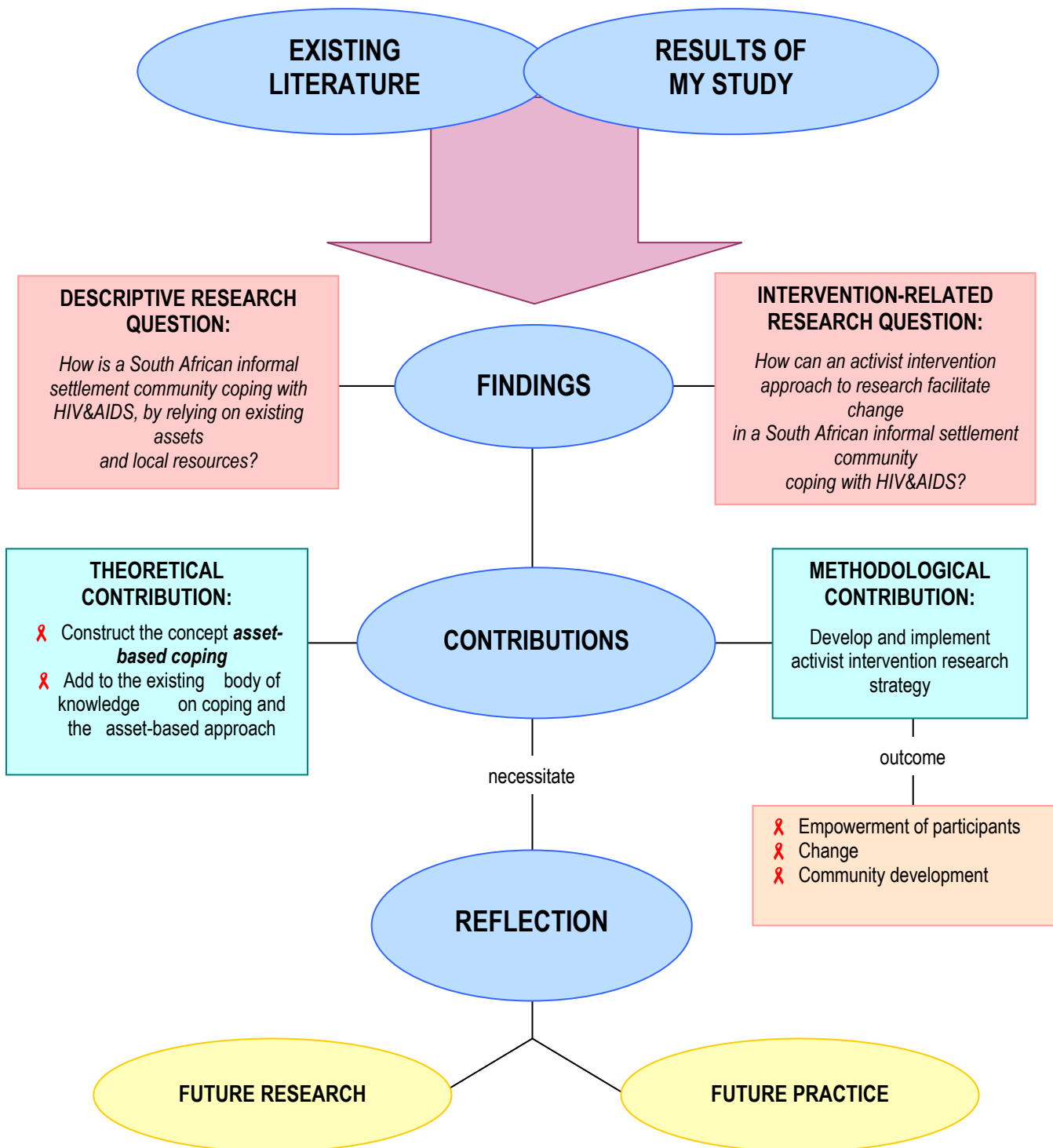


**CHAPTER 6:
CONCLUDING THE JOURNEY AND
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CHAPTER 6 AT A GLANCE



6.1 INTRODUCTION

In chapter five I presented the findings of my study in terms of existing literature on HIV&AIDS, coping theory and the asset-based approach. In this chapter I provide a summary in respect of chapters one to five, followed by a final synopsis of my findings and conclusions in terms of my research questions, as formulated in chapter one. I present these conclusions in accordance with my secondary research questions, thereby indirectly addressing the following central research questions that guided me throughout my study:

- ⌘ ***How is a South African informal settlement community coping with HIV&AIDS, by relying on existing assets and local resources?*** [Descriptive research question]
- ⌘ ***How can an activist intervention approach to research facilitate change in a South African informal settlement community coping with HIV&AIDS?*** [Intervention-related research question]

After final discussions of my findings in terms of my secondary research questions, I provide concluding reflections on the contributions, strengths and challenges of my study, as well as a reflection on my own qualifications and preparedness in entering the research field. I conclude the thesis by presenting the outcomes of my study, followed by recommendations for future research and practice.

6.2 OVERVIEW OF THE PRECEDING CHAPTERS

Chapter one focused on ***setting the stage*** for my study. I introduced my area of interest and explained my rationale for undertaking the study. I related my decision to work within the context of HIV&AIDS to the relevance and need for research in the area of *HIV&AIDS*, as well as my concern as to how communities are coping with the challenges implied by the pandemic. I justified my decision to focus on *coping* in terms of the reality that communities facing the challenges associated with HIV&AIDS are required to respond to them in an appropriate manner, in order to

enhance their own well-being. Finally, I linked my decision to rely on the *asset-based approach* to its focus on strengths and abilities within individuals, groups and communities, thereby implying that effective coping with HIV&AIDS is situated within communities at ground level – being a philosophy that I support.

Based on the introductory orientation and discussion of the rationale of my study, I stated the purpose of my study and formulated my research questions, which are twofold. My first purpose and central research question is descriptive in nature, and focused on exploring the manner in which a South African informal settlement community is coping with HIV&AIDS, by relying on existing assets and local resources. My second purpose and central research question concerns the outcome of the activist intervention approach to research I employed, exploring changes that might be facilitated by this approach (thereby methodological and intervention-related in nature). After formulating my research questions, I briefly introduced the contribution of my study and identified the assumptions with which I approached the study. I clarified key concepts, stated the paradigmatic perspective with which I approached my study and provided a brief overview of my research design, methodological choices, ethical considerations and quality criteria. I concluded chapter one by providing an overview of the thesis in terms of its six chapters.

In ***chapter two*** I ***explored existing literature as background to my study*** and presented my conceptual framework. I firstly examined existing literature on HIV&AIDS, in order to provide the contextual backdrop of my study. After presenting the extent and impact of the pandemic, situating it within the South African context, I focused my discussion on potential challenges and stressors implied by HIV&AIDS. I included discussions on the challenges faced by individuals living with HIV&AIDS, as well as by others caring for and supporting people living with HIV&AIDS. I concluded my discussion on HIV&AIDS by current responses to the pandemic, highlighting the importance of continuous research, especially focusing on the outcome of interventions and programmes that are currently provided in communities.

