

**A LIVING THEORY APPROACH TO INVESTIGATING THE NEED
FOR THE ESTABLISHMENT OF A VCT CLINIC IN THE
KINGSWAY INFORMAL SETTLEMENT, EKHURHULENI**

by

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May the gracious Lord bless you all.

DECLARATION

I, Ngwanankwana Deborah Maredi (nee' Napo), hereby declare that this dissertation "A living theory approach to investigating the need for establishing a VCT clinic in the Kingsway informal settlement, Ekurhuleni" is my own unaided work. It is being submitted in partial fulfilment of the requirements for the degree of Master of Arts in Psychology at the University of Pretoria. It has not been submitted before, for any degree at any university or tertiary institution. All the sources that were consulted are duly acknowledged.

N D Maredi

Signed at _____

Signed on the _____ of _____ 2009

ABSTRACT

This study was undertaken in the Kingsway informal settlement, which is situated in Ekurhuleni on the East Rand. This is a poor community as many residents are unemployed and unable to obtain adequate healthcare especially for HIV/AIDS. The perceived high rate of HIV infection, as well as, the apparent high death rate due to AIDS was my major concern. Intervention and help were my main intention. I was motivated to embark on this study to be empowered and informed about treatment processes of HIV/AIDS. The study was intended to use living theory action research to investigate the need for establishing a Voluntary Counselling and Testing (VCT) centre. For action in the real environment a research team was formed from volunteers. The relevant influential persons in the community were consulted and the required permission obtained to embark on the study. This was also to ensure that there was co-operation from community leaders. Proper documents, giving permission, were obtained after formal requests were made. Ethical guidelines were followed in this research. I started by stating my values before the research. During the process I showed how my values were transformed by various activities that were intended to educate me. These changes were indications of my development. At the end of the study I indicated how my initial values were improved or transformed, and what new values I gained.



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CHAPTER 1: INTRODUCTION

1.1 BACKGROUND

The problem of the Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS) has become a global one. It is more prevalent in Africa, and even more so in sub-Saharan Africa (UNAIDS/WHO, 2003). The disease is universally referred to as HIV/AIDS. AIDS has gained the reputation of being "the" killer disease. HIV is a contagious virus, which spreads when the blood of a person with AIDS comes in contact with orifices, cuts or wounds of another person. A person infected by HIV will infect many others if his/her contaminated blood passes to the other persons' blood. All the people who come into contact with one infected person are at the risk of being infected. However, there is currently still no known cure for the disease. The people carrying this virus are expected to acquire AIDS and in fact, HIV is thus far the only scientifically proven cause of AIDS. This occurs generally when the virus is not properly treated or managed. However, even though there is no cure for HIV/AIDS, many people live long quality lives by using anti-retroviral (ARV) treatment. The point is that a number of measures have been designed in an attempt to fight HIV, but there are people in need of them who still have no access to them. In particular, the people who have no proper counselling and information and who are unaware of their status tend to miss out on these opportunities. South Africa is one of the sub-Saharan African countries suffering the swift spread of HIV and has an ever-increasing rate of AIDS deaths (UNAIDS/WHO, 2003). Voluntary Counselling and Testing (VCT) Centres are imperative because they make people aware of their condition and assist those in need of help on issues concerning HIV/AIDS and maintaining good health.

I became interested in making a contribution after observing the suffering of uninformed HIV/AIDS patients in institutions in which I work. I participate in activities of Mafube Care Centre (hereafter referred to as Mafube), which is a non-governmental

organisation (NGO) in Kingsway informal settlement in the East Rand, Gauteng Province in South Africa. The service of Mafube is to look after children during the day as well as being a home-based care facility for bed-ridden patients. I also work on projects initiated by the LoveLife group in Kingsway. These were the basis for my observations and experience that prompted this research. My observation revealed that people in the Kingsway informal settlement were a forgotten community with no voice. I planned to find a way to contribute through change to combat HIV. I am involved in counselling HIV/AIDS infected and affected people at Mafube.

The existence of HIV/AIDS dates back for over 25 years. Historical records show that HIV/AIDS was detected as such in the early 1980s, but the origin of the virus is not known (Link *et al.*, 1997, Mancoske, 1996, UNAIDS/WHO, 2003). Some measures have been initiated to curb the spread of the virus and limit the number of AIDS patients. Meanwhile, the virus continues to spread despite measures that have been designed to contain it. An unacceptably large proportion of people worldwide already have the virus. The resultant AIDS disease accounts for a significant percentage of deaths (Harding *et al.*, 2005, Link *et al.*, 1997, Mancoske, 1996, Schoepf, 2001, Wojcicki & Malala, 1998). Thus, HIV and AIDS are serious global issues. This has prompted the United Nations Acquired Immune Deficiency Syndrome/World Health Organisation (UNAIDS/WHO) and other interested world organisations, to embark on programmes that are aimed at fighting HIV/AIDS.

In Africa, specifically sub-Saharan Africa, AIDS accounts for the highest percentage of deaths. It was reported that by the end of 2003, between 25.0 and 28.2 million adults and children were living with HIV/AIDS (Asamoah-Odei, Garcia-Calleja & Boerma, 2004). It was projected to escalate by more than 25% by 2005 (UNAIDS/WHO, 2003). Furthermore, Africa has the highest number of people living with HIV/AIDS. These sources also confirm that sub-Saharan Africa has the highest percentage of people living with the disease in Africa. Furthermore, AIDS is among the leading causes of death in this region. South Africa is in sub-Saharan Africa, and also one of the areas immensely affected by HIV/AIDS. However, even though the country may have an

HIV/AIDS guideline to deal with the problem, the HIV/AIDS problem can best be addressed at the local level. Hence, this study focuses at a local level at the Kingsway.

This study was intended to investigate if it was feasible to establish a Voluntary Counselling and Testing (VCT) station at Kingsway, and what the requirements were for this if so. It became important to start the process from a learning exercise to empower me to be able to make an informed decision. In this study living theory action research was used to show how my learning experience can be beneficial in addressing the problem of HIV/AIDS in the Kingsway community.

The problem is that the community of Kingsway lacks facilities to deal with HIV/AIDS in a regular, uninterrupted pattern while the devastation caused by the ailment is ongoing. The benefits that can result from the success of this study would mean that the Kingsway community will have access to HIV tests and counselling, and those already diagnosed as HIV positive or as having AIDS can receive appropriate support and care. The Kingsway community continues to suffer even though the new democratic government has promised to look at their plight and intervene where necessary. There have never been initiatives of an academic nature in Kingsway to deal with establishing practical methods to curb the disease. Hence, this study will be an original contribution to enhance this support.

What I have learned in the process

I decided that my platform would be based on advice and guidance of people with whom I shared my frustrations and my intentions of making a contribution. I decided that I should obtain basic information and knowledge regarding issues of HIV/AIDS in the context of this community. The support I obtained helped to enlighten my situation and to acknowledge my own limitations. I decided to use this study as a learning opportunity.

1.2 STUDY CONTEXT

The study is based on an environment that seeks intervention urgently. This area is Kingsway. The location has two sections, one section consists of Reconstruction and Development houses and the other one consists of shack dwellings. Roads, water and sanitation are inadequate for the residents. In Kingsway, the HIV problem seems to be rife (as the councillor indicated), and AIDS is seen to be taking too many lives in Kingsway (Clinic nurses claim). As a result, Kingsway is suffering a continuous assault by HIV/AIDS. If this problem is not addressed soon the results are bound to be disastrous. As a result this action research study was introduced to address the problem. Living theory action research adds value to the research by providing a theory that leads to improving the practice of the practitioners. The solution starts with the practitioner being empowered. Living theory research takes place in the environment in which the problem exists. It does not occur at a distance. This research is undertaken in Kingsway using living theory action research. Kingsway is the environment where the problem was identified or the concerns emerged. Whitehead and McNiff (2006) highlight three important issues that are necessary in order to accomplish a living theory research. Firstly, clarity about the background (HIV/AIDS is rife in Kingsway), reasons (intent to intervene) and purpose of the research (learning exercise) is vital. These can be formalised by formulating the research questions. Secondly, the study context should also be spelled out. For this study the context appears at the opening of this paragraph. Thirdly, the experiences describing the reasoning for the research concerns need also be provided. I have explained these and also indicated that I shared them with my study leader who assisted me in structuring this study.

What I learned

Kingsway HIV/AIDS problem seemed to lack proper intervention. The problem was also growing. I used the opportunity to sketch the research background and to consult relevant parties to assist in my attempt to intervene. This prepared me more adequately for the research process. Section 1.1 outlined the research background. This I did by

providing the reasons and purpose for engaging in this research. I will explain in detail the nature and uses of living theory in Chapter 2. I will then show their application in subsequent chapters. I have already described the Kingsway environment. I have also discussed the AIDS issues confronting this location. I provided these explanations to bestow light on the context of this study. I described my observations to emphasise the research need.

1.3 ANTICIPATED RESEARCH BENEFITS

If this study is successful, an increased number of people of Kingsway will be informed about HIV/AIDS. Through the office of the councillor there will be distribution of pamphlets, campaigns and information sessions for educating the community about HIV/AIDS issues. Also, an appropriate VCT will hopefully be established in Kingsway. The benefit will be the continual availability of a health facility to assist with the pressing HIV/AIDS problems in Kingsway. Educational benefits are also bound to come about. Misconceptions among some locals, such as, that testing for HIV/AIDS leads to HIV infection for the ones without HIV, are expected to be clarified for many local residents. More Kingsway people are expected to test for HIV and then follow appropriate health programmes. A likely outcome is that there will be fewer infections in the area. Increased education in Kingsway about HIV and more residents testing for HIV should lead to more people knowing how to manage HIV. This will probably lead to more Kingsway residents being willing to participate in the struggle against HIV and also in helping to manage the syndrome.

The advice and support I got helped me change the focus of my research. This is consistent with the action research presentations. My understanding of the benefits emphasised my desire and intentions to improve my knowledge about HIV/AIDS. It also highlighted that research with clear benefits to the community is essential. Thus, the anticipation of the study's benefits became important in elevating the standard of this research which in turn optimised the advantages (Whitehead & McNiff, 2006).

Furthermore, the positive contribution made by someone more experienced than me became evident. The quality of the work was enriched by the expert knowledge and experience of my study supervisor. The contribution he made ensured that the guidelines of the institution were adhered to, and that the benefits that were anticipated at the beginning were achieved. He ensured that I was focused, which was something I appreciated throughout the research process. It is therefore necessary that enough time and resources were allocated at the earliest stage of the research because a good foundation leads to good results.

1.4 MY INITIAL UNDERSTANDING OF THE HIV/AIDS ISSUES

In the years 1998 to 2001, when I witnessed many funerals of people rumoured to have died of AIDS, I started reading about HIV/AIDS. From there I gained the knowledge that blood is the common carrier of the HI virus that is, the blood of an infected person contains the highest concentration of the virus. Unprotected sexual activity, mother-to-child infection and sharing of instruments such as needles are some of the known methods of HIV transmission. There are also mistaken beliefs, such as kissing and shaking hands with a person infected with AIDS can transmit the virus. The reality is, if there is no blood involved, kissing and shaking hands are safe and do not transmit the virus. However, only when there is blood involved there is a strong likelihood (not a guarantee) of virus transmission (Fettner, 1990, Gallo, 1991, Hodgkinson, 1996). There were times when I thought that HIV/AIDS is not an ailment that will affect me or those of a similar background and would be more likely to affect other people of different backgrounds. Even though I was not vocal about my impressions, I once used to believe that I should not bother or worry about HIV/AIDS since it would not affect me in particular. As I witnessed the young and the old people dying of AIDS in my community such thoughts became troubled. The people dying of AIDS had a certain pattern that I thought did not fit me. Some of these people were unemployed and mostly poor. There were others who were young and curious (i.e. adolescents) and known to be highly sexually active. Others were not considered respectable in the community. I perceived

my lifestyle to be entirely different from theirs. This gave me the impression that the profiles that fitted these people were the targets of HIV/AIDS. My values include always trying to live my life guided by morals, helping other people to be guided in this way and working hard to maintain a healthy and principled lifestyle.

When I saw these deaths increasing in my area, I wanted to help but did not know where to start. I developed a passion to help the infected people because I realised that the AIDS deaths were traumatic. Initially it was difficult for me to enter into an environment where HIV/AIDS were rife. At the time I had little information about HIV/AIDS, but I always thought I knew something and until I worked with clinics, home-based non-governmental organisations (NGOs), and increased my reading about HIV/AIDS, I did not realise that I was actually rather ignorant about HIV/AIDS. One of the sources of my knowledge about HIV/AIDS was a textbook on HIV/AIDS care and counselling by Kartikeyan (2007), which was recommended for a second year module on HIV/AIDS given by the University of South Africa. At this time I was also interacting more with my lecturers at the University of Pretoria regarding HIV/AIDS issues. It was mainly through these initiatives and my readings that I started getting a clearer idea about HIV and AIDS. I do accept that there is still a lot to learn regarding HIV/AIDS, but I believe that I have acquired the basic knowledge that can help many prospective victims of the ailment and their families. I have learned to understand that HIV/AIDS does not target a specific group of people, it may attack anyone. I also know that I am as vulnerable as everyone else and need to guard against infection. The training and interactions that I went through empowered me with useful information on HIV/AIDS.

The stages that I went through showed me that it is necessary to work with committed people who have at least a minimum knowledge of the issues at hand. Some committed people volunteered to be included in the research team that consisted of me, a social worker, and some clinic staff. The research team shared their individual experiences. They informed me on ways to care for the patients with HIV/AIDS. They also made me aware that the problem was far greater than I initially thought. From this point onwards I

knew that even though Kingsway's problem was so huge, there were probably other communities in worse situations.

What I have learned

I experienced a clash with my own values and how these influenced my orientation and approach to the research. I learned that, although I believe in my own values, I cannot help other people by being judgemental. I can help people when I, as the volunteer, extend my hand of understanding to those I wish to help in order to be able to contextualise the context of my contribution.

1.5 MY INITIATION INTO HIV/AIDS COMPASSION

Many academic studies end up in bookshelves in libraries as dissertations and are never applied. This is because university work is frequently theoretical. It is, for example, commonly accepted that an academic degree, such as, a master's degree pursued at a university, and practical application are widely separated (Dracup, Cronenwett, Meleis & Benner, 2005). Action research is one research approach intended to make a research immediately applicable in a problem situation (Pine, 2008). It is used to address the problem by seeking information about its causes and finding ways to deal with it. The problem identified is that Kingsway lacks a VCT at the moment. Nevertheless there are many people suffering from HIV/AIDS as confirmed by the mobile clinics operating in the area. As a result I see this academic degree as an open door to practice what I always had passion for, which is counselling in general and specifically work with HIV/AIDS patients. Knowledge of psychology helped me to gain insight into the issues affecting people, including AIDS patients. I know, for example, that people (either healthy or sick) may behave differently due to emotional effects under similar circumstances. I have also learnt through my interaction with HIV/AIDS patients that many people carrying HIV/AIDS would prefer to have other ailments than HIV/AIDS. This means that even though no one wants to fall sick, AIDS is so painful that AIDS sufferers believe that they would have felt better if they had other sicknesses

and not AIDS (Allen, 1995, Maggiore, 2000, Nevid, 1993). Before I came to the point of not making judgemental conclusions about those with HIV, I often had misconceptions about people of which I was unaware. I had a tendency to suspect that very thin people were infected with HIV. I also took certain sensitive matters for granted, which I realised later probably needed special attention. Sometimes it is not easy to identify an HIV positive person. I learnt that most people carrying HIV/AIDS are almost always conscious about it. They are also inclined to respond to innocent comments people make as implying their HIV/AIDS status. Hence, in the past it always baffled me when certain innocently stated remarks were made and people seemed to get angry for no reason. For example, sometimes when I shared my views with people about HIV/AIDS they would react in a negative way. In some cases I found out later that some of the people who reacted negatively were HIV positive. It only became clear to me, when a previously unidentified HIV/AIDS sufferer died, what was actually happening with him/her. It became clear that this person reacted with anger when discussions about AIDS took place because he/she was infected. As I became more aware of this situation I wished I could assist in addressing their dilemma.

What I learnt in the process

I know that HIV/AIDS is more prevalent than we appreciate because disclosure about one's status is optional. Some people do not test for the disease so as to avoid knowing their status. Also, many people carrying the disease do not show it by their physical appearance. I came to understand, however, that some people, who are knowingly carriers of HIV/AIDS, are frequently over-sensitive during discussions concerning HIV or AIDS. In my discussions with people, I am now careful not to talk uncaringly about HIV issues or any other issue that may offend people who could be carriers of the virus, or have next of kin who are afflicted.

During those days of discovery I was unable to make a positive impact. My lack of know-how regarding HIV/AIDS delayed my entry into the sphere of HIV/AIDS. If I had tried to assist people without the appropriate HIV/AIDS knowledge I would probably unknowingly have caused some problems. During the initial period, as my passion for

involvement in HIV/AIDS struggle emerged, I did not yet have the resources to contribute adequately. I did not realise this fact until I received some training. I did not realise that I lacked the necessary knowledge on HIV/AIDS. However, when I obtained information through training, I realised that I needed to know more about HIV/AIDS issues. I knew then that I needed to acquire more knowledge if I wanted to be helpful in HIV/AIDS care and prevention. This research is an additional effort toward my obtaining relevant knowledge for working with HIV/AIDS patients. Completion of this study might open doors for practice and for researching more about HIV/AIDS so that I will be of value to those who are sick with these ailments, as well as their families and friends and the community at large.

1.6 HOW A VCT WOULD ADDRESS MY CONCERNS

My concerns are that HIV/AIDS patients in Kingsway lack proper care and support to deal with their ailment. This is because a mobile clinic does not offer all the services that are necessary for them to cope with all their difficulties. A mobile clinic is not available at all times. In addition it cannot be used to monitor and control the patients' life activities, especially, the dietary requirements of HIV patients. Establishing a VCT would set up a base for these resources. Skilful management of that VCT would ensure that these are available.

1.7 RECAP

The whole HIV/AIDS investigation process was a learning curve for me. Each little step of the process toward the proposal development revealed the value that this research had. It entailed various activities, such as, attending courses on action research and sharing information with relevant role players in community and academic environments. Together they helped to shape my reasoning and my approach to the study. The support given by peers and superiors energised and inspired me.

