

CHAPTER 4

THE RESILIENT EDUCATORS SUPPORT PROGRAMME (REds) FOR HIV AND AIDS AFFECTED EDUCATORS

1. INTRODUCTION

Educators are expected to respond to trends and changes in society (Hall 2004:4-12). Educators' tasks have intensified and one of the consequences of these changes is that educators are left in need of a concurrently advanced repertoire of skills (Hall, 2004:3). The skills that Hall (2004:3) mentions include caring for children, even more so when the social reality is impacted by the negative effects of HIV and AIDS. As previously discussed, it seems as if South African educators do not have the necessary skills to cope effectively with the extra load, and according to Bhana *et al.* (2006:6) there are many unacknowledged demands that the pandemic makes upon teachers to care for learners. Specific challenges educators are faced with, according to Bhana *et al.* (2006:7), are raising awareness and preventing infection, assisting the infected and affected and dealing with the trauma of illness and death of significant others. Other authors (Hall *et al.*, 2005:27; Schulze & Steyn, 2007:691; Theron, 2007c:175) note that South African educators report similar stressful and burdening experiences. The burden is so severe that Hall *et al.*, (2005:27) report that many South African educators who are considering quitting the teaching profession mention the challenges of teaching in an HIV-altered reality as one of the factors motivating their wearing away.

As concluded in Chapter Three, the researcher emphasises the need for a comprehensive support programme to assist HIV and AIDS affected educators to cope better with the pandemic. As Bhana *et al.* (2006:20) puts it: "Planning for professional development and support programmes in schools and the education system needs to [be taken] into consideration. As such, strategies that support and encourage all teachers ... in their everyday care work in schools need to be developed and implemented." Kupa (2008:58) defines support as "being there" for one another in a time of need.

The Resilient Educators support programme (REds) for HIV and AIDS affected educators was compiled by the University of the North-West in 2006 to address the support needs of HIV and AIDS affected educators.

According to Theron *et al.* (2008:84), the REds programme has the express aim of empowering affected educators to cope more resiliently with the challenges of the pandemic by supporting educators to respond adaptively to a teaching context that demands responses more typical of counsellors, social workers or medical personnel trained to prevent HIV.

In short, the REds programme aims to equip educators with information and skills to assist them to cope with being HIV and AIDS affected. The programme also aims to empower participants to support other people who are HIV and AIDS affected or infected, irrespective of whether they are in a school environment or not. This means that all HIV and AIDS affected and infected people can benefit from the knowledge imparted by participating in the programme. The programme was developed in 2006, and since then, it was repeatedly implemented in various provinces. The rationale for implementing the programme various times was to create a database of knowledge that would provide sufficient proof and motivation for the REds programme to be implemented nationally. The programme was also a work in progress, and Theron *et al.* (2008:84) state that the programme was changed and adapted after each implementation, according to participant and facilitator feedback. Some of the changes made to the programme included adding additional sessions, amending the content to be more culturally sensitive, altering the sequence of the modules and including more information and activities that focus on addressing learner grief. (Theron *et al.*, 2008:85).

In a personal interview, Theron (2009) said that the methodology of implementing the programme has also changed according to findings in previous rounds.

During the personal interview Theron (2009) explained that, based on previous implementations of the programme, two recommendations were made pertaining to cultural sensitivity and cultural preferences. These recommendations were incorporated as changes in the current REds programme. Theron (2009) also said that some recommendations after the pilot tests were that the pre- and post-test

media (e.g. questionnaires; incomplete sentences) can be shortened and specifically that the wording and format of the ProQol standardised questionnaire be simplified; that session times be lengthened; and that resilient, HIV positive community members be invited to participate as voices of realism and encouragement for participating educators. Once again, the 2009 version of the REds programme included these suggestions. Theron (2009) noted that the previous implementations of the programme did not provide them with facts that the programme made a difference – after the implementation of the REds programme, the HIV and AIDS affected educators noted an improvement in their resilience, but as no comparison group was used, researchers could not pronounce that the improvement was due to the programme. During 2009, the aim of the research will be on empowering affected educators to cope more resiliently with the challenges of the HIV pandemic, and further to evaluate the effectiveness of the adapted REds programme as a support programme.

The researcher forms part of a third phase of implementation, and one of the changes in this phase of implementation of the programme, was that the research will make use of a quasi-experimental design namely the comparison group pre-test – post-test design. Previously no comparison group was involved, which meant that the researchers could not attribute positive change in measures to the participation in the REds programme.

In this chapter, the researcher will focus on the content of the REds programme and will provide an overview of the implementation process of the Resilient Educators support programme (REds) for educators affected by the HIV and AIDS pandemic.

2. CONTENT OF THE REDS PROGRAMME

The REds programme is, as indicated in Chapter One, an interactive programme, that is to say its success depends on both the facilitator and participants' full engagement in the programme. Theron *et al.* (2008:84) states that the REds programme endorses a participatory approach. The REds programme participant activities includes reflection, compiling and sharing inventories of community resources, art therapy, music therapy, gestalt work, role-play, visualisation, debate

and discussion. The facilitator is allowed to work with a group of 8 to 10 members at a time for meaningful impact.

The programme consists of nine sessions, covering seven modules, with each session lasting about two hours. The modules cover the following themes: health promotion; the psychosocial impact of HIV on educators and learners; supporting infected and affected people; stigma and discrimination; HIV related education policy and resilience (Theron *et al.*, 2008:84). In order to keep the programme from becoming a lecture, the programme is set up in such a way that the concepts are explored within the participants' context. Theron *et al.* (2008:84) notes: "instead of informing participants about the impacts of the pandemic on educators, they are encouraged to define how the pandemic impacts them and their communities. Participant knowledge and experiences are then supplemented by documented definitions, theories and recommended practices compiled from existing literature, therapeutic programmes and online resources." The pre- and post-tests form part of the programme, which brings the total number of meetings to eleven. The themes that the REds programme addresses are presented in different modules. In order to clarify and discuss the themes, each session will be discussed according to the following components:

- Objectives of the session;
- Facilitation material; and
- Content and process of implementation.

2.1 Session 1: Informed consent and pre-tests

The objectives of session one is:

- To discuss ethical issues and explain informed consent forms with the group;
- To facilitate the signing of informed consent; and
- To complete a pre-test.

Facilitation materials:

- Informed consent letters as approved by the Ethical Committee of the University of Pretoria; and
- Pre-test consisting of two quantitative measuring instruments and two qualitative data collection instruments.

Content and process:

- The informed consent letters are thoroughly explained and signed by all participants prior to participation in the pre-tests.
- The participants are asked to complete a pre-test consisting of the following:
 - Professional Quality of Life Screening (ProQol) developed by Stamm (2005). This measure has been internationally used to determine quality of life with specific emphasis on the variables satisfaction, burnout and fatigue among school personnel (Stamm, 2005:9).
 - The Resilience Scale for Adults (RSA) developed by Hjemdal (2007) to test a person's level of resilience.
 - The writing of a narrative. In the context of this study, the probe for the writing of a narrative requests a participant to write about his/her life as a teacher in the era of HIV and AIDS. The objective of the narrative is to assist the researcher in contextualising how life is when teaching people infected and affected with HIV and AIDS.
 - A free drawing, with the probe "draw something that symbolises how HIV and AIDS have affected you" also form part of the pre-test. The participant is also requested to briefly explain his/her drawing with two sentences.

2.2 Session 2: Introduction

The objectives of session two are:

- For group members to get to know one another;
- To explore the key concepts related to the REds programme;
- To explore the ethical boundaries governing the REds programme; and
- To determine group rules for the REds programme.

Facilitation materials:

- The symbolic worksheets;
- A narrative of Yulia and Mukasa;
- A poem by P. Nelson; and
- Reflective worksheets.

Content and process:

An icebreaker is used to get all participants relaxed and introduced to one another. The impact that the pandemic has on each individual is explored by making use of a symbolic handout. Participants are asked to explain the impact HIV and AIDS has on them by choosing a symbol, and explaining what it signifies.

The concepts of being infected and affected are explored, by making use of a narrative. The following core concepts are explored:

- What it means to be affected by HIV and AIDS;
- What support is; and
- What resilience is.

The participants' understanding of the concepts is supplemented by facilitation.

The purpose of the REds programme is discussed, and expectations of each participant from the REds programme explored. The session is concluded by establishing group rules and times when the meetings would take place. A reflective worksheet asking feedback of the session completes the session, and a poem is read to the participants.

2.3 Session 3: Health education on staying healthy despite the HIV and AIDS pandemic

The objectives of session 3 are:

- To be knowledgeable on the facts of HIV and AIDS;
- To be less afraid of HIV regarding myths about transmission; and
- To feel more confident and comfortable because individuals are more able to help themselves and others.

Facilitation materials:

- Narrative of Yulia and Mukasa;
- Common myths;
- Facts about HIV and AIDS as per the REds programme manual;
- Preventing HIV transmission at home as per the REds programme manual;
- Phases of HIV and AIDS as per the REds programme manual; and
- Reflection worksheets.

Content and process:

The narrative of Yulia and Mukasa is used to illustrate the facts of HIV transmission. Common myths that participants are aware of is discussed next, and the myths are dispelled by making use of the facts of HIV and AIDS, as per the REds programme manual.

The participants are asked to list methods of prevention of HIV transmission at home, which are elaborated on based on the REds programme manual.

The different phases of HIV and AIDS are discussed by making use of the content of the manual.

The session is ended with the completion of a reflection worksheet.

2.4 Session 4: How to give and gain support

The objectives of session four are:

- To provide information regarding resources for educators:
- To provide information regarding supportive resources for orphans and vulnerable children (OVC's);
- To provide some grief and bereavement skills for educators; and
- To provide grief and bereavement skills for learners who are confronted with death and coping with grief.

Facilitation materials:

- Handouts on how to support and help OVC's;
- Crayons and poster paper for resource's list;
- Example of a memory box;
- Clay; and
- Reflection worksheets

Content and Process:

The session is started with an icebreaker to illustrate trust. The facilitator and the participants share ideas on what can be done to give support to each other, what support resources are available in the community for HIV and AIDS affected and infected people. Participants compile a list of local support structures and services available. This list is distributed to all participants.

Grieve and bereavement skills are discussed. Participants are asked to share personal testimony of how they each deal with grief, and in this manner awareness is created for the unique grieving process of each individual.

Orphans and vulnerable children are discussed, and ways to support vulnerable children are discussed. How to deal with a grieving child is examined, and solutions like making a memory box are discussed. Other ways to deal with grieving children are discussed, and a case study is used to explain to participants how the concept of death can be explained to a child.

The session is concluded by the completion of the reflection worksheet.

2.5 Session 5: Health education on staying healthy despite the HIV and AIDS pandemic and nursing loved ill ones

The objectives of session five are:

- To be less afraid of HIV and AIDS regarding
 - Caring for the sick at home;
 - Infection comparison at home;
 - Use of medication – basic principles;
- To learn to do things which will help infected to stay healthy;
- To care for the dying;
- To know how to identify and manage common AIDS-related health problems in the home;
- To recognise danger signs and learn when and how to seek for help; and
- To assist educators to feel more confident and comfortable by enabling them to help themselves and their family members.

Facilitation materials:

- Facilitator's and participants' manuals; and
- Reflection worksheets.

Content and process:

Caring for the sick at home is addressed according to the REs programme manual. Participants are asked to share their own knowledge and discussion and participation is encouraged.

Tips on infection comparison are shared, and various aspects, like universal precaution, basic hygiene as well as the use of medication are explained. Care for the dying is also addressed.

The management of common AIDS-related health problems are discussed. The REds programme manual contains 21 common health problems – the facilitator can decide to discuss all, or ask the participants to choose those they want to discuss.

The session is concluded by the reflection worksheet.

2.6 Session 6: How to cope with stigma

The objectives of session six are:

- To explore the concept of stigma;
- To explore options for addressing stigma; and
- To explore some coping skills regarding stigma.

Facilitation materials:

- Handout with seven pictures depicting stigma;
- Old magazines; crayons; glue; scissors and pencils for making collages about a school/community without stigma;
- Handout on inspiring thoughts by an unknown author; and
- Reflection worksheets.

Content and process:

Sessions 1-5 are recapped. The concept of stigma is introduced. Seven pictures depicting stigma are discussed in terms of the type of stigma each picture depicted. Participants are asked to define stigma.

The session focuses on secondary stigma, and examples of secondary stigma is given out of participants' own lives. The fact that stigma is fuelled by fear is discussed, and strategies are addressed to tackle stigma. Participants are asked to recognise ways in which they themselves are stigmatising others.

Finding a common language for stigma is discussed and encouraged by the words of Doro, as used in the REds programme manual developed by Theron (2007a:86).

Participants are asked to create a collage from old magazines and drawings to depict a world/school where no stigma exists. The pictures are discussed with the group afterwards.

Participants also work with some ideas brought about by the Change Project (2005:64) on addressing stigma on a personal and community level.

The session is concluded by the completion of the reflection worksheet.

2.7 Session 7: Workplace policies on HIV and AIDS

The objectives of the session seven are to provide information on:

- Legislation on HIV and AIDS in education;
- Educators rights with regard to discrimination in the context of HIV and AIDS;
- Educators rights with regard to absenteeism and leave in the context of HIV and AIDS;
- Educators rights with regard to protection at school against HIV and AIDS; and
- A supportive environment in the context of HIV and AIDS.

Facilitation materials:

- Quiz 1 on educators' rights with regard to discrimination in the context of HIV and AIDS;
- Quiz 2 on educators' rights with regard to leave;
- A plastic cup;
- Handout on "put the glass down" from an unknown author; and
- Reflection worksheets.

Content and process:

The concept of rights are introduced to the group by using an icebreaker that involved giving each participant a glass of water to hold in the air for about 10 minutes, and observing their reaction. The reactions are then discussed, highlighting the right to choose to keep holding the cup or not.

Participants are asked to fill out Quiz 1 on educators' rights with regard to discrimination in the context of HIV and AIDS. Their answers are discussed, and

that formed a platform for discussion of the *Department of Education's workplace policy on HIV and AIDS (1999)*.

The second activity involves completing Quiz 2 on educators' rights with regard to leave. The responses are discussed, and additional clarifications can be made using the REds programme manual.

The next topic of discussion is how to protect people potentially exposed to HIV and AIDS. The availability, content and current state of first aid kits are explored, and participants are asked to take charge of the first aid kits at school.

A supportive school environment is discussed, as well as the Educator Support Team and the Health Advisory Team. If the above-mentioned are lacking at the school, the participants are encouraged to take the necessary steps to ensure that it is established at the school to assist in creating a supportive school environment.

The session concludes with the reading of an inspirational text "Put the glass down" and the completion of reflection worksheets.

2.8 Session 8: How to cope with stress

The objectives of session eight are:

- To explore the concept of stress; and
- To explore mechanisms for addressing stress.

Facilitation materials:

- Clay;
- Tape recorder;
- Relaxation music and exercise; and
- Reflection worksheet.

Content and process:

Participants are each given a ball of clay, and are instructed to make something out of the clay that symbolises stress to them. Relaxing music is played, talking discouraged, and each person is encouraged to be busy with his or her own emotions and stressors. Participants are requested to share their symbol with the rest of the group.

A stress list is then completed, and compared with that of another participant. Participants are asked to define stress in their own words, and to discuss their personal stress symptoms. Feedback is given to the larger group.

Steps to manage stress are discussed next, and participants are asked to write a modified response to three items on their individual stress list. Irrational beliefs that cause stress are discussed, and participants are asked to identify common irrational beliefs that they have, and to formulate arguments to combat these beliefs. Feedback is given to the larger group in this regard. Participants are then reminded of tips to manage stress, and are asked to draw up a joy list.

Work stress is discussed next, and ways to reduce environmental stress is considered. Time management is a crucial aspect that increases work stress, and an exercise on time management should be completed. Time wasters must also be explored.

The session is concluded by completing a relaxation exercise, and completing reflection worksheets.

2.9 Session 9: Being resilient in a pandemic

This is the second last session of the programme, and the objectives are:

- To contemplate participant resilience;
- To contemplate further steps towards resilience;
- To emphasise our connectedness to others for the purposes of resilience; and
- To conclude resilience.

Facilitation materials:

- Reflection worksheets.

Content and process:

As an icebreaker, participants are asked to think of the most resilient person they know, and to discuss why they viewed the person as being resilient.

The definition for resilience is revisited, and six steps towards resilient functioning are discussed. Do the following activities: ask participants to think of ways to manage the impact of HIV and AIDS in their own communities; ask participants to make a list of people and organisations that they can connect to and ask them to visualise hope.

Participants are encouraged to share their personal steps and experiences towards gaining resilience. They are also invited to share with the group how they think their own resilience might have grown because of their participation in the REds programme.

Participants are reminded that they are busy with the second last session of the REds programme, and that the next session will be the last.

The session is concluded by an inspirational reading of “the A – Z of resilience” and the completion of reflection sheets.

2.10 Session 10: Conclusion and Post-tests

The objective of the last session:

- To conclude the REds programme and conduct the post-tests.

Facilitation materials:

- Attendance certificates;
- REds questionnaires; and
- Post-tests.

Content and process:

Participants are requested to list things that empower them to do things for their community to help limit the impact of the pandemic, and to think of steps they themselves can take to start coping better. They are encouraged to implement the knowledge gained and to learn from it.

- Participants are debriefed.
- The participants are asked to complete a post-test consisting of the following:
 - Professional Quality of Life Screening (ProQol) developed by Stamm (2005). This measure has been internationally used to determine quality of life with specific emphasis on the variables satisfaction, burnout and fatigue among school personnel (Stamm, 2005:9).
 - The Resilience Scale for Adults (RSA) developed by Hjemdal (2007) to test a person’s resilience.
 - The writing of a narrative. In the context of this study, the probe for the writing of a narrative requests a participant to write about his/her life as a teacher in the era of HIV and AIDS. The objective of the narrative is

to assist the researcher in contextualising how life is when teaching people affected with HIV and AIDS.

- A free drawing, with the probe “draw something that symbolises how HIV and AIDS have affected you” also forms part of the post-test. The participant is also requested to briefly explain his/her drawing with two sentences.

3. CONCLUSION

As earlier mentioned, the REds programme is an interactive programme, and it endorses a participatory approach (Theron *et al.*, 2008:84). Therefore, it is crucial that the programme is presented in such a way that all participants are involved. The researcher should use group work facilitation techniques and strategies such as probing, brainstorming, and discussions to assist in the presenting of the REds programme. The use of these techniques will encourage participants to share their views and give input. This can lead to very interesting discussions, which in turn can lead to the dispelling of various myths and misconceptions about HIV and AIDS. The fact that the participants can take part actively increases their own learning experiences.

Collins (2004:1485) clarifies the following principles that apply in adult learning: “Adults have accumulated a foundation of life experiences and knowledge, and adults learn best when they are active participants in the learning process.” This implies that when teaching or empowering adults, one has to capitalise on their life experiences and knowledge, which is exactly what the REds programme achieves by its participatory approach.

The researcher plays the role of facilitator in the group, and according to Drower (2005:113), the role of the facilitator is to support the development of group identity through emphasising commonality and encouraging inter-member communication. This role is utilised in every session, and it aims to assist group members to become a mutual aid system in which members are facilitated to lend their resources and strengths to each other.

The next chapter will deliberate on the research results, analysis and interpretation of qualitative and quantitative data gathered from participants and the comparison group before and after exposure to the REds programme.

CHAPTER 5

EMPIRICAL RESEARCH FINDINGS

1. INTRODUCTION

The goal of Chapter Five is the analysis and interpretation of qualitative and quantitative data gathered from the participants. The aim is to establish, using data gathered, whether or not the Resilient Educators support programme (REds) for HIV and AIDS affected educators was effective to enhance the quality of life and resilience of HIV and AIDS affected educators in Gauteng.

The researcher will firstly list the goal and objectives of the research study, after which the research methodology will be discussed. This will be followed by an analysis and interpretation of both qualitative and quantitative research findings. The researcher will discuss the two types of data gathered separately.

2. GOAL OF THE STUDY

The goal of this study was to evaluate the effectiveness of the 2009 version of the REds programme to enhance the quality of life and resilience of HIV and AIDS affected educators in Gauteng.

3. OBJECTIVES OF THE STUDY

In order to obtain the goal the following objectives were formulated:

- To theoretically conceptualise the phenomenon of HIV and AIDS and the impact thereof on South Africa, specifically the school environment and HIV and AIDS affected educators as well as the concept resilience.
- To empirically evaluate the effectiveness of the 2009 version of the REds programme to enhance the quality of life and resilience of HIV and AIDS affected educators in Gauteng.
- To draw conclusions and make recommendations based on the empirical results, to adjust and improve the REds support programme in order to implement it on a national level.

4. RESEARCH METHODOLOGY

The following research methodology was used:

4.1 Research approach

According to Thomas (2003:7) qualitative and quantitative research methods are each suitable to answer a certain type of question. The researcher agrees with Thomas (2003:7) when he states that it is sometimes necessary to utilise both methods in order to achieve certain research outcomes. The mixed methods approach was suitable to address the research problem of this study. Creswell and Plano Clark (2007:5) define mixed methods research as an approach to collect, analyse and mix both quantitative and qualitative data in a single study or series of studies. It aims to use the quantitative and qualitative approaches to understand a research problem more completely. Ivankova, Creswell and Plano Clark (2007:261) further note that the researcher collects both numeric information (e.g. scores on survey instruments) and text information (e.g. drawings and narratives). In order to gain complete information about the effectiveness of the REds programme as a support programme for HIV and AIDS affected educators, both quantitative and qualitative data were collected and analysed in the same study.

The quantitative data assisted in determining the participants' quality of life and resilience before and after the implementation of the programme. By making use of standardised tests, the researcher was able to statistically compare the results of the pre- and post-tests.

The qualitative data assisted the researcher in determining which emotions the participants experienced when they were asked to think of the impact HIV and AIDS has had on them personally. By using narratives and drawings before and after the implementation of the programme, the researcher was able to identify themes that also assisted in validating the hypothesis.

4.2 Type of research

Fouché and De Vos (2005a:105) describe applied research as the scientific planning of induced change in a troublesome situation. This description is relevant to the researcher's study, as part of the goal was to identify possible solutions to the proposed problem of resiliency of HIV and AIDS affected educators.

In the context of applied research, the researcher used evaluative research. Evaluative research is used to assess the design, implementation and applicability of social research (Fouché & De Vos, 2005a:108). Babbie and Mouton (2001:334) state that evaluation research refers to a research purpose rather than a research method. Babbie (2001:333) as cited by Fouché and De Vos (2005a:108) also notes that evaluation research can be regarded as “the process of determining whether a social intervention has produced the intended result.” A key element of all evaluation studies is the intervention or programme that is being evaluated. This statement supports the researcher’s choice, because the evaluation of the effectiveness of the REds programme was the main theme of this research project.

4.3 Research design

A research design is, according to Mouton (2001:55), the blueprint according to which the research is done. According to Fouché and De Vos (2005b:132) the definitions for research design are ambiguous. Therefore, for the purpose of this study, the researcher will concur with the view of Fouché and De Vos (2005b:133), who state that the term research design will be used for worked out formulas from which researchers can select a design suitable for the proposed project.

As previously mentioned the researcher used a mixed methods research approach. Creswell and Plano Clark (2007:59) define four major types of mixed methods research designs. These designs are the triangulation design, the embedded design, the exploratory design, and the explanatory design. For the purpose of this research, the researcher has chosen the concurrent triangulation design. The design can graphically be displayed as shown in Figure 5-1:

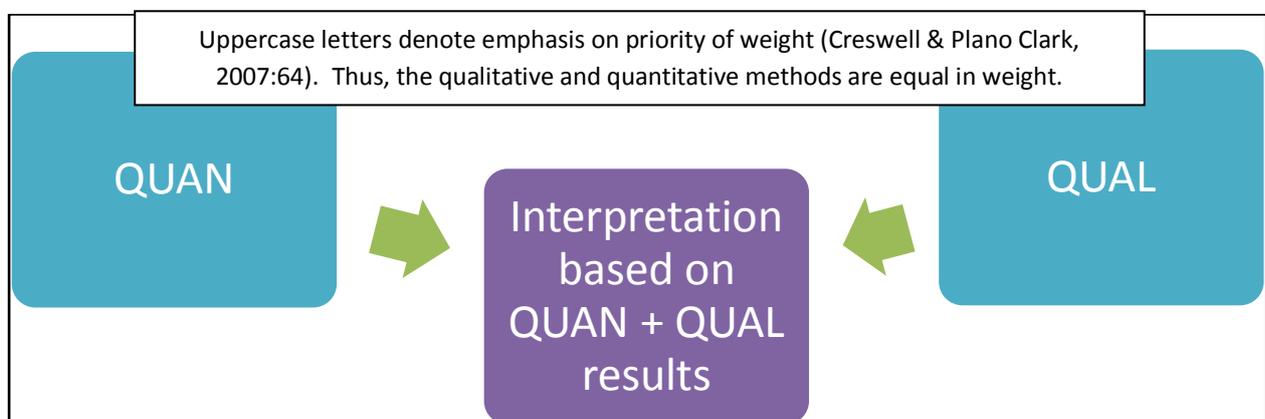


Figure 5-1: Concurrent triangulation design

According to Creswell and Plano Clark (2007:62), this design is relevant when researchers implement the quantitative and qualitative methods during the same timeframe and with equal weight in the same study. The REds programme is designed to give equal weight to the qualitative and quantitative measures. The pre-test and post-test include two quantitative measures and two qualitative measures. Creswell and Plano Clark (2007:64) note that the researcher attempts to merge the two data sets, by typically bringing the separate results together in the interpretation. Cherlin *et al.* (2005) as cited by Ivankova *et al.* (2007:272) state that triangulation can be used to compare quantitative and qualitative data sets to produce well-validated conclusions. The REds programme does exactly this – the qualitative and quantitative data sets were merged in the interpretation to produce well-validated conclusions. When comparing the pre- and post-test results, both the quantitative and qualitative data were used to prove or disprove the null hypothesis.

