

Teachers addressing HIV&AIDS-related challenges resourcefully

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Abstract

Teachers, in their relationship with children and their families, face challenges related to cumulative risk, including HIV&AIDS. In this paper we use Sense of Coherence to explain why teachers are able to address such barriers by using assets. We explore the way that teachers (N=28) in four South African schools opted to tackle the cumulative risk associated with HIV&AIDS, following participation in an asset-based intervention (STAR – Supportive Teachers Assets and Resilience). Data sources include six years' longitudinal Participatory Reflection and Action (PRA) data. Observation-in-the-context-of-interaction data was documented in research diaries, field notes, visually as photographs and audiovisual recordings. Informal conversational interviews, unstructured face-to-face interviews and focus group interviews were audio-recorded and transcribed. In the thematic analysis HIV&AIDS-related barriers emerged as a socio-economic challenge that teachers addressed by mobilising identified resources. Teachers' experiences of barriers were interwoven with narratives of confronting barriers by establishing school-based support structures. This study provides empirical evidence for the theoretical supposition that schools are well placed to function as intersections of care and support in communities by theorising that teachers' use of asset-based competencies results in their experiencing eustress (rather than distress) when faced with HIV&AIDS-related barriers, as they feel equipped to mediate the effects of ongoing HIV&AIDS-related risk.

Key words: Teachers, HIV&AIDS challenges, asset-based approach, Sense of Coherence, resilience, psychosocial support, HIV&AIDS as cumulative risk

Introduction

The growing number of challenges related to cumulative risk, including HIV&AIDS, has devastating effects on individuals, families, schools and communities (Meintjies

2009; Meintjies, Hall, Marera and Boule 2009; Smit and Fritz 2008), forcing people to find ways in which to address these adversities (Ferreira 2008). Meintjies (2009) found that the total number of AIDS orphans had increased significantly in the past five years, with approximately 700 000 more orphaned children in 2007 than in 2002, and a noticeable increase in the percentage of children who had lost both parents between 2002 and 2006 from 2% (357 000 children) to 4% (660 000 children) (Meintjies et al. 2009). Research indicates that schools and teachers could act as potential protective resources to promote resilience by providing school-based psychosocial support to vulnerable individuals (Dass-Brailsford 2005; Ebersöhn and Ferreira 2011; Lewis 1999; Mampane 2010; Morrison and Allen 2007; Reis, Colbert and Hebert 2005; Rutter, Maughan, Mortimore and Ouston 1979; Theron 2006; Zimmerman and Arunkumar 1994). Rutter et al.'s (1979) research over three years in 12 secondary schools in inner London demonstrated that schools could act as external protective resources.

South African education literature often focuses on the valuable role that teachers could play in promoting resilience in children. Theron, Geyer, Strydom and Delpont (2008) introduced Resilient Educators (REds), with the aim of empowering South African teachers to cope more resiliently with the stressors and adversities related to HIV&AIDS. REds focuses on themes of health promotion, the psychosocial impacts of the HIV pandemic on educators and learners, psychosocial support and resilience, stigma and discrimination related to HIV as well as HIV-related education policies (Theron et al. 2008). Similarly, Dass-Brailsford (2005) identified relationships with teachers and other role models as potential protective resources in the context of resilience with regard to academic achievement amongst a group of young people in KwaZulu-Natal.

Ebersöhn and Ferreira (2011) elucidate how teachers in schools may function as protective resources to foster resilience despite the prevalence of HIV&AIDS adversities. Their findings highlight three themes: teachers utilising resources to support resilience in schools; teachers establishing partnerships and networks to foster resilience in schools; and vulnerable individuals utilising school-based support. This suggests that teachers are well positioned to act as resources for building resilience in schools. Similarly, Mampane (2010) found that schools could act as protective resources for influencing the resilience of middle adolescents in township schools by the establishment of a supportive and safe learning environment. However, Mampane (2010) adds that children from the two black-only secondary schools in the Mamelodi (Gauteng, South Africa) township in her study differed in their acknowledgement of the school's influence on their resilience. It is therefore important to acknowledge that although teachers and schools are potential protective resources, these resources need to be optimally mobilised and utilised.

Within the context of a risk and resilience perspective the authors argue that one way in which to address adversities related to cumulative risk is through the implemen-

tation of the asset-based approach. They posit that by using assets, teachers can address challenges and use school-based psychosocial support as a protective resource. In addition, based on the Sense of Coherence (SoC) concept as a theoretical lens, they posit that when teachers use asset-based competencies they will experience eustress (rather than distress) when faced with HIV&AIDS-related barriers, enabling them to mediate the effect of ongoing HIV&AIDS-related risk.

Contextualisation and conceptualisation

Asset-based approach

From a positive psychology perspective, scholars are interested in the origin of people's strength and psychological well-being (Peterson and Seligman 2004; Saylor, Graves and Cochran 2006; Seligman and Csikszentmihalyi 2000; Seligman, Steen, Park and Peterson 2005). The asset-based approach (Kretzmann and McKnight 1993 1997, 1999) presents an alternative to the needs-based approach. The needs-based approach focuses on deficiencies, needs and problems, which prevents communities from recognising their strengths, capacities, assets and resources. This one-dimensional image has generated an industry of social-service providers who see a community in terms of the extent of its problems and needs. Communities in these circumstances may become consumers of services instead of producers of solutions (Cordes 2002; McNulty 2005; Saylor et al. 2006).

The point of departure of the asset-based approach is a belief in the presence of assets in individuals and resources in systems. The asset-based approach focuses on assets, strengths, resources, capacities and skills. Fundamental asset-based principles include joint ownership and responsibility, practical solutions, a caring and supportive environment, building on individuals' strengths, and enablement, together with collaboration and establishment of partnerships and networks (Kretzmann and McKnight 1993, 1999). Asset identification refers to the framework of discovering and focusing on assets and resources, with the aim of asset mobilisation (Ebersöhn 2006a). Asset mobilisation refers to the utilisation of available assets and resources that have not yet been fully utilised in an individual or system (Ebersöhn 2006a). Asset management refers to the responsibility for maintaining and sustaining initiated actions (asset identification and asset mobilisation), by means of re-evaluation, revision and effective management.