In the next chapter I deal with the research methodology. Living theory, the method used in the dissertation, is discussed in general. I also discuss living theory as it applies to the health sciences, and in particular, the way it applies in this study.

1.8 LAYOUT OF THE DISSERTATION

Chapter 1 serves as the introduction. It presents the study background, anticipated research benefits, my initial understanding of HIV/AIDS issues, my initiation into HIV/AIDS compassion, and how a VCT would address my concerns.

The literature review covering living theory action research issues relevant to this study is presented in Chapter 2. The topics covered include the conceptualisation of living theory, living theory application and benefits in health services.

The research methods followed in this study are found Chapter 3. The chapter explains study participants, use of evidence gathered, reliability and validity, distribution of results and mainly complexity of the research process.

In Chapter 4 the study implications based on my learning, considerations of the study and the findings/results obtained are put forward. Lastly, Chapter 5 presents the study conclusions and recommendations.

CHAPTER 2: LIVING THEORY

2.1 INTRODUCTION

Living theory is a relatively new way to enhance quality of life. It was recently introduced into the education field, but has since been extended to other pragmatic fields such as the health services (Arnkil, 2004, Hawkins & Hollinworth, 2004). This study mainly depends on guidelines from living theory. The supervisor consciously guided my development in the counselling profession utilising living theory. In the opening chapter of the research I explained the initial stages of the study. The itinerary explained there applied the principles of living theory by primarily considering the process of proposal development. In this chapter I explain the theoretical concepts relating to the study. In particular I formally expound living theory and how it provides a point of departure for me to develop in order to match the demands of the study and prepare for the challenges lying ahead. Living theory is the foremost orientation from which this study benefited. An explanation of the theoretical concepts is given, and how these are utilised in the health services. A discussion of the benefits of living theory in this study follows.

What I learned

I started to consciously appreciate that this research should be part of an effort to improve the quality of life, directly or indirectly, of the people concerned. The supervisor emphasised that before engaging in a study a detailed plan is essential. He advised that without such planning one may find out too late, after resources have been wasted, that the benefits are outweighed by costs through unplanned efforts. One of the concepts I started to understand more is that of optimisation. This concept emphasises the practicalities of the environment in which operations take place, including the constraints and available support that is possible in a research situation. This

encouraged me to strive to accomplish the maximum possible benefits, given the applicable restrictions.

2.2 LIVING THEORY

2.2.1 Conception of Living Theory

When Whitehead (2000) introduced the living theory concept/idea, it was in relation to action research in different spheres of education. Whitehead's original contribution was intended for educational knowledge. It included the idea that each person can create her/his own living theory in the descriptions and explanations she or he may offer in order to manage her/his professional practice. Whitehead (2000) defines living theory as the creation of new knowledge that leads to enhanced professional practice. Hawkins and Hollinworth (2004), in an effort to contribute in making living theory effective in improving professional lives, explain that new knowledge emerges as a result of four interlinked stages:

- reflection on and evaluation of known knowledge
- integration of newly taught and relevant knowledge
- self-exploration, which includes understanding and reflecting on the implications of the previous two stages for personal and professional practice, and their application to new professional experiences
- the emergence of new knowledge, and acknowledgement of the impact this will have on the practitioner as he or she strives to improve professional practice.

My training and involvement are in teaching and psychological counselling. I use the knowledge I obtained from this study to improve my practice in both these aspects. I

work with the Kingsway community to test some theory I gather and to modify it to suit the Kingsway context.

The four stages listed in the bullets above are closely linked. To complete the process within these stages, according to Hawkins and Hollinworth (2004), requires sharing this new knowledge with others and making the total work accessible. This is because the principal principle of living theory is that one's values are questioned, modified, clarified and sometimes changed completely in the emergence of the new knowledge. According to Whitehead and McNiff (2006), the starting point of living theory action research is the idea of gaining experience on a life challenge when values are being denied in practice.

In living theory the reasons and purpose of the research are emphasised. A number of researchers, among them, Hawkins and Hollinworth (2004), Whitehead and McNiff (2006) and Zeichner (1999), have outlined guidelines on the practice of living theory practice and research. They all consider that once the living theory study has commenced it needs to be given direction through formulating specific rational questions, such as:

- How can practitioners be encouraged to participate in debates about the future of research?
- How can practitioners be enabled to produce accounts that show the creative processes of their own living theories?
- What resources are necessary to enable them to do so?
- What practices are needed at personal level to engage in to support their personal professional enquiries?
- How can practitioners be encouraged to show that they need to articulate the living critical standards by which they make judgements about their practices and their theories?
- How to be accountable while doing these things?

Rational answers to these questions can help to improve practice because they encourage research and innovation among practitioners. The theory becomes useful when applied in real life situations. Therefore, research becomes easily and immediately applied when its results are in the hands of practitioners.

What I learned

I interpret the purpose of living theory as a plan to improve the quality of people's lives by empowering people with other people (researchers, practitioners) as the starting point. Although Whitehead wanted to present living theory in an educational field it became clear that it started with a human resource (i.e. a person). The person in this case was a professional, which indicated that my training should start with me. I discovered that I have to pay attention to detail for my training in living theory and action research for it to be of value. In the next section I discuss the significance of putting theory into practice.

2.2.2 Value of Practice

The main objective of research is to create theory, and the ultimate purpose of theory is to make professional practice more efficient (Keedy, 2005). Theory attempts to link meaningful activity in research with daily life through the alignment of values to practice. It is learned for the sake of improving practice. In fact a theory that cannot help improve people's life circumstances is worthless. The theory being exposed in this study is living theory, and its worth is interrogated in this chapter. Each practitioner approaches practice differently, especially after learning the basics of the trade.

It is through this comfortable and open approach to practice that one involved in research may learn easily. Practical explanations are particularly powerful in living theory. According to Whitehead (2000) and Hawkins and Hollinworth (2004), practical explanations form an essential part of striving to improve the quality of professional practice. Practice involves the practitioners' reflection on and evaluation of actions in

their effort to bring about enhancement by working to reduce the gap between their values and their practice. This process leads to the emergence of new knowledge, which may be sustained over time because it was informed by practice. The cycle is established by which sustainability of knowledge leads to enhancing and improvement of the individual's professional practice.

What I learned

I realise that taking longer to accomplish a worthy result is necessary. It often outweighs quick results that lack the necessary value in humans and their lives. This study may have taken longer than I initially thought. The direction I received showed me that it was absolutely necessary. I obtained experiences from workshops and guidance to a point where I can deliver when given a responsibility.

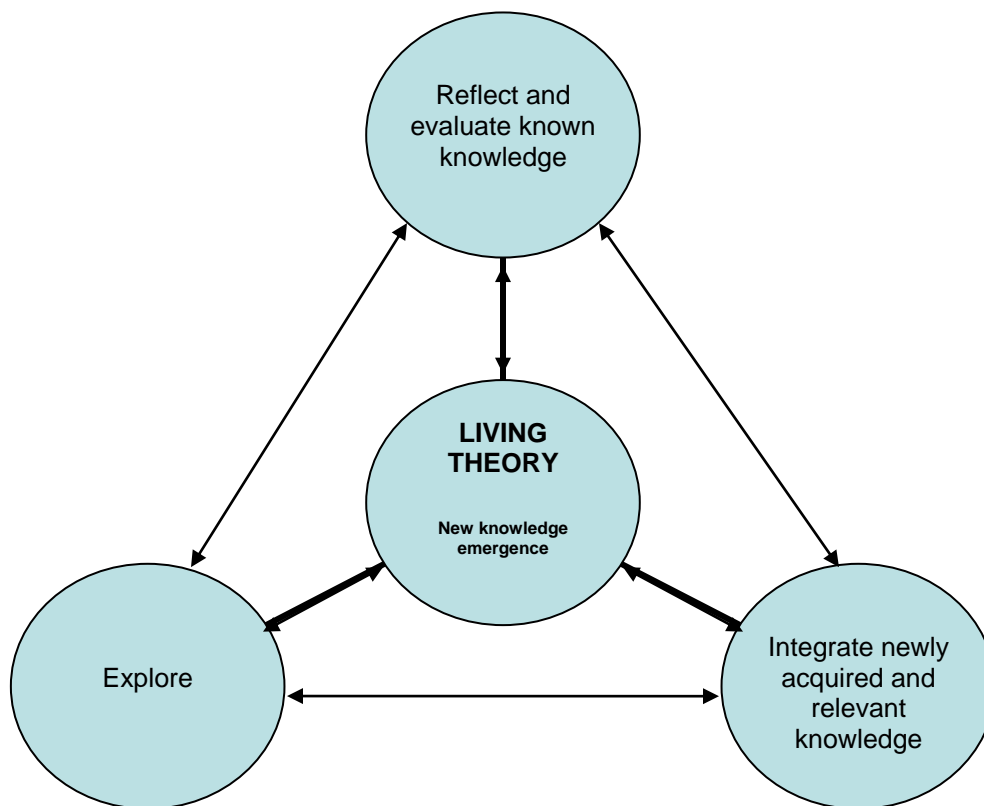
2.2.3 Clearing Misconceptions

Some misconceptions may emerge in the interpretation of any new idea, such as, in the living theory concept. It should be clear, according to Hawkins and Hollinworth (2004), that living theory does not imply creation of one universal way of thinking or practicing to which all involved must subscribe. Instead, living theory encourages everyone to reflect on whatever new knowledge they create in striving to improve their practice. This instantaneously leads to a grand benefit that enables uniqueness in learning without insisting on having to conform to other people's strengths in learning. Each one improves knowledge as personal circumstances and the circumstances around their environment permit. There are no limits according to which one should grow. There is no pressure to change before learning can take place; everyone can learn without having to first judge them as inferior, which happens in many study approaches. It gives internal motivation and no other form of pressure. This is because each person's uniqueness is the basis for most learning. In the case of living theory no universal theory is imposed on anyone or her/his practice methods. However, there are principal guidelines that should be applied when learning about living theory. There must be

reflection and evaluation of the known knowledge, integration of newly acquired and relevant knowledge, self-explanation and exploration. Additional knowledge is expected to emerge from application of these principles.

A visual representation of this occurrence follows.

Figure 3.1 Living theory in action



What I learned

This study emphasises that it is crucial that learning be relevant/useful in the local situation. I learned that learning living theory accepts that the global practices and

achievements be understood in order for the local environment to benefit through our contextualisation of the important results. Focus of the contribution is given to the local environment.

2.3 LIVING THEORY IN HEALTH SERVICES

2.3.1 International Benchmarks

Living theory is a theoretical concept that was founded in the United Kingdom with the aim to improve application (Whitehead & McNiff, 2006). It has been tested in many developed countries, such as, Canada, the United States of America and Australia. Currently, living theory is an approach used all over the world in action research studies in the social and health sciences. This section was necessitated by the idea of using benchmarks. Reference to methods used worldwide would help in delivering services of high standards, especially in health provision. This study is undertaken as a psychology project for use/practice in the health sciences. The intention is to assist me to learn to understand what is necessary for the establishment of a VCT in Kingsway. This study was inspired by the prevalence of HIV/AIDS in Kingsway, which lacked forceful mechanisms to curb increase of infection in the area. Therefore, the purpose of this section is to point out how the development of living theory can be translated into real benefits at the practice level.

If a VCT can be established in Kingsway, it will benefit numerous people. The patients that could benefit most would be the people living with HIV, and the AIDS patients. The Kingsway people who are still uninfected can be assisted to prevent infection. Re-infections with HIV can also be reduced. It is therefore absolutely necessary to customise the ideas towards health services. The VCT will also benefit those people who do not carry the disease, but can nonetheless use the VCT services for their own

protection and the protection of others. The HIV carriers/sufferers will be assisted in preventing secondary infections.

A VCT (Voluntary Counselling and Testing) centre is a site that consists of health professionals who test people for HIV/AIDS, counsel them before and after testing, give guidance about a diet to boost the immune system, and advice concerning appropriate behaviour and lifestyle to prevent and minimise HIV infections. The health professionals also counsel and treat those who are infected. In doing this, a VCT maintains confidentiality between its clients. The information about individual clients of a VCT remains undisclosed unless the client gives permission.

Treating the HIV virus directly requires use of ARV medication. However, as the impact of HIV/AIDS is not only on the physical level psychology provides a good context and useful skills to address social and psychological effects of the disease. A significant influence for this study can be found in Hawkins and Hollinworth's (2004) study which also focused on psychological support of patients. That study was aimed at identifying whether new knowledge was demonstrated through the creation of living theories in nursing. Hawkins and Hollinworth proposed that holistic care of patients required the inclusion of psychological help. This belief informed a previous study of Hollinworth and Hawkins (2002) that investigated whether teaching psychological theories and counselling skills to nurses improved their care of patients with wounds. In the end these studies contributed new knowledge to the nursing practice.

As part of living theory learning and development, Hollinworth and Hawkins (2002) shared their knowledge, experiences, ideas and values with the participants through workshops. They wanted to explore how participants could apply the information they acquired in a way consistent with their own living theories. About one year after the 2002 research, these participants were contacted again to determine whether their professional practice had advanced further through their commitment to patients' psychological needs and the creation of participants' living theories. This study became one of the important success stories of living theory application in enhancing the

psychological support of patients through empowering the health service providers (i.e. the nurses).

What I learned

I learnt through using benchmarks that it saves time and resources to learn from successes achieved elsewhere. It is necessary, though, not to impose foreign success in its original form, but to customise Kingsway's needs according to the local context. I also realised that the successes that I have observed may have not been interpreted in the same light as I did. It is therefore necessary to clarify my understanding and also get to understand the understanding of others. The deliberations presented in this section show that living theory applies all over the world, and it has mainly assisted the developing countries to advance their health practices. This tells me that when we apply it in our own practices, then quality standards should also be maintained in line with international standards.

2.3.2 Status and Extent of Living Theory in South Africa's Health Practice

The main historical difference in nursing and psychology in South Africa is that nursing was approached as a practical discipline taking place in hospitals while psychology was an academic discipline taught in academic institutions (Klatt, 2003). Some nursing qualifications were taught in academic institutions, but most of the time the students were at teaching hospitals. It was considered separate from psychology. The disciplines were offered separately from each other, and also separate from social-work. Current developments, however, show nursing and psychology are starting to find each other in South Africa. The two appear to be working together more effectively in private health services than in public health services. Some private practices involve psychologists only on a part-time basis and on cases involving trauma and requiring psychological help because of limited need for psychological intervention. Also, it is not a standard practice for some health practices (e.g. clinics and hospitals in South African villages and townships) to have a psychologist or psychological services in-house.

Psychological services are almost non-existent in the public practice, especially at the rural and informal settlements.

My own personal experience with integration of psychological services with common health services started at Louis Pasteur Private Hospital in central Pretoria. At this hospital I was involved as a counsellor under the supervision of Dr LT Kekana and also doing observations. These were practical sessions I was obliged to undertake as part of my studies for the masters degree. Psychologists and medical practitioners have consulting rooms inside one building. In some cases these rooms are just next to each other. The psychologists there work side by side with medical practitioners. When patients require psychologists, the medical doctors refer them to their psychologist colleagues. The same is done by psychologists whose clients are diagnosed needing medical help. These patients are referred to the medical practitioners. This arrangement is believed to be contributing to successes of Louis Pasteur Hospital. Medical practitioners of Louis Pasteur Hospital use services of psychologists often when their patients need psychological intervention. Furthermore, my observation of similar arrangements stretches to the Life Group Private clinics and some hospitals that I observed in Gauteng. The Life Group health facilities have psychological services in-house as well.

What I learned

I learnt that living theory does not prescribe, and does not insist that what worked in other places will work in all the places. Also, what one found applicable and worthy in some areas could be found to be completely useless in others. This shows the value of customising the findings where possible, and not imposing everything that worked elsewhere without the necessary research to check applicability. Also, it shows that in every application, it is better to have more people being involved than one. The spread of knowledge can be faster and more effective with more people being exposed to a practice.

2.3.3 The Research Context

The research context covers my background and my capability to pursue a study of this magnitude. I have completed the course work for the Master of Arts degree in Psychology, as well as the internship at a professional company in Louis Pasteur Private Hospital in Pretoria and Olympia schools for children with special needs. I have a secondary school teaching qualification and plenty of teaching experience. I am willing and committed to learn about the use of living theory in improving my personal understanding of what is needed to establish a VCT in Kingsway and then to contribute in establishing one in the area. I have shared my experiences, ideas, knowledge and values with relevant stakeholders in Ekurhuleni. I have also shared my vision for developing health care at Kingsway in matters of HIV/AIDS with various key personalities in the area. I have made an effort to improve my life and the lives of others.

I have also discussed the preliminary observations I made about Kingsway and what I believe would help in the struggle against HIV/AIDS in this township. I also formally approached the mobile clinic personnel about the idea of establishing a VCT in Kingsway to combat HIV/AIDS. Even though nurses were not allowed to give out written information and data on HIV/AIDS due to sensitivity of the issues, they indicated that the number of infected people is unacceptably high. One local nurse confessed that they cannot cope with the rate of HIV/AIDS infections because of inadequate training and lack of resources. “Le tla be thishitje sesi. Gape mo re shota ka di resource, ene ga arena training ya maleba. Ga le tswa kante batla lekwa gele bolela. Rena gaba rekwe ba ka godimo” (You will have helped us, sister. We are understaffed and have no adequate training. You outsiders can make the authorities listen. They do not listen to our pleas.) A mobile clinic is used for testing the Kingsway community for HIV. It visits the township irregularly offering its services. I have also mentioned my thoughts to local authorities about establishment of a VCT for Kingsway. (Details of these thoughts appear in Appendix C). I discussed this study with some practicing psychologists at Louis Pasteur Private Hospital. (Among them were Dr LT Kekana and Dr IM Matlwa

who are both registered psychologists: consent obtained.) Dr Kekana encouraged me to continue with my ideas. He said:

If you do not carry forward your ideas, no one will. It is your idea, and yours alone. Leaving your concerns unresolved will remain a pain in your heart. Imagine when at an old age you recall the opportunity of making a contribution and you left it. Will anyone you tell take you seriously? They will wonder why you did not go ahead with it. It is a great idea; I think you can take a chance. You stand a chance to succeed, HIV and AIDS are still very hot issues. Any form of contribution is welcome.

