

## CHAPTER TWO

# UNHEARD STORIES OF ADOLESCENTS

In this chapter the stories of the adolescents are described. In doing so, there must be two areas of focus. Firstly, I will be describing the action and action field, and secondly, I will describe my interaction with the action.

The story of the inner city and the context where the research is taking place will be told. Then I will make the unheard stories of the adolescents heard in giving a detailed description of our sessions. I will also explain how I practically went about in planning the group sessions.

### **1. THE STORY OF THE INNER CITY AND PEN** (see also Appendix H)

During 1990/1991 the inner city Dutch Reformed congregation started working with the children living in small compartments in high buildings up to 25 or even 30 floor buildings. Two young people started with the project. They soon realized that the needs of these children are too vast to address in a Bible club (an hour session held with a group of children ranging from 10 to 20 members). During a Bible club the word of God was taught in a playful manner, combined with story telling, songs and games.

The workers realized that their aim of trying to influence these young children (age group 6 -12), is futile if they do not aim to make contact with the parents as well. The needs of the families living in the inner city, was overwhelming for two young people having one hour Bible lessons for children.

A short description of the needs in the inner city:

*The inner city of Pretoria is a fast growing and densely populated area. Hundreds of people flock from rural areas to the city with the dream of erecting a*

*better life than they are used to. Sadly, reality is met when they end up in the inner city, sharing a small one room flat with ten or more other people, where there are very little opportunities and sometimes little food to eat. In circumstances like these, family structures fall apart, moral standards drop and crime and gangsterism becomes a way of life. Amidst all of this hardship it is very often the women and children which suffer the most. Fathers often leave to seek a better life and mothers are left to care for the children on their own, mostly with devastating consequences. Mothers and/or their children fall prey to drug lords, prostitution and those ever preying adults, also victims of abuse. Basic needs like food and clothing become luxury items and things such as quality day-care and education for children only a dream.*

*It is under these circumstances that PEN works towards bettering the lives of the people of the inner city of Pretoria and to offer a vision of what a city could be to its inhabitants...if there was a caring and loving community at its centre.*

The congregation had the vision of starting a mission orientated organization that would be able to raise funds outside of an ordinary congregation. An organization was needed to bring professional people to the inner city that can focus holistically on the needs of mostly the families and the children.

In 1992 PEN was founded. The name is a reflection of the theology and aim the congregation had at that time: Pretoria Evangelism and Nurture.

The mission was formulated as: *Serving people living in the inner city as total beings in and through Christ.*

In 1992 I was part of a team of five full-time employees working at PEN. My ministry focus was to build relationships with the parents of the children and involve them in programs of Bible study groups and fellowships.

My own passion has always been to be involved in the activities and lives of teenagers. I became involved in the teenage ministry of the church as a side interest. In my being and moving around the flat buildings a lot, doing house visits at adults, I befriended many young teenagers. This grew into my full-time ministry. PEN also grew and a music ministry was added to a growing children and teenage ministry. Within the first few years, a community development focus was brought into PEN.

PEN was funded mostly by faith based individuals, congregations and businesses. The local pastors formed the management of PEN. By 1994, the congregation was in financial difficulties. PEN personnel were forced to find their funding elsewhere. The organization employed a Managing Director (who is also my husband). With him becoming involved, PEN made a major shift in focus, from being mainly dependent on churches for funding, to becoming self sustaining through income generating projects. These income generating projects forced management to become more involved in general community issues. Where up to now all the workers of PEN have mostly been travelling into the city for work, they began to live in the city.

This created new challenges. The employees did not arrive and left the city but became part of the city where they are ministering. A different level of commitment grew, which helped us all to rethink our involvement: not outsiders coming in, but people who share the every day challenges and hardships of other city dwellers. A new understanding and compassion grew throughout this process.

It prepared us for a new phase of growth. Pennies Nursery school became a wonderful pilot project. This project became a model to all our projects in professional, high quality service provided to small children who would otherwise have been left alone to fend for themselves.

Many principles were discovered in and through the nursery school. It was a small laboratory but with big lessons to be learnt. We were faced with issues like children from different religious backgrounds coming into our Christian-based school. We were faced with many challenges of having to provide high quality schooling with very little funding. Processes needed to be worked out of helping people without keeping them vulnerable and dependent. Creative solutions were found, through involving parents who could not afford the services, to help with cleaning and gardening on weekends and to find financial assistance for families in need. Social workers got involved to serve the families and not only the children. Other therapist like occupational and speech therapist became involved. A whole ministry of managing volunteers turned out to be a big focus. The nursery school became a nucleus of learning what “care” means in an inner city context.

These experiences prepared us in different ways for an ever growing social crisis and a growing ministry. We were deeply touched by the deteriorating family context of the children. Poverty became a monster with many faces: parents can not afford medical care, day care, proper housing, and proper food. It became a monster that crept into the heart of each family member. No food and no money bring more tension in relationships. Parents resolve to desperate measures to provide for their children. The mostly single mothers become involved in prostitution: one mother used her small one bedroom flat for her work as a prostitute, while her two small children share the same bedroom. These and other heartbreaking circumstances kept us focusing on finding creative ways to fight the many faced monster.

By the year 2000, PEN was a big organization with nearly 80 full time personnel. Different ministries have developed to keep to our aim of serving people holistically. Hundreds of people benefited from the services we rendered. Many people were being fed, clothed and housed through our ministry. Hundreds of

children were ministered to in Bible clubs and Pel (groups for the teenagers). Financial assistance was given and camps were held.

We realized that we were a big organization, but we were missing out on being a healing community. We were providing wonderful services, but did not really have an impact on the community of people in the inner city. We decided to rethink our strategy. Together with the personnel, PEN's management asked critical questions about our inside structure and the impact we have on the community.

### **1.1 Four areas of ministry identified:**

#### **Voice**

Amidst the noise of the inner city PEN strives to be a Voice of God bringing hope and dispensing love to our inner city communities. This is done by a number of ministries.

#### **Servant hood**

A very important part of any community-oriented approach is to render certain much needed services to the people. Food, clothing, medical care and other much needed social services are rendered where possible.

#### **Community**

##### *Educational communities*

Because of the initial emphasis on the children of the inner city their educational and general nurturing needs were identified as focal points of future involvement by PEN.

##### *Residential communities*

The second type of community that has developed from the work of PEN caters for the enormous need for affordable housing and/or space in the inner city.

## **Stewardship**

As is the case of many organization, the proof of its success does not only lie in the supply and demand of its products, but also particularly with the management thereof.

In traditional church language it would be Leiturgia, Diakonia, Kerugma and then we added the concept of stewardship to that. The personnel were asked to help us formulate what the basic values of our ministry should be.

Together we came up with a formulation of the values PEN wants to be associated with:

### **1.2 PEN believe**

#### **Concerning the God we serve...**

That God is to be known in and through Jesus Christ, our King and Saviour, in whose steps we strive to follow and in the Holy Spirit who inspires and leads us in our daily lives and ministries.

#### **Concerning the people we serve...**

- That we see our place in the city as a bridge between church and world.
- That all people are equally worthy in the eyes of God. Therefore, they are worthy of the best we can give our unconditional love, respect, confidentiality, honesty, trust, friendship and acceptance. They should be treated with dignity, served and where ever possible, disciplined.
- That we are fellow pilgrims on the road of life with those we serve. Therefore, we strive to be open to learn not only about, but also from the people we are ministering to.

- That there is an inherent potential in all of God's children to take responsibility of their own lives. Therefore, we aim to empower the inner city people to care for, minister to, and help one another, and in so doing contributing to a total transformation in their lives.

**Concerning those we serve with...**

- That our heart for God and his inner city children unite us. The staff members of PEN ministries thus are far more than colleagues – we strive to be one effective team and one cohesive family.
- That our staff relations must be characterized by spiritual fellowship of sharing, equality, trust, loyalty, honesty, teach ability, open-mindedness, effective and loving conflict resolvment, transparency, acceptance, integrity, flexibility, commitment to hard work, abiding by our ministry's rules, respect for structures and caring for each other.
- That God has made us all unique. Therefore, we value and cherish individual, cultural and spiritual diversity.
- That it is our own responsibility to grow in all personal and spiritual aspects. To accomplish this it is necessary to live a balanced, healthy life. This includes regular exercise, healthy eating habits, a healthy personal devotional life, and a healthy family life.
- We are part of the unity of God's church on earth. Therefore, we strive to work towards networking and becoming a partner with other churches and Christian organizations in and around the city.

**Concerning the things we serve with...**

- That all we have belong to God. We are therefore, responsible and accountable to God, our sponsors, and the people we minister to with

regards to the way we manage all our resources. This includes saving money and maintains resources as well as possible.

- That our management system should also reflect our stewardship responsibilities. Therefore our system should be transparent and easily understood and our policies clear and accessible.