Embedded in the triangulation mixed methods design the following quantitative and qualitative designs were respectively utilized:

4.3.1 Quantitative research design

For the quantitative part of the study, the researcher used a quasi-experimental design namely the comparison group pre-test – post-test design.

The comparison group pre-test – post-test design is, according to Fouché and De Vos (2005b:140), an elaboration on the one group pre-test – post-test design, by adding a comparison group. Fouché and De Vos (2005b:139) state that with a pre-test – post-test design the researcher is attempting to measure the dependent variable/s when no independent variable is present. For the purpose of this study the dependent variables (HIV and AIDS affected educators' quality of life and resilience) were tested with a pre-test (O_1), using standardised measuring instruments, namely the Professional Quality of Life screening (Stamm: 2005) as well as the Resilience Scale for Adults (RSA) (Hjemdal, 2007:307), administered to both the experimental and the comparison groups. After the pre-test, the independent variable X (the REds programme) was introduced to the experimental group. After the implementation of the programme, a post-test (O_2) was conducted with both the experimental and comparison groups. The same standardised measuring instruments were used for the post-test. Results of the pre-test and post-

test were then compared to determine if the independent variable X (the REds programme) had an effect on the dependent variables. Due to a comparison group being utilised, the researcher was able to see if the REds programme made a difference to the participants' quality of life and resilience.

As the focus of this study is on HIV and AIDS affected educators, the researcher selected two groups of educators from similar demographic and socio-economic contexts. The schools were not too close to one another, to ensure that the participants in the comparison group were not able to have contact with those in the experimental group. Thus, to prevent the contamination of data, the participants were selected from two different districts with the same basic demographics. Eleven educators volunteered from a school in Alexandra (district 9) in Johannesburg (comparison group) and another group of seven educators from a school in Diepsloot (district 12) in Johannesburg (experimental group) volunteered. The participants were not randomly selected – they were asked to volunteer. According to Babbie and Mouton (2001:351), this sampling method is valid because in evaluation research it is often impossible to select participants randomly.

After the post-test has been conducted, the REds programme will be implemented with the comparison group. This will be done to comply with ethical standards set out by the University of Pretoria. The data that was gathered from the comparison group after the implementation of the programme did not form part of this specific study. This data were used as data in the greater REds programme.

4.3.2 Qualitative research design

For the qualitative part of the study, the researcher was interested in the participants' experiences and feelings about their lives in the era of HIV and AIDS, and how they felt this pandemic has affected them. In order to gain this information, the researcher needed to do a collective case study. A case study is defined by Babbie and Mouton (2001:640) as an intensive investigation of a single unit while Fouché (2005:272) cites Creswell (1998:61) in saying that a case study can be regarded as an exploration or in-depth analysis of a bounded system. Fouché (2005:272) further notes that when multiple cases are involved it is referred to as a collective case study.

Mark (1996:219) as cited by Fouché (2005:272) defines a collective case study as follows:

The collective case study furthers the understanding of the researcher about a social issue or population being studied. The interest in the individual case is secondary to the researcher's interest in a group of cases. Cases are chosen so that comparisons can be made between cases and concepts and so that theories can be extended and validated.

The researcher utilised the collective case study design in order to understand the experiences of HIV and AIDS affected educators as a specific population as well as the fact that the researcher would like to explore the influence that the REds programme had on the wellbeing of the group rather than that of the individual.

5. DATA COLLECTION METHODS

Data collection is the process in which the researcher goes out and collects the information. Both quantitative and qualitative data collection methods were used in this study.

5.1 Quantitative data collection method

The choice of quantitative data collection methods is listed by Delport (2005:166) as questionnaires, checklists, indexes and scales. For the purpose of this study, the REds programme stipulates making use of two questionnaires and specifically group administered standardised questionnaires to collect quantitative data.

A questionnaire is defined by Babbie and Mouton (2001:646) as a document containing questions and other types of items designed to solicit information appropriate to analysis. Thomas (2003:66) notes that questionnaires are used to obtain two types of information: facts and opinions. The group-administered questionnaire is defined by Delport (2005:169) as a method where participants who are present in a group each complete a questionnaire on their own. The field worker is present to answer questions or to clarify items in the questionnaire.

The REds programme developer included two standardised questionnaires in the programme that were used to collect quantitative data. The first questionnaire was called the Professional Quality of Life Screening (ProQol), and was developed by Stamm (2005) (see Annexure 6 & 10). This measure has been internationally used

to determine quality of life with specific emphasis on the variables compassion satisfaction, burnout and secondary trauma among school personnel (Stamm, 2005:9). The variables were defined in Chapter 3. The other standardised questionnaire was the Resilience Scale for Adults (RSA) developed by Hjemdal (2007:307) (see Annexure 7 & 11). The RSA tests a person's level of resilience. The factors used to measure resilience were discussed in Chapter 3. The ProQol and RSA were used before and after programme implementation with HIV and AIDS affected educators in the experimental group. The tests were also conducted in the comparison group, but they did not participate in the programme. The results of the pre- and post-test were compared in order to evaluate the effectiveness of the REds programme to enhance the quality of life and resilience of HIV and AIDS affected educators.

5.2 Qualitative data collection

The researcher used a narrative, drawings and observation to collect qualitative data.

Creswell (1998) as cited by Fouché (2005:269) states that a biography refers to any biographical writing or biographical research. Woodgate (2006:9) notes that illness narratives are variants of biographical writing or biographical research that describe special events of self-stories. According to Morgan (2000:5), humans seek to attach meaning to their daily experiences. Human beings' life stories are written by linking certain events together in a particular sequence, across a time-period, and finding a way of explaining and making sense of them. A narrative, according to Morgan (2005:5), is like a thread that weaves events together, forming a story. Hyden (1997) as cited by Woodgate (2006:9) says that the creation of the families' narratives helped to confirm the paradigmatic relationships of the emerging theoretical categories as they provided a basis for understanding how illness affects the children's and families' biographies by contextualizing cancer-related events. The researcher is of the opinion that even though this research (Woodgate, 2006) was conducted with cancer patients, it is also valid with HIV and AIDS affected people because AIDS is also a terminal illness, and narratives of people working with HIV and AIDS will provide a basis for understanding how the virus and syndrome affects the educators and children.

In the context of this study, the probe for the writing of a narrative asked the participants to write about their life as an educator in the era of HIV and AIDS – this (see Annexure 9 & 13) assisted in contextualising how life is when educating people affected with HIV and AIDS.

In addition to writing a narrative, the participants were asked to make a free drawing of something that symbolises how HIV and AIDS have affected them (see Annexure 8 & 12). Kellman (1995) as cited by Ahn and Filipenko (2007:280) notes that drawing, painting and three-dimensional art not only allow children's narratives to emerge naturally, but permit researchers to use these visual narratives as a way to interact with children, thus serving as a catalyst allowing children to communicate thoughts and concerns. According to Ray, Perkins and Oden (2004) as cited by Ahn and Filipenko (2007:282) drawings give a child an opportunity to speak in another language, one that allows him or her to communicate via images rather than language alone. The researcher is of opinion that this technique can also be used successfully with adults. This opinion is supported by research done by Rober (2009).

Rober (2009) used relational drawings in couple therapy. Rober (2009:117) explained that the drawings are used as tools to offer partners a special kind of lens through which they can observe themselves in their relationship from a distance. In the REds programme, the participants were asked to make drawings in order for them to communicate on another level, as well as to assist in observing their experiences from a distance. However, a drawing on its own does not have meaning without an explanation or conversation about it. In order to address this issue, the participants were asked to write 2-3 sentences to explain the drawings. From these explanations, the researcher was able to identify themes. The aim of using the drawings was to ensure that all possible data is collected, and that the research findings reflect the true effectiveness of the REds programme.

The researcher also used an observer to make observations during the implementation of the REds programme. The observer formed part of the group and she observed the behaviour, verbal and non-verbal communication in the group. After each session, the researcher discussed the observations made by the observer

with her. The researcher found that the observer's comments were valuable, as she understood the context of the participants, and was able to give very practical input, because she is part of the lives and daily routine of the participants. This correlates with the view of Strydom (2005:277) who describes the role of the participant observer as "becoming part of their lives." The observer still actively participated in the group, and thus her role of observer did not interfere with her role as participant. The researcher used a person who spoke the same language as the participants to assist in this task. Observation was utilised to monitor the interaction of group members – both verbal and non-verbal. Rosnow and Rosenthal (1999:97) define observation as looking at events in an unobtrusive way, without trying to change or affect the event one is observing.

6. DATA ANALYSIS

The data were analysed according to the relevant approach, whether quantitative or qualitative.

6.1 Quantitative data analysis

Kruger, De Vos, Fouché and Venter (2005:218) clarify that data analysis in quantitative research means ordering, categorising, manipulating and summarising of data to obtain answers to research questions. The purpose of analysis is to reduce data to an interpretable form, so that relations can be identified and conclusions can be drawn.

The quantitative data generated from the standardised questionnaire (ProQol) and the Resilience Scale for Adults (RSA) were marked and analysed by the Statistical Services of the Vaal Triangle campus of the University of the North-West. The statistical analysis was conducted according to the manual for the ProQol (Stamm, 2005) and focused on comparing the results of the pre- and post-tests, and then displaying it by means of tables and graphic presentations. The statistical analyst made use of univariate analysis, which means that the variables are analysed, mainly with the view to describe the variables (Kruger, De Vos, Fouché & Venter, and 2005:222). The statistical analysis for both the ProQol (Stamm, 2005) and the RSA were descriptive. The RSA has a similar way of statistical analysis as described by Hjemdal *et al.* (2006:87).

To ensure the reliability and validity of the quantitative data, the researcher used standardised questionnaires. The fact that the questionnaires were standardised, means that the reliability and validity are already tested. The researcher also used a triangulation research design (Creswell & Plano Clark 2007:64), which also ensures that the data is both reliable and valid, because more than one method of data collection was used.

6.2 Qualitative data analysis

The narratives, drawings and observation field notes were studied and the researcher used content analysis to identify themes and seek to understand meaning.

The narratives were analysed by making use of content analysis. Content analysis is, according to Dane (1990:170), a research method that can be used to make objective and systematic inferences about theoretically relevant messages. This means that content analysis assists the researcher in understanding the meaning of communication. Berg (2007:303) defines content analysis as a careful, detailed, systematic examination and interpretation of a particular body of material in an effort to identify patterns, themes, biases and meanings. According to Babbie and Mouton (2001:492), this method is used to make inferences by objectively and systematically identifying messages and characteristics in data. Berg (2007:304) cites Maxfield and Babbie (2006) in saying that content analysis is chiefly a coding operation and a data interpreting process.

The following methods were used:

- Coding, this is defined by Berg (2007:235), as a process of identifying central issues, themes or theories that emerge during the course of data analysis, and tagging them. In this study, the researcher tagged words and phrases from each narrative to indicate that a certain theme has been identified.
- Data interpreting – the process in which the researcher took the themes derived from the coding process, and searched for patterns, relationships and commonalities in the codes.

The drawings were analysed using face value interpretation without any theoretical frame of reference.

The following methods were used to ensure trustworthiness in the qualitative data analysis:

- Triangulation (Creswell & Plano Clark, 2007:64) was used as a research design and multiple methods of data collection were used.
- The method of drawings and narratives were discussed with colleagues and modified prior to commencement of research.
- Experienced colleagues were asked to “audit” identified themes in data and the interpretation thereof (Glesne, 2006).
- The drawings were clarified by the participants, by asking them to write one or two sentences about the meaning of their drawings. This means that the researcher interpreted the drawings of the participants based on their description of the drawing.

7. DESCRIPTION OF THE POPULATION, SAMPLE AND SAMPLING METHOD

7.1 Research population

A universe, according to Arkava and Lane (1983) as quoted by Strydom (2005b:193) is defined as all the potential subjects who possess the attributes in which the researcher is interested. Due to the type of study, all HIV and AIDS affected educators in Gauteng formed the universe of the study.

A population on the other hand is defined by Babbie and Mouton (2001:173) as the theoretically specified aggregation of study elements. The population of this study was all the HIV and AIDS affected educators in the Teaching Districts 9 and 12 in Johannesburg, Gauteng.

District 9 includes the whole of Alexandra in Johannesburg. Alexandra is a township, situated on the banks of the Jukskei River. According to the City of Johannesburg Alexandra Renewal Project (2009), the township covers an area of more than 8 km² and has an estimated population of 470 000 people. In addition to its original,

reasonably well built houses, it also has a large number (estimated at more than 20 000) of informal dwellings or shacks. Alexandra is one of the poorest urban areas in the country. The school participating is only one of many schools in Alexandra.

District 12 includes the whole of Diepsloot. Diepsloot is in the north of Johannesburg. According to the City of Johannesburg Diepsloot Development Program (2009), Diepsloot is a sprawling, densely populated settlement made up of formal and informal settlements. The formal townships of Diepsloot comprise about 7139 households. However, it is in the informal settlements where the largest numbers of people live: about 15 900 families. Diepsloot is home to about 250,000 people; many of them live in 3m-by-2m shacks. City officials estimate that half the population in the settlement is unemployed. The two districts are similar in demographics – both have very large informal settlements, and poverty and unemployment rates are high in both areas. Thus, the researcher concluded that due to the similarity of the populations, they could be included in the population without compromising the validity of the study.

A sample is defined by Fouché and Delpont (2005:82) as a small representation of the whole. In the context of this study, one sample of 11 HIV and AIDS affected educators from one school in district 9 in Johannesburg, Gauteng, volunteered to participate in the study. This group was the comparison group. The experimental group consisted of a sample of 7 volunteer HIV and AIDS affected educators from one school in district 12 in Johannesburg, Gauteng.

7.2 Sampling method

As earlier stated, the researcher did not randomly assign subjects for the study. Thus, she used non-probability sampling. Non-probability sampling is defined by Babbie and Mouton (2001:644) as a sample selected in some fashion other than any suggested by probability theory.

The researcher used a combination of volunteer and purposive sampling to select an initial sample of 14 HIV and AIDS affected educators from one school in district 12 in Johannesburg, Gauteng, to form the experimental group and 15 HIV and AIDS affected educators from one school in district 9 in Johannesburg, Gauteng, to form the comparison group. Due to attrition, the researcher only used the data of 7 HIV

and AIDS affected educators in the experimental group, and 11 HIV and AIDS affected educators in the comparison group. The fact that participants dropped out is one of the limitations of this study. The researcher discussed the limitations in Chapter One. Volunteer sampling is described by Strydom and Delpont (2005:330) as a method that is used in qualitative research, where volunteers come forward to participate in the study. Strydom and Delpont (2005:330) cite Silverman (2000) who notes that volunteer sampling works well when the participants are known to one another or at least aware of one another and can encourage one another to become involved in the study. In a school environment, this type of sampling works well, because educators motivate one another to participate. Strydom (2005b:202) defines purposive sampling as a sample that is based entirely on the judgement of the researcher, and it is composed of elements that contain the most characteristic, representative or typical attributes of the population. For this study, the participants consisted of volunteers purposively selected by volunteer sampling. The following criteria were used to select the participants for this study:

- They should be teachers at a school in district 9 and 12 respectively, in Johannesburg, Gauteng.
- They should be HIV and AIDS affected.
- They should not have had prior exposure to the REds programme.
- They should be willing and available to participate in the study.

8. EMPIRICAL FINDINGS

This section will focus on the biographical profile of the participants as well as the actual analysis and interpretation of both quantitative and qualitative research findings. The researcher has divided the information in terms of Section A (Biographical profile), Section B (Quantitative findings) and Section C (Qualitative findings) to ensure that the data is presented in a format that is structured and easy to follow.

SECTION A: BIOGRAPHICAL PROFILE OF PARTICIPANTS

The research project consisted of two groups of participants, namely the experimental group, consisting of 7 HIV and AIDS affected educators, and the comparison group, consisting of 11 HIV and AIDS affected educators. The profile of both groups will be presented separately.

9. BIOGRAPHICAL PROFILE OF THE HIV AND AIDS AFFECTED EDUCATORS

The biographical profile of the experimental and comparison groups encompasses gender and age. These are displayed as follows:

9.1 Gender

The data is presented in Figure 5-2.

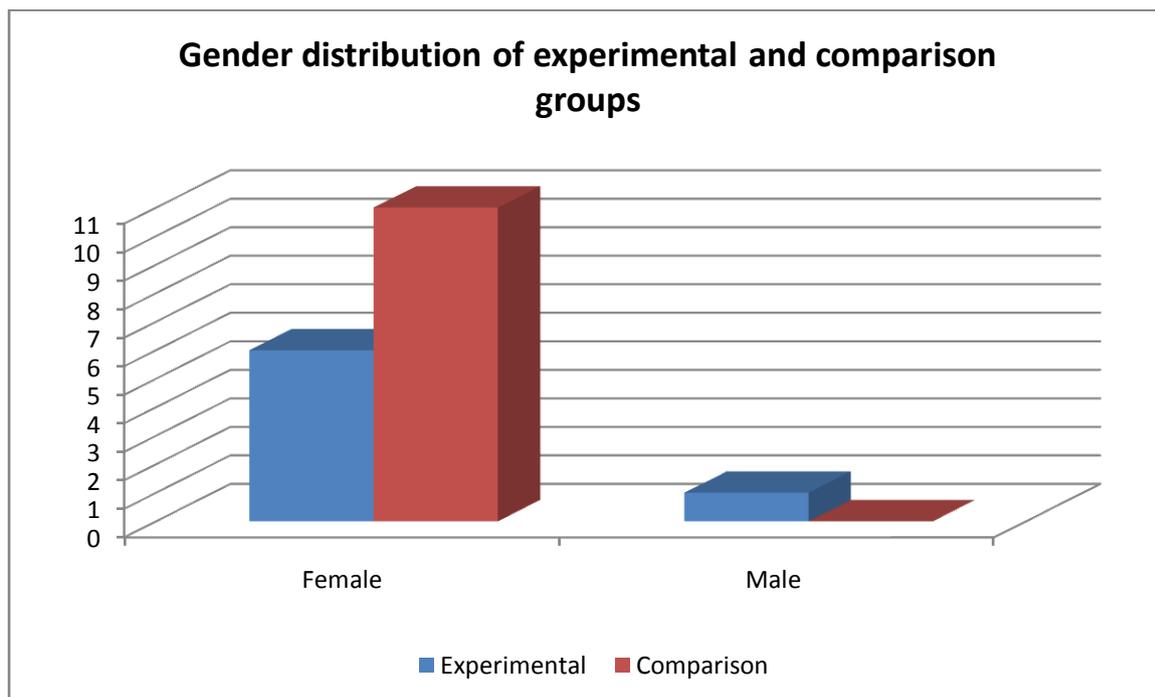


Figure 5-2: Gender distribution of experimental and comparison groups

The experimental group consisted of 7 participants. Six of the seven participants were female and one was male. The comparison group consisted of 11 participants, of which all were female.

9.2 Age

The following graph depicts the age distribution of both the experimental and comparison groups. From Figure 5-3, it is clear that the average ages of the experimental group is much younger than that of the comparison group. This might have an influence on their pre-and post- test results.

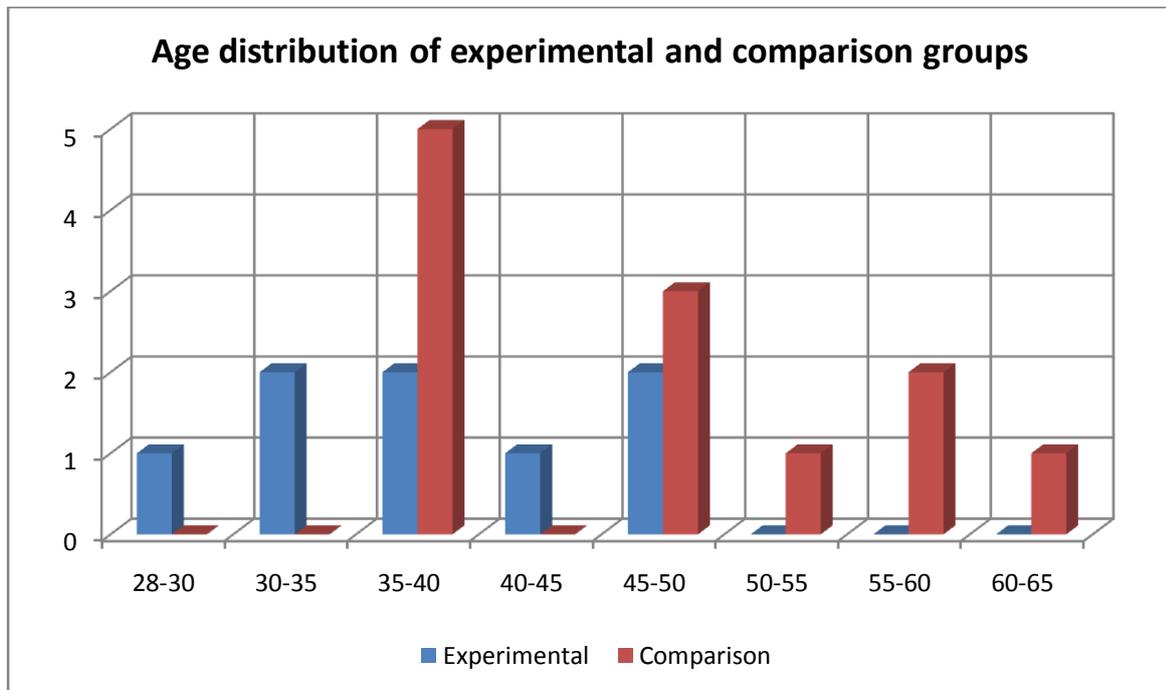


Figure 5-3: Age distribution of the experimental and comparison groups

The next section will focus on the quantitative research findings.

The researcher will firstly analyse the data gathered from the experimental group. The data gathered from the pre-test will be compared to the data gathered from the post-test and a conclusion will be drawn. This will be done for the quantitative and qualitative data. Thereafter the data gathered from the comparison group will be analysed. Once again, the data gathered from the pre- test will be compared to the data gathered from the post-test and a conclusion will be drawn. The last step will be to compare the conclusions derived from the experimental and comparison groups with one another, in order to draw a logical conclusion.

SECTION B: QUANTITATIVE RESEARCH FINDINGS

In this section, the results from the quantitative research data will be discussed. The quantitative research findings consists of two components, namely data gathered from the Professional Quality of Life (ProQol) measuring instrument developed by Stamm (2005) and the Resilience Scale for Adults (RSA) developed by Hjemdal (2007). Each of these components will be discussed separately.

10. THE PROQOL MEASURING INSTRUMENT

Quantitative data were gathered from the participants in the experimental and comparison group using the ProQol standardised questionnaire, before (pre-test) and after (post-test) exposure to the REds programme (see Annexure 6 & 10). The questionnaire consisted of thirty questions that the participants had to answer. The following instruction was given:

“As a teacher you help many people. Circle the answer that honestly shows how often you felt like this in the last 30 days.”

For each question, there were five responses, ranging from never to very often, from which the participants had to choose. These responses were coded 1 to 5 to enable proper statistical analysis.

Within the context of this study one of the dependent variables, namely quality of life was measured with ProQol based on the following three constructs: compassion satisfaction, burnout and secondary trauma. The following definitions are given:

- **Compassion satisfaction (CS)** is about the pleasure an individual derives from being able to perform work well. You may feel positive about your colleagues or your ability to contribute to society or your workplace (Stamm, 2005:5).
- **Burnout (BO)** is defined as feelings of hopelessness and difficulties in dealing with work or doing a job effectively. These feelings normally gradually increase, until an individual feels that their contribution makes no difference. These feelings can also be associated with an unsupportive work environment (Stamm, 2005:5).

- **Secondary trauma** is defined as work-related, secondary exposure to extremely stressful events, for instance being exposed to others' traumatic events because of doing a job, for example working with abused women. These symptoms of secondary trauma are usually rapid in onset and associated with a particular event. The person experiencing them may also feel afraid, have trouble sleeping, or have relived the situation in their minds. (Stamm, 2005:5).

Data gathered will reflect on these three constructs.

Quantitative data were gathered from the participants in the comparison group using the ProQol standardised questionnaire, at the same time as the experimental group (pre-test) and after four months (post-test) with no exposure to the REds programme (see Annexure 6 & 10). This was done to enable the researcher to compare the results of the experimental group to the comparison group that has not been exposed to the REds programme.

10.1 Statistical techniques used for analysis of ProQol data

The statistical analyst utilised the SPSS (Statistical Package for the Social Sciences) programme to analyse the data. The analyst used the codebook provided with the ProQol manual to list the variables and the meanings of these variables. The analyst then proceeded to analyse the data by making use of the programme.

10.2 Quantitative results as collected from ProQol.

10.2.1 Pre- and Post-test Experimental

Stamm (2005:12) states that *compassion satisfaction* is the pleasure one derives from being able to do work well. A higher score on the scale represents greater satisfaction related to a person's ability to be an effective caregiver in a job. The average score for CS is 37. If a person scores under 33, the probability is that the person is finding the job troublesome.

Burnout is associated with feelings of hopelessness and difficulties in dealing with work or doing work effectively. A higher score on the scale means that a person is at a higher risk of burnout. The average score for BO is 22. If a score is under 18, it

probably means that a person is positive about their work. If a person scores above 22, it can mean that a person needs to be concerned about burnout.

Secondary trauma is about work-related secondary exposure to stressful events. The average score according to Stamm (2005:13) is 13. If a person scores above 17, it might indicate that a person works in a highly strenuous environment.