STAR research intervention

The reported study forms part of the STAR (Supportive Teachers Assets and Resilience) study, which the University of Pretoria commenced in 2003 (Ebersöhn and Ferreira 2011). Within the context of the asset-based approach, the starting point in STAR is that each teacher possesses assets and each school community has resources. At a practical level, STAR aims at equipping teachers (as potential protective re-

sources) with asset-based knowledge to mediate the effect of barriers, and thus promote resilience in schools (Ferreira, Ebersöhn, Loots, McCallaghan, Mnguni and Odendaal 2009). This ongoing study commenced with an initial pilot phase with ten teachers from a primary school in the Eastern Cape (Ebersöhn 2006a, 2006b, 2007; Ferreira 2006, 2008; Ferreira et al. 2009), involving several interrelated studies (Ebersöhn 2006a, 2006b, 2007; Ferreira 2006, 2008; Loots 2005, 2008; Loots and Mnguni 2008; McCallaghan 2007; Mnguni 2006; Odendaal 2006; Olivier 2009). In a second phase (2005), STAR was replicated in three schools (two primary schools in Gauteng; one secondary school in Mpumalanga) (Ebersöhn and Ferreira 2011). Dissemination research followed in 2007-2010 to determine fidelity of implementation. Teachers from the first two phases were trained as STAR facilitators and trained teachers in six neighbouring schools (two schools per province). In this article the authors report on phase two of STAR.

The intervention phase consisted of seven STAR intervention sessions (see Table 1), integrating the practical application of the asset-based approach with PRA principles. The overall goal of Sessions 1 to 3 was to gain insight into (i) each specific community, (ii) the challenges that the community faced, and (iii) resources and potential resources within the community. The participating teachers' knowledge of their unique systems played an integral part in this information-gathering phase. Sessions 4 and 5 focused on taking responsibility in planning and initiating school-based psychosocial support projects. During this phase, the participating teachers prioritised areas of asset mobilisation and accordingly formulated potential community initiatives. Sessions 6 and 7 focused on the monitoring of projects and revision of action plans and strategies to reach goals (Ebersöhn and Ferreira 2011).

Table 1: STAR intervention sessions (Adapted from Ebersöhn, Ferreira and Loots 2008).

Intervention session	Goal/Objective
1	Mapping the community as well as the resources within the community
2	Identifying assets/resources, potential assets/resources and challenges in the community
3	Identifying needs and potential ways of addressing them
4	Prioritising school-based initiatives
5	Developing action plans for projects/initiatives
6	Monitoring and evaluating support
7	Sustaining STAR

Psychosocial support and distress

Psychosocial refers to the psychological, emotional and social aspects of life (Mohangi 2008a). For the purpose of this paper, psychosocial support is therefore referred to as actions that are aimed at facilitating psychological, emotional and social well-being amongst vulnerable individuals (Ebersöhn and Ferreira 2011). According to Kekae-

Moletsane (2008), psychosocial distress might comprise anxiety, loss of parental love and nurturing, emotional deprivation, depression, grief and separation of siblings among different relatives to spread the economic load. Giese, Meintjes, Croke and Chamberlain (2003a) found that HIV&AIDS is associated with a wide range of psychosocial stressors, including the loss of loved ones, stigma, secrecy, discrimination and social isolation. Furthermore, caregivers' reluctance to speak to children about HIV&AIDS and death often increases the psychosocial effect on the children. The psychosocial impact of HIV&AIDS is likely to intensify as children experience the loss of multiple caregivers, and as relatives become less able to support orphaned children.

Resilience

Resilience is a complex concept and is context-bound (Dass-Brailsford 2005; Luthar 2006). In STAR, asset-based competencies are seen as pathways to enable resilience. It is thus argued that resilience constitutes both the process and outcome of how asset-based actions buoy resilience.

Cumulative risk (challenges, barriers)

Risk implies the presence of stressors, challenges and barriers to wellness. Cumulative risk implies that a variety of risks co-exist. The number and severity of risk factors play a role in each individual's ability to mediate the effects of such risks by resilience-promoting processes. South African communities are confronted with cumulative risk as various situations and challenges enhance the stress experienced by individuals. This paper focuses on HIV&AIDS as one risk factor characterising South African communities as cumulative risk environments (Ebersöhn and Ferreira 2011).

HIV&AIDS as a risk factor

Current literature shows the manifold challenges in the education sector because of HIV&AIDS. More AIDS orphans are dropping out of school, as they are compelled to look after their siblings and take on the role of breadwinners. The death of their parents often leads to major changes in their lives. Furthermore, AIDS orphans often experience discrimination, stigmatisation and rejection at school (Coombe 2002c; Giese 2001; Kekae-Moletsane 2008; Mohangi 2008a, 2008b; Mvulane 2003). Because they fear discrimination, AIDS orphans are usually silent about their parents' illness and grieve in silence (Foster and Williamson 2001).

Owing to the high HIV&AIDS rates in Africa, many studies in Africa have been aimed at addressing HIV&AIDS-related challenges in communities through the asset-based approach. The Child Protection Society of Zimbabwe (1999) aims at mobilising communities in Zimbabwe to support AIDS orphans and suggests the valuable role that community members and organisations can play in building networks to support

AIDS orphans. Similarly, Lucas (2004) steered a community-based intervention programme in Zambia, focusing on the facilitation of community action and building upon existing individual and community resources to support community members affected by HIV and AIDS. Cook (1998) implemented the asset-based approach to establish community care for orphaned children in Malawi.

Locally, Campbell, Foulis, Maimane and Sibiyi (2005) conducted a case study in a rural South African community in KwaZulu-Natal for facilitating contextual changes that strengthen HIV&AIDS management and develop AIDS-competent communities. Louw (2008) assessed the needs of families infected and affected by HIV and AIDS respectively within the Eldorado Park community, to make recommendations for asset-based support. Mohangi (2008a, 2008b) focused on children's positive emotions and feelings of well-being in contrast with the adversities associated with HIV&AIDS.

Theoretical framework

Antonovsky, a medical sociologist, proposed the concept of 'salutogenesis', referring to the study of the origins of positive health or wellness (Pretorius 2004). The 'salutogenic model' focuses on the relationship between health, stress, and coping. Antonovsky (1987, 1993) also introduced a theoretical explanation of SoC, which provides a central explanation for the role of stress in human functioning. He showed how an SoC, or a way of making sense of the world, is a fundamental factor in determining how well a person manages stress and stays healthy (Antonovsky 1979).