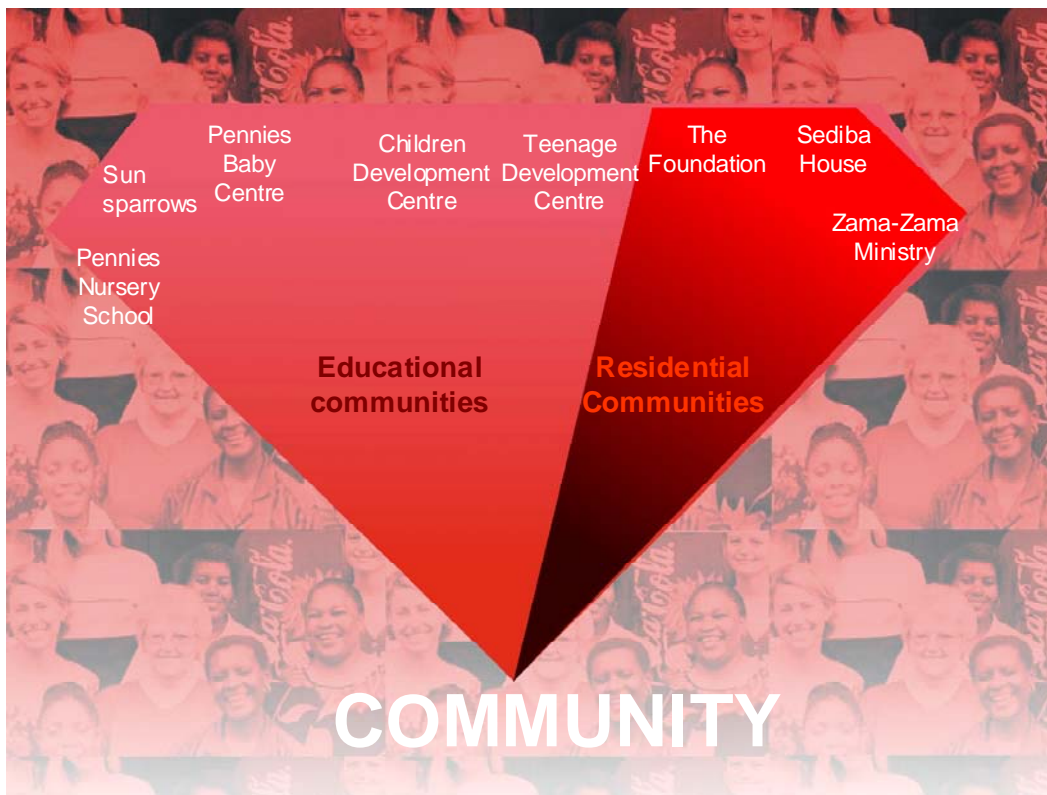
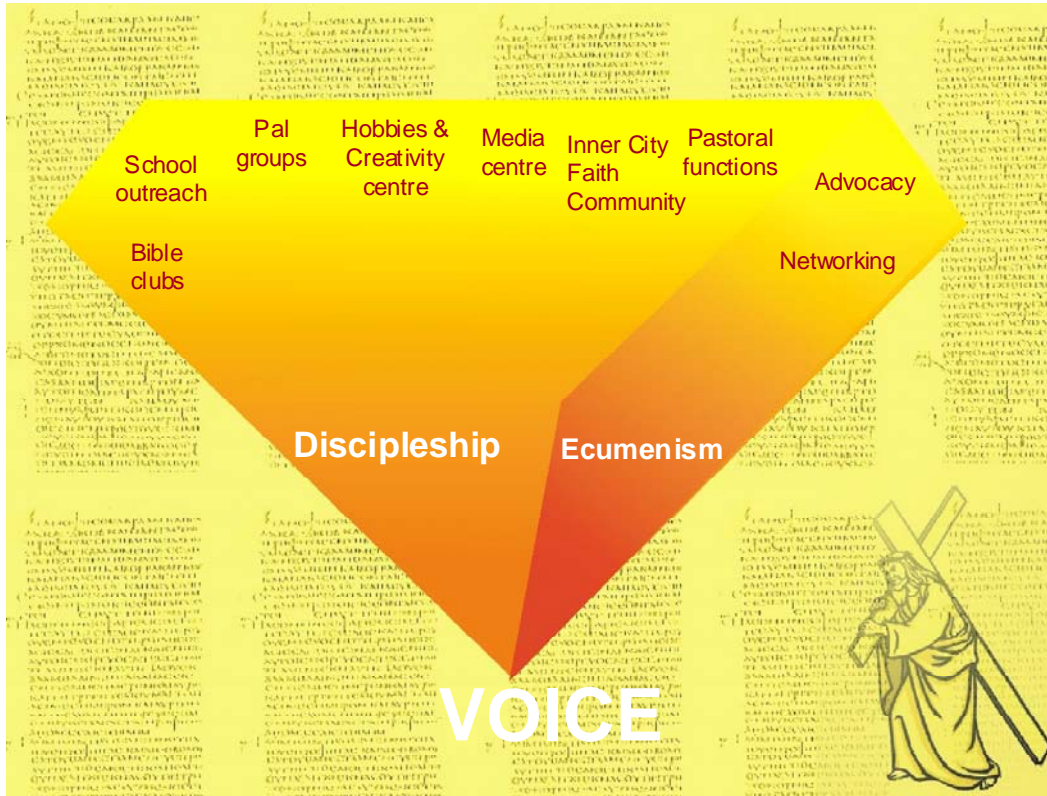
### **Concerning the structures under which we serve...**

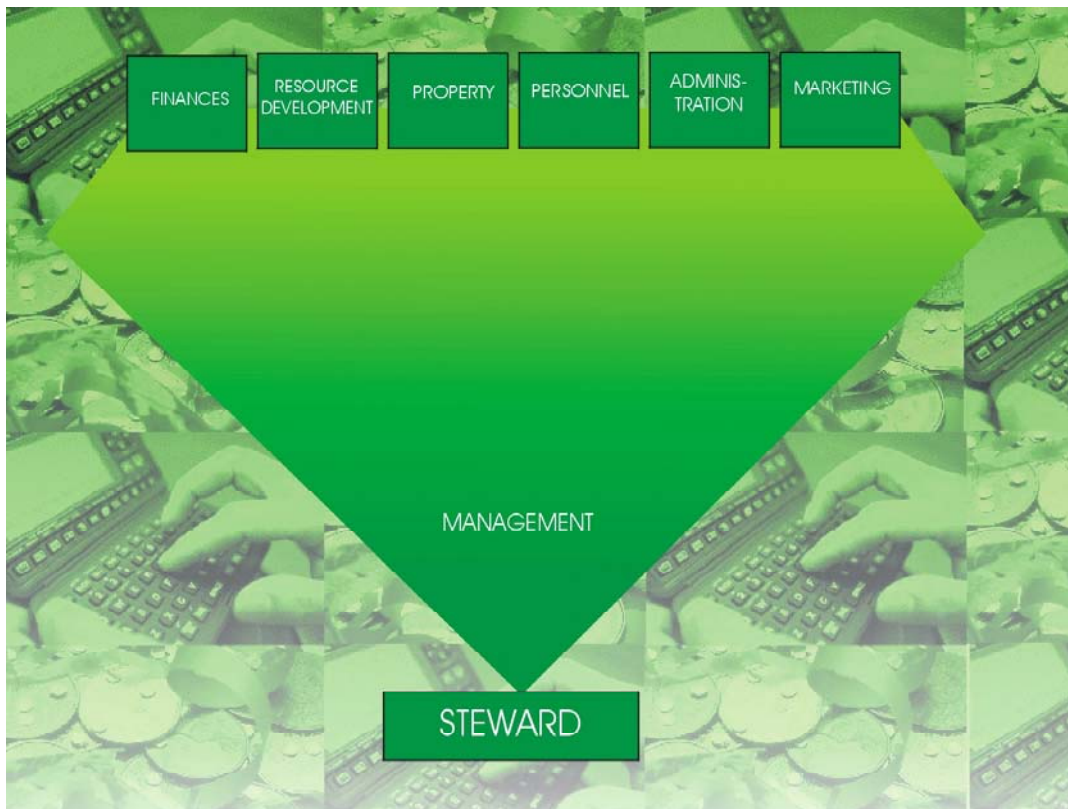
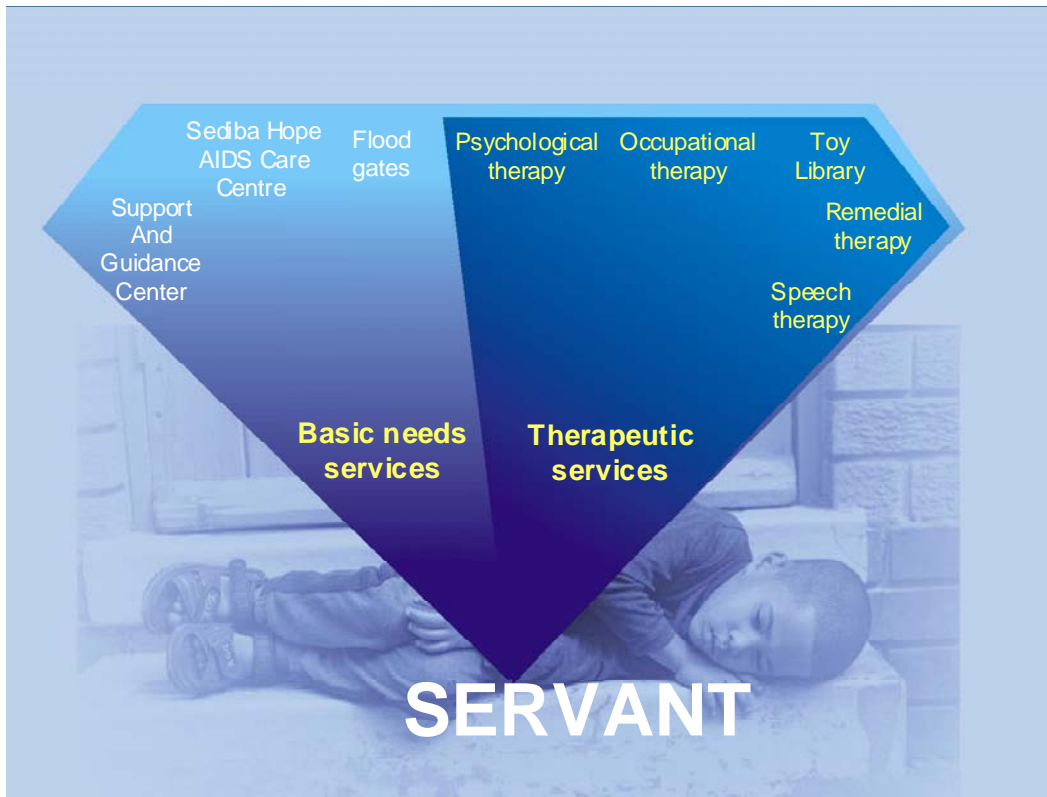
- That it is our responsibility to be informed about all church-, political-, informational- and social structures and other systems that influence life in the inner city.
- That we have a priestly duty towards the structures (ecclesiastical, socio-economic, political, etc.) of our day. Therefore, we should intercede for the leaders of our country, city and churches.
- That we have also have a prophetic duty towards the power structures (ecclesiastical, political, socio-economic, etc.) of our day. We affirm that we are standing in solidarity with the inner city people. We are called to be the voices of those who are unable to speak, to defend the rights of those who are unable to defend themselves, never compromising our Christian identity.

This helped us to understand that we need to impact our community by truly becoming a community ourselves. Every member of PEN committed themselves to these values on personal and professional level. In 2004 PEN became a company with 110 full-time personnel. PEN takes children on 17 weekend camps and two sea holiday projects each year. PEN serves 23 000 plates of food per month. PEN shares in partnerships with more than 30 community based projects and other churches.



We restructured our current ministries into these four focal areas (P.F. Smit: unpublished):





Currently personnel from the Teenage ministry are a group of people daily involved with the teenagers who participated in this research project.

Their mission is: **To empower the teenagers of Pretoria inner city and vicinity to a quality life in and through Christ (Susan van der Walt).**

	<b>Project</b>	<b>Aim</b>
1	<b>PAL group</b>	<b>Creating a sense of belonging and an opportunity for spiritual growth</b>
2	<b>School outreach projects</b>	<b>Building good relations with the students and teachers of the schools in the inner city. Informing them of services that can be rendered</b>
3	<b>Camps</b>	<b>Giving teens an ‘out of city’ experience wherein we intensively minister to them on a spiritual, recreational and therapeutic level.</b>
4	<b>Parent evening</b>	<b>Establishing contact and building relationships with the parents and introduction of services</b>
5	<b>Sea Camp</b>	<b>Giving teens a Sea holiday experience wherein we intensively minister to them on a spiritual, recreational and therapeutic level.</b>
6	<b>Art, adventure and academic centre</b>	<b>Providing an after school developmental service that helps with schoolwork, develop sport and do life skill training.</b>

My own position at PEN focussed on the Teenage ministry for ten years. I developed the ministry as manager and reverend. The last two years my position has changed to that of Director of the community development and servant hood projects. My passion and love for teenagers has never changed.

My aim with this discussion was to provide adequate background on the ministry of PEN and my involvement, which forms part of the context of the research.

I will now proceed to describe my interaction with the young people.

## **2. MY JOURNEY WITH THE CO-RESEARCHERS**

### **2.1 Putting plans into action**

I chose to work within groups, as well as individually. Teenagers are very much at ease within a group. (Jackson and Rodriguez-Tomé 1993:147) explains the value of peer groups using the metaphor of a laboratory where young people can experiment with their evolving identities. Here they get an opportunity to compare themselves to one another and they find reference points for developing their norms. In their peer group they can get *“multiple opportunities for witnessing the strategies others use to cope with similar problem”* (Jackson and Rodriguez-Tomé 1993:148).

Especially having to talk about traditional taboos like sex, HIV/AIDS, sexually transmitted diseases, stereotyping etc., I made the decision to rather use a bigger group to build trust and to create a comfortable environment for the young people to express themselves.