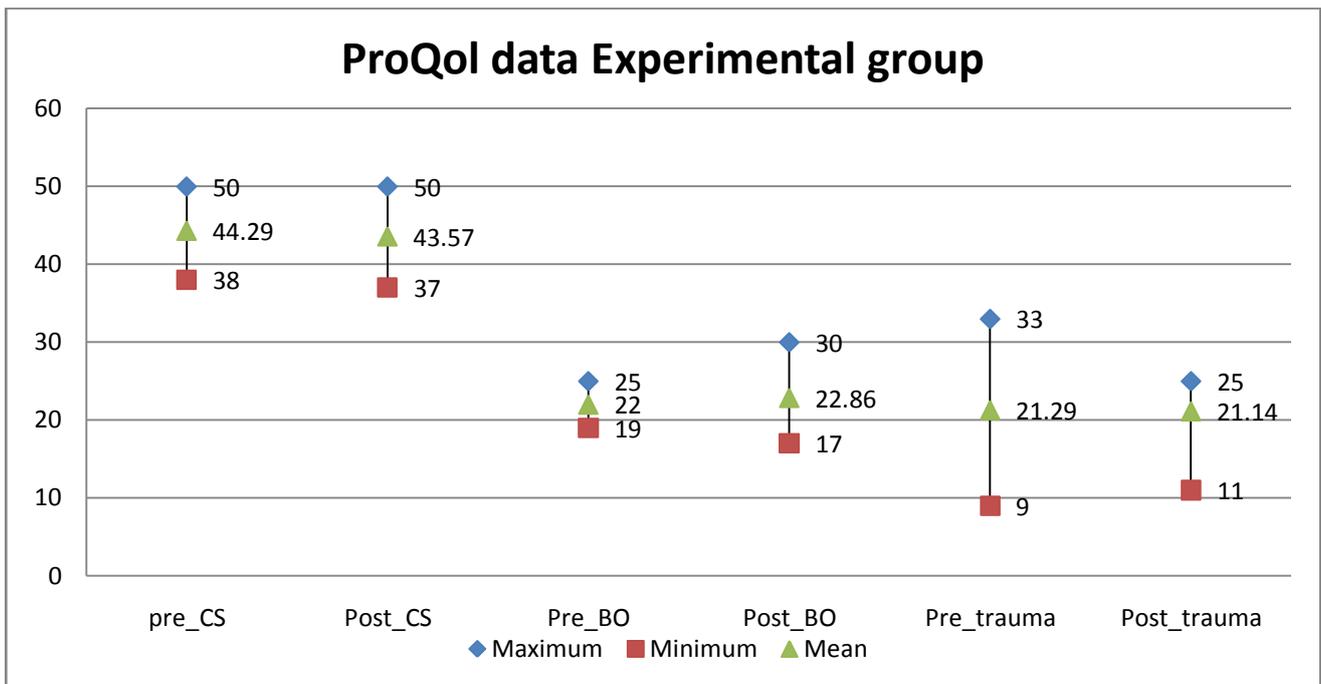


Figure 5-4: ProQol results for the experimental group

From Figure 5-4, it can be concluded that:

- Most participants found their work very satisfying. There is no significant difference between the pre- and post-test results for the CS measure.
- The mean score on the BO measure are above 22 in both the pre- and post-test results. It is worrisome that the maximum scores are 25 in the pre-test and 30 in the post-test. The average BO measure was higher by almost one point in the post-test. This may be significant considering the fact that only 7 people participated in the study and it might mean that participants scored on average higher on the burnout scale.
- On the trauma measure, the average score were 21. This is much higher than the average mentioned by Stamm (2005:12). It is noticeable that in the group participants scored lower in the post-test than in the pre-test. It might mean that there was an improvement in the participants' exposure to

secondary trauma, but because the average score is so high, the improvement may be irrelevant.

10.2.2 Pre- and Post-test Comparison group

By making use of Stamm (2005:12-13) the following can be concluded about the results for the comparison group, as displayed in Figure 5-5.

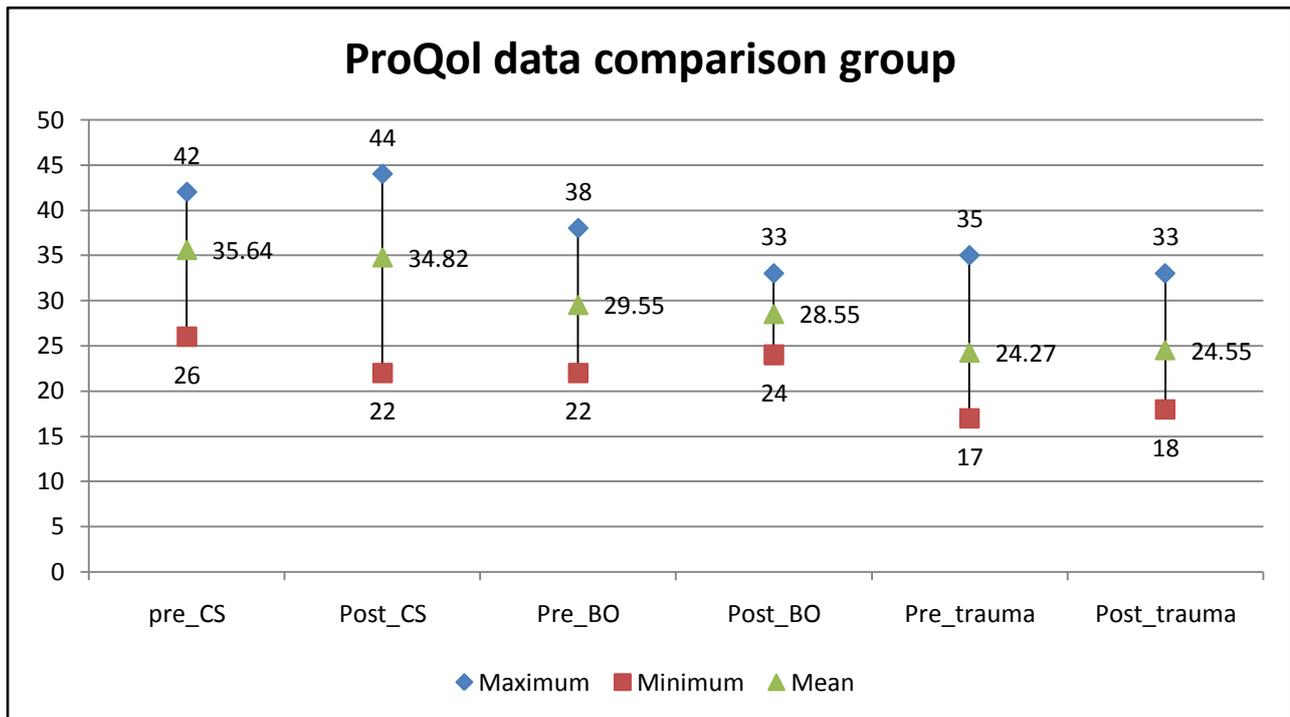


Figure 5-5: ProQol data for the comparison group

From Figure 5-5, the following is apparent:

- The average score on CS is 35.64 and 34.82 respectively for the pre- and post-tests. According to Stamm (2005:12), a person might be very unsatisfied with their work if they score below 33. If one considers the high and low scores, it can be concluded that more people in the group were unsatisfied with their work. There is also a difference between the pre- and post-tests scores. The post-tests score is also on average lower than the pre-tests score.
- On the BO scale participants scored much higher than the average of 22 noted by Stamm (2005:12). The minimum scores on both the pre- and post-tests were 22 and 24, which means, according to Stamm (2005:12) that

participants should be cautious of burnout. A slight improvement in the BO scores from the pre- and post-tests is noted. Taken into consideration that the average score is still above 22, this improvement is not significant – participants are still risking burnout.

- On the trauma scale, the average scores were 24.27 and 24.55 – much higher than the indicated average of Stamm (2005:13) of 13. There has been a slight improvement if one compares the pre -and post-test results, but once again, because the average score is so high, the improvement may be irrelevant.

10.2.3 Comparison between experimental and comparison group’s test results

It is necessary to compare the experimental and comparison group’s test results, in order to conclude if the REds programme had any influence on the ProQol test score of the experimental group. This comparison is shown in Figure 5-6

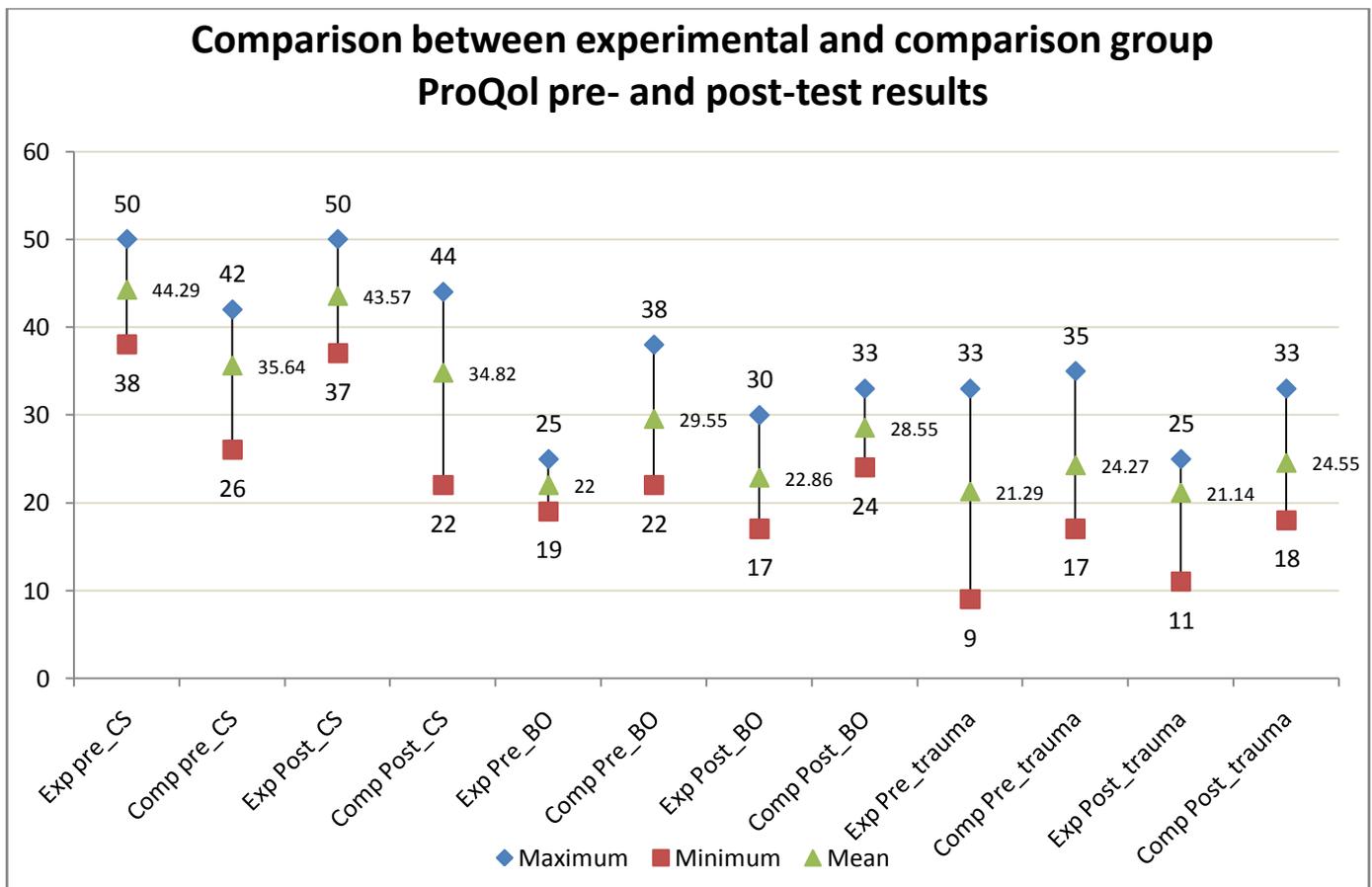


Figure 5-6: Comparison between experimental and comparison group ProQol pre- and post-test results

In Figure 5-6, it is shown that:

- During the pre-tests, the experimental group scored overall better than the comparison group. The researcher finds it difficult to explain why the experimental group's pre-test results were better than the comparison group's results, as both samples came from similar schools in similar areas.
- The experimental group reported higher CS, slightly less BP and less secondary trauma than the comparison group.

In the post-test, however, the experimental group again scored better than the comparison group, but the following was evident:

- The BO scores for the experimental group showed a slight increase (approximately 1 point) whilst the comparison group's results showed a slight decrease (approximately 1 point). It is important to note that the BO scores for both groups are high, and thus an increase or decrease of 1 point can be considered trivial. The researcher notes this because the experimental group was supposed to improve in their scores after intervention (the REds programme) took place.
- The secondary trauma results for both groups decreased. Once again, the decrease seems minor, but since the comparison group showed a decrease without intervention, the researcher thinks it should be noted.

11. THE RSA MEASURING INSTRUMENT

In order to measure resilience, the RSA measuring instrument (see Annexure 7 & 11) is used in the same way as the ProQol for both the experimental and comparison groups.

The questionnaire consists of thirty-three questions that the participants had to answer. The following instruction was given:

"Please think of how you usually are, or how you have been in the last month, how you think and feel about yourself, and about important people surrounding you.

For each question there were two options (a or b), that describes how the person usually is, or what is mostly true.

11.1 Statistical techniques used for analysis of RSA data

The statistical analyst utilised the SPSS (Statistical Package for the Social Sciences) programme to analyse the data. The analyst used standard coding procedures to list the variables and the meanings of these variables. The analyst then proceeded to analyse the data by making use of the programme.

11.2 Quantitative results as collected from RSA

11.2.1 Pre- and post-test experimental group

Hjemdal (2007:312) indicated that the RSA scale consists of a six-scale measure that measures the following constructs: perception of self; planned future; social competence; structured style; family cohesion; and social resources.

According to Hjemdal (2007:312), a high score on a measure indicates high resilience. The results are depicted in Figure 5-7.

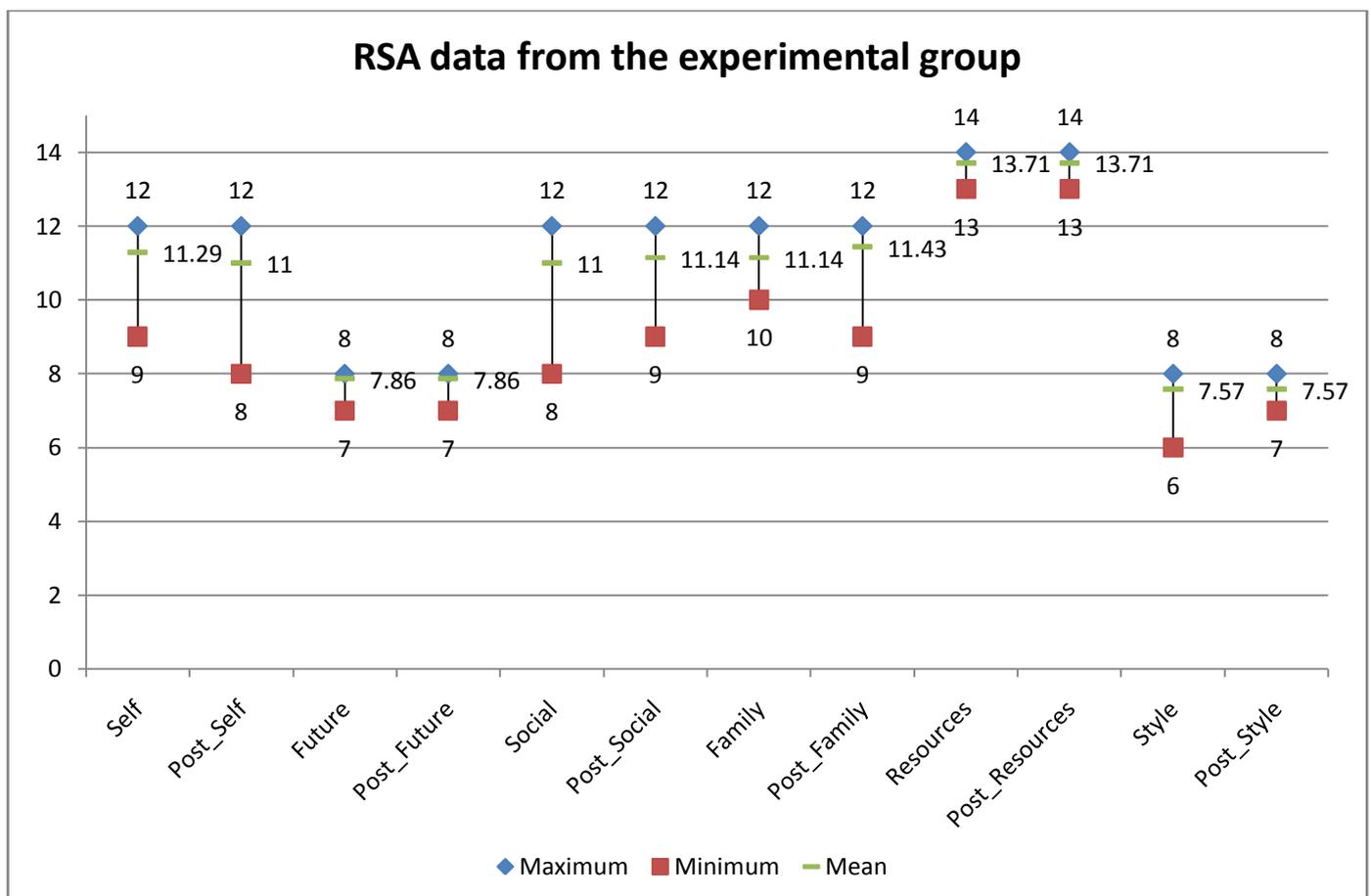


Figure 5-7: RSA data from the experimental group

From Figure 5-7, it is clear that:

- There was little difference between the pre- and post-test results. The participants scored overall lower in the measures on planned future and structured style. The participants scored the highest on resources. The differences in pre- and post-test result can be considered insignificant.

11.2.2 Pre- and post-test Comparison

In the comparison group, the results were also analysed in the same manner.

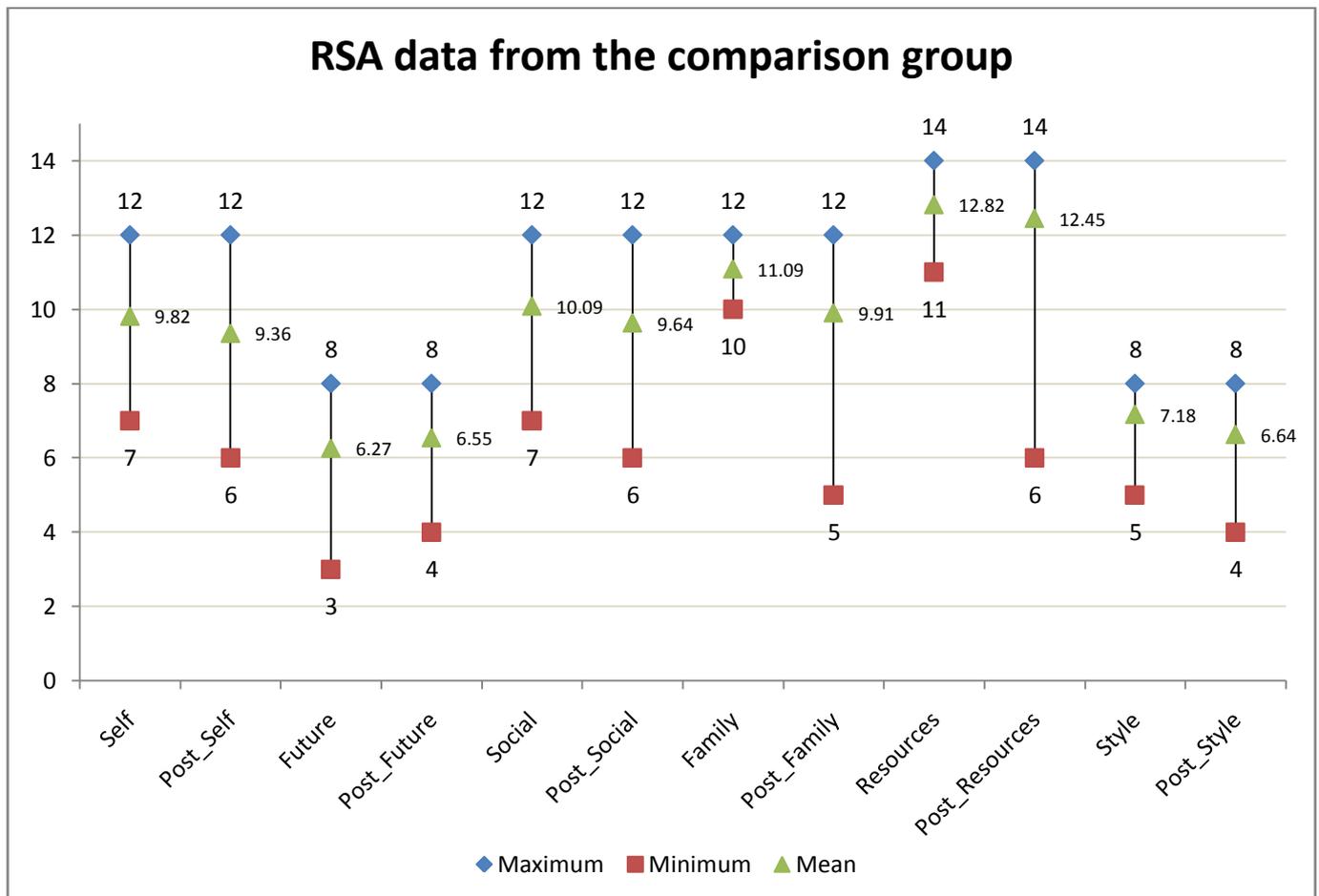


Figure 5-8: RSA data from the comparison group

From Figure 5-8, it can be concluded that:

- There was no major difference between the pre- and post-test results. The post-test results seem to have lower minimums than those of the pre-tests, but if one considers the mean result, the conclusion can be made that the lower scores were those of individuals and not of the group as a whole.

- Similar to the results of the experimental group, the comparison group also scored lower on future and style. Once again, the differences between the pre- and post-test results are insignificant.

11.2.3 Comparison between experimental and comparison group test results

Due to the magnitude of information, the comparison between the experimental and comparison groups will be split into pre- and post-test results. The comparison between the pre-test results for the experimental and comparison groups is shown in Figure 5-9.

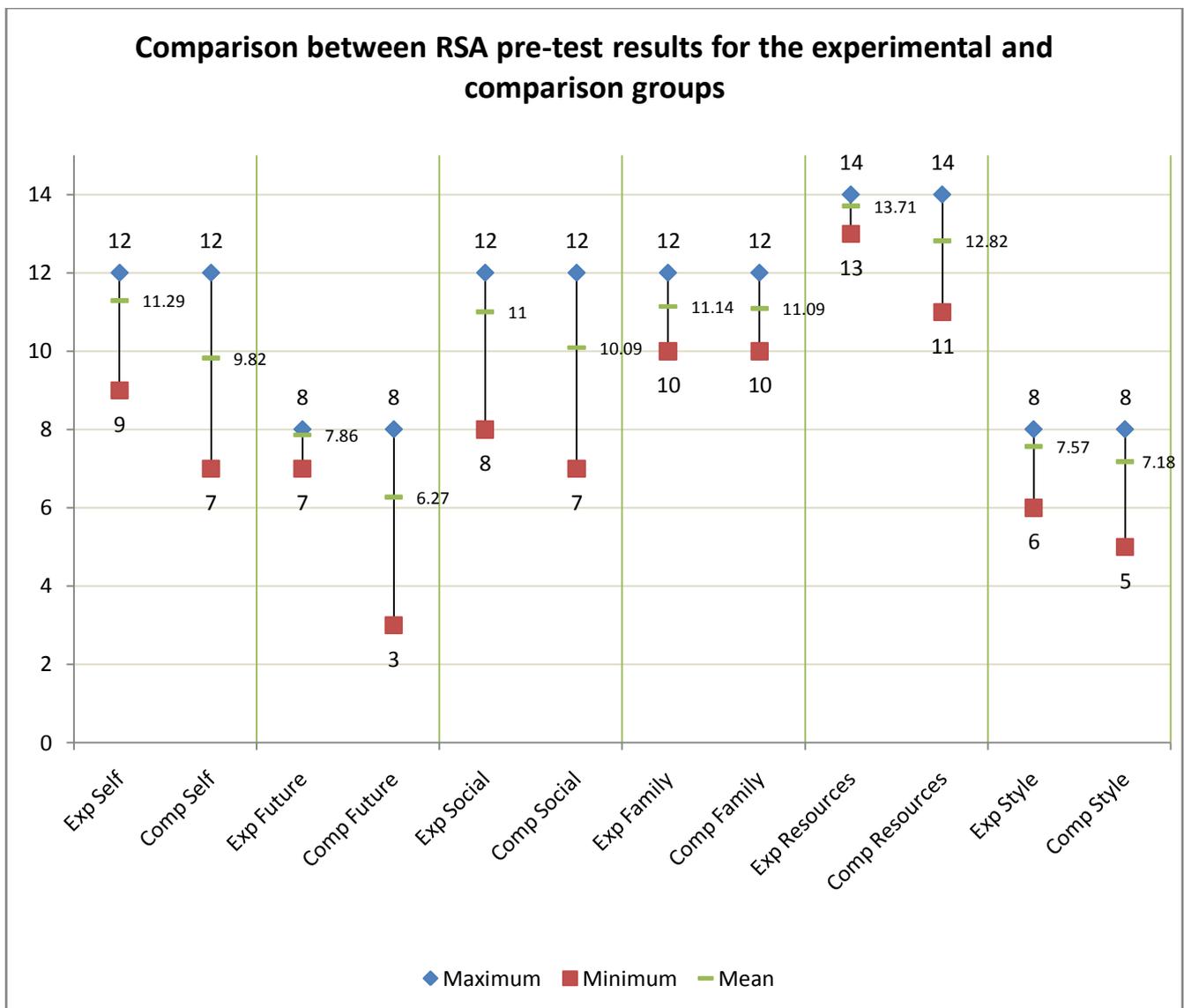


Figure 5-9: Comparison between RSA pre-test results for the experimental and comparison groups

From Figure 5-9, it is seen that

- The experimental and comparison groups scored roughly the same in the pre-tests. The differences shown are statistically insignificant. On face value, it seems as if the comparison group's minimum scores are lower than those of the experimental group are, but if one compares mean scores, the conclusion is that the largest number of participants scored the same.