Such encouragement inspired me to implement my thoughts. During the process I acquired more knowledge to enhance the benefits of living theory development. The benefits of living theory include the use of theory to improve practice. Hence, in this study it would lead to possibilities of managing HIV/AIDS. Among the things I gathered from discussions (in an informal focus group of five nurses) were that the Kingsway locals did not benefit fully from the mobile clinic offering the HIV health services. There seemed to be miscommunication about the tests conducted for HIV. In one brainstorming session/meeting with patients in a local clinic, one patient stated, “Re a tseba Maki o fishitswe kago ipolela ka gore oneAIDS. Ba bangwe ba re batsebago ba saphela, le rena re nyaka go phela. Fa basa tsebe ge ole HIV, ga ba go tshenye.” (They burned Maki for revealing her positive HIV status. Others that we suspect to have HIV are still alive, we also want to live. If they are unsure of your status, they do not have a problem with you). This statement was made by a local person who avoided taking an HIV test. Some Kingsway people, who did not go for HIV tests, stated that they feared that they would be infected. Others did not want to know their HIV status especially when they imagined themselves to be HIV positive after testing. There were others who believed that HIV/AIDS was not for them and excluded themselves from the tests in the belief that they could not be HIV positive. It made sense to me to find a way to intervene because I also initially held this view. I noted that not many people in Kingsway appreciated that knowledge about HIV/AIDS could assist them in helping themselves

and others, and those already ailing with the disease. I also noted that there was limited commitment from the local community about issues of HIV/AIDS when they and their families were not involved.

Among other initiatives that I took to learn more about improving my practice was a visit to the SOS village (SOS Children's Village in South Africa) in Mamelodi and Old Age homes in Pretoria. During these visits I informed officials there about my study and my experiences, and also the idea of establishing a VCT. The feedback I received increased my confidence that the idea was good and necessary, and that my starting point was constructive because it showed how far I could contribute and what I was lacking. Only few people, among those with whom I discussed the issues were negative about the idea of a VCT. It seemed to me that their reasoning was superficial. These exercises reflected on what I already knew and also helped in acknowledging that I was in a learning exercise. I also made a self-evaluation to consider whether I was capable of contributing to what I was planning. As a required stage of living theory these exercises served as a reflection on the known knowledge and its evaluation. The new learning I acquired, formed part of the idea that new actions were based on what you've learned previously.

Regarding the second stage of living theory development, namely, integration of newly taught and relevant knowledge, the research participants (the councillor, the local educators, police forums, social workers, NGOs, the nursing staff of the mobile clinic, possible sponsors, journalists and available community interest groups) sat down to discuss how each one of us interpreted what we had acquired and interrogated the deliberations. By volunteering to be involved within the community to establish ways for possibilities of establishing a VCT, I was setting the stage to integrate learning during the course work for this MA degree. I explored my practice by questioning if I could apply the newly acquired knowledge appropriately at Kingsway. I explored my own limitations (insufficient information and knowledge about VCTs) and strengths (teacher, psychologist and a community member willing to help) in the process in line with the way Hollinworth and Hawkins (2002) did with their study. I believed that I could make a

meaningful contribution. However, realistically I knew it would be necessary to include the other role players in order to achieve success. At the same time I knew that this would lead to the fourth stage of living theory, namely; that working with others would lead to emergence of new knowledge.

Working as a team (me, social worker, and clinic staff) helped make the work easier. It also ensured that the tasks would still be carried out if, for some reason, one of the participants was forced to leave the project. I was committed to teamwork right from the study's inception.

What I learned

I know that worthy research is not only one person's perspective. It entails having to find out about the issues of concern on different perspectives, critical input from various parties in the field of the research, questions, support and other diverse points of reference. It is also meaningful to consistently integrate the results so that the ideas and findings in the context of the study are coherent.

2.4 PALPABLE BENEFITS OF LIVING THEORY

Earlier in this dissertation (section 1.2) the worth/benefit of practice for this research was discussed. There is still the emphasis that the worth of a study is contained by its worth in practice. According to living theory (Bailey, 2006; Boyer, 1990; Whitehead, 1989), without improving practice the value of research is invalid. I was doing this research to improve the practice for which I am preparing. This degree would have been awarded without having to learn all that I went through. He trained me knowing that it will benefit the people where I will be deployed, and my professional practice in general. Consequently, in this section I examine the benefits of this study in this context. There are palpable (obvious) benefits and anticipated (predictable) ones. The latter were discussed in section 1.2 of this dissertation. The palpable benefits were commendable because teamwork was initiated to effect the progress of this study, and more than one

person was enriched in the process. One of the team members confessed to having doubted the worth of the whole engagement at the beginning, but now she wanted to initiate the establishment of a VCT in her home in Inanda, KwaZulu-Natal. “Bengabon’ unkuthi izakungbonisa indlela yokusebenzela ekhaya elnanda, nam’ ngifunaukuevula iVCT ekhaya. Sengiyabona ukuthi ngfanele ngenzeni”. (I did not realise that this was going to show me ways to help my own community with a VCT establishment for my own home, Inanda. I now realise what I need to do.) Furthermore, many other researches and practices have also benefitted from living theory (Cutcliffe & Cassedy, 1999, Heath, 1998, Morse, 1991, Whitehead, 2000). The anticipated benefits and expectations are backed by theory and smooth the way for future plans. These plans include input for future practice.

During July 2006 and July 2007 when I was with fellow participants on this project I realised that I:

- was already enlightened about many HIV/AIDS issues, even though one can never know enough
- acquired knowledge about many of the basic issues for assisting and informing other people about HIV/AIDS
- gained the confidence to approach relevant people, and to partner others who were interested in fighting the HIV/AIDS pandemic.

These benefits were clear because I had already spoken to the councillors in Ekurhuleni about the study and its intentions (see section 1.4). Councillors have the power to influence appropriate projects to deal with HIV/AIDS issues that relate to this study, and can also provide resources. I made numerous observations that would serve as a functional platform to formally address concerns regarding HIV/AIDS.

What I learned

The study requires that I gain practical experience by working with HIV/AIDS patients and health providers. I learnt that I needed to know the issues involved concerning this pandemic. I knew that my learning of living theory should be focused. In my case the

focus was on the establishment of a VCT clinic. I learnt that I needed to know more about HIV/AIDS, and also to know my strengths and limitations. I needed to know the benefits of living theory in the context of Kingsway and the VCT clinic to make them relevant to this research. As a result it helped me to ask the people with whom I interacted questions (which I believe were appropriate) regarding the treatment of HIV/AIDS. These questions related to other possibilities of dealing with HIV/AIDS that the participants might have experienced or heard of before.

2.5 REAL WORLD CONTEXT

2.5.1 Evidence of my Development

Research information is gathered to explain the state of affairs. According to Whitehead and McNiff (2006), initial information consists of the personal experiences that can be described to show why researchers are concerned about engaging in a particular field of study. Delong (2002) informs us that the living theory action research requires continuous monitoring of performance, information gathering and generating evidence. Monitoring entails continually keeping an eye on the processes planned so as to minimise or eliminate deviations. This helped my decision on the kind of information I needed to gather to display the widespread condition of HIV/AIDS. Information gathered related to the extent of HIV infection in the area and the support mechanisms that existed for those patients. Collected information was then analysed and interpreted. Information resulted from the interpretation, which provided the required evidence. The evidence was used to explain the learning that influenced me.

Implication for my development

I discussed my interactions and experiences from Kingsway with my supervisor, who used his knowledge to advise me on the way forward. I then discussed these with the

research team (me, social worker, and clinic staff) in order to implement the supervisor's suggestions. I proposed to the team that we should always contextualise the recommendations for Kingsway. We sat down and brainstormed around issues. This approach benefited this research at the time when we decided to identify the roles needed to establish a VCT in Kingsway. In particular, my role was highlighted as one which was required to understand project management, to gain experience as an AIDS/HIV practitioner and/or counsellor, and develop as a team leader and player, among others. I was also supposed to be able to evaluate and monitor the research process to ensure that it was completed in time. I focused my development along these lines

2.5.2 Consistency and Authority

The presentation of the concern and the research process need to illustrate a coherent flow of ideas. Prasad (2005) contends that this flow creates credibility of the study. Incoherence in the flow, on the other hand, gives the impression that the presenter is not well prepared and/or that he/she lacks knowledge about what he/she is presenting. When incomplete arguments are heard they usually lead listeners to doubt the information presented. Viewers may conclude that the presenter is deceitful, or does not know the issues he/she is attempting to talk about. I took a long time to prepare the research plan. I needed to consider all the necessary issues and to ensure that the research plan would lead to a robust process. The supervisor and the ethics committee were some of the role players who perused the research proposal for this research. A robust process, according to Dadds and Hart (2001), is one that is difficult or almost impossible to interrupt. It flows according to the planned process. The supervisor played an important role in sketching the research to reduce the risk of being disrupted. This plan was to support consistent research that leads to trustworthiness, and establishing the authority of the researcher and confirming him/her as competent. For an action research study to be authentic and candid, it needs to confidently demonstrate that the

conclusions it generates are practically reasonable and accurate (Whitehead & McNiff, 2006).

It has been my goal to achieve credibility and accuracy in this particular action research. These I did by consulting my study supervisor and thoroughly discussing issues with research participants (study supervisor, university ethics committee, psychologists at Louis Pasteur Hospital, and nurses in Kingsway) in Pretoria and Kingsway to determine if the study is necessary. The psychologists at Louis Pasteur Hospital reiterated their support for this study. For example, Dr Kekana mentioned that “ke thuso ya ba ba itshokolelago” (it is help to those who are struggling). This led to the conclusion that such research is enormously significant. It is necessary in research, according to Wilkinson (2000), to demonstrate the potential significance of the research even before the study process commences. The scheme for this study served as a vital developmental process for me. The proposal, together with the ensuing presentation, convinced the supervisor and research evaluation committee members (i.e. the critical readers and assessors), who had the opportunity to scrutinise the proposal, that the research was worth pursuing.

The decision to embark on the study was made after removing all the doubts that there was a consistent flow of arguments. The authenticity was based on the consistency shown in the arguments presented. It was clearer after acceptance of the proposal for this research that the study was going to benefit my intended learning. It also convinced the counsellors, health workers and the Kingsway community, including HIV/AIDS patients, and fellow research participants that we all stood a chance to benefit from this study.

What I learned

My supervisor insisted that the dissertation be a solid unit that outlines a project that was started and completed within timelines. This became clearer each time I improved the presentation of the chapters. He also advised that use of relevant and recent resources is vital in ensuring that the work is based on an authoritative foundation in

order for it to obtain the same status through methodical arguments. Thus, the issue of coherence in this study was one of the requirements for its success and authority.

2.5.3 Interpretations

The explored issues and arguments must be interpreted in order to deduce an understanding. This understanding provides the message that I need to convey to the beneficiaries. Whitehead and McNiff (2006) inform that once an analysis is complete, it is necessary that a way exists with which the implications of the research can be shown. A study that shows consistency and authority is one that has useful implications for the beneficiaries. The usefulness can be shown by a thorough evaluation of the research. Keiny (2002) pointed out that it is vital to evaluate learning acquired, and once confirmed, the information which emerges needs to be disseminated to the relevant users. This research is undertaken in this manner. That is, while information is acquired jointly and immediately shared with the colleagues during the research, some relevant municipal officers and councillors were going to be supplied with courtesy dissertation copies as part of the dissemination. Final interpretation depends on the end user at any point of implementation. For example, the councillor can approve a project for VCT establishment while I can act as a project manager during the implementation of the said project.

What I learned

The supervisor emphasised at the beginning of the study that the action research would require that the findings be interpreted for use in the workplace. Therefore, at every stage of this research the team kept asking the question: “What does this mean for this research?” It was clear to me that the research team wanted to implement the findings made. We kept seeking ways to translate the findings into establishing a VCT clinic in Kingsway. I reminded the team whenever they lost track of this thought. I realised that it is vital to interpret the results. Also, I learned that the research team should have a

common understanding of the results. Consequently implementation occurs with a shared point of departure.

2.5.4 New Knowledge

Kushner (2000) supports the idea of personal evaluation of the study. This requires that after acquiring knowledge through research, action be taken to use the knowledge. To have gained knowledge implies that the information from the research can be adapted to suit and address my concerns. It also means that the ideas can be put into action and practices that relate to my concerns. New knowledge usually exists as modified information that addresses new concerns. For example, it may be through applying past knowledge (e.g. living theory) on new problems (HIV/AIDS). In this study the concerns were that there was no VCT site in Kingsway, and that Kingsway had considerable numbers of HIV/AIDS patients. Furthermore, the number of HIV infections seemed to be increasing and as the Kingsway community was generally poor, most Kingsway residents could not afford the costs of HIV treatment in private health facilities. I lacked the knowledge to contribute fruitfully to establish a VCT in Kingsway. I embarked on this study to improve my understanding of my personal capacity to assist in establishing a VCT in Kingsway. Already I knew from the action research workshops and psychology modules during coursework that I completed that one prerequisite is to understand the issues around HIV/AIDS. The other requirement is to appreciate working with people. I believe I have already demonstrated this. Working and co-operating with other people helped me to work in a team and sometimes in leading a team.

What I gained as knowledge

When I started this research I thought that I was ready to help in establishing a VCT in Kingsway. Later I realised that I was not fully ready, I needed to be more empowered for the tasks ahead. My supervisor sat down with me and objectively showed me my strengths and weaknesses. He used his experience to guide me to benefit from the research by being objective. He advised me to use this study as a learning curve, to

prepare myself to know what I needed to know in order to be adequate for the process. I realised that the knowledge and understanding I had was not enough to establish a VCT. Initially I did not know that in a VCT there should be HIV/AIDS trained nurses and not ordinary nursing professionals. I also realised that psychological intervention is more required to counsel the traumatised infected and affected people. From the feedback of the supervisor, as the leading person of the Kingsway study, I convened a meeting with the research team. I guided them using the feedback in order to ensure that research guidelines are not violated. We jointly interpreted the input of the supervisor in the context of the study. This had to occur because working with a team sharing the same concern would increase the chances of success. The team members discovered many things for and about themselves as we shared the newly acquired knowledge. We realised that emotional decisions were not necessarily rational, and that we had to use information from many sources to decide on a VCT formation.

2.6 CONCLUSION

The chapter discussed living theory and how it benefited my development throughout this research. Living theory is about enriching the quality of people's lives in their everyday living, and about improving the work of practitioners and identified beneficiaries. In this study living theory action research helped me improve my practice in order to achieve these benefits. The targeted environment is Kingsway that has a large number of HIV/AIDS patients but lacks a VCT site. I want to enhance my understanding to help in the establishment of a VCT site. In this chapter I explained how I used action research driven by living theory to learn to understand how I could help in contributing towards the establishment of a VCT site in Kingsway. The next chapter will discuss the empirical methods I used to achieve the study objectives.

CHAPTER 3: RESEARCH METHODS

3.1 INTRODUCTION

This chapter presents the methods used in gathering evidence and the way the evidence was used in the study. However, the outcomes of these methods will be dealt with in subsequent chapters in order to have a more orderly presentation of the process. In the action research approach used here the intention is to be consistent with action research and living theory patterns of doing research and to emphasise hands-on application of the manner and spirit in which this study was conducted. At every point clarification is made about the learning that took place in me, or the implication of my learning in my practice. It is a process of action research that takes place in a reflection cycle. The previous chapter explained living theory; how this study benefited from living theory and its aspects; and how the supervisor guided me through the process. The crucial clarification in that chapter was to outline the use of living theory in counselling, even though the contribution of living theory in education and the health sciences was stated. This chapter continues the process by outlining the manner in which data for this study were gathered and how the evidence was gathered that led to the findings and conclusions that are presented in the subsequent chapters.

3.2 PARTICIPATION

3.2.1 Participants

Generally, names and identities of participants are not revealed unless prior consent was obtained. Ekurhuleni councillor, five clinic health officials, four community members and I participated in the research at different levels. The supervisor played a

significant role in this research in a relationship that was collaborative, but mostly supportive. He primarily assisted by exposing me to action research and living theory, and ensured through his monitoring and control skills that I stayed focused and conscious about the process. Various lecturers in the Pretoria University's Department of Psychology taught me the coursework and in the process provided the grounding theory that led me to apply in this research the knowledge they provided. The synergistic involvement of these role players contributed immensely in the investigations and the completion of the project and the deliverables needed in this study. Everyone who participated was asked to participate after being provided with the information about the intentions of this research. Appendix C shows the letter that I wrote to inform the participants.

The participants (councillor, educators, police forums, social workers, NGOs, nurses, sponsors, journalists and interest groups) in Kingsway desired that efficient VCT services should be available and accessible for community members in order to effectively minimise the spread of HIV and manage AIDS. The meetings were held in a focus group setting and I was the coordinator. Issues discussed were with regard to contribution in the reduction of spread of HIV and informing the community on ways to help themselves in HIV/AIDS prevention. Each one of these participants gave input based on their expert professional backgrounds. There was a mutual agreement among these participants. However, some disturbances were also experienced from the community. The participants in the community, who also had the desired intentions about the study, saw the duration of the research as an unnecessarily long process delaying the establishment of the VCT site. I had to request their leaders to explain that if the fundamentals were missed, the VCT may fail to yield the intended benefits. Hence, a longer period of thorough preparation was an effort to ensure that the VCT would be sustainable and cost-effective. These participants initially wanted a VCT site to be established immediately. They were subsequently persuaded that the study was necessary after benchmarking and sustainability issues were mentioned. The supervisor, on the other hand, was concerned that well researched ideas of quality

should be implemented correctly. He wanted to ensure that I benefit by obtaining the crucial knowledge and also produce quality research.

After discussions there was a mutual understanding that there was a need to undergo a learning exercise to determine suitable ways to establish a VCT site at Kingsway. They accepted that an improperly planned VCT site and health programmes would not provide the necessary information, education, care and support on matters of HIV/AIDS as desired and intended. They agreed that a study would help to clearly understand the needs involved in establishing a VCT site in Kingsway.

Implications for my learning

The team approach explained in the above discussion showed how teamwork makes work easier and more effective than when it is done in isolation. It shows that when cooperation (i.e. buy-in) of the people holding power is secured, information to the participants at lower ranks can be given out quicker and their participation expedited. We therefore made a decision that we would adopt the approach of following a protocol for the entire study. Teamwork and protocol will also be used when the actual VCT site is established in Kingsway. At the time when there were intentions to attempt efforts of establishing a VCT site, the supervisor advised on the route of learning before action. This enabled the team to be more useful as among us, there were also skilful people. We managed the project by understanding the concerns of the community participants who were impatient for action.

