THE UNHEARD STORIES OF ADOLESCENTS INFECTED AND AFFECTED BY HIV/AIDS ABOUT CARE AND/OR THE LACK OF CARE

by

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SUMMARY

Adolescents living in the inner-city of Pretoria have their own special challenges that they must face everyday. These challenges entails a poverty context, communities of violence, difficult family circumstances and a developmental phase in which they struggle with their own identity.

The focus of this research is to listen to the stories of adolescents that have not being listened to before, concerning HIV/AIDS and their experiences regarding care. These young people is infected and/or affected by HIV/AIDS. The researcher does this research in the Narrative therapeutical paradigm, listening Practical Theologically to the stories of young people infected and/or affected by HIV/AIDS regarding care. Other stories about adolescents and care will also be listened to. The research process is social-constructionally structured. The researcher is searching for a holistic understanding of care from the perspective of young people. Discourses about adolescents, about care, about the inner city and about AIDS will be discussed.

Two separate groups of young people participated in the research. The researcher also listened to voices of the Sediba Hope AIDS Care Center about care and about young people. Reflection groups were used, consisting of teenagers and people from the academic community. The researcher used the method of reflection and self reflection throughout the research. Care is described after there were listened to the stories of the young people. The role of an African world-view is described as a resource to understand care holistically. The researcher spent time to reflect on the theological implications of the stories of young people and about the role they must play in the church and in the community.

Different care narratives are described as an outcome of the research. Other outcomes are also named and reflected upon.

KEY TERMS

Adolescence

HIV/AIDS

Narratives

Narrative therapy

Social constructionism

Inner city of Pretoria

Disadvantaged

Transformation

Multi-cultural

Poverty

Discourses

African world-view

PEN (Pretoria Evangelism and Nurture)

Sediba Hope AIDS Center

OPSOMMING

Adolessente wat daagliks in die middestad van Pretoria leef, het hul eie besondere kontekstuele uitdagings wat hulle die hoof moet bied. Hierdie uitdagings behels onder andere ‘n konteks van armoede, ‘n geweldadige samelewing, moeilike gesinskontekste en ‘n lewensfase waarin hulle worstel met die forming van hul identiteit.

Die fokus van hierdie navorsing is om te luister na verhale van adolessente wat nog nie voorheen na geluister is nie, rakende MIV/VIGS en hul ervarings rondom sorg. Hierdie jongmense is geinfekteer of geaffekteer deur MIV/VIGS. Daar word vanuit die Narratiewe paradigma, Prakties Teologies gekyk na hul ervaring van sorg rakende MIV/VIGS. Daar is ook geluister na ander persone en instansies se verhale rakende adolessente en sorg. Die proses van die navorsing is sosiaal konstruksionisties beplan. Daar is deurlopend gesoek na ‘n holistiese verstaan van sorg vanuit die perspektief van adolessente. Diskoerse rakende adolesente, sorg, die middestadskonteks en VIGS is bespreek.

Twee afsonderlike groepe jongmense het deelgeneem aan die navorsing. Daar is ook geluister na verhale van sorg van die Sediba Hope Vigs Sentrum. Die navorser het gebruik gemaak van refleksie groepe wat bestaan het uit tieners sowel as mense in die akademiese omgewing. Die navorser het baie gefokus op die proses van refleksie en selfevaluering tydens die verloop van die navorsing.

Sorg is beskryf vanuit die verhale van die jongmense en ander mense rondom hulle. Die rol van ‘n Afrika wêreldbeeld is ontgin as ‘n bron in die holistiese verstaan van sorg. Daar is teologies besin oor die rol van jongmense in die kerk en in die samelewing. Sorg narratiewe is beskryf as ‘n uitkoms van die navorsing, tesame met ander uitkomste.

SLEUTEL BEGRIPPE

Adolessente

MIV/VIGS

Narratiewe

Narratiewe terapie

Sosiale konstruksionisme

Middestad van Pretoria

Minder bevoorreg

Transformasie

Multi-kultureel

Armoede

Diskoerse

Afrika wêreldbeeld

PEN (Pretoria Evangelisering en Nasorgaksie)

Sediba Hope VIGS sentrum

DEDICATION

This work is dedicated to every young person infected and/or affected by HIV/AIDS who live in the inner city of Pretoria. I want to thank every young person for accompanying me on my journey to look at the world through their eyes. I want to honour them for allowing me to experience God through their love and their commitment. I have seen God in every one of you, you taught me new ways of believing in God like a child. Your narratives have enriched my life and transformed me as person.

Thank you.

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CHAPTER ONE

POSITIONING AND RESEARCH METHODOLOGY

1. MY INTEREST IN THIS FIELD OF RESEARCH

The previous 12 years I have spent in relationships with many teenagers. The effect that HIV/AIDS has on these children with real faces and real stories has touched my life in many ways. It inspired awareness in me to understand the ways their lives are currently affected and will be affected in future. I would like to be able to respond to these needs and not only be a spectator in their life-long journey.

My personal story influenced the choice of this action field through intensive ministry to adolescents living in the inner city. Their families, education and personal relationships have become important issues to me. The church in the inner city (where I am a minister in the local church) is being confronted by urgent issues like morality, health and effective sex education for adolescents.

During my working years in the inner city, I have become aware of the imbalances of formal structures in regard to the availability of medical, social, legal and other facilities to some people living in the inner city. The need for transforming political structures which are having a big influence on people's lives is imperative. Having seen the influence of HIV/AIDS on the people close to me, have urged me to gain more knowledge in this field.

My "own story" is used and reported in the research through exposing prejudices, assumptions and values and through sharing these stories of my own and trying to understand the difference between them and other stories. I aim at sharing the experiences I have gained through interacting with young people infected or

affected by HIV\AIDS are shared. These experiences have transformed and will continue to transform my own beliefs and the interaction between myself and these young people. Through this research I hope to understand my own responsibility to facilitate the process of transformation of the care and/or lack of care towards young people who were infected and affected by HIV/AIDS more effectively.

I often had the experience of sitting in a long queue in a state hospital next to a person living in the inner city, who can't afford the luxury of being treated as a person with dignity because she/he could simply not afford to go to a private hospital. Patients receive a number and are treated according to the prognoses which often deprive them their dignity.

In January 2002, I had to take someone to hospital who had tried to commit suicide. She received a number, her stomach was pumped out and she was treated according to the number. I persisted in emphasizing that her name was Nina and she lived on her own with no one to take care of her. After a long period of discussion with one of the doctors, he insisted on releasing her immediately. I desperately went off in search of someone to help this woman. I found a doctor who came to Nina's side, touched her and spoke to her in a kind manner. This second doctor treated Nina with dignity and took care of her by placing her in a care facility.

This short story has a happy ending. So often I could not find a caring doctor but only someone who treated patients as one of the endless queue of numbers with illnesses. Fortunately, I can be assertive because of my upbringing, my education and maybe my personality. Many people I know would not have dared to disagree with the first doctor. They would have merely accepted his decision and the patient would have suffered the consequences.

Experiences like these have convinced me that tender health care is a luxury that poor people, living in the inner city, cannot afford. Being an adolescent, these teenagers have even less power than some adults who are labeled as poor.

My initial response to this field of research was one of not wanting to get involved at all, because of the overwhelming impact of the issues, as well as the threat it might pose to towards people close to me.

I had the responsibility of taking care of a little girl of three years old. She was playing outside in the area where my office is situated. She came running in with a used condom in her mouth. I panicked! After assessing the situation and being aware of the dangers of HIV, I realized the chance of infecting someone through the mouth is very unlikely. But still I was confronted by my own lack of knowledge about HIV/AIDS and my inability or unwillingness to act in any way towards people who live with this reality every day.

I was threatened by the overwhelming statistics often published by the media. A feeling of fear, ignorance and reluctance to get involved in this pandemic filled me.

All of these “ad hoc” experiences motivated me to learn about HIV/AIDS and to make a deliberate effort to involve myself in the world of the young people I get to meet in the inner city every day. I committed to learn with them, getting to know how they experience the challenges brought on by HIV/AIDS and the possible effect it has on their lives, as well as the possibility of getting infected.

2. POSITIONING

This research will be done, firstly from my position as a Practical Theologian. I use a narrative-based research approach and I further choose to do this research within the post-modern, social-constructionist paradigm.

The Narrative metaphor and Social Constructionism forms part of the postmodern world-view. Concepts, with which it is described, are post-structuralism, deconstructionism, an interpretive turn and new hermeneutics (Feedman and Combs 1996:14). This research also falls within the Qualitative Research paradigm.

I will consequently try to position myself within some of these concepts.

2.1 Practical Theology

During my years of study at the University of Pretoria, I was confronted with different schools of thinking, coming from different disciplines of theology. Often I felt lost between all the major streams of theological thinking. When I started my ministry as a young woman in an inner city congregation, a lot of the theological confusion was pushed backwards and I was confronted with real-life prejudice, old school thinking, patriarchy, discourses of rich and poor, discrimination with many faces, church politics, etc.

My theological journey only then really started. I discovered what Practical Theology meant to me. I discovered that I needed to know the people whom I wanted to minister to. I needed to know their culture, their "language", and their every-day life crises. Furthermore I needed to learn how to do theology in this context: the inner city of Pretoria. I needed to communicate it to the elderly, the children, the teenagers and to the person living on the street.

With these experiences, I began to understand what it means to work with a model of praxis-theory-praxis. I could not prepare a sermon without thinking about the people I would be preaching to, or translating the message into "inner city" language.

For me to start forming my own theology, I needed to sit with a mother of four children who had no other relatives, with no job, and no food to feed her children.

Only then did I realize that the Gospel of Jesus Christ consists of far more than preaching the Word of God. It entails bringing the Word of God and breaking the bread of life with the people. It also means taking my bread and giving it to someone else; driving people to hospital in the middle of the night; confronting an aggressive drunk father in a small back street flat, (shared with six other people sitting or lying around); begging the father not to hit his child; and finally physically endangering my own life. Only then I was starting to understand what Practical Theology really meant.

People honor me through sharing their life experiences. I would internalize these stories, allowing them to change me and shape my thinking. I pray for them, love them and serve them the best I can. I would sometimes even tell them about the love of God and somewhere in this process, I "am doing" Practical Theology.

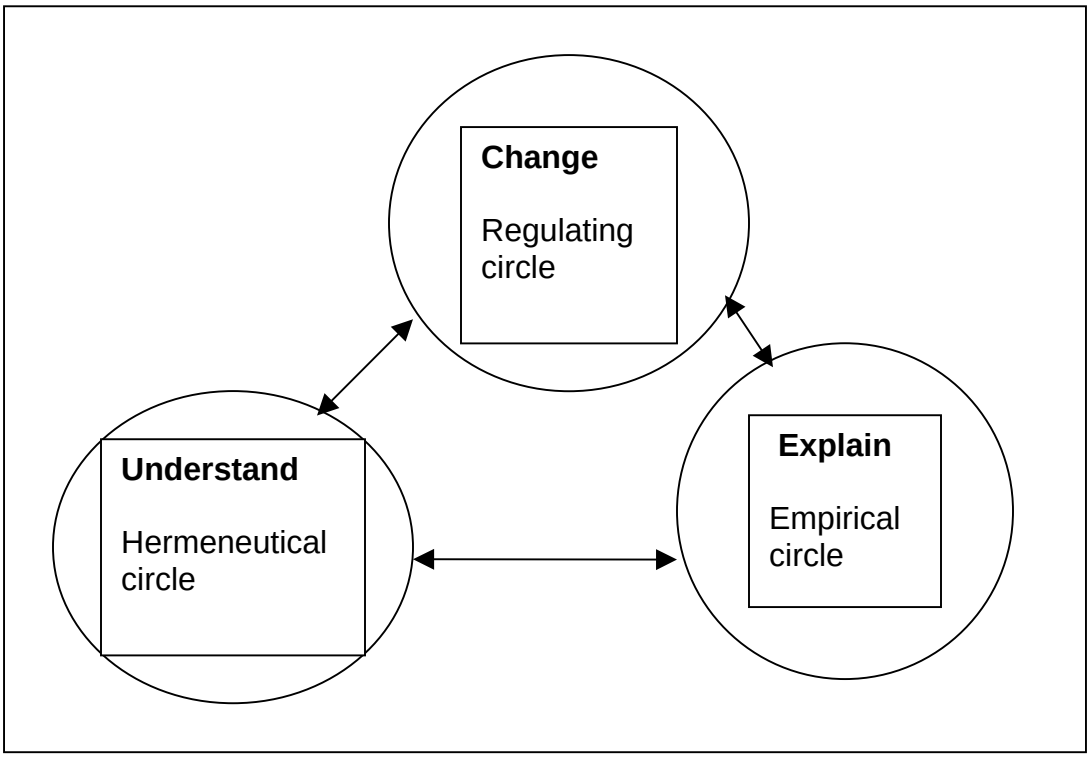
I needed to answer my own question of what Practical Theology means to me. There are many great theologians who had journeyed on this road of trying to understand Practical Theology. My journey would briefly join theirs before I move on this – still pioneering- road of discovery.

Gerkin (1997:97-85) for example, uses three metaphors to explain the function of a pastor – which linked his metaphors to my own understanding of my role as a "doer" of Practical Theology. The first is that of a shepherd of the flock – the shepherd knows her/his sheep and the sheep, knows him/her. Secondly it entails that of a mediator and reconciler – between individual believers and the community of Christians. Finally it includes the role of a ritualistic leader –"*not all care can be expressed through the medium of conversation*" (Gerkin 1997:82).

A second road was detailed by Heyns (1990:6) says practical theology is *"that part of theology that concerns itself with this event – the encounter between God and humanity – and particularly with the role of human beings in this encounter (Firet 1974:14)". …practical theology interprets the interaction between gospel*

and people. …The practical theologian wants to know whether the preacher understands the audience and its context properly… Practical theology is a study that seeks to help humans to encounter God and to live in fellowship with God and other people. It is concerned with those religious actions that communicate with others so as to make room for God in this world (Heyns 1990:7)". My own experience resonates this struggle to find the words to communicate the story of God and the human encounter on a continuous basis in my own context.

Browning(1991:8) argues that theology as a whole equal's *fundamental practical theology* and has "*four sub movements: descriptive theology, historical theology, systematic theology and* ***strategic practical theology***". Heitink (1993:15) talks about Practical theology as "***theologische handelings-wetenschap***" and he explains it in term of "***crisiswetenschap***": *"De praktiche theologie beweegt zich in de hedendaagse crisis van kerk en geloof voortdurend tussen aanpassing en vernieuwing."* He describes the methodology of Practical Theology in the following terms (my own translation, 1993:161).



Van der Ven (1998) uses the term: ***empirical theology***. Van der Ven concludes with a long chapter on explaining what is meant by empirical theology in the present and in the past with the following words (1998:32): "*Empirical theology is a product of the combination of empirical and hermeneutic-communicative methods: the hermeneutic-communicative approach functions as the frame of reference within which the meaning and significance of empirical research unfolds."*

Lartey (2000:128) wrote a short informative article explaining the different models and methods of theological activities currently used in Practical Theology. He divides these activities into three groups. The first group constitutes the "branch approach" where practical theology is seen as a branch of theological knowledge (as described by Friedrich Schleiermacher), where *the emphasis is upon content of a discipline and the method adopted is one of applicationism* (2000:129). The second is the "process approach" where the emphasis is placed on the method. Tillich, Groome, Farley, Whitehead and Browning formulate examples of this approach where *"existential questions are correlated with Christian symbols which provide the answers to the existential questions* (2000:130)*".*

In theological terms the closest description of my experience I could find was that of Lartey, describing the third group of practical theological methods as the "*way of being and doing approach".* He explains it as follows (Lartley 2000:131): "*This approach attempts to examine the content of faith and practice. It asks questions about what the contents of our faith are, realizing that tradition, context and experience shape us in such a way that there are very many different forms of equally valid Christian faith. It seeks to be reflective and thoughtful. It is concerned that faith is made manifest in practice, taking seriously the potentially transformative nature of faith and/or experience. As such it is concerned about what is being done in the name of faith. It is therefore praxis-oriented. It raises methodological questions and realizes that it is important to have and use the*

right tools for any job. In addition, it asks questions about who it is that are engaged in the theological tasks, what the social location of the persons are, who benefits form what is done, who is excluded by the way things are done and who are oppressed by it." .

He also gives his own criticism of the three approaches above, of which I will only reflect on the last one. He says "*the way of being and doing approaches may become anti-intellectual and thus cut themselves off from an important source of critical life skills. They may over-estimate the importance of context and thus end up in a kind of corporate solipsism."*

Feeling myself closer to this approach, I can see the dangers Lartey had referred to. For the sake of my own reflection, I do not regard it as serious enough critique, simply because many very strong theologians bring the balance into the broader field of Practical theology. I do not see myself as only dwelling in this approach, and will not feel alienated by choosing this position. Choosing to position myself in the social constructionist paradigm, this will also invite critique and reflection from different approaches and will help to bring balance into my own position as a Practical Theologian.

2.2 Narrative approach

The Narrative Approach to research is a comfortable way to be true to post-modern social-constructionism as described by Müller, Van Deventer and Human (2001:76): "*For us, the aim of research is not to bring about change, but to listen to the stories and to be drawn into those stories. While the structuralistic researcher has objectivity in mind by trying to be an observer from outside, and by trying to bring about change from the outside, the narrative researcher has subjective integrity in mind and strives for participatory observation*". By creating the atmosphere to allow adolescents to construct their own truths about the care and/or lack of care for themselves with regard to HIV/AIDS, these young people will be given an opportunity to make their voices heard.

2.2.1 Co-researcher

In a narrative approach the participants or **co-researchers** have a specific role to play. Their contribution consist of being co-researchers in the sense that their stories contribute to the research, their interpretations are considered valuable, their participation is honoured by them being taken seriously and listened to. The aim is that finally the research must benefit the co-researchers even more than it benefits the researcher, because they are no objects to be studied, but people to be valued and validated through the sharing of their life stories. The social constructionist process plays an integral role by extending an invitation to co-researchers to interpret the research results, rather than letting the researcher decide on the results which can make a contribution, and those and those that can not.

2.2.2 Position of the researcher

The **position of the researcher** in a narrative approach is that of acting as an initiator of the process. The position I choose to take in the research process is one of off-centeredness and of taking a “not-knowing” position with regard to the outcome of the research. People living and working in the inner city often use this statement: “local knowledge is better than imported knowledge”. It eliminates the possibility of people in powerful positions thinking they know best for all other people (especially those people with less power than themselves). As researcher, I will trust the flow of the process of storying, rather than trying to manage the outcomes. Freedman and Combs (1996:332-33) see the principal of valuing local knowledge, as a trademark for post-structuralism. My position is not neutral; however I will be integrally involved in the research story.

On the issue of writing my thesis in English, which is my second language, is the following: This research is meant to benefit people living in the inner city. In the world outside more people understand English than Afrikaans. My motivation for writing in my second language simply entails making the research accessible to more people, and especially people living in the inner city.

2.2.3 Focus of the research

The **focus of the research** is not just to accomplish my aims, but to be of value to the research participants as well as to, especially the other communities where the research participants live. The aim of the research is to make unheard stories heard. This aim would include allowing these stories to transform others who encounter the same situation and to create a platform for adolescents who tell their stories, to be transformed themselves. The aim would firstly be to understand, and not to search for principles. I need to admit that knowledge is situational and conditional, coloured by my own interpretation and understanding. I will aim at transparency by being honest about this.

An important focus of narrative research is interpretation instead of analysis. My position is that of being a facilitator for interpretation, rather than an expert in analysis (Müller, unpublished).

As a narrative researcher I have an ethical responsibility towards my co-researchers. I aim at avoiding deception as far as possible. I continuously ask their permission to record their stories. Honesty about my intention of doing research is of the utmost importance and I will try not to let them ever feel exploited.

2.3 Post-modern paradigm

The post-modern paradigm links strongly to post-structural views. It is often used interchangeably. Post-structuralism (Lowe1991:42) is typically restricted to a description of the work of French intellectuals like Foucault, Derrida, Deleuze, Lacan, Lyotard and Baudrillard. To understand post-structuralism and also post-modernism better, it is also relevant to look at structuralism and its meaning.

Klages (2004:1) explains that structuralism is appealing because it brings a scientific objectivity to the realm of literary studies. He continues to say that: *"In*

structuralism, the individuality of the text disappears in favour of looking at patterns, systems, and structures."

She summarizes the meaning of structuralism by constituting three principles (Klages 2004:1-2):

- *The structure of language itself produces "reality" – that we can think only through language, and therefore our perceptions of reality are all framed by and determined by the structure of language.*

- *Language speaks us; that the source of meaning is not an individual's experience or being, but the setting of oppositions and operations, the signs and grammars that govern language. Meaning doesn't come form individuals, but from the system that governs what any individual can do within it.*

- *Rather than seeing the individual as the centre of meaning, structuralism places THE STRUCTURE at the centre – it's the structure that originates or produces meaning, not the individual self. Language in particular is the centre of self and meaning; I can only say "I" because I inhabit a system of language in which the position of subject is marked by the first personal pronoun, hence my identity is the product of the linguistic system I occupy.*

Lye (1996:1) contributes the following assumptions to post-structural thought:

- Post-structuralism is marked by a reflection of totalization (to put all phenomena under one explanatory concept); essentialism (a reality which exists independent); and

foundationalism (signifying systems are stable and unproblematic representations of a world of fact).

- Post-structuralism contests the concept of "man" as developed by enlightening thought and idealistic philosophy.
- Post-structuralism sees "reality" as being much more fragmented, diverse, tenuous and culture-specific than structuralism does.
- Post-structuralism derives in part from a sense that we live in a linguistic universe.
- Everything is textual and intertextual: no "outside of the text".
- Discourse is a material practice: the human is rooted in historicity and lives through the body.
- The historical and material world we know is controlled, selected, organized and distributed through a certain number of procedures.
- Concepts of repression, displacement, condensation, substitution, etc can be deconstructed or revealed: What is "meant" is different from what appears to be meant.
- Text is marked by a surplus of meaning; the result of this is that readings differing in meaning are inevitable, indeed a condition of deriving meaning at all.
- A "text" exists as it is read.

In a workshop Feedman and Combs (2000) presented, they explained the difference in approaches between a structuralist and a post-structuralist view on identity, personality and power in the following way:

Structuralist view	**Post-structuralist view**
Seeks to classify individuals in terms of general classes or types	Seeks specific details of the identity of people
Expert outside knowledge is valuable	Local knowledge is valuable
Surface phenomena hold the clues to deep identity. Only expert specialists have the power to accurately decode surface clues.	Surface phenomena are all we really know. Each of us has the power to interpret surface phenomena
Individual lives are interpreted and valued according to the rules or norms	Individual lives are valued and interpreted in terms of how they embody exceptions to what might have been expected.
Experts have the power to assign meaning to people's life stories by decoding the formulae that underlie their structure.	All people have the power to construct meaningful lives through the stories they enact, tell, remember and share with one another

Contrasting these two different views helped me clearly to understand the difference in approaches clearly. This is not a deliberate effort to explain Structuralism, but rather an effort to understand post-structuralist views. In the introduction to this paragraph, I explained that post-structuralism and post-modernism are sometimes used interchangeably.

During the same workshop Freedman and Combs explained post-structuralism further by posing the question: **How can I become other than who I have been?**

To me, this constitutes the essence of my journey of research. In this planned journey of research, I will strive to become "other" than who I am at this moment. This question guides me on to a road of a post-modernistic journey to search for my own better understanding.

Hevern (2003:2) explains that post-modernism seeks micro or local narratives in the place of meta-narratives because the claim to "being the truth" is far more modest. This view is also much more open to listen to voices of the historically marginalized.

According to Burr (1995:12), *"post-modernism is a rejection of both the idea that there can be an ultimate truth and of structuralism, the idea that the world as we see it is the result of hidden structures. ……Post-modernism also rejects the idea that the world can be understood in terms of grand theories or meta-narratives, and emphasizes instead the co-existence of a multiplicity and variety of situation-dependent ways of life."*

Trying to understand the concept of Post-modernism is no easy task. Sometimes it is used to describe an artistic movement. It is also used as a form of analysis or criticism and is sometimes described as a contemporary experience. It is also used as a radical rethinking of social and political structures, expressed through different artistic mediums (Lowe 1991:42-51).

Post-modernism "*questions (*psychology's) *scientific and empirical methodologies, reject theories of human personhood which stress the self as autonomous, consistent, and logical, and scorns a mentality which believes it can treat human mental illnesses by use of scientific techniques." (Hevern 1993:2)*.

Tyler (1991:80-84) explains the difference between modernism and post-modernism as follows: Modernism starts from something – resolved from

foundations and absolutes. Post-modernism is not solidly rooted, but rather afloat and still developing.

Modernism claims there are rules serving as criteria for rational judgment where Post-modernism claims that these criteria are invented as we go along, or are constituted afterwards.

Tyler (1991:81) says: "*work: 'play by the rules', is modernism's great justifier. We must 'work through', 'work over', 'work in,' and 'work up' the 'over-worked', play of 'work,' of 'it works,' 'the works' ….'the works of… ', ' the dream work' of Freud and 'give the works to' Marx's labour' and the whole organismic vocabulary derived form * werg- ('work', 'energy', 'erg,' 'organ,' 'wright,' 'bulwark') which is the bull-work, the rayt/ of modernism… Post-modernism is more interested in 'playing with the rules'… Modernist works are global and transcendent discourses and solutions… Post-modern discourse turns aside... It's story-path is many-branched and labyrinthine, beginnings and ends are forgotten, misplaced, merged or interchanged. Truth in modernism, is suborned by method… For Post-modernism, truth is the minimum enabling condition for lying… Modernism's truth-and-method is a disguise for truth-as-power... Truth and method make the economy of scarcity".*

In this challenging passage a clear picture is drawn that differentiates Modernism from Post-modernism. This research will fit more comfortably in the post-modern paradigm where truth is "floating" and the researcher is in search of meaning and is on a journey to discover, together with others. Where possible, the inevitable power games are challenged and deconstructed. To come to any understanding, is not a process I to be taken on my own, but it will be co-constructed by all role-players. This constitutes my positioning within the social-constructionist paradigm.

2.4 The social-constructionist paradigm

Hevern (2003:2) eloquently explains that social constructionism assumes that humans are born into a social world from which they attempt to make sense, especially through language. Through language and interpretation, meaning is given to their lives and to their experiences within the social realm. In this paradigm, the underlying fundament is that the origin of knowledge is socially constructed since knowledge relies upon the tool of language.

Gergen (1994:241-245) explains three implications social Constructionism has for therapy. To me these implications are also relevant to research. Gergen says that the focus of the therapist *(researcher)* moves from the cognitive/internal processes towards the social process. There is secondly a shift from superior knowledge and an expert position, to one of equality and co-construction. Thirdly he says that there is a shift from diagnosing and healing towards cultural responsibility. These concepts fit into the paradigm with which I choose to work. The paradigm releases me from the responsibility to provide answers and to come to solutions. The research process is a process of co construction and the closing will be part of a cultural responsibility. The people amongst the research will share in acting upon the stories and the outcomes of the research.

The description of social Constructionism by Burr (1995:3-5) includes ideas shared by other social constructionist thinkers:

- *a critical stance towards taken-for-granted knowledge (including understanding ourselves)*
- *historical and cultural specificity – all ways of understanding are historically and culturally relative*
- *knowledge is sustained by social processes and constructed between people who share social interactions*
- *knowledge and social action go together; therefore we can talk of different social constructions in the world*

I place myself within this paradigm, because the interpretation of the construction process of knowledge (Gergen 1999:4-7) gives a workable understanding of describing knowledge. It describes knowledge as a social process between different people. It is not an objective truth outside the person and is not constructed by one person alone. In this paradigm the voices of the previously unheard people (more specifically of the adolescents in this research) can be taken seriously. Their stories contribute to the understanding about the necessities of care for HIV infected and affected people.

