now you see (Interview 1p.4)

- You see sometimes it's difficult to go and buy, they can plant veggies in the garden so that they can get a veg to improvise you know, (Interview 1 p.6)
- The programmes on TV helped me a lot, the books. There was a book that the department gave us, the department distributed it to all teachers. I used that book. I read it a lot. (Interview 2 p.3)
- they asked someone to come to our church, a lady who was dealing with these issues, ..... she can help me too when I'm dealing with these kids and parents (Interview 2 p.10)
- it's through friends you know, it's through friends when we are discussing the issue of HIV and find out what is it that maybe you can say that has happened to help and you find that people want to help it depends then maybe some are shy. (Interview 4 p.1)
- it would be very nice for the department to develop another program but also if we can start our own, so that they've got good nutrition, not the teachers who take their lunches and give them lunch (interview 3 p. 6)
- also at the same time it needs a discussion of that but it's because some teachers have ideas that can help others, you need to talk like this, so to get information even from teachers, teachers know better than I know. (Interview 4 p.4)

### **Educators already support community members**

- I feel happy of what I did you know, what we did as a whole, not me alone and the principal like all these ladies. (Interview 1, p3)
- you see and now you have to teach other children what they must do and not to do (referring to educating other learners in classroom on the ways in which HIV in spread trying to minimise stigma (Interview 1 p.3)
- some of the teachers bring fruit for XXX, (Interview 1 p.7)
- I asked her to buy Spirulina so that she can boost her immune system" (Interview 2 p.4)
- Because I use to bring her prayers there, three or four woman would go there and pray for her.(2 p.4)

- it would be very nice for the department to develop another program but also if we can start our own, so that they've got good nutrition, not the teachers who take their lunches and give them lunch (Interview 4 p.4)
- So that they have that little bit of help. I don't know whether it's help or advise, but I used to do that (Interview 2 p.2)
- You see I give help, that's the thing, but if I don't know nothing about those things how can I give help. (Interview 2 p.7)
- I say I will organise a social worker (Interview 2 p.7)
- Now they must come and ask the last child the one looking sick or the one that is talking to his heart the whole day and say with him, "can you call your parents, I want to know if there are problems, because even these learners, you can even identify that the child is not well (Interview 4 p.3)
- suggest "shy don't you have a small garden so that you can plant things" that's good advise because you know that she's going to plant vegetables. (Interview 2 p.8)
- I only help that I give is to give support to them, support, advise but it's not enough for me (Interview 2 p.8)
- I even gave them, some of them the brochure (Interview 3 p.9)

### **Educators feel traumatised by HIV&AIDS in community**

- But what about the other children and it feels a bit little we've got a lot of children here that are infected, and now we are moving here with, we are going to deal with ..., we are going to deal with so much sick, as I told you that if your child is infected or whatever or what .. or a member, you are traumatic too, you feel traumatic, it's a trauma, you live in the trauma (Interview 1. p3)
- that is why it is a trauma even to us, but we are not going to cry, we must be bold, we must be strong for them you see (Interview 1 p.8)
- It is not something that I can take out of my mind and take chances with people's lives (Interview 2 p.8)
- I couldn't take it (Interview 3 p.8) (referring to a friend's disclosure)

### **Educators feel that they should spread/teach the correct information on HIV&AIDS**

- you must know what you must say and not to say you see, the way of teaching them.  
(Interview 1 p.5)
- you know I want to teach them, maybe the community, the parents about the teaching of the community or of the families. I must know the priority topics, you see, not just to talk, you know, the priority topic (Interview 1 p.8)
- you must help them to feel comfortable so that they will be free, so they can be free, encourage them to ask questions and talk (Interview 1 p.8)
- it's not that we are going to teach in the school alone, even the community because we like to call the parents of the infected children here you see (Interview 1 p.8)
- The other thing is education, so that some people had got the right information. (Interview 2 p.3)
- to give them educations, even though they are going to do it, they must say that I did it knowing very well what the risks are. We cannot run away from the importance of it. (Interview 2 p.6) (referring to educating the young learners)
- We are supposed to teach them ..... if you are going to make it as a subject.....it means if you can study at Grade 1, in a school and the subject that will in a long run, I feel there is a low rate of HIV. (Interview 2 p.6)
- if you are positive, in your mind you think positive, and then the better, the longer you can be healthy, but the thing with HIV and Aids, the minute the people they hear that I've got it now, so they turn to negative saying I'm gonna die, that's why others they use the drugs, like you hear in papers they say "I'm not going to die alone" because those feel like they have denial, those infected but they need like some sort of education (Interview 3 p.5)
- so that's why I want for them to know how can they be infected and how they must take care of themselves (Interview 3 p.10)
- if they can be counselled with that thing, and made to understand that death is everywhere (referring to educating community members to use gloves when in contact with blood) (Interview 4 p. 2)

**Educators feel that the community trust them and that they should support the community (they see themselves as asset in community)**

- Because some times they are illiterate, they know nothing, but you know something and when they come to that the teacher knows everything. They've got that trust that if they told the teacher something. But now you feel angry when you cannot help because even now when they come to me, I say I will organise a social worker, well they know that social workers know something about this AIDS, why don't you (interview \* p.\*).