As a dynamic aspect of a person's personality, SoC comprises three interconnected components (Antonovsky 1993), namely comprehensibility, manageability and meaningfulness. Comprehensibility includes the extent to which a person perceives internal and external stimuli as information that is structured and constant. Stimuli are regarded as understandable and making cognitive sense. Life events are therefore viewed as less stressful (Antonovsky 1987, 1993; Muller and Rothmann 2009; Schreuder and Coetzee 2006; Wolff and Ratner 1999). Manageability refers to the degree to which someone experiences occurrences in life as conditions that are controllable and manageable, including the ability to mobilise available resources to meet encountered stressors (Antonovsky 1987, 1993; Muller and Rothmann 2009; Schreuder and Coetzee 2006; Wolff and Ratner 1999). Meaningfulness refers to the degree to which a person feels that life makes sense and has meaning emotionally, enabling the motivation and commitment to cope with encountered stressors (Antonovsky 1987, 1993; Muller and Rothmann 2009; Schreuder and Coetzee 2006; Wolff and Ratner 1999).

Method

Methodologically the authors followed a PRA approach framed within interpretivism. They report on data of teachers in four conveniently selected school cases (Creswell



2005; Donmoyer 2002; Merriam 1998). Table 2 provides a summary of the context of each case and the rationale behind the convenience sampling of each. The photographs alongside illustrate the context of each of the school cases: all of the school settings are characterised by poverty, the presence of HIV infection and AIDS-related illness, high unemployment of parents/caregivers and low literacy levels. A limitation of convenience sampling, namely homogeneity of groups, implies that findings are delimited and are not necessarily transferable to the greater population (Denscombe 1998).

In STAR, school principals directed purposive selection (Babbie and Mouton 2001; Strydom and De Vos 1998) of teachers who, to their knowledge and experience, were appropriate to drive school support initiatives related to HIV&AIDS needs. Purposive

School 1 (top): Informal settlement primary school in Eastern Cape

School 2 (centre): Rural secondary school in Mpumalanga

School 3 (bottom): Urban primary school in Gauteng

Table 2: Summary of the rationale behind the convenience sampling for each case

Case	Context	How cases were selected
School 1 (Pilot study)	Primary school in an informal settlement, Eastern Cape	This school partnered with researchers for the first STAR phase. Therefore, access and consent and relationships existed.
School 2	Secondary school in remote Mpumalanga	One of the teachers at this school contacted the STAR principal investigator enquiring about possible collaboration.
School 3	Urban primary school, Gauteng	A STAR co-researcher had an existing relationship with teachers in this school.
School 4	Urban primary school, Gauteng	A STAR co-researcher met one of the teachers at this school at the University of Pretoria's Unit for Distance Education. The teacher expressed the school's need for an intervention because of HIV&AIDS-related challenges.

selection is subjective and biased (Babbie and Mouton 2001; Strydom and De Vos 1998), again delimiting transferability. Ten teachers per school were selected as participants. Attrition reduced the total to 28 participants. Table 3 presents a summary of the initial number of participants in each STAR school and the purposively selected participants. Table 3 also provides a summary of the number of participants in each school at the end of 2008 and the reasons for attrition. Table 4 provides demographic information on participants, including home language, age, gender and qualifications as well as the grade and learning areas that they teach.

The six-year longitudinal PRA data sources include observation-in-the-context-of-interaction data (Angrosino and Mays de Pérez 2000) documented in research diaries, field notes, photographs and audiovisual recordings (Schurink, Schurink and



School 4: Urban primary school in Gauteng

Table 3: Summary of the selection and number of participants in each case (all teachers were initially purposively selected by the relevant school principal)

School/case	School/case context	Initial number of participants/school (2005)	Number of participants/school at the end of 2008	Reasons for participant attrition
1	Informal settlement primary school, Eastern Cape	N=10 Female, 9 Male, 1	N=8 Female, 8	Attrition of one female and one male teacher; left due to illness and time constraints. Another female teacher joined the group.
2	Remote secondary school, Mpumalanga	N=9 Female, 6 Male, 3	N=4 Female, 3 Male, 1	Attrition of one male teacher who passed away; one male and one female teacher accepted positions at other schools; one female teacher due to time constraints; and one female teacher due to unmet expectations.
3	Urban primary school, Gauteng	N=10 Female, 9 Male, 1	N=8 Female, 7 Male, 1	Attrition of one female teacher due to a career change. One female teacher left the group due to time constraints.
4	Urban primary school, Gauteng	N=10 Female, 10	N=8 Female, 8	Attrition of two female teachers due to time constraints.

Table 4: Summary of the particulars of participating teachers in each case

Participant	Gender	Age	Home language	Qualifications	Grade and learning area of teaching
SCHOOL 1					
1	Female	42	Xhosa	Junior Primary Teacher's Diploma; Remedial and Special Education	Grade 2: Literacy, Numeracy, Life skills
2	Female	48	Xhosa	Junior Primary Teacher's Diploma; Remedial and Special Education	Grade 1: Literacy, Numeracy, Life skills
3	Female	43	Xhosa	Junior Primary Teacher's Diploma; Remedial and Special Education	Grade 3: Literacy, Numeracy, Life skills
4	Female	41	Xhosa	Junior Primary Teacher's Diploma; BTech Degree	Grade 2: Literacy, Numeracy, Life skills
5	Female	40	Xhosa	Junior Primary Teacher's Diploma; BCom Degree	Grade 3: Literacy, Numeracy, Life skills