2.5 Qualitative Research

The research falls within the broad framework of Qualitative research. It differs in the way that one is not bound to the other, but it is connected and philosophical foundations are interlinked. Using the *Handbook of Qualitative Research* (Denzin 2000:1048) as a guide, I want to explain the methodology of Qualitative research as an *"interdisciplinary, transdisciplinary and sometimes counter-disciplinary field".* Qualitative researchers are sensitive to the value of using multi-methods, the naturalistic approach and the interpretive understanding of human experience. This field is also shaped by multi-ethical and political allegiances.

The result is a moving away from grand narratives and sensitivity that political liberation start with the experiences of individuals and groups. The movement grows in time with the process of previously oppressed voices being made heard. Lastly, the cultures surrounding the research field are called to react on the results in much more active ways. (Denzin 2000:1047)

Qualitative research shares two important principles: firstly the focus on things that happen in the "real world" and secondly the attempt to research a phenomenon in all its facets. It is understood that the real world is complex and

issues surrounding the natural world are multi-faceted (Leedy and Ormrod 2001:147).

Criteria for the assessment of Qualitative research are different to that of the Quantitative approach. There is a movement away from reliability and validity, towards credibility and accuracy of representation (Agar 1986:209-220).

If Guba's (1981:75-91) model of trustworthiness for research is taken into account, it appears as if his criteria for Qualitative Research are applicable to this specific study. These criteria are credibility, transferability, dependability and conformability. I choose to let these criteria guide me to establish trustworthiness for my research. The criterion of transferability is not that important to me. Because of the narrative approach, every person's contribution is valuable and unique. The methodology of research may be transferable, but the specific research and outcomes not.

Definite goals of this study are to conduct the research in such a way that it maintains subjective integrity and credibility through:

- trying to listen to all the stories with subjective, not objective integrity
- asking open, non-judgmental questions; and
- taking into account that meaning is "radically plural, always open, and …there is politics in every account" (Bruner 1993:1)

2.6 Care

Care will play an important part in this research. It is therefore important to describe what is meant by "care" in this research project. I will start this study by describing how I understand care. When I talk about care aimed at young people, I firstly think of medical care. This includes the accessibility to information about a person's body, illnesses, about sexual preferences and about HIV/AIDS and related diseases. Secondly there is a dimension of the concept of

care that will include personal validation – the experience that a person is recognized and listened to.

Giving meaning to the word "care", is a process of construction indicating what care means to young people in the inner city, and a deconstruction of how other role-players understand care, e.g. the church, health organizations, the government, etc. As part of this research I plan to embark on a journey of discovering what "care" means.

3. THE CONTEXT OF THE RESEARCH

Living in an African city, one cannot disregard the fact that even in Pretoria, one is influenced by an African cosmological world-view, as explained by Hammond-Tooke in Du Toit (1998:75-91). The Western and African culture meets in a special way and create an interesting cosmological world-view that must be taken into account in trying to understand the social construction processes in the inner city of Pretoria. It is noteworthy that a focus point in the African world-view is perceived to be the household. (Müller and Van Deventer 1998:260-271). This view will be tested within the inner city context, but none the less, the value of the household as a value in African culture will be carried throughout the research.

Shifts in world-view are made with difficulty and is often a painful process. In his article, Hiebert (1991:264) gives an interpretation of the shift from colonialism, to anti-colonialism and finally to globalism. According to him, Western missionaries "*equated Christianity with Western culture and the latter's obvious superiority over other cultures proved the superiority of Christianity over pagan religions.*" He furthermore explains that "*Intense interaction with others produced in the West a reaction against colonialism and the arrogance and cultural oppression it exhibited……In the end, contextualization often became an uncritical process in which the good in other cultures was affirmed, but the evil in them was left unchallenged* " (Hierbert 1991:267).

Entering into an African cosmopolitan city from a Western way of thinking I am confronted by the issues of different world-views. This poses a continuous struggle to me to come to terms with changing my own world-view and to take the process of globalization seriously. My own challenge is to find a balance between an African world-view, globalism and other world-views I am confronted with; or the view my own world is perceived by. To be an incarnational witness *with integrity* is a real challenge. The impact of an African world-view will consequently be explored further.

4. RESEARCH METHOD

This research project is part of a broader project sponsored by SANPAD (South African Netherlands Research Programme on Alternatives in Development). The need to do research in a way that really impacts the lives of people in South Africa in a new way, have come to the attention of the research team. The team felt that current research does not really communicate the real life-stories of people infected and/or affected by HIV/AIDS in a way that impact other people's choices in life.

An approach putting the news of AIDS in a content that will communicate the horror of this pandemic in new language is desperately needed. Müller ((2003:4) explains the difference of this research approach from others, as follows: *"The difference of this approach lies in the fact that firstly it is a narrative approach to research. ….One of the implications of a narrative approach is that emphasis is not put on HIV/AIDS as a phenomenon, but on* ***people*** *infected and affected by HIV/AIDS. Therefore, this is research not in terms of statistics and data, but in terms of the stories of people."*

The main aim of the research project as a whole (Müller 2003:5) is "***to come to a holistic understanding of the stories of adolescents infected and affected by HIV/AIDS and about their experiences of care and/or the lack of care."***

In line with the above formulation, the question for my own research project was formulated as: **What do the unheard stories of adolescents infected and affected by HIV/AIDS and living in the inner city of Pretoria tell us about care and/or the lack of care for them?**

My research aims to reach a holistic understanding of adolescents living in the inner city of Pretoria, who are infected and affected by HIV/AIDS and their experiences of care and/or the lack of care and furthermore will aim to work towards transformation of the researcher, the co-researchers, the discourses and the systems influencing all of these stories.

The context of this research makes this study especially important, because there is very little research done on adolescents living in the inner city, who are poor, disadvantaged and multi-cultural (Crockett and Crouter 1995:119).

The above also describes the research shortcoming to me. Much is said and written about youth and HIV/AIDS. People talk a lot about the youth, but there are very few researchers who really listen to young people. There is a real need to hear from members of the youth themselves as to their experiences. These experiences need to be taken seriously by adults and people constructing and planning care and care facilities for young people.

My personal opinion is that young people are marginalized because of their age. They are often not taken seriously because they are perceived to be too young to talk and convince people. With the reality that people who live in the inner city is already a marginalized group added, this to me qualifies them especially to be invited as co-researchers.

Just trying to focus on a model of doing research, to me has proved to be a humbling experience. To experience the art of doing research in itself constitutes a time of discovering hundreds of people who have proved to be real experts in

this field. To try to position myself within such a vast world of philosophical and ideological differences and even minefields, is no easy task.

Babbie (2004:107) gives an example of how to write a research design. He uses terminology like conceptualization, choice of research method, operationalization, population and sampling, observations, data-processing, analysis, application and review. In the narrative approach, researchers, sometimes deliberately, move away from this technical terminology. Narrative researchers deliberately choose to position themselves differently.

Creswell (1998:47-68) discusses five different possibilities to use as a research design. The approach I chose (together with the SANPAD team), correlates with two of the described possibilities: phenomenology and ethnography. Some useful guidelines are given in these descriptions that are useful to this study.

Another model that might be used is Browning's four movements of descriptive theology (further described in **Background of the story)**.

The method I have chosen to use for doing research is also in correlation with the choices made by the broader research team of SANPAD. The research team (Müller 2003:9) chose to use fiction writing as a metaphor for doing research (ABDCE) within the Narrative Approach (Müller, Van Deventer and Human 2001:76-96). This method does not represent a big movement away from Browning, but rather a different application and broadening of his methodology.

A joint publication was issued by the participating researchers as a reflection on the research project as a whole. In this publication, the choice of a research approach is explained by different researchers (Human (2003:44-48), Van Niekerk (2003:113-122) and Müller (2003:1-16). To better understand the choice of a research approach, Müller explains (2003:5) *"According to our preliminary research, the influence and impact of the broader culture and community context*

on the success of any preventative or caring programme cannot be over-estimated. Our research is based on family and social systems and on the assumption that self-experience is socially constructed. These insights seem to be lacking in existing programmes and our cautious hypothesis suggests that the huge impact of HIV/AIDS can not be fully understood without this holistic and totally integrated approach."

I have chosen this way of doing research because it is a comfortable metaphor when doing research on stories about the lives and experiences of people. Furthermore it helps me to find a flow in the process that I am about to embark on. It provides a beginning and an end, and a journey in between. This motivates me to keep going. It helps me to focus on where I am in the process of the research process and what comes next. The "writing" metaphor invites the telling and developing of stories. These stories need to be interpreted retold, to yet again have new stories developing. What further excites me of this process is to allow the stories of the young people I have chosen as co-researchers, to be made heard and to be taken seriously. In the end, these stories will change lives, even if only by being allowed to be voiced. There is a deep acknowledgement of humanity in the process of making unheard stories heard.

Van Deventer explained the value of this metaphor as follows: *"This is no linear process, but rather reflects an emergent design which is focused, but nevertheless flexible, iterative and continuous and therefore gives this research the character of an evolving spiral" (*Van Deventer 2002:5).

The concept of an evolving spiral has captured my imagination. It motivates me to continue on a journey of discovery, of personal evolvement and of social transformation. There is no clear-cut answer to where I am going, but I know in the end I will not be where I am now. The spiral will take me somewhere I haven't been before.

Consequently the ABDCE-method to be used in this research process will be explained. Being part of the research team, the content may correlate with the work of Müller, Van Deventer and Human (2001).

4.1 The action field of the story

In the narrative approach, the emphasis is on the action and not necessarily the problem. The narrative researcher has a deconstructive agenda. Things need to be unpacked and alternatives explored. According to this approach, not only the problem areas of life have to be researched, but every action, with a possible alternative story in mind.

In describing the action, the problem is addressed, but the description goes far beyond that. In the narrative approach the now is action, and therefore dynamic in nature. (Müller, Van Deventer and Human 2001:76-96). "*To take the action seriously and to have it told is to open up a possibility, to create a new now for tomorrow* ".

The now must be described as truthful as possible, without clouding the interpretation. The stories about the action must be reported.

Then the researcher must interact with the stories that are reported. His or her own stories, experiences and discourses must be reported.

4.1.1 The action or fields of action (*habitus*) chosen, are:

- Adolescents living in the inner city of Pretoria
- Affected and/or infected by HIV/AIDS
- In regard to the care or lack of care available to them.

4.1.2 Possible questions to be focused on during the research:

Questions I would like to explore would be:

- What words do young people use to talk about HIV/AIDS?

- How do they experience care?
- What do they see as their role in the process of HIV/AIDS?
- What are the unheard stories they have to share?
- How does the context of the inner city influence them?
- What can I, as a researcher, learn from them?
- What can they contribute in future plans of care towards adolescents?

4.1.3 Data collection:

Rubin and Rubin (1995:56) explain the use of theory building in a Qualitative approach as a step-by-step process of collecting data, to build a rich description of the arena of research.

Ways of collecting data can include:

- Qualitative and quantitative questionnaires.
- Observations of people involved in the care of adolescents.
- Physically walking through the city doing rapid appraisal where necessary.
- Discussions and interviews (semi-structured and unstructured) with adolescents, care givers, policy makers and other people involved.
- Narratively, data collection will be focused on creating space for new stories.

The processes of triangulation, member checking and peer examination as explained in Krefting (1990:214-222) is helpful to enhance credibility in the *modi* of research.

I continuously tried to report interviews in the language of the participants and the reflection in my own language. Technical terms are used and explained where applicable. I have always experienced resistance towards the trend to use unnecessary or complicated language just to prove your ability. I chose to write my dissertation in a clear and understandable manner which will reflect the views

of my co-researchers in a responsible way and try not to play up to people in power by using that language.

Feedback will be done through the use of reflection groups. The broader parameter for the research is Family pastoral care in the field of Practical Theology. Sociological and medical issues are also addressed from this perspective where necessary.

My relationship with the different role players, who form part of the action and action field, is described. I am aware of certain feelings of compassion or discord or negative attitudes toward different people and institutes, for instance power structures and care facilities. My assumption is that there is a lack of care toward adolescents living in the inner city. Deep bonds of personal relations exist between different teenagers and me and thereby I am biased towards their stories and am compelled to have compassion with them. However, being a pastor in the Dutch Reformed Church contributes to attitudes of distrust on the families' side. My own experience with lack of care from different medical institutes might influence my openness to listen to the stories of caregivers and others.

Through this research I will strive to become part of the action and not to remain an outside observer. I will therefore become personally involved and get to know caregivers and young people infected or affected. I will be listening to the stories of care and/or lack of care and will be drawn in by stories of adolescents and their families.

4.2 Background of the story

The first movement of this process which will be action and the second which will be background together, can be compared to Don Browning's first, second and third movements: descriptive, historical, and systematic (Browning 1991:47). The first movement as horizon analysis *"…also attempts to analyze the horizon*

of cultural and religious meanings that surround all our actions." Browning uses the term *"thick description"* and emphasizes the necessity to interpret the action that is being researched against the background of different perspectives: Sociology, psychology, economy, and others.

The first movement (descriptive) asks for a "thick" description where the actual situation is described according to every possible scientific perspective. This movement asks for an interdisciplinary approach and involves the empirical situation, (action and action field) to be described with honesty and integrity. The research team has to use sound methods during this movement. Both qualitative and quantitative methods will be considered social-constructively and narratively, as explained under "Action".

Following the "thick" description and as part thereof, the background should be extended to include the historical perspective and the systematic concepts already developed with regards to specific or related actions.

Browning's movements imply reciprocal dialogue between "Action" and "Background". Socially constructed narrative-based research is in no way linear in nature and although we are assisted by guidelines of research, the various steps should rather be viewed as a spiralling process. This short description of what is meant by the Background is taken out of Müller, Van Deventer and Human (2001:76-96).

In the next chapter, different identified discourses will be discussed. I will furthermore explain the meaning of discourses.

Persons and/or the discourses which have played a role in the development of this particular field of action are the following:

- Sex education
- Family value systems of different cultures

- Poverty and Political discourses (Some of these discourses are visible in the speech of President Thabo Mbeki as he addressed the ANC members at their celebration of their 90 years of existence (Summary in *Beeld(a Sunday newspaper)*: 15 January 2002, pg 9)
- Discourses of how adolescents are viewed by society and visa versa
- Theological discourses and discourses involving moral values
- Health care discourses
- HIV/AIDS discourses
- Rich vs. poor discourses
- Discourses regarding inner city life

These groups and people are all involved in different ways in the action being researched**.** Society has strong views on HIV/AIDS. The way people grow up, learn about sex and relationships and structure their own lives accordingly, are influenced by so many structures, cultures, groups and individuals. The state is involved in litigating and influencing public opinions. Families and their way of interaction and communication evolve around HIV/AIDS. Individuals, their religion and their value systems, contribute holistically to the experiences of people living with the effect of HIV/AIDS.

Different strategies are implemented to gather, compile and report the background of the action. Current relationships with adolescents serve as starting points to gather stories. Medical personnel are interviewed. Current research on these issues is used to gather the history of the inner city of Pretoria and its people. The openness that interviews might lead elsewhere than where I want it to go, is apparent from the start.

One such an example is the story of Thandi. She is one of the members of the group which is participating as co-researchers in this project. The aim of the group is to talk about HIV/AIDS. She is an only child in grade 10. I had a conversation with her, where we explored the value of the group which she is

attending. She is currently in a relationship with a boy, who has disciplinary problems at school. She is concerned about the pressure he is putting on her to become more involved with him. Because of her strong religious convictions, she wants to save herself for marriage.

We discussed her decision and how it is influencing her relationship. She was enthusiastic to talk about her problems, and asked me to talk to her friend as well. Her friend came immediately after these discussions between Thandi and me. Her name is Dineese, and her life is characterized by severe poverty and an extremely difficult childhood. She is the elder of five children and also very concerned because of the lack of food in the house. She is furthermore very concerned about her future and that of her brothers and sisters.

The discussion I had with Dineese was very meaningful to me. I was assured that the system in the organization which I am a part of, was working well for the family. Three of her siblings received food and academic stimulation at our drop-in centre.

This entire discussion had no relation to HIV/AIDS, but it naturally flowed out of my relationship with Thandi and our relationship that started out of the group which focused on HIV/AIDS.

Through these two meetings, contact was made with Thandi's parents. Dineese's family was also served on different levels of need. A whole new dynamic grew out of these two young people's participation.

4.3 Story Development

Müller, Van Deventer and Human (2001:76-96) describes this part of the research process as follows: A narrative researcher is patient and interested and curious. He or she doesn't know before hand what the solutions are or should be. The narrative researcher has patience and waits for the research plot to develop.

Research is not in the first instance about an action, but about people (characters) in action. These characters are participants and not objects. They are the co-researchers and should be allowed to become part of the evolutionary process. The contribution of the researcher is to reflect and facilitate and wait until the plot emerges. It is more than being a scribe – it is rather like being the assistant to someone who is writing an autobiography. In order to do that, you have to listen to your "characters" and have compassion for them. The better you get to know them, the better you will be able to see things from their perspective.

The research process is not only about story telling, but also about story development. The narrative researcher is looking and waiting for new and better stories to develop. As researchers, we have an interest in emancipation. Gergen (1999:5) says: *"In the hands of these scholars, the data dramatically succeeded in bringing provocative ideas about human interaction to life, thus generating debate and dialogue."*

Different stories are included in conversation through listening to the different voices, making them heard and by critically evaluating the different voices. Reflecting teams of different representatives are invited to co-interpret different stories and influences.

Alertness for unexpected developments is essential through focusing on the hearing of unheard stories about care and/or lack of care. The broader scientific community is involved through the publishing of an article with preliminary findings for critical evaluation.

Story development and the sensitivity to new, unexpected stories enhance this. Reflection-teams will be used for greater credibility. These teams are asked to participate in the process of drawing conclusions and evaluating interpretations made by myself or by co-researchers. There is no aim to be universal in any way, regarding the provision of answers or making conclusions. Guba's criteria

(1981:75-91) for establishing trustworthiness are taken serious. Scientific integrity (asking questions as: "did I listen properly and did I ask the best questions"), rather than validity is valued as principles to proper research (Freedman and Combs, 1996:285).

Participants in the research are treated as co-researchers when they are asked to become involved in the interpretation of possible findings as well as to act as reflecting teams. Upfront, the marginalized appear to be the affected and infected adolescents. Parents of these children might also feel marginalized. In some cultures, children's voices are not taken seriously. Particularly voices of the mothers of the children are seldom heard. Young people are valued as too young to be taken seriously. Literature studies will help to confirm or contradict these assumptions.

Entry points to the unheard stories are known people, which lead to new relationships. Medical institutions will also be used as entry points.

4.4 Climax of the Story

"You move them along until everything comes together in the climax, after which things are different for the main characters, different in some real way" (Lamott 1995:62).

In Müller, Van Deventer and Human (2001:76-96) the climax of the story is explained: "*The socio-constructionist and narrative researcher sets the scene in motion and wait anxiously for the climax to develop. The fake or quasi researcher on the other hand, is a propagandist who knows the answers to the questions and therefore doesn't really need to do any research. Then the research document becomes propaganda material instead of an honest development of "character" and "plot". The person, who knows the outcome or climax before hand, hasn't even started the process of becoming a researcher".*

When understanding comes too quickly, it is not understanding at all. The way towards the climax is not an easy one. Research is seeing people suffer and finding meaning in it. One can not do that if you're not respectful. If you look at people and just see rags or smart clothes, you will misinterpret them. To be a researcher, you have to learn to be reverent. Research is more than mere technique; it is about reverence and awe.

In this research project I do not intend to manipulate the climax, but to allow it to unfold through the process of "Action-Background-Development".

Transformation is taking place in the telling of the stories, the retelling by the researcher and through the process of story development and re-storying. This expectation might influence the research in creating the hope and even in planning a good outcome.

I am continuously listening responsively to opportunities for story development, restorying and to let stories develop without forcing or manipulating a certain outcome.

Thandi's story took an unexpected turn when she ran away from home a few weeks later. Her parents immediately came to me in desperation. The group which Thandi was part of took co-responsibility for her. They found her with a friend and encouraged her to return home. The group wrote her a letter, encouraging her to deal with her problems with her parents and with her boyfriend. As a group they expressed their concern with the relationship between her and her boyfriend. This outcome was totally unexpected and unplanned.

A climax will be reached when the participants themselves have named transformation, or if I as the researcher experienced transformation. Some

structures are already in a process of going through transformation as a result of the research (launch of the Sediba Hope AIDS Centre).

4.5 Ending of the Story

Müller, Van Deventer and Human (2001:76-96) explains ending as follows: The researcher easily gets discouraged towards the end of the research encounter. Did I achieve anything? Was all this work worth the effort? To be a researcher is to be able to dream for and with people. The research process involves many of the stories of those involved: the co-researchers, the families, the therapists, the patients and the church members. The research process is not only a mere reflection on those stories but it is always a new writing.

Research creates its own story with new possibilities. Therefore, narrative research doesn't end with a conclusion, but with an open end, which hopefully will stimulate a new story and new research. Research sets off with action. In the description of the action, and in interaction with the action, the need arises to create a background. And with background and interaction co-characters are created. With such interacting characters, development is inevitable. With development there is dynamic evolution and one can expect to move to some sort of a climax.

Research is like any other story, bound to have an ending somewhere. Hopefully the end will be happy, but in every case, there will be an end that's different from the beginning. In that sense the end will always be better than the beginning. It provides a new, although not always pleasant and even disappointing, perspective. With "Climax" and "Ending" the team will have to test existing and newly developed theory in the practical situation. In doing this, they have reached Browning's fourth movement and will again have to consider all possible research methods, and involve the relevant individuals, families and communities to ensure a broad base of ownership of the emerging strategies.

In the end, unheard stories of adolescents living in the inner city are heard. Through this process a holistic understanding of how they experience being affected or infected by HIV/AIDS, should come to the fore. The research must be of value to the research participants. Maybe this research can contribute to the standard of care for people infected or affected by HIV/AIDS.

The belief that telling and retelling stories is a worthwhile process in itself is encouraging enough to continue with the research, even if the outcome is not as hoped for. My own experiences of becoming part of these unheard stories are already rewarding enough.

Self-reflection is an important part of the research because I continuously move to different places of understanding. To formulate that understanding is part of the process of re-storying. Not being an expert, I need to come to terms with unheard stories made heard and the effect it has on my life. It is difficult to write in a self-reflecting way. This is accommodated by asking the experts (co-researchers) and trusting them to be the guide through the research process through assisting me.

The church might be influenced in some way by learning how people perceive her quality of care towards young people. PEN (Pretoria Evangelism and Nurture, Section 21 Company) – the company I am accountable to - should be influenced because the research results might contribute to the quality of care given to young people involved in the work being done. These results may be of significance in the launch of the HIV/AIDS care centre for homeless people living and dying on the streets because of AIDS and other people living in the inner city. Research findings are communicated in personal presentations, relationships and through the possible reading of the dissertation by others.

5. IN CLOSING

In this first Chapter, I tried to come to terms with my own positioning within the different paradigms. It is important for me to clearly explain the process of my research that is done in the ABDCE-model as a metaphor for doing research.

As explained in the Action – focus of the research, it is important to start with the stories of the co-researchers that were listened to. This will then be the logical next phase of the design.

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CHAPTER TWO

UNHEARD STORIES OF ADOLESCENTS

In this chapter the stories of the adolescents are described. In doing so, there must 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, discipled.

- 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 resolvement, 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…

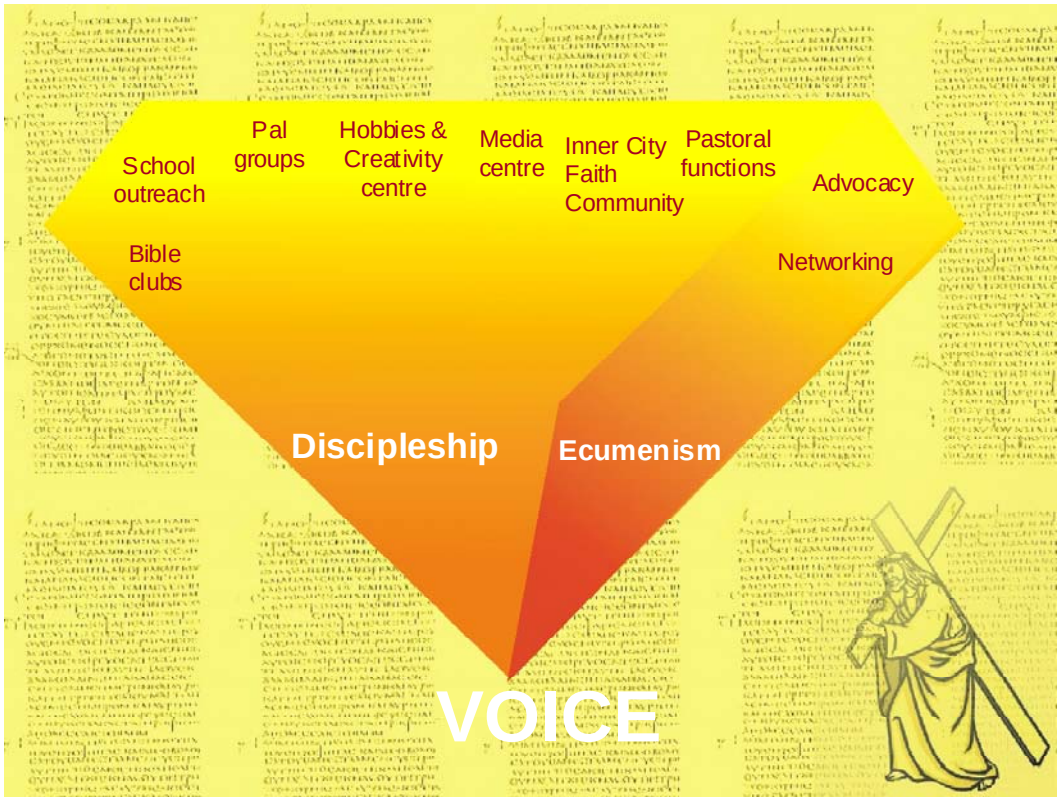
- That it is our responsibility to be informed about all church-, political-, informational- and social structures and other systems that influence life in the inner city.