**Educators seems to indicate a sense of urgency with regards to supporting their community**

- But if you say I don't know what they are using, they are talking about nevaropine, it isn't that easy to get. The problem is now. What can she use now. What they need now is what is important, sometimes that is going to help her immune system (Interview 2 p.8)
- It is not something that I can take out of my mind and take chances with people's lives (Interview 2 p.8)
- the thing now, we've got this now..... So the people like us, they need to be educated otherwise they don't know their status, and they don't have that knowledge (Interview 3 p.8)

**Educators indicated that they would transmit the knowledge obtain from an intervention workshop to others**

- I am like this, if I can go to a workshop, even for me to tell them the way I was told, I'm just like that (Interview 2 p.9)
- Then from there we can organise a parent meeting whereby the whole community is gonna be involved (Interview 3 p.7)
- It's worse with these one, they are not educated, besides the unemployment and poverty but they are not educated. So you speak of HIV and Aids you have to explain what is it, how one can get it, how it cannot all that stuff but the next day that thing is gone to most of them so you have to speak it again, it mustn't be a once off thing, it must go on, it must continue, ongoing process. (Interview 3 p.9)

- So there's no problem for me, if I'm workshopped to go back and workshop ..... and what we want is everybody to expand, they should go and then tell others, not only at the school  
(Interview 4 p. 5)

### **Educators indicate a goal of community upliftment**

- But if you can teach that earlier because these kids are going to be a community of the area are going to be the future generation of this area, so they will do better than the present generation.  
(Interview 2 p.9)
- Then from there we can organise a parent meeting whereby the whole community is gonna be involved (Interview 3 p.7)
- Meaning if we can go from door to door here, maybe about this community, or 30% of the infected (Interview 3 p.9) (referring to the educating people to disclose so that they can get help)

Educators build relationship with parent to support the family and the learners

for an example, there is this boy, I don't like that child, in fact not that I don't like him, I don't like the way he is and the manner in which his is dirty always, to come to him because even if he wants to go and take a walk and say your son is a nice boy and change the mother thinking to take better care of him it is then that the mother will start to talk, I think so (Interview 4 p.3) (reaching out to the parents in order to support learner and family)

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## Cut-and-paste analysis of focus group discussion

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### **Confidence Gained**

- it has give us confidence (participant 1, p. 2)
- if feel very,.....very confident (participant 5, p. 2)
- now I feel very much confident (participant 6 p. 2)
- now we are not afraid, to assist anyone how come and disclose(participant 7 p. 4)
- We are confident. We are confident of saying it (participant 7 p.4)
- stand firm on our feet and be sure (participant 8 p. 6)
- there are cases that we will be able to face alone. We are really confident of everything (participant 3, p.8)
- Now I am sure what to say what to ask or what to do when the thing comes (participant 3, p.8)

### **Seems that they were uncertain of there abilities before workshop – now affirmed**

- before we where not sure if we are doing the right thing..... Now we know we were on the right track (participant 1, p. 2)
- More confident. I know what I am doing is right (participant 6, p. 3)
- not being sure if I am right or not. Now I am sure (participant 3, p.8)

### **How do they view workshop – describing workshop**

- Now we have shared a lot of information (participant 1, p.2)
- What you know is what I know and then I add more on what I have on what you have (participant 5, p. 2)
- Because If I haven't met you I should have not been as far as I am by knowing what HIV and AIDS is (participant 6, p.3)
- Whilst I gain something form you. So I met somebody how is taking the help with me myself (participant 6, p.3)

