TABLE OF CONTENTS

CHAPTER 1:
SETTING THE STAGE

CHAPTER 1 AT A GLANCE……1

1.1 INTRODUCTION AND RATIONALE 1

1.1.1 Why HIV&AIDS? 5
1.1.2 Why coping? 7
1.1.3 Why the asset-based approach? 8

1.2 PURPOSE OF THE STUDY 9

1.3 RESEARCH QUESTIONS 10

1.4 UNIQUE CONTRIBUTION OF THE STUDY 11

1.5 ASSUMPTIONS 13

1.6 CLARIFICATION OF KEY CONCEPTS 13

1.6.1 Asset-based approach 13
1.6.2 Coping 14
1.6.3 South African informal settlement communities 15
1.6.4 Community members infected with and affected by HIV&AIDS 17

1.7 PARADIGMATIC PERSPECTIVE 19

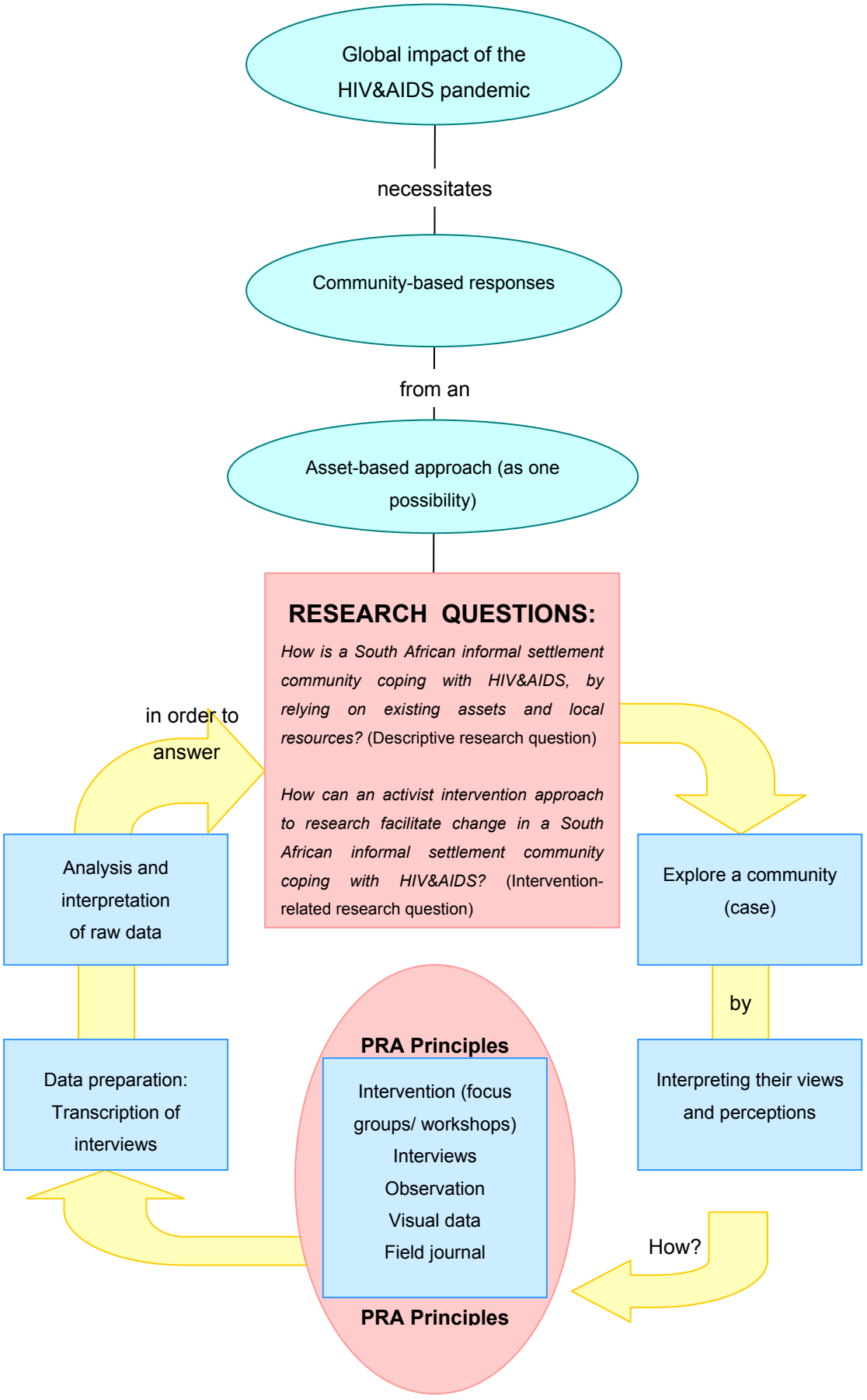
1.8 RESEARCH METHODOLOGY AND STRATEGIES 20