I gave the group the freedom to volunteer for individual sessions. Different people responded throughout the duration of the group sessions. It often happened that individuals spoke to me spontaneously as well.

The outline of the program was as follows: Originally there wasn't a time frame to the number of sessions we will have. The group was established in September 2002 and ended in April 2003. Feedback sessions were held at the end of 2003. Eventually, there were 8 group sessions and 7-10 formal individual sessions. After the group ended, there were and still are individual contact sessions with some of the group members.

## **2.2 How did I choose the co-researchers?**

The group originally consisted of 16 people. It grew to about 20 up to the end of the time frame. There were originally 8 girls and 8 boys. This was not manipulated.

Being involved in a Teenage Ministry in the inner city of Pretoria through PEN, I know most of the young people. The young people attend Pel-groups (talk groups for teenagers, which are faith based, run by youth workers from PEN). The specific group I chose to get involved in is the Pel group held in English. I chose to focus on this group; because I wanted to write my thesis in English and most of this group spoke English well (even though it is not their first language). English is also not my first language, so as a group we felt that this puts us on equal ground.

I visited the English Pel group and explained to them that they are especially chosen to participate in the research project. Out of a big group of about 30 teenagers, sixteen responded.

## **2.3 How did I go about capturing information?**

I used a tape recorder where possible. The tape recorder was not always effective, especially in a group setup. In some of the sessions, some of the discussions were not recorded because of group noise. Everyone is talking at the same time, which is difficult to transcribe.

Sometimes I just made notes in a discussion and other times the conversations were spontaneous and not recorded.

## **2.4 How did I invite people to become co-researchers?**

During the first meeting with the teens, I explained the process of narrative research to them. I explained to them that they are going to form an important part of the research by participating, sharing their stories and their views, by

doing research on other stories of interest, by sharing their views with their peers outside this group.

Every member agreed to sign a two-sided agreement. The reason was to make them contracted co-researchers and to communicate their important role and expected commitment in a firm way. On this form they also agreed that I could use their names in the writing down of the research.

#### **2.4.1 Names of the main group of teenagers:**

Miranda Maubane, Maxine Mogale, Tebogo Matlala, Constance Mhkize, Betty Mashao, Sibongile Mtshweni, David Kgomo, Pule Ntjama, Stephens Madiba, Happy Macheke, Tsepo Ngakane, Mpho Matlala, Lerato Ntlana, Innocentia Maposo, Jerry Kwinika and Marius Enselen. Other children became part of the group as we continued.

Age group: Grade 9 to 11, aging from 14 to 18.

The same process of explaining their position was followed with other co-researchers.

#### **2.5 How did I involve the parents?**

The parents were asked to give written permission for the teenagers to participate in the research. Firstly, because some of the teenagers were still younger than sixteen and legally the parent's permission is needed. Secondly, it was important to me to involve the parents as much as possible. I hoped that it would also help the teenagers to more easily talk to their parents about HIV/AIDS in future, creating a channel for conversations. See Appendix A.

#### **2.6 Sessions with the care institutions in the area**

I had two original sessions with people from different clinics in the inner city. One was a government-sponsored clinic and the other was operating privately.

## **2.7 Sessions with the Sediba Hope Aids Centre personnel**

This centre was established just after the group sessions were held. I was personally involved in the launch of the project. One of the strongest motivations for me to get the centre going was my contact and insight I got from the sessions with the young people. Their experiences about the quality of care they received and the attitudes of people serving them, motivated me very much to work on alternatives, taking their needs into account.

I continued to share my thoughts and reflect my research findings with the personnel. Their contribution is extremely valuable to my own spiralling journey.

Formal and informal discussions were held with the Sediba Hope Aids Centre personnel on a continuous basis. They are valued as an important reflection team.

## **2.8 Sessions with academic reflection teams**

Throughout the process of the research and the writing of the thesis, fellow student-groups functioned as a continuous reflecting team. Formal sharing of the research methodology in a Qualitative Research Conference (1999) served as a reflective process. Web page publication and discussion groups also fulfilled this purpose. The PhD student-group which I am a part of, with Prof Julian Müller who served as the leader of the group, also served as a reflection team.

## **2.9 My first encounter: baby research with baby teens**

Before I identified the group of teenagers from the English Pelgroup, I had a first encounter with a group of Grade 7 learners. I didn't think about the age influence at this time. I just assumed the Grade 7's was an adequate group to begin the research with. After the first session, I realized that the group is a little young. Their awareness of their context and their peers are different from the older children. They are still having a lot of difficulty expressing their thoughts and feelings. Their concentration span is short and would ask for much more time

and effort. If I had the time, I would have loved to start a long term journey with this group.

At that stage of my planning, I made a decision to not continue with this group, but to focus the rest of the research process on an older group. Nonetheless, this encounter introduced me to the realities of what I am trying to research. This group of children helped me to come to terms with certain issues:

I decided to report all of the sessions in its verbatim form. As explained in the first chapter, I do not want to contaminate the original words and meaning of the young people by giving my own interpretation of what they wanted to say, too soon. I want to keep the possibilities open for more interpretations than my own. Maybe some-one else reading the verbatim, will hear total different focuses or development or climaxes than me. I do not want to restrict this process, even after finishing my thesis. My aim is not to just interpret but to allow for and invite interpretation.

In transcribing, I did not try to correct their language. I tried to keep writing in their words enabling to keep to what they wanted to say.

Concerning the language that is used:

This group was Afrikaans speaking. My own first language is also Afrikaans. In one way, it was much easier for me. From a different perspective, I learned that not even speaking the same first language can make provision for the total ***new language*** that I had to learn from them.

In this session, I had to make a decision about the language I would use to report on this research. In the methodology I very pretentiously claimed that *I would write in the language of the co-researchers*. Now I realized what the implications of my good intentions were: to use (I assume in the academic sphere's definition) inappropriate language. During my reflection session with my fellow



students, I only realized how embarrassed I was about this exercise. Talking to the children did not bother me at all, but sharing our discussion in an academic environment was quite different.

Finally I was extremely encouraged by the enthusiasm the children participated with. Even being young and not eloquent, they enjoyed every minute.

### **2.9.1 Session 1**

I will use the session, even though it was done in Afrikaans (combined with English). In the group there were 13 children, mostly Afrikaans speaking.

My own voice is written in plain text, and the children's voices are written in bold. This way of writing will be used for all the verbatim.

Session 1 was held in August 2002 in the afternoon.

#### **Hoe lank gaan ons vandag wees?**

So 'n half uur.

#### **Is die tape so lank?**

Ja. Verstaan julle twee Afrikaans, of moet ons Engels praat?

*(Everyone said they understood Afrikaans, although two were English speaking).*

#### **Ek verstaan nie Afrikaans nie, maar ek kan Afrikaans praat.**

OK, we will try to do this in both languages, so that everyone can follow.

I invited you to come and sit and talk to me this short time, just to share some experiences about life. So I want to invite you to talk about things that you want

to talk about. If it is worth it, we can discuss it and do it again. If it isn't OK we can discuss that as well.

Ek wil sommer hoor... hoe oud is julle almal? 12? 13? 14?

(How old are you?)

**Hoe oud word jy? Twee?**

Wat lees jy? Goosebumps? (What are you reading?)

**Ons is nie nou hier om te lees nie, ons is hier om te bespreek. (We are not here to read)**

Ok, sal jy omgee om jou boek te bêre tot later?

As julle nou kon kies waaroor julle wou praat, wat sou julle gesê het?

As julle behoefte het.

(If you can choose anything – what do you want to talk about?)

**Koffie! Coke!** *(A boy speaking)*

Ja ons mis dit.

Is dit 'n girls thing om so te sit en praat? (Is it only girls who want to sit and talk?)

**Ja, die meisies sit so op die gras en praat, altyd. (Yes, the girls always sit on the grass and talk.)**

**Nee.**

Is dit 'n boys thing ook? (Is it a boy's thing too?)

**Nee.**

Ek wil graag met julle gesels oor gesondheid. Nou ek weet die oomblik wat ek sê gesondheid, dink julle, aag nee, dis vir ou mense, want dis net ou mense wat siek word. (I want to talk to you about health. I know this might sound boring, because it is mostly older people getting ill.)

**Wat wil jy sê?**

**Dis so vervelig om so te sit en praat.**

**Ek's nou moeg.**

**Jean-Claude het net nou geslaap, so verskoon hom maar.**

So hy word nog wakker.

*(One of the boys fell asleep and woke up. Everyone laughed.)*

Ek weet dis vir jou vervelig, maar verduur ons nou net so 'n bietjie.

**Dis al wat ons doen is praat.**

As jy wil gaan kan jy gaan.

**Dankie.** *(Jean-Claude is tired and bored and gets up and leaves.)*

**Jy is disgusting! Jy is verskoon!**

Won't you two come and sit this side?

**Ek wil oor VIGS praat! (I want to talk about AIDS.)**

**Is jy mal man? (Are you crazy?)**

**Ek weet nie, ek wil net daaroor praat. (I just want to talk about it.)**

**Is jy bang jy kry dit?(Are you afraid you will get it?)**

**Ja. Is jy bang jy loop net in die straat af en ewe skielik... (Yes, are you afraid you will walk down the street and all of a sudden.....)**

Dis 'n baie belangrike onderwerp. (It is a very important subject.)

*(I am absolutely amazed that they want to talk about AIDS.)*

Hoe steek mens VIGS aan? (How do you get AIDS?)

**Jy slaap saam met daai en daai en daai een en dan het almal VIGS. (You sleep with that one and that one and that one and then all have AIDS.)**

Ja. Deur bloedkontak en deur seksuele omgang. (Yes, through blood contact and having sex.)

**Ja, al daai dinge. (Yes, all of those things.)**

Is dit? Waar het julle al daaroor gesels?

**By die skool. Hulle het gesê jy moet 'n condom aan hulle ding in dra. (We talked about this in school. They said you must wear a condom on your thing.)**

Ja dis waar. (Yes, that is true.)

**In my beursie? (In my purse?)**

Onder andere *(... laughing)*.

**Onder andere in jou eee... persoonlike plek. (Yes, on your ...private place.)**

**Ek dink jy is nog te jonk daarvoor. (I think you are too young for that.)**

**Op jou penis. (On your penis.)**

**Dis die woord (That is the word.)**

Dit is die woord, ons mag dit so noem. (That is the word. You may call it that.)

**Dis nie 'n voël of so iets wat die seuns altyd van praat nie. (It's not a "bird" as the boys always call it.)**

**Ons het vandag met die ander tannie daaroor gepraat. (*A social worker at PEN had the discussion with them previously.*)**

So is julle nou verveeld met die onderwerp?

Is there something that you would like to talk about?

*(Addressing a girl sitting with her back to the group.)*

Are you leaving now?

**Yes. (*She doesn't leave.*)**

Is there something you would like to talk about?

**Do you know why she is leaving?**

**She don't understand you.**

Should we talk in English rather?

**Yah.**

Fine. What exactly about aids do you like to talk about?

You can talk in Afrikaans, and I will translate in English.

Sê maar.

**Aag tannie, ek word naar. (I become nauseas.)**

**Ek het klaar gepraat. (I am finished talking.)**

Immmm...

**Ek kan nie meer sê nie. (I can't say any thing else.)**

**Stuur die seuns uit. Hulle is vertraag. Laat Fourie met die seuns praat en tannie met die dogters. (Send out the boys, they embarrass us.)**

Is julle skaam om hieroor te praat. (Do you fee embarrassed to talk about this?)