- because I was in a mind that you people are going to tell us. But I found it out that we are actively involved. (Uhm...uhm ..agreement I background). It is our thing it is you people together with us (participant 8, p.6)
- you added, there where things that I didn't know but I know now you have add. What you have done is just like a stamp on an envelope, to let it go.
- you have added bit here and there (participant 8, p.6)
- But now since you have came, we have found out that, there are many things that we know but we didn't know that we know them then. But now we are sure that we know them (participant 1, p. 7)
- She said that you are going to workshop us. Surely everything should come from you and then we are capacitated. I expected that is what you are here for, but up to now we know a lot and we can do everything possible (participant 1, p.7)
- and just the way you conduct the workshop, you make us feel free, you know. Your workshop is not that much, it is not that much, it is not heavy we are free (participant 5, p 10)
- sorry the thing that you taught badly was the thing that it helped us to be good. Because when you came here like .....said we thought that we are going to be passive. But it didn't happen like that. The thing you taught us is that what you are living the everyday living. That is what is with us, so you get something from us and that is where you found out that these people know everything. So let us make them sure that they are on the right track. Now that it is over we see that It is 10% from you and 90% from us because we are living in this community and we know everything. We thought that we know nothing. So you take something you see knowing that you've got treasure. But we didn't know that we have treasure (participant 6, p.10)

### **Validation of their knowledge occurred**

- Because what I know is what you know ( participant 5, p.2)
- I think there is no point in even for workshops because we said, we need to have workshops as a staff. But we can, we can conduct workshops (participant 7, p. 5)
- But before you came really we didn't know that we know so much (participant
- there are many things that you know, bit we didn't know that we know them (participant 1, p.7)



### **Reaching out to wider community**

- I like most is.. Because I like to be involved in helping the community and other people. As a result by you coming here, I have been involved in many things and I have been exposed to many situations. Some of the situations I was able to help (participant 6 p. 3)
- A lot of people how have gained something form me (participant 6, p.2)
- **Parents**
  - I can stand up and say to the parents this is right, this is not right (participant 6, p. 3)
- **Reaching other teachers**

you know what we are going to help other teachers. because you see, we know a lot, we know a lot. And today we know that we know a lot. And we are going to tell others( participant 5, p.9)
- **Feels group stand together & positive affect**
  - you know that soon we are going to sing the same song (participant 7, p.4)
  - It has made me and I can say us, stand firm on our feet and be sure (participant 8, p.6)
  - I am very happy (participant 3, p.8)
  - we can do everything possible
- **Feels their Role has expanded in community**
  - What I was thinking was the question of HIV and AIDS that was also for social workers and nurses not for us as teachers. but since you came here you have given us the assurance that we are also social workers and we are also nurses (participant 7, p.4)

### **Sees facilitator as asset**

- and we know now where to refer to. Because if we sometimes have a problem, we are free to phone you and ask you what can we do (participant 1, p.3)
- So,.for you coming here, as I have said the other day it is very much fortunate for us to have some people like you. We are confident (participant 8, p.3)

### **Ownership partnership and collaboration**

- It is our thing it is you people together with us (participant 8, p.3)
- you know that soon we are going to sing the same song (participant 7, p.4)

### **Addressed their own insecurities surrounding AIDS**

- gives us motivation to open even to ourselves of the HIV/AIDS you see. (uhm..uhm in the background) (participant 1, p.7)

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## Appendix L

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Faculty of Education Research Committee guidelines  
and ethical clearance

## ETHICS AND RESEARCH STATEMENT

### FACULTY OF EDUCATION UNIVERSITY OF PRETORIA

While research has produced many positive social and educational outcomes, it has also raised disturbing questions about the conduct of researchers with respect to ethics, values and community. The purpose of ethical review, therefore, is to ensure that human respondents participate in research freely and without unreasonable risk. Where there is some degree of risk, the process of ethical review has to ensure that the potential benefits outweigh the risk and that the participation of human respondents enjoys the full and informed consent of these respondents.

The broader goals of the ethical review of research proposals in the Faculty of Education are the following:

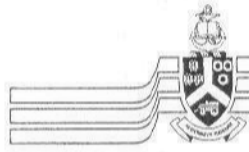
1. to develop among students and researchers a high standard of ethics and ethical practice in the conceptualisation and conduct of educational research.
2. to cultivate an ethical consciousness among scholars especially in research involving human respondents.
3. to promote among researchers a respect for the human rights and dignity of human respondents in the research process.

The ethical review process is guided by the following principles common to research involving human respondents:

1. the principle of *voluntary participation* in research, implying that the participants might withdraw from the research at any time.
2. the principle of *informed consent*, meaning that research participants must at all times be fully informed about the research process and purposes, and must give consent to their participation in the research.
3. the principle of *safety in participation*; put differently, that the human respondents must not be placed at risk or harm of any kind e.g., research with young children.
4. the principle of *privacy*, meaning that the *confidentiality* and *anonymity* of human respondents must be protected at all times.
5. the principle of *trust*, which implies that human respondents will not be respondent to any acts of deception or betrayal in the research process or its published outcomes.