In the second part of chapter two, I explored existing literature on coping. I referred to a few selected theories on coping, which seemed to be relevant to the focus of my study. Next, I discussed community-based coping, relating it to my focus in terms of

a discussion on community-based coping with HIV&AIDS. I highlighted empowerment as central activist concept to community-based coping. In exploring existing literature on coping, I became aware of the possibility that my study might add to existing literature on coping within the context of HIV&AIDS, in terms of specific coping strategies that might be employed by community members facing the challenges implied by the pandemic. I continued by exploring existing literature on the asset-based approach, which I found to be emerging in nature. After situating the asset-based approach as alternative to the needs-based approach I discussed the asset-based approach in terms of its core principles, main components and potential advantages. During my literature study I posited that my study might contribute to the existing knowledge base on the asset-based approach, in terms of its potential application value when coping with HIV&AIDS.

Chapter three includes my discussions and justification of the choices I made in **designing and conducting research in the field**. Based on my integration of the theory on the asset-based approach with PRA principles, I followed an activist intervention approach to research – doing intervention *via* research and research *via* intervention. I employed a case study design applying PRA principles and utilised intervention (focus groups/workshops), individual interviews, observation, a field journal and visual data as data collection and documentation procedures. After justifying my choices in terms of my research questions and purpose of my study, I described the manner in which I conducted thematic data analysis and interpretation. Next, I summarised the strengths of my selected methodology, followed by a discussion on the challenges I faced, as well as the manners I employed in an attempt to address these barriers. I concluded chapter three with detailed discussions on the ethical guidelines I adhered to whilst in the research field and the manner in which I strived to enhance the quality of my research, in terms of qualitative quality criteria.

In **chapter four** I **reported on the results** I obtained during my study. As an introduction, I described my research process in terms of the seven main phases of my study. This was followed by my presentation of the results I had obtained, in terms of the themes and sub-themes that emerged during data analysis. The four main themes that emerged relate to the challenges and stressors experienced by

community members within the context of HIV&AIDS, assets available in the community that might be relied on in coping with HIV&AIDS, existing coping strategies employed by community members in coping with HIV&AIDS, and outcomes of the activist intervention research approach I followed in relation to employing the asset-based approach in coping with HIV&AIDS. In presenting my results, I included verbatim quotations, as well as references to the visual data, field notes and reflections included in the various appendices.

After presenting the results I obtained in chapter four, I interpreted them in terms of my conceptual framework (included in chapter two) and presented them as findings in *chapter five*. I ***related my research findings to existing literature***, by comparing and integrating my results in terms of the knowledge base existing on HIV&AIDS, the theory of coping and the asset-based approach. I emphasised correlations and also highlighted contradictions between the results I obtained and those reflected in available literature. In the case of contradictions I aimed to provide possible explanations for such differences.

6.3 CONCLUSIONS IN TERMS OF MY RESEARCH QUESTIONS

I henceforth provide final conclusions on my findings, by relating them to my secondary research questions. By providing discussions in terms of the secondary research questions, I also indirectly address my central research questions. Section 6.4 includes reflections in terms of my primary research questions.

6.3.1 SECONDARY QUESTION 1: *WHAT ARE THE PERCEPTIONS OF A SOUTH AFRICAN INFORMAL SETTLEMENT COMMUNITY WITH RELATION TO COPING WITH HIV&AIDS?*

Within the context of the community where I conducted my study, coping with HIV&AIDS implies, amongst other things, caring for and supporting others living with HIV&AIDS. To the community members of the community where I undertook my study, such care and support entails acceptance of the person living with HIV&AIDS, material support (in the form of food, clothing and other supplements), emotional and

spiritual support. Although I found community members to hold the view that others are supposed to provide advice and information on HIV&AIDS to those living with the disease, the participants in my study indicated insufficient confidence to do so, which they related to their perceived lack of sufficient knowledge on HIV&AIDS-related issues. In addition, participants stated that community members generally do not know how to support others. However, upon further investigation, I found that many community members (participants) do indeed possess basic HIV&AIDS-related knowledge, which might be utilised when supporting other community members living with HIV&AIDS – thereby coping with the pandemic.

Closely related to the need for community members to be informed, participants in my study indicated that a change in attitude is required amongst community members with regard to HIV&AIDS. I found that stigmatisation still strongly prevails in the informal settlement community where I conducted my study, often resulting in community members who are infected with HIV, or who have AIDS, being rejected, discriminated against or morally judged, based on the reported link between HIV&AIDS and at-risk sexual behaviour. According to the participants, stigmatisation might be addressed by attitudinal changes in the community, which might, in turn, address the tendency of those living with HIV&AIDS to deny and not disclose their status. In my study, I found only a few community members displaying positive attitudes with regard to HIV&AIDS and other community members living with the disease. In selected cases, community members living with HIV&AIDS who decided to disclose their status, appeared to maintain a positive attitude in their daily lives, informing other community members and setting an example.

In spite of the finding that community members (participants) regarded care and support to others living with HIV&AIDS as important within the context of the community where I conducted my study, I found myths and misconceptions to be preventative factors for community members providing such support to others. In addition, a hesitancy to support other community members living with HIV&AIDS often seems to be related to stigmatisation – where the people who are supposed to support others stigmatise them, or on the other hand fear being stigmatised themselves by becoming involved with a person living with HIV&AIDS. In selected

cases, community members would avoid supporting others living with HIV&AIDS, in an attempt to protect them and their families from being stigmatised.

In terms of the support needed by people living with HIV&AIDS, community members of the community where I conducted my study indicated a need for more efficient counselling services within the community. Besides the participants' perception that the individuals living with HIV&AIDS are in need of counselling, they emphasised the importance of counselling to the families of those living with HIV&AIDS. In addition, a need was identified for counselling services for children infected with and affected by HIV&AIDS, as well as for community members supporting others on a regular basis, such as the educators that established the support service in the community.

6.3.2 SECONDARY QUESTION 2: *WITH WHICH CHALLENGES DOES A SOUTH AFRICAN INFORMAL SETTLEMENT COMMUNITY HAVE TO COPE, WITH SPECIFIC REFERENCE TO THE HIV&AIDS PANDEMIC?*

In my study I found individuals, families and the community at large to experience vulnerability on a personal, physical, social and cultural level. Upon finding out about an HIV positive status (of oneself, a friend, relative or other acquaintance), community members typically experience feelings like anger, shock, fear and helplessness, leaving them vulnerable. Instead of addressing such feelings, the findings of my study indicate that community members often avoid talking about HIV&AIDS or dealing with the feelings they experience, adding to their personal vulnerability. In this manner, silences and avoidance behaviour result in them denying themselves (especially those who are living with HIV&AIDS) the possibility of obtaining care and support. Closely related, community members indicated the tendency to avoid testing their HIV status, thereby also preventing themselves from possibly accessing treatment, care and support they might need. On the other hand, by denying their status and/or illness, people living with HIV&AIDS protect themselves from the possibility of being stigmatised, rejected or discriminated against. As such, they shift their focus away from the possibility of living with an incurable disease (with the implied possibility of dying) towards a focus on living their daily lives.

I found stigmatisation and discrimination to be prevailing realities within the community where I conducted my study, resulting in said denial of an HIV positive status and the lack of disclosure, thereby further intensifying the vulnerability of community members. Denial and the tendency not to disclose were related to the fear of being isolated, rejected or avoided. In this manner, some of the initial coping strategies employed by society in coping with individuals living with HIV&AIDS (such as rejection, discrimination and avoidance) reinforce some of the initial coping strategies (or rather defence mechanisms) employed by those living with HIV&AIDS (like withdrawal, isolation, denial and non-disclosure), and *vice versa*. Thus, in an ironic way, initial stages and manners of coping (which is supposedly a positive action) might add to the vulnerability of community members living with HIV&AIDS (having a negative adverse effect).