3.2.2 Roles

The principal role player in this study was me as I initiated this research. The role I played was to propose an academic study that would lead to establishing a VCT site in Kingsway. In ensuring that my proposal was realistic, I visited the local clinics to observe the incidence of HIV/AIDS patients at Kingsway clinic. I gathered information informally in order to confirm or disprove the need for a VCT site and the programmes

related to HIV/AIDS in the area. I also consulted the councillor of Ekurhuleni municipality to formally request permission to pursue a project that could lead to the establishment of a VCT site in Kingsway. All the evidence of the contacts made with the role players in this study appear in appendices at the end of this dissertation.

Another role player was Mr Duma Nkosi who was mayor of Ekurhuleni municipality then. In his first official address of the year 2005, Mr Nkosi presented a clear direction to the councillors and officials regarding the priority areas for the year. HIV/AIDS was one of these priority areas (Ekurhuleni Talks, 2005). I had an idea from the mayor's address as to what was required, but had to follow the correct processes and procedures to enhance sustainability once a VCT site was in place. I believed that there was more to learn in ensuring that the VCT site established would have most of the ideal facilities identified.

The local clinic and its staff also played a major role in the execution of this study. The clinics provided me with a platform to observe the HIV/AIDS patients. My involvement in the clinic is to provide pre-test and post-test counselling to those coming to test. I also participate in testing some of those willing to participate in HIV test. These clinics could not cope or fully assist these patients. These observations generated an interest for this study. It was helpful that some nurses acknowledged their limitations in managing some HIV/AIDS issues. These nurses informed me about issues that encouraged the study, and also the importance of knowing the needs for establishing a VCT site in Kingsway.

The other participants were volunteers working in the Kingsway community. These participants worked conscientiously and tirelessly to supply me with advice and information gathered through observations. The research supervisor guided the study by enlightening me on the emerging knowledge in this field and regularly critiqued the study.

What I learned

I convened focus group meetings with team members whenever there was an issue to deal with for the research. I realised in this process that when every team member on a project is a significant role player, results are achieved with efficiency. It is important that each role player has a unique strength so that there is no conflict when tasks are to be performed and sub-tasks delivered. At the same time each member should understand and appreciate the roles played by others. In this case the different tasks can be connected together to shape the desired project. Each person owned the parts they worked on, and through collaboration were assisted when difficulties were encountered.

3.3 MY DEPENDENCE ON EVIDENCE

3.3.1 Useful Experiences

Experience is a significant complement of knowledge as it enhances knowledge.. There is no substitute for relevant experience. The supervisor's knowledge in psychology, living theory and action research, and his immeasurable experience in both teaching and research were evident in the setting of the standards for this research. Monitoring benefited my experience, and I also learned from it that in doing this research, I had to keep asking myself the reasons and the benefits of each step I chose to follow. My own experience from teaching of HIV/AIDS issues and dealing with HIV/AIDS problems was also useful. Other constructive experiences (from a VCT in that area) that benefited this study were those of community members and nurses in clinics around Benoni where Kingsway is situated. These nurses were involved in the VCTs at their clinics. I came with a lengthy experience as an educator and a limited experience in psychological counselling. Nurses also contributed in this research, and the community members had experiences from hygiene to healthcare. They all played a part in adding value to this study. The uses of experiences came at different times, and at some points there were

role players who seemed to be contributing less than others. It was, however, pleasing that some contributions that came as experiences from those participants, who seemed to be less participatory, came at crucial moments. Introvert participants were willing to contribute when it was their turn to talk. Thus frequent participation did not necessarily add value to the experience. Contributions made should not be compared. Each one should be viewed on its own merit.

The experiences employed in this research ranged from counselling, education, healthcare, hygiene, nursing, psychology, and research, among others. These events were required in gathering data intended to educate me on the needs and requirements for establishing a VCT site in Kingsway. This mix of disciplines is necessary to give a holistic assistance to every potential and actual HIV patient obtaining services from a VCT.

What I learned

Sharing our experiences confirmed that teamwork is effective when communication is purposeful. We, the team members, communicated and shared information in order to understand one another. It is only through focused communication that we were able to value the diversity in experiences and knowledge. These led to a synergistic alliance that indicated that we were becoming ready for the real task of establishing a VCT site in Kingsway.

3.3.2 Useful Benchmarks

Using points of reference from the success and efforts from other studies was valuable for this study. Some useful examples of the benchmarks used appear in Glanz (2003), Koti (2006), Maremane (2005), Naidoo (2005) and Nkuna (2007). Glanz applied action research to help school management improve Australian schools. Koti investigated the Eastern Cape mergers of higher institutions using action research. The Walter Sisulu University is the result of that merger. Maremane assisted with a smooth transformation

and benefit scheme for local communities and the local leaders from the investments (taxis moving tourists around the park, lodges, share time, etc) made on the game park by investors. Lastly, Naidoo's action research was used in the turnaround strategy of a fixed line telecom. It was done to benefit practice. Literature provided guidelines for my expected conduct and the expected conduct of the role players. The problem being attended to throughout this study was an existing one in Kingsway. It was of HIV infection and AIDS disease, and it was addressed directly.

Recommendations were made to assist in the execution of this study. Such an approach, which is called action research (Cohen & Manion, 1994), is, in formal terms, defined as a small-scale practical intervention in the functioning of the real world and a close examination of the effects of such intervention. In addition to intervention, action research is considered an inclusive approach to help keep up with the times (Arnkil, 2004, Ballantyne, 2004, Brandt, 2004, Conwill, 2003, Cook 2004, Vallaster, 2004). The research process adhered to the standards documented in the literature.

Implication for my practice

As the team involved in a project we agreed that a VCT site is a known institution in other places where HIV/AIDS is being managed. Hence, we decided that we should study what those VCT sites have so that we could develop clearly our intentions and determine our limits regarding a VCT and in so doing learn to empower ourselves in our plan to customise the Kingsway VCT site once it is established.

3.4 RELIABILITY AND VALIDITY

3.4.1 Validity and Authenticity

This section explains the fairness and accuracy of the conclusions reached through this study. Whitehead and McNiff (2006) explain that validity of a study refers to the

establishment of the certainty worth, or credibility, of a claim to knowledge. In order to prove validity of this research, I need to explain the principles underlying the conclusions, and also demonstrate the rationality of the claims. The act of establishing validity is a systematic and coherent exercise that follows certain logic. It depends entirely on reason-limiting bias in an attempt to decrease partiality. According to various authors (Arnkil, 2004, Conwill, 2003, Vallaster, 2004, among others), to ascertain validity of a claim is equivalent to establishing the authority of the scholarship that leads to the claim. This, in essence, is to establish my authority regarding the claims made in this research. Whitehead and McNiff (2006) state that practitioners who make claims arriving out of their findings made in the practice are by design making claims about the validity of their scholarship, and about their own authority as practitioner researchers.

The findings about the problems of HIV/AIDS in Kingsway were arrived at during fulltime engagement with the clinics and the patients. They played a part in the conclusion that I formed after consultation with professionals in the health service centres in Benoni and the surrounding areas. This conclusion was also corroborated by the local councillor. The claim concerning the need for a VCT site was made after evidence of people's suffering was produced by the mobile clinic staff.

Whitehead and McNiff (2006) explain authenticity as establishing the authority of the person who is making the claim to knowledge. It essentially refers to the art or study of using language effectively and influentially. Negative power, more than rationality, is unfortunately the persuasive element in this instance. As a result, principle and strategy are needed to confront the negative forces that need to be convinced of the authenticity. It is to deal with the power-constituted situations that establishing the validity of the standards of judgement is deemed suitable for the context.

In formal settings though, there are solutions to offset these disadvantages. In academic research, particularly at the University of Pretoria, there are methodical and efficient guidelines to ensure inclusion and accommodation of aspiring researchers. The general tendency to block researchers in establishing their authority in making claims is offset

by this guideline. They are supported by professionals who are committed to the challenge of including the wide knowledge gained by researchers from diverse backgrounds. I too benefited from this approach. This study is undertaken in the Department of Psychology of the University. It is guided by scholars who have shared their expertise for my benefit. The research proposal stage was supported by a rigorous critique to fill any possible gaps in order to ensure that the panel evaluating it would find the proposed exercise worthy. As a result I did not experience any attempt to disrupt my research initiatives. Instead there has been support throughout the entire research process.

What I learned

The implication is that valid and authentic resources should be used in order to create a convincing and reliable result. It made a difference. I quote a participant who was confident that she had gained an understanding about a VCT, “Ke batla go bereka le cliniki gore re etse VCT. Ke a e tthaloganya VCT jaanong”. (I want to work with clinics now. I do understand a VCT now.) I also experienced that continuous and committed support is vital for project success. An element of power was shown to be a possible barrier. I realised that I needed to use positive power to offset negative influences and to overcome the barriers. In the deliberation it was shown that when dealing with powerful personnel, it is important to negotiate the path to success. One way is to link your proposal to their objectives. In this case it may be seen as supporting the initiatives from political positions. The response and promises that potential sponsors made emphasised that they could commit in writing only when the councillor informed and requested them to do so.

3.4.2 Social Validity

Social validity refers to me (as the researcher) being an active participant with a responsibility to people, acting according to the rules and not obstructing or offending other people (Whitehead & McNiff, 2006). Moral action is encouraged, particularly

where culture requires reproduction of the existing social order. The supervisors provided guidance for rules of engagement in the field, and warned me about possibilities to impose personal ideas. They advised me to share information with participants and generously allow them to make input without enforcing my own opinion. Social validation was ensured when I discussed ideas with friends and fellow students, the councillor, the study supervisor and the clinic staff in Kingsway. There were regular meetings and communication through formal documents. No information was incorporated as final in the proposal and the dissertation without thorough critique from various critical readers.

The guidelines that I followed were provided by the University, which ensured that institutional validation was adhered to in this study. The study was done under expert supervision to ensure validity of the knowledge claims.

What I learned

The approach presented above explains how the contribution of useful role players can expedite progress on a project. It also indicates how people can work together to enhance project strengths and how they can offset possible loopholes leading to weaknesses.

3.4.3 Ethical Validity

The key issues in ethical validity are those of ensuring anonymity and confidentiality. In this case participants were assured that their identity will not be revealed. Also, informed consent letters that informed on the study implications for the participants were written. Permission to undertake the study was also requested and obtained in writing. Issues may be difficult to implement because of the nature of the social research being conducted. In this study I also committed to these issues. I promised the participants that their names will not be given out to anyone. A letter in Appendix C also stated these issues.

Some key individuals did not want to sign a form because they felt that it threatened their independence or freedom. We agreed that they participate without signing so that if they at some point wanted to withdraw, they could do so. The other problem of ethics in this research was to identify all role-players in advance because I did not know who was willing and who could make a contribution. One cannot be certain what will occur during the emergent research process.

At the proposal stage I had not yet set the actual questions and this was very unsettling. The intention was to clarify the research questions after the initial set of investigations were completed. Therefore, the initial research proposal offered only an anticipatory set of research questions to a review committee and the proposal was not approved. The question that came to my mind at the time was, “Does this mean that the research should not be conducted?” It later became clear that complete disclosure and clarity on issues prior to the study are important for reviewers in order for them to understand the value of the research, to make the necessary and proper decisions, and to provide guidance where necessary. I was guided through this process by interacting with the study supervisor.

According to various authors (Becker, 1998, Gerber, 2004, Kvale, 1989) there are five key themes in ethical research. These themes are differentiating between ethics and morality, dealing with ethics committees and policies, research processes, research ethics trends and research applications. Through consultation with my study supervisor these were all adhered to in this study.

What I learned

I experienced learning in the process of this research. I realised that the participants should be respected, and that a clear explanation stimulated the interests in those who were initially not willing to participate. I also realised that I had to depend on written work of published material and at the same time incorporate the ideas of participants from within the local context.

3.5 ANALYSIS AND CONFIRMATION

3.5.1 Propagation of Facts

Research that simulates human decision-making normally requires an input consisting of a set of facts describing the situation at hand before the acquired knowledge is utilised to deduce meaning (Conwill, 2003). Collecting these facts does not seem to be a problem in technical and scientific fields where reliable methods of observation and measurement are available for that purpose.

The participants needed a thorough discussion on methods to gather evidence for this study and agree on an appropriate method to follow. For many everyday decisions, as well as, decisions made by professionals in the fields of education, psychology, politics, administration, law, economics, and the like, however, there are no generally accepted and accurate methods for the scientific gathering of evidence (Cook, 2004). Instead, researchers are often forced to combine several pieces of uncertain and sometimes biased information, reflecting opinions of other persons, to form their own judgement about an event which for logical reasons, are found to be relevant for the research. This occurs due to scarce resources or lack of professional competence in which the researchers cannot observe and measure by themselves (Brandt, 2004). Psychology is one of the soft sciences where human judgement is important. In cases where there is adequate experience there is a possibility of acceptable creation of fact from the data. In this study it is intended for use in intervention. Action research is reflexive, and living theory action research was found to be the suitable method. During the process the observation tended to influence the subject. It happened, therefore, that the subject being discussed did not remain the same as it was before the investigation was made. In action research any question is already an intervention as action leads to attempts to addressing it.

I attended a workshop offered by an internationally renowned action research expert Professor Jean McNiff at the Groenkloof Campus of the University of Pretoria on the 7th of March 2006. Follow up sessions on the understanding of the method included personal and email communication with the supervisor, as well as concerned members of the Kingsway community. In seeking help on issues I consulted many experts and fellow researchers, and the written work was critically reviewed by one or two people before it was sent to the supervisor.

Vallaster (2004) argues that the combination of multiple evidence of testimony in absence of factual evidence rests on the hypothesis that certainty of the role players' judgements can be increased by increasing the number of opinions that are being aggregated. This study used multiple-evidence by using many participants (research team, councillor, educators, nurses, interest groups) who had experience dealing with people living with HIV. However, a problem may arise when several experts or several participants of an event have contradictory judgements. The problem would be to establish the most logical and relevant viewpoint pertinent to the study context. Fortunately, this study did not have this problem. It was characterised by consistencies regarding the need of a VCT establishment in Kingsway and common understanding between the participants that role players of this study should continue to be involved when a VCT is established in Kingsway. It was also relatively easy to reach consensus on issues and conclusions made.

Implications for my practice

Consensus in formulating facts was easily reached. This showed that the process forward, where a VCT site in Kingsway was to be established, would be based on a common understanding. I learned that facts are realities that are based on relevant premises and backed by evidence. Scientific facts should be verifiable; otherwise they do not easily maintain their status of being facts.

3.5.2 Selection of Appropriate Standards

There is increasing recognition of the need to evaluate qualitative research with relevant criteria. Opinions differ regarding what constitutes high quality research and what the appropriate standards should be for qualitative research (Tornquist & Funk, 1990). There is also sometimes a lack of recognition of differences between qualitative approaches. The criteria discussed included investigators' ability to discover, describe and label an idea, conceptualise assumptions to bracket an area of study, recognise the activity and roles between a researcher and the researched, develop detailed descriptions of the context of the data and link the data to application in a useful way. In this study I introduced the idea of establishing a VCT in Kingsway, and then consulted other people to ensure that the idea of the need continues to develop. This research is a passage to actually establish the needed VCT in Kingsway. Additional criteria identified as relevant to qualitative research include demonstrating expertise in the particular paradigm and method being used, providing clear rationale for the approach, having a project of manageable scope, clearly stating the purpose of the research, comprehensively discussing the literature, outlining issues of sampling and demonstrating knowledge of data collection and analysis strategies (Cobb & Hagemaster, 1987). Truth value, applicability, consistency, neutrality, auditability and credibility also have been discussed (Sandelowski, 1986).

Strauss and Corbin (1990) discussed specific criteria appropriate for evaluating research. These criteria include appraising adequacy of sampling, analytic procedures, and validity. The three criteria for evaluation of this research are substance, clarity and integration. The term "substance" refers to major ideas relevant to this study that are well developed and differentiated. "Clarity" refers to key ideas that are precisely and logically presented and are well organised and worthy of being in this study. Clarity occurs through consistent arguments that a VCT is needed in Kingsway. "Integration" means key ideas that flow coherently throughout this study, appropriate to the research process. Integration of arguments show that I needed to know more about VCTs in order to be able to assist in the establishment of a VCT in Kingsway. The role players

took note that the study was expected to demonstrate significance and originality from a scientific and technical position, adequacy of the methodology to carry out the research, qualifications and experience of the principal researcher and participants, reasonable availability of resources, reasonableness of the proposed budget and duration, human subjects and environmental hazards. All these offered valuable information. The strengths and weaknesses identified through the process were noted. This was intended to expand the understanding of the processes involved in the evaluation of qualitative proposals.

What I have learned

I learned that standards are important because they lead to quality results. In academic research, standards are contained in literature. The expressions used were necessary as they came from researched literature, and are successes that were achieved from developed countries. Using standards reiterates the earlier discussion about using benchmarks. The literature above confirmed to me that this study was being modelled along the set research standards of action research.

3.5.3 The Process of Analysis and Interpretation

Data analysis is when the data are unpacked systematically in search of the meanings contained in them. Action research living theory as an accumulative process of understanding that leads to outcomes with pragmatic application in the communities in which the research is done. In this sense we do not analyse, but we build a case to deal with a specific problem (McNiff, 2007). In this study participants are gathering evidence or information to build a case for establishment of a VCT in Kingsway. This is how learning takes place in this study for the participants to understand the necessary essentials for establishing a VCT in Kingsway.

I also wanted everyone to emphasise justification of their input relative to the objectives of this study. The weight that was attributed to the individual opinions in the integration

process depended on the importance of, and the link with the objectives. In line with the work of Conwill (2003), Creswell (1998) and Craft (1995), among others, the process started by reading in the available opinions and ended by writing out a judgement. This process was divided into three sub-tasks, namely, *combine*, *doubt* and *reinterpret*.