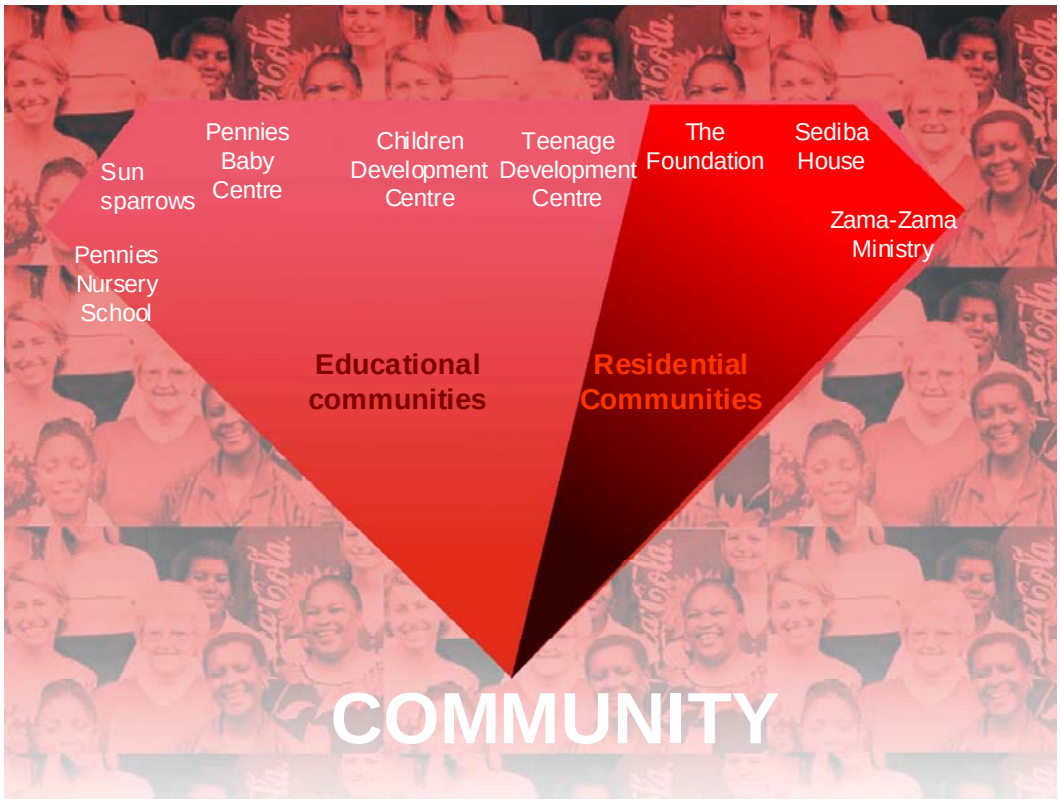
- That we have a priestly duty towards the structures (ecclesiastical, socio-economic, political, etc.) of our day. Therefore, we should intercede for the leaders or our country, city and churches.

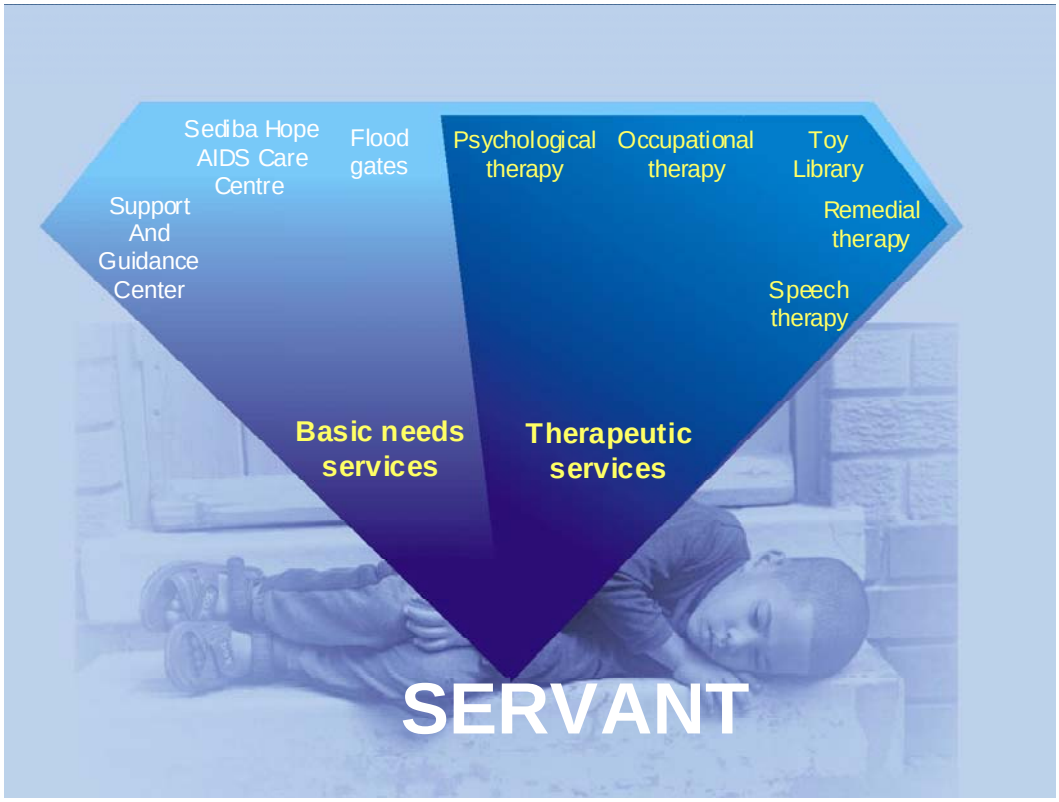
- That we have also have a prophetic duty towards the power structures (ecclesiastical, political, socio-economic, etc.) of our day. We affirm that we are standing in solidarity with the inner city people. We are called to be the voices of those who are unable to speak, to defend the rights of those who are unable to defend themselves, never compromising our Christian identity.

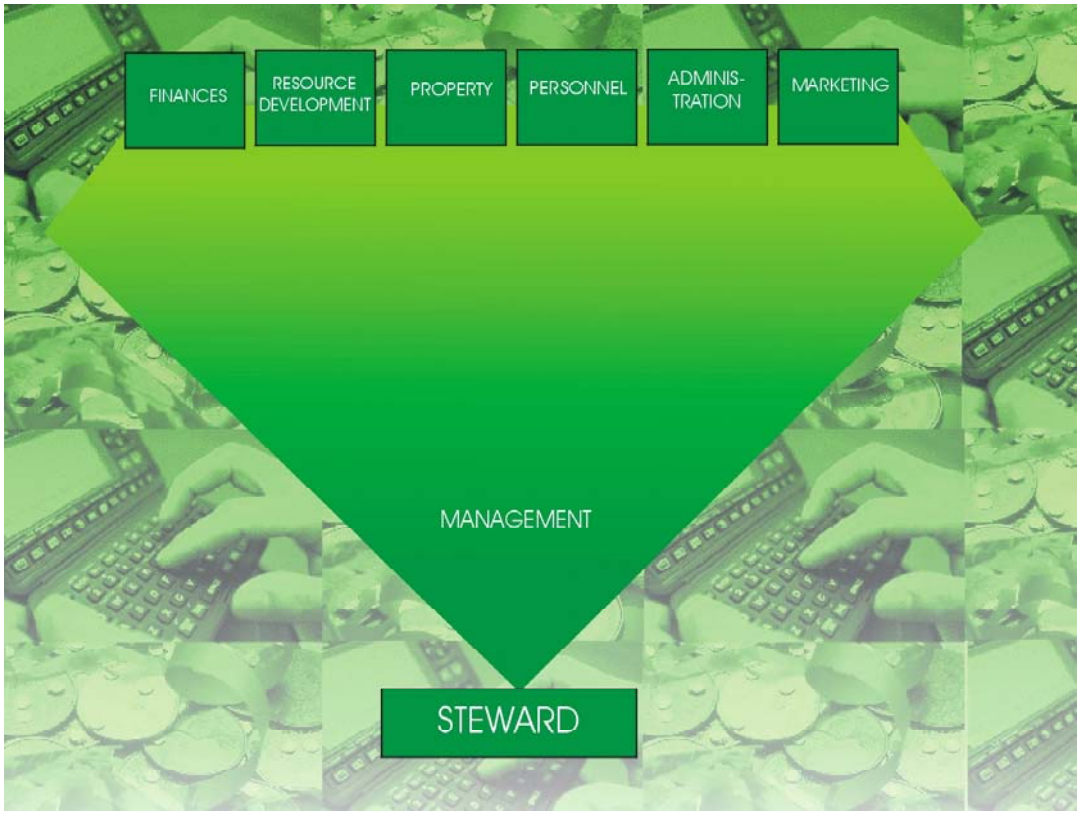
This helped us to understand that we need to impact our community by truly becoming a community ourselves. Every member of PEN committed themselves to these values on personal and professional level. In 2004 PEN became a company with 110 full-time personnel. PEN takes children on 17 weekend camps and 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):






Sediba Hope AIDS Care Centre
Flood gates
Psychological therapy
Occupational therapy
Toy Library
Support And Guidance Center
Remedial therapy
Speech therapy
Basic needs services
Therapeutic services
SERVANT


FINANCES
RESOURCE DEVELOPMENT
PROPERTY
PERSONNEL
ADMINIS-TRATION
MARKETING
MANAGEMENT
STEWARD

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).**

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

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 infront 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 ecstacy. 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 some-one 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-Sahara 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 a 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 stereo typical 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 of 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 persons' 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 I the kidney. I found this interesting article today to share with you. It is all about how your body work, and how do the virus come into your body and infect 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 meat 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. There 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.

<u>Important themes from this session:</u>

- 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.
Happpy: 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 knew 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 brings 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 some one who are 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.

CHAPTER THREE

WEAVING THE BACKDROP: MIXING DIFFERENT VOICES TO COME TO A DEEPER UNDERSTANDING

In the previous chapter we have listened to the stories of groups of young people about their experiences of care, of HIV/AIDS and other related stories. In this chapter, I want to listen to psychological stories, educational stories and developmental stories that play an influential role in understanding the stories of the inner city youth. I want to listen to the opinions of other people and other professions regarding young people and HIV/AIDS. How adults look at young people, regarding the care they deserve and the care that is their human right. I want to touch on the different discourses regarding young people and care, and young people and sex, and young people and HIV/AIDS.

The cultural diversity of this group forces me to listen to the cultural mixed stories about HIV/AIDS: to come to an understanding of this process with the young people, to honour their cultures as well as my own.

These stories must be brought into conversation with the life stories of inner city adolescents living in Pretoria.

In Chapter 1 a few discourses is listed that play a role in this particular research. The question of the dominant discourses that needs to be deconstructed must be addressed in this chapter.

Let me first explain what is meant by "discourses". Burr (1995:48) explains it as *"…a set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events."* Furthermore, Burr (1995:51) explains how discourse can be recognized: *"A discourse about an object is said to manifest itself in texts – in speech, say a conversation or interviews, in written material such as novels, newspaper articles or letters, in visual images like magazine advertisements or films, or even in the 'meanings' embodied in the clothes people wear or the way they do their hair. In fact, anything that can be 'read' for meaning can be thought of as being a manifestation of one or more discourses and can be referred to as a 'text'."*

This description of discourse is a little broad, may be too broad. It helps us to understand what is meant by discourse, but Cheek (2004:1142) helps us to understand how to work with discourses in her description: *"Discourses are the scaffolds of discursive frameworks, which order reality in a certain way. They both enable and constrain the production of knowledge, in that they allow for certain ways of thinking about reality while excluding others. In this way, they determine who can speak, when, and with what authority; and, conversely, who cannot (Ball, 1990)."*

This description will be a guide in the following discussions on different discourses that play a role in this research. It must be kept in mind that the discourses discussed influence the production of knowledge. It allows for specific ways of thinking and excludes others. It determines who may speak, who are listened to and heard and who are not.

In this chapter I will try to describe different discourses that influence the constructing of identity and the value of young people living in the inner city of Pretoria.

- Research done in Africa
- Multi-cultural discourses

- Discourse of transition in the inner city
- Historical discourses of Pretoria
- Discourses about the role African families play in building values in young people
- Discourses about adolescence
- Care discourses
- Sexual discourses in Africa.

1. RESEARCH DONE IN AFRICA

To look at the situation of young people in Africa proves to have its own challenges. Western researchers do Eurocentric research and claim that their results are for all humans (Nsamenang 2002:61). This cultural generalization does not prove to be valuable to African youth, because they are special in their own right and need to be acknowledged for that even by Western researchers.

The context of Africa asks for more research to be done from within the African world-view. It is necessary to understand African youth and involve them in voicing their own contributions to better understand young people in Africa. What makes Africa special, is the fact that there are about 500 million people living on the continent, of which half of the population consists of children and teenagers under the age of 15. Children and teenagers make up more than 60% of the total population. In South Africa, 75% of the population is younger than 35 (Nsamenang 2002:64).

This emphasizes to me the enormous value of the youth in Africa and in South Africa, also the enormous responsibility to help create an environment of health and of growth and opportunities for them. Furthermore it emphasizes the great opportunity to journey with young people on their road to construct their own identity and come to terms with challenges like HIV/AIDS and other African challenges.

The African world-view is to be taken serious in talking to the youth. To talk to youth in Pretoria, this world-view is playing in on every story.

My own Euro-African roots (being born in a small rural town called Premier Mine just east of Pretoria, as part of a very conservative Afrikaans community, I still see myself as a child of Africa) can influence me to not hear clearly or not to hear at all what is communicated. My own frame of thinking is always in the front. To admit it and try to accommodate the fact that I am listening and writing with a Euro-African world-view is helpful to me.

1.1 Understanding world-view

In an unpublished paper, Curtis Holtzen (2004:1-31) gave a very valuable description of world-view. After discussing the history of world-view in a clear manner, he comes to a description that correlates with a Narrative description of world-view written by Sire (2004): *"A world-view is a commitment, a fundamental orientation of the heart, that can be expressed as a story or in a set of presuppositions (assumptions which may be true, partially true or entirely false) which we hold (consciously or subconsciously, consistently or inconsistently) about the basic constitution of reality; and that provides the foundation on which we live and move and have our being."* Holtzen states that the narrative way world-views are described with, confronts you with issues of truthfulness.

I will not come to the question of truthfulness within the narrative paradigm, because the Narrative paradigm is not interested in truthfulness in a scientific way. To my understanding, the Narrative paradigm is rather more interested in the person who is living the narrative: how did the person (or community) come to this narrative and what does this narrative contribute to come to an understanding of the particular world-view and what are the discourses these narratives tell of and lastly, who are to benefit from these discourses, would be questions I would ask and try to answer for myself.

1.2 The African world-view, its understanding of adolescence and its relevance to this study

The value of children in the African world-view (Nsamenang 2002:69) is described as follows:"*...the African notions of individuality and autonomy are essentially relational and interdependent, not individualistic and independent. Thus, the African world-view visualizes the child as an active agent, developing in a socio-cultural field in which full personhood is a matter of assent, acquired by degrees during ontogeny ….In this sense, becoming an adult is a gradual process of incremental maturation*." This is a very important broadening in my own understanding of adolescence: to know that it is a gradual process of incremental maturation, happening relational and interdependent in the African context.

John Mbiti's (1969:108) rich description of the African world-view is very meaningful. He describes the value of community. "*When he suffers, he does not suffer alone but with the corporate group; when he rejoices, he rejoices not alone but with his kinsmen, his neighbour and his relatives whether dead or living. Whatever happens to the individual happens to the whole group, and whatever happens to the whole group happens to the individual. The individual can only say: I am, because we are; and since we are therefore I am."*

In Gibellini's (1994:37) book, he records Mbiti describing this prayer used by the Anglican church of the province of Kenya. It is a prayer of intercession used before sharing the elements in communion. The celebrant calls upon the people, *"I am because we are"* to which they respond: *"We are, because He is."*

Van Dyk (2001:111) refers to a common African world-view, even though the African people are of so many different cultural groups, geographical areas, religions, ways of life and languages. In my own experience, the group I primarily worked with consisted of young people of different ethnic groups. The biggest group spoke Northern-Sotho, but there were also Zulu-speaking and

Tsonga speaking people. Regardless, the group was united by a common goal and shared interest and experiences, as well as geographical connectedness.

Du Toit (2004:30) introduces the thought of living with *Seriti* (life force). He explains: *"African ontology can be considered to be panpsychic. In this sense, everything that exists has a spiritual cause. And these spiritual causes are ultimately manifestations and servants of God."* This, together with the *ubuntu* concept (as explained by Mbiti), gives a feeling of an African world-view. According to Du Toit (2004:33) "…*ubuntu means to participate in a common humanity and can be understood as the African version of the common good. In Africa, a person is identified by his or her interrelationships and not primarily by individualistic properties. The community identifies the person and not the person the community. The identity of the person is his or her place in the community… African society emphasizes solidarity rather than activity, and the communion of persons rather than their autonomy."*

The implication of the African world-view on issues of illness, medicine and technology, is that health is *"embedded in the whole of African life".* Medicine *is not simply a drug to be taken, but a process of social and interpersonal restoration that must take place"* (Du Toit 2004:37). This is very important to me in considering the whole issue of care in an African context. To search for the understanding of care it is necessary to understand the implications of a true holistic world-view as described above. To me this implicates that care to young people in Africa, must be understood as having its roots in the community and having implications for the community.

The young people in my group have expressed their feelings of being humiliated, being embarrassed and feeling very scared, having to go to modern hospitals for medical care. The above mentioned discussion colours their experiences in a different way to me. The depth of their experience of not being cared for is opened up in a total new way to me. Having to go to a hospital, is a very

individual experience. Their feelings of vulnerability are much clearer to me in the light of this discussion. I have come to understand that care to them, is linked to their experience of belonging and their value of community. To isolate care to an individual, very personal experience is to force them into a world/world-view that is very unfamiliar, cold and impersonal and very non-African.

1.3 An African world-view in a narrative, socio-constructionist approach

There are definite parallels in the African world-view and the paradigm in which this research is done. The position stories take, brings us to an important place of communion. The position the community and family take as the foundation where values are founded, is an important parallel. Another important parallel is that objectivity is "*impossible in a personalized and sacral universe"* (Balcomb 2004:7). There is interconnection in the universe, between creator and creation: from the trees, to the rocks, to the ocean as well as between researcher and co-researcher.

In the African world-view, the natural and the supernatural is part of one another (imminent transcendent). Being part of a community, makes you part of the transcendent and makes human life part of the divine world and nature in a participatory way (Balcomb 2004:72). Collectively there are resonances between the African world-view and the post-modern, narrative paradigm (Balcomb 2004:78).

1.4 African Theology

Furthermore, there is the African theology that is very important for this Practical Theological research. I shall share through my story how political change influenced the small world that I live in.

This is also part of a much bigger reality, and that is the story of African liberation theology. It is necessary for me to deconstruct my own experiences and place it

in the backdrop of people like Desmond Tutu, Allan Boesak, John Mbiti and Simon Maimela.

The reality for the youth living in the inner city is that they live in the aftermath of what went before them. They live in the world that is post-apartheid and post-white socio-economic dominant. Their world is one of still being discriminated against because they are not rich enough, not old enough not educated enough and they definitely do not have the right address.

When I read about the African theologians, I cannot help but realizing that the theological content of the struggle is still continuing. It is not the white supremacy that is creating powerful and powerless people anymore. It is not white against black anymore. It is now those in powerful positions against those who are not and those who have jobs against those who have not, also those who have money against those who have not, even those living in houses, against those who cannot.

Maimela (1994:192) cited Archbishop Tutu in saying: "*In the process of saving the world, of establishing His Kingdom, God, our God demonstrated that He was no neutral God, but a thoroughly biased God who was forever taking the side of the oppressed, of the weak, of the exploited, of the hungry and homeless. Of the refugees, of the scum of society…So my dear friends we celebrate worship and adore God, the biased God, He who is not neutral, the God who always takes sides.*"

Again, I am driven to deconstruct my own theology. I also believe that God is a merciful God who saves people on the grounds of faith, not good deeds. Yet, I am again, as in the previous 12 years of ministering in a poor community, confronted with the challenge posed by liberation theologians. The challenge to the church of Christ (Maimela 1994:193) that God is a preferential God, preferential to the poor and the oppressed, to the widows and the children who

are left to fend for themselves. These following Biblical texts are witnessing this challenge to the church (The Holy Bible 1984):

Ps.113 verse 7-9;

7 He raises the poor from the dust and lifts the needy
from the ash heap;
8 he seats them with princes, with the princes of their
people.
9 He settles the barren woman in her home as a happy
mother of children.

Ps. 146 verse 7-9;

7 He upholds the cause of the oppressed and gives food
to the hungry. The LORD sets prisoners free,
8 the LORD gives sight to the blind, the LORD lifts
up those who are bowed down, the LORD loves
the righteous.
9 The LORD watches over the alien and sustains the
fatherless and the widow, but he frustrates the ways of
the wicked.

Prov.14 verse 31;

31 He who oppresses the poor shows contempt for their
Maker, but whoever is kind to the needy honors God.

Prov. 22 verse 22 – 23;
22 Do not exploit the poor because they are poor and do not crush the needy in court,
23 for the LORD will take up their case and will plunder those who plunder them.

Is.58 verse 6-7;
6 "Is not this the kind of fasting I have chosen: to loosen the chains of injustice and untie the cords of the yoke, to set the oppressed free and break every yoke?
7 Is it not to share your food with the hungry and to provide the poor wanderer with shelter— when you see the naked, to clothe him, and not to turn away from your own flesh and blood?

Luke 4 verse 18 – 19
18 "The Spirit of the Lord is on me, because he has anointed me to preach good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed,
19 to proclaim the year of the Lord's favor."

I am torn between my own traditional Dutch Reformed belief that we are saved through the mercy of God alone, in the midst of the same church who are up to today, not challenging the injustices that is influencing the daily lives of these young people in my group and hundreds and thousands of other people who suffer powerlessly in the choking grip of people abusing their God given powers. I am haunted by the questions: Which belief exactly am I saved by? And I am concerned about the "salvation status" of my church…

2. THE DISCOURSE OF MULTI-CULTURALITY

The issue of cultural diversity in the group of teenagers, whom I worked with, was a real issue. The language differences in the group were difficult to deal with. Living in South Africa, the racial issues are real issues to many adults. My experience in the group was that it was sometimes difficult to understand one another, but there are much more communal issues that bring young people together, appose to issues that cause a divide. Hardships of poverty, discrimination because of being young, living in poor conditions and wearing old or unfashionable clothes are causing much more pain than racial issues.

Heath and McLaughlin (1993:36-68) did an intensive study on inner city youth. One of the very interesting issues they address is the issue of ethnicity. Their conclusion is that ethnicity is often a label given to young people by politicians. From their studies (1993:6), young people find themselves "*hang*-ing *out with all kinds*;" and "*be local*" are skills they have acquired to survive. My experiences confirmed this finding. In the group, we were sharing in hardships and pain, not focusing on our differences. It was amazing to me, how easily they could look past differences and focuses on what brings us together, namely the pain caused by HIV/AIDS.

By saying this, I do not want to underplay the racially divided context in which these young people live. They are faced with racial tension at school, at home, and other places. My experience is just that in our group, this did not play a major role.

3. THE INNER CITY OF PRETORIA: TRANSITIONAL DISCOURSE

My own experience of the discourses of the church and politics are also relevant to this research.

When I finished my studies at the University of Pretoria as student of theology, I was employed by the Dutch Reformed Church Pretoria in the position of a

pastoral helper. The congregation was situated west of Church Squire, the oldest part of Pretoria. This old part of the inner city was mostly the private sector and had more that 80 apartment buildings. The occupants then were mostly white middle class people.

I came to the congregation in 1992. That was in the beginning of a process of the middle class moving out, and much poorer people moved in. The people moved in, were from diverse cultural backgrounds. By 1994 (beginning of democracy in South Africa), the process was rushed in the inner city. The housing was the most affordable in town and many different cultural groups of people moved to the inner city.

The effect of this process was devastating to the old and well established congregation. Many of the leaders in the church have left. Only a few elderly people (mainly women) remained behind. The people, who stayed, couldn't afford to move anywhere else. The financial implications were defeating. The congregation realized that a whole new strategy was needed to stay relevant in their new mission-like community.

The group that was left, was at first overwhelmed with the needs of the remaining impoverished white community. Eventually people came to understand that their new neighbours that were Zulu or Sotho speaking were struggling with the same problems like paying the rent, coping with children and having no income, high school fees, expensive food, bad service, etc.

There was a homogeneous need evolving for people from different cultures and backgrounds. The needs were for child support, for housing, for food, clothing, counselling and jobs.

The congregation founded a Section 21 company called PEN (referred to in Chapter 2). The aim was to minister to people living in the inner city in a holistic way.

Now, twelve years later, this ministry is a growing organization that plays a leading role in providing in the needs of people living in the inner city through investing in healing communities and building structures for people to provide for themselves.

It now serves people from all church denominations, different cultures and different backgrounds. The Teenage ministry is one of these outreach programs. Teenagers are met on their level of needs through group discussions, after school programs, counselling, camping, etc.

The circumstances of many of the teenagers living in the inner city, is still of big concern. Many of them come from single-parent households (mostly mothers). They are left to care for themselves in the afternoons and evenings. Older siblings are responsible for younger siblings. They are also responsible for the household chores and to do extra work for an additional income. The role models of these young people are often the drug dealers and pimps working in the same buildings where they stay. Their hero's are the criminals who didn't get caught. The family situations are often very unstable: mothers have different boyfriends, the boyfriends abuse the children and these and other situations result in vast cases of child abuse and child molestation.

Vulnerable children in primary school (from 13 years) easily fall into prostitution. These mostly young girls, become the victims of older men who are HIV positive, or they become pregnant. These needs of the young people in our area further instigated the need of a care centre focusing on HIV/AIDS (Sediba Hope AIDS Centre).

The story of the vast changes and influences on the congregation and on people living in the inner city can be a research project in its own right.

My own life changed through my encounters with young people, living in these difficult conditions. I was deeply touched by the neglect and abuse that many children and teenagers were experiencing: not only physical and emotional abuse, but abuse by a bigger system that did not see or hear the children and that did not recognize their basic human rights (Examples taken from the bill of rights for children as documented by UNICEF 2004 www.UNICEF.org):

- Article 12: the right to speak
- Article 17: the right to information
- Article 18: the right to be raised by his/her parents
- Article 19/20 and 33 – 37: the right to safety
- Article 24: the right to health
- Article 25: the right to eat
- Article 26: the right to a healthy upbringing
- Article 28: the right to an education
- Article 31: the right to play.

For the purpose of this study, I shortly want to focus on the effects that the changed political environment brought to the inner city and to daily lives of people living there.

4. DISCOURSES ON HISTORICAL INFLUENCES IN PRETORIA

4.1 Focusing on the inner city

On the 16th of December 1855 the "Volksraad" decided to make Pretoria the administrative capital of South Africa. Pretoria became the seat of government on the 1st of May 1860. The Pretoria Central Correctional service was built. Here one of the youngest black activists against apartheid was hanged and died on death row in 1976. He was Solomon Mahlangu, from Mamelodi, a township

just outside Pretoria. Church Square is in the central of Pretoria and is associated with many struggles for freedom. The Palace of Justice is known for the most well known trial ever to be held in South Africa, the Rivonia Trial, where Nelson Mandela and his associates were charged with treason. The time from 1902 to 1910 was spent on building better relations with Britain after the bloody Boer War (www.worldfacts.us/South-Africa-Pretoria.htm).

The process of desegregation is also evident in the inner city of Pretoria, as in other cities in South Africa. This can be described by a process of invasion and succession. When a certain point is reached of people of different cultures who move into an area, the so called "white flight" takes place. The White middle class move out and a group of lower middle class Indians, Black and Coloured people move in (www.Mod1_political.htm). This did not only have a negative effect, but had its advantages as well. This process forced people who have historically been driven apart from one another, closer to one another. People share the same flat buildings, have the same hopes and experience the same difficulties. Since 1985 the traditionally white central business districts was changed into vibrant cosmopolitan trade centres.

This hollowing process has left the city crippled because businesses have moved to the more affluent suburbs. With an influx of people, the inner city has become a very unsafe place to be, especially at night.

The following encounters were documented by women who live in Johannesburg's inner city (Vetten and Dladlaa 2001). These experiences are much the same as people in Pretoria's inner city.

The regulation is that I have to limit the time that I spend outside of the place because I am afraid that if I stay out beyond a certain time – six o'clock – I may get hurt. It is because the area is unsafe that makes us limit the time we spend

outside. If I am late I sleep at the place wherever I am to save my life. (J, homeless woman, 30/4/00)

When you get in there to use the toilets you find a man standing on a hill near the bridge. He is just waiting there so that if you get inside the toilet he will jump you. Rape you and finish with you… If you are unlucky he will also stab you. (C, waste management worker, 22/2/00)

Where I live I don't use the train station in front of my flat. I don't use it because it is usually deserted and quiet and most of the people who walk there are men. Women are very few. Most of the time if you go there, you are alone. (B, security guard, 18/2/00)

In the toilets on President and Delvers a girl who had been raped was found inside the public toilets. There is also a street at the corner of Market and Delvers where there are public toilets. A girl was raped in that place and she was killed. So a woman who does not know may walk that place not knowing that it is unsafe, but there are taxis and a disco in that area and so the place is not safe. (A, waste management worker, 22/2,00)

This local knowledge of people who live in the inner city is a very valuable contribution to me to clearly describe the hardship that people live with every day. The fear of being raped or hurt every minute of your living day is very real. For children who are much more vulnerable because they are sometimes too innocent to be afraid, this reality is far worse.