6	Female	50	Xhosa	Junior Primary Teacher's Diploma	Grade 2: Literacy, Numeracy, Life skills
7	Female	46	Xhosa	Senior Primary Teacher's Diploma; BEd	Grade 5 and 7: Nature Study, Arts and Culture, Life Orientation
8	Female	48	Xhosa	PTC II; NPTD; ACE Management and Administration	Grade 7: Mathematics, Arts and Culture
SCHOOL 2					
1	Male	37	SiSwati	Standard Teacher's Diploma; BA Higher Education Specialist	Grade 11-12: Mathematics, Biology
2	Female	34	SiSwati	BA Degree	Life Orientation
3	Female	54	SiSwati	Standard Teacher Diploma, BEd	Business Sciences
4	Female	38	SiSwati	Standard Teacher Diploma	Business Economics, Typing
SCHOOL 3					
1	Female	52	Northern Sotho	Junior Primary Teacher's Certificate; Secondary Education Diploma; NCS Economic and Management Science; OBE Technology; ACE Special Needs	Grade 4-6: English, Economics, Management Science
2	Female	45	Northern Sotho	Junior Primary Teacher's Diploma; FDE in Sexuality Education; BEd Hons in Learning Support	Grade 4 and 7: Life Orientation; Grade 6: Mathematics, Natural Science
3	Female	40	Northern Sotho	Junior Primary Teacher's Diploma; ACE Special Needs; BEd Hons	Grade 2: Literacy, Numeracy, Lifeskills
4	Female	44	Northern Sotho	Senior Primary Teacher's Diploma; ACE Application Technology	Grade 4-5: Natural Science, Technology; Economic and Management Science
5	Male	43	Northern Sotho	Diploma in Secondary Education; End User Computing (NQF Level 3)	Grade 6: Social Science, Life Orientation; Grade 7: English
6	Female	34	Northern Sotho	Diploma in Secondary Education	Grade 4: Social Science; Grade 5-6: Life Orientation, Arts and Culture
7	Female	40	Northern Sotho	Senior Primary Teacher's Diploma	Grade 6-7: Mathematics, Technology; Economic and Management Science
8	Female	38	Northern Sotho	BEd; BEd Educational Psychology	Grade 3: Literacy, Numeracy, Life skills

SCHOOL 4					
1	Female	43	Afrikaans	JP III, HED, BA	Grade 5: Afrikaans
2	Female	32	Afrikaans	HED	Grade 2: Literacy, Numeracy, Life skills
3	Female	54	Afrikaans	HED	Grade 1: Literacy; Numeracy; Life skills
4	Female	45	Afrikaans	JP III, BA	Grade 3: Literacy; Numeracy; Life skills
5	Female	42	Northern Sotho	JPTD, ACE, Hons AAC	Learning Support
6	Female	43	Afrikaans	JP III, ACE	
7	Female	39	Afrikaans	HED IVSP	Grade 6 Mathematics
8	Female	41	Afrikaans	HED	Grade 6 Mathematics and Life Orientation

Poggenpoel 1998; Walsh 2007). Informal conversational interviews, unstructured face-to-face interviews and focus group interviews were audio-recorded and transcribed. Data sources were thematically analysed and synthesised following constructivist grounded theory principles (Charmaz 2000).

The authors used PRA activities and focus groups to facilitate spontaneous discussions regarding participants' experiences (Anderson 2002; Mayan 2001; Parker, Dalrymple and Durden 1998). Focus groups were usually conducted in staff rooms and lasted between 90 and 120 minutes. Initial baseline focus groups resulted in data on each school's context, community, needs and initiatives prior to the STAR intervention. Focus group PRA-directed activities formed part of each of the STAR sessions (refer to Table 1).

The intervention and data generation were conducted in English as all participants were familiar with English as a language of teaching and learning. Temple (2002) and Shklarov (2007) emphasise the importance of being aware of the implications of cross-language research. Temple (2002) refers to the potential challenge of concepts often having a different meaning across different languages and losing their meaning when translated. In this regard, a co-researcher who was proficient in the participating teachers' home languages assisted with potential language barriers (Temple and Young 2004).

The authors attempted to present a credible study through the discovery and representation of human experiences as they are lived and viewed by the participating teachers (Dixon-Woods, Shaw, Agarwal and Smith 2004; Golafshani 2003; Lincoln and Guba 2002; Poggenpoel 1998; Terre Blanche and Durrheim 1999; Seale 2002). To heighten credibility the authors defended their claims and explanations by comparing cases with one another as well as with other documented studies. This process included the search for negative cases and the consideration of alternative explan-

ations for findings (Mason 2002; Seale 1999; Silverman 2000; Spencer et al. 2003:78). As part of PRA they used member checking in each intervention phase to enhance credibility (Seale 1999). In addition, prolonged engagement in the research field enhanced credibility, as they guarded against quick conclusions and continued fieldwork until the data was saturated (Patton 2002). To acknowledge and reflect on researcher bias, they made use of research journals to reflect on their experiences, perceptions and assumptions. By providing visual data on the schools they wanted to provide a reader with some understanding of each unique case. For the purpose of transferability, such a comparison could assist a reader in deciding the extent of similarity between the research fields and other similar contexts (Janesick 2000; Patton 2002).

Using an audit trail (Janesick 2000; Seale 1999), the authors attempted to achieve dependability and confirmability in the current study. Original audio recordings and verbatim transcripts of each session, research journals and field notes contributed to depth and rigour. This auditing process resulted in a dependable report and true reflection of the research process (Mason 2002; Seale 1999; Silverman 2000; Spencer et al. 2003). As part of the research team discussions and researcher journals, the strategy of reflexivity was also employed to reflect on the research process, in order to enhance the confirmability of the current study.

Results

Following thematic data analysis, various barriers amongst which those related to socio-economic factors emerged. Socio-economic barriers included the presence of HIV & AIDS; financial constraints due to poverty and unemployment; and child abuse. For the purpose of this paper, the authors focus on barriers related to HIV & AIDS as a single socio-economic challenge that teachers addressed by mobilising identified assets and resources. The following subcategories were identified as underpinning barriers related to HIV & AIDS acknowledged by teachers:

- The growing presence of HIV & AIDS
- HIV & AIDS as a barrier to learning
- Changing roles of individuals
- Beliefs and traditions with regard to HIV & AIDS
- HIV & AIDS discrimination and stigmatisation

Teachers also demonstrated the ability to address HIV & AIDS-related barriers as a further subcategory. For each subcategory, verbatim quotations from teachers during focus groups are used to strengthen the results obtained.

HIV & AIDS as a risk factor

Teachers experienced the **growing presence of HIV & AIDS** and the increased num-

ber of AIDS orphans in their school-community contexts as a challenge they needed to deal with on a daily basis. Teachers reflected on the growing presence of HIV&AIDS in the various school-community contexts: *In our school we have 220 orphans in the school ... 70% of the parents died because of AIDS as I have mentioned before, the number is increasing yearly* (School 1 – PE Seminar, Participant 21 (female), Line 365-367); *HIV is escalating each time ... there are more orphans, especially in our school* (School 2 – PE Seminar, Participant 24 (male), Line 649-651); *We have a number of orphans ... we have so many, more than a 100* (School 3, Participant 12 (female), Line 28-30).