The task, *combine*, required that each person generated their own interpretation about each issue. Then the entire research team (me, social worker, and clinic staff) sat down to merge or consolidate all the input. The idea of *combine* in this study was to reach a judgement by consensus. This required a time limit to ensure that other issues could be discussed and to avoid talking around in confusing circles. The input was made singly by random sequence at, or by a participant volunteering his/her contribution. *Doubt* required that each input made be given a chance to be heard and the contributor explain its relevance and value to the study. It also enabled criticism where necessary. Then the research team sat down to scrutinise the input made. *Reinterpret* consisted of the final input either in a rephrased form according to the group, or as was initially given by the contributor if there were no changes made in the original input from the participants.

These tasks are briefly viewed as follows:

Combine is a task intended to bring all ideas together and consolidate them, take what is necessary and useful and so enrich the input. This is a fairly easy step in which some ideas are shelved for the next step. It also makes the contributors of the shelved ideas concerned as to what would happen with their contributions and they start to look out for the next step.

Doubt is intended to scrutinise the initiatives according to the criteria and standards explained in the previous sub-section. Some shelved ideas are then evaluated to find where they fit. Not all of them fit and emotions may erupt when some contributors think that their ideas are thrown out.

Reinterpret is a step in which the ideas and input given are assessed to see whether they fit the purpose of the study in their entirety, or should be removed for being irrelevant or valueless, or rephrased if they can be of better value to the study.

Sometimes the reinterpretation leads to changing the initial research topic in an attempt to increase the scope and incorporate related ideas. This study did not change for this purpose, but an attempt was made to rephrase and redefine the initially unsuitable or irrelevant input in the writing up of it. It was not possible as some of the ideas were confirmed to be completely unsuitable and were thrown out after full agreement of all the participants. These tasks are formally explained as follows:

3.5.3.1 *Combine*

In this study I did this task (*combine*) by aggregating the opinions of the participants and weighting them by their relevance to the study. Each time the overall evidence led to an agreement, *combine* succeeded and returned the aggregated judgement. If consensus was not reached because evidence was too weak or inconsistent, the *combine* method indicated to the contributor whether the task should be abandoned for another mode. For example, sometimes the process of scrutinising the input angered some participants. There were times when there was friction and a contributor being questioned took the criticism personally and threatened to withdraw. At this point it required my intervention and a plea to view criticism as constructive rather than taking it as a personal attack.

3.5.3.2 *Doubt*

The function of the *doubt* phase is to select input for successful reinterpretation. It is the stage where contributors needed to show a conscience regarding their input, and explain it to all other role players. This step, when applied to this study, was problematic because the participants made mistakes at times. The mistakes included participants presenting opinions that were inconsistent with the evidence, selecting opinions that were inconsistent with prior opinions held by the same informant on the same topic, or selecting opinions delivered without request. Participants would also select totally "unsuitable" opinions. However, we deliberated and probed until the doubt was cleared and consensus reached.

3.5.3.3 Reinterpret

In the *reinterpret* stage the research team attempted to find what personal motivation led someone to voice an opinion when there was doubt about it being based on impersonal observation and interpretation. The goal of *reinterpret* was to ensure that the supposed information was relevant, accurate, worthy of inclusion and consistent with other relevant issues. The *reinterpret* process in this study was difficult because it prompted me to let go of the ideas I held earlier that I was ready to contribute in a VCT establishment. This meant, in some cases, the team having to deal with self-serving opinions. Reasons mentioned for doubting might be used also for successive reinterpretation. Each day was completed with reflecting on the day's discussion. I apologised in cases where some participants could have shown anger or discouragement when their contributions were scrutinised.

What I learned

People are different and sometimes they want their issues to be taken seriously even though most members can demonstrate their worthlessness. The process entailed us (the participants) combining our ideas and then scrutinising them because of existing doubt. We then reinterpreted these ideas to find a way forward. Selfish reasons were used in some arguments and threats to withdraw were also made. However, comforting, explaining and communicating kept the momentum going up to the end.

3.6 DISTRIBUTION OF RESULTS

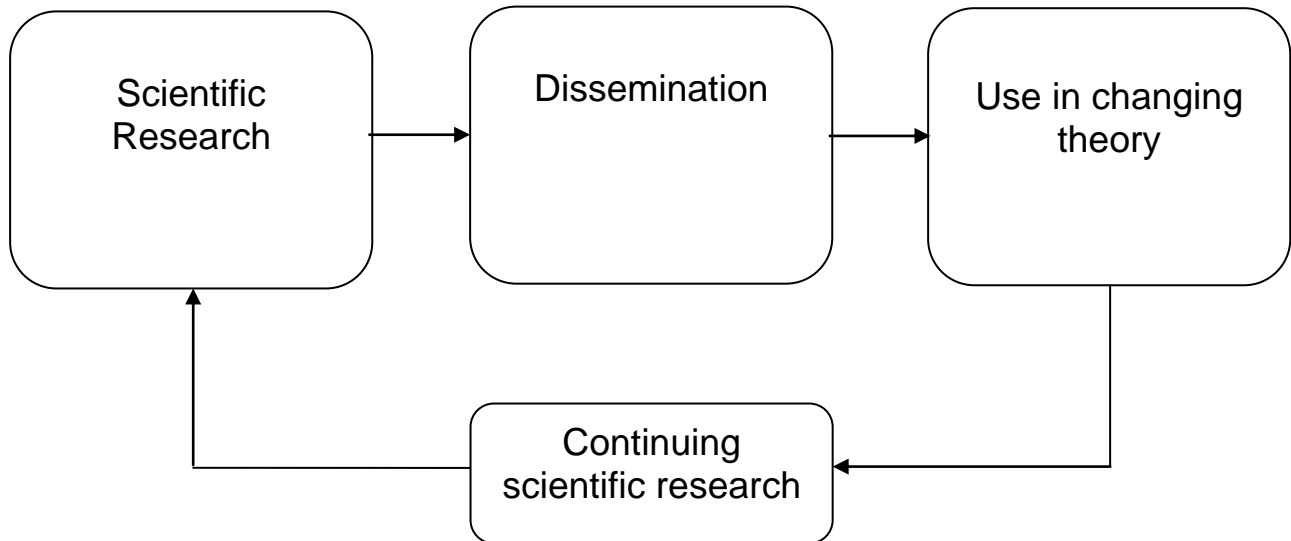
3.6.1 Scientific Model

In the living theory approach, research is an effort to improve the quality of life. Hence, it is important that the accumulated knowledge be implemented in the everyday world

where there are possible users. Therefore, the distribution of the results findings and recommendations is an essential aspect of research. In general, failure to share the results of research with others is simply as good as having not done the research. The results of scientific research may be used by some researchers to pursue additional or related research. Other researchers may want to test if the findings of their research are valid by using similar conditions. In applied research the objective is to practically effect implementation of the recommendations. A scientific model is vital in distributing the results because it enables the particular research guidelines to be adhered to at all times. There are plans to distribute the results of this research to possible users, including the councillor and the Kingsway clinic matron. A copy of the dissertation will also be donated to the Benoni community library. Some role players (the councillor, the social workers, possible sponsors, and interest groups) will also get a copy for their own appreciation and possible use.

Figure 3.1 below demonstrates the processes used in disseminating the results of research using “the scientific method model”. This figure is a crucial framework of most scientific research. The action research model of this study is based on this scientific research dissemination model. The model is highly theoretical, but valid in the sense that it is the core of the results of all scientific studies. The principle to consider in dealing with this scientific model is that, initially at least, the results of scientific research are applied in science and not in other fields of practice. That is, the research results are used to support, confirm or deny the propositions of formal scientific theory. The figure shows that scientific research finds its application in science and the scientific method. In effect constant attention is given to the same issues over long periods of time. However, action research is different. The whole purpose is to take research from an academic theoretical form and make it useful or meaningful to people in the real world.

Figure 3.1: The scientific research dissemination model



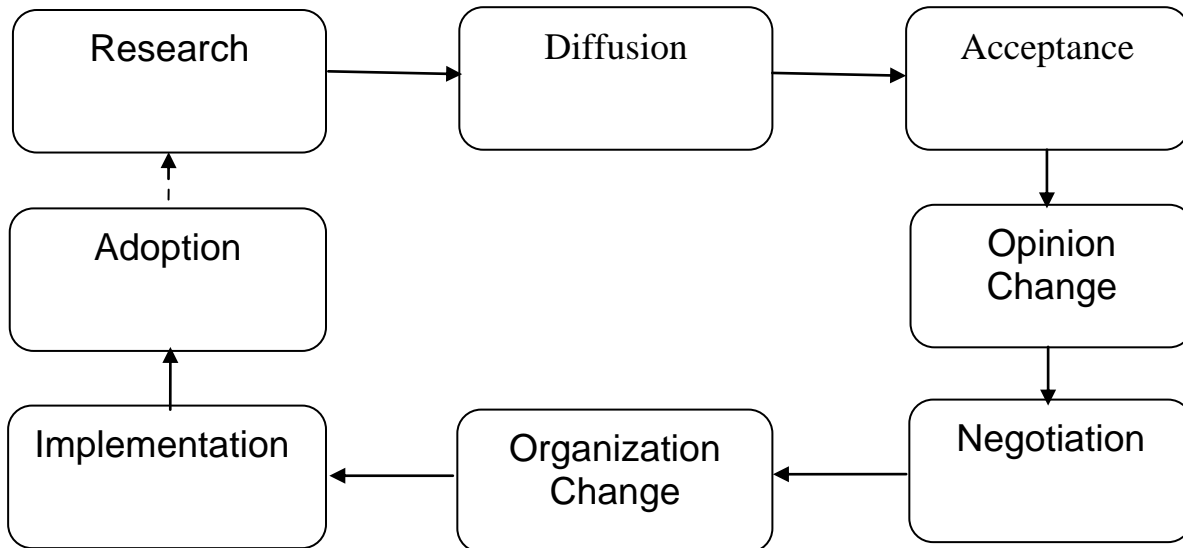
Source: Wilson, T. D. and Streatfield, D. R. (1977).

3.6.2 Evolution of the Scientific Model

Since the scientific model is still required in research that involves management of organisations, it is important to understand its application in the practical world. It should be adapted through some evolutionary process to ensure suitability of application. This research is applied research, related to problem-solving in the real world. It is carried out in an everyday organisational world in which the application of research results necessarily involves some degree of community change. Conwill (2003), Creswell (1998), as well as Lenhard, Küppers and Shinn (2006), among others, state that in action research dissemination can bring about some degree of organisational change, in which case the process may be given in the format of Figure 3.2 below. However, dissemination of research results alone cannot bring about the necessary degree of organisational change. The unlikelihood of this happening is shown by using a broken line. The reason for this improbability comes with the reality that it is necessary to change attitudes. Social psychologists have indicated that attitudes are deeply rooted

and difficult to change. Thus the vigour of a research finding should be so irresistible that the need for change is both recognised and the will to change is stimulated.

Figure 3.2: Organisational implementation of research



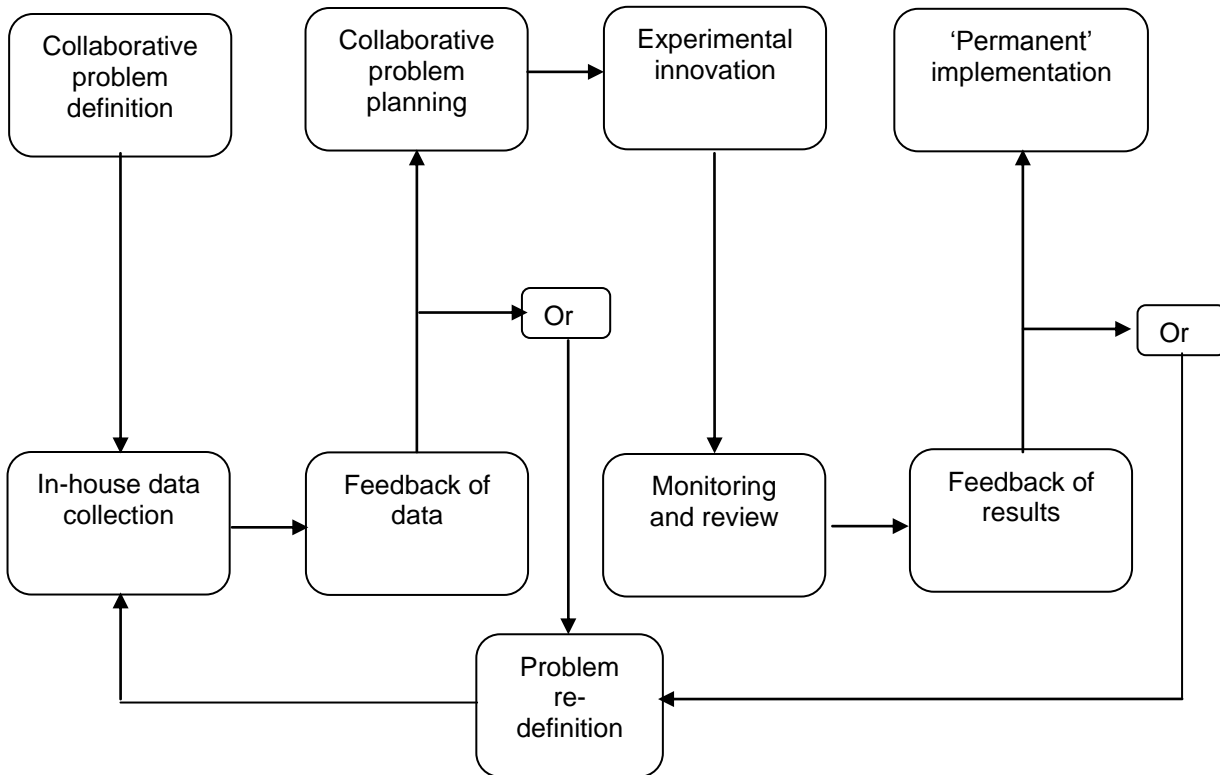
Source: Lenhard, Küppers and Shinn, (2006).

3.6.3 Distributing Results of Action Research

Writing up and formulating the report, in my opinion forms a vital part of the development of one's living theory. It is only when we can communicate it effectively that the pragmatic or real world value has a chance to actualise properly. This research is living theory action research. The dissemination of its results happens automatically in that it is built-into the entire research process (Schoeff, 2001, Wilkinson, 2000). The basis of living theory action research distribution of results is the scientific model. The appropriateness of the scientific model was illustrated in the evolutionary phase involving organisational implementation of the research in which application was emphasised. This phase showed the expansion of the basic scientific dissemination model. Action research is an illustration of the application in the second phase of the

evolutionary process and serves as an endpoint in that process. The process presented can be explained best by reference to Figure 3.3 below. This figure is more complex because the process is more complex and better defined than the 'dissemination' model.

Figure 3.3: The action research model



Source: Winsberg (2003).

This research was fully guided by the above action research model. Firstly, I defined the problem formally in order to make it functional. This stage of the process was a collaborative effort involving the practitioners (i.e. the supervisor and participants) and I. This collaboration of role-players went as far as the action planning process which included the most logical and relevant aspect. In addition the research was problem-focused. It addressed the problem of no VCT site in Kingsway. The process also has application and evaluation incorporated through the experimental innovation stage. The

action research model enabled organisational problem-solving in which I played the role of an external consultant.

My experience

I find it pleasing that my research can be portrayed in an already approved scientific model. The deliberations in the last section were presented using models. These models provide useful summaries. They also simplify the explanations.

3.7 COMPLEXITY

Many projects, including research, have difficulties that lead to non-completion if these difficulties are not anticipated beforehand. In this study I searched for possibilities and found some possible complexities that many other studies went through. I established ways to address them.

3.7.1 Anticipated Difficulties

The complexity of the study is often enhanced by the explicit impracticalities of the research. Initially, there were difficulties I was likely to face when trying to negotiate entry to Kingsway to carry out action research essentially because action research was viewed as an excuse to penetrate into the organisations' secrets. The councillor and the clinic nurses may also believe that their efforts in dealing with HIV/AIDS could have been undermined. It was therefore important that every loophole be closed and adequately dealt with to ensure that the possible barriers were addressed beforehand. Some of the likely difficulties that were anticipated are summarised as:

- ◆ The problem I postulated may have been non-existent, or it may be the surface effect of more deeply-rooted problems. If this was not detected before the research work commenced, I may have been faced with issues and difficulties for which I was totally unprepared.

- ◆ A variation of the above is that the problem may not be recognised as a problem by the relevant management staff (such as clinics and the councillor).
- ◆ I may have believed that the source of the problem was inside the organisation but management may think that it was in the environment or in some controlling body.
- ◆ My concern, in presenting my perception of the problems, may be in research as an academic activity. It may be difficult to negotiate especially if, for instance, I failed to realise that the councillor may be more concerned with programmes ensuring his own survival.
- ◆ Acceptance of my ideas may be a management ploy, a move in a personal power-game, or such like, rather than a genuine recognition of real the problems outlined.
- ◆ Key individuals may seek to direct the research towards the justification of decisions already taken.

3.7.2 Dealing with the Anticipated Fears and Difficulties

I took the initiative to address the anticipated problems in this study. I discussed at length with the parties mentioned and established the realities of the context of my research. In my analysis, the problems I had anticipated were addressed as follows:

- ◆ I documented the problems faced by the HIV/AIDS patients in and around Kingsway, and we discussed them including the nursing staff in the area;
- ◆ I used the councillor's speech as a reference to ensure a common understanding that there was a problem and formally deliberated with him how buy-in was encouraged as well as the go-ahead to undertake the study. In the end it was mutually agreed (between clinics and the councillor) that a problem existed.
- ◆ I believed that a VCT site was needed in Kingsway, but did not understand why there was no site for the many HIV/AIDS patients. It was thus vital to empower myself in order to be able to persuade both the organisation and management in dealing with the issue holistically.

- ◆ I was clear about my two-fold concern: (i) to achieve an academic objective that would (ii) practically benefit the Kingsway community. I negotiated with the parties who felt the idea of the research had merit and were willing to engage with it.
- ◆ I established that acceptance of my ideas was not a management trick in a personal power-game, but a genuine recognition that the problem outlined was valid and of mutual concern.
- ◆ I also established that no individuals sought to direct the research towards the justification of decisions already taken.

What I learned

I realised that there are projects and studies that were started but never completed due to obstacles that were not planned for. In the Kingsway initiative I intended to guard against this problem. This was the reason that in this study I had to determine ways to anticipate the obstacles and deal with them. Lack of cooperation was one highly likely obstacle, but I dealt with it by making participants part of the study. I learnt that there may be other obstacles that I could fail to anticipate. Hence in the process of my study I planned to be on the lookout for possibilities of additional complexities and then prepare for the possible ways to offset them.