4.2 The Dutch Reformed Church Bosman Street

The church I am part of and where PEN was founded is the Dutch Reformed Church Bosmanstreet (Groote Kerk). The congregation was founded in 1854 (Du

Toit 1954: 46) and the church was inaugurated in 1904. The governing body, "*Volksraad*", had to give permission for the church to be built on the farm Elandspoort. Members of the "*Volksraad*" were all members of the same church. With the inauguration of the church, the flag called the "*Vierkleur*" was hoisted. Historical events were weaved into the history of the church. The Queen of England attended a service on the 30th of March 1947. General Smuts was buried from the church. Other big political moments were interwoven with the church history (Smit 2004:5): Generals Louis Botha, JC Smuts and Dr Jansen were buried from this building. In 1961 the State President CR Swart was inaugurated in this building. The last big political figure in the Afrikaner history that was buried from the church was Dr AP Treurnicht, in 1982.

Having this rich history, deeply bonded with the Afrikaner- and apartheid history, this church was a symbol for the Afrikaner nation of how God was with them.

With the political changes, this symbol was deeply changed, especially when the small church council (of which I was a member), consisting of mostly elderly people, took a bold step in history by inviting a coloured reverend of the Uniting Reformed Church to become a reverend at the congregation. Unfortunately he declined, but the Church Counsel continued on their bold road to sell half of the church to the Uniting Reformed Church in 1995 (Smit 2004:10) and to begin a strong partnership that plays a leading role in church unity today.

This whole change of the history of the church and the congregation was experienced very negatively by the broader church. The church counsel was accused of being traitors to the Afrikaner nation and to its history. The church members had to cope with their new environment. They had to make hard choices for example, do they only minister to the dwindling Afrikaans speaking members, or do they include this new cosmopolitan multi-cultural community into its ministry. They chose the latter, with dire consequences: Church members leaving, the Synod not supporting the congregation in its decisions at the time,

the broader church abandoning the small but brave inner city congregation (according to my own experience).

This historical overview is important to me because it thickly describes the depth of change that really took place in people's every day lives. A small declined Afrikaans congregation who went through deep changes theologically, physically, economically and environmentally. It helps to understand the depth of change that Afrikaans people who stayed through this "white flight", had to experience. It also throws light on the total new communities that were formed and how people's lives were changed by the brave decisions of a few elderly white Afrikaans speaking people.

5. THE ROLE AFRICAN FAMILIES PLAY IN BUILDING VALUES IN YOUNG PEOPLE

African families can be described as members of the nuclear family. The extended family includes grandparents, uncles and aunts, in-laws and all relatives alive and deceased (Vilakazi 1998:26). In the inner city, the family nuclear is often a single parent and the children. The nuclear family is ripped away from the extended family because of differing circumstances.

In my individual sessions, I touched on the influence that family has on building values in young people. What I learnt, was that the extended family does play an important role. When a young girl enters puberty, she is taken to her grandmother to be instructed on what it means to become a woman. Mostly the discussions will focus on hygiene and the young girl will be warned that if she sleeps with boys, she can become pregnant. This is confirmed by Vilakazi (1998:28). She refers to guidelines for living that is mostly formulated in the form of negative injunction, handed down from father to son, by word of mouth in the form of unwritten laws or taboos. *"Through taboos, African parents teach their children the African code of living"* (Vilakazi 1998:29).

To the inner city family, these assumptions about traditional African families and their role must be revisited. The inner city family mostly consists of a single mother and her children. The extended family is not always geographically close to play a meaningful role. What I have often found, was rather that the inner city family is providing for the rest of the extended family in the rural area, and not the other way. The traditional African family plays an important role in teaching values to young people, but this is not necessarily true in the inner city environment, simply because of geography and economic pressures which implies lack of time to spend with families.

6. DISCOURSES ABOUT ADOLESCENCE

6.1 General adolescent discourses

Defining the age group of adolescence can be confusing, because it differs a lot. Different criteria (Montemayor, Adams and Gullotta 1990:9-10) have been used, like the onset of puberty or cognitive abilities and psychological characteristics. Jurists see adolescence *as a proxy measurement for competence (*1990:10).

A general indication would be to talk about adolescence from the age of 12 to 21 years. I will use the terms teenagers and adolescence to describe this age group. Sometimes I will use the term “children” in a collective sense. UNICEF (2004) refers to the term “children” for young people up to 18 years.

The youth is described in so many different ways. To me, a simple description of the youth and their developmental path is provided by Crockett and Crouter (1995:1) *“Adolescence is commonly viewed as a period of preparation for adulthood. During adolescence, young people reach physical maturity, develop a more sophisticated understanding of roles and relationships, and acquire and refine skills needed for successfully performing adult work and family roles. The developmental tasks of this period – coping with physical changes and emerging sexuality, developing interpersonal skills for opposite-sex relationships, acquiring*

education and training for adult work roles, becoming emotionally and behaviourally autonomous, resolving identity issues, and acquiring a set of values – are all tied to successful functioning in adulthood in one way or another."

6.2 Discourses about young people living in the inner city.

Different views are held by people about youth living in the inner city. Heath and McLaughlin (1993:40) explain: *"Some see young people* (in the inner city) *as a resource to be developed; others, as a problem to be managed and others, as adults-in-waiting.*" In my experience, the youth living in the inner city, deal with a whole world of negative discourses, far more negatives than positive. One youth worker explains (Heath and McLaughlin 1993: 60): "*We spend at least an hour every afternoon making up for all of the negative stuff kids hear about themselves in school. All they hear all day is that they can't do it. We have to reassure them every day that they can. Teachers want things orderly and controlled; they want to be in charge of the kid; they use punishment to keep things in line. All that negativism accomplishes is to further belittle the kid".*

People who talk to me about my work (focusing on the young people), will often ask me how I cope working with teenagers. They will tell me that working with teenagers, is the hardest thing they can imagine. I get confronted with messages from teachers about the impossible young people. How naughty they are, how disobedient they are, how rude they are, how vandalistic they are etc. My perception of young people is not at all the same. I think the young people living in the inner city endure much hardship and survive under very difficult circumstances. I love the passion they live their lives with. It is wonderful to learn from them that life can be worth living without having all the material wealth that we can sometimes attach so much value to.

6.3 Discourses of my co-researchers about adolescence

Contradictory to general belief that adolescence is apathetic, self cantered and not interested in their community, my co-researchers have their own discourses about being teenagers.

- They are very focused on the impact of their decisions on their every day lives
- They feel restricted in their social choices: Louis said: "*We want to enjoy ourselves; we must first think how is this going to affect us.*"
- They feel an obligation towards their parents and their traditional upbringing
- They act in a responsible way towards younger children and towards their peers
- Sex and interpersonal relationships are very important
- They struggle with finding their identity: sexual identity, gender issues, issues of character and issues regarding values
- Contradictory to general discourses, this group did get involved with one another and with their peers. They did act on the challenge brought before them to speak out and to speak for themselves. They did dare to care.

6.4 In the Narrative paradigm, a new description of adolescence is required

To me, young people are in a specific moment in their personal journey, where they are challenged to engage with their world especially focusing on constructing own identity. Their experiences of life are not so vast, but very real.

- Young people are challenged to construct themselves and their identity in conversation with their environment and people who become meaningful characters in their evolving narratives
- They are to reflect on their own stories in order to move to new places which can entertain opportunities for restorying of their lives and their identities. This process of story making is influenced and even co-

constructed by many other stories and realities – that of their parents (or lack of...), their environment, their communities and their peers

- **More specifically related to my research: young people must become involved in co-constructing their own expectations about care focusing on young people's needs and find ways to make their stories about their expectations heard and taken serious by adults making decisions about their lives.**

According to Crockett and Crouter (1995:1), there are two major influences that can determine a young person's developmental path, namely personal characteristics and social environment.

Personal characteristics can influence the way a person react to the environmental obstacles or opportunities. Also, environmental obstacles or opportunities can play a major role in the forming of characteristics. (Crockett and Crouter 1995:9) *"An individual's path through adolescence and into adulthood depends on the history of interactions between person and environment occurring both in daily life and at critical turning points. Developmental turning points and the pathways they define are thus constrained by characteristics of the person, by resources and opportunities in the social environment, and by the patterns of interaction, or co-action that develop between person and context over time."*

From a Narrative paradigm, I would reformulate that these different realities play into the constructing of identity. Identity is then influenced by own stories and other stories. This description is very important to understand the special importance of the research done in the inner city with teenagers from a poorer environment that is often disadvantaged. Young people's sense of identity **and experience of care** is constructed through their interaction with other realities.

To clarify this, Burr (1995:17) explains how social constructionist thinking influences our traditional thinking about personality: *…with regards to our notions of personhood this means that the very idea that we exist as separate, discrete individuals, that our emotions are personal, spontaneous expressions of an inner self we can call our 'personality', is fundamentally questioned."*
Burr also chooses to talk about "identity" instead of "personality".

7. CARE DISCOURSES

There are so many discourses about care. Care can be focused on emotional support, spiritual guidance, physically caring for someone who is ill, professional care provided by doctors, social workers, psychologists, etc.

Discourses are varying from describing poor health care in South Africa, to praising the very high quality of care givers in South Africa, especially referring to training. Young people have their own discourses about care and people have discourses about young people and care.

One such discourse would be: *young people do not care... (for themselves or for others).*

7.1 Young people caring about themselves and their future

According to my understanding, for young people care starts with views about caring for themselves. Questions we touched on in our sessions are about how young people perceive their own future – do they care at all about themselves and their future?

In an assessment about African youth and their views on their own future, Nsamenang (2002:95) records the following: Some young people take up their responsibility to engage with their future and make valuable contributions as evolving adults. Others see no need to take up the responsibility of building their

future. Because of AIDS, they do not see the need to care about tomorrow; they live their lives as if tomorrow doesn't count.

Young people in the inner city have broken my heart on many occasions, by expressing this absolute lack of dreaming about a future. They live for today – are bound by their worries of having food to eat, today and having a family, today. Some of the inner city teens do not see the sense of caring for themselves, because they do not see a future.
In my session with Dineese, (which I have referred to previously) I have come to understand something of how today influences a young person's whole perspective on life.

When there is food in the house, she can afford to dream about her future. Previously, that luxury was not an option.

Welkom. Jy hoef nie benoud te voel nie, ek wil sommer net hoor hoe dit gaan

Dineese: **Dit gaan so-so op die oomblik. Ek het baie gebid en met die Here gestoei en somtyds dink baklei met die Here. Toe ons nou see toe saam met PEN, kom toe sê ek net: Dankie Here. Nou as ek sien dit gaan nie goed nie begin ek net te bid. Nou gaan dit baie goed by die huis.**

Op watter manier sien jy dit gaan goed?

Dineese: **Op die manier dat ons kos het. My Ma het groente, vleis en mieliemeel gekry. Die Here sorg so mooi. Ons het 'n uitbetaling gekry en ons bly op die oomblik in 'n kamer. Die welsyn het 'n uitbetaling gemaak en hulle betaal my skoolfonds en ek sê vir my ma dis nou 'n . My Ma was baie snaaks toe ek net gekom het. Ek het baie probleme by die**

huis gehad. Ek het 'n terapeut gehad en hulle kon my nie reghelp nie. Ek het altyd gehuil. Ek het elke dag gehuil. Maar nou is dit baie beter. My Ma het my geskel maar nou nie meer nie.

Wat dink jy het die verskil gemaak?

Dineese: Gebed. Ek dink so. Ek het baie gebid. Ek het vir my familie ok baie gebid: my suster en my oupa-hulle.

Het julle 'n goeie verhouding?

Dineese: Baie goed. Daarvoor sê ek dankie. Gister kon hulle nie gekom het nie - daar was 'n probleem by die huis.

Ek glo heeltemal dat jy sê gebed het gehelp – dit help vir my ook, maar dink jy die feit dat jy gebid het gemaak dat jy die goed anders gedoen het as altyd? Wat het nog verander saam met die bid?

Dineese: Gehoorsaamheid. Ek het my bes geprobeer om iets reg te maak. As my ma sê ek moet iets oormaak het ek gehuil terwyl ek dit doen maar nou probeer ek my bes. As ek iets nie reg gedoen het nie het ek dit oor gemaak.

Sy het gesien jy doen die goed mooi en nou is sy ook mooier met jou.

Dineese: Ek het begin glo. Ek het eers gedink die Here niks vir my doen nie. My Ouma het my die Bybel geleer. En ek het begin bid uit die Bybel uit. Ek het nie gelees nie maar nou begin ek te like om te lees.

Het jy ‘n Tienerbybel? Dit lees net makliker. Dit is in ‘n makliker taal geskryf.

Dineese: **EK wil so graag modelwerk doen. Toe begin ek te vet raak om my maag. Ek het ‘n klomp voue gekry. nou baie by die huis ek weet nie hoekom nie. Ek wil graag modelwerk doen. Ek weet nie hoekom nie. Ek dink dit is my talent.**

Dink jy die feit dat jy bid en glo maak jou sterker?

Dineese: **Dit maak my rêrig sterker. As jy moenie modelwerk doen nie want jou hare is lelik het dit my afgesit. Maar toe dink ek hoekom moet ek hulle glo – ek glo in myself. Ek is mooi - die Here het my mooi gemaak. Hy het my gesig mooi gemaak en alles mooi gemaak. Hoekom moet ek hulle glo en worry oor hulle. Ek kan mooi sing. Ek kan nie vals sing nie. Jy moet luister. Ek sing. Ek worry nie oor hulle nie.**

Dis wonderlik. As dit nou weer in die toekoms moeilik raak tussen jou en jou ma, hoe gaan jy dit hanteer?

Dineese: **Ek het al baie goed gedoen. Ek het al weggeloop. Ek weet nie wat gaan ek maak nie. Dit kan erger raak. Maar wat kan ek doen? Ons het baie swaargekry. Ek het al vir twee dae nie geëet nie – maar ek weet al gaan dit hoe swaar, die Here gaan sorg. Ons het nie ‘n TV in ons huis nie – al gaan dit hoe swaar – al nie brood in die huis nie - ek gaan nie worry nie. Al eet ons pap. Ek kan nie sê omdat dit swaar gaan ek gaan nie vir die Here bid nie. Ek gaan nog steeds vir Hom bid. Ek kan nie help nie.**

As dit rêrig sleg gaan vir wie gaan jy vra om te help. As jy weet daar is nie kos

om nie vir wie gaan jy vra. Het jy nog boeties en sussies?

Dineese: Ja ek het 'n klein broertjie en 'n sussie.

Gaan daar iemand wees met wie jy kan praat?

Dineese: Maar ek kan mos nie vertel as daar nie kos in die huis is nie.
Dis mos nie iets wat jy gedoen het nie. Dis nie jou skuld dat daar nie kos in die huis is nie! Jy het niks skaam te wees.

Dineese: Party keer dink ek hoekom moet dit met my gebeur. Ek het vriendinne by die skool wat elke dag kos het. Ek kry dalk twee keer 'n week. Maar nou weet ek dat die Here my gaan help om elke dag kos te kry. Ek glo in Hom. Ek glo dit. En nou gaan ek Hom vra om my Ma te help. Eendag toe loop ons Shoprite toe. Ek kon R150 'n dag gemaak goed te koop – ek kon vir myself iets gekoop het.. Toe sê my ma nee.

Sy wou dalk hê jy moet huiswerk doen. Sy was dalk maar net bekommerd dat jy iets sal oorkom.

Dineese: Miskien was sy dalk bang. Een van die dae werk. Ek kry niks nie. Ek kry nie geld nie. My ma doen die duiwel se werk …. Dobbel. My oupa as hy die dag daar gekuier het probeer hy help daarso. Hy los so R50.

A short summary of the discussion: Dineese experienced poverty and hardship in her house. Her mother tried her best to provide for them. For Dineese care was having food in the house and not being embarrassed in front of her friends. Her biggest fear was not having sandwiches during lunch breaks at school. Only when she overcame the shame, could she afford to dream about her future.

Other young people take the responsibility of constructing their own future very serious. In a session with Tsepo, we had the following conversation:

Susan tells me that you are interested in helping at the ministry next year. That is a big decision, Tsepo. How did you come to make such a big decision?

Tsepo: **The thing is. Most of my friends are like criminals. They are breaking houses and stealing cars. So like helping at the church I will be somebody. I want to be somebody.**

That is a great thing to make a different decision than all the people around you. It is quite strange, isn't it? Wonderful but strange. What gave you the courage to make such a decision?

Tsepo: **My involvement in the group helped me. I see I can help other people. It is great with the drama group. I feel God can use me. I have faith.**

What would you say, where does your faith lie?

Tsepo: **In God.**

How did that make you different?

Tsepo: **My mom took me to this other church. She goes there. It was last year. It was different to all the others. If you look at my friends now – what they do if they don't go to school. If I don't go to school I want to go to church. Not like my friends. I am different to them. My mom asked me why I don't go to college. Even if I go there, my friends will be there.**

Tsepo rose out of his circumstances to meet his future. He had the experience of leading the drama group and be acknowledged as a leader. That experience made him feel like "someone". He made the decision to engage with his future. His relationship with the group members and his faith in God made the difference to him.

Many other teens do not come to this point. They choose to have multiple sexual partners, knowing the dangers of possibly being infected. Out of informal discussions, the stories of many young people were told, who did not care about their future. They do not have the opportunity to dream about going to college. There are no other job options for them. All they have is today. Tomorrow doesn't count.

Both of these two young people had a strong religious conviction that helped them to cope in difficult circumstances. It also gave them courage to make difficult decisions. Their experience of care was concrete: people in their lives, food to eat, having a job, these were the measuring instruments of their experience of care.

7.2 The message sent by the media

In one of the sessions, Happy referred to the television advertisement made by Bishop Desmond Tutu that marked that nobody loved him enough to talk to him about sex. According to UNAIDS 2003, the message of the media is making an impact. According to the Youth report done by the magazine, *Love Life* is very effective in breaking down taboos about sex. This might be true for some young people, but not to all. The young people in the group did not experience the care of adults, measured against the measuring of "if people love you, they will talk to you about sex".

7.3 Medical care provided by the government

Article 24 from UNICEF's (www.UNICEF.com) Bill of rights for children, the government is supposed to provide care for young people. According to the experiences of the inner city young people, they do not experience the quality of care from a medical point of view, they are supposed to receive.

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(a) To diminish infant and child mortality;

(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;

(d) To ensure appropriate pre-natal and post-natal health care for mothers;

(e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;

(f) To develop preventive health care, guidance for parents and family planning education and services.

3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

4. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.

In my joint experience with the young people referred to in Chapter 4.2, real experiences in clinics and hospitals are far from promises made by politicians. According to the UNAIDS report (2004) (www.unaids.org) there are 900 government run clinics in South Africa. There are efforts to make these clinics more youth friendly. But, this has not yet impacted the experience of this group and other inner city young people's experiences of the accessibility of clinics and care.

7.4 Illness discourses

Traditional African people think of the cause of illness in terms of who caused it and why some one is having a specific illness (Sow 1980). The cause of illnesses can be attributed to the ancestors, to witchcraft or to God. Some of the African Christians see AIDS as God's response to the sinfulness of people; as a result of their immoral lives (Van Dyk 2001:7). This traditional stance was confirmed by some of the young people in my group.

7.5 Healing discourses

Illness is a metaphysical issue. Healing then is also metaphysical and holistic. Archbishop Buti Tlhagale (2000:28) says that *"healing restores what a person has lost: self confidence and balanced relationships. A status of dignity is achieved through self construction, through one's ability to create social value, to maintain and enhance one's livelihood, to create a family, to establish a network of relationships".* This holistic African view on healing, contributes to an inclusive view on health, often misunderstood by modern medicine.

This contributes to the understanding of the ethical dilemmas African families experience when expected to leave their traditions behind and put their faith in modern medicine. Especially in the inner city, these expectations and even pressure are more in the front. This can be contributed to a more culturally integrated environment.

7.6 Caring about care

When I think about care, I recall a conference advertisement I once read: *"The very beginning and sometimes the end of care, is merely showing up".*

Baart and Vosman (2003:1-12) explains what they call, Presence Theory to come close to the above mentioned view on care. To Baart, people who work with this frame of mind, is there where the people are: long hours in the presence of those in need, not in an office or at a specific location. Their care is

unconditional. Whatever the need, there they are available to help. Care in relationships is the key to understanding the Presence theory. The care giver is not on the search for problems, but serious issues can be addressed through informal daily contact. The care giver is an open person, with no deep rooted agenda to provide care. It just comes natural and unforced. The care giver moves outwards towards the life of people in need. This provides a comfortable bridge to especially marginalized people.

In the inner city context, which have correlation to the inner city context of Utrecht where the Presence Theory grew out of, this is a very valuable approach to care. Much of the same modus operandi is used in the outreach programs of PEN.

My own understanding of care correlates with an absolute relationship oriented care. Care that has meant a lot to me is embedded in relationships. To go to an unknown doctor to talk about physical or emotional problems, is not comfortable to me, it rather makes me feel anxious and embarrassed.

8. SEX DISCOURSES IN AFRICA

Traditionally parents in most African cultures are very strict and conservative when it comes to sex. Most cultures believe strongly in the virginity of young people (especially girls) and believe it to be a very important moral value to live by: no sex before marriage. Even in the Afrikaans culture, this moral value is very important.

Conflicting values are sometimes held for boys and girls. In some cultures men are allowed to have multiple wives (polygamy) but women must be true to one partner.

To the traditional African, sex is a way to overcome death and to insure immortality (Van Dyk 2001:118). For women, it is very important to bear children. A person is believed to continue your own person, in your children. Having

children is very important in traditional African culture. Children are a sign of wealth and success. Children must also help to provide for a person in old age (Van Dyk 2001:121).

Although lots of money is invested in distributing condoms in Africa, the use of condoms is not popular. There are deeply routed cultural reasons for this. Some of the beliefs are that condoms block the "gift of self". The semen flow symbolizes a deeply personal gift in a relationship (Van Dyk 2001:122). Other beliefs are that semen is needed for the healthy growth of a fetus and that semen contributes to the physical and mental health of women and it contributes to their beauty and fertility (Van Dyk 2001:123).

These and many other beliefs regarding sex must be understood to better understand difficulties and challenges in talking about sex in an African context.

9 IN CLOSING

There are more discourses about youth, about HIV/AIDS, about care and about the inner city. I tried to bring the above mentioned discourses into the discussion of the research. I am sure any one of these can become an action field in its own right. Other discourses that can be focused on by other researchers, is teen pregnancy, rape, drugs and sex education. New action fields can be found in the contexts of political struggles and young people. I hope that this décor will help me to hear and understand the stories of the young people in my group better.

In the next chapter, I want to bring these different voices into conversation with one another and become part of the evolving of new stories.

CHAPTER FOUR

THE CIRCULAR MOVEMENT IN THE PROCESS OF INTEGRATING HEARD STORIES AND LISTENING TO NEW STORIES

In the previous chapter, I brought other voices into the conversation: voices of literature and others. Discourses were unpacked to come to an understanding what is said about adolescents, what they say about themselves, but also to understand the influence their context, their environment and their culture have on them.

A main focus of this chapter will be to integrate these different voices and to bring them into conversation with one another. The aim is to come to a new understanding of the research journey so far.

I also want to listen to other important voices that were not listened to before. These are different voices, apart from the young people themselves and other role players in the inner city regarding care.

1. OTHER STORIES OF YOUNG PEOPLE IN SOUTH AFRICA

The primary group I worked with is not necessarily HIV positive. The fact that the study is named "*adolescents infected and/or affected by HIV/AIDS*" makes it possible for me to specifically listen to voices of young people infected with AIDS. I chose these two stories, because they resonate with stories I have previously heard about experiences of people living in the inner city.

Personal stories of young people in South Africa (www.avert.org):

I am 15 years old and my best friend who is a male has AIDS and we were really close. So one night we experimented and after we "did it" he told me that he had AIDS. I was so angry at him and scared. I told my mom and she took me to get tested right away. Unfortunately I was HIV positive. I went in my room and cried for days. The only other thing I was worried about was my family and father that they would be so ashamed of me but I am glad that now I found this site and am able to vent out all my issues. ----------Monica 15

I am a 24 year old female youth. At the young age of 10, I was being babysat by my best friend's cousin and ended up getting brutally raped several times that evening. Two years after the rape we were finally able to prosecute the guy and get him incarcerated for a short term of only 3 years. Within 3 months of the start of his incarceration, my mom got a visit from the local health department saying that the guy who raped me tested + for the HIV virus; and that it would be a good idea for me to find out. Well a couple weeks went by and I got the bombshell dropped on me. My test also came back + when I was 12 years old. Because of the lack of knowledge about the virus I ended up getting forced out of high school, because they didn't want it in their community. I have since got my GED and Bookkeeping degree and I was able to pick up and prove everyone wrong. I am a proud mom of a 6 year old NEGATIVE child. Good luck to all!

----------Ralina 24

These and many other stories of young people who are positive, contributes to my understanding of how young people experience HIV/AIDS and care. The hurt of being excluded and stigmatized is very real. People in South Africa are still very much ***"HIV negative"*** *(Chapter 2, Session 6).*

2. LISTENING TO THE STORIES OF CARE INSTITUTIONS AND HOW YOUNG PEOPLE EXPERIENCED IT

The accessibility of clinics for services regarding HIV/AIDS is not simple at all. The private doctors charge R180 to conduct a HIV test. After lots of negotiation, you can get a bargain at R100.

The public clinics do the testing for free, but that is an absolute challenge. I went through the process with 6 of the group members (Miranda, Thabogo, Precious, Ronald, Jerry and Louis). It was a terrible ordeal! For them and for me. I took them on a day during the school holiday, because the clinic is only open till 14:00 during the week. This time is out of the school going learner's timeframe, because school only closes at 14:00. We came to the clinic at 8:00 in the morning when they opened. You get a number and sit in the queue of the AIDS-test department (which was already embarrassing to the teens).

We waited for 2 hours before each one was called into a separate booth. The pre-test counselling is done in a very mechanical way. The children are asked in detail about their sexual lifestyle. This was very embarrassing to them. The test gets done and then they must return in a week's time and collect the results.

In my discussion with the group who went for the testing, they expressed their utter humiliation in this whole experience. The one boy, who has homosexual preferences felt extremely vulnerable and after the testing experience left our discussion group as well. There was not an opportunity to speak to him, but I wonder if he just didn't have the courage to face the group again after knowing his status.

3. DISCUSSIONS WITH THE SEDIBA HOPE AIDS CENTER PERSONNEL

In sharing these experiences, I will not try to claim scientific facts. This is the experience of the personnel working in the centre. It can be disputed by other

people's experiences. I will not try to make this universally applicable. This is the experiences regarding a specific inner city AIDS centre.

Kgabo Mmekwa is the coordinator of the project. The centre started during the same time that the group sessions were held (2002). It is a partnership project between PEN, PCM (Pretoria Community Ministries), Wesley Methodist Mission , St Andrews Anglican Cathedraland CMR (Christelike Maatskaplike Raad). The need of the young people to have access to information about health, sex and AIDS as well as access to proper medical care, was a strong motivation for the launch of the centre.