I further found that participants related the lack of being informed on HIV&AIDS-related issues to the tendency of avoiding, rejecting and discriminating against community members living with HIV&AIDS, due to the fear of being personally infected when caring for or supporting others who are infected. As such, myths and misconceptions related to the transmission of HIV, as well as the possibility of being rejected and even harmed by others upon disclosing ones status, often result in individuals keeping their HIV positive status a secret. In the case of individuals indeed deciding to disclose their status, such disclosure is usually done within the safe environment of the family or selected friends, or alternatively to social and/or medical workers, in order to obtain treatment, care and support, as well as access to the disability grant.

In addition to the negative impact of stigmatisation and discrimination, I found that community challenges like poverty, unemployment and at-risk sexual behaviour (sometimes employed in reaction to and in an attempt to combat poverty and meet basic needs) further intensify the vulnerability of the community. Poverty inevitably leads to individuals experiencing the need for nutritious food and medical care, but often not being in the position to afford it, or have access to the resources that might provide in such needs. Other social challenges that might negatively impact on vulnerability, as experienced by the selected community, include teenage pregnancies, alcoholism, domestic violence and child abuse, child neglect, crime,

substance abuse and early school drop-outs. Within the specific geographical lay-out of the community where I conducted my study, the adjoining salt lake was identified as a challenge, based on the health-related threats it implies. As such, I found the members of the community where I conducted my study as experiencing challenges on a daily basis – constituting their social reality. These challenges necessitate community-based responses, as the possibility of receiving outside help in overcoming the challenges they face seems rare and poses yet another challenge to the community, requiring of it to cope with the assets and resources available in the immediate community.

Within the context of HIV&AIDS, the members of the community where I conducted my study, face the potential challenge of firstly accepting and coping with their own HIV positive status. In addition, I found that community members increasingly have to cope with other community members being HIV positive or having AIDS, by advising and supporting them. Closely related to this challenge, the community (often the educators, school and family members) has to cope with vulnerable children being orphaned due to the HIV&AIDS-related death of their parents, or being infected with HIV themselves. In the case of the latter, educators further have to cope with the challenge of sensitively guiding other learners in the school on how to cope with fellow learners who become ill or seem to be tired.

Another challenge (yet also an asset with regard to community-based coping – refer to section 6.3.3) I found to be prevalent within the informal settlement community where I conducted my study, relates to the basic beliefs and common practices embedded in the Xhosa culture, which seem to add to the vulnerability of community members. Based on the acceptance of men being involved in multiple sexual relationships and the patriarchal position held by Xhosa men over women, the married women of the community seldom insist on safe sex practices, thereby adding to their vulnerability. Furthermore, participants linked the hesitancy to disclose to their culture, preventing people living with HIV&AIDS from accessing treatment, care and support. In addition, the hesitancy of Xhosa people to provide guidance in respect of sexual behaviour and its possible consequences to their children (as practiced within the selected community) might further contribute to at-risk sexual behaviour and people (children) being ill-informed.

Finally, accessing the resources that are indeed available to community members and that might assist them in coping with the challenges they face, was perceived as yet another challenge faced by the particular community. For example, due to a lack of money, community members of the informal settlement community where I conducted my study, often do not have the means to pay for transport to the provincial hospital or nearest clinic. This lack of financial resources occasionally results in people dying within the vicinity of a hospital, because they are too weak to walk there and not able to afford transport or make a telephone call. In addition, social and health services appear to be limited in the selected community, thereby also negatively impacting on the community's access to care and support. Despite the Departments of Health and Social Development, faith-based organisations and NGOs apparently involved in the community, I found only one social worker to be stationed in the community on a permanent basis at the time of my study. This results in the challenge of one person having to provide crisis intervention to the whole community, with no time left for home visits or specific counselling within the context of HIV&AIDS. Although other social workers appeared to be available for providing services in the community, community members had to contact or visit them in order to obtain their services, which, as stated above, in itself poses a challenge. With regard to the possibility of government grants being accessed as a way of financial support to individuals/families, community members often seemed to be uncertain about the procedures to employ in applying for the grants, thereby preventing them from accessing a potential financial resource.

6.3.3 SECONDARY QUESTION 3: *HOW DOES A SOUTH AFRICAN INFORMAL SETTLEMENT COMMUNITY CURRENTLY COPE WITH HIV&AIDS?*

One of the potential contributions of my study relates to the possibility of my findings adding to the existing knowledge base on coping. I found that the community members of the informal settlement community where I conducted my study rely on a range of local resources and employ various strategies, in coping with the challenges they face (as described in the preceding paragraph). As such, I found that the selected community relies on community-based coping in coping with HIV&AIDS. Various assets and resources related to community members, institutions and organisations could be identified, for the community to rely upon in coping with the

challenges implied by the pandemic. On an individual level, family members, friends, neighbours, other community members and the local support group are regarded as the primary source of support to people living with HIV&AIDS and in helping them cope with the challenges they face. In coping with children who have been orphaned due to HIV&AIDS, I found that grandparents and aunts primarily fulfil the role of caregivers. They are usually supported by other family members and neighbours.

In my study emphasis was therefore placed on the supportive role of the extended family, with specific reference to the support provided by women. Besides the socialised tendency of women in general to nurture and care, I further relate the focus on women as caring agents to the culture of the particular community, as the Xhosa culture is also characterised by distinct role differentiation within the family, with women fulfilling the caring and supportive role. As such, I found family and culture to be core concepts in the selected community's way of coping with HIV&AIDS, despite my finding on culture potentially contributing to the challenges individuals face (refer to section 6.3.2). As such, I categorise culture as fulfilling a paradoxical role in the lives of the community members of the selected informal settlement community. On the one hand, it adds to the vulnerability of community members, yet, on the other hand, the *ubuntu* principle of the Xhosa (African) culture directly relates to community members supporting others in need, enabling them to better cope with, for example, HIV&AIDS. Furthermore, I sense some irony in the fact that the women of the selected community appear to be more vulnerable due to the submissive role of women within the Xhosa culture, yet they are the ones fulfilling the primary responsibility in supporting and caring for others.

Other core components of community-based coping, as identified during my study and employed in the selected community, include faith in God, religiosity and prayer. This can be related to inner strength, hope, optimism and expectancy, also often relied upon by community members in coping with their own HIV positive status or that of a relative or friend. Some practical actions identified by the participants in my study as ways of coping with HIV&AIDS include gaining information, changing lifestyle, following a healthy diet and maintaining a positive approach to life.

With regard to assets and resources related to local institutions and organisations, I found that local schools, principals and educators fulfil a significant role in helping community members cope with the challenges they face, based on both the services they provide and the positive attitude of the staff. At the school where I conducted my study, for example, vulnerable learners and their families are supported in terms of food, emotional support, home visits, references to the Department of Social Development and advice on how to access government grants.

My decision to involve educators at a selected school as participants in the intervention research I employed might be related to my findings highlighting the importance of schools and educators. Upon reflection, I wonder to what extent this theme would have emerged in the case of me entering the community through a NGO, faith-based organisation or hospital, involving participants from another context in PRA activities. However, in addition to schools and the university close to the community being identified as important components of community-based coping responses to HIV&AIDS, the community care centre in the adjoining community, the provincial hospital and hospital for tuberculosis in the area, hospice for children (although quite a distance from the centre of the community), community clinics, doctors, nurses and other health and social services seemingly assist community members in addressing the challenges they face.