**Ja, baie.**

**Ons wil eerder oor Coke praat: hoe maak jy dit? (We want to know how Coke is made.)**

**Acid**

**VIGS word nie net so oorgedra nie. (AIDS doesn't get passed on like that.)**

**Mense kan dit kry deur lemoene wat met bloed ingespuit word en op straat verkoop word. (People get it through eating oranges that are injected with blood that they buy on the street.)**

**Waar het jy dit gehoor? (Where did you hear that?)**

**By my ma. (From my mother.)**

Ok kom ons praat hieroor. Kan 'n mens VIGS aansteek van iets wat jy eet? (Can get AIDS by eating something?)

**Ja. As jy sere in jou mond het en daar kom bloed in. (If you have sores in your mouth and infected blood touch it.)**

There is a small chance to subtract aids through your mouth. But it is a small, small chance.

**Hoe laat is dit? (What is the time?)**

Ken julle iemand wat VIGS het. (Do you know someone who has AIDS?)

**My nefie. My oom. Baie mense. (Many people.)**

Kan jy onthou wat jou die meeste geraak het daarvan? (What touched you the most from coming into contact with them?)

**Dat dit my nefie is.**

**Dat jy dit kon gesien het. (You can see it.)**

**Hoe hy maer geword het, en so wit in sy gesig. So uuuggg. (He gets thin and white in his face, juc.)**

Is die mense wat julle geken het gewoonlik in dwelms betrokke?(Were some of these people you know involved with drugs?)

**Ja. My nefie het in die bad gesit en dagga gerook. (Yes, they smoked dagga.)**

**Kan ons oor iets anders praat. (Can we change the subject?)**

Hoekom will jy oor iets anders praat? (Do you want to talk about something else?)

**Dis juk. Ons moet ons laat toets! (It is disgusting. We must get ourselves tested.)**

Het jy al jouself getoets? (Have anyone had themselves tested?)

**Nee. (No.)**

**Ja. (Yes.)**

Ons kan 'n plan maak om jou te toets, ons hoef nie vir almal te vertel nie. Julle kan dit met my bespreek.

Wil julle nog oor ander issues praat? (We can arrange it if you want to.)

**Coke.**

**Koffie en koekies.**

**Ek wil 'n grappie vertel. (I want to tell you a joke.)**

**Drugs en okkulte. Ons wil daaroor praat.**

**Tannie toe ek klein was.....**

**Toe maak ek 'n grap met my nefie en hy klap my en ek snuif die coke.**

**Ons wil van die seuns praat. Ons kan nie oor seksuele goed praat nie. Hulle maak altyd grappe daaroor. (We want to talk about the boys. We can't talk about sex in front of them, they always make jokes.)**

Is die seuns ongemaklik? (Boys, are you uncomfortable?)



**Ek is nie skaam nie, ek is in standerd vyf. (I'm not. I'm in Grade 7.)**

**Ons wil weet waar kry jy dagga. En van ecstasy. Wat gebeur met jou. Ek het van 'n meisie gehoor wat 25liter water gedrink het en toe daarin verdrink het.**

**Ek wil weet van dieetmiddels wat soos drugs is.**

**Ek het gehoor as jy E gebruik, hoor jy baie beter.**

**Ons is klaar. Stop die tape.**

Julle het nou lank uitgehou. Dankie.

### **2.9.2 My reflection**

The themes that I recognized were the following:

- Language
- What cultural language is used, but also the challenge to understand - the sub-cultural language
- The eagerness of most of these young teenagers to talk about HIV/AIDS and sex-related topics
- The reality of HIV/AIDS in the children's lives – every-one knows someone who have AIDS or who died from it
- Their knowledge and/or lack of knowledge about sex, and HIV/AIDS
- The gender issues: how different boys and girls react
- Cultural issues between myself and other cultures and sub-cultures: teens, inner city culture, age groups and different ethnic cultures
- The challenge to do this research in a group
- The difference in experience between older and younger teens.

## **2.10 The research team**

### **2.10.1 Session 2**

A week later I started the group with the Grade 9 to 11 learners. This was always held in the afternoon for about an hour to an hour and a half.

I introduce myself by sharing my own story:

We will start with issues that are important to you.

You are the co-researchers; you can assist me in deciding what we are going to do. It must be fun and informal in as well. You can help by bringing suggestions to keep it informal.

I will begin to share my own story of how I became involved in doing this research on HIV/AIDS.

My friend's daughter was left in my care. She was 3 years old at the time. I love her a lot. We are very close. She is a year and a half older than me. Her name is Lisa (fictitious name), and her daughter's name is Jo (fictitious name).

I was committed to look after her. I took the responsibility very serious. On that day, I took her to the place I worked. I was there all the time and looked after her very carefully.

At a certain moment, the telephone rang and I went to answer it. She ran outside. There were people who live upstairs and who throw all kinds of things out of the windows. Things like used condoms.

My friend's daughter ran back from outside and she had this thing in her mouth. I couldn't see what it was and I didn't really realize she had something, just like unconsciously...

What happened then was, after a while something told me to just check what she had in her mouth. I checked and it was a used condom with stuff inside.

I was so upset. I realized that it might be an infected condom and she can become infected through putting it in her mouth.

I got such a fright and didn't know what to do. I started calling a few doctors and asked them what the chances were of her getting infected. Some of them said, no you don't have to be worried at all. There is only a very slight chance of getting the virus through your mouth. Others said, you need to be very worried. There is a real danger of her getting infected. I was so stressed. I didn't want to call my friend and tell her she must help me to decide what to do. I contacted a doctor who I know very well and he said that if I took her for treatment with a drug called AZT; it can be very harmful to her. For a child that small, it can damage her growth and prevent her from growing properly. He also said that there is a bigger chance for her to infect with Hepatitis or Syphilis or some other disease. She must rather be injected against that.

That experience was so frightful for me, mostly because it was my friend's child and not my own. In making such big decisions, I realized that I don't know enough about AIDS. I don't know how you get infected and what the dangers are.

I went to visit an AIDS orphanage for children under two years. We saw the memorials of all the children: babies who died of AIDS. That really touched my heart so deeply. I knew I had to learn more about people living with HIV/AIDS and try to understand their experiences. I knew I wanted to know how I can make a difference and help to prevent young people from becoming infected. I needed to understand what the pressures are that patients with HIV/AIDS must experience and cope with every day.

That's why our topic is: Unheard stories of people infected (if you have the virus), and or affected by HIV. Even if you know someone with HIV or if you are put into a situation where you must make choices about your own sexuality or even if you must make decisions on having sex or not, then you are affected, aren't you?

That's my long story. I wanted to share this with you so that you can understand where I come from.

Maybe we can start by sharing some experiences that you had and that make you interested or that concern you about HIV/AIDS. What are the things that affect your life?

**Jerry: Can I ask you about your friend?**

Yes.

**Jerry: That baby, was she infected?**

No she wasn't.

**Jerry: But is it possible to get infected in that way?**

The facts that I have come to understand, is that say if you come in direct contact with the virus through your mouth, it is possible to get infected. But the virus is a very frail virus. It dies very quickly if it gets in contact with sunlight or a big change in temperature. So the chance that that condom was used the night before and thrown outside in the sun is good. Then the chance is very good that the virus would have died. The virus is very frail. If it is longer than an hour outside your body, it will also die. So I believe she is not infected.

**Tsepo: I've got a brother. He's 27. His girlfriend died of HIV, she's 22 and he is positive also. I am very worried about him. He doesn't talk much. Even if you ask him, he keep it to himself. I'm very worried about him. I want to know more about it and what to do.**

So you want to know more about the virus and about how you can help him?

Thank you for that. I hope that this experience will be very meaningful to you and that some of your questions will be answered.

I didn't say this in the beginning. This is a very special group and if like Tsepo tells us about his brother that is very personal. So you won't like it to go out and tell every-one about his brother. What we share here, is for us only. Would that be fine? If you would want to share something with us, you would like it to stay here.

**Jerry: So how do you see it if some-one is infected, how will you know?**

There is a window period where you might get tested. Only after a while, it will show in your blood. Only after a time you will know for sure. If any-one wonders if you are positive, you can ask me to arrange for you to get tested. I will see to it that you are tested. Will that help?

Where do your interests lie, or what can we contribute to understand better. What concerns you a lot?

**Louis: I want to get some knowledge on how to help some-one who is positive.**

That is part of the sad, when people don't know how to treat people who are positive. In the news this week, was about the lady who got kicked out of the

crèche with her child, because she revealed that the child is HIV positive. Is that a good thing, or not.

**Tsepo: That is not a good thing. Everybody has the right to work.**

**Marius: Ek stem saam met die mense, ek weet sy het nou AIDS en so, maar klein kinders is baie woelig, en sy gly en kry seer. Sy en haar vriend en sy skuur haarself oop, dan gaan al daardie kinders AIDS kry.**

**As dit nog hoërskool was, is dit 'n ander ding, maar kleintjies, hulle kry gou seer. (*Small children can get hurt easily. They also can get infected easily.*)**

This is fine, if we disagree. Maybe we can influence one another to change in our opinions.

**Marius: Waar kom AIDS vandaan? (*Where does AIDS come from?*)**

There are two theories: in Africa – there are a group of monkeys who had the virus and humans contracted it from them. The other theory is the same, but just from another area. But this haven't been proven without a doubt.

**Marius: Hoekom sal mens nou met diere... dis stupid. (*Why would people do it with animals, that's stupid.*)**

**Louis: So Africa have the highest rate of infection?**

Sub-Saharan African countries have the highest rate of infection, but there is parts in Europe and Asia where the infection rate is also high.

**Tsepo: So how did it get to the other continents?**

**Marius:** Ja as 'n vrou nou met 'n bobbejaan geslaap het, sy dan met 'n klomp ander mans en dan hoe kan dit so gou gesprei het? Tensy sy 'n prostituut was. Ek dink dit het net begin by mense wat begin rondslaap het. *(If a woman sleeps with a baboon and then with other men, how can it spread so fast, unless she is a prostitute. I think it started with people sleeping around.)*

**Jerry:** last time in the school holidays they said on the news that around 80% of people get infected in Sunnyside. Is that true?

Sunnyside have a very high rate of infection.

**Tsepo:** Last year in August till now, we have 16 people where I live.

Where is that Tsepo?

**Tsepo:** In Hammanskraal.

Do the people admit that the person has died of AIDS?

**Tsepo:** Some of them say but some they just say they were sick.

I'm just going to wrap up our discussion: if you can assist me to prepare for the next meeting.

- We don't know how you get infected.
- We would like to go and visit people who are infected.
- We would like to know what drugs'role is.
- What is the difference between HIV and AIDS?

**Jerry:** We would go and do some research.

That would be great. You are real co-researchers which mean you should assist. If you don't find the time, don't worry, you will always be welcome at the group.

### **2.10.2 My reflection**

This session was a great experience to me. I was very touched by the seriousness of the members of the group and how moved they were by the impact of HIV/AIDS on their communities.

To me, this part was to focus on the Action. The issue of AIDS was brought to the table and young people responded.

A dilemma to me was the question of how to continue with the group. I wasn't sure if I was responsible for supplying the correct "biological" information about AIDS to them. I did not understand my role as such. I wanted to be the "not-knowing" researcher.

I needed to take a decision on this. I felt morally committed to give the group proper information on AIDS. Still I didn't want to become the "school teacher".