The teenagers in all of PEN's ministries have direct and free access to the centre and make well use of the service. It is also open to all the inhabitants of the inner city. Youth hostels are in the direct vicinity, the National Defence Force has offices next to the centre. People living on the streets of the inner city; use the services of the centre at no charge.

This is some of the valuable insights Kgabo shared with me:
The youngest teenagers that come for services to the clinic are about 13. They make use of the pregnancy tests, HIV tests, contraception, sexual transmitted diseases (STD's), etc.

- There are three groups of young people that are served within their different areas of need: **the very young teenagers between 13 and 16 years** come mostly for pregnancy tests and sex education. The girls often come for pregnancy tests and contraception. This group is targeted for basic sex education. If they come for HIV treatment or STD's, it is mostly as the result of an abusive relationship with an adult. It usually involves single mothers with a boyfriend who abuses them, or a stepfather.

- The next group is **the age group between 16 and 19 years**. These young people are just awakening sexually. Most of them are only starting to experience with sex. Their experience is usually occasional and not with a whole lot of different partners. These once off encounters can often result in pregnancy. Young people who do become HIV positive in this age group are often abuse-related, or these young people are involved in prostitution.

  There is not a big quantity of young people in this age group who become HIV positive. The group that was involved as co-researchers fell mostly in the first two age groups. As far as I know, not one of them was HIV positive, although all of them were affected by HIV. This bothered me at first, because I wondered about the validity of the theme of my research project. This discussion with Kgabo, helped me to think about this.

  According to her experience, this is a very vulnerable age group and actually a group on which a lot of our time and effort should be spent regarding prevention. These young people are starting to make important life choices about their own values and lifestyle. They are mostly not infected with sexual diseases yet. They are only starting to experiment sexually with young people who are in their own age group and who are also not infected yet.

  If we can spend a lot of time on building relationships with our young people, teaching them about sex and helping them to find language to express themselves, it might help them to make more educated choices. In my casual discussions with the young people in general, I realized that everybody motivates young people to save themselves sexually for marriage. The sad thing is that nobody that I know talk to young people about the place of sex in marriage. The perception created by the media,

that sex is very important is never realistically put into the perspective of marriage life.

This might be another topic for further research: the communication about the role sex ought to play and plays in married life. My impression is that young people not have a picture of the beauty of building a long term love relationship through sex for a married couple. I agree that this picture might not be true to many people, but I think it needs to be explored further.

This group often does not come for help to the professional help agencies, either **because they do not know how to ask for help or they do not know what language to use**. Kgabo thinks it is the latter. They sometimes think their parents are the whole world. They do not know that they can ask for help outside of their families. Often these young people are too afraid to tell on their parents or on their family. They are deeply loyal to the parents and very afraid to cause trouble for them. The adult world can be a scary place for these young teenagers.

It is interesting that these teenagers don't think about their future much. They live for today. Their parents force them to go to school. They make their lifestyle choices, not based on their dreams for themselves, but often according to what the moment brings.

There is also a difference between the type of aid needed between the black teenagers and the white teenagers. The white teenagers mostly get infected through their drug habits – infected needles, etc. The black teenagers get infected through their sexual contact.

- Then lastly there is **the older adolescent which is in the age group of 19 to 21 years**. These young people are more informed about sex and

the risks. They mostly become infected because of their lifestyles. Their main causes for using the service of the centre, is for the girls, being scared because they had a condom burst, and for the boys, because they had sex without using a condom (mostly because of an "*emergency*").

What is interesting about this group is that they often come to be tested for HIV before going for a job interview. They assume that they will not be employed if they are HIV positive, or that the future employer has a right to know their status.

The young people in all of the age groups **are daily confronted with the possibility of being raped**: male and female. This fear is a reality in all three groups. This fear was confirmed by the reflection groups.

4. FEEDBACK FROM THE REFLECTION TEAMS

4.1 Reflection team 1

On the 12th of September 2004 I held a reflection group with a group of teenagers from Salvokop (a very poor community close to the Pretoria Central Correctional service). I used my reflections from Chapter 2 and the closing remarks in the same chapter to lead me in the discussions. I invited them to reflect on these remarks and share how they experience some of the issues. I did the same with the group who participated in the original group. Some of them have left school, but those who remained participated.

The Salvokop group were the following: Mpho Matabane, Assya Ngola, Merriam Mmachalca, Thandi Mahlangu, Bianca Olifant, Relaine Titus, Kgothatso Padi, Portia Monyai, Alta Long and Jane Selwangana.

I did not use the personal stories of the group members as part of the reflection, because we did not agree to this previously and the young people know each other.

The first impression I had from this group, was that they do not know people who are HIV positive. This might be because I do not know them well and they do not feel comfortable enough with me to share what seems like intimate stories, or they live in an environment where people do not share their status openly, or people are not HIV positive in their area. Most of the other experiences we talked about, using my reflections as a guide in the discussion, were confirmation of what I wrote in my previous reflections.

We started of with them talking about the openness they feel to talk about HIV/AIDS. The distinction was made when I asked them if they felt the same openness to talk about sex, which they do not feel. It is easier to talk about a disease that is apparently far away and not touching their daily life. The moment we talked about how they would feel if they were HIV positive, it was quite different. Immediately they identified with the expressed stereo typical image of people who are HIV positive. They expressed their own fears of being rejected by their friends. Their biggest fear was not to be rejected by their families, but their friends.

Maybe for the first time I realized that there is a big difference for the young people to talk about sex and to talk about HIV/AIDS. It is easier for them to talk about AIDS than sex, especially if you are not HIV positive.

We confirmed the definite tension in their families about choosing care from traditional healers, or from modern medicine. It was interesting that they expressed fear of traditional healers and fear of coming into conflict with their families for rather choosing modern medicine. Other opinions also were that the

traditional healers were effective, in specific illnesses. The specific illnesses would be spirit-related illnesses.

I was again confronted with basic questions about HIV/AIDS, like where does it come from and how do you deal with sex, to not get pregnant. We talked about pressures they experience to become sexually active. We also talked about their real fears of getting raped – not only by strangers, but by their friends.

They shared their own horror stories of having to go to a government hospital for care: how they are abused by hospital personnel, how they are treated like **the poor** who can't afford better care. They told stories of being treated by doctors who scowl and swear at them for being so stupid to get sexually active, or scowled at them because they waste the doctor's time with such unimportant problems.

This was very upsetting to me. People, who are forced to sit in long rows and wait to be treated because they can not afford better care, get abused by the personnel as well. They expressed their horror at thinking they have to go to a clinic for any medical care: not even talking about sensitive issues such as sexual transmitted diseases or teenage pregnancy.

4.2 Reflection team 2

On the 15th of September 2004 I invited the group members that were part of the initial group to attend a reflection session. I also invited new people to attend this session. Twenty young people came to the session. We recommitted to learn the drama that the original group started with. Every one was very excited about the possibility. There were 6 members of the original group present.

The same content was discussed than with the firs reflection team. Similar opinions were shared about most of the content. What was different to this group, was their experience about knowing people who are HIV positive. They

expressed immense dissatisfaction with medical care that is available to them. Most of them shared stories of humiliation by nursing staff at the local hospitals through talking down to them, asking them embarrassing questions if they go for any sex related treatment. They told stories of being scowled as “bitches” if they ask for any contraceptive medication. Pregnant young people get physically abused and humiliated. They get hit on their legs and told to open up like they did when they had sex. They tell these stories with the utmost horror.

Some of the girls spoke about the occasion when I took them to the clinic to get tested for HIV. They think back on that experience as some of the scariest experiences they ever had (contrasting with their lives of fear in the town ships). They remembered how it felt, having to face an adult that must give them the verdict of HIV positive or negative. That was scary in itself. Miranda remembered that she felt uncomfortable playing in the drama. She had the role of the girlfriend who was rejected. She felt as if people will reject her in real life because she is associated with the drama about HIV.

5. VOICES IN MY HEAD AND AIDS IN MY FACE

5.1 My understanding of the church and my own challenge

The challenge facing young people infected and/or affected by HIV/AIDS, living in the inner city of Pretoria, especially formulated out of the different sessions with the teenagers will be discussed.

Young people definitely form a target group to the church to do any prevention work with, regarding AIDS. Inner city realities like violence in the community, violent family lives, globalization that ends in different moral values from those of their families and inaccessible health services enhance their vulnerability to be infected.

I am convinced that the church (and I) can do more:

- Take an advocative role in ensuring young people get accessible health care which are their legal right
- Make the church a friendlier place for young people where they will find friends to whom they can talk to about sex and about AIDS
- Get more structures in place to help care givers to become more present in the world of young people
- Make care centres where I have an influence, a youth friendly place
- Keep formulating theology of care and inclusive theology for young people.

5.2 An African world-view meeting globalization

I have spent time on trying to understand the implications of an African world-view. The influence of globalization on this specific group was discussed in some of the group sessions. I now want to explain what I understand under globalization and how this world-view is influencing children living in the inner city.

5.2.1 Globalization in the inner city of Pretoria

Meylahn (2003) did an intensive study on the influence of the Global village in an urban context. He shares many stories of how globalization affects individual stories and community stories. Meylahn (2003:19) gives a clear description of globalization: *"Globalization is the process by which the world is becoming ever smaller and more connected into a global village. This is a process determined by global markets, global finance markets and global communication networks."* He further explains that the global village is an exclusive village, excluding people who are not economically able (e.g. jobless people) or excluding people who can not access the communication and information networks.

He shares his story of his inner city experience in relation to globalization (2003:164*): "In the inner city one could see that the group areas act was no*

longer in place. The people living in the flats were no longer white only; the people selling goods on the pavements were mainly black hawkers and foreigners. Pretoria was changing in to a global African City. This idea was exiting to some but certainly not to all as numerous people wanted to get out of the city and move to the suburbs. The churches had similar ideas. As their members moved out to the suburbs they felt the need to move out after them. The inner city started to become a no go zone for many who lived in the suburbs. Many saw the inner city as a place of crime and overcrowding. The inner city, as I experienced it, is a place of suffering and poverty. It is a place where homeless and unemployed individuals try and make a living form the scraps of society, where economic and political refugees seek a living for themselves, where hawkers try and earn some money to feed their families, where teenagers flee from their families and social conditions only to end up in prostitution and drugs. It is a place of brokenness, where people try to construct and reconstruct their lives on the margins of society with the broken bits that society throws to them."

There are many stories to be told about the inner city of Pretoria. This view of the influence of globalization is one specific view.

5.2.2 Young people experiencing globalization

The young people expressed confusion caused by globalization. Conflicting values that are presented by the media about sex *(Chapter 2, Session 3)*. For instance values that promote sex with multiple partners as the going norm. Individuality as an accomplishment. The Hollywood image of family life – divorce, broken relationships and easy love. The picture of empty, shallow relationships, painted with care. Opposed to the American dream of having everything material that brings success and admiration. It is preached that money is everything and ambition is the key.

These values are in conflict with many of the traditional values from within the African context.

5.2.3 Is it love at first sight, or will it end in divorce?

I do not know the answer. I can only describe the confusion that these different world-views bring into young people's lives that must make every day choices about very important issues. They struggle with conflicting world-views and conflicting value system.

Maybe there is an analogue in the story of HIV/AIDS and care, and that of different world-views. The African world-view witnesses to shared community and people who belong to something. It witnesses to communities who collectively share the burden of illness and who celebrate healing. It tells of communities who stand together, cry together and laugh together.

HIV/AIDS narratives witness of people being isolated and ostracized. People who are HIV positive get to carry the burden alone. Communities become HIV negative, because one individual became HIV positive.

A person next to some one who is HIV positive is seen by others as a person ***with AIDS in his and her face*** *(Chapter 2, Session 6)***.** To be merely associated with some one who is HIV positive is to be stereotyped and isolated.

HIV/AIDS witness to stories of the absolute opposite than stories of an African world-view. Maybe views that HIV/AIDS is a Western illness (as voiced by the group- Chapter 2, Session 3) are not so strange after all. HIV/AIDS absolutely does not fit into the African world-view about care.

5.3 I see AIDS in my face, but who cares?

All the time I feel myself identifying more and more with young people and their quest to *stay positive (Chapter 2, Session 3)*. I try to understand how they experience care. I hear their voices about neglect and being let down by the adult world in not providing the care they need and have a legal right to. The

research has taught me a great deal about care through the eyes and the voices of the young people.

5.3.1 Care narratives

5.3.1.1 Weingarten

Weingarten (2001:1-12) shares her life story of her own illness and that of her daughters. She describes her illness narratives in these following ways:

- Coherence, closure and interdependence narratives
- Restitution, chaos and quest narratives
- Stability, progressive and regressive narratives.

5.3.1.2 Pienaar

Pienaar (2003:4.2) describes care in terms of:

- Empowering care
- Burdensome care and
- Meaningful and rewarding care.

5.3.1.3 Baart

Baart (2003:151-154) wrote a model of good care out of his participation in the broader SANPAD project. He describes good care in four phases:

- **Caring about**

  This is where the care giver "*tries to open up and allow myself to be drawn into the life world of the other".*

  The question to ask: *"one should find out **where** to look".*

  The quality involved: *"**attentiveness** (so that what needs attention in reality may penetrate one's consciousness.)"*

  The theological motive: *"election (the suffering one is heard, seen, picked out and I am going to care about him/her."*

- **Taking Care**

"*A crucial activity here is the establishment of a relation in which the needy (looking for care) person can become visible as(s)he is – ashamed, stupid, longing, terrified, guilty, strong, addicted, self-conscious, etc.*

Important questions: **Who** are you? How you want me to know you? What are you telling and asking me?

The quality involved: *"In this process of mutual disclosure it may become clear what I can do or be for you, and I have to decide if I am willing to do so and accept the implied **responsibility**."*

The theological motive: relation – *"I choose the leftover places in your biographical context: if you want to, consider and treat me as your brother, your friend, your mother."*

- **Care Giving**

"..the practical carrying out. Her the offer of care is made and in that offer I am present with my energy, invention, affects, emotions, skills, morality, reflection, and it is up to you to use them."

Question to ask: "***What** is done and how it is done?*

The quality involved: *"Besides the appropriate offer (what), I am expected to act **competently**".*

Theological motive: *"…the service of love and compassion".*

- **Care Receiving**

"*..care is completed by asking for feedback, evaluating the meaning and effects of the care and eventually adjusting it."*

The question to ask: *"One should reflect on the **how** and not go on without a sound insight into it."*

The quality involved: "*…depends on the **responsiveness** of the carer and thus on the continued relationship after the care-giving."*

Theological motive: "*…we may interpret this stage of care – the after-phase of the giving – as the humble art of receiving and accepting, the change of roles."*

In discussing this model, Baart (2003:152) explains that care is *"complex"* and *"multi-layered".* This model to me is a great instrument to grasp this complex challenge of understanding care, in the end to be able to provide better care.

These writers have motivated me to venture to describe care narratives as I have discovered it in my research journey.

5.3.2 Care narratives developed from this research

5.3.2.1 Fearful care

Young people experiencing absolute anxiety in the mere thought of having to go for medical treatment to "care" institutions. This formal care instilled fear in young people to go to any clinic or hospital. Fearful care was confirmed by both the noted reflection teams. There is an aspect of fearful care to be described by teenagers living in abusive relationships as well.

5.3.2.2 Paralyzing care

I have heard about stories of care that paralyze people and make them victims of their illness: people who are stripped of their right to care and of their right to being acknowledged as a person, young girls chased away by their families because they are pregnant, young people who are abused and paralyzed into silence and pain. Teenagers often don't have the language to ask for help.

5.3.2.3 Legal care

In my research I have come to the discovery that it is the legal right of a child to be cared for. How this right must be claimed, is still uncertain. Maybe by starting to name it as a legal right of children, some people might be moved to action.

These care narratives must be communicated especially to power structures like government and formal health care institutions.

5.3.2.4 Nurturing care

I took the group to visit a care facility for HIV positive children. One of the guys, who never were very talkative in the group, had this wonderful encounter. A nurse at the centre gave him a baby who was very ill to hold. Having seen Isac for the very first time in his life, holding this HIV positive baby, not wanting to let the baby go because it might die if he does, have made a very deep impression on me. There is a capacity for nurturing care in young people that need to be explored and developed. He vowed to become more involved with children in general, because he discovered a deep love for children during this experience. I am convinced that there is a lot of development to be done through intergenerational care.

5.3.2.5 Communal care

In this research so far, I have learned a lot about care that is deeply rooted in especially the African culture. I have learned of a communal understanding of healing and illness. A flame of hope was lighted in me through shared horizons with people who experience this communal care. Many stories are told of families who care for extended family members, or children of friends who are destitute. I am also motivated to search for communal care narratives in my own Afrikaner culture. This metaphor for care invites a reinterpreting of the understanding of shared “community” in the theological sense: that there are possibilities in the ritual of community that can be explored to express a shared experience. The ritual of community can create space for deconstructing the horrors of people living with HIV/ÁIDS: as being a ritual of inclusion, of celebration and of shared pain.

5.3.2.6 Present care

My own thinking about care resonates with narratives of caring people merely showing up and who are just there where they are needed. This journey with the young people has inspired me to spend more time trying to live in this narrative with a new commitment. Baart (2003:137) explains this narrative about care as follows: *"A characteristic that they* (neighbourhood pastoral ministers) *have in common is that they are there of others without focusing directly on problem solving. Problem solving can indeed emerge from their efforts, but that is not their overt intention. The most important thing these pastoral ministers bring to the situation is the faithful offering of themselves: being there, making themselves available, coming along to visit and listen, drinking coffee together or sharing a meal, completing a small household project, running errands, accompanying patients on a visit to the doctor, going for a walk with them, visiting a grave site, sending a birthday card, playing together on the street, being there when a child takes her final swimming test."….."Instead, the focus goes to the cultivation of caring relationships, and the approach is deemed successful even when there is no evidence of concrete problems being solved."*

Not knowing what the answers are in many difficult situations and in sharing people's stories of stuck ness, I have come to appreciate the narrative of a caring presence even more. In my own experience of care, this has been very meaningful to me, when people care for me by merely being there when needed.

5.3.2.7 Advocative care

The young people in my group have invented and storied this narrative. Their fierce commitment to advocate about HIV/AIDS will stay with me always. I was always touched by their enthusiasm and dedication. They became the experts on sharing their stories insight regarding HIV/AIDS. This was confirmed to me through my informal discussions with group members now, a year later. Most of them are still inspired to keep doing this.

5.3.2.8 Storying care

Through the narrative approach, people are experiencing the power of storying care. The share of stories bring restorying and retelling and reinterpreting of old worn out stories. In sharing restoried stories, new stories are written and lived in. In the group I experienced the power of shared stories. It unites a group of strangers into a new healing community. Freedman and Combs (1996: 100) writes about the development of a history of the present. *"…once a preferred event has been identified, we want to link that event to other preferred events across time, so that their meanings survive, and so that the events and their meanings can thicken a person's narrative in preferred ways. Therefore, once a preferred event is identified and storied we ask questions that might link it to other events in the pas and the future."* To take the time for storying care, alternative stories are recorded and given privilege above stories of stuck ness. To open space for stories, is an important part of caring.

6. COLLECTING MY THOUGHTS

There are still much more to be said about care and about adolescents' experiences of care. These are a short collection of what I have learned together with the young people in my group and through the journey of my research.

6.1 New places of understanding:

Hearing young people's voices, being infected with AIDS, brought the reality of rape, a culture of violence in South Africa, isolation of people living with AIDS and the family pain of young people infected to the fore.

- Understanding the reality of how inaccessible health care and other ways of care are for young people is a disturbing experience for me
- Listening to Kgabo, I was again moved by the urgency of every care giver to succeed in providing care to our very vulnerable but very special group of young people
- The absolute horror and reality of family abuse, child molestation and rape is heartbreaking

- The big opportunity of journeying with young people in making responsible life choices is very important
- Understanding the potential of utilizing an African world-view and African culture in search of new solutions to provide care is a new journey for me to embark on
- The hidden power (and maybe unique outcome) of community involvement in providing holistic care, needs serious attention
- Care in its broader understanding, needs to be made accessible for young people
- Young people need to become much more involved in the action of care. They need to be consulted as experts; they need to be trusted with e.g. the responsibility of advocacy and nurturing in new ways.

7. IN CLOSING

It is an important place in the research journey to take a moment to look back on the journey and to look forward to some form of closure. In myself, I start to ask questions like: was it worthwhile, did I come to new understanding, how is this making a difference in the world of young people, who are benefiting from this, and what were the sparkling moments of this journey?

This phase of further developing the research story brought me to new places I has not been before. Listening to other voices surrounding young people, I did take courage in what is being done for the inner city teenagers. To me it is encouraging to know there is a clinic in the inner city where young people can go to ask questions, to tell stories and to be cared for physically.

In the next chapter I shall further reflect on these questions and try to come to some understanding or maybe just new formulated questions.

CHAPTER FIVE

OUTCOMES OF MY RESEARCH

In this Chapter, I want to report outcomes of the research. Some of the outcomes can be described as “unique” and other “less unique”.

I want to introduce this report with a description of what is meant with”unique or *less unique*” outcomes. White and Epston (1990:56) describe what is meant by the term *unique outcome* in a therapeutic environment: *“Unique outcomes can be identified through a historical review of the persons’ influence in relation to the problem. ….These historical unique outcomes can facilitate performances of new meanings in the present, new meanings that enable persons to reach back and to revise their personal and relationship histories.”*

Coming to understand what is meant by *unique outcomes*, I want to describe what I mean with *less unique outcomes.* The word *unique* also implies a one in a kind solution, exceptional and matchless. I don’t think all the outcomes of the research are unique in this sense. The outcomes are special and even rare or unexpected, but some of the outcomes are also a little *less unique.* Some of the new descriptions we came to or new places of understanding are not that glamorous. I will not try to distinguish the research outcomes into these categories. What might be unique to me, is not necessarily true for some one else.

In writing down the outcomes, I shall do this in no specific order of importance. It is merely a process of writing.

An important outcome is the arriving of myself and the co-researchers to the point of alternative stories – White and Epson (1990:27) says that *"meaning is derived through the structuring of experience into stories, and that the performance of these stories is constitutive of lives and relationships."* New experiences were definitely moulded into the constructing of new stories and were told and lived in, throughout this research process. The group experienced the telling and retelling of new stories that constructed new meaning in the group and individually.

1. THE PROCESS OF ARRIVING AT THESE OUTCOMES

The process of arriving at these outcomes needs some clarification. Different moment and events contributed to the development of the research outcomes.

The sessions with the young people created space for the development of new stories: to them and to myself. We all developed in our knowledge, in shared stories, in understanding and in our relation to one another. This implies more trust, openness and courage to journey on roads not travelled before.

Reflection with my colleagues in the PhD group: this happened through class discussions, internet communication and informal visits around the coffee table. Some of this feedback is attached as addendums (Appendix F and G). These reflections were done by Prof Andries Baart who participated in the SANPAD research team and Eric Scholtz who is part of the PhD group. I decided to include these two contributions because they have influenced me a lot in my approach towards the process of my research. Both these writers took special time and commitment to contribute to my own learning process.

Other opportunities for fellow students to share in one another's field of research through workshops that was held and discussion groups, always inspired me to keep thinking critically on my own work and on my research.

My research of literature helped me to formulate some of the outcomes and to critically reflect on the outcomes.

2. SOME OF THE *UNIQUE AND LESS UNIQUE* OUTCOMES OF THE GROUP SESSIONS:

2.1 The power of spiritual discourses

I was always touched and encouraged by the sincerity and depth of faith many of these young people held on to. I never tried to force the issue of faith in any of the group and individual sessions. Yet, it often surfaced as a deeply rooted basis of hope and stability in the lives of the young people. The research was done in a Christian based organization and there is an obvious atmosphere of religion and maybe a feeling of having to say the right thing. And yet I experienced it as very uplifting to witness spontaneous faith and commitment to God in most of the young people.

2.2 Individual stories

The personal stories that were shared in the group brought its own dynamic in the research process. People became *"our brothers and sisters"* whom we never met, through their stories being drawn into our process. Their lives were honoured by the group (e.g. Tsepo's brother who died of AIDS in 2004 and Constance's niece who are still "holding on and celebrating her life").

I hoped for long term transformation in the group members. Only time will bear witness to long term choices that might be different because of new constructed stories.

2.3 Reframing

New understanding of the biology of AIDS opened windows of understanding to the young people. Apart from being uncertain at first if it is the right thing to do, to provide the group with technical information about AIDS, in retrospect, I wouldn't have done it differently. Together we all learned a lot. Their new

knowledge moved them into new identities; giving them courage to take on the responsibility of advocacy that I couldn't foresee. They took on the role as the one's telling the stories surrounding HIV. The stories of others being HIV negative, stories of cultural confusion about care and options that are available, stories of their own perceptions about sex, family values and religion. The change that came in the group, from being people affected by AIDS moving to people who spoke out about AIDS, moving to people who became experts on sharing information about AIDS counted for an amazing journey.

This resulted in a position of power where they as young people have not been before. They became the experts on AIDS and took the responsibility to act upon this new discovered and developed identity.

2.4 Therapeutic outcomes

Most of the unplanned outcomes were focused in this area. Families I became involved with, personal relationships that were built and maintained, individual sessions that ranged from sharing very personal stories to doing career planning. All of these interactions implied therapeutic activities. There were definite therapeutic moments in the group sessions as well. If ranged from finding new identities as a group and individually, to conflict resolvement and gender issues.

2.5 Learning to be *"HIV positive"*

Together the group discovered what it would entail to become *"HIV positive"*: Coming to understand that each one of us took up the responsibility to talk about AIDS, to learn how to act towards people who are ill. Together we searched for spiritual answers: what message should the church send to young people and to people who are HIV positive. We committed to being positive – positive towards people who have AIDS, positive in our lifestyle choices and positive in our advocacy role.

2.6 The reality of a "HIV negative" world

In the process as a whole, I was saddened by the confirmation that we still live in an HIV negative world. The young people in the reflection group confirmed this. Other role players also confirmed that there are still a lot of negativism and stereo typing to be dealt with for people who are HIV positive. The stories of other young people who are HIV positive also confirmed this.

2.7 Living with *"AIDS in my face"*

In Tsepo's words, we only started to listen to and learn from stories of exclusion, of stereo-typing, of pain because of ostracizing, stories of hopefulness and hopelessness, stories of poverty and joblessness, etc. I am still learning how it is to be associated with AIDS. Indeed people start to associate me with AIDS campaigns and awareness programs. This influences how people perceive me as an individual.

In the end it is a choice to live with "AIDS in your face". To be associated with people who are HIV positive, to openly address issues of sexuality and care. This is not very nice topics for general conversation. This is a definite unplanned outcome: me reframing my own story into some one ***living with AIDS in my face***.

2.8 Descriptions of the reality of the lack of accessible health care for young people

This was some of the difficult narratives to face in this research process: the reality of the horrific experiences young people had in trying to access health care, poverty narratives and the response of government and other care institutions to people with little or no income. Shared stories of fear and shame brought on by care institutions. (Chapter 4, Paragraph 4 – reflection teams). Issues of power and powerlessness were highlighted. New questions can be asked: who have the power to care? What are being done with this power?

Who benefits most from the care provided by institutions? The issue of economic power and care raise a whole new set of questions.

2.9 Descriptions of the reality of the inner city context and of growing up in communities of violence

Again I have heard fear narratives of children about rape and abuse. These fears are real and part of their every-day-trying to cope with life. It was very sad to have my own opinion confirmed that the very young teenagers are most vulnerable for child abuse and sexual exploitation. This leaves me feeling frustrated and powerless to change a society of violence.

2.10 *"Love them enough to talk about sex"*

A lesson I have learned for my own ministry, is definitely to talk openly to our young people about sex. I commit to deliberately create opportunities to discuss sex related issues with young people. They are much more at ease about cultural taboos than we are (speaking as an adult living in a world of taboos).