Teachers reported on **HIV&AIDS challenges as a specific barrier to children's learning**. The following verbatim quotation from one of the teachers refers to HIV&AIDS as a barrier to learning for children affected by the pandemic: *... and as the AIDS educator, the remedial educator, I normally deal with these kind of learners who are affected by the situation and you will find that the learners are not performing well because they are so affected because we're not sure but affected by the situation, consequently you will find that the learners are developing some kind of barriers* (School 3 – PE Seminar, Participant 23 (female), Line 342-347). Teachers also referred to HIV&AIDS as a barrier to learning for infected children: *So they even send kids who are HIV positive and normally you get them being too sick here at school and we don't even know what to do with them, because even this year we had a case of a child who was HIV positive* (School 3, Participant 13, Line 231-234). Subsequently teachers reported on the influence of children's absence (often because of HIV&AIDS) on their learning: *... she is having a child in her classroom who is infected. This child has been in and out of hospital. One time this child was absent for quite a long time ...* (School 1, Participant 3 (female), Line 606-608).

Teachers referred to **changing roles because of HIV&AIDS**. Grandparents often had to adopt the role of parents (who had died as a result of AIDS): *... they have adopted this child after she lost her parents. She is also infected. After speaking to this lady, I went inside and spoke to the grandmother* (School 1, Participant 23 (female), Line 617-619); *Grannies and grandfathers are left with the burden of raising the kids because the parents died of the AIDS pandemic that is prevailing within our society* (School 3 – PE Seminar, Participant 21 (female), Line 363-365). The fact that grandparents' roles are changing as a result of HIV&AIDS poses additional challenges within a family context.

Teachers reported on the challenge of **traditional beliefs and customs with regard to HIV&AIDS** in their community contexts. Teachers indicated that parents in their community did not speak to their children about HIV&AIDS: *You know what, our parents are very much traditional, they are backwards, they don't talk about these things* (School 1, Participant 3 (female), Line 257-259). Teachers also reported that many of their community members still engaged in witchcraft and did not believe in the scientific existence of HIV&AIDS, as evident by the following verbatim account:

HIV is escalating each time and I must indicate that in our area you know, we are not going to give statistics of people who are HIV positive because of the fact that most of our people still believe in witchcraft. So if somebody is sick there, it is never reported, even if you would be checking around you won't find the exact cases in our area. We have a clinic but you find the exact cases because it ends up viewed as being natural death in the process, because the people do not consult more in the clinic. They go to inyangas (traditional African healer) and all the stuff. So I won't be able to give the statistics right now, but from the point of view, we are aware that as deaths are increasing, there is relatedness to HIV (School 2 – PE Seminar, Participant 24 (male), Line 652-666).

Teachers experienced **HIV&AIDS discrimination and stigmatisation** as a challenge, as stigmatisation often prevents people from disclosing their status and accessing support and medical care. People prefer to keep quiet on their HIV&AIDS status, as they fear discrimination from others: *The other lady from my group, my group also came to me this morning, telling me that there is a parent who came this morning and disclosed about her grandchild but she said she wants this to be kept secret, not tell everybody* (School 1, Participant 4 (female), Line 646-648); *Like the people with HIV and AIDS, normally they don't want to disclose or be outspoken about it, they don't discuss or disclose with people* (School 3, Participant 13 (female), Line 226-236). Being associated with HIV&AIDS-related activities often give the impression that these people are HIV positive, as reflected in the following verbatim quotation: *If you still remember Mr X came to our school to talk about HIV, you know, the teachers didn't want to go there as if they are there we will think they are HIV positive* (School 1, Participant 6 (female), Line 274-276).

Teachers addressing HIV&AIDS challenges

Even though the teachers experienced such a range of HIV&AIDS-related barriers, they consciously opted to address barriers by means of: 1) HIV&AIDS education awareness; 2) HIV&AIDS support at a material level; and 3) HIV&AIDS support at an emotional level.

Teachers focused on **HIV&AIDS education and training** for both children and teachers, as well as parents and community members. Firstly, teachers in all four schools focused on equipping children with HIV&AIDS knowledge and skills. Teachers emphasised that HIV&AIDS education needs to be a continuous process: *... it's not a once-off, you see, it must be ongoing ... this is in a curriculum, for instance there is an LO (Life Orientation), it's a learning area recently, a life skill... teach the children in their classroom every day, ay they will be motivated to teach it you see. To teach this life skill, HIV&AIDS in their classroom it's whereby most of the teachers would be involved in this group* (School 1, Participant 2 (female), Line 200-208). Teachers aimed to obtain role models to teach children how to protect themselves against HIV and AIDS: *We are also trying to get to a few learners ... role models to these learners ... to give them an idea of how to protect themselves in things*

that are related to HIV and AIDS (School 1 – PE Seminar, Participant 20 (female), Line 278-283). In addition, teachers invited external people to address HIV&AIDS awareness and education in their schools: *And then this year also we had certain weeks, like a few weeks ago we had a woman's week, where we invited different people from the communities, guest speakers to inform the children again about HIV and AIDS and stuff, it was very good because it was people from the community that the children could relate to ...* (School 4, Participant 16 (female), Line 186-191).

Teachers also focused on increasing their own and their colleagues' competencies and knowledge about HIV&AIDS. Teachers invited experts to present training sessions and transfer HIV&AIDS-related knowledge amongst each other at an informal level. Teachers actively attempted to enhance their own and their colleagues' knowledge and skills with regard to HIV&AIDS: *HIV and AIDS ... Then we talked and talked, I then asked 'at the university here, which section can I approach to get help so that they come down and help us'* (School 2 – PE Seminar, Participant 24 (male), Line 517-522); *... calling people in to come and highlight or give us more knowledge about HIV and AIDS* (School 3, Participant 13 (female), Line 171-172); *And then also the teachers ... also organised a workshop where the teachers went and they received certificates also about HIV&AIDS* (School 4, Participant 16 (female), Line 191-193).