The decision I made, was to try to involve the group as real co-researchers, and give them assignments to go and collect information about HIV/AIDS. They could share in the group and could also participate in the process and add information. Some of the reading I provided them with is attached in Appendix B to E.

The story of Tsepo's brother became an important story throughout the process.

Something I did not realize when I started with this group was that the story developed in the same methodological process as the method in which I chose to write my thesis. The story spontaneously evolved in the ABDCE model. I did not deliberately plan this, but I believe this to be of great value to help the group to



continue to move forward, without forcing it in any specific direction. I will try to highlight the process as it emerged throughout the sessions.

### **2.10.3 Session 3**

This session was held a week later. The same group of young people attended, but there were also a few new faces.

At the beginning, I welcomed everyone.

Welcome to everyone who is new today.

**Tsepo: Everyone should introduce themselves.**

That's a good idea. Let's do that. Will you introduce yourselves?

Tsepo's suggestion is that you should introduce yourself by saying why you want to be part of this group. Will that be alright?

**Happy: Yes.**

**Ladies first.**

**My name is Thandi. I think it is a good thing for me to join this group because, women subtract HIV. I want to learn what life is about and what HIV is about.**

Is that going to be difficult to beat, Happy?

**My name is Happy and I 'm happy to be here.**

And we are happy to have you.

**Stephens: I came here to learn of this virus thing.**

**My name is Louis. I think this is very interesting to learn about HIV.**

**My name is Precious. I stay in Shoshanguve. I know HIV is important. People worry about it a lot. Especially in Africa. People wonder where it came from, from baboons or what. If people can get a clear idea of where it came from, and that it's killing people.**

**Thandi: Many people are influenced by their friends who tell them they are HIV positive, and they think aaag, that isn't important.**

**Tsepo: Everybody is talking about HIV, but nobody is taking it seriously.**

Why do you think is that, why don't people take it seriously?

**Tsepo: Because some people say its coming from the whites, some people say its coming from the blacks.**

So they make it a racial issue, but they don't realize it is killing both whites and blacks?

**My name is Miranda. I live in Devorish Flats. The reason I join this group, is because I want to know how to help people who have AIDS.**

Thank you Miranda.

Did you have a chance last week to say why you want to be in this group?

**David: I don't have any thing to say.**

OK.

Can you remember what were the questions you had to go and do research on last week?

One was: How do you get infected and the other was, how can we help people who are infected? Can you remember?

Jerry was the one who committed to do some research. Could you get to talk to someone about this.

**Jerry: I was too busy.**

You were too busy.

**Shame.**

**Miranda: I have a friend who have AIDS. She was raped.**

**Jerry: She was what?**

**Raped.**

**Oh I heard, she was a rep.**

How do you experience that Miranda?

**Jerry: Can I ask you a question? How do you act around her, knowing she's got this virus?**

**Cause some people act awkward. It they know you have the virus, they just act weird. Maybe they think you're different or something.**

**Louis: Just act like nothing happened.**

**Tsepo: I would rather not know if my friend have AIDS. Last year this other cousin of mine she also got AIDS. I got scared. But if I think of it, I would rather not know.**

How do you guys experience it. Is it better to know or not to know?

**Precious: I think its better to know because accidents happen. Maybe you sit next to her and she's got a cut and you can get infected.**

**Tsepo: Its better to know, sooner than later. When you don't know, you can also get it.**

One of the issues that we touched on last week was the stereotyping of people. This is exactly what you are talking about. If people know you are positive, they start excluding you from their group, treating you differently. Does that happen? Or doesn't it.

**Tsepo: Like when maybe someone very close to you get the virus. Like your brother or sister or someone. You get worried about him or her.**

**Happy: We know how dangerous this is. We have to give one another more support. We must make this person feel wanted and feel safe with us.**

How do we do that?

**Louis: It's difficult. People if they are positive, they don't talk to you about it.**

So they exclude themselves?

**Everyone reminds them, they are going to die. If they are working, they just stay at home.**

**Happy: This other friend of mine. When he found out he was positive, he wanted to kill himself. When I tried to talk to him, he didn't listen. Some of my friends they don't care about him. He doesn't care about others too. He will have sex without a condom.**

I brought you some information, that touch on what you say, Happy. It says, if you don't care enough now, it can change the rest of your life. Perhaps we should begin with ourselves and people close to us. We will name a cushion AIDS and put it here and talk to AIDS. Must we call it Mr or Mrs?

**Mrs.**

**NO both.**

OK.

We can talk to AIDS saying how it is influencing my life today.

Here it is. Tell AIDS, how is it affecting your life today.

You can speak to it.

**Louis: Today we can't enjoy our lives anymore. If we want to enjoy ourselves, we must first think, how this is going to affect us. Other people don't think. They just do stuff and then they sit with AIDS.**

**Thandi:** You can live without sex. You never hear at a funeral, you will never hear a person died because he or she died because she never had sex.

**Precious:** Being a virgin is possible. I can be proud of that. Everyone says if you have a boyfriend, you must sleep with him, no. If you believe in yourself, you can do what you want.

**Happy:** Every one says they must talk about sex. The TV says, Parents, love your kids enough to talk to them about sex. But if I must say, no-one talks to me about sex. Nobody loves me enough. But I knew about it. I just knew.

**Precious:** Our parents didn't learn from their parents. But God wants our parents to talk about sex.

**Thandi:** This problem started in the 90s and 20s. Only now it is necessary to talk about sex, because of AIDS. It is not a game, it is serious.

That makes sense: so you're saying, for your parents, sex wasn't a life-threatening issue. But today it is that serious. Unprotected sex is dangerous.

**Jerry:** They had a lot of respect for one another. If you wanted to marry a girl, you must propose to her father. She will marry, whether she wants to or not. Everybody had sex when they were married. That's why they didn't get STDs (Sexually transmitted diseases).

**Tsepo:** They didn't sleep around. Just one partner. But today, we sleep with everyone.

**Louis:** you know, in our culture, males had many wives, so many as ten and hundred and something kids. Like Moshwane from Swaziland. But none of them had AIDS. Those days were good, hey.

Today, people don't have jobs and they sell themselves.

**Miranda:** My friends wanted to force me to have sex with my boyfriend. To sleep with him.

So you often have pressures from your friends to do things that you know are not good for you. You don't want to feel out?

**Miranda:** They say that girls who won't do anything for you, she is not fun.

Can I ask you a question: if you know you are going to have sex today, do you know where to get condoms?

**David:** Yes.

He knows.

**Tsepo:** My mom gave me a box of condoms.

Oh no!

Is it a good thing or a bad thing?

Good. Bad.

His mother gives him a key. She encourages him.

**No. His mother knows he can come in a situation.**

**Thandi: She doesn't care about him. She encourages him.**

**Louis: They say we must not sleep around, but they know we will not listen to them.**

**Tsepo: Today, sex is an international language. It is spoken everywhere. When she gave it to me, she knew I am old enough and when I go with a girl, I might have whatever.**

**No!**

This discussion is not about should we have sex or not. We can talk about that, but without judging one another.

For instance, would it be good if we at PEN hand out condoms every day?

**No.**

We understand the difficulty of this. I can say, I love you guys so much, I would rather give you a condom and know you are going to have safe sex. Even though I would not want you to go around and have sex with anyone. It's not a good thing. I would rather do that, and know you are safe. Is that more or less how your mother felt?

**Tsepo: Yes.**

Sort of covering both sides.

**She tells me, don't have sex, but if you do, use it.**



**Jerry: She does give you permission to sleep around. This one ad on the radio says, a guy should always have one condom with him.**

So we have two things here. One is our values and our morals, our faith. The other is peer pressure. In the moment you are pressured to make a rushed decision. At that moment it would help a lot to know if you have a condom and not being caught unprepared.

I want to come back to your friend who was being raped as well. I attended this meeting of a guy who was HIV positive. He said, a girl must always have a condom in her bag. Why? One day, you may get into a situation where you are raped, and then you have something with you. Maybe the person will listen and use it, or maybe not, but at least you have a chance of him listening to you. Does this make sense?

**Miranda: My mother will kill me if she gets a condom with me.**

**Happy: A guy doesn't think about wearing a condom. He only thinks about sex, until a girl tells him to use a condom. Now when you get raped and you give a guy a condom, he will not use it.**

**Louis: Maybe if she tells him she is HIV positive.**

**Happy: Maybe he is raping her because he is HIV positive.**

**Precious: If she gave him the condom, he will say, I didn't rape her, she gave me a condom. She wanted it.**

It can go wrong, hey?

I just want to conclude. We are not an open group. Up to now new people were welcome, but if people come in all the time, we won't grow in trust.

**Tsepo: If I want to tell you something, I would want to trust the group.**

**Yes indeed.**

Our planning of the future: we want to do something that can contribute to other people's lives. Maybe we can take a trip.

**Yes. No.**

**We can pray for someone. And God can bless us all and make us happy.**

**Tsepo: I want to come back to that topic.**

**Tsepo: I want to know where to get the condoms.**

A practical question. Maybe next week we can have some condoms here and look how it works.

**Auwa!!**

**Jerry: I had a condom and there was a lady. She saw the condom and said, Hey, you must throw away that thing, it will give you AIDS!**

**I asked her why she said this, she said it is like worms or things.**

Have you spoken to your parents about this group?

**Yes, they know. We would like a letter to them that explains everything.**

**My mom won't let me come if she knows what is happening.**

#### **2.10.4 My reflection:**

A whole lot of important issues were named in this session:

- The issue of stereotyping: how they think about people who are positive, and how their own fears of getting infected are influenced by these stereotypical thinking – what impact it will have on their lives.
- Issues of peer pressure: especially the girls – how they feel pressured to have sex.
- Perceptions about AIDS and about sex.
- Condoms – the moral issues and the practical issues. Availability of contraception.
- Cultural influences – the different worlds the young people and their parents live in.
- The realities and fears of a culture of rape – especially these young people.
- Misconceptions and myths about HIV/AIDS.
- Globalization and the influence on values of young people. Especially as portrayed by television and other media.

The difficult part of doing this research is my own nature as a pastor and a councillor for teenagers. I am voluntarily helping others, providing support, and care and often, answers to people.

It is hard for me not to get involved in the seeking of answers to what they perceive as problems, but still to seek deeper insight together with them, without providing my own answers as a direction to them.

This certainly confronts me with the difference between doing research, and having a therapy group.

This is not a group therapy session, although there might be some unplanned therapeutic outcomes. This issue needs to be cleared and thought through.

I am confronted by my own good or bad questions. I don't think I always ask questions that invite new stories. Sometimes I can't resist to just giving the answer.

Happy's remark that nobody loves him enough to talk to him about sex, really touched my heart.

To me, this phase was a developmental phase in the group. New issues were brought to the table. The group was beginning to trust one another and really sharing their experiences and their fears.

#### **2.10.5 Session 4**

The group was held in the afternoon, one week later.

I wondered if they had time to read all the work they received:

Your received a lot of paperwork last week. Was there anything interesting?

**Tsepo: I was interested in this question that was asked the option that the people did some workshops on HIV.**

Did you read that article I gave you about the teenagers who did their own training? They also started counselling one another.

**Tsepo: That is my whole idea. That people do workshops for other people. We need to show people what to do who are in the situation now.**

Something else? Did the girls read something in their papers? Something new that you didn't know?