2.11 Silent narratives

In my discussions with Kgabo, I learned about this: children sometimes have no language to ask for help. They do not know the "proper" words to explain what is happening to them (especially in abusive relations). They do not know that there is a world outside their family who will help. This message does not reach into every shack and inner city flat and every house in South Africa. Even when the message does get out there, there are no guarantees that there will be care: good or bad. This fact is even more disturbing to me: if young people are guided to find the right words to ask for help, would there be any care available to them?

2.12 The drama

The whole event of the drama was a definite highlight. I was so proud of this group of young people. I referred to all I have learned through their commitment

and zeal in this whole process of performing the drama. I also referred to the courage it took to move from being a person affected, to being an advocate.

2.13 Institutions

The Sediba Hope AIDS centre is a formal partnership program that is fully functioning. Some of the stories shared in this research come from Sediba Hope, and the outcomes will definitely be taken back to the care centre as well. The aim would be to provide youth friendly care where I have an influence to do so.

I am sad to admit that not enough institutions might be influenced. It will be a "unique outcome" if care facilities in the inner city take note and hear what the needs of young people is regarding care.

3. NEW PLACES OF UNDERSTANDING

3.1 African knowledge as a resource for care narratives

There is local knowledge that needs to be explored to bring us to a newly defined care strategy. In this research I have become sensitive to this knowledge. Through sensitizing the academic community to the possibilities to be explored, I hope this research can contribute to the development of a more holistic care approach.

3.2 Academic outcome: alternative descriptions of care narratives

(Chapter 4, Paragraph 5.3.2)

3.3 A narrative description of adolescence

(Chapter 3, Paragraph 6)

3.4 Hearing the reframed discourses of young people about themselves

Teenagers can easily be stereotyped as lazy, selfish, uninvolved and disinterested in their community and in politics. My experience with this group and other young people has witnessed to different narratives. These narratives made me feel hopeful for the future of young people and hopeful about their contribution to society today.

3.5 Valuing the role young people can and must play in co-constructing their own features

If really given the opportunity and the responsibility, young people rise to the occasion. They do get involved, they do care, they can participate actively in policy making and they can construct their own future.

3.6 Taking young people serious

People in power positions like government, need to know that they can take young people serious. Churches and other care institutions must create opportunities to involve young people in policy making and to contribute in real ways to provide holistic care.

3.7 The Practical Theological implications

The Practical Theological implications are focused in the area of care. New narratives of care do have implications for doing theology. My own way of doing theology is influenced by my understanding of how I do “care”. Practical theological care must be touched and changed by these and other new formulations of care. My theology changed in this process by letting my theological thinking is informed not only by traditional theological recourses, but by the narratives of care. My practical theology will in future be much more influenced and informed by stories of people’s lives and not only by academic reflection. I have come to understand that there should not be any tension between praxis and theory when you let your theology be informed by every day stories of real people.

3.8 A narrative outcome

Having had the opportunity to walk with these young people and sitting next to them, accompanying them on their journey of telling and retelling their own stories, was an absolute highlight to me. Parry and Doan (1994:26) talks about the absolute validation of a person that takes place in telling her /his own story. *"The first major task for a post-modern family therapy, therefore, becomes that of encouraging people in the legitimizing of their own stories. This involves reminding them that there are no other yardsticks of stories or persons against which to measure the legitimacy of their own stories. The second task is that of encouraging people to appreciate that when they use their own words to describe their own experiences, no one has any right to take the legitimacy of that story away form them under any circumstances. A story is a person's own story, and he/she is its poet".*

I experienced the validation of young people, the growing in personhood and in identity and the reclaiming of power never before given, or taken away by mostly adults. To see and hear them come out of powerlessness and voiceless ness in this special way was a great experience. I am convinced that at least one aim of the research was met, and that is that unheard stories of adolescence about HIV/AIDS and care were made heard.

3.9 A personal outcome

This whole process also made me focus on myself. My own way of "being and doing": my own theology, my shortfalls as a person and as a researcher. I still have lots to learn about doing theology, about doing research, and about caring enough to listen to stories. Sometimes I got it right, to listen and to care. Sometimes I just realized how much I still have to learn. I was treated with dignity in this learning experience. The co-researchers endured my mistakes. My colleagues at PEN allowed me to venture my new discoveries in their midst. My family creates space for me to learn and develop as a person on this journey.

4. IN CLOSING

My expectation of formulating the climax was a high expectation. Maybe to create the expectation of a climax in the research methodology is opening oneself up for disappointment.

Even so, I am not disappointed with the outcomes of the research. The process of writing the process down was a wonderful learning experience for me. There were many climaxes and sparkling moments along the way. Working with young people and being allowed into their worlds is an honour and a sparkling event in itself.

Maybe I hoped for earth moving results for my research. The results may not be that at all. It is rather events like the visiting with the HIV positive babies, the sessions, the reflection groups, sharing stories of care and building relationships that will stay with me for ever. The process of growing into better understanding, of learning more, of asking deeper questions, of discovering new worlds of knowledge, is collectively a unique outcome.

Maybe it is I that had to come out of old places of thinking into new places of learning and discovery.

In the last chapter I need to critically reflect on the research process, on my own journey and on the contribution of the research.

CHAPTER SIX

GROWING UP: IN PERSON AND IN RESEARCH

Closure is an important aim to accomplish at the end of this research process.
I need to critically reflect on the research process and to evaluate my own methodology and evaluate if I succeeded to do research with integrity up to the end.

1. THINGS I WOULD HAVE DONE DIFFERENTLY

- I wish I had the time and opportunity to write every young person who participated in the main group sessions' life story in detail. I think it would have given a much deeper understanding of the impact HIV has on their lives.

- I feel I could have done more regarding the feedback process. The time lapse I experience because of my pregnancy hindered the social constructional process. The teens that started the group with me have left school by the time I finished my research. I missed an occasion to give feedback to the whole of the original group.

- I was advised in the beginning of the process, to start keeping a research journal. I did not do that, and I am disappointed that I didn't.

2. AN ETHICAL REFLECTION (Babbie and Mouton, 2001: 520-530):

- One of the ethical issues I experienced was the theme of my research, doing research about infected and affected adolescence. The group was

as far as I know, not infected during the time of the research. It made me question the validity of the title of my research. I wondered if I should change the title in the end.

- I made the decision to keep it as it was, because many of our discussions were about infection. Many of the stories that were shared were about infected people. My decision to keep to the original heading in the end was based on the stories shared by the group.
- Other ethical issues I had to reflect upon through out the sessions and the writing down of the process, were:
    - o permission of the parents: I dealt with this by asking the parents to fill in a permission form
    - o talking to the young people about sex and HIV/AIDS: I shared this information with the parents beforehand
    - o using information shared in the sessions: I explained the process to the group and I explained to them the implication of their participation. They signed an agreement, giving their permission. I specifically asked permission to record the sessions (group sessions and individual sessions)
    - o the question of who will benefit from the research, is an important question that needs answering:

      To be honest, I must say that I am benefiting from the research in different ways. I get acknowledged as someone doing research on HIV/AIDS with young people. That brings a certain benefit;

      When I finish the research, I might get an academic acknowledgement, and lastly I benefit in merely having the honour to be part of a learning process. I definitely am benefiting.

I sincerely hope that the co-researchers have benefited as well.

They have acknowledged the benefits in the sessions as learning a lot about HIV/AIDS, being part of a group of friends to share their lives with, having done the drama, most of them expressed joy and fulfilment as a result of that, they went on trips and outings together and they get the recognition in the writing down of the process, as true co-researchers.

3. FUTURE FOCUSES FOR RESEARCH

Literature tells of an African based communal philosophy of which I have not experienced a lot in the inner city. I am challenged to learn more about this. I would like to search for an inner city incarnated African philosophy.

Research can be done on the communication of the role sex plays in marriage life.

Research can be done on the impact of a violent society (especially the inner city) on the incidences of child rape and abuse.

4. CRITICAL EVALUATION OF THE RESEARCH PROCESS

There are different criteria to evaluate a qualitative research process. Babbie and Mouton (2001:141-143) use the terms *reliability and validity.* Reliability meaning that the same result must be acquired if the same technique of measurement is applied more than once. With validity is meant *"if an empirical measure adequately reflects the real meaning of the concept under consideration".*

4.1 Reliability

Reliability is a difficult question to ask of a narrative process, because the person doing the research will not necessarily is the same every day and if research is repeated, a different researcher would not necessarily acquire the same results even if the same technique is applied.

4.2 Validity

Validity can be used as a criterion for this research. It is possible to determine if the research was done in a valid way. The sessions with the teenagers are verbatim and readers can make their own assessment if the report and reflections are valid or not.

To my opinion I tried to report in the language of the co-researchers. My aim was to listen to their voices and take their stories serious. Meaning given was a social constructionist process, brought back to the co-researchers in a reflective team situation.

Guba (1981:80) talks about credibility (truth value), transferability (applicability), dependability (consistency) and confirm ability (neutrality).

4.3 Credibility

Credibility is often done through member checking or checking interpretations with other people in the broader group.

My evaluation of this process is that it was done throughout. Taking into consideration what I said in my reflection on “things I would have done differently”.

4.4 Transferability

This is difficult to evaluate in a narrative paradigm because the aim of the research is not to be transferable. Having said that, I must ad that there are definite principals and wisdom to be found in narrative research that will be transferable to other contexts and other situations. In my writing of care narratives, I tried to contribute some of the transferable wisdom from this research.

4.5 Consistency

Was explained through the concepts of reliability and validity.

4.6 Confirm ability

This concept is associated with "objectivity". I have explained extensively that narrative research do not pretend to be objective, but are comfortable in an admittance of total subjectivity. But then, *subjectivity with integrity.*

Strauss and Corbin (1998:265) say that *"every mode of discovery develops its own standards and procedures for achieving them".*

I feel it is necessary to find own criteria of evaluation of this specific research. Strauss and Corbin (1998:267) makes the statement that research must speak for the population the research was done with and the results must be applied back to them.

This concept makes sense to me, to ask what narratives the research brings back to young people living in the inner city of Pretoria. This can be evaluated by it adding value to their own understanding of their world and their experiences or not. It must help them to reframe their own stories about themselves and their identity.

This evaluation was started by the process of bringing narratives and my own reflection back to the reflection teams. The process will continue in the making available of the research to the adolescent community in the inner city.

Baart (2003:147-148) did a short evaluation on the criteria of validity and of the research project in a more general sense. He says: *"Most researchers do not thoroughly account for their data collection, the selection from the raw data, their interpretation, analyses, etc. It is not in keeping with the Post-modern approach, but most of them do offer a thick description or quote from their sources.*

Besides that, we find some basic measures to promote interjudgemental reliability": the research process, the sources and interpretations are discussed repeatedly in workshops, focus groups and team meetings: that contributes to the reliability and validity of the outcomes.

According to him, the criteria of reliability and validity are hardly applicable (Baart 2004:148): "*In this type of research they are replaced by the criteria of plausibility, truthfulness to life, richness of meaning and details, recognisability to immediately involved people, the use of different sources, communicative symmetry, usefulness, faithfulness to the original language and expressions, etc".*

On the issue of generalization (Baart 2004:149), he says: "*We justified the claim of a much broader generalization; our narrative researchers need not be too modest, although some aspects of their research can be strengthened."*

5. NARRATIVE EVALUATION QUESTIONS

Narrative questions I would like to critically reflect upon are the following:

5.1 Did the research create space for new stories and for restorying?

I would like to answer, yes. We did get new stories told throughout the process. New stories were not only told but also developed. Even the research narrative is a developed story. I would have liked to spend more time on the process of restorying. I did not have the opportunity to take enough time and let the re-visioning process come to its full potential.

5.2 Did the researcher have integrity in listening to and reporting the stories?

I have previously (Chapter 2) reported on the difficulty of not understanding the young people's mother language. This was a definite hindrance. It would have been very different to do this whole process in Sotho. It took time to be

introduced into the "sub-cultural language" of the young people. Eventually I caught on to this. I tried to report the stories with as much integrity as these circumstances allowed. Integrity to me is measured through my trying to be transparent about my own story, my own discourses and prejudice.

5.3 Did the researcher interpret or ask for interpretation?

Sometimes I did interpret. I tried to remind myself not to fall into this trap. Methods of member checking, triangulation (According to Krefting 1990:219) *"convergence of multiple perspectives for mutual confirmation of data to ensure that all aspects of a phenomenon have been investigated")* and peer examination (discussions with colleagues who have experience in narrative research) was used to help me to do this consistently.

5.4 Did the research process bring transformation/reframing?

I believe that the written experiences, reflections and narratives are adequate witness to transformation that took place.

5.5 How is the researcher going to disseminate the research?

- Some dissemination was done through a workshop held in conjunction with SANPAD who sponsored the broad research project regarding HIV/AIDS and care.

- A business breakfast was planned for October 2004, where some of the collective implications for policy makers have been reported. The target group who was invited was people of government, related to HIV/AIDS issues and policies and business people sponsoring many of the HIV/AIDS research and care projects.

- The drama performed by the original group of teenagers, will be performed again by a new group.

6. IN CLOSING

My own spiralling journey of doing research in the Narrative paradigm, using the ABDCE methodology, can be described in the metaphor of sailing:

My husband and I have a Dart sailing boat, not a very general boat to use for sailing. It is a boat with a double hull, a foresail and a mainsail. The structure of the boat is very important to look after properly, because the boat must be able to bear the pressures of the wind. Especially in strong wind, the boat lifts on to one hull and must be very secure. When you sail on the one hull, a specific expression is used: sailors call it, "*flying the hull".* This is the ultimate achievement in sailing a Dart: you need perfect balance, perfect control and good teamwork. The result is fast sailing and ultimately, movement.

The two hulls are kept secure by the trampoline, therefore it must be checked every time you go sailing, to make sure the knots are tied properly and the bolts are fastened.

To me, the structure of the boat is metaphorical of the research positioning and methodology. The structure of research had to be good and strong to carry the weight of the wind when I felt confused and not sure what to do next.

Sailing requires skill: in tying the knots, in reading the wind, in managing the sails. The art of hearing and reporting data, also require some skill. To be comfortable in the narrative paradigm, took me a long time: time well spent in learning the concepts, and making the paradigm shifts needed. It requires skill to really do what you set out to do, consequently.

Sailing is a very delicate art: you must manage the sails and adjust the sails and the rudder to the wind all the time. The wind can change any minute. If you are not totally tuned into the wind, a strong unexpected wind can capsize the boat instantly. Sailing teaches you to negotiate the changing wind all the time.

To get to your destination in sailing is no simple task. All the time, you are manoeuvring to stay in the wind. You turn left and right all the time (tack and jibe), but eventually you end up more or less in the middle of left and right. Sometimes you get blown right off coarse.

This experience in sailing helped me to stay in focus while turning left and right in the research process, I had more or less an idea of the direction I planned to go. The ABDCE method helped me to know what to do next, even though I sometimes felt off course and never felt hundred percent sure exactly where I would end up. All the time, I was confronted with the delicate of art listening, restorying and reporting.

The wind, the water and your sailing skills combined, leads ultimately to movement: sometimes a very gentle float and sometimes a great adrenaline rush brought on by the sheer power of the wind and the feeling of the bulging sail under your hand. In the end, you always move. I definitely moved in this research process. There were times of gentle floating and times of the adrenalin rush: but movement, never the less.

The wind is always the unpredictable factor. From a gentle predictable breeze, to a surprising unexpected gush. There are many factors that carry the characteristics of the wind in the research journey: the co-researchers, the literature contribution, the reflection process and the unplanned encounters.

Even when you feel you are managing all the skills in sailing, you still can end up where you did not intend to go. The combination of negotiating the wind, reading the water, respecting the structure, taking care of the ropes and the knots, still can not guarantee anything.

I can merely thank God for the wonder of experiencing this research, sailing and life… I will keep aiming to *"fly the hull"* in my spiritual life, as a Practical Theologian and as person.

WORDS OF THANKS

There are so many people to thank. It was no easy task to finish this research, being a wife, a mother and a pastor. Without the practical help of all my friends and loved ones, I would not have had the courage to finish.

All my wonderful companions on my life journey: thank you!

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Koos and Magda van Niekerk
Lizette and Kobus le Roux
Danie and Reneé Veldsman
All my colleagues at PEN
All my friends living in the inner city
Kobus Schoeman
Lourens Bosman

Professor Julian Müller

May the transformation I went through be enough thanks to all who sacrificed their time and themselves for me.

To Minique and Eugenie, may this journey have helped me to become a better mother to you.

BIBLIOGRAPHY

Agar, M. 1986. *Examining ethnography for nurse researchers.* Western Journal of Nursing Research 4, 209 – 220.

Baart, A. 2003. *The fragile power of listening.* Practical Theology Vol. 18(3)2003.

Baart, A. and Vosman, F. 2003. *Present: Theologische reflecties op verhalen van Utrechtse buurtpastores.* Utrecht: LEMMA BV.

Babbie E.R. and Mouton J. 2001. *The practice of social research.* Cape Town, South African Edition: Oxford University Press.

Babbie, E. 2004. *The Practice of Social Research. 10th Edition.* Belmont: Thomson and Wadsworth.

Balcomb, A.O. 2004. In Du Toit, C.W. 2004.

Ball, S. 1990 in Cheek 2004.

Beeld. 15 January 2002.

Brown, B.B., Larson, R.W. and Saraswathi, T.S. 2002. *The World's Youth: adolescence in eight regions of the globe.* Cambridge: Cambridge University Press.

Browning, D.S. 1991. *A fundamental practical theology: descriptive and strategic proposals.* Minneapolis: Fortress Press.

Bruner, 1993 in Denzin, 2000:1049.

Burr, V. 1995. *An Introduction to Social Constructionism.* London: Routledge.

Cheek, J. 2004. *At the margins? Discourse Analysis and Qualitative Research.* Qualitative Health Research, Vol 14. No. 8, October 2004: 1140-1150.

Creswell, J.W. 1998. *Qualitative inquiry and research design: choosing among five traditions.* London: Sage.

Crockett, L.J. and Crouter A.C. 1995. *Pathways Through Adolescence: Individual Development in Relation to Social Contexts.* New Jersey: Lawrence Erlbaum Associates Publishers.

Denzin, N.K. 2000. *Handbook of Qualitative Research. Second Edition.* California: Sage.

Dulwich Centre Newsletter No. 3. 1991. *Postmodernism: Deconstruction and therapy.* Adelaide: Australia Post.

Du Toit, F.G.M. 1954. *Eeufeesgedenkboek van die Gemeente Pretoria 1854-1954.* Pretoria: Kerkraad van die Ned. Herv. of Geref. Gemeente Pretoria.

Du Toit, C.W. 1998. *Faith, Science and African Culture.* Pretoria: Research Institute of Theology and Religion, Pretoria: UNISA.

Du Toit, C.W. 2004. *The integrity of the human person in an African context: perspectives from science and religion.* Pretoria: UNISA.

Firet in Heyns, L.M. 1990

Freedman, J. and Combs, G. 1996, *Narrative Therapy. A Social Construction of Preferred Realities.* New York: Norton.

Freedman, J. and Combs, G. 2000. Workshop held in October at the Pretoria University.

Gergen, K.J. 1994. *Realities and relationships: soundings in social construction.* Cambridge: Harvard University Press.

Gergen, K.J. 1999. *An Invitation to Social Construction.* London: Sage.

Gerkin, C.V. 1997. *An Introduction to Pastoral Care.* Nashville: Abingdon.

Gibellini, R. 1994. *Path's of African Theology.* New York: Orbis Books.

Guba, E.G. 1981. *Criteria for assessing the trustworthiness of naturalistic inquiries.* Educational Resources Information Centre Annual Review. Paper 29: 75-91.

Heath S.B. and McLaughlin M.W. 1993. *Identity and Inner City Youth: beyond ethnicity and gender.* New York: Teachers College Press.

Heitink, G. 1993. *Praktische Theologie: geschiedenis – theorie – handelingsvelden*. Kampen: Uitgeverij Kok.

Hevern, V.W. 2003. *Philosophical Perspectives. Narrative psychology: Internet and resource guide.* Retrieved 1 April 2004 from the Le Moyne College Web site: http://web.lemoyne.edu/~hevern/nr-

constr.html.

Heyns, L.M. and Pieterse, H.J.C. 1990. *A primer in Practical theology.* Pretoria: Gnosis.

Hiebert, P.G. 1991. *Beyond Anti-Colonialism to Globalism.* Missiology: An International Review, Vol. XIX. No.3. 263-279.

Holtzen, C. 2004. *World-view: a personal exploration.* Unpublished Master of theology paper. Pretoria: UNISA.

Human, L. 2003. *Fiction writing as metaphor for research: A narrative approach.* Practical Theology Vol. 18(3)2003.

Jackson, S. and Rodriguez-Tomé, H. 1993. *Adolescence and its social worlds.* Hillsdale: Lawrence Erlbaum Associates Publishers .

Klages, M. 2004. Structuralism/Post-structuralism. Retrieved on 14 October 2004 from the University of Colorado website: http://www.colorado.edu/English/ENGL2012Klages/1derrida.html

Krefting, L. 1990. *Rigor in Qualitative Research: The Assessment of Trustworthiness.* The American Journal of Occupational Therapy. Vol. 45, No.3 : 214-222.

Lamott, A. 1995. *Bird by bird. Some Instruction on Writing and Life*. New York: Anchor Books.

Lartey, E. 2000. In Woodward and Pattison.

Leedy, P.D. and Ormrod J.E. 2001. Practical research: 7th Edition. *Planning and design.* Ohio: Merrill-Prentice Hall.

Ley, J. 1996. *Some Post-Structural Assumptions.* Retrieved on 14 October 2004 from the Brock University web site: http://www.brocku.ca/english/courses/4F70/poststruct.html

Lowe, R. in Dulwich Centre Newsletter 1991 No. 3.

Mbiti, J.S. 1968. *African Religions and philosophy.* London: Heinemann.

Meylahn, J.A. 2003. *Towards a Narrative Theological Orientation in a Global Village from a Postmodern Urban South African Perspective.* Unpublished doctoral thesis for PhD. Pretoria: University of Pretoria.

Montemayor, R. Adams G.R and Gullotta T. P. 1990. *From Childhood to Adolescence: A Transitional Period?* London: Sage.

Müller, J.C. *Road signs on the narrative journey: assumptions of narrative research.* Unpublished. Pretoria: University of Pretoria.

Müller, J.C. and Van Deventer, W. 1998. *African Cosmology and Pastoral Family Therapy*. Missionalia 26, 260 –271.

Müller, J.C. Van Deventer, W. and Human, L. 2001. *Fiction Writing as Metaphor for Research: A Narrative approach.* In: *Practical Theology in South Africa.* Volume 26 (2) 76-96.

Müller, J. C. *Unheard stories of people infected and affected by HIV/AIDS about care and the lack of care: The research story of the project.* In: *Practical Theology in South Africa.* Volume 18 (3) 2003: 1-19.

Nencel, L. and Pels, P. 1991. *Constructing knowledge: Authority and Critique in Social Science.* London: Sage.

Nsamenang, A.B. 2002 in Brown, Larson and Saraswathi.

Personal stories of young people living with HIV. Retrieved on 16 August 2004 from the Avert website: http://www.avert.org/safricastats.htm.

Pienaar, S. 2003. *The untold stories of women in historically disadvantaged communities, infected and/or affected by HIV/AIDS, about care and/or the lack of care.* Unpublished doctoral thesis for PhD. Pretoria: University of Pretoria.

Rubin, H.J. and Rubin, I.S. 1995, *Qualitative Interviewing: The art of hearing data.* Thousand Oaks: Sage.

Sire, J. 2004 in Holtzen 2004.

Smit, P.F. 2003. PEN Power Point Presentation. Unpublished.

Smit, P.F. 2004. *Die viering van God se genade: verhale van 'n kerk, 'ngebou en nuwe gemeenskappe.* Special edition. Dutch Reformed Church Pretoria.

Sow, I. 1980. In Van Dyk, 2001.

Strauss, A. and Corbin, J. 1998. *Basics of Qualitative Research: Techniques and procedures for developing grounded theory.* Second Edition.

California: Sage.

The bill of rights for children retrieved on 24 August 2004 from the UNICEF web site: http://www.UNICEF.com .

The history of Pretoria retrieved on 18 August 2004 from the World facts website: http://worldfacts.us/South-Africa-Pretoria.htm .

The history of Pretoria, retrieved on 21 August 2004 form the website http://www.Mod1_political.htm

The Holy Bible : *New International Version*. 1996, c1984 (electronic ed.) Grand Rapids:`Zondervan.

Tlhagale, B.B. 2000. *Inculturation: Bringing the African culture into the church.* St. Augustine Papers 1, 14 -30. Johannesburg: St. Augustine College.

Tyler, S.T. in Nencel, L. and Pels, P. 1991. *Constructing knowledge: Authority and Critique in Social Science.* London: Sage.

UNAIDS 2004 retrieved on 29 August 2004 from the UNAIDS website: www.unaids.org.

Van Deventer, W.V. Unpublished paper. 2002 *Unheard stories of people infected and/or affected by HIV/AIDS concerning care and/or the lack of care.* Presented at International conference on advances in qualitative methods. Sun City: South Africa.

Van Dyk, A. 2001. *HIV/AIDS: Care & Counseling. A multidisciplinary approach. Second Edition.* Cape Town Pearson Education: South Africa.

Van Niekerk, M. 2003. *The unheard stories of adolescents infected and affected by HIV/ADIDS about care and/or the lack of care.* Practical Theology in South Africa. Vol. 18(3)2003.

Vetten, L. and Dladlaa, J. 2001. *En-gendering safety: Women's fear and survival in inner-city Johannesburg.* Urban health and development bulletin. Vol.4. No.1. March 2001.

Vilakazi, Y.S. 1998. *Health seeking behavior in African families: the role of cognitive schemata in decision-making.* Pretoria: University of Pretoria.

Weingarten, K. 2001. *Working with the stories of women's lives*. Adelaide: Dulwich Centre Publications.

White, M. and Epston, D. 1990. *Narrative Means to Therapeutic Ends.* New York: Norton.

Woodward, J. and Pattison, S. 2000. *The Blackwell reader in: Pastoral and Practical Theology.* Oxford: Blackwell Publishers.

APPENDICES

APPENDIX A

20 Aug. 02

Dear Parent/s

It is a privilege to inform you that your child has been chosen to form part of a special group of teenagers.

The group is participating in a research project, launched by myself, Rev. Marinda van Niekerk. The teenagers are called co-researchers because they will participate in the telling and collecting of stories about people infected or affected by HIV/AIDS.

The intent of the group will be to inform our children about HIV/AIDS. But also to do much more than that: To help them to make informed decisions in their own lives, and to make a difference in the lives of their peers in influencing them in a positive way.

We plan to do some site visits regarding people infected or affected by HIV/AIDS.

Our group will meet every Tuesday, at 15h00 untill 16h00. The group will be help at the corner of Bosman and Vermeulenstreet at the PENTO center.

Please contact me if you have any questions.
My cel nr. Is : 083 2689474
Work: 012-323 6688

_____

Rev. Marinda van Niekerk

APPENDIX B

Teens Teach Kids About HIV!

HOT – Healthy Oakland Teens Project

The Center for AIDS Prevention Studies has been providing innovative HIV prevention education in Oakland, CA since 1989. The Healthy Oakland Teens Project (HOT) began in the fall of 1992 at an urban, ethnically diverse junior high school. The project's goal is to reduce adolescents' risk for HIV infection by using peer role models to advocate for responsible decision making, healthy values and norms, and improved communication skills. The HOT program has been very successful.