In addition, several NGOs (with ATICC being the most prominent) and faith-based organisations (with the ACVV being prominent) were identified as assets to the selected community. Although the findings of my study indicate that most of these institutions were not actively involved in the specific community I selected at the time of my study, their involvement in communities in the close vicinity implied the potential of them also providing services like training, counselling and material support in the community where I conducted my field work. With regard to churches, participants indicated ambivalent feelings as to whether or not the church and church ministers might be relied upon in coping with HIV&AIDS-related challenges. On the one hand, my findings indicate that the churches and ministers of the community seem willing to assist those in need of support, yet on the other hand, community members indicated the perception that the context of HIV&AIDS sometimes results in the church judging individuals as being immoral. As such, the majority of the

community where I conducted my study do not appear to rely on the support of the church in coping with HIV&AIDS.

The negotiation skills of key role-players in the selected community further turned out to be an asset to the community, as it might unlock opportunities for individual members of the community. Other sources that might be relied upon in coping with the challenges implied by HIV&AIDS include the media, meetings of political parties, community-based groups (such as women's or youth groups), as well as the South African government (in terms of government grants, material assistance, providing treatment, care and support, free education and other services alike). Government's decision to provide anti-retroviral medication free of charge to people living with HIV&AIDS is a distinct potential asset, which might be utilised to address the vulnerability of community members living with HIV&AIDS, by providing in their need for treatment against the background of poverty and a lack of financial means to meet this need. However, the fact that the roll-out plan on anti-retroviral treatment is still in the process of being streamlined result in this asset remaining a potential asset to many communities at present.

Finally, the members of the community where I conducted my study displayed an awareness of various potential assets, despite them not always mobilising these assets optimally. For example, the community indicated a distinct awareness of the government disability grant, which, as financial asset, might assist individuals in coping with physical vulnerability. However, community members often indicated that they were not fully aware of how to access the grant. Furthermore, the finding relating to participants' perception that the disability grant occasionally may be abused, might indicate an attempt to combat extreme levels of poverty in the short term, but could potentially add to the vulnerability of the community in the long run, thereby intensifying the challenges already faced by the community.

6.3.4 SECONDARY QUESTION 4: *WHICH ASSET-BASED TRENDS EXIST IN CURRENT WAYS OF COPING WITH HIV&AIDS?*

My study, more specifically the findings on asset-based trends within the context of coping with HIV&AIDS, might contribute to existing literature relating to both coping

theory and the asset-based approach. My finding that the community where I conducted my study was employing community-based coping throughout the course of my study, implies that community members rely on available and local resources within their immediate community to cope with the challenges related to HIV&AIDS. In this manner, community members were already focusing on available assets in addressing life challenges when I entered the community. Relying on assets and strengths further implies the identification of assets and resources (asset mapping), even though it might be completed on a subconscious level.

As my study progressed, community members (participants) identified additional assets and resources that might be relied upon in coping with the challenges associated with HIV&AIDS. Subsequent to my initial intervention, as well as the forthcoming interventions of the study, some of these newly identified potential assets were mobilised by the educator-participants, demonstrating application of the asset-based approach. The fact that the community was internally focused and relationship driven throughout my study, result in me concluding that the community was indeed partially relying on the asset-based approach in coping with HIV&AIDS prior to the inquiry, and increasingly did so as my study progressed and individuals' (participants') awareness of the asset-based approach increased. The fact that no significant external resources (other than the interventions as part of my study) were introduced to the community during the course of my study further confirms the community's implementation of the asset-based approach in coping with HIV&AIDS. Yet, towards the end of the study, individuals' focus changed towards being more aware of potential assets and resources and mobilising them to a fuller extent.

6.3.5 SECONDARY QUESTION 5: *WHICH CHANGES IN COPING PATTERNS MIGHT BE FACILITATED BY EMPLOYING INTERVENTION RESEARCH?*

Based on the findings of my study I may conclude that the community members of the community where I conducted my study were coping with the challenges they faced at the time of my first field visit, by relying on the resources (however limited in nature) available to them. At that time, however, community members (participants) seemed to be unaware of their own abilities and the fact that they were indeed coping. They displayed limited self-confidence and the need to be informed and

trained by outside experts, in order for them to support other members of the community. As my study progressed, participants' levels of self-awareness and self-confidence increased, resulting in them being able to recognise the role they are fulfilling in the community and realising their own coping potential.

By being part of the process of research, actively participating in planning, initiating and evaluating activities and initiatives, participants were empowered. They took agency of the process of enhancing the selected community's coping with HIV&AIDS and enthusiastically steered the process. By being empowered and facilitated to become more actively involved in making a difference in the community, educator-participants successfully identified, planned and initiated three school-based projects, namely a vegetable garden, information centre and support service. The positive outcomes of these projects in turn resulted in feelings of accomplishment and enhanced levels of motivation and pride. As a result, educator-participants experienced their involvement in the intervention research project as rewarding and wore their identifying HIV&AIDS nametags with pride. They also declared their commitment to contribute in supporting the community with regard to coping with HIV&AIDS during the fourth field visit.

By increasing their levels of support to community members in terms of, for example, visiting community members living with HIV&AIDS and supporting them by providing food parcels, emotional and spiritual support, the educator-participants directly enhanced the community's way of coping. In addition, they were able to provide others with information, give them advice and be examples to community members in providing support to others, thereby improving positive coping responses to challenges like HIV&AIDS. In addition, the vegetable garden provided community members with the nutrition needed to cope with illnesses related to HIV&AIDS but were not necessarily always able to afford, prior to the intervention.

By initiating the three school-based projects, educator-participants therefore became involved in community development, thereby facilitating change in the community. As these projects enhanced the community's way of coping with HIV&AIDS as well as due to the educator-participants' levels of empowerment, community members were in turn empowered to better cope with the challenges the community faces. As an

outcome, parents of the school became more involved and experienced higher levels of self-worth. They were also able to, in turn, support others on a more advanced level towards the end of my study.

Employing an activist intervention research approach therefore facilitated change with regard to the selected community's way of coping with the challenge of HIV&AIDS, specifically in terms of community members' increased levels of confidence. As opposed to participants displaying an almost helpless attitude at the start of my study and indicating the need for external support, the educator-participants were aware of their own coping abilities towards the end of the study, as well as of the fact that the community (participants) itself (themselves) holds the key to answering questions and addressing challenges. Despite the tendency of educator-participants to constantly seek more information and new strategies that might be employed in coping with the pandemic, they seemed to cope with more confidence at the time when I completed my field work.

I relate the tendency of educator-participants constantly seeking information and skills to support others, to them being aware of their potential to help others (indicating their reliance on assets, thereby the asset-based approach). In addition, the educator-participants in my study appeared to be faced with the challenge of coping with HIV&AIDS themselves (being it a relative, a friend, a learner or themselves living with the disease). In facing this challenge of coping with HIV&AIDS, the participants were continuously seeking ways to address questions (their own, as well as those posed to them by other community members) and feel more able to cope and support others. In addition, I relate educator-participants' need for knowledge and supporting skills towards the end of my study, to their feelings of empowerment and the awareness that they are in the position, and have the ability, to support others, which developed as the study progressed. As they were able to take agency in coping, they constantly kept on seeking ways to enable themselves to fulfil their responsibility in the community – perceived by them to be one of care and support.