The comparison between the RSA post-test results for the experimental and comparison groups is shown in Figure 5-10.

From Figure 5-10, it is apparent that:

- There is no significant difference between the results of the experimental and comparison groups. The researcher expected the experimental group to perform better on all measures than the comparison group. This was not the result. The differences shown are insignificant.

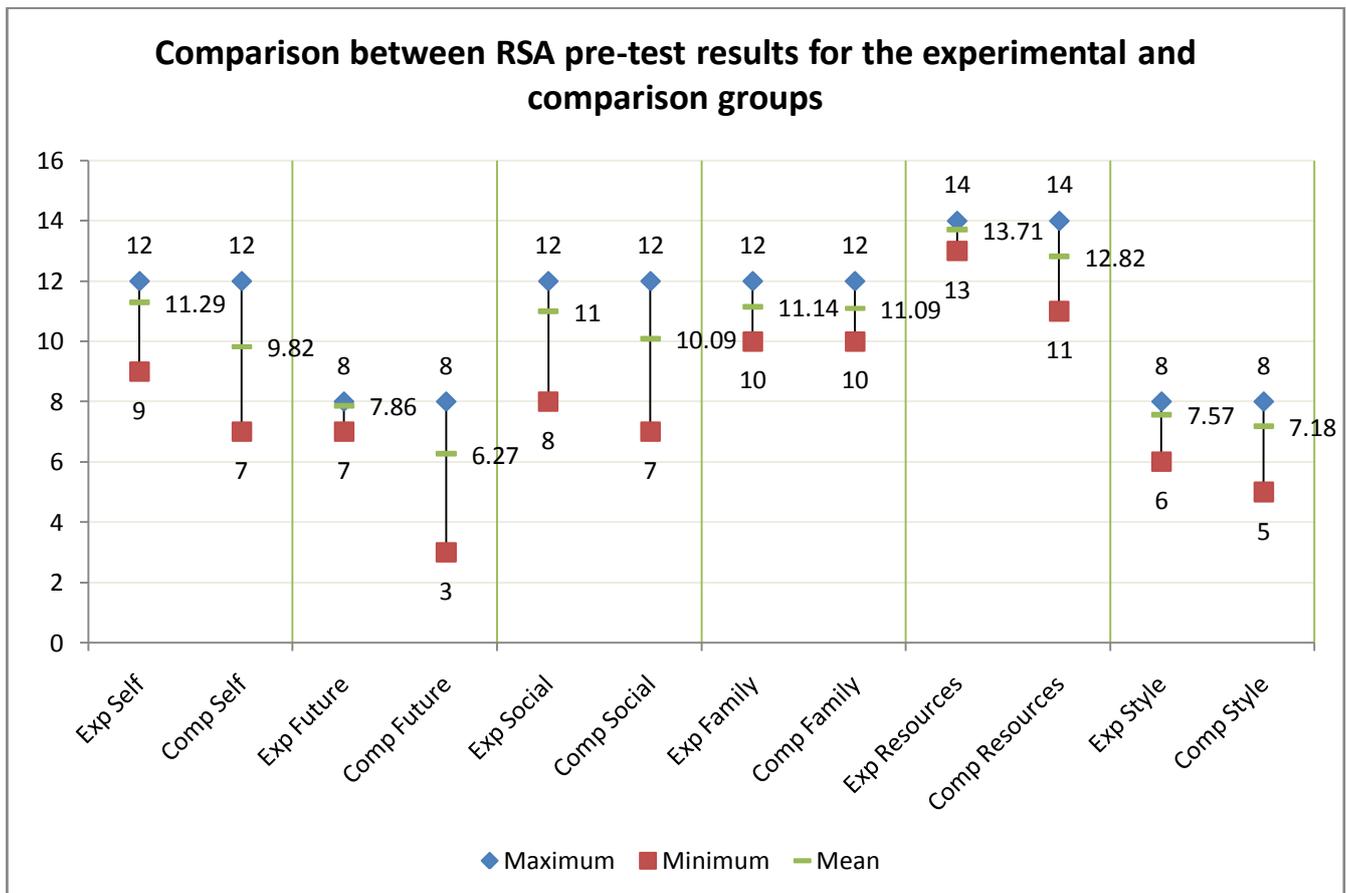


Figure 5-10: Comparison between RSA post-test results for the experimental and comparison groups

12. DISCUSSION AND INTERPRETATION OF QUANTITATIVE RESULTS

The researcher did not find any conclusive proof in the experimental group's quantitative research results that the REds programme made any difference to the dependent variables (participant's quality of life and resilience). The differences between the pre- and post-test results were insignificant. The comparison group pre-test results were also not different from the results of the post-test and comparing the experimental and comparison group results, the researcher came to the same conclusion. Based on the quantitative research results, it seems as if the REds programme did not make a difference to the quality of life or resilience of participants.

SECTION C: QUALITATIVE RESEARCH FINDINGS

Qualitative data were gathered from 7 participants in the experimental group through a narrative that they wrote (see Annexure 9 & 13) before and after exposure to the REds programme. The narrative aimed to explore how HIV and AIDS affected the educators. The probe for the writing of a narrative asked the participant to write about their life as a teacher in the era of HIV and AIDS – this assisted in contextualising how life is when teaching people who are affected by HIV and AIDS. This probe was used in the pre- and post-tests and the researcher compared the narratives in an attempt to evaluate the REds programme from a qualitative approach.

Qualitative data were also gathered from 11 participants in the comparison group at the same time as the experimental group (pre-test) and after four months (post-test) with no exposure to the REds programme (see Annexure 9 & 13). This was done to enable the researcher to compare the results of the experimental group to a group that has received no intervention.

Additional data sources were observations and field notes that were compiled by the researcher and the observer during the implementation of the REds programme

Data were also gathered from drawings, which were analysed using face value interpretation without any theoretical framework.

13. QUALITATIVE FINDINGS FROM NARRATIVES

According to Apsalan and Mabutho (2005:282), data analysis should include examination, categorising, tabulating or otherwise recombining the evidence to address the research question.

The researcher conducted the analysis in the following manner:

- The researcher read all the narratives and made notes in the margin of possible categories and themes.
- The researcher then repeated the process to cluster together categories that emerged most prominently.

- The categories that emerged from the narratives were then identified and written down separately.
- Information from the narratives that fitted into each of the categories was recorded in these categories.
- The researcher then searched for commonalities or contradictions in these categories.
- The categories were hereafter clustered together, and from this clustering, the themes emerged. Five main themes with sub-themes were identified, and these themes were used to categorise the data gathered from the narratives. The themes and sub-themes, in both the experimental and comparison groups are summarised in Table 2.

Table 1: Summary of themes and sub-themes

| Experimental group | | Comparison group | |
|--|---|--|---|
| Theme 1: The impact of HIV and AIDS on the school environment | | Theme 1: The impact of HIV and AIDS on the school environment | |
| Pre-test sub-themes | Post-test sub-themes | Pre-test sub-themes | Post-test sub-themes |
| <ul style="list-style-type: none"> • Negative teaching environment • Poor performance • Child-headed households • Role changes | <ul style="list-style-type: none"> • Negative teaching environment • Poor performance • Child-headed households • Social problems • Role of the educator | <ul style="list-style-type: none"> • Child-headed households, orphans and poverty • Poor performance from learners • Learners at school are infected and affected | <ul style="list-style-type: none"> • Child-headed households and orphans • Poor performance from learners |
| Theme 2: The personal impact of HIV and AIDS on the educators | | Theme 2: The personal impact of HIV and AIDS on the educators | |
| Pre-test sub-themes | Post-test sub-themes | Pre-test sub-themes | Post-test sub-themes |
| <ul style="list-style-type: none"> • Having loved ones infected by HIV and AIDS • The emotional impact of HIV and AIDS on the educator | <ul style="list-style-type: none"> • Work environment • The emotional impact of HIV and AIDS on the educator • Empowerment | <ul style="list-style-type: none"> • Role changes • The emotional impact of HIV and AIDS on the educator | <ul style="list-style-type: none"> • Role changes • The emotional impact of HIV and AIDS on the educator |
| Theme 3: The impact of HIV and AIDS on the community | | Theme 3: The impact of HIV and AIDS on the community | |
| Pre-test sub-themes | Post-test sub-themes | Pre-test sub-themes | Post-test sub-themes |
| <ul style="list-style-type: none"> • Poverty • Lack of resources • Fear to disclose • Loss of life and opportunities | <ul style="list-style-type: none"> • Poverty • Fatalism and ignorance • Social grants | <ul style="list-style-type: none"> • HIV and AIDS cause death • Substitute care | <ul style="list-style-type: none"> • Fatalism about HIV and AIDS • The economic and social impact of HIV and AIDS |



| Experimental group | | Comparison group | |
|--|---|--|--|
| Theme 4: Thoughts of educators on HIV and AIDS | | Theme 4: Thoughts of educators on HIV and AIDS | |
| Pre-test sub-themes | Post-test sub-themes | Pre-test sub-themes | Post-test sub-themes |
| <ul style="list-style-type: none"> • Untruths about HIV and AIDS • Importance of knowledge regarding HIV and AIDS • God is the only answer • AIDS is cruel | <ul style="list-style-type: none"> • Untruths about HIV and AIDS • AIDS is a deadly disease | <ul style="list-style-type: none"> • Life before HIV and AIDS • Untruths about HIV and AIDS | <ul style="list-style-type: none"> • HIV and AIDS is deadly • Importance of knowledge regarding HIV and AIDS |
| Theme 5: Action plans educators devise to cope with the impact of HIV and AIDS | | Theme 5: Action plans educators devise to cope with the impact of HIV and AIDS | |
| Pre-test sub-themes | Post-test sub-themes | Pre-test sub-themes | Post-test sub-themes |
| <ul style="list-style-type: none"> • Faith as a means to cope with HIV and AIDS • Knowledge of HIV is power • Support by educators | <ul style="list-style-type: none"> • Faith as a means to cope with HIV and AIDS • Knowledge of HIV is power • Support by educators | <ul style="list-style-type: none"> • Utilisation of community resources • Support by educators | <ul style="list-style-type: none"> • Support by educators • Faith as a means to cope • Utilisation of community resources |

The data sets that were used consisted out of pre- and post-tests from experimental and comparison groups. For clarity purposes, the researcher will firstly visually present each theme. This visual presentation consists of a mindmap drawing that shows the different sub-themes that were found for every theme in both the pre- and post-tests. This will be done for all five themes in the experimental group. The themes and sub-themes are then discussed by verbatim quotes from the narratives followed by supporting citations from relevant literature. Thereafter the researcher will write a summary for each theme. This process will be repeated for the comparison group. Thereafter the researcher will compare the differences between the experimental and comparison groups, visually. Lastly, conclusions will be compared, and a last conclusion will be made. An example of a narrative is shown in Annexure 14.

14. RESULTS FROM THE NARRATIVE FOR THE EXPERIMENTAL GROUP

The following themes were extracted from the narratives:

- The impact of HIV and AIDS on the school environment;
- The personal impact of HIV and AIDS on the educators;
- The impact of HIV and AIDS on the community;
- Thoughts of educators on HIV and AIDS; and
- Action plans educators devise to cope with HIV and AIDS.

The sub-themes that were derived from each one of these themes will now be discussed in detail.

14.1 Theme 1: The impact of HIV and AIDS on the school environment

This theme and its sub-themes dealt with the educators' experience of how HIV and AIDS have an impact on the school environment. Figure 5-11 shows how the theme is divided into sub-themes.

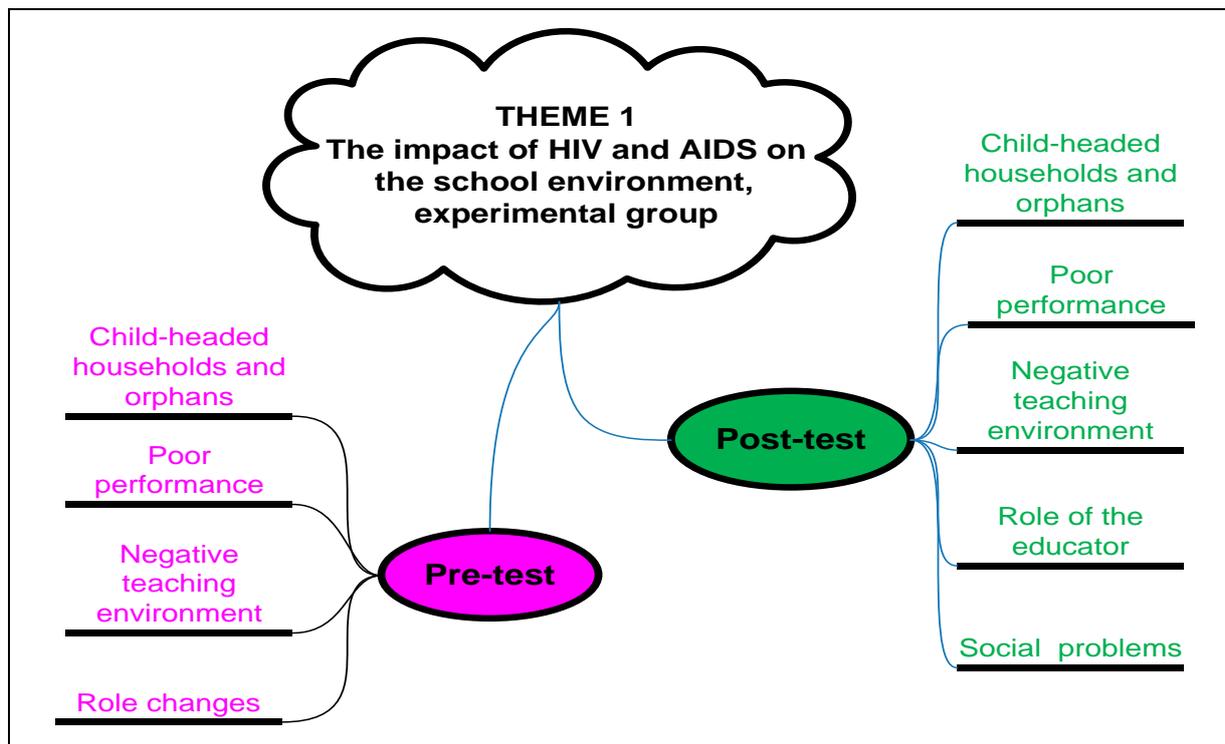


Figure 5-11: Theme 1: The impact of HIV and AIDS on the school environment

14.1.1 Pre-test results for theme 1

In the pre-test, this theme was divided into the following sub-themes:

- Child-headed households and orphans;
- Role changes;
- Poor performance; and
- Negative teaching environment.

Sub-theme 1: Child-headed households and orphans

In sub-theme one, educators dealt with the huge number of children in school who are orphans due to HIV and AIDS. Shisana *et al.* (2005b:21) define orphans as children who lost their parents through death. Orphans are also defined by UNICEF (2000) as children who have lost one or both parents. Vulnerable children on the other hand are defined as children who belong to high-risk groups who require access to basic social services or facilities. These orphaned and vulnerable children often do not have access to education. Many children are heading households, or are living in child-headed households. These children fend for themselves, and sometimes they are very poor, and have little or no resources to sustain them. They come to school inadequately dressed, and the educators are confronted with their poverty. Sometimes these children engage in lucrative income-generating activities, which is often to the detriment of the child.

Educators mentioned the following in this regard:

Participant 3: "There are many child-headed households where kids fend for themselves and become promiscuous for food."

Participant 6: "Most new learners are AIDS orphans who are poor and have no food and there are no real parents caring for the kids. Kids care for siblings at home after the parents passed away. It is quite pathetic, kids are looking after other kids, and they come to school without proper uniform, barefooted, no books and pens. They are uncared for because they have no parents."

Participant 10: "Many students are orphans because of AIDS."

These findings concur with Brookes *et al.* (2004) as cited by Van Dyk (2008:79) who found that about 10% of children in South Africa had lost a parent or caregiver by age 9, and 15% had lost a parent or caregiver by age 14. Among children, aged 15 to 18 years, almost 25% had lost at least one parent or caregiver, and 3% of children

aged 12–18 years said that they were the head of their household. These deaths are mostly AIDS-related.

Sub-theme 2: Poor performance

The second sub-theme focused on the way educators experienced how HIV and AIDS affect the children's performance. Many participants reflected that children who are affected by HIV struggle in school – the children struggle to concentrate, and start performing poorly due to being affected and infected by HIV and AIDS. Some learners even drop out of school. Educators also noted that learners manifest behaviour problems, which the educators link to the loss of parents due to HIV and AIDS.

The following confirmation was found in the narratives in support of this sub-theme:

Participant 3: "Learners lose concentration, become withdrawn, become bullies and show bad performance because their parents are HIV positive. It is disappointing to see performance and behaviour of children change to worse because they are affected by HIV."

Participant 6: "Kids feel inferior and drop out of school, others care for siblings at home after the parents have passed away, or they look after their ill parents. The result of so many responsibilities at home is poor performance, and thus the pass rate is affected by HIV and AIDS."

Participant 11: "Children performed well, then their performance went down, and I found that either parents or children were sick or the parents were late."

Poor performance of HIV and AIDS affected children is confirmed in literature.

Robson *et al.* (2007:424) report that, especially in orphans, the participation and quality of learning was affected because orphans often came to school poorly dressed, hungry, sleep-deprived, and psychologically and emotionally traumatised. Robson *et al.* (2007:424-426) and Poulsen (2006:49-52) note the following factors negatively impacting the school performance of orphans: being absent in order to care for siblings, anxiety and the need to dedicate time (usually spent on school tasks) on income-generating activities, bullying or being accused of having HIV or AIDS and not having the necessary materials (i.e. books and stationary) to complete school tasks.

Sub-theme 3: Negative teaching environment

This sub-theme highlights educators' description of the negative teaching environment HIV and AIDS creates. The learners come to school ill, or they are very traumatised if one of their classmates passes away due to HIV and AIDS.

The following proof was derived from the narratives in support of the sub-theme:

Participant 3: "Learners are infected because of poverty. Their parents can't supply them with what they need and then they get involved with bad people."

Participant 6: "HIV positive children come to school, educators don't know the status of these children, and they don't know how to handle the sick children."

Participant 6: "There is a high mortality rate among children due to this disease. When a pupil dies, this disturbs other kids and has a negative impact on the teaching environment."

Naudé and Pretorius (2003:141) indicate that physical symptoms that HIV positive children or children with AIDS-related diseases show make optimal learning difficult. In other words, when educators teach infected learners, teaching may be more complicated, thereby further burdening educators. Esterhuizen (2007:42) mentions that it is difficult to teach ill learners, because they will find it difficult to concentrate, co-operate, and develop. Ill learners are also often absent from school and may be faced with learning disabilities.

Sub-theme 4: Role changes

This sub-theme dealt with the change in roles the educators experienced. They play different roles in the classroom – not only educating the learners, but also emotionally supporting the learners. The educators spend many valuable teaching hours addressing emotional and social issues, and many times the educator uses their own means to assist the children, as there are no other means of support. The problems that exist in the community enter the classroom, and the educators need to deal with these problems.

The following evidence was found in the narratives to support that this was indeed a valid sub-theme:

Participant 1: "Teacher's roles change – social issues impact the classroom, and the community becomes your class."

Participant 6: "Educators spend more time dealing with social issues than they teach. We [educators] give our lunch to the kids and buy pens and books for the children from our own pocket, because the kids come to us for support."

Participant 8: "Children whose parents have died need counselling and help."

Participant 10: "I am a teacher, parent, mother, sister and a friend - HIV touches me."

This is also reflected in literature. As earlier mentioned, different authors (Kelly, 2000; Theron, 2005; Theron *et al.*, 2008; Poulsen, 2006) note the role of counselling that educators need to fulfil as well as the need for schools to be transformed into a multi-purpose development and welfare institution. The role conflict is confirmed by Theron *et al.* (2008:84) who found that educators do grief counselling, solve family problems, find resources – responses that are not part of the educator's role.

14.1.2 Post-test results for theme 1

In the post-test, some of the sub-themes were repeated. In the post-test, the impact of HIV and AIDS on the school environment was divided into the following sub-themes:

- Child-headed households and orphans;
- Poor performance;
- Negative teaching environment;
- Role of the educator; and
- Social problems.

Sub-theme 1: Child-headed households and orphans

This sub-theme also dealt with the impact child-headed households and orphans have on the school. It also noted the impact the absence of parents has on the children. The emphasis was once again on the lack of resources that exists because children are growing up as orphans. It is noticeable that participants did not change in their views on the impact orphans have on the classroom after participation in the REds programme. It seems as if they are still unsure of how to deal with the orphans, and this is still an issue for them. The following was said by participants:

Participant 3: "There are an increased number of orphans as parents die and leave young children behind. In most cases, the children have no one to look after them or to teach them the facts of life. These children tend to be unruly in class. This affects their performance as well."

Participant 11: "Many learners are now orphans and many families from which they come are child-headed families whereby in the end, resources are scarce for them as there will be no breadwinner."

From literature, the ILO (2006:27) asserts that children running or living in child-headed households must generally fend for themselves and manage their own activities without the supervision of an adult. These children face unusual hardship emotionally, materially and educationally and children who are raised by other children, or who themselves raise children, are exceptionally disadvantaged. In some cases children receive regular visits and support from relatives, but research shows that in communities severely stressed by AIDS, a large proportion of child-headed households known to have living relatives do not receive material support from them. Thus, it can be concluded that the opinion of the participants is also reflected in literature.

Sub-theme 2: Poor performance

This theme was prevalent in the pre-test as well as in the post-test. This theme elaborated on the impact HIV and AIDS has on the performance of children in school. Educators not only noted that the academic results deteriorate, but it also placed the magnifying glass on the behaviour of the HIV and AIDS affected child. Once again, when comparing the pre-test with the post-tests, it is observed that the participants did not change in their views on the performance of learners after participation in the REds programme. It seems as if the performances of the learners are still a concern for them.

The following was written in the post-test narrative to support of this theme:

Participant 1: "Orphans tend to be unruly in class, and this affects their performance as well."

Participant 6: "Poor results because of absenteeism of educators and pupils due to illness or death in the family because of AIDS."

Participant 8: "Orphans who are heading the families are affected by the circumstances in which their school performances tend to deteriorate."

These findings concur with Bennell (2005:467) who holds that the educational performance of orphans, child-carers, and children with AIDS-related illnesses is also expected to deteriorate markedly with higher repetition and dropout rates and generally poorer learning outcomes. Franks *et al.* (2004:230) cite Wishnietsky & Wishnietsky (1996), who state that absenteeism due to medical treatment can result in lowered academic performance and intolerance by classmates.

Sub-theme 3: Negative teaching environment

This sub-theme was also prevalent in the pre-test results. The sub-theme refers to the impact HIV and AIDS has on the teaching environment, and how the educators are negatively affected by learners and staff being affected, and by the duty educators have to emotionally support and assist learners. All these issues contribute to create a negative teaching environment. It appears as if the educators' perception of the work environment did not change after participation in the REds programme. In the pre-test, they also experienced the work environment as negative.

The following was said by participants in this regard:

Participant 1: "we need to cope as teachers with all that is coming to us in the classroom."

Participant 10: "The environment I work in impacts my life."

Participant 11: "I have seen my peer staff and learners being affected. AIDS has taken these learners' parents from them, and now we educators have the duty to protect and comfort children from the harsh world."

Once again the experiences of the participants is supported by Sackney, Noonan and Miller (2000:45), who found that classroom teachers are affected greatly by their working environments, and the daily increased expectations related to their jobs. Bennell (2005:486) also notes that most teachers do not have sufficient time, resources and incentives to be able to support students properly. Most already feel heavily over-burdened by a crowded curriculum and other work-related commitments. Consequently, the right enabling environment has to be created so that they can perform this key function effectively.

Sub-theme 4: Role of the educator

This sub-theme dealt with the different roles the educators need to fulfil, such as that of a mother, counsellor and survivor.

The following was noted by participants in the post-test narratives:

Participant 1: "My role is that of a survivor – all these changes affecting my life should not break me at all, but rather should make me feel stronger."

Participant 6: “Most of my time is spent counselling learners instead of teaching and visiting sick learners as well.”

Participant 12: “This time needs a person to be strong enough to face life on both angles with passion and goals. You must share with people, especially in difficult times. You must pass what you have learned to the learners and their families. Take these learners as your kids or family and accept them as a good mother who loves her family.”

From literature, Theron *et al.* (2008:84) clarifies that the current teaching context demands educators to respond with roles such as grief counselling, solving family problems, and finding resources – these responses are not part of the educators’ role. Robson and Sylvester (2007:425) found that many of the school staff participates in various unofficial support and monitoring activities (supplying food, clothes, keeping orphan registers, soliciting for bursaries and so on) that go beyond traditional educational roles.

Sub-theme 5: Social problems

This theme was not prevalent in the pre-tests. The theme dealt with the social and behavioural problems that exist due to people becoming infected and affected by HIV and AIDS. These problems focus around teenage pregnancy, and the tendency for young girls to fall pregnant in order to gain access to a child support grant. The issues also focus on children who engage in risky behaviour due to the effect HIV and AIDS has on them. It is noted by educators that social and behavioural problems often go hand in hand with poverty, HIV and AIDS. In communities with high HIV prevalence, HIV/AIDS exacerbates existing problems, including poverty, and social and educational inequalities (UNAIDS 2008b). The following was noted by participants in this regard:

Participant 3: “People want easy money, and then learners get pregnant, because by having kids you are entitled to a child support grant, where they will use the money to take care of their own needs instead of those of the children. The parents do not care about the future of the kids – they just know that the more children, the more money they will get from the grant. The other problem is sugar daddies. They pamper young women with lots of gifts in exchange for sex. They move from one person to another, and they do not want to condomise.”