Lastly teachers targeted parents' and community members' knowledge and skills regarding HIV&AIDS. They invited experts to raise community awareness of HIV&AIDS and shared their acquired knowledge. Teachers attempted to enhance parents' and community members' knowledge and skills regarding HIV&AIDS: *... they (parents) were trained in various aspects, to put a few, they were trained on HIV&AIDS and counselling* (School 1 – PE Seminar, Participant 20 (female), Line 187-188); *You know, we had a lesson that is preparing them for the 1st of December of which they acknowledge that day as the day of, an AIDS day, so when we are preparing them for the lesson, you find that some of them they do know, some of them don't and some of them they do have booklets in their bags, whereby they, during break times they read the stories and empowering one another with HIV because their parents are sick. When somebody comes from outside and gathers their family and tell them, immediately that information does not stay in that house, they take it out earlier* (School 1, Participant 3 (female), Line 942-949); *... address HIV and AIDS, create more awareness* (School 2 – PE Seminar, Participant 24 (male), Line 685).

Teachers provided material support to children, parents and community members infected and affected by HIV&AIDS. Material support included providing food parcels (generated from different school-based food schemes), as reflected by the following verbatim quotation: *You will see more people they will come to school and disclose their status so that they can get food, help you see, from the school is whereby the support group, support will get people from them* (School 1, Participant 3, Line 132-134); *Make it possible for the orphans and then the parents and the learners whose parents are not working can be fed for the day, can give them some food, parcels to take*

home with so that they can be fed when they are at home (School 3, Participant 14, Line 328-331).

Teachers initiated school-based vegetable gardens: *We want this garden to help HIV&AIDS learners ... that is the aim* (School 1, Participant 1 (female), Line 74); *We have got people who are infected and affected by the epidemic virus, we thought that maybe if we could just have a small garden where we could just plant vegetables so that the people around the community will not go and buy the green stuff from the market, they can just plant and come and have the vegetables in the garden* (School 2, Participant 9 (female), Line 58-63); *When we harvest we will give the vegetables to the orphans* (School 3, Participant 12 (female), Line 29). These vegetable garden initiatives provided nutritious vegetables to both infected and affected children and community members.

Material support also included medical treatment by providing medicine: *We had three parents who disclosed... just parents that have HIV&AIDS... we had seven learners then and now we have got 23, they are all receiving ARVs (anti-retroviral medication) through our school* (School 1 – PE Seminar, Participant 20 (female), Line 291-295). Teachers made parents aware of additional material support (such as government grants) that they could qualify for: *Today there was a parent who came to me because we talked about the grant they qualified for, that can give her support so that she can buy medicine and all those things. It's moving, it's coming okay, that's what we are doing to them you see, so that they must know we are of help to them* (School 1, Participant 7 (female), Line 438-442).

Teachers also provided emotional and spiritual support to children, parents and community members infected and affected by HIV and AIDS. Teachers took turns to visit infected and affected children, parents and community members at their homes, as reflected by the following verbatim quotations: *Why are we going to visit them, to give support as you have seen we are a support group, to pray, to give them hope, to give them courage so that they must know that there are some people who care for them* (School 1, Participant 7, Line 840-845); *We managed to support families, socially, emotionally and as well as the support group. All of them they used to go to visit homes, to give a prayer, to give emotional support* (School 1 – PE Seminar, Participant 20, Line 119-122); *I think some of these learners, the affected children ... visit them at their homes frequently enough and I think that we need to nourish that bond – sometimes we need to visit them with their families, an hour or two* (School 3, Participant 12, Line 490-494). Teachers networked with church organisations to assist with HIV&AIDS support on an existential/spiritual level: *On the side of HIV support group, we managed to organise a pastor for us who can assist us with a group of people. There are kids who ... after school every day, they go to a place of safety where they get food, they get ... they worship, they pray and they play some games thereafter, they also assist them with their homework* (School 3, Participant 13, Line 51-57).

Re-contextualising results against current research

HIV&AIDS-related barriers acknowledged by teachers

Within the education system, Smit and Fritz (2008) found that teachers often experience HIV/AIDS to be a challenging factor. Taggart (2008) reports on teachers' emotional distress and frustration with regard to the various challenges associated with AIDS orphans in their classrooms.

Giese et al. (2003a) found that children increasingly experience the loss of multiple caregivers and that the capacity of relatives to support orphaned children is often reduced. Many agree that increasing numbers of AIDS orphans drop out of school, as they are compelled to look after their siblings and take on the role of breadwinners (Bennell, Hyde and Swainson 2002; Coombe 2002a; Foster and Williamson 2001; Giese 2001; Kekae-Moletsane 2008; Mohangi 2008a, 2008b; Mvulane 2003; Taggart 2008; Van Dyk 2001a).

Others have also found HIV&AIDS to be a barrier to learning. The emotional (e.g. mourning, grieving, stigmatisation, distress) and physical status (e.g. physical weakness can influence concentration and ability to learn) of children infected and affected by HIV and AIDS can influence many skills and capacities that are needed in order for learning to be productive and successful (Coombe 2002b; Giese 2001; Kekae-Moletsane 2008; Mohangi 2008a, 2008b; Mvulane 2003; Ogina 2007).

Like the authors, others (Airhihenuwa and Webster 2004; Campbell et al. 2005; Coombe 2000, 2002b; Hunter and Williamson 2000; Kekae-Moletsane 2008; Loots and Mnguni 2008; Lubbe and Mampane 2008; Morrell 2003; Subbarao, Mattimore and Plangemann 2001; Van Dyk 2001a; Visser, Mundell, De Villiers, Sikkema and Jeffery 2005) agree that HIV&AIDS-related stigma and labelling challenges wellness, as people often find it difficult to disclose their HIV-positive status, fearing rejection and discrimination by their family, friends and community. Freeman (2004) investigated the mental health of South Africans infected and affected by HIV and AIDS. He refers to the stigma associated with HIV&AIDS as one of the principal causes of stress in HIV&AIDS-affected communities. Likewise, Cook (1998) is of the opinion that the psychosocial impact of stigmatisation and discrimination is a potential area of stress to HIV&AIDS-affected families and communities.

Similarly, both the authors and others (Airhihenuwa and Webster 2004; Bennell et al. 2002; Campbell et al. 2005; Freeman 2004; Hoosan and Collins 2004; Kondrat and Juliá 2005; Leclerc-Madlala 2002; Moll 2002; Schensul 1999; Shisana and Simbayi 2002; Van Dyk 2001b) have found that parents and caregivers are reluctant to speak to children about sexual and related HIV&AIDS issues or often provide their children with incorrect information (Campbell et al. 2005; Giese et al. 2003a). Participants in their study indicated that churches and schools might undermine efforts to put HIV prevention strategies in place (Campbell et al. 2005).