The process of ethical review is not intended to add bureaucratic burden to the research process. Rather, this process is intended to protect the researcher as well as the participating human respondents. At a higher level, the process is also intended to elevate the quality of research in the Faculty of Education—where research is conceived not simply as a set of techniques, but as a well-considered, ethically grounded process that builds values such as trust, respect, empathy and dignity among both the researcher and

the researched. In such a process, participants are treated as authentic “respondents” in the research endeavour and not simply as “objects” to be studied.



UNIVERSITY OF PRETORIA  
FACULTY OF EDUCATION  
RESEARCH ETHICS COMMITTEE

**CLEARANCE CERTIFICATE**

**DEGREE AND PROJECT**

**INVESTIGATOR(S)**

**DEPARTMENT**

**DATE CONSIDERED**

**DECISION OF THE COMMITTEE**

**CLEARANCE NUMBER : EP06/06/01**

M.Ed Educational Psychology

Exploring enablement of educators by raising awareness of asset-based trends in coping with HIV/AIDS

Viona Odendaal

Educational Psychology

1 June 2006

APPROVED

*This ethical clearance is valid for 2 years from the date of consideration and may be renewed upon application*

**CHAIRPERSON OF ETHICS  
COMMITTEE**

Dr C Lubbe

**DATE**

1 June 2006

**CC**

Ms Ronél Ferreira  
Dr Liesel Ebersöhn  
Mrs Jeannie Beukes

This ethical clearance certificate is issued subject to the following conditions:

1. A signed personal declaration of responsibility
2. If the research question changes significantly so as to alter the nature of the study, a new application for ethical clearance must be submitted
3. It remains the students' responsibility to ensure that all the necessary forms for informed consent are kept for future queries.

Please quote the clearance number in all enquiries.

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## Appendix M

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Permission to do research and informed consent  
letters

Mr. XXXX

The Principal: XXXX Primary School

XXXX Street

XXXX Township

Port Elizabeth

6001

Department of Educational Psychology

University of Pretoria

Dear Mr, XXXX

### **REQUEST TO CONDUCT RESEARCH AT XXXX PRIMARY SCHOOL**

I am a Master's student at the University of Pretoria. I am currently conducting a research study on enablement of educators to support communities in coping with HIV/AIDS. The aim of my study is to develop and present a HIV/AIDS workshop to educators in order to support them to become more confident, empowered and feel enabled when coping with HIV/AIDS in the community.

The aim of my study is to develop and present an asset-based HIV/AIDS workshop for educators. For this purpose, I have selected your community as participant in the study. The study will take place during 2004.

For this purpose, I kindly request your permission to conduct discussions and workshops with for selected staff members of your school. All information provided will be treated confidentially and anonymously. Any participant will also be free to withdraw from the project at any stage should he/ she wish to do so.

If you are willing to assist me, please complete the form attached and return it to me.

Kind regards

-----  
Viona Odendaal  
Tel : 082 741 2088



## PERMISSION TO CONDUCT RESEARCH AT XXX PRIMARY SCHOOL

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Dear Ms Viona Fourie

Having read the letter attached, I hereby grant / ~~do not grant~~ you permission to do research at XXX Primary School, by conducting workshops and facilitating discussions with some of the staff members at my school.

Signature



Date

17-02-2004

## REQUEST FOR INFORMED CONSENT

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17 February 2004

Dear Sir/Madam

I am a Masters student at the University of Pretoria. I am undertaking a research study on sustainable HIV/AIDS training for educators. The aim of my study is to develop and implement a HIV/AIDS training program for educators in order to enable them to support the community in coping with HIV/AIDS.

Data collection for the study will be done through a process of semi-structured interviews, as well as one or two workshops. I kindly request your assistance, by participating in these discussions and workshops, that will take place during February, March and April of 2004. The identities of the participants and the information obtained during the project will be dealt with confidentially and anonymously. Participants are also free to withdraw from the study at any time.

If you are willing to participate in the discussions and workshops, please complete the bottom section of this page.

Thank you  
Viona Odendaal

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I understand the above and undertake to participate in the discussions and workshops that will be held during the next few months. I understand that all information will be treated confidentially and that I may withdraw from the study at any stage.

20/02/04  
DATE

  
SIGNATURE

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## Appendix N

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Face-to-face interview protocol

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## Interview protocol

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- ④ Where do you get HIV&AIDS information from?
- ④ If people come and disclose their HIV positive status or if you suspect someone is infected with HIV, what have you done in the past?
- ④ Do you think it is necessary for teachers to have training on HIV&AIDS and how to support their community?
- ④ If you attend an HIV&AIDS session what kind of information would you like to talk about?
- ④ Which format do you think such an HIV&AIDS session should take on, a discussion, a workshop or what do you think?
- ④ When you receive HIV&AIDS training, what kind of exercises would you like to practice?