**Tsepo: People don't think this is a real virus. They think this is not a virus.**

**Karabo: People think this is a lie.**

**Jerry: I have a question. Where does the virus come from? How does people overseas get HIV? How could it spread from Africa?**

**Precious: AIDS is not just in Africa. It is in other countries also.**

I would like to read you a passage about the origins of AIDS. We talked about the origins of AIDS in the previous groups.

Let me read this passage to you:

“A more sober view now generally accepted by scientists, is that HIV crossed the species barrier from primates to humans at some time during the twentieth century. HIV is related to a virus called SIV (simian immunodeficiency virus), which is found in primates such as chimpanzees, a Macaque and African green monkeys. The virus probably crossed from primates to humans when contaminated animal blood entered open lesions or cuts on the hands of humans who were butchering SIV-infected animals for food. While the initial spread of HIV was probably limited to isolated communities who had little contact with the outside world, various factors, such as migration, improved transportation networks, socioeconomic instability, multiple sexual partners, injecting drug use and an exchange of blood products, ultimately cause the virus to spread all over the world.” (Van Dyk 2001: 6)

So HIV spread through migrating, people from overseas coming to visit Africa as well as drug use and blood transfusion. Do you accept this theory or not?

**Jerry: How did the humans get it from the animals, by eating them?**

Not through eating them but through slaughtering the animals and coming in direct contact with SIV infected monkeys. It comes through direct blood contact with the contaminated animal. It was actually not a human illness, it was an animal virus. Through blood transfusion, our blood coming in contact with their blood. Is that new or disturbing?

**Louis: We knew it but... I don't believe it. This theory about chimpanzees is not true. Even in the wars in Rwanda and people coming to fight in the wars, it doesn't sound right.**

Is this disturbing for you to think that AIDS originated in Africa?

**Louis: No but how could it get so far if it only came out of Africa?**

**I think it can be that it is not only people leaving Africa and spreading the disease; it is also other people coming to Africa and are sexually active.**

It is OK if you don't feel comfortable with these explanations.

**Louis: But take Malaria, it also comes from Africa and it stays in Africa.**

**Tsepo: Malaria comes through the insect. But not through a person's blood. And illnesses like Ebola.**

**Happy: Why don't illnesses spread that are only in one area?**

It can happen. Malaria for instance was area-bound, but it has spread further. Something else?

**If you pick up something and eat it, can you be infected.**

**Group: no**

**Happy: Does AIDS have a cure?**

**Louis: Is it possible to be infected and transplant a kidney? Will that person who got the kidney be infected? Don't they wash the kidney?**

**Tsepo: It is a poisoned kidney.**

**Happy: This is crazy!**

**Yes Happy, he is confusing us.**

**Tsepo: you get rid of the poison by peeing.**

**I myself are also confused now.**

The kidney in your body is full of blood. You can't pump out all of the blood first, so the blood remains in the kidney. I found this interesting article today to share with you. It is all about how your body works, and how the virus comes into your body and infects our bodies. If we understand how the virus infects us, we might be able to help others and ourselves better.

Do you know what HIV stands for?

**Precious: Something about your immune system.**

Yes. What is your immunity system?

**Precious: How you are immune to things.**

**Happy: It has to do with your blood cycles.**

OK Let's see if we can understand how this virus attacks our bodies.

(Van Dyk 2001:12 is a picture story, explained to children)

If we understand something of this, it will help. I see this picture in my mind of a fire that is breaking out in a building. Then there is one guy that looks outside and sees the smoke. He yells: hey guys, there is a fire! And the whole fire brigade comes rushing in to extinguish the fire. Now the CD4 cells are very important in our bodies. They are like the spy, they look out and first detect that the body is under attack. They run to the other CD cells and everyone joins in fighting the attacker. Now something is very interesting about the HI virus (you can look on the copies I made you). If you look at your bodies' DNA, you will see that it looks nearly the same as your bodies sells. That is what makes the HI virus so difficult to detect. The HI virus disguises itself to look exactly like a CD4 cell. So the cell that must shout, Fire! Is invaded. It believes it is just another body cell and your body starts to duplicate the HI virus. Your body doesn't know there is an invader. No one can warn the body because the body can not detect the disease.

Wow, I'm talking you into silence today hey?

**Tsepo: We must think about this.**

**Happy: What happens if this is all finished? Does it exit?**

The virus continues this process until all the CD cells are invaded and changed and your body can't protect itself.

**Happy: What happens to the HIV proteins?**

The proteins absorb energy and start to suck your body. I read somewhere that they also call this the slimming virus. So if you want to get slim real quick.....No I'm making a horrible joke. Nothing is funny about that.



Do you understand now that even if someone who is HIV positive gets a light flue, that person's body is left with no immunity and the person can become very ill. That person doesn't have cells who can call: Fire!

Is there something that you would like to say about this or reflect on this?

Stevens, you are lying so low, are you sleepy?

**Happy: Now how is it that if people know how this work, how can't they cure it.**

Doctors know now how the virus operates, but they still can't fight it.

**Precious: Like this other girl in Temba who are HIV positive. For eleven years know. She eats healthy, exercises and so on.**

**Tsepo: So some people live long.**

We can see that you can just not fight the virus and give up or you can live positively.

**Happy: Everywhere you go you hear people say we must talk about AIDS and sex. I'm not joking. I'm being serious.**

**Sibongile: You hear people say I was HIV positive and I went to church and they prayed for me and now I'm negative. They say God helped me. Is this possible?**

**Tsepo: You see, there are something called faith. If you go there and you pray, it can happen. You can pray until you are negative.**

**Thandi:** There is a girl in our church who was ill a long time. But then they have prayed and God has talked to her. She accepted the Lord. She stood up and her preacher said she was now positive. She went to the doctor and she was negative. Everyone didn't believe her. The doctor also was so amazed, so they started pressuring her. So I want to say Jesus is our Doctor and our Saviour. I wanted to meet Him.

**Louis:** If you are HIV positive, you get a lot of pressure. If you are a Christian, you get a lot of support from every one. People encourage them not to kill themselves.

**Happy:** This is very confusing. I don't know why.

What is confusing about this? Is it confusing to think that God can cure people?

**Happy:** No. Some people went to the witch doctors. Some witch doctors think they can cure this. I saw this other guy in the magazine who shocked people. He said he can cure people. It is confusing; not about God but about the way people act. I don't know how to explain, but,,, The wishful act... I don't know how to explain. They go to the witch doctor, but they don't live long.

Is that your experience?

**Happy:** Yes.

**Jerry:** Yes people go but they only get sick. Even people who are sick of TB or something else. They go but they don't get better.

**Precious:** People go the hospital and they say they are HIV positive, but then they go to the witch doctor. The hospital is not nice. They don't keep

**the patient there. They send them away. It is too crowded. The families must come to care for them or bring them food.**

**Jerry: But the families must take care of the people who are ill.**

This is an important issue for me as well: in our area, we see people on the streets who have AIDS, they can't afford to go to the hospital and they die on the streets.

**Jerry: Oh God!**

**Louis: People need support.**

**Tsepo: That's why I say we must start this workshop. We must invite a lot of people.**

But do you guys think it is possible for us to have a workshop on AIDS and to invite other people?

**Everyone: Yes. We can. We can do a drama on HIV. Yes, drama and song.**

If we can begin at the PEL groups with a workshop, a drama or a song or something else, it will be wonderful.. I can arrange with Susan and see if we can do that.

Maybe we should have a committee to organize this. Who would you like on your committee?

Tsepo is volunteering, Jerry also. Who else? Thandi. Constance. And Miranda. One more boy? Louis.

Who will chair the committee?

**Happy: We must decide who is going to decide.**

**Tsepo, you will be the chairperson of the committee.**

**Happy: who else wants to be a chairperson?**

**Karabo: Me.**

**Happy: OK, lets vote.**

Maybe the committee can convene afterwards and choose their own Chairperson.

Something else that I want to share with you is our site visit. I found this very interesting place called Sparrows Ministries.

Let's find a day. I will write a letter to your parents to ask their permission. That would be wonderful. I would love to go with you.

I would now like to give a report on my studies how it is progressing. Something interesting happened: I am pregnant. So I would like to finish my research with you guys rather sooner than later.

**Jerry: What will you name the baby?**

**Tsepo: You must name it Tsepo.**

I would like to invite some of you for individual session where we can talk about some personal issues.

**Tsepo: There are some people who are shy in the group. That would be good.**

You have my cell phone number to call me if you need to talk about anything.

#### **2.10.6 My reflection:**

During this session I spent a lot of time on reflecting with them about HIV/AIDS. We read about HIV/AIDS and its origin. We talked about the biological effect on your body.

The whole issue of faith was very important to them. Their ideas about God, His power to heal, the traditional healers and their perceptions that it is not adequate. They also have certain impressions about primary health care – that the hospitals do not take care of the people. We also discussed the role of the families in caring for people who are HIV positive.

This session was a climax to me. I was absolutely stunned by the compassion of the young people for others to share what they have learned. I was stunned by the ease with which they motivated one another into action. They chose a Chairperson and started a drama group and they believed they could change the world. How amazing! I think if it were a group of adults, they probably wouldn't have come past the point of choosing a Chairperson. In my reflection, I realize that I was also taken in by their enthusiasm to do something practical. They made me believe that we can make a difference together.

What wonderful things we as adults can learn from our young people.

#### Important themes from this session:

- The theme of religion – where does God fit into the picture: doctrine and churches. What is the role of churches and religion?

- The issue of traditional healers. What role do they play? What is the message sent to young people about traditional healing and about faith?
- The following will remain with me for a long time: Jerry's response on hearing that people are actually dying on the streets of Pretoria with no care and no hospital to go to: MY GOD!

### **2.10.7 Session 5**

Some new people attended the group. I first had to consider allowing them in because of our previous agreement. I involved the group in making the decision.

We have new faces today. Now the group must help me. OK Tsepo, you would like to make an announcement.

**Tsepo: I already explained to the guys that they are only here to help with the drama, because we need more people to play in the drama.**

Is the group comfortable with that?

**Happy: I don't think they're comfortable with it.**

What do you think is the problem? You can say what's on your mind.

**Happy: I don't have a problem, but I don't think these girls are comfortable.**

**Precious: Why do you say that?**

**Happy: Like the way you say what you say.**

**Precious: Eessh.... I don't like fighting, But what Jerry said to Constance. Like that thing they are saying to her, that she can't do anything. Maybe**

she can do something. We all really like her. They don't have to be rude to her.

So they said some things to Constance that wasn't nice?

**Precious:** Yah.

**Tsepo:** Let me speak for Jerry.

**Group:** no, why?

**Jerry:** I will say why I said that. She is shy and she can't do anything.

**Thandi:** We know she is shy.

**Jerry:** She doesn't want to participate because she says she is shy. And I know that is true.

**Thandi:** She speaks in Sotho.

**Happy:** Marinda can't hear you.

**Thandi:** She doesn't know how to speak.

**Jerry:** I said I am sorry. Did I not?

**Precious:** You didn't tell her.

**Happy:** Maybe the way Jerry meant it, was not to say she can't participate, but just to say she is shy. That doesn't mean she can't participate.

Let's hear what Tsepo wants to say.

**Tsepo:** Jerry said this because he knew that Constance is very shy, she can't talk aloud and people won't hear what she says. And maybe she's afraid.

Maybe what Jerry meant to say was that he did not mean to hurt Constance, but unfortunately he did hurt her.

**Happy:** If we wanted to hurt her, we wouldn't have voted her on the ....

Planning committee?