The way in which teachers addressed HIV&AIDS-related barriers – supporting what is known

From existing literature we know that barriers associated with HIV&AIDS often place a huge strain on community relationships (Freeman 2004; Smart 2001, 2003; Van Dyk 2001a). As a result, many studies have focused on the question of how communities might deal with these barriers and subsequently find ways to support HIV&AIDS-affected communities to better deal with challenges (Foster and Williamson 2001; Kilmer, Cowen and Wyman 2001; Smart 2003; Child Protection Society of Zimbabwe 1999). Many studies also emphasise the essential role that schools could play in caring for and supporting orphaned children and HIV&AIDS-affected households, but also in introducing support initiatives (Giese, Meintjes, Croke and Chamberlain 2003b; Loots and Mnguni 2008; Richter 2003).

The authors' finding that teachers use education to raise HIV&AIDS awareness to address HIV&AIDS-related challenges in their school-community contexts reflects existing knowledge on the importance of HIV education and lifestyle training as a strategy to (a) prevent the spread of HIV&AIDS, (b) promote safe behaviour (Bennell et al. 2002; Coombe 2002c; Schensul 1999; UNAIDS/UNICEF/USAID 2004; Van Dyk 2001a), and (c) reduce ignorance and the stigma associated with HIV&AIDS (Campbell et al. 2005).

In the same way in which the authors found that teachers invited experts in the field of HIV&AIDS to their schools in an effort to raise HIV&AIDS awareness amongst children, parents and community members, Bennell et al. (2002) refer to AIDS clubs that were found to exist to a greater or lesser extent in each of the three countries (Uganda, Malawi and Botswana) that participated in their study. Young people in this study (Bennell et al. 2002) expressed their need to participate in their own HIV&AIDS education, to be given the opportunity to debate issues, and not only be lectured.

Like the authors', Taggart's study (2008) also found that teachers provided material support in the form of clothes and food to AIDS orphans in their classes. Bennell et al. (2002) confirm the importance of material support based on the finding that the Botswana government introduced a comprehensive programme of material support for disadvantaged orphans. In a similar way, Airhihenbuwa and Webster (2004) found that financial and material support is often provided in communities. These authors refer to burial societies that often provide financial support for families that cannot afford to bury their loved ones who had passed away because of AIDS.

In terms of emotional and spiritual support, Lubbe and Mampane (2008) also found that compassionate and caring teachers, who are involved at an emotional level, could fulfil an important role in contributing towards children feeling more positive about the future and enhancing their self-worth. Similarly, a growing number of theorists (Ebersöhn and Maree 2006; Folkman and Moskowitz 2003) view positive emotions and a sense of self-worth as active ingredients in coping and thriving despite adversity.

The authors' findings on barriers associated with HIV&AIDS and the manner in which teachers dealt with such challenges show similarities with a study conducted by The Farm Orphan Support Trust of Zimbabwe (Walker 2002). The authors' findings on material support also mirror the study by Bhana, Morrell, Epstein and Moletsane (2006) on teachers' pastoral care in the context of HIV&AIDS. Participating teachers in this study started feeding schemes out of their own pockets and collected clothing for vulnerable children.

The way teachers addressed HIV&AIDS-related barriers – contradictions

The authors found some contradictions in existing literature about the manner in which participating teachers dealt with barriers encountered. Whereas the teachers in their study adopted an open approach in transferring their HIV&AIDS-related knowledge to children, parents and community members, Bennell et al. (2002) found that teachers in their study, particularly in Botswana, were reluctant to speak to children about HIV&AIDS-related topics. Furthermore, Harper, Bangi, Contreras, Pedraza, Tolliver and Vess (2004) refer to one of the barriers experienced in their collaborative research as being a lack of communication between various participating role-players. A possible explanation for this contradiction could be the longitudinal PRA methodology approach, where relationships between teachers and between teachers and researchers evolved over time in terms of openness, trust and honesty. This methodological hypothesis requires further exploration.

Whereas the authors found that communities are able to deal with HIV&AIDS risk daily by relying on available local resources and assets (see also Ferreira 2008), Smart (2003) is of the opinion that communities' mechanisms for dealing with barriers such as HIV&AIDS are already optimally used and cannot be stretched further. Similarly, Subbarao et al. (2001) found that communities at ground level are often not able to deal efficiently with the challenge of looking after the increased number of AIDS orphans. Existing literature generally points out that teachers are not always sufficiently trained with the necessary competencies and skills to provide successful HIV&AIDS education and support (Bhana et al. 2006; Hall 2004; Jansen and Christie 1999; Ogina 2007). Bennell et al. (2002) found poor delivery of the HIV&AIDS curriculum and pre-service teacher training in Botswana, Uganda and Malawi.