1.8.1 Research design 22
1.8.1.1 Why a community-based intervention approach to research? 23
1.8.1.2 Why Participatory Rural Appraisal (PRA)?
Linking theoretical constructs to methodological choices 24
1.8.2 Selection of case and participants 28
1.8.3 Data collection 29
1.8.4 Data analysis and interpretation 30
1.8.5 Ethical considerations 31
1.8.6 Quality criteria 31

1.9 OUTLINE OF CHAPTERS 33

1.10 CONCLUSION 35

CHAPTER 1 AT A GLANCE



1.1 INTRODUCTION AND RATIONALE

Both scientific and non-scientific literature indicates the vast and escalating impact of HIV&AIDS on communities, with reference to the people that are infected with HIV, as well as those affected directly or indirectly, by the growing number of people dying or debilitated by the disease. Given that the South African government regards dealing with the pandemic as a community-based matter (Gow & Desmond, 2002), it seems important to determine how South African communities are responding to HIV&AIDS at present. In poverty-stricken parts of South Africa, communities are coping with HIV&AIDS, relying on the resources and knowledge at hand, with mixed results. Enhanced knowledge and reflection are, however, required to promote a better understanding of the coping strategies that are currently being employed.

Thus, the primary purpose of my study is to *explore and describe the manner in which a South African informal settlement community is currently coping with HIV&AIDS, within the theoretical framework of the asset-based approach* (descriptive purpose). As such, I firstly focused on exploring the experiences and lives of a South African informal settlement community infected with and affected by HIV&AIDS. I frame coping with HIV&AIDS-related challenges within an approach not only acknowledging barriers to coping, but also relying on existing assets and available resources in the local community and without introducing additional resources. Secondly, I aimed at *exploring and describing the way in which an activist intervention approach to research (anchored in the above mentioned theory of the asset-based approach, might facilitate change in the patterns of coping employed by the selected community* (intervention-related purpose). Research in this area could provide critical insight into aspects such as vulnerabilities, strengths, aspirations, expertise and future prospects of people whose lives are often painfully affected by HIV&AIDS. In addition, the way in which I relied on (and aspired to contribute to) existing theory to develop and implement an integrated intervention research approach, adds to the potentially unique contribution of my study.

Africa is the most affected region by HIV&AIDS in the world, with 70% of the global total of HIV positive people located in Sub-Saharan Africa. South Africa has one of

the fastest growing rates of HIV infection and is regarded as experiencing one of the most powerful and probably the largest HIV&AIDS pandemic worldwide. As adult HIV prevalence is reported to have already been 20% in South Africa by the end of 2001, our country is one of only five countries in which the adult HIV prevalence has either reached or gone beyond 20%. It is estimated that 13% of South African children between the ages two and fourteen years have lost their mothers, fathers or both their parents due to HIV&AIDS, whilst 25% of South African children aged fifteen to eighteen have lost at least one caregiver. It is further predicted that these statistics will peak in 2015, when 3 million South African children would have lost their mothers and a total of 5.7 million one or both of their parents (Marais, 2005; Brookes, Sishana & Richter, 2004; Connolly, Colvin, Shisana & Stoker, 2004; Townsend & Dawes, 2004; Mugabe, Stirling & Whiteside, 2002; Stanecki, 2002; UNAIDS, 2002).