Furthermore, by being involved in the identification of local assets and resources that might not have been utilised yet but might be relied on in future, educator-

participants could actively become involved in utilising such assets. They were able to identify future school/community-based projects towards the end of the study (namely a soup kitchen, community hall and income generation projects), based on their belief in their own abilities and the positive outcomes of the (first) three projects they initiated.

6.3.6 SECONDARY RESEARCH QUESTION 6: *HOW CAN PARTICIPANTS' IMPLEMENTATION OF THE ASSET-BASED APPROACH INFORM COPING WITH HIV&AIDS?*

Participation in the intervention project provided participants with the opportunity to experience and become aware of the asset-based approach. Such awareness of the asset-based approach provided the educators who participated with the necessary background to apply asset-based trends to coping with HIV&AIDS. Although the community was coping with the challenges implied by the pandemic at the outset of my study, participants (community members) seemed to be unaware of their coping successes. Subsequent to the intervention I employed, participants' way of coping and the confidence with which they employed coping strategies changed towards the end of my study.

Against the background of the purpose of my study and the characteristics of the selected community, the school and its educators seemed an apt choice to access the community. As the school and educators involved in my study appeared to be respected as key role-players of the community, they could take the lead and introduce asset-based trends in coping to other community members. Due to the educators seemingly being viewed as role-models, other community members could follow their example in implementing the asset-based approach. As such, the educator-participants' awareness and implementation of the asset-based approach might in future influence other community members to also focus on the mobilisation of potential assets in coping with life's challenges. This is, however, a mere hypothesis, which might be investigated during future research projects.

The manner in which the educator-participants applied the asset-based approach resulted in, amongst other things, the establishment of the vegetable garden, information centre and support service at the school. As an outcome, parents

appeared to become more involved at the school by, for example, being involved in the vegetable garden project as volunteers. In addition, parents of learners displayed an increased willingness to disclose a HIV positive status to selected educators. In the same manner, members of the community tended to more often bring vulnerable children to that particular school. Towards the end of my study these (visible) changes resulted in other educators reportedly indicating the desire to also become involved in the intervention project.

Based on the educator-participants' implementation of the asset-based approach, the community's patterns of coping were thus impacted upon. By actively relying on and mobilising the available assets and resources in the immediate community (thereby employing the asset-based approach), participants (and by implication community members) were enabled to employ *approach coping* and actively respond to the challenges implied by HIV&AIDS, as opposed to relying on *avoidance* or denial as potential ways of coping. As such, implementing the asset-based approach enabled the participants (and other community members) to actively address the challenges they face. Furthermore, by relying on the resources within the immediate community, and greatly depending on other community members in coping with HIV&AIDS, the asset-based approach can also be related to the interdependent-self approach to coping, as actualised within the context of my study.

6.4 FINAL REFLECTIONS

6.4.1 REFLECTING ON POSSIBLE CONTRIBUTIONS OF MY STUDY

I henceforth present the potential contributions of my study in terms of the primary research questions I formulated in chapter one. As such, I firstly refer to potential contributions to the existing base of knowledge on the asset-based approach, with specific reference to coping with HIV&AIDS. Secondly, I discuss potential contributions in terms of research methodology, specifically with regard to my implementation of an activist intervention research approach.

6.4.1.1 Theoretical contribution: *How is a South African informal settlement community coping with HIV&AIDS, by relying on existing assets and local resources?*

In answering my first (descriptive) primary research question, this study adds to the growing body of literature on both the asset-based approach and coping with HIV&AIDS. Within the context of my study, the asset-based approach did indeed provide the necessary theory and background against which I could plan and conduct my study. In addition, the asset-based approach directed the strategies I employed during data collection, thereby guiding my own, as well as the educator-participants', intervention research activities.

Based on my findings of a community redefining their social roles and relying on the assets and resources available in their immediate environment in response to the challenges posed by the HIV&AIDS pandemic I now construct the concept ***asset-based coping***. Although the existing literature on asset-based assessment and asset-based intervention is increasing, the concept of ***asset-based coping*** has not yet been formally introduced. In this manner, I regard the outcome of my study in terms of constructing this concept as innovative in nature, adding to the knowledge base on both coping (within the context of HIV&AIDS) and the asset-based approach.

Asset-based coping anchors the concept of coping within the asset-based approach. Based on the information I obtained during my study, I define ***asset-based coping*** as the ability of a community (or an individual) to deal with one or more life challenges (such as HIV&AIDS), by identifying and mobilising existing assets (such as local resources, skills, knowledge and networks) within the community and amongst other community members, as well as external resources available to the community. As such, I regard ***asset-based coping*** as an active, productive way of coping, which implies agency and taking personal responsibility for effectively responding to life's challenges. ***Asset-based coping*** will inevitably result in enhanced levels of empowerment (in individuals, families, groups or communities), culminating in advanced levels of health and well-being. In this manner, I view ***asset-based coping*** as a positive psychological way of coping, as it emphasises the way

in which individuals, groups and communities enhance their own well-being in facing challenges. Within this framework, I view circumstances as opportunities rather than problems or challenges.

Against the background and reality of the challenges posed by HIV&AIDS, individuals and communities are required to cope with the pandemic. I propose **asset-based coping** as one coping possibility, as many individuals and communities (such as informal settlement communities) face the further challenge of limited external resources and often having to rely on what they have available in their immediate community. By employing **asset-based coping**, communities (individuals and groups) characterised by poverty and limited resources might be enabled to experience some levels of accomplishment and empowerment, thereby possibly compensating (to a certain degree) for often being marginalised.

6.4.1.2 Methodological contribution: *How can an activist intervention approach to research facilitate change in a South African informal settlement community coping with HIV&AIDS?*

Addressing my second (intervention-related) research question highlights the contribution of my study within the field of research methodology. The manner in which I combined research and intervention, by relying on an integration of theory (asset-based approach) and practice (PRA), is unique and innovative in nature. This resulted in the activist intervention research approach I employed, doing research *via* intervention and intervention *via* research.

The manner in which I applied PRA principles within a case study design, resulted in me adding different nuances to qualitative research. I value the high level of participation of the educator-participants as of particular importance. To my mind, the fact that they were actively involved in the planning and progress of the intervention research activities contributed to the positive outcomes of the process. Active participation, together with the fact that they were regarded as research partners and experts, resulted in the educator-participants experiencing feelings of self-worth, as early in the process as by the end of the second intervention session

(first field visit). Subsequently, they took agency of the process at an early stage and enthusiastically participated through the various phases of the study.

Another significant outcome of the activist intervention research approach I employed was the empowerment of the educator-participants. Feelings of being empowered increased their motivation to make a difference in the community, consequently resulting in change. Besides the educator-participants experiencing positive change on a personal level, change was also evident in the community at large. Based on the three school-based projects that the educator-participants initiated (yet another outcome and contribution of the intervention research I facilitated), community development was initiated, indicating positive change on a broader level. In addition, the intervention research activities that the educator-participants participated in, enabled them to extend their own levels of empowerment to the wider community, facilitating positive change amongst individual community members. The extent of the latter deems further investigation.

Furthermore, the fact that PRA has not been widely applied on local ground allowed me to explore the application value of a new and emerging research approach within the South African context, more specifically within the context of an informal settlement community. As such, my study might contribute to the existing knowledge base on PRA, with specific reference to the application of PRA principles within the South African context and within the field of coping with HIV&AIDS. The manner in which I applied PRA principles within the framework of a case study design and against the background of the asset-based approach, further allows for a possible unique contribution within the field of qualitative research.