3.8 CONCLUSION

In this chapter I explained the data gathering and generating of ideas, thoughts, opinions and beliefs that are useful in the understanding of the requirements for establishing a VCT site in Kingsway. I gave a clear description to the participants including the roles they were to play. Data collection was explained. In particular a justification of the use of the experiences of team members, and benchmarks they should apply, was given. The significance of reliability for this study was also explained. The concepts of validity and authenticity were described as well as social and ethical validity and how the study benefited from them. Data interpretation and production of evidence were elucidated. I also justified the determination of criteria for a qualitative

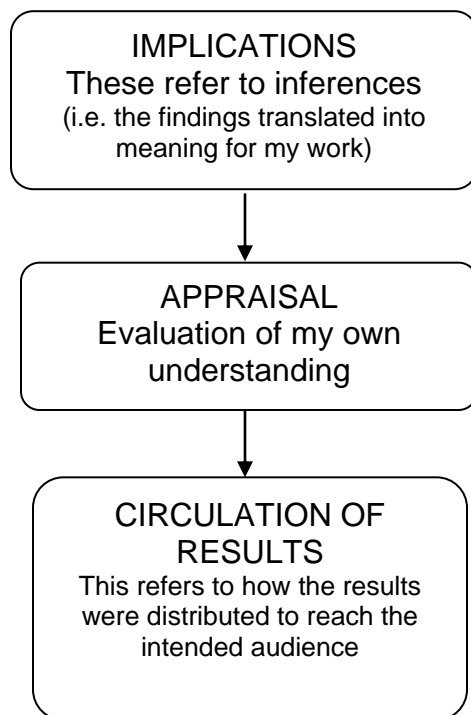
study as well as how this study used the various criteria. Implications and consequences are explained in the next chapter followed by evaluations of appraisal of the processes utilised including the dissemination of the information gained in this study.

CHAPTER 4: IMPLICATIONS, APPRAISAL AND CIRCULATION OF RESULTS

4.1 INTRODUCTION

The results of any study should have relevance to the stated objectives. These are the research implications which are scientifically referred to as inferences. These implications should be evaluated (i.e. appraised) in relation to the objectives, and then distributed or circulated for use. This is the stage at which my research findings are put forward. The three main sections are “implications”, “appraisal” and “circulation” of the results.

Figure 4.1: Implications, Appraisal and Results Circulation



From these sections the key findings emerged including their application. The section outlining the inferences deals with deductions made from the findings. The one in which the “evaluations” are discussed deals with how the research can be appraised. Propagation examines how the influence of the study can be extended through the creation and dissemination of practitioners’ accounts. The actual research process I went through, together with the models presented in Figures 3.1, 3.2 and 3.3 in Chapter 2 resulted in a model presented as Figure 4.1. Discussions of the key findings and lessons learnt from the study complete the chapter.

4.2 IMPLICATIONS

4.2.1 Grounds for this Research

My observation is that HIV/AIDS is an emotionally as well as physically painful state for those suffering from it. In the words of the patients themselves, the pain realised is worse for the victim when there is no regular support from a health institution. One patient I met during my visit to the Kingsway mobile clinic shared with me that “Kgaitsemi, e a mpolaya mowa le mmele kokwanathloka e” (Literal translation: “Sister, it is killing me emotionally and physically - this virus”). There may be some relief when an HIV infected person or AIDS patient can afford expensive treatment. Poor communities, such as the Kingsway community, unfortunately, cannot afford HIV treatment. Consequently, they end up suffering the maximum HIV effects. While these poor people cannot afford the treatment support from government may be effective if readily available. At the time when this study was initiated, HIV patients in Kingsway were supported by a mobile clinic that visited Kingsway only on certain days. This means that help for the HIV/AIDS patients was not readily available. Face value observation that this clinic was ineffective in addressing HIV/AIDS was confirmed by the participants that I worked with and spoke to.

The need of HIV/AIDS patients to be treated for HIV did not necessarily coincide with the programme of the mobile clinic. Some patients only realised the desperate need for treatment on the days when the mobile clinic did not visit Kingsway. As a result the HIV/AIDS patients, who could afford it, would travel to nearby areas which had a VCT site, or to a nearby area with a clinic that treated HIV. Others could not get the treatment because they had no money for transport. Furthermore, it was quite uncommon in Kingsway to have money for travelling to a nearby area. The patients with HIV and/or AIDS need frequent regular support which unfortunately was not available from the mobile clinic. The need for a facility to test for, and treat HIV, was identified as an absolute necessity in Kingsway.

What I learned

I realised that if my idea to establish a VCT site in Kingsway became a reality, then the impact was most likely to be positive for the HIV/AIDS patients in the area. I witnessed the positive response from many different people that a VCT site in Kingsway was a good idea. The same patient, who indicated the pain of having the virus, pleaded by encouraging that “Re thuseng ka sepetlele seo sa visithi re kgone go thusega. Ga jaanong ga re ne thuso ya maleba ka gonne re sotlega bathusi ba fetile. Nna ke bona e tla nna mosola tota mo bathong” (“Help us with that VCT site so that we can be helped. Currently we lack proper help because we suffer when the clinic is away. I personally believe it will be of help to people.”). I learnt that a health project can be initiated and justified when people’s health and quality of lives can be improved.

4.2.2 My Principal Concerns

I was concerned that Kingsway HIV patients were not receiving effective or efficient service/treatment as their ailment required. I then produced descriptions (the need to establish a VCT in Kingsway and my learning to have information to be able to assist) through this research of how I could reconceptualise my intended contributions within psychological practice. (The research proposal for this study is the evidence of my

intentions to contribute). These descriptions exposed the difficulty of understanding what it means to live an HIV free life. These descriptions also exposed how knowledge can be disseminated in living theory action research, and how the knowledge-dissemination process can be a major component in psychology.

Taking part in this study has provided me with constructive guidance about what approaches to initiate in the proposed establishment of a VCT site in Kingsway. The task of lobbying for the VCT site is a worthy initiative, but some initial thoughts that I had about the possibility of a VCT site were irrational. This study has helped me to choose the right direction. It was an enlightening process for me. This realisation would not have been possible without this study. The concern that the Kingsway HIV patients do not have a VCT site evolved into an interest to guide the establishment of a VCT site. The academic study was valuable in providing the formal guidance and training that enabled me to obtain the required understanding to launch such an endeavour in Kingsway. My current concern is to see that the acquired information and knowledge (regarding HIV/AIDS issues and patients) be put into practice in the actual establishment of a VCT site in Kingsway.

What I learned

My study supervisor wanted to make my initial proposal a worthy reality and fortunately the research team members were willing to participate. The councillor was equally supportive upon realising the potential of such a study in the East Rand and its likely end-result. This positive response from the participants was most encouraging. These realities indicated to me that a worthy concern is worth sharing so as to allow feedback to enrich it. Once shared and feedback obtained it becomes easier to evaluate the perceived worth coming from a single source. A larger sample giving consistent responses gave me confidence that the results are authentic. Various role players from different backgrounds were involved in roles for this research. I was encouraged that the proposed plan was more likely to lead to involvement. Hindrances were minimal and there is the promise of future co-operation for the actual implementation of the project.

4.2.3 Benefits of Action Research

Action research starts with action learning (Keiny, 2002). The research participants, including myself, benefited from this learning. After I learned about a VCT and the possibilities of its establishment in Kingsway, I realised that my proposed contribution was valued and that I was able to make a contribution using what I learned. The other benefit is that action research is an ongoing process with a number of useful phases/milestones which benefit the participants and the people who are intended beneficiaries. The participants, in this case, gained an opportunity to learn certain skills and became aware of the specific needs required to establish a VCT site. One participant requested to be involved when in future a VCT is established in Kingsway. She said, “Nam’ndicela ningandilibhalengokufakwa kwilagroup ezokuieyenza laVCT” (“I also request to be invited to contribute my knowledge when you establish that VCT”.) The Kingsway HIV patients also hope that they will benefit from the services when the VCT site is completed. (The previous patients I met at the mobile clinic also indicated it will be useful for them as HIV/AIDS patients.) Action research helped team members to work in innovative and supportive ways by agreeing that buy-in be obtained from leading figures in the community (such as the councillor) and potential sponsors for a VCT. Their individually valuable efforts were complementary, bringing about a synergistic relationship in which contributions of a team bring higher value than if separate contributions were made. Colleagues’ professional capacities were also enriched. New relationships were established and old ones improved. The other important aspect that arose with living theory action research and learning was that of sustainability. The effort to acquire personal understanding needed to establish a VCT site produces information that can be used to monitor and sustain the VCT. In the end (living theory) action research contributes in addressing the existing problems in environments of interest.

What I learned

I learned that action research leads to at least two benefits. One benefit is that I, or any researcher, is compelled to gather information in the process called action learning. I

was obliged in this research to actively learn what I need to know to help establish a VCT site in Kingsway. This led me to find out about some of the issues involved including the HIV/AIDS pandemic itself. Another benefit is that the objective of the action research is to do something about solving an existing problem.

4.2.4 Teamwork

I discussed the idea of establishing a VCT site in Kingsway with the relevant councillor research supervisor and professionals in the health services as well as patients whom I met at the clinics asking for TB and pneumonia treatment. Letters of correspondences are found in appendices of this dissertation. I initiated the project in a multiple capacity as the facilitator, project manager, evaluator, supporter, mentor, adviser, as well as a colleague to the team members. I worked at many levels, applying information from the research supervisor, sharing with the project team members, giving advice at team meetings and working with team members at their individual levels. Other participants also worked tirelessly to meet and share information with the councillor, local government representatives and utilise input/feedback for the research team. These team members introduced the idea that we could work together even though we differed widely. This showed that in a society that notionally espouses pluralism it is necessary to recognise and live with diversity to the extent that all are valued regardless of their beliefs and practices.

In this study a need arose for generating a new form of knowledge to constitute a process of social renewal. I personally wanted to acquire personal understanding of the requirements for the establishment of a VCT site in Kingsway. This was a huge challenge whose enormity I did not realise until I started actually participating in the endeavour. It was difficult and sometimes confusing, but the support and guidance from my supervisor carried me through. In turn the team depended on me for guidance. Without the supervisor the team with which I worked in this undertaking would have failed. It involved understanding how to conceptualise reconciliation as part of a

potentially conflictual process of knowledge generation, itself a latent source of conflict. The team members argued a lot. Sometimes it was as if some were frustrated and ready to withdraw from the study. My commitment to processes of emergent understanding, through discernment and critical reflection on practices, was well characterised in terms of the self-studies of participants and resultant helpful appreciation of how to deal with the issues that arose. Participants knew that they could gain more insight by working together because they acknowledged their own weaknesses and strengths. The participants in turn produced their accounts of research practice to show how they were trying to apply their values consistently.

What I learned

I learned that for teamwork to lead to useful results in a project, all the members should at least be committed to the tasks and have a common understanding. In this study it was clear that communication produced most of the mutual understanding necessary for the success of the project.

4.2.5 Appraising my Authority

I brought awareness to the research effort of the powerful contributions of recent studies in psychological research. I had studied to develop new epistemologies (Zeichner, 1999), demonstrate the significance for the research practices discovery, integration, application and sharing information (Boyer, 1990), and the importance of developing appropriate standards of judgement for testing the validity of claims to knowledge that are made through the processes of self-study (Bullough & Pinnegar, 2001). From the work on evaluation I was aware of conceptualisations of evaluation (Kushner, 2000) as personalised accounts of practice. This fitted in well with my personal understanding of evaluation as a transformative process of knowledge-creation in which embodied values emerge over time into observable forms of practice that are manifestations of these values. These observable forms of practice became the “living” criteria by which I judged the practices of this study.

In one of the team discussions (on 11 July 2008), the members proposed that we form a consultancy to deal with VCT issues in other areas. This clearly indicated that the team members held themselves to account for the research work and its' understanding. My evaluation was an integral part of the whole process of individual knowledge creation as I addressed the question, "How does one achieve an understanding of the requirements to establish a VCT site in Kingsway?"

During the process the team explored new forms of professional learning appropriate for encouraging a living engagement with HIV/AIDS issues. This involved moving from a traditional position of accepting that Kingsway only has a mobile clinic to one in which HIV/AIDS can be better treated at a fixed venue. Acquired knowledge was practically applied while I attempted to understand the possible contribution towards establishing a VCT site for the Kingsway people. The team members served as advisors and evaluators for the project.

What I learned

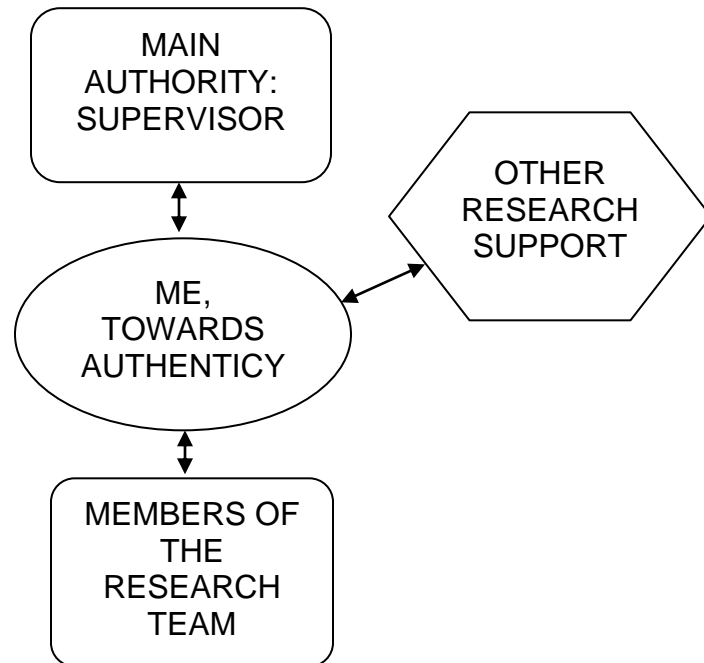
My observation was that sharing information with the right people gave me a platform to put my ideas forward. The path I took, which entailed a formal research project to find ways of understanding my requirements for establishing a VCT site in Kingsway, also enhanced my profile. The support I obtained from the supervisor, the incorporation of ideas from some constructive people, and the logical integration of aspects used to complete this study placed me on a platform of authority. The milestones achieved during the project were the test of my authority.

4.2.6 Achieving Authenticity

The feedback obtained from the research supervisor, as well as Mr. Louw's (my former lecturer) guidelines on action research were followed throughout this study. When needed I had extra consultations. The research team (me, social worker, and clinic

staff) monitored its own practice over the eighteen-month period of the research. However, through me they depended on the feedback from the research supervisor. In this process I was the main link to every source of contribution.

Figure 4.2: My research path



This research then produced the necessary explanation of the work that I was required to disseminate. (This document is the result of all the efforts already mentioned). These accounts demonstrate how the team worked collaboratively with other stakeholders and decision-makers in creating the kinds of contexts entailed when considering establishing a VCT site in Kingsway including the suitable methodologies for such establishment. These insightful efforts encouraged personal self-esteem and improved social relationships among the team members even though there were sometimes disagreements.

The joint effort showed how the team members were able to reflect on the process of generating their own knowledge. In a discussion forum/workshop held on the 4th October 2007, that involved the councillor, nurses and the research team, the team members indicated that they were able to identify their values as applicable standards of judgement in support of their claims of personal understanding concerning the requirements to establish a VCT site for the Kingsway community. We gathered on the 8th June 2008 at the Benoni Lake to discuss the work done. This was also an informal (somewhat social) gathering to celebrate our participation and success on the project. The councillor termed that gathering a “celebratory conference”. The claims of having gained knowledge about launching a VCT by the team members were also validated by participants and the councillor at this celebratory conference. (Since the above meeting was informal/social there were no minutes taken.)

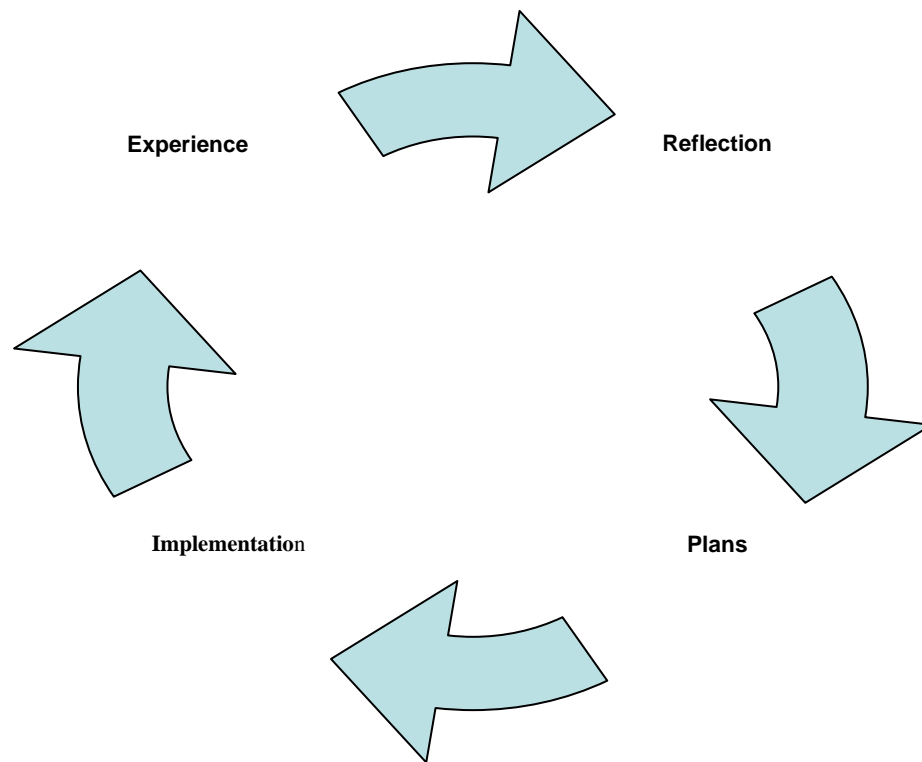
What I learned

The work I used in this study consisted of perspectives from scholars in South Africa using their dissertations (Louw, 2000), and others (Whitehead & McNiff, 2006) from abroad through workshops. I also was informed by the relevant people of power (the councillor) and of skill and knowledge in health issues (nurses). The issues were corroborated by the observations I made regarding the HIV/AIDS patients in Kingsway. I shared my concerns widely enough with relevant people.