**Happy:** Yah. I think we did that to make her feel free.

**Louis:** To participate.

**Happy:** Yes.

**Thandi:** But she can't do it.

**Precious:** But Constance wants to do it.

OK, let's hear what Constance has to say herself. Constance, are you comfortable to tell us how you feel? I know it is difficult to speak aloud in the group. Can you accept Jerry's apology? Jerry, you said you did apologise to her?

**Jerry:** I did. I even asked Kensani (*PEN youth worker*) to tell her that I am sorry. To apologise on behalf of me.

**Thandi:** But you didn't tell her yourself.



**Happy: You are making this difficult. You keep arguing.**

Let's go there. Constance, would you accept Jerry's apology?

**Constance: Yes.**

You do. Will you tell us if you don't want to participate in the planning committee any more?

**Constance: I don't want to.**

Are you sure?

**Karabo: But why Constance? But we need her.**

**Happy: That's the first time you ever talked!**

I think you said something very special. Thank you for that, Karabo. Constance, you heard Karabo. They need you in the group. Does that change anything?

**Tsepo: What do you say? Are you here?**

**Elias: Come on, come on!**

**Jerry: This may be your last chance.**

I don't think we want to pressure her. Constance, we won't accept your withdrawal now. We will give you some time to think about it .

**Happy:** OK. Can we come back to the policy of new members that are participating in the drama. I do not understand why you invited your friends.

**Tsepo:** Yah, let me say. We need some people like, some people don't want to play all of the roles. So we need other people to help us with the drama.

Alright, assist me in thinking how this will influence the group. We must consider if you want to invite them to participate only in the drama or in the group sessions as well.

**Louis:** It is basically their choice. I think we must ask them if they want to be part of the whole group. And we said we want to ask other people to join us as well.

**Happy:** But are we willing to be here every Tuesday?

So we are asking a commitment from them. If you want to be part of the group, you must be ready to make a commitment to be here. OK. Are we ready to ask our new friends to reply on this? Will you please introduce yourselves?

**Group:** We think someone must just introduce them first. Louis.

**Louis:** Pero, Ronald, Elias.

**Happy:** Can I ask something. Pero, aren't you playing soccer?

**Pero:** Yes.

**Happy:** You are playing soccer, right? So it means you can't join the group. He is my friend, but I know he plays soccer. Now they all want to join this group. So, are you in or out?

**Pedro:** Out.

**Jerry:** That is rude.

**Happy:** I'm not rude. I know him.

**Happy:** When we began, we said we are going to share secrets. So are you in or out.

**Elias:** In.

**Ronald:** In.

Pero, we understand that you are playing soccer and cannot make the meetings. But thank you for being willing to participate. Happy, say sorry! He didn't mean to be rude.

**Tsepo:** Before we start, can I say something?

**Miranda** will introduce the new committee.

**Miranda:** No.

**Happy:** Can I say something? Girls, please, can you please stop battling. It's like, they are always fighting. In the committee...

**Louis:** Whenever we say something, they want to say something against us.

**Happy:** We are all in this together, but ...I know some of them hate me.

**Louis:** There are no group work.

So Happy is experiencing that there are two groups in the committee? And you are working against each other?

**Happy:** Yes.

**Thandi:** So you think we are shy or something?

Do you girls experience this thing in the group that Happy is referring to? Miranda?

**Miranda:** No.

**Thandi:** If there is something, we shall talk about this thing, But I don't think we can talk now.

What is the value of this group? Did we agree that if there are issues, we will talk them through? Or isn't that important to us?

**Louis:** It is very important to us.

So if we say this is important to sort out things which are not fine, will you keep to your commitment and say what is on your heart?

**Precious:** Alright.

OK. So we agree upon that. Miranda, what is on your mind? You don't have to speak to the group, speak to me. *(long silence)*

**Happy: Marinda asked you. Asseblief.**

*(Silence)*

**Karabo: I must almost be going.**

**Tsepo: You must just do it.**

**Happy: Miranda always talks a lot. I don't understand why she can't talk now. She is not even shy. If I may say, without offending you, if I may say, Miranda, she is obnoxious. You understand what I am saying right?**

I'm not sure if the group understands what you mean, so maybe you should explain.

**Happy: She is every where, she talks too much, she talks too loud, when she laughs you can hear her from another corner. Now you ask her to introduce the committee and she don't want to say anything. There is not even 20 people, so I don't understand why.**

I hear something of your complaint, Happy, but I also feel that we need to respect one another by not calling one another names or putting her in a tight spot.

I think I confused her as well, because I asked her two questions. I first asked her to introduce the committee, and then I asked what the problem was. So maybe she was still thinking about the problem. Miranda, let's start with the committee. Are you comfortable to introduce the committee?

**Miranda: No.**

OK. Let's ask Tsepo.

**Tsepo: Miranda, Louis, Jerry, Happy, Me, Constance.**

**Karabo: Are we finished?**

OK. We have dates to perform our drama. We have a week, but we don't have to do all the PEL groups, we can only choose one.

### **2.10.8 My reflection:**

This was a difficult group session to handle. The conflict in the group was real and needed to be addressed.

The difficulty of doing research apposed to being a group therapy session again was an issue to me. I tried to facilitate the group, without trying to be the "therapist". To me the group did well by being true to their commitment of being open to one another. They spoke about their issues and tried to solve them. I tried to avoid being a therapist, but rather walk with them in their journey of discovering their own identity and finding their character as a group.

This was a defining moment for Constance. She had to stand firm to her own convictions and was forced to speak her mind. This made a huge impact on her as a person. The acknowledgement she got in the group changed her whole attitude. She started to participate and give her inputs in new ways. Even little Karabo had an attitude change. He started functioning in the group for the first time, by expressing the group's valuing of Constance as a person.

This inter personal development was not part of my plan for the research process. It happened and I don't regret it. It had a real impact on all the group members: Happy, Miranda, Thandi, Jerry, Constance, Karabo and myself.

In the process, we were busy with still further development of the group's research story. The story was evolving from focusing on the issue of HIV, to bringing the issues home to a personal level. It was unexpected. I didn't expect the group to be touched on such a personal level, but we were. All of us.

### **2.10.9 Session 6**

I felt that the group was drawing to a close. We have deepened our relationships, we were realizing our purpose of sharing stories and developing new alternative stories. Climaxes were reached and lives were touched. Now for the ending...

Hi, Jerry!

**Jerry: New recording machine! Wow, I want one like that.**

Happy isn't here today?

Well, I have news about the HIV tests. We were a little optimistic. They said they can't do it in the group like this to start with, but I will make individual appointments for everyone of you and then I am just going to check that I have all your contact numbers so that I can contact you. When are the schools closing? The people who we are going to do this: can you do it after the school closed?

**Next week Friday.**

Kingsley's Medical Centre - do you know the centre? I spoke to them and they were very helpful – they are willing to help us do this but they say there are a lot of legal implications to these tests. You have to complete forms where you grant them permission to do an HIV blood test. It must be done before we do the test. The test results must go through the hands of a doctor that is the legal procedure

which we did not know about. We are learning together? We will definitely do this – we won't postpone it. So I will contact you individually to make an appointment to go to this clinic. Is that alright?

**Jerry: Yes it is fine.**

Thank you Jerry. Alright, let's quickly get some feedback. How was the last drama performance in Hammanskraal?

**Louis: The acting was good and the song!**

Did you forgive Tsepo and Jerry for not being there?

**Louis: Tsepo was lost. And Jerry didn't come.**

**Jerry: I was late that day. I went back to get my permission letter from my parents. When I arrived here you were gone.**

We were on a very tight time schedule so we could not wait. Tsepo, we are sorry you could not be there. I think it was wonderful. It really went well. Miranda, you just made it. We waited for you a while.

**Tsepo: I got lost. I ended up somewhere: where they were helping people and talked about AIDS. Where they talked to the people about AIDS. It was fascinating.**

Sharing that with the group is quite something. Did you make friends?

**Not exactly. I met a nice girl.**



**Louis: I have a question. What if I do not like someone who is ..... in the group. If someone did not keep to our rules in the group. What can we do?**

In what way did that person break the rule? What exactly are you referring to?

**Louis: Thandi. Because I heard some people saying she run out from home and did some bad things.**

Maybe I should try and clear that up. The day we went to Hammanskraal with the group, Thandi's mom phoned me and said that Thandi didn't come home that night. I phoned a few of her friends because I was also very concerned about her safety. I couldn't find Precious' telephone number because I didn't have my book with me and I tried Thabogo. I asked her if she knew where Thandi was. She told me Thandi called to say that the taxi she took home had a flat tire which made her late. That was her explanation. Maybe when she gets back we should talk to her about it... Is that what you thought too?

**Jerry: We were very concerned. Even last time. I was supposed to pick her up and walk with her. About 09:00 I phoned. Then I went to her home. Thandi wasn't there. I went to Eendracht School where we were supposed to go, but Thandi did not arrive there. She did go somewhere else. I didn't find her. That is a problem for me.**

OK guys, maybe we should just decide how to handle this. If you hear rumours about one of your best friends and you are not comfortable with it, what will be the best way to handle that? If it is someone you care about and love enough, how would you handle it?

**Tsepo: Let's just ask Thandi. Ask her the reason to explain to us.**

I agree with you Tsepo. I think that's a good suggestion. Let's not jump to conclusions. Let herself explain what happened. Is that fine? Jerry?

**Louis: Yah, we should talk about these problems and help her out. We should ask her if something is wrong. We must be able to help her out if she has problems. She must talk to us if something is wrong.**

I can just imagine – if I was one of your friends and I did something and my friends just ignored me and say “Oh, that's your life – I don't care anything about your life.” Those are not good friends! Friends come together and care for one another and take responsibility for one another. I think it is nice that you are concerned about the rumours you are hearing. And want to talk to her. People should learn from this, if you are in trouble, we should support each other.

**Tsepo: Miranda, tell us. What did she tell you?**

**Miranda: I do not want to talk.**

Let's agree on respecting Thandi enough to speak to her about things and not discuss this behind her back. I just want to finish feedback on our outing. Is there something that you have learnt or experienced that was worthwhile or something that was bad; what did you bring with after our Hammanskraal outing? What was good, what was bad, what did you learn?

**Reverend Marinda!!**

**Louis: The experience of having to do that character thing – I am glad we could sort it out in such a short time, with your guidance. When Tsepo wasn't there and we had to improvise. We could rely on one another.**

You did that wonderfully. What did you learn from that, Louis?

**Louis: That anything is possible. Like, OK, in a group we are a team, when you are acting, you need one another to make it all work. You need to improvise.**

I think that one thing that we can learn from this group is that we can rely on one another. That is something wonderful. That is something really amazing. How can you use this new knowledge?

**Karabo: We had some serious acting cues!! And we did good!**

Tsepo, you have something to share with the group.

**Tsepo: I think everybody will remember when I talked about my brother who are HIV positive. The thing is ... my brother he didn't want to do nothing. His girlfriend tried to talk to him but he didn't listen. He just stayed at home and didn't want to do anything. He had no energy. Now he was tired. He will not go to work and all that. I had the courage to talk to him after what we did here. He changed. He went back to work. No, he is fine.**

Wow! That is amazing!

**Louis: No, there is more. There is still more. There is more to this. I think Tsepo must tell us – there is more to this. He was always talking to his brother to go and have himself tested. He was very concerned about his brother, but now he makes it sound like nothing.**

**Tsepo: I tried to convince him to go and get tested. But he wouldn't listen. I talked to his girlfriend to convince him. He then listened. He came back to me. But when he came back, and we talked, he was very grateful. I told**

**him, just go on with your life, just keep holding on. Even if you are HIV positive – don't give up.**

Tsepo, how did you come to speak to him? What motivated you to speak to him?