As an outcome of my study, I developed an activist intervention research strategy, which might be adapted and implemented in similar or other research contexts. The format of the activities allows room for the strategy to be expanded and implemented by researchers, community members or other stakeholders of communities. For example, the possibility exists that the educator-participants involved in my study could apply the intervention research strategy I developed in neighbouring schools, thereby extending the outcome to neighbouring communities in their area, which supposedly face similar challenges and have access to similar resources than the

informal settlement community where I conducted my study. Finally, the outcomes of my study might impact on the development and enhance the effectiveness of future community-based intervention initiatives to be employed in South African communities that have to cope with HIV&AIDS, or any related life challenges, more specifically informal settlement communities.

6.4.1.3 Profession-related contribution: *How might educational psychologists gain from my experiences?*

By describing how a South African informal settlement community is coping with HIV&AIDS by relying on existing assets and local resources, I provided information on the perceptions and ways of doing of community members residing in an informal settlement. As children function within families and on a wider level within communities, this study might assist educational psychologists in gaining some insight into possible ways that children who reside in South African informal settlement communities cope with daily challenges. The findings I obtained in terms of the available assets and local resources could further provide insight with regard to potential resources that communities (children) might rely on in coping with the challenges they face. By relating the asset-based approach to coping, knowledge might be added to the emerging body of knowledge on Positive Psychology, which is increasingly studied and relied upon by practicing educational psychologists.

Secondly, this study could contribute to the existing body of knowledge on the potential role that educational psychologists might fulfil in communities, in terms of potential intervention initiatives. The past few decades have been marked by a shift in the focus of educational psychological practice, moving away from one-on-one intervention towards group work and prevention, which often focus on community involvement. The manner in which I planned and conducted an intervention within an informal settlement community serves as an example of a possible way of facilitating community development and change. Although I approached and intervened primarily as a researcher, the strategies I employed might be adapted and applied as basic intervention or prevention, instead of research. In addition, the way in which I facilitated community members to become involved might serve as an example to educational psychologists who plan community-based projects.

The progress and outcome of my study further highlights the potential role that educators play in the lives of not only the learners in their classrooms, but also of their families and even other community members. My findings highlight the level of support which might be provided in communities by educators. As this study demonstrates that it is possible to facilitate successful collaboration between educators and researchers, the potential value of educators in becoming partners in research and/or intervention initiatives is emphasised. Educational psychologists could successfully collaborate with educators in order to improve the well-being of not only children, but also their family members and other members of their immediate communities.

6.4.2 REFLECTING ON THE GENERAL STRENGTHS OF MY STUDY

I regard the way in which I employed an activist intervention research approach as a source of strength for my study, as it enabled me to simultaneously conduct research and facilitate intervention within a community facing the challenge of coping with HIV&AIDS. Secondly, I regard the central role that reflexivity played in my study as another source of strength. Regular reflective sessions (as part of PRA) facilitated self-analysis, independent discovery, and reflection amongst myself, my co-researchers and the participants, helping us to build self-confidence – me in being an interventionist/researcher, and the participants in being partners in research and agents of change in their community. By involving the educator-participants to such an extent and based on my repeated visits to the field over an extended period of time, we (both the participants and the research team) were enabled to learn more about ourselves and strengthen belief in ourselves and our abilities, whilst being guided to also respect the perspectives of others.

Furthermore, involving the educator-participants as research partners possibly enhanced their levels of motivation and enthusiasm, as they could experience themselves as part of the process and main agents in determining the progress of the process. This probably resulted in them taking agency, owning the process and in turn enhancing the meaningfulness of my findings. The educator-participants' involvement probably motivated them into action, ultimately resulting in the establishment of the three projects at the school. Besides them becoming aware of

their own abilities to support their community in coping with the life-threatening disease of HIV&AIDS, they appeared to have developed a sense of responsibility – not only at school but also in the wider community and even beyond. As a result, they seem to have expanded on their own capacity to initiate coping strategies, by implication facilitating change in the community's initial responses to HIV&AIDS.

My background as scholar and practitioner in the field of Educational Psychology proved to serve as another strength in my study. Based on my training in Educational Psychology, I found it easy to facilitate groups, conduct interviews and allow participants to take the lead and generate solutions. Being schooled in Positive Psychology and the asset-based approach further enabled me to focus on strengths, assets and potential assets fairly easily, within a context which might easily be perceived as disheartening, due to the scarcity of external aid, resources and support. Refer to section 3.4 for a detailed discussion on the strengths of my study related to the methodological choices I made.

6.4.3 REFLECTING ON POTENTIAL LIMITATIONS OF MY STUDY

In this section, I reflect on potential limitations of my study, which might be related to certain general challenges I faced whilst conducting the study. Refer to section 3.5 for detailed discussions on the challenges I experienced, based on the methodological choices I made.

Upon entering the research field as a white, Afrikaans speaking, graduate woman, I experienced distinct challenges. The direct manner in which I experienced my *otherness* whilst doing research in a Xhosa speaking, poverty-stricken and mostly illiterate community, resulted in me identifying with Chambers (2003:xviii), stating: '*I am trapped inside a skin, a separate, fallible, self-centred person. I see and construe things in a personal way, unable to escape being who I am ... Others have other realities and see and construe things differently*'. However, I aimed to address the potential limitation of being influenced into personal and biased findings, by constantly being aware of the likelihood thereof and reflecting, by asking myself: '*Did I hear what the participants tried to tell me? Did I see what they wanted me to see?*'. In addition to a field journal, frequent debriefing sessions with my supervisor and co-

researchers, the firm relationship that I established with the participants, as well as regular reflective sessions with participants (in accordance with the PRA approach) provided me with ample opportunity to clarify issues that I was uncertain about.

Due to the differences in background and languages between the participants and myself, I had to rely on an interpreter for two of the individual interviews. As such, I opened my study for added layers of meanings, interpretations and biases. Although I tried to address this potential limitation by clearly explaining her role to the interpreter prior to the first interpreted interview, I cannot vouch for it that she did not add her own opinion to the contributions made by the interviewees. At times during the interviews the interpreter elaborated on what had been said by the interviewees in her own words, with me being aware that those particular sections reflected her contributions and not necessarily that of the participants. In the result, I could not always be certain that I obtained an understanding of the participants' perceptions. However, as the interpreter I relied on also forms part of the community, her contributions might have added further richness to the data I obtained.

I experienced various challenges in relation to my selection of participants. As I selected the participants purposefully, I faced the possibility of selected participants not reflecting the perceptions of the broader selected community. In addition, some of the participants reside outside the informal settlement community where I conducted my study, leaving me with the uncertainty as to whether they provided me with their perceptions *on* the community (being *outsiders*) or with the perceptions *of* community members (moving towards becoming *insiders*), based on their daily involvement and encounters with community members. In an attempt to obtain balanced insight into the perceptions of the members of the informal settlement community where I conducted my study, I aimed to select participants from various levels of the community. I could, however, have included more participants residing in the community. In addition, I did not conduct an interview with a traditional healer and am therefore relying on the perceptions of others, concerning the role that traditional healers play in the particular community. In the same vein, I only included educators from one school in the community, again leaving me with the uncertainty as to whether or not those educators also reflected the perceptions of educators employed at other schools in the community. I did, however, have an *ad hoc*

conversation with the school principal of the secondary school in the community, gaining insight into his perceptions.