4.3 APPRAISAL

In appraising the knowledge acquired in this research, a schematic representation is given to show that learning took place at each step. Reflection immediately followed. Since it was my understanding that was at the centre of this study, it is the one that was appraised. The pattern of the appraisal occurred as follows:

Figure 4.3: To-and-from action-reflection cycle of this study



4.3.1 Assessing my Understanding

When I started this research, I thought that a VCT entails a physical building and nurses for patients. It did not occur to me that social issues (i.e. lifestyles and sexual conduct) and psychological issues (trauma of an HIV patient) were also of great importance in handling such patients. As I assess my present understanding I still remember what I knew and what I did not know when the interest to undertake this research emerged for the first time. I believed that the HIV and AIDS patients in Kingsway needed a more developed fixed health facility to help them to manage their HIV/AIDS problems. However, I did not know initially how the Kingsway people felt about this issue. I realised though that many other people, such as the professionals in health services, as well as some people in the local government, were also concerned about HIV/AIDS in

Kingsway. However, I did not know where to start addressing these concerns. I also did not have the full courage to actually start. I started by discussing my concerns with some influential and relevant people (See letters from clinic and councillor in Appendix A).

Health professionals, mayors and councillors, community members and the clients of the mobile clinic believed that my efforts to understand what was needed to establish a VCT site in Kingsway was a good approach. I also understood that in order to establish a VCT site, it was necessary to obtain co-operation from people with political power, influence and access to finances. Even then I perceived that teamwork was vital. However, I still needed to find people to participate in the undertaking. I also did not yet know what (and how) they would contribute in my understanding of the VCT site requirements for Kingsway.

Since there was such interest in this study, I undertook to distribute the results of this study to the councillor, the local educators, police forums, social workers, NGOs, the nursing staff of the mobile clinic, possible sponsors, journalists and available community interest groups. The presentation of the study highlights the research problem, aim and objectives, the methodology followed, the research results, and the possible research benefits. It also gratefully acknowledges all the participants.

Some potential sponsors indicated their willingness and extent to which they would be able to contribute when they are formally approached by the mayor and the clinic. However, they indicated that they would only commit in writing when a formal application was made from the mayor's office. Clinic nurses and other participants also indicated that they were also willing to be involved provided they were told what to do. My interaction with the various groups encouraged me to develop a formal proposal for establishing a VCT site in Kingsway in which I would be the project manager.

What I learned

At every point of this study, there was some feedback from various role players (nurses and educators in focus group meetings regarding VCT and HIV/AIDS issues) that I implemented instantly. As a result the research process became a cycle. This was useful because after deliberating with numerous people, my understanding of VCT and HIV/AIDS issues became clear, and could be incorporated immediately. The people developed a trust in me and developed interest in assisting me to make a success of the project. I knew that I had gained knowledge that would be useful in establishing a VCT site in Kingsway, but it was not enough. However, the people indicated their willingness to supplement my knowledge if I would start the project. I had discussions with the potential sponsors who indicated their willingness to support the project if the relevant authorities (such as councillor or matron of the clinic) formally approached them in writing.

4.3.2 Principles for Appraising my Understanding

The principles for assessing my understanding regarding establishing a VCT site in Kingsway were based on the questions:

- Is my understanding relevant? (Source: Discussions with people, including supervisor)
- Is the understanding logical? (Whitehead & McNiff, 2006)
- Is the understanding truthful? (Whitehead & McNiff, 2006)
- Is the understanding sincere? (Whitehead & McNiff, 2006)
- Is the understanding appropriate? (Whitehead & McNiff, 2006)
- Would my understanding be of any benefit? (Source: Discussions with people)

The next step entailed attempting honest answers to the above questions. Positive answers to these questions serve as motivation to embark on the study. For this study

the answer to each one of these questions was “yes”. Justification of the positive response was necessary. The explanations for the “yes” follow below:

Is my understanding relevant?

My understanding is central to the entire project. Since I was the one willing to engage with the relevant groups, I needed to be able to present my concerns to them convincingly. My understanding of VCT and HIV/AIDS is relevant because I am the leading member seeking authenticity to understand issues for establishing a VCT in Kingsway. Relevant to my understanding was the need to know more about the project to establish a VCT in Kingsway.

Is the understanding logical?

For my understanding to be logical, it requires that my idea to do this research be based on common-sense, be rational, be reasonable, be sound, be consistent, and be valid, among others aspects. I used common-sense to realise that HIV patients in Kingsway, who did not have a facility to support them, needed to be assisted by establishing a VCT. I see this concern as rational. Patients that we spoke to (the one who stated the need for a VCT), the councillor, nurses in the clinic and the willing team members were all consistent in their statement that a VCT is needed. In principle, the supervisor also agreed with the statement. The concern for the research was that Kingsway did not have an effective health facility to deal with HIV/AIDS matters. This was tested with various stakeholders who found it to be an urgent necessity. The stakeholders agreed that HIV/AIDS is a serious problem in Kingsway, a problem that needs to be solved. They also confirmed that the initiative to undertake this study was a step forward in the sense that no one had earlier thought of establishing a VCT in Kingsway even though the problem of HIV/AIDS has long been common. In this sense therefore, I had a logical understanding.

Is the understanding truthful?

Truthful understanding refers to my idea being logical, honest, straightforward, and appealing to the relevant parties. I believed that HIV infections were increasing, and this was also shared by Kingsway people. I also had the impression that AIDS deaths were rapidly increasing in this settlement. Furthermore, there was limited support for the Kingsway community and the HIV/AIDS patients in the area. The pain felt by the AIDS patient indicated the urgent social need. This observation demanded a contribution towards reduce it. AIDS patients tend to appear weak and thus approaching them and their needs can be daunting for some people. Above all, I trusted that empowering the Kingsway community with HIV/AIDS education and VCT support services would reduce the HIV/AIDS rate of death in Kingsway. If the help in dealing with HIV problems comes to Kingsway through establishment of a VCT, then the understanding sought is truthful.

Is the understanding sincere?

My understanding was also sincere, which means genuine, honest, earnest, heartfelt, and open. The research proposal was accepted based on the judgement that my need to understand and investigate was sincere. I had limited knowledge but was willing to discover more. My understanding and knowledge increased as the study unfolded. I had been a teacher who had witnessed AIDS orphans in the schools. The understanding of having a VCT site in Kingsway was also understood to provide counselling services for those affected by AIDS.

Is the understanding appropriate?

The understanding being appropriate refers to it being apt, correct, proper, or suitable for the prevailing circumstances. The problem being addressed where it occurs (in this instance Kingsway), and therefore my understanding was fitting for the conditions of Kingsway.

Would my understanding be of any benefit?

The benefit so far is that there is agreement that a VCT should be established in Kingsway to benefit HIV patients. We showed earlier that some research team members have already requested to be included as resources when a VCT is established in Kingsway. This is a benefit for planning and resourcing. Moreover, my understanding seems to have awakened the minds of some influential people who have already committed themselves to the idea that Kingsway should have a VCT site. The tangible benefits, however, will emerge only when the process is practically implemented by establishing a VCT site. On the other hand, with the amount of work already completed, failure to take the process forward will render this understanding to be a waste of time as well as the promised resources.

4.3.3 Action-reflection Cycle

This cycle is about experiential learning that requires trying out the research findings through experiment and reflecting on the emerging outcomes. It refers to translating theory and ideas into practice by applying them in a real life context and then observing the result with the intention to modify the research recommendations. This study provides theory for an effective VCT site. The guidelines gathered from this research are theory because they are not yet actual practice. Translating theory into application requires effort that includes accumulation of the agreed points about establishing such a site in Kingsway, designing an implementation plan for establishing a VCT site, deciding on resources to embark on the project, estimating the financial costs, choosing quality issues and determining the starting date of the project. Some reflection will be realised in the evaluation of the proposal, but there will be reflection throughout the project. Concrete application in this sense is therefore the tangible establishment of a VCT site in Kingsway. The research team (me, social worker, and clinic staff) believed that project implementation would start with developing an implementation plan to establish the required VCT site, drafting a proposal for funding and asking for permission to

establish a VCT site in Kingsway, obtaining funds and securing an appropriate location for building the infrastructure and then constructing the physical structures. Application would also stretch to the definite provision of VCT services.

4.3.4 Self-Assurance

As much as the research team needed to be certain that they were doing a proper task, I also wanted to know that I was doing a good job. I also wanted the job to be done well. Thus, we all needed self-assurance that the work on this research was done in the right way.

Confidence

I gained confidence throughout the process. Conviction was established through the discussions with various stakeholders. I increased my assurance by reading about action research and attending relevant workshops on the topic. Fieldwork with the team members assisted in ensuring that I incorporated feedback and positive criticism every time I received them. The team also gained their self-confidence by reading and adapting the feedback received from parties such as the supervisor and nurses from the clinic. It became increasingly apparent that this research project was acceptable because it followed the desires of the stakeholders. These gave me the confidence needed.

Course of administration

Interest in a research project is not enough to breed success without embarking on the actual research process. Instead, a superior flow of control gives confidence to the judgement that an authentic end result was reached. In this living theory action research the process by which an opinion was formed, from multiple-testimony, integrated a set of viewpoints into few well-defined and agreed conclusions. Multiplicity occurred from the assortment of participants that included me, the supervisor, the councillor, the research team, patients and the nurses with whom we all interacted. The importance

apportioned to the individual opinions in this integration process depended on the integrity of the information sources that produced the opinion and judgements used. The process started by generating the available opinions or concerns (need for a VCT in Kingsway) and ended recording a definite decision (that a VCT should be established). In the beginning of the study there was concern that AIDS patients in Kingsway lacked a support facility. I decided, after discussions with my study supervisor, that learning should take place to appreciate the establishment of a VCT site.

4.3.5 Knowledge Verification

My whole study was a journey whose route I had to learn while on the way, and whose destination was only hoped for. All I knew initially was that I needed to embark on a study to justify my concerns. I knew that I needed a strong argument to justify them. I lacked the experience to perceive that the process for finding evidence to justify my arguments would be intense. At the start of my study I had never completed a dissertation before. I benefited by being guided throughout the process.

The starting point of this study was being taught living theory action research. I also read books and journals on the subject, and attended several workshops on action research. The supervisor and experts from the overseas (Prof Whitehead & Prof Jean McNiff) played roles in this grounding. I depended on well-informed academics and researchers to help me acquire the theoretical knowledge that was necessary to undertake this study.

The chapters of the dissertation were submitted to the research supervisor chapter-by-chapter. I corrected the chapters using the feedback and re-submitted to the supervisor for further evaluation and completion. After the final correction of the fifth and last chapter, the chapters were consolidated to form the dissertation. The consolidation ensured that the chapters formed a single unit to address the research question. They also demonstrated a coherent flow of argument and ideas throughout the dissertation.

The dissertation was also submitted for evaluation and feedback. The supervisors' assessment enabled me to make the necessary corrections and resubmit the dissertation. In due course the dissertation was submitted in final form. The supervisor verified that my grounding knowledge was adequate. After a few more corrections from the supervisor's comment I was convinced that my dissertation was ready for examination.

What I learned

It became clear that acknowledging my limitations (inexperience in VCTs) was necessary so that I could ask for help. In doing this I had to open up thorough communication with relevant parties. I had to ascertain if it was absolutely necessary to engage in the tasks. I found it necessary to enrich my understanding of the issues involved. In order to have confidence in the idea; I needed guidance from the experienced people. I would be ready to implement my ideas once these knowledgeable persons confirmed me as having adequate knowledge for the research at hand. I willingly participated in the learning path and attended courses and workshops.

4.4 CIRCULATION

4.4.1 Propagation of the Results for this Research

Propagation (or dissemination) of results, according to Arnkil (2004), entails the distribution of results to the intended audience with the ultimate objective of implementation at relevant levels. The propagation of the results with their details is likely to amplify the odds of understanding the research findings and lead to the implementation of the recommendations. This suggestion is realistic especially when the process appears to be well-defined and clear. It can be trusted where the aims of research are not basic but applied. Research is a shared commodity because it is useless to produce an expensive product that cannot be consumed (Ballantyne, 2004).

That is, research results must be disseminated to the various users. This study will also be circulated to the relevant parties. For dissemination of this research, a bound copy of the completed dissertation will be donated to the councillor of Ekurhuleni. I will keep one copy for myself (as expected), and the electronic version for future reference. Other copies will be donated to the individual research team members. All these will be done at my own cost. At this stage the University of Pretoria has not given authenticity status to this work (through marking and graduation). Until then this research remains an incomplete project.

4.4.2 Action Research Model Dissemination of Results

The dissemination of results in action research takes place instantly in an action-reflection cycle. Information got to me immediately, and I am the one who needed to obtain feedback as I was in the process of learning about what I needed to know for establishing a VCT in Kingsway. I shared the information with the team members in this research. However, for wider coverage an attempt will be made to apply the research models presented in Chapter 3. Each model has useful points, but none of these models reflect all the significant issues of an action research. The results of this study were used to support the propositions of formal scientific theory. Instant dissemination of action research brought about the basic changes in my understanding of the requirements for establishing a VCT site in Kingsway.

In addition to the research team obtaining information regarding the VCT possibilities in Kingsway, this information was shared with other participants in the health environment in and around Kingsway through meetings organised by the councillor's office for development of the region. Many participants gained interest in knowing the needs and requirements for establishing a VCT site in their own regions. These meetings opened up for daily contact between the research team and the community structures that had the power to fund or influence funding towards establishing a VCT site in Kingsway.

What I learned

My supervisor insisted through monitoring and control, as well as by stating the point verbally, that this study be done for a worthy purpose. It needs to be useful to the environment for which it is prepared. As a result it needed to be quality work for distributed to the relevant parties for implementation. Thus, it was clear that the study would be distributed to the users, and action research required its implementation.

4.5 KEY FINDINGS

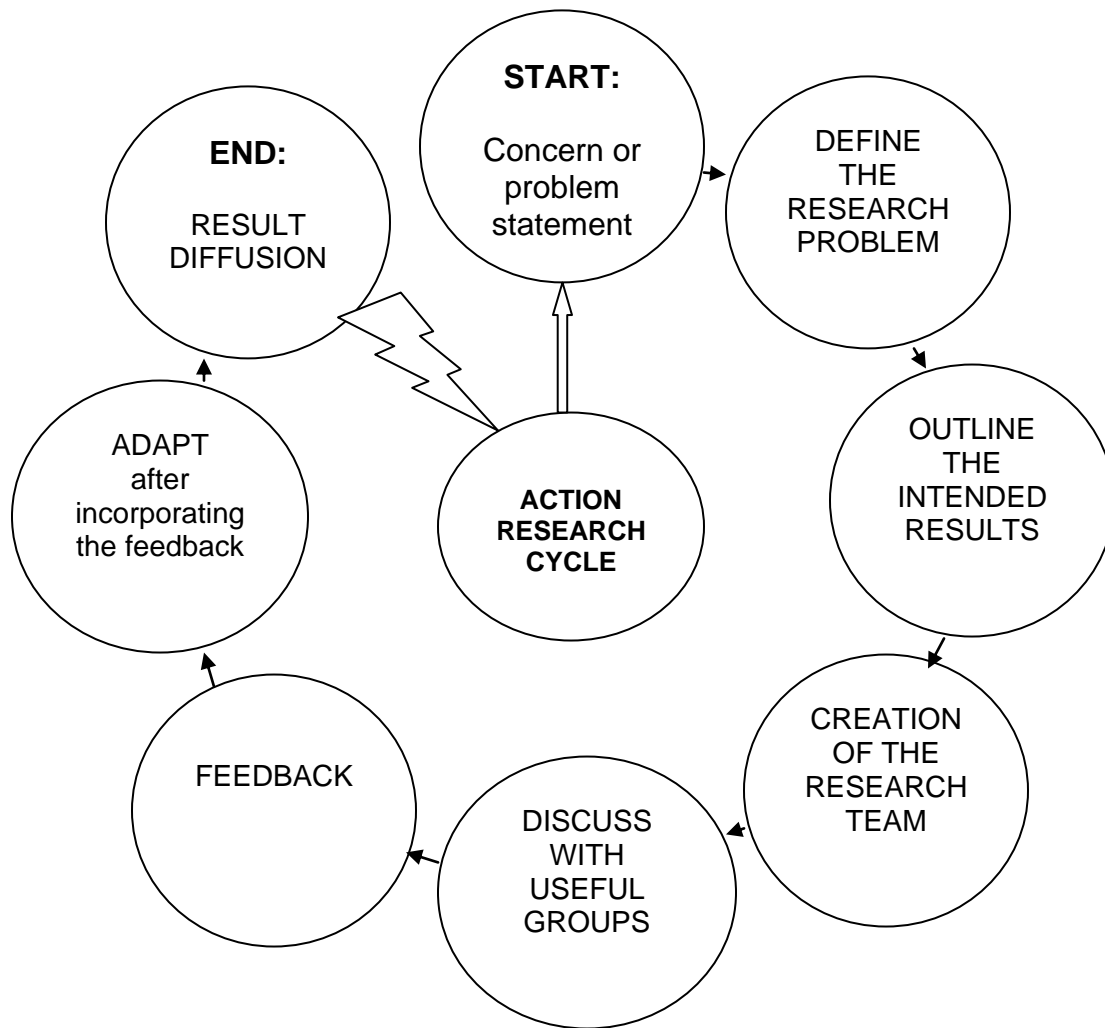
Without doubt, my values and ways of thinking have changed, and mainly for the better. When I started this research, I had values, some consciously and others unconsciously. My conscious values were: wanting to promote the "good life" for everyone (my focus was on AIDS patients) including involvement and transformation. My unconscious ones were: consultation (I consulted various parties prior to this research without realising that this was a vital outlook that I had) and agency (VCT site). Now my accumulated and transformed values are: promoting the "good life" for everyone; activism/involvement; sustainable change/transformation; the relationship between the individual and the community and the continuous, mutually beneficial interactions of these; diversity and unity/connectedness; consultation and agency.

The results of the study are that:

- Kingsway needs to have its own VCT site.
- Personnel of that VCT should include professional counsellors, HIV/AIDS educators, and trained HIV/AIDS nurses.
- Campaigns will be necessary to market and popularise that VCT.

