REFERENCES


Boule, A. (2003). “Capacity requirements for scaling up of antiretrovirals”. Paper presented at the seminar on “Scaling up the use of antiretrovirals in the public health sector: What are the challenges?” The School of Public Health and the Perinatal HIV Research Unit, University of the Witwatersrand, 1 August.


APPENDIX A

GUIDELINE QUESTIONS FOR THE INTERVIEWS

1. How do you feel about being diagnosed with HIV? (The researcher's focus will be based on the participant's fear, loss, grief, guilt, denial, anger, anxiety, suicidal ideation, low self-esteem, depression, obsessive conditions and spiritual concerns.)

2. What is your understanding of the disease you are suffering from? (The researcher will be assessing the participant’s background, knowledge and the meaning attached to the disease.)

3. How do you feel about this disease that requires a lot of care, lifestyle changes, commitment and discipline?

4. How did it affect you to know that you are HIV positive?

5. Whom did you tell about your HIV status and what was their reaction?

6. Have you had any experiences where you were treated badly because of your HIV? (I know that this might be difficult for you but could you please describe this experience for me.)

7. What is your future like, now that you are HIV-positive?

8. Tell me more about your family. (The researcher will be assessing the participant’s support system.)

9. How do you cope with this disease? (The researcher will be assessing how the participant deals with the possibility of facing death sooner; stigma and discrimination surrounding HIV/AIDS; changes or possible changes in her body image; HIV-related symptoms; stigma that people attach to HIV; ways in which her HIV diagnosis has changed her life; coping with intimate and family relationships.)
APPLICATION FOR RESEARCH ETHICS APPROVAL: A MODEL OF COGNITIVE BEHAVIOURAL THERAPY FOR HIV+ WOMEN TO DEAL WITH STIGMA

The research committee has approved your research proposal. No ethics consideration for concern identified.

Kindly ensure that you provide us with the report once your research has been completed.

Kind regards,

Miss N.A. Mphathele
Research—coordinator
Pp: Mpumalanga PHRFc.

Enquiries: Nikhumise Mphathele (013) 766 3235
Mr. J. Tshabalala
P.O. Box 3504
Witbank
1035

24 April 2006

Miss N.A. Mphathele
Research—coordinator
Pp: Mpumalanga PHRFc.

Date

24/04/2006
28 November 2005

Dear Professor Visser

Project: A model of cognitive behavioural therapy for HIV-positive women to assist them in dealing with stigma
Researcher: J Tshabalala
Supervisor: Prof MJ Visser
Department: Psychology
Reference number: 25519175

Thank you for the application you submitted to the Research Proposal and Ethics Committee, Faculty of Humanities.

Please note that the letter of informed consent needs to be printed on a University of Pretoria letterhead before it is distributed to the participants.

The Committee requests that proof be provided of the Mpumalanga Department of Health's permission for the project.

I have pleasure in informing you that the Research Proposal and Ethics Committee formally approved the above study on 24 November 2005. The approval is subject to the candidate abiding by the principles and parameters set out in his application and research proposal in the actual execution of the research.

The committee requests you to convey this approval to Mr Tshabalala.

We wish you success with the project.

Sincerely

[Signature]

Prof Brenda Louw
Chair: Research Proposal and Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
APPENDIX I

INFORMED CONSENT FORM

I, ____________________________, am being asked to participate in a research project to develop and evaluate a way of helping people to deal with stigma and discrimination.

The researcher (Jan Tshabalala) has explained the nature of this study to me. I understand that the anticipated benefits of my participation are to enable health care professionals to effectively help people to cope with their daily lives and to deal with the experience of stigma and discrimination.

The researcher will make every effort to safeguard the confidentiality of the information that I provide. Any information obtained from this study that can be identified with me will remain confidential and will not be given to anyone without my permission.

If at any time I would like additional information about this project, I can contact the researcher at 082 379 0416.

I understand that I have the right to refuse to participate in this study. I also understand that if I do agree to participate, I have the right to change my mind at any time and stop my participation. My signature below indicates that I have given my informed consent to participate in the above-described project. My signature also indicates the following:

- I have been given the opportunity to ask questions about the described project and my participation in it.
- My questions have been answered to my satisfaction.
- I have been permitted to read this document and have been given a signed copy of it.
- I am at least above 18 years old and legally able to provide consent.

____________________  __________
Signature of participant  Date

____________________  __________
Signature of researcher  Date
INFORMATION ABOUT THE RESEARCH PROJECT FOR WOMEN TO ASSIST THEM IN DEALING WITH STIGMA

You are being asked to participate in a project to develop and evaluate a way of helping women to deal with stigma. Such an intervention may enable health care professionals to help other people to cope with their daily lives and to deal with the experience of stigma and discrimination.

To participate in the project you will have to attend sessions with the clinical psychologist at the hospital. He intends to help you to talk about your experiences and how to deal with difficult situations you may encounter. Given the sensitivity of the nature of the research project, kindly note that there may be some emotional discomfort as you talk about your experiences of stigma related to HIV/AIDS. For instance, it is possible that you may have lots of emotions to express such as crying, feeling sad and so on. The researcher will be sensitive when dealing with your personal information in order to protect you from harm (that is, physical, emotional and any other kind).

We ask you to voluntarily participate in the project. Remember that you have the right to refuse to participate and if you do agree to participate, you have the right to change your mind at any time and stop your participation.

The following measures will be implemented to protect you:

- The researcher is practicing as a clinical psychologist and is bound by professional ethics to keep information strictly confidential. You will be protected from unwarranted physical or mental discomfort or distress.
- The information about the session will be kept in a locked cabinet with a number as the only identification to ensure that the information cannot be associated with you as a person.
- The researcher (who is a practicing clinical psychologist) will offer you intensive psychotherapy in order to assist you to cope effectively.
- The research is done under strict supervision of a senior psychologist with ethical clearance of the University of Pretoria, the Witbank Hospital management and the Mpumalanga Department of Health.
- Results of the study will not be published in any way with your identity attached to it.

**Information on the project can be obtained from:**

Jan Tshabalala (Psychologist at Witbank Hospital) 082 379 0416  
Prof. Maretha Visser (Supervisor, University of Pretoria) 012 420 2549
APPENDIX K

A summary of all the case study scores of five HIV-positive women

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<tr>
<th>Participant</th>
<th>Coping - negative</th>
<th>Coping - positive</th>
<th>Personal stigma</th>
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<th>Self-esteem</th>
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## APPENDIX L

A summarised table of the quantitative results on the five psychometric scales

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