Melanie Buccat teaches her classmates about safe sex

The HOT program educates ninth grade students during a one semester, daily class to become HIV peer helpers for seventh grade students. After extensive training, the ninth grade peer helpers deliver weekly interactive sessions in seventh grade science classes, focusing on values, decision-making, communication, and prevention skills. The program trains 30 ninth grade peer helpers who in turn teach 300 seventh graders each year.

A seventh grader and ninth grader in the HOT program.

Each semester the peers design their own group logo which is printed on T-shirts worn enthusiastically by the peer helpers.

During eighth grade, the students receive two "booster" sessions – a reminder of what they learned in seventh grade. HIV-positive young people visit each eighth grade classroom helping the students realize that HIV infection does happen to teenagers. The eighth graders also see a theater presentation,Secrets, sponsored by the Kaiser Permanente Medical Center, which tells the story of a high school student who becomes infected with HIV.

For more information about the Healthy Oakland Teens Project, please call or write to:

Maria Ekstrand
Project Director
Center for AIDS Prevention Studies
74 New Montgomery, Suite 600
San Francisco, CA 94105

APPENDIX C

Can condoms save lives?

Absolutely. Although controversy persists regarding whether condoms are an effective means of preventing human immunodeficiency virus (HIV) transmission, condoms that are readily available, effectively promoted, and used correctly and consistently, play an important public health role in HIV prevention.

Abstinence or sexual intercourse with a mutually faithful uninfected partner are most effective in preventing HIV infection. However, in a national survey of adolescents, 63% of 14-21 year-olds reported engaging in sexual intercourse.1 Using condoms can reduce the risk of infection of sexually transmitted diseases (STDs), including HIV, for those people who are not abstinent.

No public health strategy can guarantee perfect protection. For instance, the influenza vaccine is RonlyS 60 to 80% effective in preventing influenza, but thousands of deaths could be prevented annually through the wider use of this “imperfect” vaccine.2 The real public health question is not are condoms 100% effective, but rather, how can we more effectively use condoms to help prevent the spread of disease.

Are condoms effective barriers?

Yes. In the laboratory, latex condoms are very effective at blocking transmission of HIV because the pores in latex condoms are too small to allow the passage of the virus. Condoms have been shown to be effective barriers not only to HIV, the virus that causes AIDS, but also to herpes simplex, CMV, hepatitis B, , and gonorrhea.3 Out of the laboratory, condom effectiveness declines with the introduction of the “human factor.”

Because condom education has been lacking, people do not use them well. Condom failure is more often due to user failure than product failure. Users may fail to:

- use a condom with each act of sexual intercourse,
- put the condom on before any genital contact occurs, or
- completely unroll the condom.

Using drugs or alcohol can also impair judgment and proper condom use.4 To insure maximum condom efficacy, the following should be avoided:

- use of oil-based lubricants (petroleum jelly, shortening, lotions) that weaken latex;
- storing condoms in direct heat or sunlight;
- using condoms in damaged packages or showing obvious signs of age (brittle, sticky or discolored).

Why do people *not* use condoms?

Mainly because of emotional reactions or misperceptions. Results from a telephone interview of heterosexuals in 23 urban areas with a high prevalence of AIDS found that distrust associated with condom use was more likely among males, African-Americans, and the less educated. Of the respondents, 54% believed condoms might fail during intercourse, 41% complained they reduced sexual sensation, 35% were uncomfortable buying them, and 21% felt uncomfortable putting condoms on.5

Adolescent girls asking for help buying condoms, in a 1988 survey of Washington DC drugstores, encountered resistance or condemnation from store clerks 40% of the time.6

In a study of Canadian college students, factors associated with not using a condom included embarrassment about condom purchase, difficulty discussing condom use with partner, use of oral contraceptives, insufficient knowledge of HIV/STDs, and the belief that condoms interfere with sexual pleasure.7

Misapprehensions can be addressed by education, frank talk about sexuality, and better marketing and distribution of condoms.

Can condoms be promoted more effectively?

Absolutely. Barriers to greater condom usage have hardly begun to be addressed in the US. For example, in Switzerland's STOP AIDS program, a brochure about AIDS was mailed to every Swiss household in 1986, and followed-up with a mass media campaign promoting the use of condoms. Sexually active people between 17 and 30 years old reported an increase in always using condoms in casual sexual contacts from 8% in 1987 to more than 50% in 1991. For the youngest group, between 17 and 20 years old, condom use increased from 19% in 1987 to 73% in 1990.8

Condom social marketing efforts have dramatically increased sales of condoms. For example, in Zaire, careful consumer research produced "Prudence," a condom designed and priced to be culturally sensitive, attractive and affordable. Total sales of Prudence increased 443% from 1988 to 1989, and in many regions of Zaire, the word Prudence has become a generic substitute for the word condom.9

Television is one of the most popular means of communication in the US, yet most networks continue to bar paid condom advertising from prime time. A poll of injection drug users in Baltimore showed that 47% learned the most about AIDS from television; the average television watching was 28 hours per week.10 Television could reach millions of Americans with AIDS prevention messages.

Increasingly, junior and senior high schools are making condoms available in special programs. A 1991 Roper poll found that two out of three (64%) adults say condoms should be available in high schools; 47% favor making condoms available in junior high schools.11

The way in which condoms are made available has a great impact on whether or not they are acquired. At a drug abuse treatment center condoms were made

available in the programsU private restroom or in the public waiting area. Overall, 381% more condoms were taken from the restroom.12

Making condoms available in more venues would not only ease access, it would help remove any stigma or embarrassment. Bars where gay or straight singles meet sometimes provide condoms for free or in bathroom dispensing machines. In Atlanta, GA, local ordinances have been introduced to require bar and liquor store owners to sell condoms. Innovative approaches like these and those used in other countries could boost sales, acceptability, and ultimately, use of condoms.

Are condoms foolproof?

No. Neither are seatbelts, helmets, vaccines, or people. But in the real world we drive to work, vaccinate our children, and hope to get through the day unscathed. No disease prevention strategy is ever perfect, and all strategies, including abstinence, depend on the skills and knowledge of the user. A comprehensive HIV prevention strategy uses multiple elements to protect as many people at risk of HIV infection as possible. Abstinence and mutual monogamy are a part of that strategy, as well as promoting correct and consistent condom use.

In a study of 245 heterosexual couples where one partner was HIV-infected and the other wasn't, none of the 123 male or female partners who consistently used condoms became infected. In contrast, 12 of the 122 partners who either didn't use condoms or used them inconsistently became infected.13

Correct and consistent condom use can dramatically reduce the risk of HIV or STD transmission. With a million Americans currently infected with HIV, and the majority of infections sexually transmitted, condom promotion is a crucial part of any public health strategy.

Prepared by Pamela DeCarlo

APPENDIX D

What is AIDS?

AIDS is a disease which attacks the immune system. Especially in its later stages, it breaks down the body's ability to fight infection. Their compromised immune systems make AIDS patients vulnerable to a range of diseases which healthy people can usually fight off. There is no 'common' cold to an AIDS patient – any illness can be serious.

AIDS is caused by a virus named HIV. This virus multiplies, infecting body cells and eventually leading to AIDS.

HIV has several properties that make it particularly deadly. First, it can't be cured with conventional drugs. Antibiotics, while they can help with some of the problems HIV leads to, cannot do much about the virus itself. Once it's in your body, it's there for good.

Second, HIV has a long latency period. This means that you can have it for a fairly long time before any AIDS symptoms appear. The delay between getting the virus and having health problems can be several years. This is dangerous because HIV-infected people (who are referred to as 'HIV-positive') are still capable of infecting others. People who are HIV-positive do not look or act differently from other people – without a blood test, there is no way to tell. There have been many cases where people who did not know they were HIV-positive infected many others before AIDS symptoms appeared.

How do people get AIDS?

HIV can be transmitted through semen, vaginal fluid, or blood. Any activity where these fluids are exchanged can transmit the virus. This means you can get AIDS by having sex with an infected person. Any type of sex – oral, vaginal, or anal – will expose you to HIV infection.

Sharing needles, such as those used to shoot drugs, can also transmit the virus. HIV from an infected person's blood will stay on a needle for a short while after they use it. If you use this needle, you will put HIV into your

bloodstream. As discussed above, this is a one-way process – once HIV is in you, it's there for good.

Remember: HIV leaves no outward marks on infected people. Its carriers don't look or act any different because they have it. They may not even know that they carry the virus. Short of a blood test, there is no way to know for certain. This is a large part of how people get AIDS – if you are engaging in some activity which can put you at risk for the virus, you should protect yourself.

How do I protect myself?

The only thing besides abstinence that has been shown to have any effect on HIV transmission during sex is a condom. Condoms, especially those coated with the spermicide nonoxynol-9, reduce the odds that the virus will enter your bloodstream. Keep in mind that condoms aren't a guarantee – they just improve your chances of not being infected. This works because the condom is a physical barrier to the fluids which carry the virus. Nonoxynol-9 helps because it kills some of the HIV. If you're going to have sex with a partner who hasn't been tested, condoms are the only protection out there. Use one.

The condom will only work if use it correctly. Oil-based lubricants like Vaseline, hand cream, and hair grease destroy the rubber – never use them. (Water-based lubricants such as K-Y, Foreplay, Astroglide, and PrePair are fine.)

If you are using intravenous drugs (drugs which are injected with needles), you can protect yourself from HIV by not sharing needles, syringes, cookers, cotton, or filters. If you must share with anyone, clean your works with household bleach before and after using. Here is the procedure:

1. Draw clean water into the syringe, then empty it. Make sure there's no blood left in the syringe.
2. Next, fill the syringe with full strength household liquid bleach. Leave the bleach in the syringe for 30 seconds, then empty it.

3. Repeat step two.
4. Fill the syringe with clean water and empty it.
5. Repeat step four. Make sure you've washed the bleach out of the syringe.

Bleach kills HIV, but you must use full strength liquid bleach for it to work. Also, you must leave the bleach in the syringe for 30 seconds. (It won't damage anything.) If you fail to do either of these things, HIV might still be left in the works when you're done.

When am I safe from HIV?

AIDS is a frightening disease, and there is a great deal of misinformation about it. As long as you stay away from high-risk activities, your odds of getting AIDS are very low. In fact, the activites where you're not at risk for HIV far outnumber the activies where you are.

As a rule, HIV is not transmitted through casual, everyday contact. You can't get HIV through looking at someone, talking to them, or shaking their hand. Hugging does not transmit the virus, nor does sharing utensils or swimming in the same pool. You can't get HIV by being coughed on, or even by deep (so-called 'French') kissing.

Unfortunately, many of the high-risk activities are the sort of situations in which we're not likely to be careful. This is one of the reasons why teens are especially vulnerable to HIV and AIDS. The pressures of adolescence often create an environment where it's difficult to make the most responsible choices. If kids are going to rely on more than chance to avoid this disease, they need our help.

What's the point?

The bottom line here is simple: be educated, be aware, and be careful. AIDS is a powerful adversary, but there is a great deal that you can do to prevent yourself and others from getting it.

APPENDIX E

What Are Adolescents' HIV Prevention Needs?

(updated 4/99)

Can adolescents get HIV?

Unfortunately, yes. HIV infection is increasing most rapidly among young people. Half of all new infections in the US occur in people younger than 25. From 1994 to 1997, 44% of all HIV infections among young people aged 13-24 occurred among females, and 63% among African-Americans. While the number of new AIDS cases is declining among all age groups, there has not been a comparable decline in the number of new HIV infections among young people. 1

Unprotected sexual intercourse puts young people at risk not only for HIV, but for other sexually transmitted diseases (STDs) and unintended pregnancy. Currently, adolescents are experiencing skyrocketing rates of STDs. Every year three million teens, or almost a quarter of all sexually experienced teens, will contract an STD. Chlamydia and gonorrhea are more common among teens than among older adults. 2

Some sexually-active young African-American and Latina women are at especially high risk for HIV infection, especially those from poorer neighborhoods. A study of disadvantaged out-of-school youth in the US Job Corps found that young African-American women had the highest rate of HIV infection, and that women 16-18 years old had 50% higher rates of infection than young men. 3 Another study of African-American and Latina adolescent females found that young women with older boyfriends (3 years older or more) are at higher risk for HIV. 4

What puts adolescents at risk?

Adolescence is a developmental period marked by discovery and experimentation that comes with a myriad of physical and emotional changes. Sexual behavior and/or drug use are often a part of this exploration. During this time of growth and change, young people get mixed messages. Teens are urged to remain abstinent while surrounded by images on television, movies and magazines of glamorous people having sex, smoking and drinking. Double standards exist for girls-who are expected to remain virgins-and boys-who are pressured to prove their manhood through sexual activity and aggressiveness. And in the name of culture, religion or morality, young people are often denied access to information about their bodies and health risks that can help keep them safe. 5

A recent national survey of teens in school showed that from 1991 to 1997, the prevalence of sexually activity decreased 15% for male students, 13% for White students and 11% for African-American students. However, sexual experience among female students and Latino students did not decrease. Condom use increased 23% among sexually active students. However, only about half of sexually active students (57%) used condoms during their last sexual intercourse. 6

Not all adolescents are equally at risk for HIV infection. Teens are not a homogenous group, and various subgroups of teens participate in higher rates of unprotected sexual activity and substance use, making them especially vulnerable to HIV and other STDs. These include teens who are gay/exploring same-sex relationships, drug users, juvenile offenders, school dropouts, runaways, homeless or migrant youth. These youth are often hard to reach for prevention and education efforts since they may not attend school on a regular basis, and have limited access to health care and service-delivery systems. 7

Can education help?

Yes. Schools are an important venue for educating teenagers on many kinds of health risks, including HIV, STD and unintended pregnancy. Across the US and around the world, studies have shown that sexuality education for children and young people does not encourage increased sexual activity and does help young people remain abstinent longer. Effective educational programs have focused curricula, have clear messages about risks of unprotected sex and how to avoid risks, teach and practice communication skills, address social and media influences, and encourage openness in discussing sexuality. 8 In addition, HIV prevention programs that are carefully targeted to adolescents can be highly cost effective. 9

Are schools the only answer?

No. Young people need to get prevention messages in lots of different ways and in lots of different settings. Schools alone can't do the job. In the US, many schools are being hampered by laws and funding that prohibit comprehensive sexuality education. The federal government earmarked $50 million per year for school-based abstinence-only programs which emphasize values, character building and refusal skills, but do not discuss contraception or safer sex. 10 Although abstinence programs are effective at delaying the onset of sexual activity, they typically do not decrease rates of sexual risk activity among adolescents the way that safer sex interventions do. 11

Youth who are not in school have higher frequencies of behaviors that put them at risk for HIV/STDs, and are less accessible by prevention efforts. A national survey of youth aged 12-19 found that 9% were out-of-school. Out-of-school youth were significantly more likely than in-school youth to have had sexual intercourse, had four or more sex partners, and had used alcohol, marijuana and cocaine. 12 More intensive STD/HIV and substance abuse prevention programs should be aimed at out-of-school youth or youth at risk for dropping out of school.

Programs targeting hard-to-reach adolescents at high risk for HIV are necessary in many different venues outside of schools. Programs based in venues such as residential child care facilities, alternative schools and youth detention centers are needed. Peer educators can use an empowerment-oriented approach targeted to youth aged 12-17 to teach about preventing HIV and STDs, and to mobilize and link resources for young people through social and community networks. 13

Families play an important role in helping teenagers avoid risk behaviors. Frank discussions between parents and adolescent children about condoms can lead teens to adopt behaviors that will prevent them from getting HIV and other STDs. Research has shown that when mothers talked about and answered questions about condom use with their adolescents prior to sexual debut, the adolescents reported greater condom use at first intercourse and most recent intercourse, as well as greater lifetime condom use. 14

The WEHO Lounge in Los Angeles, CA, is a coffee house and HIV testing and information center located between two of the busiest gay discos in town. It offers free confidential oral HIV testing, weekly community forums, peer counseling, drug adherence support groups, free condom distribution and a comprehensive youth and HIV resource library. The Lounge also sells coffee drinks. By placing this resource in the community and adapting it to the needs and habits of young gay men, the program has been highly successful with clients. 15

Project VIDA in Chicago, IL, a community-based service organization, provides HIV prevention for high-risk urban Latina females, ages 12-24. Project VIDA incorporates empowerment and self-care themes into peer-facilitated street/community outreach and group interventions. They act on the belief that it is impossible to separate HIV risks from other cultural, environmental, interpersonal, and intrapsychic stressors that Latina youths face; and that coping skills can help manage the perplexities of these challenges. 16

What needs to be done?

HIV prevention programs for adolescents must consider the developmental needs and abilities of this age group. Programs should focus on contextual factors that lead young people to engage in higher rates of sexual activity and lower rates of condom use, such as low self-esteem, depression, substance use, gang activity, stress of living in turbulent urban environments, or boredom/restlessness related to unemployment.

Any program for adolescents should be interesting, fun and interactive, and involve youth in the planning and implementation. This is especially true for out-of-the-mainstream youth and youth from diverse cultures. Programs for hard-to-reach youth who are most at risk for HIV infection should be implemented in venues outside of schools, such as runaway/homeless youth shelters, shopping malls, detention facilities and recreation/community centers. Adolescents not only need correct information and practice in self-protective skills, but also easy access to condoms in order to keep themselves risk-free.

Prepared by Gary W. Harper, PhD MPH* and Pamela DeCarlo**

***Department of Psychology, DePaul University, **CAPS**

April 1999. Fact Sheet #9ER

APPENDIX F

Beste Marinda,

Ik heb je eerste hoofdstuk aandachtig gelezen en stuur het hierbij terug, voorzien van aantekeningen in de tekst (in rood). Het hoofdstuk is in mijn visie grotendeels geslaagd en een mooi fundament om de rest op te bouwen. Ga zo door! Ik hoop dat je je gestimuleerd voelt door mijn opmerkingen en nog mooier zou zijn als je spoedig tot een volgende hoofdstuk kunt komen. Ik wens je daarmee veel en ook veel werkvreugde.

Bij de kleinere opmerkingen in je tekst, maak ik hier vier wat grotere opmerkingen. Ik doe dat zakelijk en hoop dat je ze wilt verstaan als meedenken.

1) Algemeen

   a) Ik vind jou in het eerste hoofdstuk op je best en ook het interessantst als je je eigen praktijk, persoon, ervaringen etc. expliciet mee inbrengt in je betoog. Dat gebeurt bijv. Heel goed en leerzaam in het uitleggen van de A (BCDE): dat doe je prachtig en persoonlijk, terwijl dat tegelijk zeer to the point is!

   b) Omgekeerd vind ik je niet zo sterk als je je waagt aan interne wetenschappelijke debatten en vergelijkingen (zoals op p 4. waar het structuralisme veel te gemakkelijk in de hoek wordt gezet). Dat gaat te schematisch en ongenuanceerd. Ik denk dat je dat zou moeten vermijden.

2) In samenhang hierbij heb ik een , als je dat niet erg vind.

   a) Je uiteenzetting over kwalitatief onderzoek, het postmodernisme, de poststructuralistische benadering etc. is soms zwak, en dat komt vooral omdat je als het ware binnen-wetenschappelijk argumenteert. Je somt de tekorten op van de een, de blinde vlek van de ander, de pretenties van een derde en de domheden van een vierde. Wie de literatuur echter goed kent, zal veel van wat je daar schrijft, kunnen weerleggen, afzwakken of verwerpen.

   b) Je kunt je betoog ook ontdoen van die binnenwetenschappelijke pretenties. Dan ga je uit van

      → de (competent geachte) mensen die / met wie je wilt onderzoeken,

         δ) van je morele positie en je onopgeefbare verantwoordelijkheden tegenover hen,

         ε) je gaat uit van de intentie dat zij zich kunnen tonen met hun lijden, verlangens, schaamte en alledaagsheid,

         ϕ) etc.

      Dat is het (je) uitgangspunt en daarvan uitgaande selecteer je passende onderzoeksmethoden, paradigmata etc. Dat heef niets of heel weinig te maken met intern wetenschappelijke debatten maar alles met jou, je context, je pastoranten, je verantwoordelijkheden, jouw invulling van professionaliteit en

met je wensen. Ik zou dergelijke overwegingen dus nadrukkelijk voorop zetten en voortdurend als referentiepunt gebruiken: zo kom je aan je research design en dat is er de ratio van. (Bovendien is deze manier van doen vee veiliger en sluit ze beter aan bij je sterke kant als praktiserend pastor.)

3) Ik neem overigens aan dat hoofdstuk 1 nog herzien wordt:

a) Het moet nog gecorrigeerd worden op het Engels (zitten veel fouten in).

b) Tot mijn verbazing bevat het hoofdstuk geen - en vraagstelling: wat is eigenlijk het of kennistekort waaraan je met deze studie wat tracht te doen? Je schrijft wel een relevantieparagraaf (p.16/17 al is de toon daar erg optatief) maar die behoort natuurlijk verbonden te zijn met een schets van het (in de binnenstad, met de jongeren, met HIV/AIDS, met beleid, met zorg, eyc.): dus, wat is het waar jij je in verdiept en waaraan je graag wat zou willen doen?

c) Het hoofdstuk gaat erg snel uit (en aan het eind is het dan ook enigszins onevenwichtig!) en eindigt te abrupt: daar moeten nog zeker twee pagina's achteraan met wat je nu feitelijk gaat onderzoeken, hoe de studie is opgebouwd en welke hoofdstukken we mogen verwachten, waar de theologische interesse is ondergebracht etc. Maar ik denk dat je allang van plan was die gegevens nog toe te voegen

d) Ik kan me voorstellen dat de uiteenzetting van de ABCDE-aanpak meer naar voren wordt gehaald in de tekst en dat de uitleg wat kwalitatief onderzoek, of narratief onderzoek iets meer naar achteren wordt geplaatst: er zijn nu wel erg veel 'voorafje' voor we bij de hoofdmaaltijd aanbelanden.

Prof Andries Baart

APPENDIX G

Respons op Marinda
Posted : 21/04/2004 10:14
By : **Eric Scholtz**

Beste Marinda,

Ek het die eerste lees van jou 'n samehangendheid en konsekwentheid in jou beredenering wat vir my sê dat jou geskrif uit 'n persoonlike oortuiging gegroei het. Die passie waarmee jy soms skryf bevestig dit! En ek sou die saak daarby kon laat, maar anders as jy gaan ek tog "play up to people in power" en probeer om 'n paar kritiese opmerkings te maak en vrae te stel. Nadat ek jou stuk herlees het, die volgende gedagtes (ek bespreek dit nie in die volgorde van belangrikheid nie, maar soos dit agtereenvolgend na vore kom):

1.) Wat jou tema betref, dit het nie vir my uit jou stuk duidelik geword wat jy bedoel met "adolescents infected and affected by HIV/AIDS" nie. Jy vertel byvoorbeeld die verhaal van Thandi. Dit klink vir my sy is 'n mede-navorser en bloot deel van 'n gespreksgroep oor vigs. Beteken dit jou onderwerp handel oor hoe vigs in die algemeen tieners raak? Of gaan dit meer oor tieners wat vigs het en/of in die nabyheid leef van persone wat vigs het?
2.) In die formulering van jou navorsingsdoelwit maak jy melding van 'n "holistic understanding of HIV/AIDS infected and affected adolescents". Beteken "holisties" in dié verband dat jy al die moontlike maniere waarop tieners deur vigs geraak word te wete wil kom? Gee die woord "holisties" dalk die antwoord op my vraag in punt 1? Is dit nie geweldig wyd nie? Wat egter hier vir my belangriker is, dié woord val deesdae vir my nie lekker op die oor nie. Dit klink nogal pretensieus, gemeet aan die "unheard stories" uit in jou
3.) Gebruik jy die begrip "care" nie op 'n onkritiese wyse nie? Sal jy nie iewers meer aandag moet gee aan hierdie woord nie?
4.) Dit lyk my jy het sterk politieke oogmerke met jou navorsing!! Jy skryf dikwels oor die transformasies wat moet plaasvind (reeds so in jou navorsingsdoelwit). Later, onder jou bespreking van die narratiewe benadering, haal jy vir Müller, Van Deventer en Human as volg aan: "For us, the aim of research is not to bring about change…" Is hier 'n spanning op te merk? As jy gesteld is op verandering, sou jy nie meer moes maak van wat Gergen byvoorbeeld bespreek onder deelnemende aksie-navorsing nie? En sou dit nie jou metodologie meer moes beïnvloed nie?
5.) Onder navorsingsmetode noem jy "fiction writing" 'n "comfortable metaphor". En 'n bietjie verder beskryf jy die "narrative approach" as 'n "comfortable way" om navorsing te doen. Is die woord "comfortable" 'n goeie keuse?
6.) "Qualitative researchers are sensitive to the value of using multi-methods, the naturalistic approach and the interpretive understanding of human experience", so skryf "Qualitative research". Wat is 'n "naturalistic approach"?
7.) Onder dieselfde opskrif haal jy vir Agar aan oor "qualitative research": "There is a movement away from reliability and validity, towards credibility, accuracy of representation and authority of the writer." Behalwe "authority of the writer"?
8.) Onder die hoof "Practical theology" verwys jy na 'n "theory-praxis-theory" beweging. Jy bedoel nie dalk "praxis-theory-praxis" nie?
9.) Is Lartley se benadering tot praktiese
10.) Behels die konteks van navorsing nie baie meer as jou enkele verwysing na wêreldbeeld nie? Browning na wie jy later verwys het byvoorbeeld heelwat hieroor te sê. Miskien is dit bloot 'n geval dat jy keuses moes maak oor waar jy sekere inhoude aan die orde stel. Want van die sake wat jy later onder "action" en "background" bespreek sou (ook) hier tuishoort – so dink ek.
11.) Onder "story development" skryf jy: "Different stories are brought into conversation with one another through hearing the different voices and making them heard and by critically evaluating the different voices." My vraag het betrekking op die laaste deel van die sin: "… by critically evaluating the different voices." Doen ons dit in narratiewe navorsing?
12.) Ek sou ten slotte ook graag wou lees hoe 'n moontlike hoofstukindeling van jou proefskrif lyk.
Ek volstaan hiermee, anders glo jy nie my aanvanklike stelling Groete. Eric

APPENDIX H

REPUBLIEK VAN SUID-AFRIKA
MAATSKAPPYWET, 1973

S T A T U T E
van 'n Maatskappy sonder 'n aandelekapitaal

Registrasienr. van Maatskappy
92/01259/08

NAAM VAN MAATSKAPPY:

PRETORIA EVANGELISERING- EN NASORGAKSIE
(Vereniging ingelyf kragtens Artikel 21)

Die Statute van die Maatskappy is soos volg:

DOELWITTE

1. Ter bereiking van die hoofdoelstelling in die akte van oprigting, word die volgende doelwitte vir die maatskappy gestel (wat nie as 'n volledige lys van doelwitte geld nie):

   a. Om in en deur die krag van Christus die middestadmens van Pretoria as totale mens (geestelik, materieël, maatskaplik, sosiaal, ens.) te bedien;

   b. Stedelike sending en evangelisasie in die algemeen wat behels die bediening van die totale mens;

   c. Om, indien dit prakties uitvoerbaar is, saam te werk met 'n erkende internasionale sendingorganisasie, verkieslik een wat stedelike sending en evangelisasie as toegespitste bediening het.

LEDE

2. Die KERKRAAD VAN DIE PRETORIA GEMEENTE VAN DIE NEDERDUITSE GEREFORMEERDE KERK VAN TRANSVAAL (hierna genoem "NG GEMEENTE PRETORIA") nomineer jaarliks tien persone uit die geledere van die Kerkraad om lede van die maatskappy te wees.