Participant 11: “Some children even end up committing crimes, dropping out of school as they lack proper guidance at home concerning the importance of going to school.”

Participant 8: "The same orphans become pregnant at an early age. Pregnancies also brought poverty in their homes. Once the learner become pregnant, they quit school and start to live on their own. What causes pregnancy? The girls are eager to become independent; they bend under peer pressure and because of poverty. As a result our learners become drunkards and prostitutes, and they themselves become contaminated and then the spread the virus."

In literature the problems noted by the participants is supported by the following authors:

The ILO (2006:44) reports that youth who live in households that are affected by HIV and AIDS are dropping out of school and starting to work when too young, too unskilled and too inexperienced. With poor education and training, these young people are less likely to have access to decent work and face a high risk of under- and unemployment.

With regard to social issues, the ILO (2006:42-44) found that orphaned adolescents become exposed to many risks when they experiment with sexual initiation, alcohol or tobacco use, and sometimes experience violence and drug use. The consequences of their risk taking behaviours can be grave, including sexually transmitted diseases and HIV, as well as unwanted pregnancy.

14.1.3 Summary on theme 1

Theme 1 dealt with the impact HIV and AIDS has on the school, the educators and learners. In both the pre- and post-tests, it was noted that HIV and AIDS influences the performance of children and a negative teaching environment is created at school. Orphans and child-headed households was also a central theme, and in both the pre- and post- tests, participants concluded that the death of parents negatively influences the school. The roles of educators were also discussed. In the pre-tests, it was noted how the role of the educator has changed due to HIV and AIDS. In the post-test, the focus was more on the role they assumed in order to cope. In the post-tests, participants elaborated on the social problems that are caused by poverty and how that influences the school environment.

14.2 Theme 2: The personal impact of HIV and AIDS on the educator

This theme dealt with the personal impact HIV and AIDS has on educators. Figure 5-12 illustrates how the theme is divided into sub-themes, which will be discussed below:.

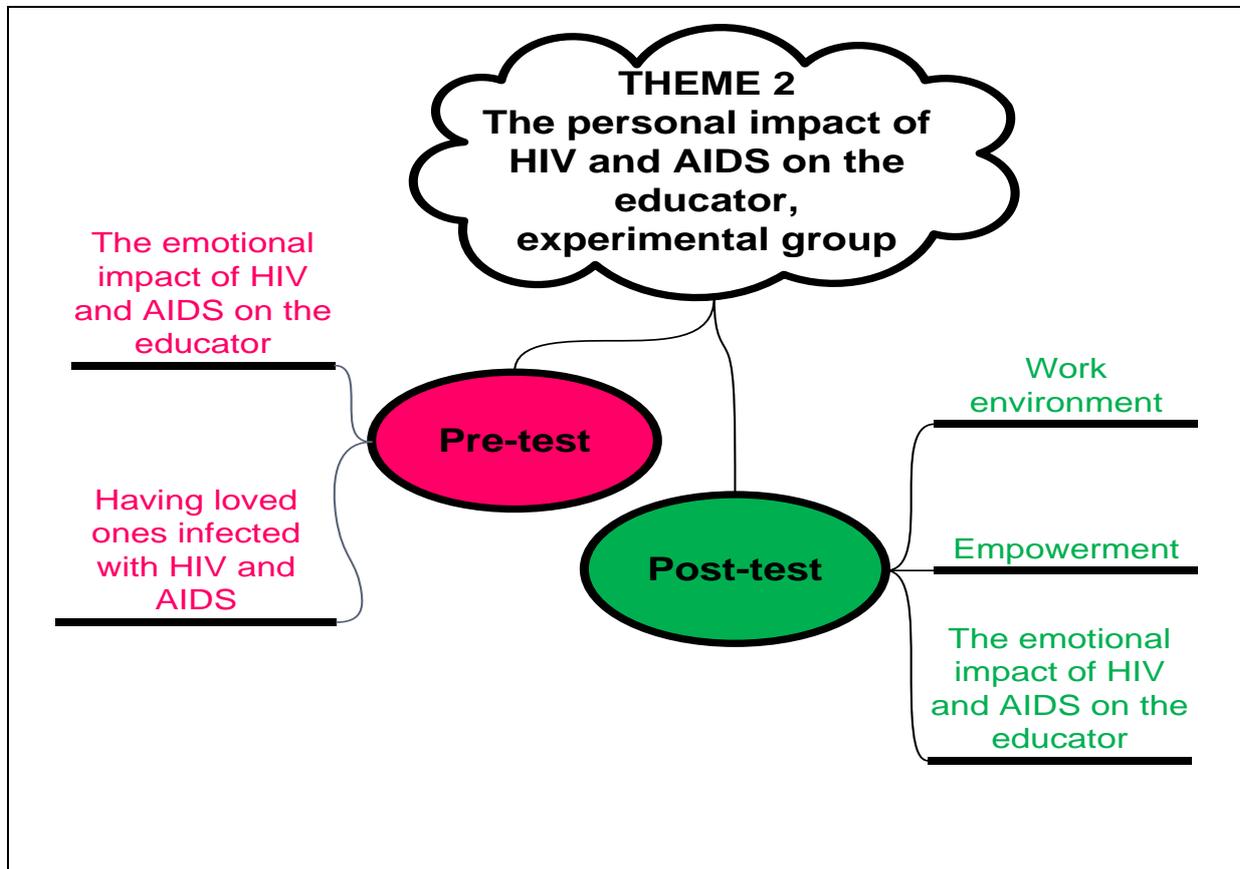


Figure 5-12: Theme 2: The personal impact of HIV and AIDS on the educator

14.2.1 Pre-test results for theme 2

In the pre-test theme 2 was divided into the following two sub-themes:

- Having loved ones infected by HIV and AIDS; and
- The emotional impact of HIV and AIDS on the educator.

Sub-theme 1: Having loved ones infected with HIV and AIDS

This sub-theme explored how having loved ones who are infected with HIV and AIDS has an impact on the educator. Educators mentioned they experience pain, and that it takes emotional energy to support loved ones. In the narratives, the following was obtained:

Participant 1: "It was after the death of someone close to me that I became concerned. It filled me with pain and regrets. Now I have lost three loved ones from this terrible disease. I felt destroyed inside."

Participant 10: "My younger sister is sick with AIDS and I need to support her. I went with her to clinic for treatment and encouraged her to disclose her status. At night when she was in pain, I used to spend sleepless nights sitting by her bedside praying and comforting her."

From literature, it is clear that having loved ones who is infected with HIV and AIDS has a negative impact on the educator.

Van Dyk (2005:218) explains that the term HIV and AIDS affected refer to the significant others in the life of a person living with HIV and AIDS. Educators who are personally affected by HIV and AIDS are defined by Theron (2007a:5) as educators who have loved ones in their family who are infected with HIV and AIDS, or have died from AIDS. Significant others may include colleagues, friends and family members. People are exposed to the lives of others and their circumstances. If a person has a friend or loved one who is infected with HIV, their emotional and physical wellness will have an impact on the people around them.

Sub-theme 2: The emotional impact of HIV and AIDS on the educator

This sub-theme dealt with the emotional impact HIV and AIDS has on educators. Educator's experiences emotional pain, they were scared, they were traumatised, stressed and they felt sad.

The following was noted in the narrative:

Participant 3: "As a teacher it is very difficult and challenging... It is very painful to see learners becoming orphans at an early age, with no relatives to look after them. It is very sad to bury a child knowing he has been suffering from AIDS"

Participant 8: "It is painful to see kids who cry because their parents have died."

Participant 10: "The mothers had passed away, and I was very shocked as the learners were crying bitterly and I also started to cry."

Participant 11: "Watching all this happen around me is a nightmare, and it is very painful." I had aspirations of nurturing children, but now I wonder if there is going to be any children left to teach. I am scared – I wonder if I will escape it?"

Participant 12: "I must start making home visits for the learner who collapses in class because they had not eaten for three days, when you get there you will find a disaster in children's houses. That thing traumatises me for a long time, and then I end up being stressed about the learners I need to help – this causes my health to deteriorate. I need to go to the doctor to get some medication."

Participant 12: "Learners end up being my burden."

The responses of participants concur with Esterhuizen (2007:38) who indicates that affected educators cannot cope emotionally and financially with sickness and death among family, friends, colleagues and learners, and are concerned about the uncertainty of their own future and that of their dependents.

14.2.2 Post-test results for theme 2

In the post-test, the theme was divided into the following sub-themes:

- Work environment;
- The emotional impact of HIV and AIDS on the educator; and
- Empowerment.

Sub-theme 1: Work environment

This sub-theme dealt with the negative personal experience of educators of their work environment in the era of HIV and AIDS.

Participant 1: "In dealing with learners, especially at my school, I realise that the environment has a great influence. As a teacher, my life has to adapt to all the conditions I work in."

Participant 6: "I need to teach hungry filthy kids, because their parents are dead."

In literature, Cohen (2002:20) points out that government have the task of facilitating an open dialogue and discussion about difficult issues that require a supportive environment. In most countries in Sub-Saharan Africa, these conditions are not present and have to be created. Thus, teachers need to feel that the government and their communities will support them in their attempts to address HIV prevention within schools. It is thus clear that the educators work in a difficult work environment. The evidence from the narratives support that educators indeed find their work environment to be troubling.

Sub-theme 2: The emotional impact of HIV and AIDS on the educator

This sub-theme dealt with the emotional impact that HIV and AIDS has on educators. This impact included feeling frustrated, being emotionally disturbed and saddened. The emotional impact was eminent whether educators are infected or affected by the pandemic. From the narratives, it seemed as if there was not a lot of change in the

emotional experiences of educators after the implementation of the REds programme. This theme was also prevalent in the pre-tests.

The following was cited in the narrative:

Participant 6: "I am personally affected by child-headed households and poor results due to absenteeism and death."

Participant 10: "As a teacher I experience frustrations in my classroom when interacting with my learners or orphans caused by HIV and AIDS. These learners are very intelligent in my class, but they are transferred to other schools because the mother died of HIV and AIDS. I get troubled by my work; it is hurting and emotionally disturbing."

Hargreaves (1994) and Crossman (1996) as cited by Sackney *et al.* (2000:46) report that many emotional and societal problems have placed increasing demands on teachers; teachers are only human, and therefore they bring to their jobs their own personal problems and frailties.

Sub-theme 3: Empowerment

This sub-theme dealt with empowerment. From the narrative, it was marked that some of the educators were empowered by the REds programme. The following was found in the narrative to show how the participants were empowered:

Participant 1: "How does one cope? I must gain my strength so that AIDS cannot control or determine my life. I am in control. I cope by accessing necessary information and enskilling myself with important skills where possible."

Participant 1: "We can't divorce AIDS from education, it is vital for us to realise that, and this Resilience course has just cemented that."

Participant 10: "Since I attended REds, I am aware of many things that will help our people, e.g. families, learners, neighbours etc. which also helped me to deal with serious situations around me."

Theron *et al.* (2008:84) confirmed that the REds programme has the express aim of empowering affected educators to cope more resiliently with the challenges of the pandemic by supporting educators to respond adaptively to a teaching context that demands responses more typical of counsellors, social workers, or medical personnel trained to prevent HIV. The programme also aims to empower participants to support other people who are HIV and AIDS affected or infected. Theron *et al.* (2008:83) state that there is no form of comprehensive support for

affected educators, although some South African research initiatives (like REds) have empowered participating educators and their communities.

14.2.3 Summary of theme 2

This theme dealt with the personal impact HIV and AIDS has on the educator. In the pre-test, the participants noted that they are personally affected by HIV and AIDS, by having lost loved ones to HIV and AIDS. Another sub-theme that was indicated was the emotional effect HIV and AIDS had on the educators, and the difficulty educators experienced to deal with the issues they face. In the post-test, it was also noted that HIV and AIDS had a negative emotional effect on the educators. In the post-test, the educators noted that their work environment negatively influenced their emotions – a sub-theme that was not prominent in the pre-tests. In the post-test, it is detected that the educators noted growth and some positive feelings after the implementation of the REds programme. Two educators indicated that they felt empowered by the REds programme to deal better with their situation. This was not the case in the pre-tests.

14.3 Theme 3: The impact of HIV and AIDS on the community

This theme focused on the impact that HIV and AIDS has on the community. Most of the educators who work at the experimental group's school also live in the community.

As Cohen (2002:1) states, the pandemic undermines development and thus further worsens the conditions in which HIV transmission thrives, simultaneously reducing the capacity of families, communities and nations to cope with the complex social, political and economic consequences. From literature, it is clear that HIV and AIDS negatively affect communities. In this theme, the researcher will explore the areas the participants highlighted. Figure 5-13 illustrates how this theme is divided in sub-themes. Each sub-theme will be discussed

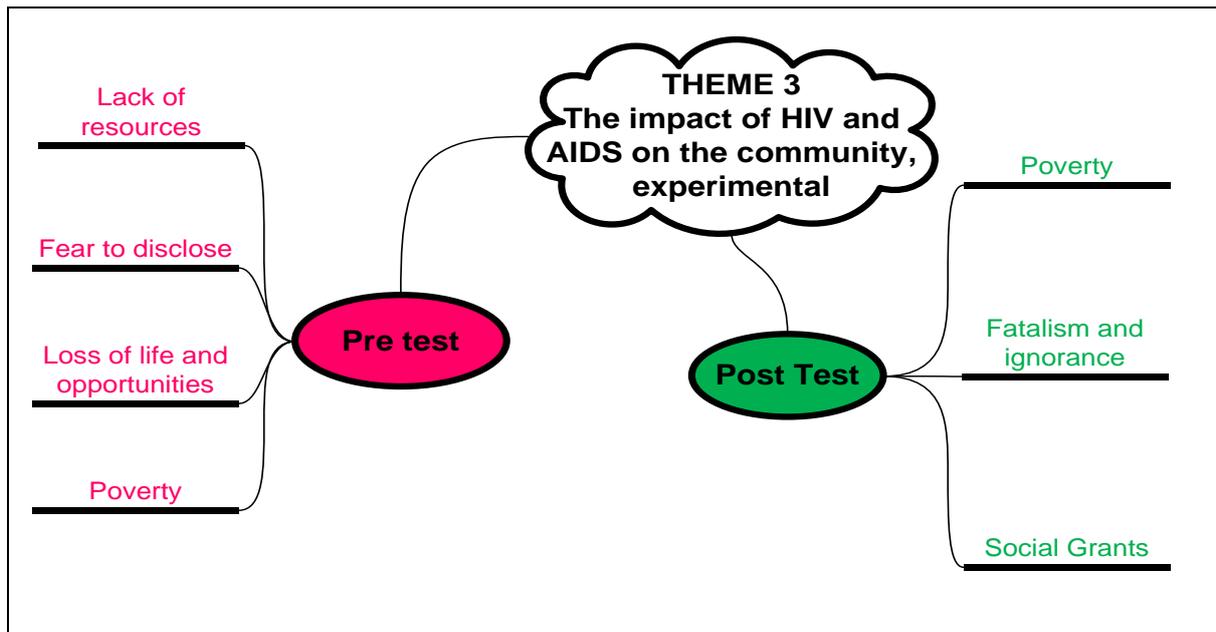


Figure 5-13: Theme 3: The impact of HIV and AIDS on the community

14.3.1 Pre- test results for theme 3

In the pre-test, the theme was divided into the following 4 sub-themes:

- Poverty;
- Lack of resources;
- Fear to disclose; and
- Loss of life and opportunities

Sub-theme 1: Poverty

A lot has been said about poverty and HIV and AIDS. This specific sub-theme dealt with the poverty that is created by HIV and AIDS, as well as the poverty it creates and fuels. The following was noted by participants in this regard:

Participant 3: "Some of the learners get infected because of poverty. Their parents are not able to supply them with basic needs and they get involved with anyone who they think has money in order to maintain a good lifestyle."

Participant 8: "AIDS orphans live with grandparents in poverty."

The link between poverty and HIV and AIDS is emphasised by Cohen (2002:vii) who notes that the HIV pandemic has its origins in conditions of poverty, gender inequality and patterns of development that intensify the mechanisms through which

HIV transmission takes place. Simultaneously, the HIV pandemic, through its impact on development, exacerbates poverty and gender inequality and undermines the organizational capacity and human and social capital essential for development.

Sub-theme 2: Lack of resources

This theme centres on the lack of community resources that is created by HIV and AIDS infection, as well as illness due to AIDS. This lack can be summarised as a deficit in household income, as the child becomes the breadwinner. AIDS also pressurises government to increase its social support towards people affected by HIV and AIDS.

The following was mentioned by participants in the narrative:

Participant 6: "There is a lack of resources by the social government and this means that there is an increase in children that need assistance."

Participant 8: "At school we give them food parcels, but we can only do it once a week – the rest of the time they go hungry with nobody to help them"

Participant 12: "Children are left without parents. The child becomes the breadwinner"

In this regard, the ILO (2006:25) notes that the deaths of children deprive families and societies of their potential contributions, drain their resources, and sap the morale in families. Cohen (2002:9) also states that the largest number of those infected with HIV, are poor and that the pandemic emphasizes the fault lines in society. The poor are in a situation which make it hard for them to avoid behaviour that lead to infection and they have few of the resources needed for coping with the consequences of HIV and AIDS.

Sub-theme 3: Fear to disclose

This sub-theme dealt with people's fear of disclosure. The fear of disclosure often causes them not to take an HIV test, and then they pose a risk of infecting others knowing or unknowingly in the community. Some people refuse to take a test because they still believe untruths about HIV and AIDS. The following was said by participants:

Participant 3: "Children die and people are afraid to disclose their status and get tested – this causes loss of life."

Participant 6: Beliefs hinder people from living positively. People don't want to be tested and they think they are bewitched.”

Participant 6: “People deny that they are infected and their denial kills family and the infected person, in actual fact commits suicide. People know they are infected but continue to infect others who are innocent.”

Literature confirms that, due to the immorality associated with AIDS, educators are less likely to disclose their status or their loved ones' status (Boler & Jellema, 2005:6). Although discrimination is prohibited, infected as well as affected people (educators included) are stigmatized, due to the following unfair perceptions: sexual taboos; immoral behaviour, God punishes sexual sin; sorcery and witchcraft; easy transmission; and painful death (Theron 2005:6).

Sub-theme 4: Loss of life and opportunities

This sub-theme focused on loss associated with HIV and AIDS. AIDS causes loss of life and of opportunities for children to develop in a healthy environment. The participants wrote the following:

Participant 3: “AIDS leaves behind orphans, parents lose children and community loses economic struggles.”

Participant 12: “Children are deprived of youth, or do not enjoy being young they lose many opportunities”.

Cohen (2002:3) indicates the following on loss: In the worst affected countries, there is a steep loss in life expectancy. There are presently an estimated 12 million children who have lost their mother or both parents to the epidemic, and this appalling number of orphaned children is projected to more than double over the next ten years. Loss of life can also lead to a loss in human capital which, according to Cohen, (2000:4) causes all kinds of problems, like for instance loss of specific knowledge due to labour losses.

14.3.2 Post-test results for theme 3

In the post-test, the following sub-themes were identified:

- Poverty;
- Fatalism and ignorance; and
- Social grants.

Sub-theme 1 Poverty

In this theme, it was discussed how HIV causes poverty, and how poverty-stricken environments stimulate HIV and AIDS. The following was noted by participants in support of this sub-theme:

Participant 1: "A poverty-stricken environment creates an avenue for AIDS to prevail."

Participant 3: "There are so many people who use poverty as a reason to be promiscuous. People engage themselves in dangerous life by selling their bodies to anyone who has money. Using protection is the last thing on their minds."

The ILO (2006:16) highlights that in developing economies, poverty remains the most persistent and severe economic and social problem facing the majority of the population. It aggravates all other human problems and is an important root cause of conflict and of diseases, including malaria, HIV and tuberculosis. At the same time, HIV/AIDS is an obstacle to poverty reduction in most resource-poor settings as it ultimately impoverishes households through slowed economic growth and loss of jobs as well as by directly depriving households of their main providers.

Sub-theme 2: Fatalism and ignorance

This sub-theme focused on people's attitude with regard to HIV and AIDS. It elaborates on how people tend to be fatalistic – they believe that there are many ways of dying, and dying of AIDS is just another option. They are also not afraid of being infected with HIV, and once they have acquired the virus or the syndrome, they do not mind infecting others with it. The following was derived from the narratives:

Participant 3: "Some people are of the opinion that no one is immortal, we will all die and there are many ways of dying. They tell themselves that God brought them on this earth so that they can enjoy life. They do not mind how they enjoy their lives as they say life is too short, so they want to live life to the fullest. They tell themselves that death has always been there so why should they worry about it. They say there is time for everything and we will all die in a different way."

Participant 3: "There are people who think that they are immune to AIDS, and when they discover that they have the virus they become angry and they want revenge by infecting others so that they do not die alone."

Literature, confirmed this theme. During a qualitative study by Meyer-Weitz and Steyn (1998), people expressed a fatalistic attitude towards HIV prevention and were of the opinion that it was senseless to try and protect themselves from HIV and AIDS because of the high prevalence in their communities and also because of the difficulties involved in using condoms consistently (Meyer-Weitz 2005:76). According to Meyer-Weitz, (2005:77) youth further argued that it was quite possible that they might die because of violence and crime, and therefore they did not see the need to protect themselves from an infection from which they might die in ten years' time.

These opinions and responses were not the simple result of ignorance. Instead, they seem to be an outcome of the manner in which medical, political and religious discourses have actively, but not always intentionally, constructed AIDS as a condition between life and death.

Sub-theme 3: Social grants

This sub-theme focused on the role that social grants play in the community, and how people will go to great extents to obtain these grants. Participants had the following comments on this issue:

Participant 3: "People do not want to work, they want easy money – this is a cause for teenage pregnancy in order to get the child grant."

Participant 6: "There is wastage of resources because when one is educated and he/she dies before even working or paying back the loans. Burden the government with giving free medication and grants."

Naidu and Harris (2007:426) found that social grants that were eminent in HIV and AIDS affected households were largely disability grants, old age pensions and child support grants. (The proportions of HIV-affected households receiving these grants were much greater than the proportions of non-affected households). For affected households, these grants contributed 30% of annual household income compared with 11% for non-affected households. It is also stressed that social grants have been crucial in compensating for the lower incomes and higher expenditures that HIV and AIDS imposes on households.

14.3.3 Summary on theme 3

This theme highlighted the impact HIV and AIDS has on the community, and how that had influenced the educators. In the pre-tests, the participants noted that the largest problems were poverty, lack of resources, fear of disclosure and loss. All these themes correlate with literature. In the post-tests, the participants discussed fatalism, social grants and poverty as the big impact that HIV and AIDS has on the community. It seems as if the participants were more aware of the negative behaviour of people in the post-tests.

14.4 Theme 4: Thoughts of educators on HIV and AIDS

This theme centred on the educators' thoughts on HIV and AIDS. It explored their emotional response when they are thinking about how HIV and AIDS had affected them as educators.

It is important to note that these thoughts are not necessarily in line with literature. The researcher will provide evidence from literature where possible. Figure 5-14 shows how the theme was divided into sub-themes. Each sub-theme will be discussed.

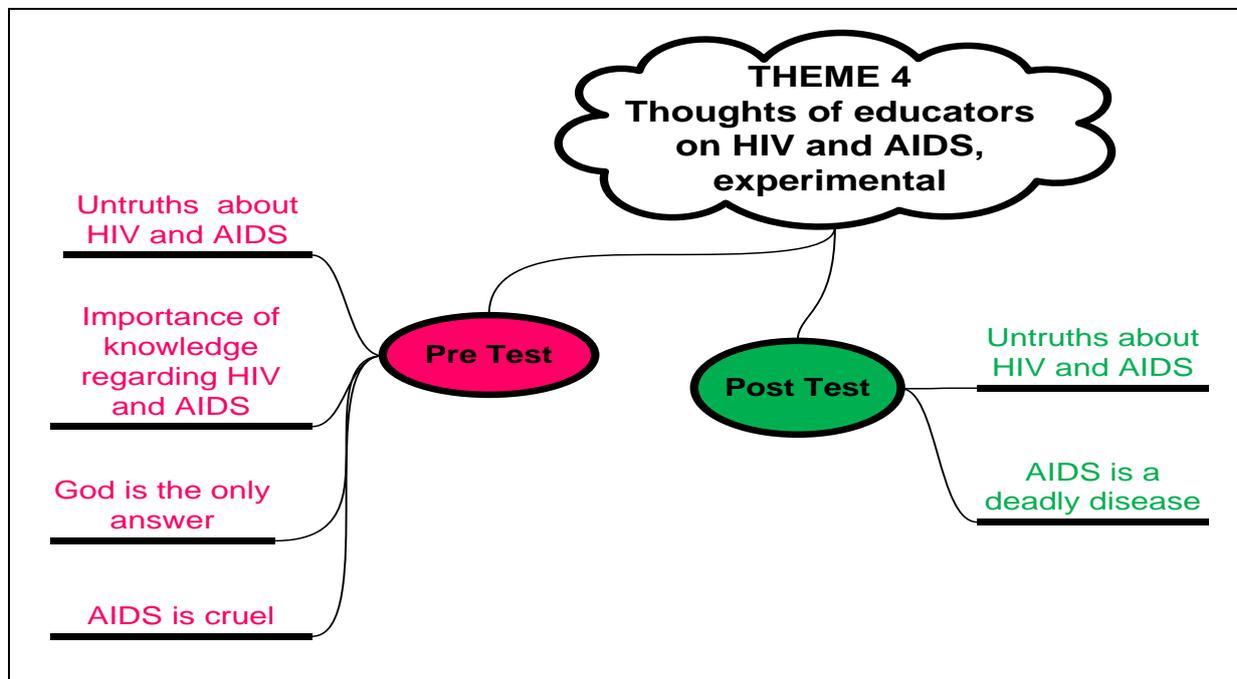


Figure 5-14: Theme 4: Thoughts of educators on HIV and AIDS

14.4.1 Pre-test results for theme 4

The following sub-themes were found:

- Untruths about HIV and AIDS;
- Importance of knowledge regarding HIV;
- God is the only answer; and
- AIDS is cruel.