With regard to the selected educator-participants, the fact that all of them are women is yet another potential limitation to my study, as this implies the possibility of biased information. However, the fact that the school principal and several of the other interviewees are men, ought to allow for a balanced view in the data I obtained. Furthermore, the fact that I strongly relied upon the voices and contributions of the educator-participants leads to the question as to whether or not my findings would have been the same, had I more heavily relied upon community members outside the teaching profession. In addition to the potential limitation posed by the composition of the group of educator-participants, I faced the challenge of dealing with dominant speakers in the group, who might have inhibited other participants, by preventing them from voicing their true views. I attempted to guard against this tendency by the manner in which I (we) facilitated group discussions. I consciously aimed to involve each and every participant during discussions and group activities, in order to obtain everybody's standpoints, and constantly be aware of and reflect on the power relations within the group. In addition, my co-researchers and I regularly reflected on the contributions of dominant participants, as well as possible ways of facilitating balanced discussions.

I further faced the challenge of facilitating group discussions and activities on a topic that is sensitive in nature, often stigmatised and avoided during discussions. Being aware of the possibility that participants might not want to reveal information relating to HIV&AIDS prior to entering the research field, I spent much time in establishing rapport and building sound relationships of trust between the participants and myself (and my co-researchers), as well as between the educator-participants themselves. This strategy proved to be effective as the participants shared their views without being overly anxious or hesitant.

Despite my training in the field of Educational Psychology implying certain strengths (refer to the previous section), it also resulted in certain challenges. Due to the sensitive nature of my research topic and the fact that I have been trained to provide therapy to people in emotional distress, I constantly faced the challenge of

distinguishing between interview research and counselling, specifically in the case of interviewees or participants displaying hardship or grief. Although I did create opportunities for debriefing when needed (which I regarded as the ethical thing to do), I strived to overcome this challenge of successfully fulfilling my role as interventionist/researcher, by means of self-awareness and constant self-reflection.

With regard to the intervention research strategy that I developed, I faced the challenge of developing a strategy by relying on limited available literature, based on the emerging nature of both the asset-based approach and PRA. In terms of the application of PRA principles, I had to rely on first hand experience due to the scarceness of completed research on the use of PRA in the South African context (specifically in informal settlement communities), as well as in the field of Educational Psychology. I again relied on reflexivity and regular consultation sessions with my supervisor in order to monitor the progress of my study and make adjustments where needed. Prior to and in preparation of entering the research field, I spent extensive time on reading up on PRA (despite the challenge to obtain sources within South Africa) and also consulted with international researchers.

In applying the activist intervention research approach as I planned it, I had to facilitate the educator-participants to fulfil the role of research partners, actively participating in the process of generating knowledge. Introducing the idea of us (my co-researchers and I) not being present to convey knowledge and guide them (the educator-participants), but to learn from and with them, resulted in initial scepticism. However, based on the positive outcomes of the sessions included in the first field visit, as well as feelings of enablement, participants soon accepted the responsibility for creating solutions and steering the process.

The fact that I did not in this thesis include step by step detailed descriptions of the activities that I used as part of the intervention research strategy that I developed and employed, might be regarded as a limitation, as the possibility of reproducing the strategy within another context is thereby limited. I do, however, believe that I have included sufficient detailed descriptions for other intervention researchers to plan a similar strategy. Closely related, the findings of my study cannot be generalised to other communities. However, I did not aim to obtain generalisable findings, based on

the interpretivist paradigm I selected. On the other hand, my findings might possibly be transferred to communities characterised by similar circumstances, based on the knowledge of such communities (held by a reader of this thesis) and against the background of my detailed descriptions of the research context.

In terms of the literature I studied and relied upon in planning my study and interpreting the results I obtained, a more extensive literature review on community-related theory might have added value to my analysis and interpretations of the data I obtained. Literature on *community work* and *Community Psychology* might, for instance, have provided more insight into the dynamics of relationships amongst community members, as well as between the various role-players and stakeholders implied by the concept *community*. An exploration of the dynamic processes involved between people in relationship to their contexts, assets and facilitators working with them, might also have explained the changes that occurred within the selected informal settlement community. As such, insight might have been gained regarding the potential processes that could have contributed to community members initially being dependent and vulnerable, but later experiencing feelings of empowerment and taking responsibility for change within the community.

In reflecting on the findings I obtained, I realise that I could have provided a more detailed description of my baseline data, by describing in more definite terms how the community was coping with the challenges related to HIV&AIDS prior to the intervention I facilitated. Although I explored this throughout the various sessions and interviews I conducted, a more comprehensive description of the data I obtained could have provided more extensive background against which the changes that occurred might have been read and interpreted.

6.4.4 REFLECTING ON MY QUALIFICATIONS AND PREPARATION FOR UNDERTAKING THE STUDY

According to my view, I was in a good position and well-prepared to conduct this study. Based on my ongoing work in the education sector and as lecturer at a tertiary institution since 1993, I had established an extensive network of educators in and around the Nelson Mandela Metropole by 2002, whom I could approach to assist me

in facilitating the conducted study in an informal settlement community in the region. In addition, I conducted a pilot study in the Eastern Cape during 2001, in the form of focus groups with educators, which provided me with practical experience, baseline data and insights that could help to guide and enhance my research process.

By being a lecturer by profession, as well as a scholar in Educational Psychology, I could approach the study from a perspective that focused on the human aspects of research. I regard such an approach as suitable for conducting research in the area of coping with HIV&AIDS, due to the sensitivity implied by the phenomenon. My experience as lecturer and educational psychologist enabled me to build good rapport with participants without difficulty, thereby opening the field for addressing a sensitive issue.

In reflecting on my own strengths that might have contributed to the facilitation of change, I can draw from strengths related to me as a person, as well as a professional. I believe that my dedication and commitment to become involved in the community and stay involved for as long as necessary might have had a positive impact on the changes that occurred, as I modelled commitment and motivation by regularly making contact and returning to the community. In respecting the participants as experts and research partners, I possibly conveyed the message that they are highly valued, which in turn probably motivated them to stay involved and take action. In addition, I am of the opinion that I displayed the necessary empathy and understanding for the challenges the community faced, allowing me to establish and maintain firm relationships with the participants. Lastly, I relied on my networking abilities in planning and arranging field visits, intervention sessions and interviews.

6.5 OUTCOMES OF MY STUDY

The following outcomes have already been obtained, based on this study:

- ✘ The establishment of a vegetable garden, information centre and support service at the primary school in the informal settlement community where I conducted my study.

- ✂ The identification of a soup kitchen, community hall and income generation projects (like bead work) as potential future community-based initiatives in the selected community.
- ✂ Formal presentations:
 - ▶ Ferreira, R. & Ebersöhn, L. *Exploring the effectiveness and sustainability of asset-based coping with HIV/AIDS infected and affected children*. Paper presentation (as part of a symposium) at the 9th South African Psychology Congress, September 2003.
 - ▶ Ebersöhn, L., Ferreira, R. & Richards, A. *Port Elizabeth Outreach Project*. Presentation at the HIV & AIDS Research and Skills Development Seminar, hosted by BE @ UP, August 2004.
 - ▶ Ebersöhn, L. & Ferreira, R. *Reflecting on educators' use of memory box making in their pastoral role*. Presentation at the EASA Conference 2006, January 2006.
 - ▶ Ebersöhn, L., Ferreira, R. & Blankenship, K. *Teachers' perceptions of a disability grant*. Presentation at the American Educational Research Association (AERA) Conference 2006, San Francisco, April 2006.
- ✂ Article submitted to an academic journal in January 2006 – currently under review: Ebersöhn, L., Ferreira, R. & Blankenship, K.M. *Disability grant in the context of HIV/AIDS: Financial asset and social dilemma*.
- ✂ The activist intervention research strategy I developed is currently in the process of being replicated in three South African communities, with the purpose of doing a comparative study (Loots, M.C. and Olivier, H.). Although the methodology is not reproduced, the intervention I developed is replicated according to the steps I followed. The projects that are already initiated in the two communities are a bead work project and a vegetable garden.