**Tsepo: My brother is a real good person. He will never complain. When I decided to talk to him, he appreciated it.**

What did this experience do for your relationship? Is there a difference?

**Tsepo: It is strong. ...It made me strong.**

Thank you Tsepo. Thank you for sharing that with the group. It is special.

**Louis: I think it is good what this group has done already. It motivated Tsepo to talk to his brother to do the test and stuff. And to make him strong. And reminding him to tell his brother about us. He is now a brother of us.**

**Ronald: I still remember that Saturday you went to Johannesburg – I was not there because I actually went to my next door neighbour – I called him Pholemo – he was my father's family. I liked him. It was four years back. He divorced his wife and goes and finds another wife – and they lived together. Last year that other wife died from AIDS and that week he also died of HIV. But now the kids are with the first wife. That other wife – they did not have kids - both of them are now dead – they all died.**

How did that impact on the people living next door?

**Ronald: It's like – no he is the one that got AIDS and died – he told my father to take care of his last born.**

Tell us about the funeral.

**Ronald: The funeral – they did not tell the people that he died because of AIDS – but he told us in his last days.**

Why do you think they did not tell the people that he died of AIDS?

**Louis: They are too proud.**

Do you think it has to do with pride?

**If they say he died of AIDS they will spread rumours.**

What kind of rumours would they spread?

**Tsepo: Like my friends – when they know about my brother and they see me – they only see AIDS in my face. Because my father died of AIDS.**

**Because like many people – when they think you have AIDS – that's why people kill themselves. Like Tsepo's brother – if he was someone else he would have killed himself.**

Just the possibility of being HIV positive – it shows that people are HIV negative. If you are negative about something – you must start living positively. Maybe we should reinterpret this HIV positive thing – don't you think that is possible?

**Karabo: We will be all HIV-positive.**

Imagine that.

**Constance: My other cousin has AIDS. She told me that she doesn't want me to tell people - she doesn't want me to tell her parents. She doesn't want any one to know.**

That is a big burden to carry. Tsepo: Out of your experience – how can we help Constance to help her cousin who is HIV positive.

**Tsepo: If you share it with other people – maybe she is too proud to talk to people. If you keep it inside, it will kill you, but if you share it, is better. Most people will rather help you, than feel sorry for you. You should help her to know her life is still ahead of her. She will not just die alone.**

Constance, do you feel that you are in a difficult position and that you want to help but you may not talk about it? It's difficult.

**Jerry: Maybe we can invite her to come and visit our group maybe once.**

**Miranda: I don't think she will be open to that.**

We can invite her but perhaps she can not come. In what other ways can we help Constance?

**Happy: Is she nice, is she pretty, I want a new girlfriend. We must really try to help her.**

OK but Constance is the one closest to her.

**Constance: She tried to hang herself. If she must come here she will rather jump out of the flat. She went to the church where they prayed for**

her. The pastor said she must pray and praise God. She said to him that she is going to die. The pastor said who told you that? The doctor can tell you that you are HIV positive, but she is carrying on her life. The pastor told her that if she carries on to live and praise God and go to church she will be fine.

Do you think that helped her?

**Constance: She said that she did not trust him anymore.**

She does not experience any help with the pastor talking to her?

**She is always sitting alone. She can never tell her parents.**

What will happen if she tells her parents? How will her parents react? Do you have an idea?

**Tsepo: Sjoe. Now Constance thinks – if she kills herself – Constance is going to blame herself. Constance must help her. She is closest to her. Constance must tell her parents.**

Do you think it would be better to influence her to talk to her parents? Constance, do you think you have the courage to be there for her and to encourage her to tell her parents?

**Constance: She won't tell them. They will just know that she is dead but they will not know why.**

Do you think that maybe she might not know enough about AIDS? Do you think that might be problem?

**Yes.**

**That is something we can do. To help Constance to give her enough information. A pamphlet or something. We can make copies and send to her. Write her a letter. Maybe she can read a letter.**

Perhaps the group can write her a letter. Do you think that we can do that? Help Constance to write a letter to her friend. I think that is something very, very special. How will we do that? Will we begin at a point where everyone can contribute to the letter? In which language shall we write it? English? Alright, will you be comfortable to write in English. Maybe everyone should write a letter as if she is your friend. Then we come together, give it to Constance, and help her to draft one letter with all the group's contributions. Constance can do it in her own handwriting. Constance can type her a letter as well. Do you have a computer? You can give it to me and I will type it for you.

**Tsepo: Marinda can type it.**

**Sibongile: Is she not breaking her promise?**

No she will not be breaking her promise. It is a difficult position to be in – I have a lot of sensitivity for Constance. How can you care enough for someone not breaking your promise but love them enough not to leave them on their own? You are all welcome to write the letter. Jerry will you attend the group? OK, those of you who are writing the letters give your contributions to Jerry or Tsepo and then you can bring it to the group. Is that alright?

#### **2.10.10 My reflection:**

Even this session can be described as a climax. In this part of ending, our whole process and new stories were shared. New stories were brought to the group in



the form of Ronald and Constance. I don't think this would have been possible if it weren't for the whole process.

Louis took on a different role. He became the leader. He led the group in Hammanskraal when Tsepo (who led the drama team), wasn't there.

Constance shared her story about her niece. She wouldn't have done that in the first part of the process. All these unique outcomes were very encouraging to me.

This was a session of different important contributions:

- The issue of Thandi – her appeared deception of the group
- The group's reaction of concern and care for her, but also to address the appeared deception in an open and honest way
- Tsepo's story about his brother was a moment of deep emotion
- Constance's sharing about her niece was totally unexpected.

The courage that it took from Tsepo to talk to his brother was very touching to me. What also touched me deeply was the group's celebration of this event. They experienced it as a sparkling moment. To share the feeling that Tsepo's brother ***became each one of us in the group's brother.*** This was amazing.

What was very sad to me, was Tsepo's experience that people ***see AIDS in his face,*** because of his brother.

To me, Constance's story about her niece was unbelievable. Up to now she never spoke in the group. To me, this correlated with her contribution in the drama. She got a part in the drama, and contributed in a wonderful way. This made a big change in her self confidence. She started to participate in the group session as well. That was a major event for me.

### **2.10.11 Session 7**

Due to technical problems, this session was not recorded. The session was spent on talking to Thandi. They first wrote a letter to Thandi, expressing their concern towards her. Later Thandi joined the group and they spoke to her in person.

She admitted to the group that she lied about where she was after the Hammanskraal outing. She went to stay with a friend to go to a party. The group, especially the boys, explained their concern for her safety. She asked their forgiveness and the group accepted her apology.

The group then continued to draft a collective letter to Constance's niece. This was a very touching experience. In their teenage words, they wrote to her niece to hang on. Not to give in to the urge to take her own life, but to celebrate her life. They committed themselves to praying for her, which they did. They explained to her that she did not have to go through this on her own, but she can talk to Constance and other people in her life. They made the plan to protect her confidentiality, by asking Constance to write the letter in her name and only if Constance is comfortable, to explain about the group. Constance did this and her niece accepted the letter as gift from the group. According to Constance, her niece was very encouraged by the letter. She is hanging on and celebrating her life.

### **2.10.12 The drama script**

The group came up with the drama script, with no input from my side. I left them to write the script and to choose the characters on their own.

The drama was performed at PEL groups in the inner city. It was also done at a workshop session as part of the SANPAD project in Hammanskraal.

To me, the drama in itself was a sparkling moment. The enthusiasm with which they performed, the themes they chose, the commitment in their practices and their performances their eagerness to share with their peers what they have learned about HIV/AIDS through the drama was a wonderful experience.

I will give my own interpretation of the drama script, because it was never written down, only performed.

**The story begins with a young girl named Thandi, who has a vibrant life as a 16 year old. She is in a relationship with a friend name Brian. She also has a best friend called Miranda.**

**Thandi becomes ill and her parents take her to the doctor. The doctor at the local clinic informs Thandi and her family that she is HIV positive. Her father is very angry at the Western medicine and decides to take Thandi to the *sangoma* (traditional healer). Her mother is not positive about this, but eventually she submits to her father. Thandi's boyfriend leaves her when he finds out that she is HIV positive. Her best friend Miranda hears that there are problems between Thandi and her boyfriend. She asks Thandi's friend from long ago, named Happy, to visit Thandi. He visits her and they recommit their friendship. He continues to support her and care for her.**

**At the *sangoma*, Thandi is given traditional medicine. She is told that she did bad things and is isolated. She feels very sad and lonely. She is abandoned by her friends and family and the story ends where Thandi decides to take her own life.**

The play ends with the group singing a song of hope (which Thandi herself has written). The song encourages people to put their trust in God and that will bring hope to their lives in times of difficulty and trials.

#### **2.10.13 My reflection:**

Some of the themes which were touched on during the sessions are reflected in the script of the drama.

- The issues surrounding traditional medicine versus modern medicine
- The isolation of people living with AIDS
- The difficulty people infected and affected by HIV/AIDS have regarding their interpersonal relationships
- Issues regarding perceptions of communities about HIV/AIDS
- The handling of sex education in families of different cultures
- The handling of AIDS in traditional African families
- Stereotyping of people living with AIDS
- Suicide is seen as a real option for people who are HIV positive.

### **3. SOME REFLECTION THAT WILL GUIDE THE REST OF MY THESIS**

The process of reflection was a process of continuous feedback. The feedback was mostly done in the individual interviews.

- Thinking about language, not only spoken language, but also sub-cultural language
- The different reactions of young people, talking about sex related issues – some are shy, some are very eager, others display apathy
- How intensively almost every young person is affected by HIV/AIDS, every one knows someone who is positive or who died recently
- The seriousness with which young people regard their own role in their communities and with their peers

- The role families and culture play in influencing young peoples thinking, their choices and their values as well as sex education
- The stereotyping of people living with HIV/AIDS
- Issues of availability of contraception – to me this links to the availability of care
- The reality these young people live in, of the effect of crime and the fear of being raped
- More specific regarding care: their view of the role of their families and the inadequate care provided by the state hospitals
- The absolute eagerness to make a difference in their world
- The theme of religion and the role of churches
- The issue of traditional healers. Especially asking what role they play regarding care
- The impact the group had on everyone individually and collectively
- How stories that developed had a deep impact on the group: Tsepo's brother, Constance niece and all the others
- My evaluation that the inner city context and the African context influence the world and development of the young people.

There are many themes and impressions, many emotions and philosophy to carry out of these sessions. In trying to narrow down the themes, the focus will be different if someone else will do the research, because this research is so personal and relationship-based.

In the next chapter, I want to listen to other stories. Literature stories about HIV/AIDS and care. There are still many stories of the individuals in the group that I would like to introduce. In my listening to the stories of the group, I realize that the issue of care was not so much in focus all the time. The issue of care is central in all of these stories.

#### **4. IN CLOSING**

In this chapter I introduced the co-researchers: their stories and experiences in their language. The evolving of the research story in its own, circled in the metaphor for fiction writing.

It evolved in an action, background, development, climax and ending – story. There were several climaxes, or “sparkling events”. A new evolving climax to me, is definitely the writing down of this whole process, looking back into stories and continuously experiencing how these stories influenced people’s lives and are still influencing lives.