Sub-theme 1: Untruths about HIV and AIDS

This theme dealt with the fact that people still believe untruths about HIV and AIDS. Examples of these untruths are that AIDS is only a disease for the uneducated, or that HIV does not exist. Participants mentioned the following untruths:

Participant 1: "I had always thought that if you are educated you will be distanced from the impact of HIV and AIDS, but I was wrong."

Participant 3: "People don't believe that HIV exists. They wrongly believe it won't happen to them."

From literature it is clear that people are still of the opinion that HIV and AIDS is a myth. Theron (2005:79) stresses the fact that there were still educators who had misperceptions on HIV and AIDS. In an article on educators' perceptions on HIV and AIDS, Theron (2005:56) found that the stigma surrounding AIDS is complex. She cites Coombe (2000) who found that, whilst discrimination is prohibited, stigmatisation of infected persons is an entrenched response. It is primarily caused by inadequate knowledge, fear of death and disease, sexual mores and poor acknowledgement of stigma. The stigma surrounding AIDS includes prejudiced perceptions.

Sub-theme 2: Importance of knowledge regarding HIV

This sub-theme emphasised the fact that educators realised the importance of knowledge regarding HIV and AIDS. Participants noted the following:

Participant 1: "Lack of knowledge about HIV makes one not realise the seriousness of HIV and AIDS."

Participant 1: "Lack of knowledge about HIV makes one fear HIV and AIDS."

The importance of knowledge regarding HIV and AIDS is also emphasised by Kelly (2000:70) who notes that HIV and AIDS needs to be incorporated into the school curriculum in order to impart knowledge, attitudes and skills that may help to promote safer sexual behaviour.

Sub-theme 3: God is the only answer

This theme noted that faith and God is the only comfort that educators had in the face of the pandemic. Participants wrote:

Participant 10: "... what I like most was the confidence I have that God will heal her one day. I hope for miracles to happen in her life. I believe that God is the healer who heals the hearts of those that who are troubled."

Participant 10: "I still believe in God for miracles to bring a cure"

Sub-theme 4: HIV is cruel

This theme dealt with the views educators had on HIV and AIDS. Educators saw HIV as a monster that kills and destroys lives. HIV is also portrayed as a very cruel disease. The following excerpts noted their feelings towards HIV and AIDS:

Participant 10: "AIDS is a barbaric monster that brings cries of woes and pain."

Participant 12: "AIDS is cruel."

From literature, it is indicated that HIV and AIDS kills. One only has to consider the statistics to know that this is true and real. As noted in Figure 1-1, the UNAIDS Epidemiological Fact Sheet on HIV and AIDS (2008:4) state that approximately 5 400 000 people above the age of 15 are living with HIV and AIDS in South Africa. UNAIDS (2008a:3) reports an estimated 2 million deaths due to HIV and AIDS in 2007. In 2005 alone, AIDS claimed between 2.4 and 3.3 million lives, of which more than 570,000 were children (UNAIDS, 2006). According to estimates by UNAIDS (2005) HIV is set to infect 9 million people in Africa, resulting in a minimum estimate of 18 million orphans.

14.4.2 Post-test results for theme 4

The following sub-themes were found:

- Untruths about HIV and AIDS; and
- AIDS is a deadly disease.

Sub-theme 1: Untruths about HIV and AIDS

This sub-theme was also identified in the pre-test and highlighted that there are still people who believe untruths about HIV. The following was noted:

Participant 3: "Some people think AIDS is something invented by government to stop people from enjoying their lives."

This view is supported by findings of Niehaus (2007:851) who reported in a study done in rural Mpumalanga that villagers frequently blamed powerful outsiders for creating and spreading HIV. Some of these outsiders included Dr Wouter Basson, former head of the apartheid government's chemical weapons programme, and Americans who allegedly manufactured the virus; white farmers who distributed HIV-infected sweet potatoes and oranges; and funeral undertakers and corrupt government officials who blocked the AIDS cure. Within the domestic domain, women accused men of purposefully infecting others with the virus.

Sub-theme 2: AIDS is a deadly disease

This theme once again underlined that HIV is a deadly disease, and that people die because of it. As explicitly noted by participants:

Participant 11: "AIDS is a deadly pandemic, and it caused havoc in people's lives, both those that are infected and affected."

This finding concurs with the UNAIDS (2008a:6) which points out that the estimated number of deaths from HIV and AIDS have increased significantly from 1990, and in 2007, the UNAIDS (2008a:6) reported that approximately 350 000 people have died from AIDS. In 2005, the International Labour Organisation (ILO) (2006:25) reported that in South Africa, as many as 100 children under the age of fifteen die of AIDS on a daily basis.

14.4.3 Summary on theme 4

Theme 4 dealt with the thoughts of educators on HIV and AIDS. In both the pre- and post-tests, participants commented on the fact that people still believe untruths about HIV and AIDS, and that HIV and AIDS is deadly and cruel. In the pre-test, participants elaborated on the fact that knowledge of HIV is important, and that God is the only answer.

14.5 Theme 5: Action plans devised by educators to cope with the impact of HIV and AIDS

The following theme aimed to explore which action plans educators devised to assist them with coping with HIV and AIDS. Figure 5-15 shows how the theme was divided into sub-themes:

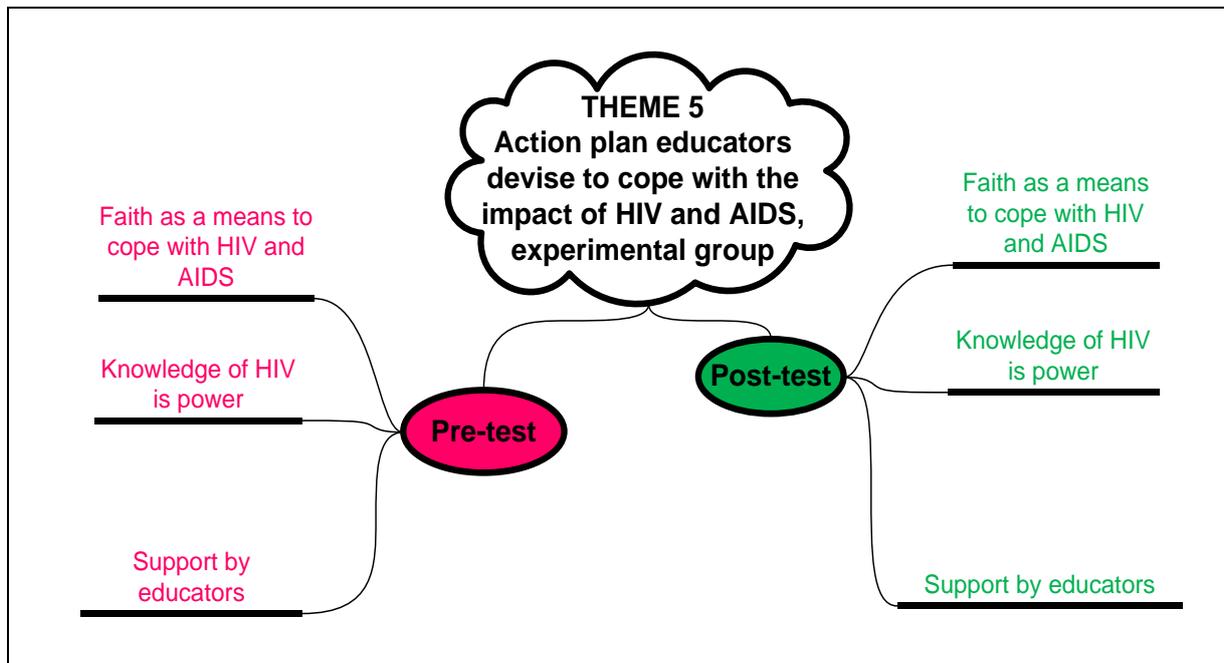


Figure 5-15: Theme 5: Action plans educators devise to cope with the impact of HIV and AIDS

14.5.1 Pre-test results for theme 5

This theme explored the actions that educators undertook to help themselves to cope with the impact HIV and AIDS has on their lives. Once again, because these actions were implemented by individuals to solve individual problems and lack of coping, these actions cannot necessarily be supported by literature. Where possible the researcher will support the sub-themes from other sources.

The following sub-themes were found:

- Faith as a means to cope with HIV and AIDS;
- Knowledge of HIV is power; and
- Support by educators

Sub-theme 1: Faith as a means to cope with HIV and AIDS

Faith is one of the means that a participant used to cope. She firmly believes in God, and in His power to heal, so she used her faith to give the learners hope.

The following was noted to support this theme:

Participant 10: "I pray and believe in God and miracles, and when a learner grieves, I involve learners in prayer as means of consolation. I ask God for strength and for help for the learners and to help me to overcome this problem."

Sub-theme 2: Knowledge of HIV is power

This sub-theme dealt with the use of knowledge to empower the individual to cope.

The following was brought up:

Participant 1: "I resigned my job to learn more about HIV and AIDS, so that I can teach others about HIV so that they will not die of ignorance. I have learnt that fear is taken away by knowledge. Knowledge about HIV and AIDS empowers."

Literature confirms this. Campbell, Foulis, Maimane and Sibiyi (2005:473) cite (Crossley, 2000) who stresses that the accurate knowledge about health risks is an important precondition for health-enhancing behaviour change.

Sub-theme 3: Support by educators

This sub-theme showed how educators tried to cope by helping and encouraging learners and other HIV infected people. The educators were the people who took initiative. Some examples were encouraging learners to look after one another and to respect the elders. The following was noted in the narratives:

Participant 1: "I can offer good things to those who are infected."

Participant 10: "I encourage learners to look after one another and to respect the elders caring for them."

Participant 8: "I started a vegetable garden to supplement food parcels that are given out once a week.... I worked in the garden myself, and sometimes learners and other staff members assisted."

Participant 12: "I do home visits and find disasters at home, then I try to organise social workers to help learners."

Mrs Mothibe (2008), headmaster of a primary school, noted that the educators in her school tend to become very involved with the children – the one teacher has taken four orphans into her home, and another supports families financially. Mothibe herself has fostered one of the children in the school whose parents have passed away from an HIV-related illness. This shows that the educators do not only carry the burden of HIV and AIDS in the classroom, but many become involved with the learners and their families on a personal level.

14.5.2 Post-test results for theme 5

The following sub-themes were found

- Faith as a means to cope with HIV and AIDS;
- Knowledge of HIV is power; and
- Support by educators

Sub-theme 1: Faith as a means to cope with HIV and AIDS

As identified in the pre-test faith was once again a lifeline for participants. The following was noted:

Participant 10: "Prayed to God to give a solution, and He did. Disclosure brought freedom, and support."

Sub-theme 2: Knowledge of HIV is power

As noted previously, knowledge is seen as a solution to cope with HIV and AIDS. The following was said in the narrative.

Participant 8: "Sex education is needed."

Participant 11: "Deal with HIV cautiously by learning about preventative measures and deal with being infected in order to live longer."

Sub-theme 3: Support by educators

Once again, the educators noted that they are prepared to assist in any way possible. The following was mentioned in the narrative:

Participant 8: "These children are poor, and we need to give them food parcels"

Participant 10: "I am prepared to campaign to parents to take HIV seriously and know their status."

Participant 11: "School needs to intervene and give food parcels."

14.5.3 Summary on theme 5

In both the pre- and post-tests, educators listed that faith is a means to cope. They also expressed the importance of adequate knowledge on HIV and AIDS in the pre- and post-tests. The actions that participants took themselves to support people who need it were also eminent in the pre- and post-test. It seems as if these actions were sometimes motivated by educator's own empowerment, and sometimes by their exasperation.

14.5.4 Conclusion for experimental group qualitative narrative

The data gathered from the experimental group's narratives showed that the educators are negatively influenced by HIV and AIDS. Their stories reflected a lot of pain and frustration. The pre-tests showed some desperation – the educators were confronted with many problems, and they try to deal with them.

The post-test was more positive. Participants did note some empowerment, and two participants referred explicitly to the REds programme as a positive influence in their lives.

The comparison data will now be discussed.

15. COMPARISON GROUP QUALITATIVE DATA

For clarity purposes, the researcher will firstly visually present each theme. This visual presentation consists of a mind map drawing that shows the different sub-themes that was found for every theme in both the pre- and post-tests. This will be done for all five themes in the comparison group. The themes and sub-themes are then discussed by verbatim quotes from the narratives followed by supporting citations from relevant literature. Thereafter the researcher will write a summary for each theme and then compare the differences between the experimental and comparison groups visually. In the last instance, conclusions will be compared, and an overall conclusion will be made.

15.1 Theme 1: Impact of HIV and AIDS on the school environment

This theme and its sub-themes dealt with the experience of the educators on how HIV and AIDS have an impact on the school environment. Figure 5-16 visually sets out how the theme is divided into its different sub-themes:

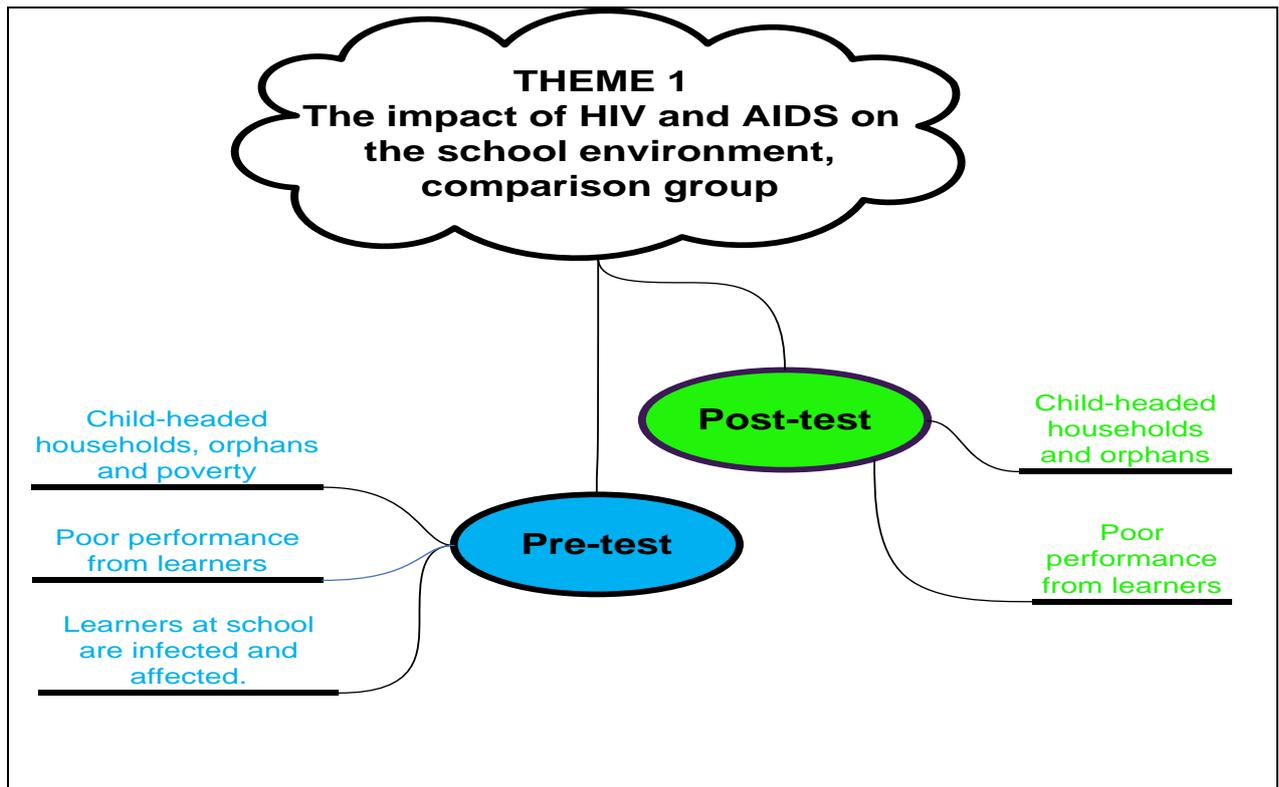


Figure 5-16: Theme 1: The impact of HIV and AIDS on the school environment

15.1.1 Pre-test results for theme 1

The following sub-themes were derived from the pre-test narratives

- Child-headed households, orphans and poverty;
- Poor performance from learners; and
- Learners at school are infected and affected.

Sub-theme 1: Child-headed households, orphans and poverty

This sub-theme was very central in the narratives. Participants summated that many of the learners attending the school are orphans or live in child-headed households. These children live in circumstances that force them to care for siblings or their ill parents. Sometimes the situation is worsened by extreme poverty. Poverty sometimes results from a breadwinner dying of an AIDS-related disease. The participants emphasised the following:

Participant 11: "Learners lose both their parents and have no one to look after them. Then these children beg in the streets for food or come to school hungry to receive the meal from school – this is all they eat in the day."

Participant 4: "Most of our learners lost their parents after the long illness. Most of them are the ones helping their parents while they are sick until the end. These children are orphans. Some of the family end up headed by the child."

Participant 5: "Learners feel inferior when compared to other learners because they are always in tatters, no clothes, no food, no one to care for them because they have lost the breadwinners."

Participant 12: "I experience massive absenteeism and hunger among the children."

Participant 15: "Some learners are leaders of the family...These families are poverty stricken because no-one is working."

Robson *et al.* (2007:419) highlights the fact that as the number of mortalities increase, it leads to increasing numbers of children who live in disrupted family situations. This disrupted family situation includes living with grandparents, stepparents, extended families or in child-headed households. Cohen (2002:16) found clear evidence that shows that intensified poverty, in part the result of the erosion of the asset base of households and other pressures on current resources, has the effect of reducing school enrolment and attendance.

Sub-theme 2: Poor performance from learners

This theme elaborated on the way HIV and AIDS affects the performance of learners. The learners are orphans and come from poverty-stricken homes. Sometimes the family is so poor that the children do not know where the next meal will come from. Some children have the responsibility to care for their sick parents or sibling, which causes them to worry. The situations at the homes of the children often lead to absenteeism, poor concentration and a decrease in scholastic performance. In the narratives, the following was articulated:

Participant 4: "Being orphans and caring for sick parents affect performance."

Participant 5: "Learners can't concentrate because their parents are dead or they have no one to care for them."

Participant 12: "Children are sleepy in classes... they are tired and crying because they worry about the situation at home."

Participant 13: "Affected learners struggle to concentrate or do well. They are always absent, and this makes progress difficult"

Participant 15: "Learners are sick and absent, I need to visit them at home to bring them catch-up work – learners fail because they fall behind in their school work."

Poor academic performance by learners is confirmed by Robson *et al.* (2007:424) who report that the participation and quality of learning was affected, especially in

orphans, because they often came to school poorly dressed, hungry, sleep-deprived after long hours of household labour, and psychologically and emotionally traumatised.

Sub-theme 3: Learners at school are infected and affected

This sub-theme reflects on the manner in which learners are infected and affected by HIV and AIDS. Learners are affected by parents who are ill from an AIDS-related disease, or by parents who passed away. Sometimes the learners are ill, and they come to school sick, or they are absent. In the narratives, the following was indicated:

Participant 3: "Learners need to take care of sick parents, who eventually die."

Participant 4: "Sick learners are staying with grandparents who struggle to care for them."

Participant 9: "Mondays are frustrating because learners are always sick on Mondays and you find out they don't have food at home."

Participant 11: "Learners are sick, and don't get proper treatment from their guardians or they are neglected by their guardians."

In a study by Robson *et al.* (2007:425), educators reported that they are most affected when learners are infected. Robson *et al.* (2007:425) found that teachers report having comforted children who seemed particularly distressed.

15.1.2 Post-test results for theme 1

In the post-test, the following sub-themes were noted:

- Child-headed households and orphans; and
- Poor performance from learners.

Sub-theme 1: Child-headed households and orphans

As in the pre-test, educators repeatedly mentioned the impact of child-headed households and orphanhood on learners.

In the post-test, the comparison group noted the following:

Participant 9: "Children are late and absent because there is no-one to take care of them. The children tell you they are orphans and there is no food in the home. It is quite a challenge – children come to school without food, clothes,

and they are not bathed. When you ask for a reason you hear that the parents died and the neighbours are looking after the kids.”
Participant 12: “They need food, because they don’t have parents. Most of them are orphans because of this disease.”

The World Bank (2002:16) emphasises that the increase in orphans represents one of the largest impacts of HIV and AIDS. Coombe (2000:16) notes that children are dying of AIDS complications, and children who are ill, impoverished, orphaned, caring for younger children, or earning and producing, stay out of school.

Sub-theme 2: Poor performance from learners

As earlier noted, poor performance is one of the results of HIV and AIDS. The participants noted the following in support of this sub-theme:

Participant 4: “Most of the learners are not performing well because of the difficulties they are facing.”

Participant 6: “If they are infected it is difficult for them to produce good results. During teaching time, these learners cannot focus and pay attention. Sometimes they do not get food or medication... they fall asleep during teaching and learning. They are affected because their parents are sick at home so they have to take care of their parents and that gives them less or no time to do their homework and nobody helps them at home. They have to cook for their siblings and have to do everything at home. Obviously they are going to produce poor results because they didn’t have enough time for their school work.”

15.1.3 Summary of theme 1

The educators noted that children are suffering most severely due to HIV and AIDS. They noted the same issues as the experimental group, namely child-headed households and orphans, poverty, poor performance and issues affecting the learners specifically. The researcher is of the opinion that the pre- and post-test results did not show any significant difference – the post-tests actually had a more negative tone than the pre-tests. This could possibly be because the participants received no intervention.

The following theme will discuss the personal impact of HIV and AIDS on educators.

15.2 Theme 2: The personal impact of HIV and AIDS on educators

This theme explored the personal impact HIV and AIDS have on the educators. Figure 5-17 depicts how the main theme was divided into sub-themes:

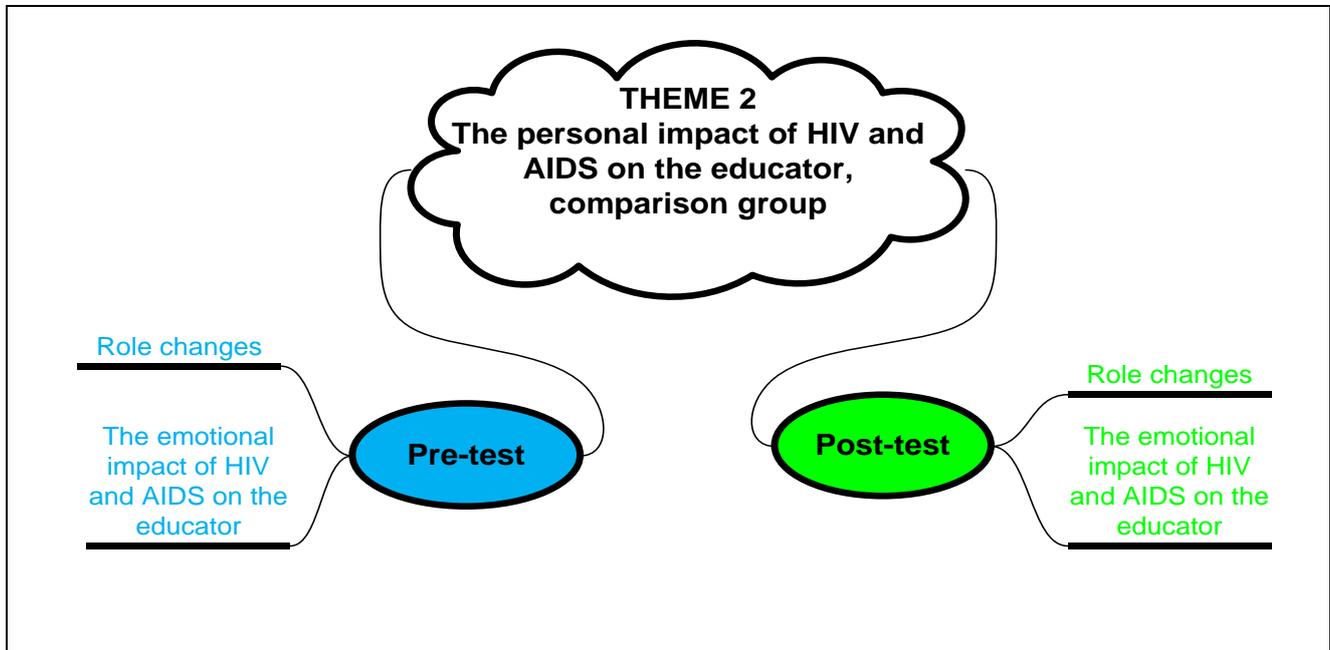


Figure 5-17: Theme 2: The personal impact of HIV and AIDS on the educator

15.2.1 Pre-test results for theme 2

This theme shows that educators are personally impacted by HIV and AIDS the following sub-themes were identified:

- Role changes; and
- The emotional impact of HIV and AIDS on the educator.

Sub-theme 1: Role changes

This sub-theme highlights how the roles that educators play have changed since HIV and AIDS came into the education system. Educators need to fulfil roles of support, caring and solving problems.

The following was noted by participants:

Participant 3: "Teachers are burdened – they need to identify and support affected learners."

Participant 15: "I am a social worker, a psychologist, a paramedic and a pastor."

This is confirmed in literature. Theron *et al.* (2008:84) spell out that the current teaching context demands educators respond with roles such as grief counselling, solving family problems and finding resources.