In addition to the outcomes already obtained, I regard the following as further possible outcomes of my study:

- ✂ Publication of the findings of my study in academic and/or professional journals in the form of articles or reports.
- ✂ Informal presentations at academic institutions or meetings.

6.6 RECOMMENDATIONS

Based on the findings of my study, I consequently make recommendations. I include recommendations with regard to further research, practice and future training of educational psychologists.

6.6.1 RECOMMENDATIONS FOR FUTURE RESEARCH

Both PRA and the asset-based approach identify sustainable community development and change as ideal outcomes of community-based intervention research. Based on the positive change and community development that occurred during my study, I recommend that a follow-up study on sustainability be conducted in the informal settlement community in time to come. As the need for ongoing research in the field of HIV&AIDS is continually emphasised, with specific reference to research on the outcome of intervention initiatives, a study on sustainability could add to this area of research. In addition to a study on sustainability, and in accordance with basic PRA principles, I will facilitate a stakeholder discussion and disseminate a report to stakeholders of the community, with regard to the findings of this study.

Closely related to a study on sustainability, a further study might be undertaken in the community, in order to explore the manner in which the asset-based approach is applied within the broader community, expanding on my findings, which mainly relate to the implementation of the asset-based approach by educators, as well as to their perceptions of other community members. In this regard, a study might, for example, focus on the possible establishment of relationships between the participants and the potential assets they identified.

As this study involved an in-depth case study, additional comparative studies might be developed and undertaken to explore whether or not it is predictable when a community is likely to rely on existing internal assets in coping with challenges, and whether or not specific pre-conditions might be related to or associated with such a strategy of relying on existing assets and local resources when faced with

challenges. In the same field of interest, another study might be conducted on potential contexts in which pre-conditions should be present, in the case of a community relying on the asset-based approach when coping with challenges.

In addition, a range of studies might be undertaken focusing on the potential application value of the activist intervention research strategy I developed, within a variety of contexts. The studies by Loots (in progress) and Olivier (in progress) are, for example, exploring the application value of the strategy I developed in both rural and urban South African contexts. In addition, a study might be conducted on the possibility of the educator-participants who participated in my study applying the strategy in neighbouring schools, to monitor educators' capacity as well as the empowerment of neighbouring communities. Based on the findings of such a study, further application by the second group of empowered educators might be explored on a wider national or international level. With regard to the facilitation of change, future studies could also focus on potential catalysts, stimulants or factors other than intervention in the form that I implemented it, which might facilitate community empowerment and change, by implication focusing on the identification and mobilisation of existing assets and local resources.

In the field of coping, a number potential studies can be suggested. Based on the fact that the cultural context in which individuals learn to cope with challenges determines their perception on the definition of *effective coping*, research might be undertaken in order to explore what the community members of the informal settlement community where I conducted my study, perceive to be entailed by the concept of *coping*. Such an investigation could add to the emergence of embedded knowledge in Psychology. Furthermore, a study might be conducted on the manner in which coping relate to religious coping within this particular community. Another area of research might include the differences (or not) in women and men coping with HIV&AIDS within the selected community. I also recommend that studies be conducted on the provision and outcome of anti-retroviral treatment and, subsequently on the impact of anti-retroviral treatment on government grants. Findings on studies of this nature could provide insight into the potential outcome of anti-retroviral treatment. Finally, another study might focus on exploring the perceived (asset-based) use of government grants in relation to combating poverty.

6.6.2 RECOMMENDATIONS FOR PRACTICE

Based on the outcomes of my study, I recommend that the activist intervention research strategy that I developed be applied on a wider scale (as is, or in an adaptive format). As the strategy provides a cost-effective way of providing an HIV&AIDS-related intervention initiative to communities across the range of literacy levels, communities might be empowered in comparable communities. I further propose that such an application on a broader level might be facilitated by institutions like NGOs, or faith-based organisations. As coping with HIV&AIDS is required to be situated within communities within the South African context, application of such an intervention might result in wide-scale empowerment. A written programme guideline might assist in developing such (related) empowerment programmes, providing an example of an innovative community-based strategy for coping with HIV&AIDS.

With regard to the informal settlement community where I conducted my study, I recommend that the NGOs, Department of Social Development and faith-based organisations extend the training, counselling and support services already provided in other communities in the Nelson Mandela Metropole, to the community where I conducted my study. In this manner, the potential services that might be provided by such institutions will be mobilised in support of the community's way of coping. As educator-participants have demonstrated their networking capacity, they may also be able to apply their competencies in order to access the above-mentioned services.

Within the immediate community, I recommend that the participants who were involved in my study informally convey their newly acquired knowledge and skills to community members. In this manner, their own empowerment might be extended to address empowerment in the community, thereby possibly enhancing the community's way of coping with HIV&AIDS.

6.6.3 RECOMMENDATIONS FOR FUTURE TRAINING OF EDUCATIONAL PSYCHOLOGISTS

The findings and outcomes of this study might be utilised during the training of future educational psychologists. Training could firstly include exposure to the intervention and specific strategies I developed and employed, thereby highlighting one possible

way of becoming involved in community work, whilst simultaneously doing research. The intervention I employed may therefore serve as an example of how educational psychologists can collaborate with community members on ground root level, in order to act as agents of change. In the same manner, related interventions might be developed that focus on preventative initiatives.

Secondly, the findings of this study might be relied upon in highlighting the potential role of educators, working in collaboration with educational psychologists. Not only might educators be involved in facilitating intervention and ultimately change amongst learners, their families and within the wider community, they may also be involved in collaborative research projects. As such, this study might serve as an example of a joint project between researchers and educators, providing basic principles that might be employed by educational psychologists in involving others (like educators) during intervention with either individuals or groups of people.

6.7 IN CLOSING

At present, the challenge of coping with HIV&AIDS is relevant – not only on a global, but also on local ground, and in local communities characterised by limited external aid and support. In this study, I explored one possibility of coping with the challenges implied by the pandemic, within the context of a South African informal settlement community.

I determined that the particular community is coping with HIV&AIDS by relying on existing assets and local resources. As such, I related coping to the asset-based approach and constructed the concept *asset-based coping*. In order to facilitate an awareness and application of the asset-based approach amongst participants, I developed an activist intervention research strategy, whereby participants were empowered to employ new approaches to coping, based on their awareness and newly obtained knowledge on the asset-based approach. As an outcome of their involvement and based on their experience as being empowered, the participants could facilitate change and development in the selected community, from a school-based perspective.

My study demonstrates the potential value of focusing on existing resources when facing challenges. Instead of focusing on challenges or experienced problems, findings in my study suggest that a focus on factors and resources that are available and which might be relied upon in coping, may in turn result in positive change and development. I conclude with a statement by Lao Tsu, 700 BC (in Foster, 2001:1), summarising this idea: '*Start with what you know, build with what you have*'.