3.

tot

10. Geen statute.

DIREKSIE

11. Direkteure van die maatskappy word deur die lede van die maatskappy aangestel.

12. Die maatskappy moet minstens vyf direkteure en verkieslik nie meer as twaalf direkteure hê nie.

13. Minstens twee van die direkteure moet lede van die maatskappy wees, waarvan minstens een ‘n voltydse dienende predikant moet wees.

14. Met die aanstelling van direkteure deur die lede van die maatskappy sal afsonderlik per direkteur besluit word, tensy die vergadering sonder teenstem vooraf bepaal het dat oor meer as een direkteur gesamentlik besluit mag word.

15. Behoudens genoemde twee direkteure uit geledere van die lede van die maatskappy, hoef direkteure nie lede van die maatskappy te wees nie, of lidmate te wees van die NG GEMEENTE PRETORIA nie of aan die Nederduitse Gereformeerde Kerk verbonde te wees nie. Hierdie direkteure word na verwys as eksterne direkteure.

16. Eksterne direkteure sal aangestel word verkieslik volgens aanbeveling van die direksie. Die ledevergaderig is egter nie gebonde aan sodanige aanbevelings van die direksie nie.

17. Direkteure word aangestel vir ‘n tydperk van drie jaar; met dien verstande dat direkteure se dienstermyn nie ten einde loop voor die ledevergadering vir die jaarlikse verkiesing van direkteure nie.

18. Direkteure is herkiesbaar vir onbeperkte opvolgende termyne.

19. Die direkteure verkies uit hul geledere ‘n voorsitter en ondervoorsitter vir die direksie.

20. Die voorsitter van die direksie is verkieslik ‘n eksterne direkteur.

21. Indien die voorsitter van die direksie ‘n eksterne direkteur is. Moet die ondervoorsitter verkies word uit die direkteure wat lede van die maatkappy is.

22. Die direksie stel ook ‘n sekretaris/sekretaresse aan, verkieslik nie ‘n direkteur nie.

DAGBESTUUR

23. Die direksie stel jaarliks ‘n dagbestuur saam. Die dagbestuur het ‘n uitvoerende funksie namens die direksie.

24. Die dagbestuur word saamgestel uit lede van die direksie. Die voorsitter of ondervoorsitter van die direksie hoef nie op die dagbestuur te dien nie.

25. Die direksie benoem die voorsitter en ondervoorsitter van die dagbestuur. In afwesigheid van die voorsitter tree die ondervoorsitter as voorsitter op.

26. Die lede van die dagbestuur mag een bykomende direkteur op die dagbestuur koopteer.

27. Twee lede van die dagbestuur, uitgesluit ‘n gekoopteerde lid, vorm ‘n kworum vir die dagbestuursvergaderings.

28. Besluite word geneem by wyse van gewone meerderheid. In geval van ‘n staking van stemme het die voorsitter ‘n tweede of beslissende stem.

29.

tot

37. Geen statute.

OPTREDE VAN DIREKTEURE

38. Die direkteure kan vergader vir die afhandeling van sake, verdaag en andersins hul vergaderings en wyses van kennisgewing vir vergaderings reël soos hulle mag goeddink; behoudens die bepalings van hierdie statute en die verpligte bepalings van die Maatskappywet Nr. 61 van 1973 (hierna genoem die Wet). Minstens twee direksievergaderings per finansiële jaar van die maatskappy sal gehou word.

39. Die direkteure kan al die bevoegdhede van die maatskappy uitoefen wat nie deur die Wet of deur hierdie statute vereis word om op ‘n ledevergadering uitgeoefen te word nie, onderhewig aan hierdie statute en aan die bepalings van die Wet asook aan besluite van die algemene vergadering wat nie strydig is met hierdie statute of wetsbepalings nie.

40. Alle fondse en bates van die maatskappy word deur die direksie beheer en bestuur.

41. ‘n Gewone meerderheid van direkteure vorm ‘n kworum vir direksievergaderings.

42. Direksiebesluite word geneem by wyse van gewone meerderheid van direkteure, behalwe soos in hierdie statute anders bepaal.

43. Ingeval van ‘n staking van stemme, het die voorsitter ‘n tweede of beslissende stem.

44. Die direksie mag kundige persone vir bepaalde take of advies tydelik op die direksie koopteer. Sodanige persone het nie stemreg nie.

45. Die direksie hanteer aanstellings van werknemers en bepaal diensvoorwaardes.

46. Die direksie kan, met vooraf goedkeuring van ‘n ledevergadering, ‘n voltydse uitvoerende direkteur aanstel.

47. Direkteure ontvang geen direkteursvergoeding as direkteure nie. Uitgawes wat deur direkteure aangegaan is om direkteurverpligtinge na te kom, kan vergoed word.

48. Die direksie is geregtig om ‘n direkteur te vergoed vir professionele dienste wat op versoek gelewer is.

49. ‘n Direkteur mag ‘n werknemer van die maatskappy wees, en aldus geregtig wees op vergoeding as werknemer en onderhewig wees aan diensvoorwaardes.

50. Indien by enige vergadering van direkteure die voorsitter of ondervoorsitter nie teenwoordig is binne vyftien minute na die vasgestelde tyd vir die vergadering nie,. mag die direkteure wat teenwoordig is een uit hulle midde verkies om voorsitter van die vergadering te wees.

51. Die oorblywende direkteure mag optree nieteenstaande enige vakature in hul geledere. Indien en vir solank hulle getal verminder is onder die minimum getal mag die oorblywende direkteure slegs optree om ‘n direksievergadering vir daardie doel te belê, vir die doel van aanstelling van bykomende direkteure; met dien verstande dat indien daar geen direkteur is wat instaat is of gewillig is omlop te tree nie, mag enige lid van die direksie ‘n direksievergadering belê vir daardie doel.

52. ‘n Direkteur mag ter enger tyd ‘n vergadering van direkteure belê.

53. Enige besluit van die direkteure van die maatskappy in die vorm van ‘n geskrewe besluit geteken deur al die direkteure, sal geag word om die notule van ‘n vergadering te wees en daar sal kennis van geneem word deur die volgende vergadering van direkteure.

54. Behoudens die bepalings van artikels 234 tot en met 241 van die Wet, mag ‘n direkteur nie ten opsigte van ‘n kontrak of voorgenome kontrak met die maatskappy waarin hy ‘n belang het of ‘n aangeleentheid wat daaruit voortspruit, stem nie, en indien hy aldus stem, word sy stem nie getel nie.

55. Die direkteure kan enige van hulle bevoegdhede delegeer aan komitees wat uit die lid of lede uit hulle midde bestaan wat hulle goeddink. ‘n Komitee aldus saamgestel, moet hom by die uitoefening van die bevoegdhede aldus gedelegeer by die reëls hou wat die direkteure aan hom oplê.

56. ‘n Komitee kan ‘n voorsitter vir sy vergaderings verkies. As so ‘n voorsitter nie binne vyftien minute na die vasgestelde tyd vir die hou van die vergadering aanwesig is nie, kan die aanwesige lede iemand uit hulle midde tot voorsitter van die vergadering verkies.

57. ‘n Komitee kan na goeddunke vergader en verdaag. Vrae wat op ‘n vergadering ontstaan word met ‘n meerderheid van stemme van die aanwesige lede beslis, en in die geval van ‘n staking van stemme het die voorsitter ‘n tweede of beslissende stem.

58. Alle handeling wat verrig is deur ‘n vergadering van die direkteur of ‘n komitee van direkteure of deur ‘n persoon wat as ‘n direkteur optree, is, ondanks die feit dat agterna ontdek word dat daar een of ander gebrek was in die aanstelling van sodanige direkteure of persoon wat optree soos voormeld, of dat hulle of enige van hulle gediskwalifiseer was, net so geldig asof elke sodanige persoon behoorlik as direkteur aangestel was en gekwalifiseer was om ‘n direkteur te wees.

DISKWALIFIKASIE VAN DIREKTEURE

59. Enige van die volgende persone is gediskwalifiseer om aangestel te word of op te tree as direkteur van die maatskappy:

59.1 ‘n regspersoon

59.2 ‘n minderjarige of ‘n ander persoon wat handelingsonbevoegd is, behalwe ‘n getroude vrou onder die maritale mag van haar eggenoot wie se skriftelike toestemming tot haar aanstelling as ‘n direkteur op die vorm bedoel in artikel 211 (1) (a) by die maatskappy ingedien is;

59.3 iemand wat die onderwerp van ‘n bevel kragtens die Wet is waardeur hy gediskwalifiseer is om direkteur te wees;

59.4 behalwe met magtiging van die Hof-

i ‘n ongerehabiliteerde insolvent;

ii iemand uit ‘n vertrouensamp ontslaan op grond van wangedrag;

iii iemand wat te eniger tyd (in die Republiek of elders) skuldig bevind is aan diefstal, bedrog, vervalsing of die uitgifte van ‘n vervalste stuk, meineed, ‘n misdryf Kragtens die Wet op die Voorkoming van Korrupsie, 1958 (Wet No 6 van 1958); of ‘n misdryf waarby oneerlikheid betrokke is of in verband met die oprigting, stigting of bestuur van ‘n maatskappy, en daarvoor gestraf is met gevangenisstraf sonder die keuse van ‘n boete of met ‘n boete van meer as honderd rand.

ONTRUIMING VAN DIREKTEURSAMP

60. Die direkteursamp word ontruim indien die direkteur –

60.1 verbied word om ‘n direkteur te wees uit hoofde van ‘n bepaling van die Wet; of

60.2 by skriftelike kennisgewing aan die maatskappy en die Registrateur van Maatskappye uit sy amp bedank; of

60.3 sonder toestemming van die direkteure afwesig is van so ‘n getal direkteursvergaderings wat die direksie van tyd tot tyd bepaal; of

60.4 regstreeks of onregstreeks ‘n belang het in ‘n kontrak of voorgenome kontrak met die maatskappy en versuim om sy belang en die aard daarvan te verklaar op die wyse deur die Wet vereis, en die direksie hom as gevolg hiervan versoek om sy amp te ontruim,; of

60.5 nie in sy amp herkies word nie; of

60.6 die direksie van mening is dat die direkteur se optrede of gedrag die doelstelling of doelwitte van die maatskappy benadeel; met dien verstande dat op ‘n direksie-vergadering vir sodanige besluit, minstens twee-derdes van die lede van die direksie aanwesig moet wees en minstens twee-derdes van die aanwesige lede ten gunste van die ontslag stem.

NOTULES

61. Die notule van verrigtinge op elke vergadering van die direksie-, dagbestuur en lede sal binne een maand na die datum waarop die vergadering gehou is, in toepaslike notuleboeke ingeskryf word.

62. Die teenwoordige persone by direksie-, dagbestuur en ledevergaderings sal op die vergadering hul naam in ‘n teenwoordigheidsregister teken.

63. Die notule van enige vergadering van die direksie, dagbestuur en lede wat voorgee geteken te wees deur die voorsitter van daardie vergadering of deur die voorsitter van die eersvolgende vergadering sal bewys wees van die verrigtinge by daardie vergadering.

64. Die notule van elke algemene vergadering en algemene jaarvergadering sal beskikbaar wees vir kostelose insae deur enige lid of sy behoorlik gemagtigde agent.

ALGEMENE VERGADERINGS

65. Die maatskappy moet sy eerste algemene jaarvergadering hou binne agtien maande na sy inlywingsdatum en moet daarna elke jaar ‘n algemene jaarvergadering hou; met dien verstande dat nie meer as vyftien maande mag verloop tussen die datum van een algemene jaarvergadering en die van die volgende nie en dat ‘n algemene jaarvergadering gehou moet word binne ses maande na die verstryking van die boekjaar van die maatskappy.

66. Algemene vergaderings moet belê word op versoek van die direksie of van minstens twee lede van die maatskappy.

67. Indien die lede ‘n algemene vergadering versoek, moet hul versoek voldoen aan die bepalings van artikel 181 van die Wet, en moet die direkteure toesien dat die vergadering belê word ooreenkomstig die bepalings van die Wet.

68. Kennis van ‘n algemene vergadering word aan lede gegee by wyse van persoonlike kennisgewing.

69. Die kworum vir ‘n ledevergadering sal minstens vier stemgeregtigde lede wees.

70. Elke lid van die maatskappy het een stem op ‘n algemene vergadering.

71. Die algemene jaarvergadering handel met alle aangeleenthede voorgeskryf deur die wet insluitende die oorweging van finansiële jaarstate en aanstelling van ‘n ouditeur. Die algemene jaarvergadering kan enige ander sake hanteer wat aan hom voorgelê word.

72. Die kennisgewingtydperk vir ‘n algemene vergadering is minstens 14 dae, en vir aanname van ‘n spesiale besluit minstens 21 dae, en verder soos die Wet bepaal.

73. Die Voorsitter van die direksie moet as voorsitter van elke algemene vergadering van die maatskappy optree. Indien daar geen sodanige voorsitter is nie, of indien hy by ‘n vergadering nie binne vyftien minute na die vasgestelde tyd vir die hou van die vergadering aanwesig is nie of onwillig is om as voorsitter op te tree, moet die ondervoorsitter van die direksie as voorsitter van die vergadering optree. Indien die ondervoorsitter aldus afwesig of onwillig is, moet die aanwesige lede een uit hulle midde as voorsitter verkies.

OUDITEUR EN FINANSIëLE STATE

74. Die maatskappy moet ‘n ouditeur aanstel ooreenkomstig die bepalings van die Wet.

75. Afskrifte van die maatskappy se finasiële jaarstate en jaarverslae sal voorsien word aan die Nederduitse Gereformeerde Kerk se Sinodale Kommissie vir Diens van Barmhartigheid van Noord-Transvaal en Ringskommissie vir Diens van Barmhartigheid van die Ring van Pretoria.

KENNISGEWINGS

76. Kennisgewings wat soos volg gegee is, sal vir alle doeleindes geag word behoorlik en geldiglik gegee te wees:

Aan lede van die maatskappy en lede van die direksie, binne vier besigheidsdae na afsending van ‘n kennisgewing per geregistreerde pos na die persoon se posadres wat aan die maatskappy verskaf is.

SEËL

77. Indien die maatskappy ‘n seël het, mag dit nie aan ‘n dokument geheg word nie behalwe met die magtiging van ‘n besluit van die direkteure en moet dit aangeheg word op die wyse en onderworpe aan die voorsorgmaatreëls wat die direkteure van tyd tot tyd bepaal.

BYLAE "A"

PRETORIA EVANGELISASIE EN NASORGAKSIE BEPERK
(VERENIGING INGELYF KRAGTENS ARTIKEL 21)

Inhoud van spesiale besluit:

Wysigings:

Wysig die woorde van klousule 5.2 (b) van die Akte van Oprigting:

Bevoegdheid (b) word nie gekwalifiseer nie, en lees soos volg:

"Om sy onderneming of al of enige deel van sy goed en bate te bestuur, te verseker, te verkoop, te verhuur, met verband te beswaar, te vervreem, in ruil te gee, te bewerk, te ontwikkel, te bebou, te verbeter, voordelig te benut of op 'n ander wyse daarmee te handel."

moet soos volg lees:

Bevoegdheid (b) word nie gekwalifiseer nie, en lees soos volg:

"Om sy onderneming of al of enige deel van sy goed en bate te bestuur, te verseker, te verkoop, te verhuur, met verband te beswaar, te vervreem, in ruil te gee, te bewerk, te ontwikkel, te bebou, te verbeter, voordelig te benut of op 'n ander wyse daarmee te handel. Enige besigheidsonderneming of handelsaktiwiteit, of enige bate in die besigheidsonderneming of handelsaktiwiteit gebruik, deur die organisasie voor 1 Januarie 2001 verkry by wyse van skenking, bemaking of erflating, kan behou of voortgesit word vir 'n tydperk van 5 jaar".

Wysig die woorde van klousule 5.2 (c) van die Akte van Oprigting

Bevoegdheid (c) word nie gekwalifiseer nie, en lees soos volg:

"Om aansoek te doen om patente, patentregte, lisensies, handelsmerke, konsessies of ander regte of om dit te koop of op enige ander wyse te verkry, te beskerm, te verleng en te hernuwe en om daarmee te handel en dit te vervreem soos in bevoegdheid (b) bepaal."

moet soos volg lees:

Bevoegdheid (c) word nie gekwalifiseer nie, en lees soos volg:

"Om aansoek te doen om patente, patentregte, lisensies, handelsmerke, konsessies of ander regte of om dit te koop of op enige ander wyse te verkry, te

beskerm, te verleng en te hernuwe en om daarmee te handel, slegs tot in die mate soos toegelaat in artikel 30(3)(b)(iv) van die Inkomstebelastingwet, en dit te vervreem soos in bevoegdheid (b) bepaal."

Wysig die woorde van klousule 5.2 (f) van die Akte van Oprigting

Bevoegdheid (f) word nie gekwalifiseer nie, en lees soos volg:

"Om geld aan enige persoon of maatskappy te leen."

moet soos volg lees:

Bevoegdheid (f) word nie gekwalifiseer nie, en lees soos volg:

"Om nie geld aan enige persoon of maatskappy te leen nie."

Wysig die woorde van klousule 5.2 (g) van die Akte van Oprigting

Bevoegdheid (g) word nie gekwalifiseer nie, en lees soos volg:

"Om geld op enige wyse te belê."

moet soos volg lees:

Bevoegdheid (g) word nie gekwalifiseer nie, en lees soos volg:

"Geen fondse sal aan enige ander persoon uitgekeer word nie (behalwe in die loop van die beoefening van enige openbare weldaadsaktiwiteit) en die fondse van die Maatskappy sal alleenlik aangewend word om vir die oogmerk waarvoor dit ingestel is, of om bedoelde fondse te belê -

- by 'n finansiële instelling soos omskryf in artikel 1 van die Wet op die Raad op Finansiële Dienste, 1990 (Wet nr. 97 van 1990);
- in aandele genoteer op 'n aandelebeurs soos omskryf in artikel 1 van die Wet op Beheer van Aandelebeurse, 1985 (Wet nr. 1 van 1985); of
- in ander versigtige beleggings in finansiële instrumente en bates wat die Kommissaris bepaal, na oorlegpleging met die Uitvoerende Beampte van die Raad op Finansiële Dienste en die Direkteur van Organisasies Sonder Winsoogmerk:

Met dien verstande dat die bepalings van hierdie paragraaf nie die Maatskappy verhoed om enige belegging (behalwe ‘n belegging in die vorm van ‘n besigheidsonderneming of handelsaktiwiteite of bate wat aangewend word in sodanige besigheidsonderneming of handelsaktiwiteit) te behou in die vorm waarin dit by wyse van skenking, bemaking of erflating verkry is nie.”

Wysig die woorde van klousule 5.2 (o) van die Akte van Oprigting

Bevoegdheid (o) word gekwalifiseer om soos volg te lees:

“Om skenkings aan enigiemand anders as lede en direkteure van die Maatskappy te maak.”

moet soos volg lees:

Bevoegdheid (o) word gekwalifiseer om soos volg te lees:

“Om skenkings aan enige openbare weldaadsorganisasie te maak wat Inkomstebelastingvrystelling geniet.”

Wysig die woorde van klousule 6.1 (a) van die Akte van Oprigting

(a) Die inkomste en eiendom van die Maatskappy uit welke bron ookal verkry word uitsluitend aangewend vir die bevordering van sy hoofdoelstelling, en geen gedeelte daarvan mag regstreeks of onregstreeks, by wyse van dividend, bonus of andersins hoe dan ook, aan die lede van die Maatskappy of van sy houermaatskappy of filiale betaal of oorgemaak word nie: Met dien verstande dat niks wat hierin bepaal is, die betaling te goeder trou belet van redelike besoldiging aan ‘n beampte of diensmemer van die Maatskappy of aan ‘n lid daarvan vir dienste werklik aan die Maatskappy gelewer nie.

moet soos volg lees:

(a) Die inkomste en eiendom van die Maatskappy uit welke bron ookal verkry word uitsluitend aangewend vir die bevordering van sy hoofdoelstelling, en geen gedeelte daarvan mag regstreeks of onregstreeks, by wyse van dividend, bonus of andersins hoe dan ook, aan die lede van die Maatskappy of sy

houermaatskappy of filiale betaal of oorgemaak word nie: Met dien verstande dat geen vergoeding aan enige werknemer, amptenaar, lid of ander persoon wat oormatig is, inaggenome wat algemeen as redelik geag word in die sektor en met betrekking tot die diens gelewer, betaal word nie. Geen persoon sal op enige wyse ekonomiese voordeel uit die Maatskappy ontvang, wat nie in ooreenstemming met die doelstellings van die Maatskappy is nie.

Wysig die woorde van klousule 6.1 (b) van die Akte van Oprigting

(b) By sy likwidasie, deregistrasie of ontbinding word die bate van die Maatskappy wat oorbly na voldoening aan al sy verpligtinge, gegee of oorgemaak aan ‘n ander maatskappy of inrigting of maatskappye of inrigtings wat doelstellings het wat soorgelyke is aan sy hoofdoelstelling, en wat deur die lede van die Maatskappy by of voor sy ontbinding of, as hulle versuim om dit te doen, deur die Hof aangewys word.

moet soos volg lees:

(b) Die Maatskappy sal by likwidasie, deregistrasie of ontbinding al sy bates oordra aan ‘n soortgelyke openbare weldaadsorganisasie met dieselfde of soortgelyke doelstellings, wat goedgekeur is in gevolge Artikel 30 van die Inkomstebelastingwet; of enige instansie, raad of liggaam wat vrygestel is van die verpligting om inkomstebelasting te betaal in gevolge Artikel 10(1)(cA)(i) van die Inkomstebelastingwet, wat as sy enigste of hoofdoelwit het om ‘n openbare weldaadsdsaktiwiteit te beoefen; of enige departement van die staat of administrasie in die nasionale of provinsiale of plaaslike sfeer van die regering van die Republiek, soos vermeld in Artikel 10(1)(a) of (b) van die Inkomstebelastingwet en wat deur die lede van die vereniging by of voor ontbinding of, as hulle versuim om dit te doen, deur die Hof aangewys word.

Voeg die addisionele klousules hieronder vermeld by klousule 6.1 van die Akte van Oprigting

(c) Die enigste oogmerk van die Maatskappy is om die aktiwiteite, sonder winsoogmerk, te onderneem soos omskryf in Artikel 30(1) van die Inkomstebelastingwet, en meer in besonder, die aktiwiteite wat onder die Doelstellings van die Maatskappy, genoem word.

(d) Ten minste 85 persent van bedoelde aktiwiteite, gemeet as die koste verbonde aan die aktiwiteite of die tyd bestee met betrekking daarop, word uitgevoer tot voordeel van persone in die Republiek, tensy die Minister, na inagneming van die betrokke omstandighede, andersins aandui;

(e) Elke aktiwiteit wat deur die Maatskappy uitgevoer word moet tot voordeel wees van of toeganklik wees vir die algemene publiek, insluitende enige sektor daarvan (uitgesluit klein of eksklusiewe groepe); of elke bedoelde aktiwiteit wat deur die Maatskappy uitgevoer word moet tot voordeel wees van of toeganklik wees vir armes en behoeftiges; of die Maatskappy moet ten minste 85 persent by wyse van donasies of toekennings van enige staatsorgaan of toekennings van buitelandse regerings of internasionale organisasies befonds word.

(f) Ten minste drie persone, wat nie verbonde persone met betrekking tot mekaar is nie, moet fidusiêre verantwoordelikheid aanvaar, soos omskryf in die Wet; met dien verstande dat geen enkele trustee die besluitnemingproses van die Maatskappy direk of indirek kan beheer nie.

(g) Die Maatskappy sal geen besigheidsonderneming of handelsaktiwiteite dryf, behalwe tot die mate wat:

- Die bruto inkomste uit bedoelde besigheidsonderneming of handelsaktiwiteite verkry, in totaal nie die grootste van R25 000 of 15 persent van die bruto ontvangstes van die Maatskappy te bowe gaan nie;
- die onderneming of aktiwiteit -
  - integraal en direk verwant is tot die enigste oogmerk van die Maatskappy; en
  - beoefen of uitgevoer word op ‘n grondslag waarvan wesenlik die geheel gerig is op die verhaling van koste; en
  - wat nie onregverdige mededinging met betrekking tot belasbare entiteite tot gevolg sal hê nie;
- die onderneming of aktiwiteit, indien nie integraal en direk verwant aan die enigste oogmerk van die Maatskappy nie, van ‘n toevallige aard is en wesenlik onderneem word met vrywillige bystand sonder vergoeding; of
- die onderneming of aktiwiteit deur die Minister by kennisgewing in die *Staatskoerant*, met inagneming van -
  (i) die omvang en welwillendheidsaard van die onderneming of aktiwiteit;

(ii) die direkte verband en verwantskap van die onderneming of aktiwiteit met die enigste oogmerk van die maatskappy;

(iii) Die winsgewendheid van die onderneming of aktiwiteit; en

(iv) Die vlak van ekonomiese verwringing wat deur die belastingvrye status van die Maatskappy wat die onderneming of aktiwiteit bedryf, veroorsaak mag word.

(h) Die Maatskappy is verbied om ‘n skenking wat herroeplik op aandrang van die skenker is, vir ander redes as die wesenlike versuim om aan die aangewese oogmerke en voorwaardes van bedoelde skenking te voldoen, met inbegrip van enige wanvoorstelling met betrekking tot die belastingaftrekbaarheid daarvan ingevolge Artikel 18A, te aanvaar: Met dien verstande dat ‘n skenker, anders as ‘n skenker wat ‘n goedgekeurde openbare weldaadsorganisasie is of ‘n instelling is wat belastingvrystelling geniet in terme van Artikel 10(1)(cA)(i), en wie se hoofdoelstelling die beoefening van ‘n openbare weldaadsaktiwiteit is, nie enige voorwaarde mag oplê wat bedoelde skenker of enige verbonde persoon met betrekking tot bedoelde skenker in staat kan stel om enige direkte of indirekte voordeel uit die aanwending van die skenking te verkry nie.

(i) Die Maatskappy sal ‘n afskrif van enige wysigings aan die stigtingsdokumentasie, waarkragtens die openbare weldaadsorganisasie ingestel is, aan die Kommissaris van die Suid-Afrikaanse Inkomstediens voorlê.

(j) Die Maatskappy sal nie bewustelik toelaat dat dit gebruik word as deel van enige transaksie, handeling of skema waarvan die enigste of hoofdoel die vermindering, uitstel of vermyding is van die aanspreeklikheid vir enige belasting, reg of heffing wat, by ontstentenis van bedoelde transaksie, handeling of skema, deur ‘n persoon ingevolge die Inkomstebelastingwet of enige ander Wet wat deur die Kommissaris geadministreer word, betaalbaar sou gewees het of geword het nie.

(k) Die Maatskappy moet die vereiste Inkomstebelastingopgawes tesame met aanvullende dokumentasie indien.

(l) Indien die Maatskappy fondse aan enige vereniging van persone in Deel 1 van die Negende Skedule bedoel, voorsien, sal die Maatskappy alle redelike stappe doen ten einde te verseker dat die fondse vir die doel waarvoor dit voorsien is, aangewend word.

(m) Die Maatskappy moet, binne die tydperk wat die Kommissaris bepaal, ingevolge artikel 13(5) van die Wet op Organisasies Sonder Winsoogmerk, 1997 (Wet Nr. 71 van 1997), registreer, en aan enige ander vereistes ingevolge daardie Wet opgelê, voldoen, tensy die Kommissaris in oorleg met die Direktoraat van Organisasies Sonder Winsoogmerk, ingevolge Artikel 8 van die Wet op Organisasies sonder winsoogmerk aangewys, op goeie gronde aangetoon, anders aandui.

(n) Geen bronne van die Maatskappy sal op enige wyse aangewend word tot die voordeel van of teenstaan van ‘n politieke party nie.