Sub-theme 2: The emotional impact of HIV and AIDS on the educator

This sub-theme noted the emotional impact that HIV and AIDS had on the participants. This sub-theme was very central in the narratives.

The following was said:

Participant 5: "Each day you are faced with struggling learners, you are heartbroken by this. You try to help, but you feel that you are not doing enough."

Participant 8: "I started to worry when one of my family members died – it was very painful."

Participant 10: "The thing that saddens me the most is to see a child who is HIV infected."

Participant 12: "Dealing with these children is not easy – you have to be sensitive and supportive, because they have very hard lives."

According to Shisana *et al.* (2005a:115) educators are tormented emotionally when relatives, colleagues and learners are suffering from HIV and AIDS

15.2.2 Post-test results for theme 2

The following sub-themes were identified:

- Role changes; and
- The emotional impact of HIV and AIDS on the educator.

Sub-theme 1: Role changes

Role changes were again highlighted by educators. It was expressed in the narratives that educators are faced with the problems that learners have and that the educators need to find solutions for the problems. Often the educator needs to fulfil roles of counselling, being sympathetic and listening to the learners.

From the narratives, it was derived that the educators do exactly this:

Participant 4: "... it is then when we as educators take our role as leaders and as social workers..."

Participant 12: "Being a teacher is challenging. It is not about being a teacher but you will become a mother, social worker and nurse. You need to love those who are close to you."

Participant 13: "I am faced with problems of learners that I need to deal with."

Participant 15: "As a teacher, I need to practice love, patience, sympathy, empathy, be accommodating at all times, I need to hear them, because most of the kids are affected. You have to counsel those that are affected, and the same time you become worried and filled with anxiety when you see them cry. After you have heard their story, you even have to visit their homes to monitor how bad the situation is. If there is a need, you even go to the extent of providing them with what they need."

In literature, Robson and Sylvester (2007:425) also stress the point that many of the school staff participate in various unofficial support and monitoring activities (supplying food, clothes, keeping orphan registers, soliciting for bursaries and so on) that go beyond traditional educational roles.

Sub-theme 2: Emotional impact of HIV and AIDS on the educator

HIV and AIDS have an overwhelming emotional impact on the educator. It causes feelings of confusion, sadness, grieving, uncertainty, fear and desperation. In the narratives, the following was noted:

Participant 5: "Living in this era makes one to have feelings of confusion and broken heartedness. The confusion comes because you do not know if you have solved the child's problems. I am broken-hearted because I don't know what to say to grieving children, and I feel as if I don't trust my own judgement when interacting with a learner – even if the learner is grieving, I still have to reprimand him if he is disobedient, but then I distrust myself. When I go home at night, I feel as if I am not doing enough. I have feelings of guilt and I want to do more."

Participant 7: "It is difficult living in this world nowadays. Sometimes I wish I was never born, because we are watching innocent children die."

Participant 12: "I lost everybody close to me because of HIV and AIDS"

Participant 13: "I just become scared sometimes to face the situation."

Participant 15: "At times you promise them that things are going to be fine, knowing very well that everything is not going to be fine, just because you don't know what else to do."

15.2.3 Summary of theme 2

The educators are affected by their emotional experiences, as well as the different roles that they need to perform in school and in their community. The researcher once again did not detect big differences between the pre- and post-tests. The next theme will explore the impact HIV and AIDS have on the community.

15.3 Theme 3: The impact of HIV and AIDS on the community

This theme focuses on the impact HIV and AIDS have on the community. Figure 5-18 shows how the theme is divided into sub-themes:

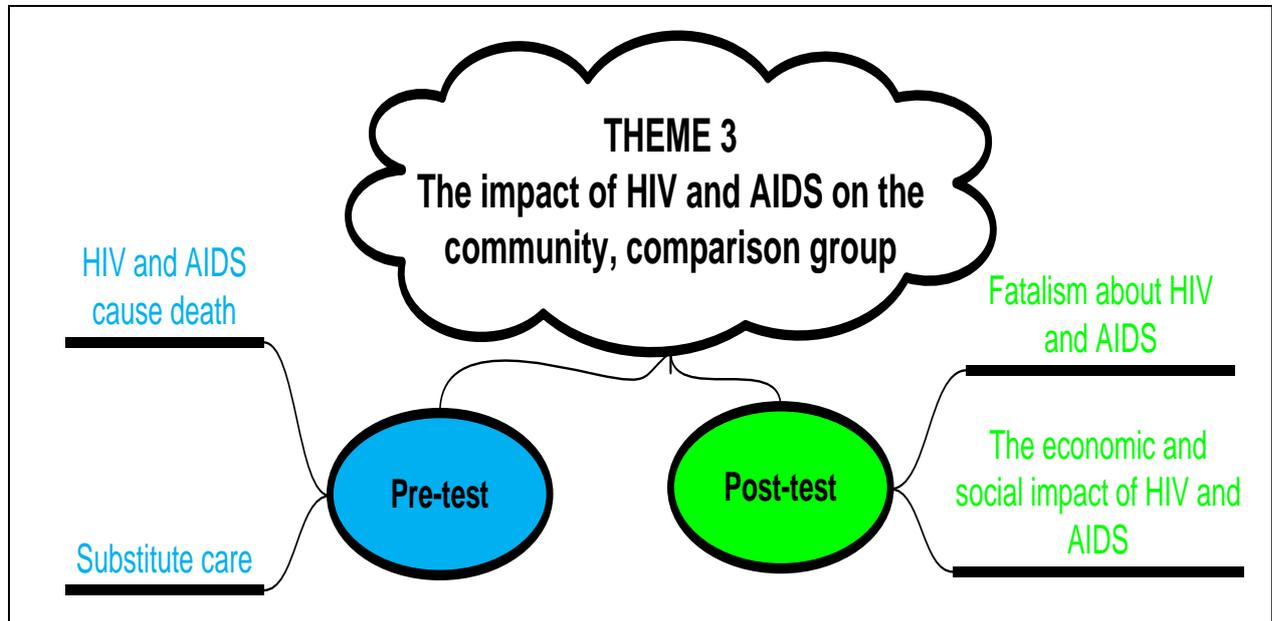


Figure 5-18: Theme 3: The impact of HIV and AIDS on the community

15.3.1 Pre-test results for theme 3

This theme explored how the impact of HIV and AIDS on the community affects the educator. Most of the educators live in the community where they work, so they are very familiar with the problems in the community, and it touches them in a direct manner.

The following sub-themes were extracted:

- HIV and AIDS cause death; and
- Substitute care.

Sub-theme 1: HIV and AIDS cause death

Educators referred specifically to the death toll of HIV and AIDS. The following comment illustrated this sub-theme:

Participant 3: "Our community is affected because our cemeteries are full"

UNAIDS reports that for every two people put on treatment, five others are newly infected. With this continuing high number of new infections, and with so many deaths averted because of the provision of antiretroviral medicines, the number of people living with HIV has climbed to 33 million people in 2007 (UNAIDS, 2008a:4).

Sub-theme 2: Substitute care

According to educators, many children are placed in substitute care, which is not necessarily to the benefit of the child. Some of the participants noted the following:

Participant 3: "The parents die and grannies need to look after children."

Participant 4: "Children are orphans and they are staying with grannies. The grandmothers are old and they are not working, these learners become ill, and the granny can't take care of them."

Participant 9: "Many children are orphans and are placed in substitute care or with family members or in children's homes. When you look at them, they are not happy."

Participant 11: "Some of my learners lost both of their parents, and they have no-one to look after them, they are placed in centres where they don't get proper care, they are ill-treated or sometimes they don't have food to eat. Some of them are taken care of by old weak grannies... they are neglected by their guardians"

In literature, Poulsen (2005:50) mentions that an increasing number of children are living in disrupted and shifting family situations. Children are living with grandparents, stepparents, extended families or in child-headed households. This may be because their parents are ill or have died from AIDS, but it may also be for other reasons. Family and social structures were already shifting and fluid in both study areas and HIV and AIDS has aggravated this tendency.

15.3.2 Post-test results for theme 3

In the post-test, the following sub-themes were extracted:

- Fatalism about HIV and AIDS; and
- The economic and social impact of HIV and AIDS

Sub-theme 1: Fatalism about HIV and AIDS

This theme was also mentioned by the experimental group. The theme dealt with the people's attitude of fatalism towards HIV and AIDS.

The following was said:

Participant 3: "People or children growing up in this time seem to be reckless with their lives because government also provides them with disability grants. From the look of things, teenage pregnancy is now very high because of grants and disability grants."

According to Meyer-Weitz and Steyn (1998) people expressed a fatalistic attitude towards HIV prevention and were of the opinion that it was senseless to try to protect themselves from HIV and AIDS because of the high prevalence in their communities and also because of the difficulties involved in using condoms consistently (Meyer-Weitz 2005:76).

Sub-theme 2: The economic and social impact of HIV and AIDS

Educators mentioned that HIV and AIDS have serious economical and social impacts on society. Family structures are disrupted, and people struggle economically due to AIDS.

The following was noted by the participants:

Participant 3: "It affects us economically and socially, because of the number of orphans caused by HIV and AIDS, and it causes trauma to most families."

Participant 4: "Grandmothers need to look after children, while they themselves are not well and they also need to be helped and looked after."

According to the ILO (2006:25), the impact of HIV undermines the process of human capital formation. The ILO (2006:25) affirms that the deaths of children deprive families and societies of their potential contributions, drain their resources, and sap the morale in families. The researcher is of the opinion that the more people affected, the less human capital will form. The loss of human capital can have severe economical and social effects, and that can lead to higher HIV infection rates, due to issues such as child labour.

15.3.3 Summary on theme 3

The participants noted that HIV and AIDS have a negative impact on the community. Death causes trauma, and the children need to be placed in substitute care. Those in substitute care are not necessarily cared for. HIV and AIDS also cause people to become fatalistic and it causes economic and social problems.

The thoughts on HIV and AIDS of educators will now be discussed.

15.4 Theme 4: Thoughts of educators on HIV and AIDS

This theme dealt with the thoughts participants had on HIV and AIDS. Figure 5-19 illustrates how the theme was divided into sub-themes.

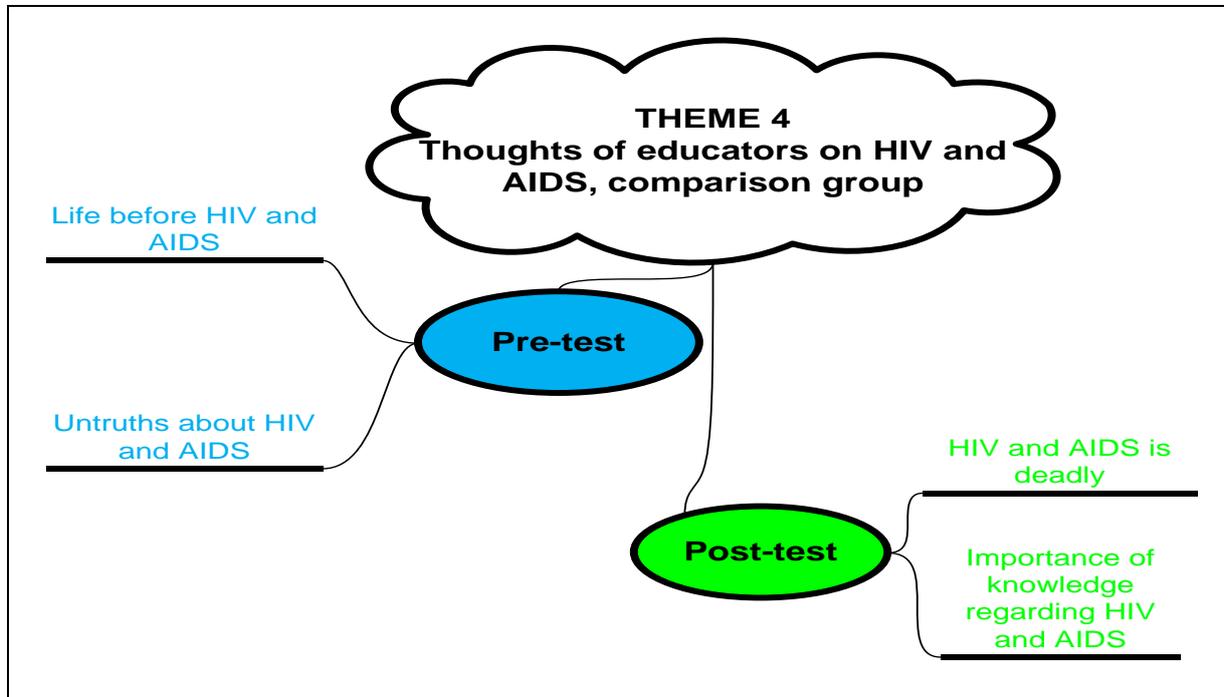


Figure 5-19: Theme 4: Thoughts of educators on HIV and AIDS

15.4.1 Pre-test results for theme 4

This theme explored what educators think of HIV and AIDS. It was divided into the following sub-themes:

- Life before HIV and AIDS; and
- Untruths about HIV and AIDS.

Sub-theme 1: Life before HIV and AIDS

This sub-theme reminisced on how educators experienced life before HIV and AIDS.

The following was noted:

Participant 5: "Before HIV came into being, learners were full of life, happy and loved one another. Now they are sickly, with a low self esteem, and unsure of what the future holds for them."

Participant 7: "Long ago you could sleep around and only get STD's. Now you have to think about this terrible disease."

Participant 8: "Life was so good before the HIV pandemic. I never thought it would stay with us and kill us and our families."

The researcher is not aware of any literature that supports this theme.

Sub-theme 2: Untruths about HIV and AIDS

The participants noted the following untruths that people still believed:

Participant 6: "Parents think sick children are bewitched."

Participant 7: "First we thought it [AIDS] was a joke."

This view is supported by findings of Niehaus (2007:851) who reported in a study done in rural Mpumalanga that villagers frequently blamed powerful outsiders for creating and spreading HIV.

15.4.2 Post-test results for theme 4

In the post-test, the following sub-themes were articulated:

- HIV and AIDS is deadly; and
- Importance of knowledge regarding HIV and AIDS.

Sub-theme 1: HIV and AIDS is deadly

As also indicated by the experimental group, participants postulated that AIDS kills.

The following was said:

Participant 8: "AIDS makes people sad and thinks they will die young."

Participant 12: "Firstly I thought HIV is not a killing disease, but now I am affected by all the deaths."

Statistics that were previously noted support these findings.

Sub-theme 2: Importance of knowledge regarding HIV and AIDS

Participants articulated that knowledge about HIV is important. It was noted that:

Participant 13: "If people have no education on HIV, it makes people scared. Knowledge is empowerment."

15.4.3 Summary on theme 4

In the pre-test, participants noted that people still believed many untruths about HIV and AIDS, and that life was better before HIV came into existence. In the post-test

participants articulated that HIV is a killer disease, and that knowledge about HIV and AIDS is important.

15.5 Theme 5: Action plans educators devise to cope with the impact of HIV and AIDS

This theme explores the actions that educators took in order to cope with HIV and AIDS. Figure 5-20 aims to illustrate how the sub-themes were derived.

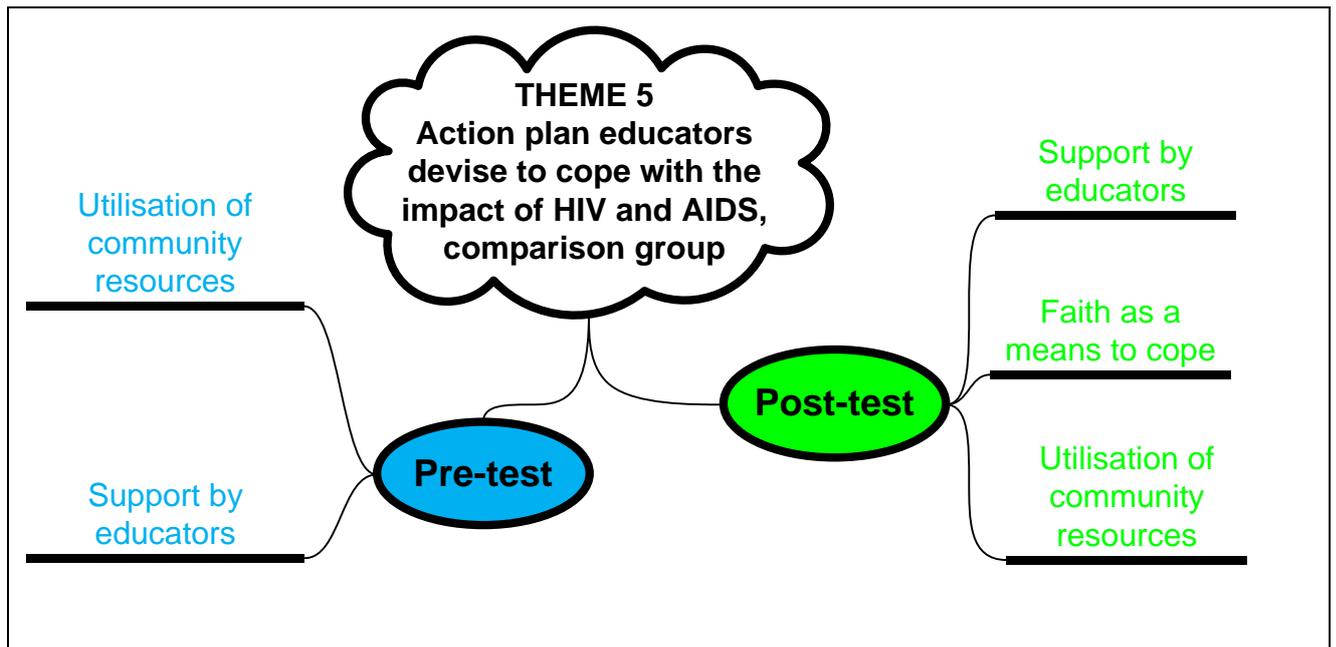


Figure 5-20: Theme 5: Action plan educators devise to cope with the impact of HIV and AIDS

15.5.1 Pre-test results for theme 5

The theme aimed to articulate how educators tried to cope with the impact of HIV and AIDS in their personal lives. Once again, the theme is focused on individual's actions, and is not necessarily supported by literature.

The following sub-themes were identified:

- Utilisation of community resources; and
- Support by educators

Sub-theme 1: Utilisation of community resources

Some of the participants used outside resources like social workers and health institutions to assist those infected and affected by HIV and AIDS. The following was noted:

Participant 6: "When I realised the child was sick, I called the parents for help... but later I had to contact the social worker."

Participant 12: "We are involved in many campaigns in the community to assist those who are affected and infected with HIV and AIDS."

Participant 12: "We refer children to the social workers for help, attend workshops, visit hospitals and provide food"

Sub-theme 2: Support by educators

This theme showed that educators assisted the children and supports the community themselves. The following was said:

Participant 4: "As a teacher it is my duty to help learners who suffer. I need to get food and help for the grannies."

Participant 9: "In the end, I play UBUNTU and try to counsel the granny and empower her to see a social worker and get help, but sometimes I need to intervene to help children who do not have food at home."

Participant 10: "I always need to help everyone who is infected by means of advising, food and health. Sometimes I help learners from my own pocket."

Participant 15: "There is such a big need. Sometimes I provide food and clothes, for learners, and sometimes even shelter."

15.5.2 Post-test results for theme 5

In the post-test, the following sub-themes were central:

- Support by educators;
- Faith as a means to cope; and
- Utilisation of community resources

Sub-theme 1: Support by educators

In this sub-theme, the participants once again noted that they assisted and supported the children and HIV and AIDS affected people in the community themselves. The following was mentioned:

Participant 12: "I feel great to help and am willing to take care of others. I help children by attending workshops and then sharing the knowledge with them."

Participant 7: "We must take responsibility as people and young generation to Abstain till Marriage (ATM)."

Participant 4: "I do home visits like social workers and refer families to the NGO called Friends for Life. Educators need to help people; it is part of our job."

Participant 15: "I provide food for the children, and monitor the children."

Sub-theme 2: Faith as a means to cope with HIV and AIDS

Some participants referred to faith as a means to help people cope with HIV and AIDS.

Participant 4: "... and I ask God to give them more time in this world."

Participant 15: "...put them to your chest and comfort them. Tell them how important they are and that their being on earth is not a mistake and that God has a purpose for them. Give them love."

Sub-theme 3: Utilisation of community resources

Some of the participants highlighted how they used resources in the community to help people to cope with HIV and AIDS. They noted the following:

Participant 8: "We need more workshops to teach us about HIV and AIDS so that we can help more parents and children."

Participant 9: "In order to help the children I involve social workers."

Participant 12: "I participate in awareness campaigns preaching words of safety to all who need to hear it."

15.5.3 Summary on theme 5

This theme dealt with the actions that participants took in order to help them cope with the pandemic. In the pre- and post-tests, a lot of emphasis was on helping and supporting the children and people in the community themselves. It seems as if the participants have a great sense of responsibility, and they care very much about the children. Once again, there was no significant difference between the pre- and post-tests.

16. COMPARISON BETWEEN THE EXPERIMENTAL AND COMPARISON GROUP'S NARRATIVES

When comparing the experimental and comparison group pre-test narratives, the researcher identified that both groups wrote down negative issues that they experienced as educators in the era of HIV and AIDS. This is a list of some of the correlating sub-themes: poor performance of learners; child-headed households; role changes the educator experienced; the emotional impact of HIV and AIDS on the educator; poverty; HIV and AIDS causes death; lack of resources; untruths people believe about HIV and AIDS; and educators as a support system for children and people in the community.

In the post-test, the experimental group wrote down negative issues, but some of the participants shared their feelings of hope and empowerment. The negative issues listed were a statement of the realities that they face due to the impact that HIV and AIDS has. The participants noted their own empowerment as an answer to some of the problems they face. In the comparison group, the narratives did not differ from those in the pre-test, and when put side by side with the experimental group, these narratives seem more negative than the experimental group's narratives.

Considering this, the researcher can conclude that the REds programme did empower the participants in the experimental group by addressing their support needs as HIV and AIDS affected educators. These educators felt empowered with knowledge and skills that they lacked. They were more resilient after participation in the REds programme.

17. QUALITATIVE DATA ANALYSIS OF DRAWINGS

The participants were requested to make drawings as another method of collecting qualitative data. The following probe was given: "When you think of how the pandemic has affected you, what symbol comes to mind? Draw in the space below." The participants were also asked to explain their symbol by writing two or three sentences that explained the symbol. An example can be seen in Annexure 15

17.1 Experimental group drawings

17.1.1 Pre-test drawings

The following was drawn by the experimental group in the pre-tests:

- Participant 1 drew HIV like **arrows**. These arrows come from nowhere, and all of a sudden, a person feels overwhelmed – emotionally, physically, psychologically, spiritually, and economically. A person experiences the following feelings: hopelessness; anxiety; loneliness; regret; tiredness; thoughtlessness; feeling strained; disturbed and scared.
- Participant 3 drew a **grave**, and said that if we continue to be ignorant, and not take the necessary precaution, we will all perish.
- Participant 6 drew the **vicious cycle of HIV and AIDS**. Her cycle says that death causes poverty and child-headed households, which leads to absenteeism at school, sick kids and grandparents looking after sick children. An increased death rate leads to loss in the community.
- Participant 8 drew the **grave** of people who had unprotected sex and died of AIDS.
- Participant 10 drew an **AIDS ribbon**, and noted that her friend with HIV will always be her friend.
- Participant 11 drew **green trees bearing fruit** that symbolises life before HIV and AIDS, and **dried-up trees, like a desert**, symbolising life after HIV and AIDS, and this life is hopeless.
- Participant 12 drew an **AIDS ribbon**, and noted that a person with HIV is still a person.

17.1.2 Post- test drawings

The following was drawn by the experimental group in the post-test:

- Participant 1 drew **a person standing at the top of a mountain** feeling that this person is a source of strength for all life. Moreover, this person has the ability to give these qualities to others. The person is experiencing the

following: wisdom; love; embrace; freedom; goodbyes; faith; human dignity; hope; kindness; warmth; life; strength; and being caring.

- Participant 3 drew **people holding hands**, their arms forming a star – this means that with the knowledge that we have about HIV and AIDS, we can conquer the disease, and look forward to a bright future by helping, supporting, respecting and loving one another. We now look forward to an HIV free generation. **TOGETHER WE CAN!**
- Participant 6 drew **stakeholders** from the economic, business, social welfare, educational, medical and social society, **holding hands**. These stakeholders are working together to fight HIV and AIDS. This disaster has affected everyone.
- Participant 8 drew a **tombstone** that covers the grave of a person that has died from HIV and AIDS.
- Participant 10 drew an **AIDS ribbon**, and noted that a friend with HIV will always be a friend.
- Participant 11 drew **the map of Africa that cries**. The drawing means that Africa is the biggest victim of the pandemic, and people are suffering due to a lack of knowledge and resources.
- Participant 12 drew a **candle that burns brightly**, indicating hope.

17.1.3 Comparison between the experimental group’s pre- and post-tests:

The probe for writing the narrative was to think how the pandemic has affected you, and to draw the symbol that comes to mind. In the pre- and post- tests, the following themes were identified, as shown in Table 3.

Table 2: Summary of experimental group themes derived from drawings.

| Pre-test experimental group themes | Post-test experimental group themes |
|--|---|
| Feelings of being overwhelmed. | Feelings of victory and of being able to cope |
| Pre-occupation with death and warnings | People and stakeholders are working |

| | |
|---|---|
| that HIV kills and without precaution, we will all perish. | together and holding hands, fighting the pandemic together. |
| A person with HIV is still a person worthy of love and kindness | Feelings of hope, and people with HIV is still worthy and should be treated with dignity. |
| HIV has changed the world, and has made people hopeless | Africa as a continent suffers due to a lack of resources. |
| HIV has a vicious cycle that affects everybody and everything. | Pre-occupation with death |

The post-test themes were more positive than that of the pre-test. The participants seem to have a more positive outlook of how HIV and AIDS have affected them after participation in REds.