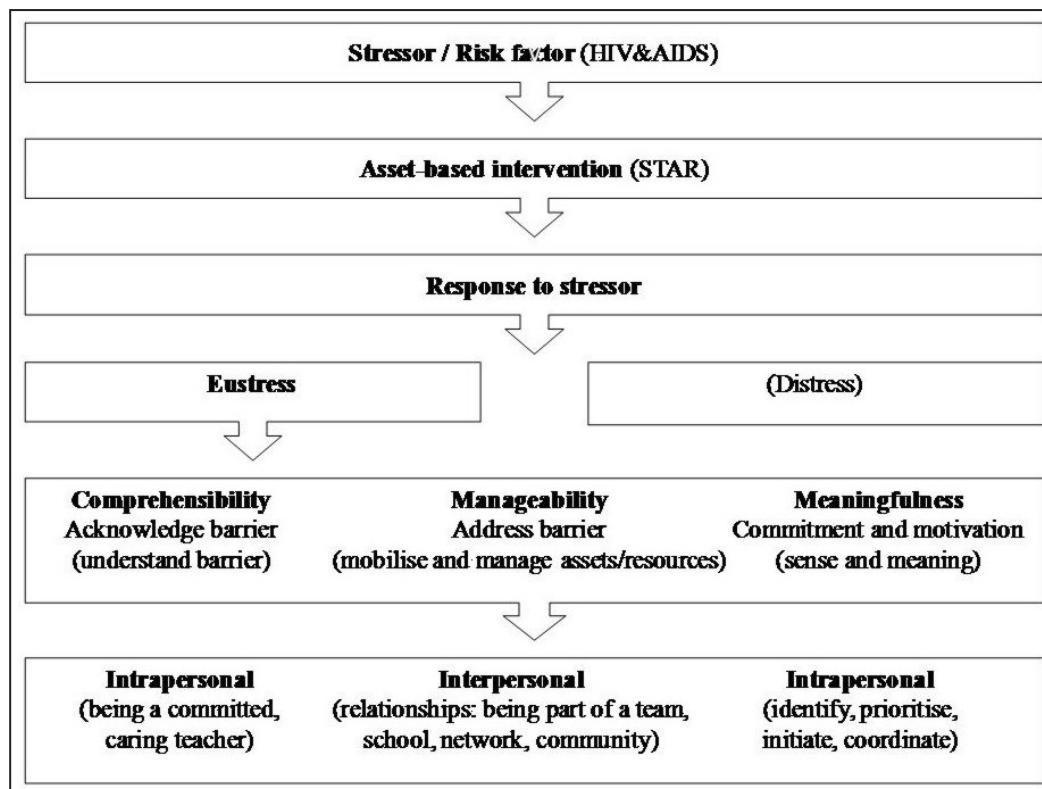
Correlating with the authors' finding, Visser (2004) argues that teachers possess the potential for providing the necessary education and support, as long as they receive the necessary training. Ogina (2007) emphasises that teachers have to be empowered with the necessary competencies and knowledge to successfully play a supportive role in terms of HIV&AIDS-related challenges in their school-community contexts. During the intervention stage of the study, participating teachers were introduced to skills and competencies to better deal with barriers. Such skills and competencies included mapping the community and its resources; identifying assets/resources, potential

assets/resources and challenges in the community; identifying needs and potential ways of addressing them; initiating school-based initiatives; developing an action plan in terms of the identified projects and initiatives; and monitoring the progress of the projects and planning the way forward. According to Parker (2003), many higher education institutions have already developed and submitted revised programmes and qualifications to enable teachers to cope with adversity.

Discussion

Within the context of SoC, this paper provides insight into the way teachers could promote resilience in schools to counter the effects of HIV&AIDS, by means of an asset-based pathway. The figure below illustrates this process. Teachers were first introduced to the asset-based approach through an intervention process (STAR), providing an opportunity to acquire knowledge of the asset-based approach. When teachers were confronted with barriers (risk factors) in their school-community contexts, they adjusted positively to the barriers – teachers mobilised themselves, others and resources to address them. Their response to stressors was therefore characterised by eustress as opposed to distress.

Promoting resilience in schools to bolster against effects of HIV&AIDS: Asset-based pathways



The concept of eustress can be defined as a positive psychological reaction to a stressor, which is evident by the presence of positive psychological states (Muller and Rothmann 2009; Simmons and Nelson 2005). Schreuder and Coetzee (2006) describe eustress as a type of stress that provides challenges which motivate individuals to work hard to meet their goals. Teachers in the current study adapted positively to barriers (stressors) encountered in their school-community contexts, regarding barriers as challenges that could be addressed in a resourceful manner. In contrast, distress can be defined as a negative psychological reaction to a stressor, which is evident by the presence of negative psychological states (Muller and Rothmann 2009; Simmons and Nelson 2005). SoC (Antonovsky 1987, 1993) is seen as a broad characteristic that influences an individual's perception and ability to cope (Muller and Rothmann 2009; Nelson and Simmons 2003; Semmer 2003). Teachers displayed a strong SoC, as they perceived barriers in their school-community contexts as making cognitive sense, as being under their control and being meaningful (Antonovsky 1987).

Based on findings in the study the authors argue that teachers' *comprehensibility* (the extent to which they perceive internal and external stimuli as information that is structured and constant) was favourably affected by an awareness of risk co-existing with resources. Teachers could view HIV&AIDS-related life events as less stressful (Antonovsky 1987, 1993; Muller and Rothmann 2009; Schreuder and Coetzee 2006; Wolff and Ratner 1999).

With regards to *manageability* it is posited that, cognitively, teachers were able to experience HIV&AIDS-related cumulative stressors as controllable and manageable. Their ability to mobilise available resources to meet encountered stressors (Antonovsky 1987, 1993; Muller and Rothmann 2009; Schreuder and Coetzee 2006; Wolff and Ratner 1999) meant that they were able to frame barriers in their school-community contexts as challenges that are manageable.

Lastly, *meaningfulness* was apparent inasmuch as teachers felt that at an emotional level life made sense and had purpose. Rather than feeling that they were passive, helpless and victims because of stressors, teachers were able to use existing resources themselves to mediate the effect of risk. Meaningfulness also denotes the teachers' perseverance in sustaining support strategies, indicating motivation and commitment to cope with stressors encountered (Antonovsky 1987, 1993; Muller and Rothmann 2009; Schreuder and Coetzee 2006; Wolff and Ratner 1999). Teachers regarded barriers as challenges worthy of engagement and commitment.

Although many variables and complex factors may influence a person's reaction to barriers or stressors (risk factors), Weissbecker, Salmon, Studts, Floyd, Dedert and Sephton (2004) confirm that SoC could be enhanced through intervention, as with teachers' participation in STAR. The distress of teachers because of an incapacitating focus on barriers and needs was reconfigured into an invigorating agency by focusing on opportunities, assets and strengths. The asset-based approach is therefore likely to

enable teachers and school communities to generate positive and significant change from within (Ashford and Patkar 2001; Cordes 2002; Kretzmann and McKnight 1993; Mathie and Cunningham 2003; Roos and Temane 2007; Saylor et al. 2006; Tibaijuka 2003). It is therefore concluded that an asset-based approach could lead to enhanced eustress and SoC when teachers are faced with cumulative barriers. More research is of course indicated to explore this theoretical supposition.

Conclusion

Against the background of education settings with scarce resources and cumulative risk, as signified by HIV&AIDS-related challenges, the authors attempted to demonstrate how teachers' implementation of the asset-based approach is a novel way to address such challenges. Within the context of mobilising assets to address barriers, they highlighted the potential interconnectedness of the asset-based approach and an SoC. Findings suggest that teachers' use of the asset-based approach to address ongoing risk may potentially result in their enhanced eustress (Simmons and Nelson 2005) and SoC (Antonovsky 1987, 1993).

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