A new model emerges from the findings to describe an action-research reflective cycle that was used in the study. The model takes the form as follows:

Figure 4.4: Action-research reflection cycle



This study made a number of important findings that mark progress and a milestone in VCT site establishment in Kingsway. These findings showed that a VCT site should serve as a platform for testing for HIV, disclosing the status and then obtaining the necessary help to cope with the ailment. In addition the research team made its assessment of the research, which was followed by a conclusion that had implication for practice. The detailed findings have been grouped under these four broad headings:

- Deciding on a VCT site (input from local government)
- Planning to establish a VCT

- Issues of relevance in a VCT
 - HIV status disclosure and testing;
 - obstacles and motivators to HIV status disclosure and testing.

The local government agreed that the study be undertaken. As they initially confessed that they did not have a plan to establish a VCT, they asked for the findings and the recommendations of this study to give them the basis for their planning for the VCT site establishment. These will only be delivered to them when the final dissertation has been accepted by the relevant academic authorities.

4.5.1 Deciding on a VCT Site (input from local government)

The local government approved the study and the councillor was looking forward to seeing its results (Appendix B). He shared the concerns and believed that once completed, the study would be used as a reference point for establishing a VCT site in Kingsway. However, there was nothing official because the study was incomplete and he was not prepared to put anything in writing because he was employed on a short term basis.

4.5.2 Planning to Establish a VCT

The plan to establish a VCT in Kingsway would involve various experts from range of backgrounds. The size of a VCT site for the growing population of Kingsway would be indicated through consultation. Possible sites would be pointed out and compared. Environmentalists would be involved to explain the environmental impacts, engineers to explain the soils and structures, estimators for costing and resourcing, health professionals to indicate if the site is suitable or not, and so on. These guidelines were shown to councillor who indicated his appreciation for the input. However, he wanted this study to be complete so that it serves as a basis together with the planning input.

4.5.3 Issues of Relevance in a VCT

The issues of testing for HIV and to disclose HIV status are important in establishing a VCT site. Thus, resourcing of a VCT should consider space for conducting tests. When considering resourcing and funding adequate space is required for conducting HIV tests and encouraging patients to confidentially disclose their status to the professional people in charge when they are ready to do so. The people in charge should be authorised to identify obstacles against testing and disclosing. They should also be empowered to motivate those resisting to test and to disclose to do so.

4.6 LESSONS FROM THE FINDINGS

My values of passion for living with morals improved to including other people in my ways of life. I am more passionate about helping other people, guided and maintaining a healthy and principled lifestyle for myself and others. Notable changes in my values were seen in my attitude about transformation. The issue of sustainability was added because I now believe that transformation should be sustainable to ensure continued or non-stop service. Also, in addition to the quality of activism/involvement, I have added the capacity to lead. This I demonstrated when I had to lead the research team (me, social worker, and clinic staff) at Kingsway. I also learned to liaise efficiently between supervisor and team. I demonstrated during this entire process that I could manage the project. I added the skill of consultation to my list and developed confidence in the practice. I learnt to be humble in making requests, but at the same time to be assertive by showing that my intentions are justified. The value of the relationship between the individual and the community as well as the continuous, mutually beneficial interactions of such relationships was demonstrated to me. I also added the value of connectedness in which diversity and unity had to harmoniously feature for the study to succeed.

4.6.1 Regarding Positive Outcomes

Need

HIV status testing and the disclosure of the status to a sexual partner may be associated with positive outcomes that include increased social support, acceptance, kindness, decreased anxiety and depression, in short, the general strengthening of relationships. Kingsway needs these attributes for its HIV infected people. In Kingsway it is therefore necessary to establish a health division to deal with this issue so as to enhance the well-being of HIV/AIDS patients.

Appeal for support

Most individuals who chose to reveal their HIV status reported that they experienced positive social outcomes as a result of disclosure. They argue that disclosure is a means to appeal to the loved ones to understand and provide the necessary support. These positive social outcomes included support and understanding from families and partners. Counsellors and psychologists can encourage further testing and revelation. These professionals are trained to deal with emotional issues. A counselling division would help to deal with such traumatic issues in Kingsway.

Interest to participate

In the daily discussions regarding the training of volunteers to carry out tasks for addressing HIV/AIDS problems, the research team members were all interested in being empowered. Through empowerment they would be able to carry out formal duties that could boost the positive effects already mentioned as well as generally assist to combat HIV/AIDS. There is interest in some people to support HIV/AIDS sufferers. Further training will help in managing the ailment.

4.6.2 Regarding Negative Outcomes

I realised in the study process that negative outcomes included people fearing to be blamed for the virus if found to be HIV positive, being dumped by a partner, anger by the parties involved, violence from outsiders and partners, stigmatisation, and possible depression. These effects seemed to have been less commonly reported among those who disclosed their HIV status than positive ones.

The fear by Kingsway people of the negative outcomes was a major barrier to HIV status testing and disclosure. It was pointed out that counsellors and psychologists may offer their services to promote desired outcomes. Counsellors and psychologists are trained as professionals to ease the emotional burden which the HIV/AIDS patients experience from communities due to misperceptions.

In the deliberations I stated that in the past many people who revealed their HIV status were killed by people in the community, especially in the East Rand. There was acknowledgement that things have since changed and that people have more understanding. However, the team did not rule out the possibilities of violent recurrence as an outcome of HIV status disclosure. Kingsway people need to be safeguarded through education and the law. A social services division (e.g. police and social workers) may be introduced for this task.

4.6.3 Inference

The findings and lessons gathered point to the need to establish divisions in Kingsway to test for HIV and provide appropriate treatment, to help patients to disclose their HIV status, to assist those who test HIV positive to cope, to encourage partners to work together on HIV issues, to provide social services to HIV/AIDS patients, to protect HIV positive persons legally and emotionally, and to educate the people of Kingsway about

HIV issues. People in Kingsway need to be empowered. Trained officials are needed in Kingsway to help ensure that this happens. Furthermore, it is necessary to establish a permanent formal health institution (such as a VCT site) that would encompass these services regularly in Kingsway.

4.7 CONCLUSION

In this chapter I discussed the deductions made from this study: I covered the reasons for the study, my concerns that led to the study, benefits of using the methodology of this study (action research), the teamwork dynamics used in this study including my authority and bona fides. An evaluation of the way this study was conducted, entailing the assessment of my understanding, principles for that assessment, how theory was applied, the way my confidence was enhanced and the way my foundation knowledge was verified was also discussed. The discussion then proceeded to dissemination of the findings. I explained the importance of promoting the results and the way action research was used to disseminate the results. The key findings were then examined to explain HIV testing and disclosure, as well as the obstacles and motivation involved. Lastly, I considered the lessons I learnt from the study. These lessons were based on both the positive and negative outcomes. Appropriate inferences were made from these lessons.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The findings were presented in the previous chapter. The primary topics covered related to deduction (or inference), assessment (or evaluation) and dissemination (propagation) of the research results. The details of these topics appear in the various sections of that chapter. The current chapter presents conclusions and recommendations. The conclusions are presented first followed by the recommendations. In brief, the conclusions show that I started with limited knowledge and acquired useful information which can be used for planning a VCT site in Kingsway. Details of the aspects involved appear in the previous chapters.

5.2 CONCLUSIONS

The study reached conclusions regarding the justification for undertaking the research and what emerged as my concerns. Conclusions were also reached about the study benefits, teamwork, appraising my authority, and achieving authenticity of this research. These are discussed in the next sub-sections. In Chapter 1 indicated that by this study I seek to determine if there is a need to establish a VCT site in Kingsway. My learning through living theory action research indicated that there is a dire need for a VCT site in Kingsway. I learnt, through the same process, about the specific requirements for VCT establishment as indicated in the previous chapter (*See 4.5.2*).

5.2.1 Justifying this Research

The conclusions reached in this study are that Kingsway lacked a formal method to assess HIV/AIDS rates, but is perceived to have very high AIDS death and HIV infection rates that are observed at face value. The indications were that there is a dire need to address the HIV/AIDS problem in Kingsway. The poor community of Kingsway cannot address the problem without outside help. The intermittent use of mobile clinics in Kingsway proved to be ineffective as the HIV/AIDS patients in Kingsway require regular support. I intended to make a contribution, but at the beginning of this study I was not empowered to do anything regarding a VCT due to lack of relevant knowledge. Hence I decided to embark on empowering myself to gain that needed knowledge.

5.2.2 My Principal Concerns

My concerns were that Kingsway's HIV patients were not receiving the effective and efficient service that they should receive. Psychological contributions from researched work were not used adequately in Kingsway, despite them being indispensable. I saw taking part in this study as a way to obtain useful guidance about what could be a constructive approach to initiate establishment of a VCT site in Kingsway. I contributed to this study by showing team members the perspectives used in psychological circles.

5.2.3 Benefits of Action Research

This living theory action research started with action learning which firstly benefited me and as a result the rest of the participants. The participants learned the specific needs required for establishing a VCT site for Kingsway people. I, in particular, realised that I had underestimated the requirements for a VCT until I engaged in this research. I gained knowledge that would have been difficult through other than disciplined, formal research. The team members also benefited. They demonstrated this by being

innovative and displaying mutual support. A VCT site in Kingsway could well be a platform for sustainability of HIV health services, which could be monitored with relative ease.

5.2.4 Teamwork

A team approach in a research project showed that work done by incorporating many ideas can lead to mutual edification and support. This synergy does not occur when people participating in a project work as individuals. The study concluded that the team involved in this research consisted of myself, counsellor, the research supervisor, professionals in the health services and HIV patients in Kingsway. The idea of establishing a VCT site in Kingsway was discussed with this team. All the team members had the opportunity to make an input. I, who initiated the project, was the facilitator, project manager, evaluator, supporter, mentor, adviser, and colleague to all involved. I worked at all levels by virtue of being the instigator of this study. I obtained information from the supervisor, shared it with the project team members, and gave advice at team meetings. I also acquired personal understanding of the requirements to establish a VCT site in Kingsway. The team members initially introduced diverse aspects that were consolidated after thorough discussion.

5.2.5 Appraising my Authority

I backed the study through relevant input from psychological research and the study supervisor's support. There were observable forms of practice that emerged in this study that became criteria by which I judged the practices of this study. The team explored new forms of appropriate professional learning that would encourage a living engagement with HIV/AIDS issues. For example, whether a VCT site could be established for addressing HIV/AIDS instead of a mobile clinic, which would then be discontinued.

5.2.6 Achieving Authenticity

The feedback obtained from the study supervisor was incorporated in this study. The research team monitored its practice over eight months. This team worked collaboratively with other stakeholders and decision-makers in creating the contexts for establishing a VCT site in Kingsway.

Implications for my learning

The steps used in the preparation of this research were methodical. The proposal development was followed by the formation of the research team. Purposive sampling was used because the participants needed had the knowledge and/or willingness to participate in the study. The participants were responding from a focus group setting while I was coordinating the meetings. Communication formed the dynamic core. As a result the major difficulties were solved and the dissertation was completed. This procedure will be emulated in the establishment process when a VCT site is established in Kingsway in future.

Process

The entire study was undertaken initially to empower me. However, it exceeded its use by empowering other research team members as well. The research process was a cyclic form in which learning that occurred in this study was incorporated immediately in the study. As a result, whenever I was updated with new knowledge I adapted my work to suit the pattern of the new knowledge. The two last models presented in Chapter 4 illustrate this pattern.

5.3 RECOMMENDATIONS

5.3.1 Regarding My Understanding

Although the main purpose of this study was to improve my own practice as a counselling psychologist, further research may be undertaken by a community on the five key themes (differentiating between ethics and morality, dealing with ethics committees and policies, research processes, research ethics trends and research applications) on the actual establishment of a VCT in Kingsway.

It is further recommended that:

- I obtain buy-in/collaboration from people with power of finance and influence in order to pursue further research with community members to establish a VCT site.
- I maintain the original team for continuity of work.
- I formally inform potential sponsors of their possible roles.
- Results of this research should be used for related studies to deal with HIV/AIDS.

5.3.2 Towards Implementation

I have acquired an understanding regarding establishing a VCT site in Kingsway and because everyone involved is positive that a VCT site should be established in Kingsway it is recommended that:

- The research team makes a formal presentation to the councillor, her team, health stakeholders and prospective sponsors to demonstrate how the arguments to establish a VCT site are logical, truthful, sincere and appropriate.
- An implementation plan be drawn and scrutinised for transparency and conditioning for the tasks ahead.

- The research team be maintained and be made the core resource to continue the work of this study by implementing its recommendations.

In ensuring successful establishment of a VCT site, it is recommended that:

- An implementation plan be amended according to feedback, based on the issues discussed.
- Feedback and positive criticism be incorporated in the implementation plan and work be given a chance to begin.

5.3.3 Dealing with Obstacles towards HIV Status Disclosure and Testing

In order to reduce the problem of barriers to disclosure, it is recommended that while there is still no VCT site in Kingsway:

- HIV/AIDS education be administered to the youth of Kingsway, encouraging couples to come together where possible
- family workshops be held in the Kingsway community to enlighten them about caring for the infected family members and friends
- a temporary stable mini-VCT site be established for day-to-day services in Kingsway while a larger permanent one is being negotiated.

5.3.4 Team Issues

It is recommended that:

- Willing research team members be trained immediately to carry out formal VCT duties.
- More locals be recruited and trained for participation in mobilising Kingsway people and working in the VCT site (once established).
- New members are recruited and old ones retained and merged into one team sharing diverse experiences.

- I be among the crucial team players (and remain the team leader).

5.3.5 Crucial Recommendation

It is recommended that:

- All the research work should be undertaken with the intent to establish a permanent formal institution to encompass VCT services in Kingsway – action research.
- Establishment of a VCT site in Kingsway be based on improving the VCTs that already exist in the Gauteng Province.

Implications

The recommendations serve as the basis for implementation. The actual dates and resources will be decided by the local health department. I will ask to volunteer if excluded.

Further recommendations are that similar studies be undertaken on the need of VCT sites for other poor areas that resemble Kingsway.

5.4 FINAL REMARKS

The study was intended to help me to acquire an understanding of the needs and requirements to establish a VCT site in Kingsway. Valuable literature and experiences were used in this acquisition. Analyses and customisation of these were done for the Kingsway community. A reflection of the process is given in Figure 4.3 which depicts the core stages of the process that we followed in undertaking this research. I have, as a result, gained invaluable understanding in this regard. Some of the participants in the research team indicated their willingness to be included in establishing a VCT in Kingsway. They argued that their understanding of VCTs and HIV/AIDS from this study could be of help in establishing a VCT site in Kingsway. The recommendations of this

chapter provide input which may be of help in starting up a VCT site in Kingsway. Action research undertaken with living theory makes a more powerful resource for the participants. I personally benefited from this combination. Discussions given show that the team members also gave an indication that they profited.

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[DATE]

[ADDRESSEE]

Dear Sir/Madam

LETTER OF CONSENT

I am a Master of Psychology student of the Pretoria University through coursework and research. I have completed the prescribed coursework, and have to be busy with the research component. It requires a dissertation to be completed, and the title of the research is A Living Theory approach to investigate the need for the establishment of a VCF Clinic in the Kingsway informal settlement, Ekurhuleni. Your participation in this research will assist me to complete the study. Successful completion of the research can also be beneficial to the community. More information appears in the attached research proposal, the summary of which I discussed with you in our previous conversation.

You are hereby requested to agree to participate in this study as per the proposal given. Also, I request you to assist with the information that the study may need at any stage to reach its completion. I undertake to abide by the conditions agreed upon between you and myself regarding the use of the information and to adhere to ethical research principles as prescribed in research in general and required by the University of Pretoria. You are reminded once more that if at any stage of the dissertation you wish to stop participating, you are free to do so.

If any more information is needed before you consent to take part in the study, you are invited to discuss it with me.

Yours sincerely

Ngwanankwana Deborah Nepo

General Information

Researcher: Ngwanankwana Deborah Napo
Supervisor: Dr Gerhard Viljoen
Institution: University of Pretoria
Department: Psychology
Date: May 2008
Telephone number: 0723456923

Title:

A Living Theory approach to investigate the need for the establishment of a VCT Clinic in the Kingsway informal settlement, Ekurhuleni

Purpose

To understand the requirements for establishing a VCT in Kingsway

Procedures

My involvement and volunteers of the clinic to investigate ways that could lead to an understanding of the requirements for VCT establishment in Kingsway

Risks

No risk is foreseen for participants in the study

Benefits

- In the long term the Kingsway community will probably have their own, fixed resources (in the form of a VCT) for assistance in their HIV/AIDS related ailments
- Participants will be empowered with an understanding of the requirements for a VCT establishment

Participants' rights

Everyone participates willingly, and participant can withdraw at any time when they no longer want to be involved

Confidentiality

No names are used, and no links can lead to any participant being identified

Rights of access to the researcher

Participants had all the rights of access to the researcher regarding the issues of the study

Participant consent

I have read and understood all the requirements and information regarding the study, and I am participating without pressure from anyone. I know that I may withdraw from the study at any time when I no longer want to be involved.

Signed

Date

RESEARCH PROPOSAL AND ETHICS COMMITTEE
(RESPEthics)

FACULTY OF HUMANITIES

UNIVERSITY OF PRETORIA

DECLARATION OF ETHICAL INTENT

We declare that we are fully aware of the stance taken by the RESPEthics Committee, Faculty of Humanities, regarding the importance of obtaining informed consent from research participants.

We acknowledge their concerns and reservations regarding the lack of written informed consent documents due to the fact that we deem it impossible to obtain such in the current research project.

We declare that, in the course of the research, we will take due care to protect and safeguard the rights and autonomy of all parties, which includes the participants, the University of Pretoria, RESPEthics, our Department and all outside parties with whom we make contact either physically, verbally or through documents and documentation.

We undertake to be ethical in all our dealings and at all times during the research endeavour.

STUDENT:

[Signature]

SUPERVISOR:

[Signature]

HEAD OF DEPARTMENT:

[Signature]

PROJECT TITLE:

A living theory approach to investigating the need for the establishment of a VCT clinic in the Kingsway informal settlement, Ekurhuleni



07/05/2008

To whom it may concern.

I give Mrs NB Napo permission
to work in Kingsway/Lindelani

Yours sincerely
Councillor T. Mokoena

A handwritten signature in black ink, appearing to read 'T. Mokoena', with a long horizontal stroke extending to the right.

cell 0834785567