17.2 Comparison group drawings

17.2.1 Pre-tests drawings

The following was drawn by the comparison group in the pre-test:

- Participant 3 drew **black heavy clouds** on a person's shoulders.
- Participant 4 drew a **world that is dark and scary**.
- Participant 5 drew a **person crying and feeling heartbroken** and sad because of AIDS orphans and children suffering from mother to child transmission.
- Participant 6 drew a **tired and exhausted person**, who is tired due to stress, and is feeling sad and sorry.
- Participant 7 drew **AIDS as a monster that is eating children**, friends and family alive, and AIDS as a devil who is hungry for our lives.
- Participant 8 drew a **heart with an arrow right through** it, indicating that HIV causes a lot of pain.
- Participant 9 drew a **person crying**, and noted that HIV makes her sad and makes her cry.
- Participant 11 drew **graves** – the person wishes he/she were dead, because he/she struggles to cope with losing three loved ones in three years.

- Participant 12 drew a **dead person** with a priest praying over the corpse, and people crying.
- Participant 13 drew a **dark night without light or stars**, with a heavy storm over the person's life.
- Participant 15 drew **HIV as a snake**, and a **spear**, piercing lives and killing people.

17.2.2 Post-test drawings

In the post-tests, the following was drawn by the comparison group:

- Participant 3 drew a **person crying**, and being very sad. The person does not know how to describe the feelings.
- Participant 4 drew a **big snake** – AIDS is like a big snake with a big mouth.
- Participant 5 drew a **person crying** and being fearful.
- Participant 6 drew a **person with a painful bleeding heart**. This person feels like crying, and is very confused. The person also is exhausted and under stress.
- Participant 7 drew **people burning in a fire**, and bystanders being very sad and afraid. This person describes the world as a place at the brink of catastrophe, as if we are all going to hell, and all people are faced with the devil, which is HIV.
- Participant 8 drew an **axe striking rock**.
- Participant 9 drew a **family where the mother is sick** and not able to help her, the children are all younger than ten are and they cannot look after themselves.
- Participant 11 drew a **crying person** who is scared to lose family members.
- Participant 12 drew a **broken heart**, a grave with a cross on it, and a mother crying, holding a baby and a child's hand. The person is sad because he/she lost loved ones to HIV and she is left with their children to care for.
- Participant 13 drew a **person crying** and looking at a coffin.
- Participant 15 drew a **person crying** and groaning.

17.2.3 Comparison between the comparison group pre- and post-tests

There was little difference between the drawings made in the pre- and post-tests. The following themes were identified, as shown in Table 4.

Table 3: Summary of comparison group themes derived from drawings.

| Pre-test comparison group themes | Post-test comparison group themes |
|--|--|
| Hopelessness, the world is dark, scary and without hope. | People are sad, crying and broken-hearted |
| Pre-occupation with death and dying. | AIDS is a monster that destroys lives |
| People are sad, crying and broken-hearted, and tired of suffering. | Pre-occupation with death and dying. |
| AIDS is a monster that kills and we are helpless victims. | AIDS is a vicious cycle that affects all people. |

The comparison group participants depicted hopelessness. In the post-test, these symbols come to mind when they thought of HIV and AIDS: people burning in a fire, people crying; people with broken hearts; death, HIV and AIDS as a snake or a monster that kills. Thus, the pre- and post-test, symbols of the comparison group did not change to positive symbols.

18. COMPARISON BETWEEN EXPERIMENTAL AND COMPARISON GROUP'S DRAWINGS

The experimental group's drawings depicted hope and people overcoming obstacles. As seen in the summary of themes in Table 3, the experimental group showed an improvement in the way they thought about how HIV and AIDS affected them. The comparison group's pictures did not differ much, as shown in Table 4. The group's post-test drawings showed hopelessness, fear, sadness and viewing HIV and AIDS as a monster. The researcher can conclude that the experimental group's symbols of how HIV and AIDS affects them had changed from negative to positive, whilst those in the comparison group did not show any change.

Taken this into consideration, the researcher can conclude that the REs programme did empower the participants in the experimental group by addressing their support needs as HIV and AIDS affected educators. These educators felt

empowered with knowledge and skills that they lacked. They were more resilient after participation in the REds programme.

19. CONCLUSION

Research results from both quantitative and qualitative approaches have been analysed, interpreted and discussed.

The quantitative research results suggests that the REds programme (independent variable) seems not to have had a significant effect on the dependent variables (HIV and AIDS affected educators' quality of life and resilience), as no significant differences were detected in the pre- and post-test results of the experimental group, or the comparison group. The quality of life measure showed definite signs that participants were on the verge of burnout, and that they were exposed to secondary trauma. The post-test results for the experimental group did not indicate that the REds programme addressed these issues, which once again made it difficult to conclude that the REds programme increased the quality of life of the participants. The researcher found it difficult to equate the content of the REds programme with the protective factors tested with the RSA. The results from the RSA were also insignificant, which made it difficult to say that the programme increased the resilience of the participants. Furthermore, the researcher could not detect noteworthy differences when contrasting the results of the experimental and comparison groups. This further supports the lack of quantitative findings.

The qualitative research results, on the other hand, indicate that the participants in the experimental group have gained some skills and knowledge that had increased their resilience. The experimental group had shown a positive difference prior to and after exposure to the REds programme, which was not the case with the comparison group. This implies that the participants experienced the REds programme as supportive and empowering.

The researcher is of the opinion that the discrepancy between the quantitative and qualitative research results may be because the standardised questionnaires limit the responses of participants. They need to choose an answer, and if they could clarify the answer, one might have attached different meaning to it. The narratives and drawings were effective because the participants could share their own

experiences. Muller (1999:221) clarifies that narratives are stories that relate the unfolding of events, human action or human suffering from the perspective of an individual's lived experience.

The researcher also found it difficult to see how the REEds programme will increase the protective factors measured by the RSA, as these protective factors are general attributes that a person does or does not have. Thus, the researcher doubts the applicability of the RSA in an African context. The Resilience Scale for Adults was developed in Norway, which is a developed country. The questions and protective factors measured in this scale are not necessarily relevant for a developing country such as South Africa. This is supported by Theron (2007b:373) who notes that African people embrace *ubuntu*, and a scale that focuses on the individual might not bring the same results as when applied in a western context.

In the next chapter, the researcher will draw conclusions and make recommendations on the implications of both the quantitative and qualitative research results on the effectiveness of REEds as a support programme for HIV and AIDS affected educators.

CHAPTER 6

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

1. INTRODUCTION

Chapter Five focused the reader's attention on the empirical findings from both the quantitative and qualitative approaches. The implications of these research results with regard to the goal and objectives of the research and the future of the REds programme were not discussed.

In this chapter, summarised conclusions and recommendations will be made from literature and the empirical findings. The purpose of the study, testing of the goal and objectives as well as the hypothesis will be evaluated and discussed. Chapter Six will refer to the goal of the study, stated in Chapter One, namely to evaluate the effectiveness of the REds programme to enhance the quality of life and resilience of HIV and AIDS affected educators. The aim is also to make recommendations for the REds programme.

2. EVALUATION OF THE GOAL AND OBJECTIVES OF THIS STUDY

The aim of this chapter is firstly to provide an explanation on whether the following goal and objectives of the research project have been met:

2.1 Goal of the study

The goal of this study was

- *To evaluate the effectiveness of the 2009 version of the REds programme to enhance the quality of life and resilience of HIV and AIDS affected educators in Gauteng.*

The effectiveness of the 2009 version of the REds programme to enhance the quality of life and resilience of HIV and AIDS affected educators in Gauteng has been successfully evaluated. The empirical findings primarily from the qualitative approach confirmed that the REds programme has equipped participants with valuable information and skills, which enhanced their quality of life and resilience.

However, the same conclusion cannot be obtained from the quantitative research findings.

2.2 Objectives of the study

In order to obtain the goal the following objectives were formulated:

2.2.1 Objective one

The first objective was:

- *To theoretically conceptualise the phenomenon of HIV and AIDS and the impact thereof on South Africa, specifically the school environment and HIV and AIDS affected educators as well as the concept resilience.*

This objective was achieved through an elaborate discussion of HIV and AIDS. The researcher investigated the extent of the HIV pandemic, globally, and in Africa and South Africa. The impact of HIV on the education system was also discussed extensively (see Chapter Two). Resilience was defined and conceptualised according to literature (see Chapter Three), and different factors influencing resilience in adults and children were explored. HIV and resilience, as well as education and resilience were explained and examined. The correlation between resilience and quality of life were also discussed briefly.

Based on the above discussion, the researcher succeeded in achieving the first objective.

2.2.2 Objective two

The second objective was:

- *To empirically evaluate the effectiveness of the 2009 version of the REds programme to enhance the quality of life and resilience of HIV and AIDS affected educators in Gauteng.*

This objective was successfully achieved as explained in Chapter 5, from both the quantitative and qualitative approaches.

2.2.3 Objective three

The third objective was

- *To draw conclusions and make recommendations based on the empirical results, to adjust and improve the REds programme in order to implement it on a national level.*

This objective was accomplished through conclusions and recommendations on the future of the REds programme, as deliberated in this chapter, Chapter Six.

2.3 Testing the hypothesis

The hypothesis of this study was:

If the Resilient Educators support programme (REds) were implemented among HIV and AIDS affected educators, then their quality of life and resilience will be increased.

The following null hypothesis was set

There is no association between the independent variable (the Resilient Educators support programme) and the dependent variables (resilience and quality of life).

Based on the quantitative research findings, the null hypothesis cannot be confirmed or refuted, because the standardised questionnaires did not produce results that can be used to generalise. However, based on the qualitative research results, the researcher can prove the null hypothesis to be false, as it seems as if there is an association between the Resilient Educators support programme and quality of life and resilience.

The researcher will now give an overview of the entire research project and each chapter of the dissertation will be discussed according to the following headings:

- Summary
- Conclusions
- Recommendations

3. RESEARCH METHODOLOGY

3.1 Summary

The research methodology was briefly explained in Chapter One, and discussed in detail in Chapter Four. Chapter One started with an introduction and a general overview of the study. The researcher elaborated on the problem of HIV and AIDS, and the need for a support programme. The goals, objectives and hypothesis of the study were discussed next. The researcher further briefly explained the research approach, research design, data collection methods for the quantitative and qualitative approaches, the pilot study and the sampling methods used in this study.

The remainder of the Chapter One was used to elaborate on the ethical issues that were relevant to the study. Chapter One concluded with a discussion on the limitations of the study, the definition of key concepts, and an overview of the subsequent chapters of the research report.

3.2 Conclusions

The researcher draws the following conclusions from the research methodology:

- The mixed methods approach was suitable to address the research problem of this study, as the mixed methods research is an approach used to collect, analyse and mix both quantitative and qualitative data in a single study or series of studies. It aims to use the quantitative and qualitative approaches to understand a research problem more completely.
- In the context of applied research, the researcher used evaluative research. Evaluative research is used to assess the design, implementation and applicability of social research. This approach guided the researcher to adequately evaluate the effectiveness of the REds programme to improve the quality of life and resilience of HIV and AIDS affected educators.
- Data collected in the experimental group, before and after exposure to the REds programme, as well as the comparison group's pre- and post-tests results, provided the researcher with rich data from a variety of sources that facilitated the effective evaluation of the REds programme.

3.3 Recommendations

- The study was carried out in an urban area, which is better resourced than rural areas. The researcher therefore recommends that the study also be targeted in the rural areas in the future.
- The researcher suggests that the study use primarily qualitative data collection methods, as it allows participants to open up and provide meaningful data about their perceptions and experiences of the programme, which would be difficult to obtain if the quantitative approach is used.

4. LITERATURE REVIEW ON HIV AND AIDS AND THE EDUCATION SYSTEM

4.1 Summary

The literature review in Chapter Two focused on an in-depth discussion of HIV and AIDS and the educator. It deliberated the impact that HIV has on the different spheres of the education system.

Saunders, Lewis and Thornhill (2003:75) clarify that a literature review sets your research in context by critically discussing and referring to work that has already been undertaken, drawing out key points and presenting them in a logically argued way, and highlighting those areas that the researcher will provide fresh insights in.

The researcher therefore discussed the following to put the research project into context:

- Conceptualisation of HIV and AIDS;
- HIV and AIDS worldwide and in South Africa;
- The difference between being HIV and AIDS infected and affected;
- The impact of HIV and AIDS on the education system;
- The impact of HIV and AIDS on the learner;
- The impact of HIV and AIDS on the educator; and
- Supporting strategies.

4.2 Conclusions

The researcher, based on the literature review, draws the following conclusions

- HIV and AIDS affect all people. It is a global problem, with sub-Saharan Africa, and South Africa being especially affected according to the WHO and UNAIDS.
- The education system suffers particularly, as UNICEF argues: “Although HIV affects all sectors its most profound effects are concentrated in the education sector.” The education system is affected in the following spheres: the supply and demand of education changes; the profile of potential clients of the education system changes; the organisation of education needs to adjust; and AIDS places a premium on the nature of the role of education to adjust to meet other needs. The process, content and quality of education is negatively affected by HIV and AIDS, and the quality of learning is negatively affected. HIV and AIDS also affect the learner and the educator negatively.
- Different support strategies launched by the National Department of Education were discussed, and HIV and AIDS affected educators found these strategies inadequate in meeting their support needs.
- The University of the North-West took the initiative of addressing the lack of appropriate support structures by compiling the Resilient Educators support programme for HIV and AIDS affected educators.

4.3 Recommendations

- The researcher recommends the implementation of strategies that will prevent further damage– the cures and ways to improve the life expectancy and quality of life is well on its way, but we are seriously lacking in preventative measures that will compare and rectify the ripple effect HIV and AIDS has on the economic, social and emotional sector of this country.
- The researcher recommends that the education sector needs to be empowered to deal with the effect of HIV and AIDS. The educators need to become emotionally strong – they need to become resilient.
- It is further suggested that the National Department of Education establish a properly structured, accessible, user-friendly and confidential Employee Assistance Programme that focuses specifically on HIV and AIDS. This programme needs to address some of the issues that educators face, like their exposure to trauma and risk of burnout.

5. LITERATURE REVIEW ON RESILIENCE AND HIV AND AIDS

5.1 Summary

The literature review of Chapter Three focussed on theoretically explaining and exploring resilience in the context of HIV and AIDS and the educational sector.

Chapter Three elaborated on:

- Defining resilience as a construct;
- Looking at different ways to measure resilience;
- Exploring the correlation between resilience and quality of life;
- Explaining the connection between HIV and resilience; and
- Explaining the connection between education and resilience.

5.2 Conclusions

The following conclusions are made from the literature review on resilience and HIV and AIDS.

- Little consensus exists among researchers around central terms used within models of resilience, and many of the definitions of resilience are not theoretically founded, and most are linked to a collection of empirical findings, resulting in new definitions to account for the empirical findings. These definitions all convey aspects of resilience. Some definitions focus on personal or family characteristics, whereas others focus on processes and mechanisms involved in resilience or on outcome. The researcher therefore defines resilience as the presence of protective factors, processes and mechanisms (including cultural history) that enable an individual to cope despite the occurrence of risk and negative factors and the presence of multiple adverse factors and circumstances.
- Different scales exist to measure resilience. The Resilience Scale for Adults (RSA) is based on the following six factors: perception of self; planned future; social competence; structured style; family cohesion; and social resources.
- The connection between quality of life and resilience must be understood. In the context of this study, the researcher defines quality of life as the individual's psychological state, social relationships, and the individual's ability

to relate to their environment. Resilience on the other hand, can improve the individual's quality of life, and ability to cope better with the impact HIV and AIDS has on human functioning.

- HIV and AIDS have radically altered the job description of South African educators to include caring for children who most of the time have additional (often unmet) needs such as grief counselling, hunger, accommodation and school fees; most need support to cope with discrimination, abuse, rejection, lost childhoods, and so forth. HIV and AIDS affected educators need support to cope with the altered job description. Educators withstand the worst of the HIV and AIDS pandemic, as they are responsible to assist learners and fellow educators to cope with the wide-ranging influence of HIV and AIDS. The support currently given is insufficient.
- Support can be given by teaching educators resilience. Education and resilience is dualistic – the researcher is of the opinion that education can assist to create resilience among HIV affected learners.
- To create resilience in the education system can prove to be quite a challenge, because resilience programmes differ from other support programmes based on policy. The typical response to the HIV pandemic has included both curricular and extra-curricular learner focused educational initiatives that encourage HIV prevention with some emphasis on the need to provide educators with relevant training and policy to cope in this regard. This shows that the educators were given training and policy to support them to cope, but not resilience training. This apparent shortcoming prompted the compilation of an interactive, participatory support programme to enhance resilience and quality of life, entitled the Resilient Educators (REds) programme.

5.3 Recommendations

The researcher recommends the following:

- Resilience is a fluctuating concept, and there are many different views on resilience. However, there is little literature available on resilience in a South African context. The cultural aspects that make the South African context unique should be incorporated in a study on resilience in South Africa. The

researcher therefore recommends that resilience in a South African context should be further researched in order to contribute to the existing body of knowledge.

- The researcher further recommends that a resilience scale applicable to the South African context be developed.
- There is also little literature available specifically on resilience and HIV and AIDS. The researcher therefore recommends that this should be researched further.

6. THE RESILIENT EDUCATORS SUPPORT PROGRAMME (REds) FOR HIV AND AIDS AFFECTED EDUCATORS

6.1 Summary

Chapter Four discussed the REds programme in detail. The following summary applies:

The Resilient Educators support programme (REds) for HIV and AIDS affected educators was compiled by the University of the North-West in 2006 to address the support needs of HIV and AIDS affected educators. The REds programme has the express aim of empowering affected educators to cope more resiliently with the challenges of the pandemic by supporting educators to respond adaptively to a teaching context that demands responses more typical of counsellors, or social workers, or medical personnel trained to prevent HIV.

The REds programme is an interactive programme that endorses a participatory approach. The programme consists of nine sessions, covering seven modules, with each session lasting about two hours. The modules cover the following themes: health promotion; the psychosocial impact of HIV on educators and learners; supporting infected and affected people; stigma and discrimination; HIV related education policy; and resilience.

6.2 Conclusions

The following conclusions are drawn on the facilitation of the programme

- The REds programme manual has relevant information, which can empower educators to cope better with the pandemic and to assist them in supporting others.
- The participatory and interactive nature of the programme can facilitate the discussion of HIV and AIDS-related matters and problems that participants might have in a spontaneous manner.
- The programme is run after school, so the time to discuss pertinent matters is limited.
- The presenter should make use of the role of the facilitator to support the development of group identity through emphasising commonality and encouraging inter-member communication. This role should be utilised in every session, to assist group members to become a mutual aid system in which members are facilitated to lend their resources and strengths to each other.
- The researcher should use group work facilitation-techniques and strategies such as probing, brainstorming, and discussions to assist in the presenting of the REds programme. By making use of these techniques, it will encourage participants to share their views and to give input. This can lead to very interesting discussions, which in turn can lead to the dispelling of various myths and misconceptions about HIV and AIDS. The fact that the participants can actively participate increases their own learning experiences.
- When teaching or empowering adults, one has to capitalise on their life experiences and knowledge, which is exactly what the REds programme achieves by having a participatory approach.

6.3 Recommendations

- The researcher recommends that the REds programme should be made available to all educators. This can be done as an in-service training. It should also be presented to student educators whilst they are still in the forming phase of their careers.
- The researcher also recommends that session 5, [module 3 (part 2-4)] that focuses on health education and nursing ill loved ones be shortened. The participants noted that the information in this session was irrelevant to them.

- After the completion of this programme, participants should form a committee that will oversee the establishment of proper support structures for the specific school.
- It is also recommended that session 6 should include more knowledge on burnout and exposure to trauma. From the quantitative research results, it is clear that there is a need for the participants to deal with burnout and exposure to trauma, but the content of the REds programme does not address these specific issues.

7. EMPIRICAL RESEARCH FINDINGS

7.1 Quantitative research findings

7.1.1 Summary

The quantitative data were collected by making use of two group administered standardised questionnaires, namely the Professional Quality of Life Scale (ProQol) and the Resilience Scale for Adults (RSA). The questionnaires were administered to participants in the experimental group prior to, and after exposure to the REds programme. The comparison group also completed a pre- and post-test, but they had no exposure to the REds programme.

7.1.2 Conclusions

The researcher draws the following conclusions from the quantitative research findings:

- The findings indicated that no statistically significant results were found.
- The researcher then concluded that, according to the quantitative results based on the ProQol and the RSA, the REds programme did not succeed in improving the quality of life and resilience of the participants.
- The researcher concludes that there must be a reason for the insignificant results. The reasons might be that the ProQol and RSA measures are not appropriate in the context of the REds programme and/or in the South African context. This might mean that the programme should be adjusted to address the issues tested by the measuring instruments, or other instruments should be used or developed.

- The possibility also exists that participants try to manipulate the measuring instrument in order to “look good.”

7.1.3 Recommendations

- The researcher recommends that the reason for the non-significant test results from the ProQol and RSA should be investigated.
- The quality of life measure showed definite signs that participants were on the verge of burnout, and that they were exposed to secondary trauma. The post-test results did not indicate that the REds programme addressed these issues, which once again made it difficult to conclude that the REds programme increased the quality of life of the participants. Therefore, the researcher recommends that the programme should include content that aims to address these issues. This might make a difference to the ProQol results.
- The researcher found it difficult to equate the content of the REds programme with the protective factors tested with the RSA. The results from the RSA were also insignificant, which made it difficult to say that the programme increased the resilience of the participants. The researcher recommends that these protective factors should be addressed in the programme content. This might have a positive impact on the RSA results.
- If the RSA is to be used in future, attention needs to be given to syntax, as some of the statements were translated incorrectly and this caused confusion.
- The researcher further recommends that other possible standardised questionnaires be explored or a self-structured questionnaire be compiled in order to provide a more applicable measuring instrument.
- The participants experienced the two questionnaires to be very long and tiring. Therefore, the researcher recommends that only one effective quantitative measure be included in the pre- and post-tests.

7.2 Qualitative research findings

7.2.1 Summary

The researcher used a narrative, drawings and observation to collect qualitative data. The probe for the writing of a narrative asked the participants to write about their life as a teacher in the era of HIV and AIDS – this assisted in contextualising how life is when teaching people affected with HIV and AIDS.

In addition to writing a narrative, the participants were asked to make a free drawing of something that symbolises how HIV and AIDS have affected them. However, a drawing on its own does not have meaning without an explanation or conversation about it. In order to address this issue, the participants were asked to write 2-3 sentences to explain the drawings. From these explanations, the researcher was able to draw conclusions. The aim of using the drawings was to ensure that all possible data were collected, and that the research findings reflected the true effectiveness of the REds programme.

The researcher also used a co-researcher to make observations during the implementation of the REds programme. The co-researcher formed part of the group and she observed the behaviour, verbal and non-verbal communication in the group. After each session, the researcher discussed the observations made by the co-researcher.

7.2.2 Conclusions

The researcher draws the following conclusions from the qualitative research findings:

- When comparing the experimental and comparison group's pre-test narratives, the researcher marked that both groups wrote down negative issues that they experienced as educators in the era of HIV and AIDS. This is a list of some of the correlating sub-themes: poor performance of learners; child-headed households; role changes the educator experienced; the emotional impact of HIV and AIDS on the educator; poverty; HIV and AIDS causes death; lack of resources; untruths people believe about HIV and AIDS;

and the educator as a support system for learners and people in the community.

- In the post-test, the experimental group wrote negative issues, but some of the participants shared their feelings of hope and empowerment. The negative issues listed were a statement of the realities that they face due to the impact that HIV and AIDS has. The participants noted their own empowerment as an answer to some of the problems they face. In the comparison group, the narratives did not differ from those in the pre-test, and when put side by side with the experimental group, these narratives seem more negative than the experimental group.
- Considering this, the researcher can conclude that the REds programme did empower the participants in the experimental group by addressing their support needs as HIV and AIDS affected educators. These educators felt empowered with knowledge and skills that they lacked. They were more resilient after participation in the REds programme.
- The experimental group's drawings depicted hope and people overcoming obstacles. Some of the participants drew themselves as having succeeded in climbing a mountain. This shows an improvement in the way the experimental group thought about HIV and AIDS.
- The comparison group's pictures did not differ much, and they still showed hopelessness, fear, sadness and viewing HIV and AIDS as a monster. The researcher can conclude that the experimental group's symbols of how HIV and AIDS affects them had changed from positive to negative, whilst those in the comparison group did not show any change.

7.2.3 Recommendations

- The researcher recommends that the narrative be shortened, and/or that the probe asks respondents to focus more specifically on their own experiences. The researcher received some narratives that did not focus on the experience of the educator at all.
- The researcher also recommends that the data collection method be shortened. Four measuring instruments takes very long to complete, and the participants become tired and negative if they have to complete so many tests.

8. CONCLUDING REMARKS

The HIV and AIDS pandemic continue to affect the education sector and therefore educators need working support structures to cope with the pandemic. Through the REds programme, participants received hands-on, correct information on the facts of HIV and AIDS, and much of their fears, misconceptions and worries were addressed. The programme also supplied much-needed knowledge on how to support children who are affected by HIV and AIDS, what the current policies on HIV and AIDS are, as well as information on how stigma and discrimination can be addressed. The programme also focuses the attention of participants on caring for themselves, and assisted them with skills and knowledge to be resilient in the face of the pandemic.

The researcher believes that this programme can assist participants in living resiliently, and the participants can be ambassadors of the REds programme by reaching out to others that need support. They can also contribute to combating the spread of HIV and AIDS by sharing their newly gained knowledge. Participants are also empowered to make a difference in the lives of children, and loved ones, by sharing knowledge on grieving with them. The participants also have the responsibility to care for themselves, so that they can continue to care for others.