Statistics like these emphasise the powerful impact of HIV&AIDS. The social and economic effects of this pandemic are complex and potentially devastating to families, communities and economies. The vast impact of HIV&AIDS urges people to work together and collaboratively address the challenge – on international, national, regional and local levels (Department of Economic and Social Affairs of the United Nations, 2005a; Barolsky, 2003; Smart, 2003b; International HIV/AIDS Alliance, 2001).

Due to the urgency and nature of the pandemic, many discussions are held concerning policies and strategies for managing the effects of HIV&AIDS. Given that African societies are predominantly characterised by subsistence economies, the question of *how* rural and informal settlement communities and households are coping with HIV&AIDS is often raised and has been the focus of many research projects (see for example Donahue, 2002; Germann, 2002; Fox, 2001; Kilmer, Cowen & Wyman, 2001; Ndethiu, 2001; Emmett, 2000; Foster & Williamson, 2000). Yet, despite countless conferences, workshops and statistical models, the problems remain: millions of people are still dying of AIDS and the challenges of supporting people infected with and affected by HIV&AIDS seem to be growing. Perhaps now, more than ever, it is necessary to listen more carefully to and learn from the very people who are coping with HIV&AIDS on a daily basis.

In an attempt to address this need for research on ground level, I undertook this study. For the purpose of my study, I assumed that South African communities (including poverty-stricken and informal settlement communities) ***are*** currently coping with the challenges related to HIV&AIDS, by relying on local resources and existing assets. As such, I presumed a possible connection between community members' embedded knowledge of coping and the theory of the asset-based approach. Therefore, I decided to explore the manner in which the asset-based approach relates to coping with HIV&AIDS, by employing activist intervention research within a South African informal settlement community.

Existing literature on HIV&AIDS often focuses on supporting orphaned and vulnerable children. Smart (2003a; 2001), as well as Kelly (2000c), emphasise the generally agreed upon idea that any intervention to assist vulnerable children might be based in and managed by the affected communities themselves. In my opinion, this approach might not be limited to supporting children, but may also be applied to other community members infected with and affected by HIV&AIDS. I regard community members as being in the best position to know which households are severely affected, what kind of help is needed, who is dying of AIDS, who is taken care of by relatives or other community members, and who is living on their own. Although volunteers within communities might be motivated to assist wherever they can, the role of outside resources mostly focuses on empowerment or capacity building of community members. With regard to outside resources, the following questions remain: *Should outside support merely be provided? Could agency in South African communities be facilitated in terms of using existing assets and best practices to address the challenge at hand? How might intervention research facilitate change and empowerment within the context of coping with HIV&AIDS?*

I support the view that communities ought to not merely focus on their concerns, but that they might also focus on existing internal resources, knowledge, skills and assets that could assist them in coping with the challenges posed by HIV&AIDS. *Outside* resources and capacity may contribute after *inside* possibilities have been identified; and then only as a supplement to capacity building, assisting community members to reach the identified goals and proposed activities. However, I

acknowledge the potential of outside intervention initiatives serving as catalysts of change (Smart, 2003a; Hunter & Williamson, 2001; Kelly, 2000c). I now discuss the relevance and rationale of my study in terms of the questions that guided my focus.

1.1.1 WHY HIV&AIDS?

Extensive media coverage on the impact of HIV&AIDS over the past few decades raised my interest in this field of research. Being a scholar in the field of Educational Psychology, as well as a practising educational psychologist by profession, my initial concern focused on children whose lives are touched by the pandemic. I developed a specific interest in the challenge of accommodating and taking care of orphaned and vulnerable children after the death of a parent, and started contemplating the manner in which rural communities might be supported in coping with this challenge.

Based on my initial interest, I conducted a pilot study in March 2001, exploring the *ways in which rural communities accommodate orphaned and vulnerable children after the death of a parent*. At the time I was involved as a lecturer in a distance education programme, lecturing educators of the Eastern Cape Province. I involved these students as participants in my pilot study, conducting two focus groups with them. Based on the findings of the pilot study (baseline data for this study), I realised that South African rural communities were – at that stage – indeed coping with the HIV&AIDS challenge, in their own unique way and by relying on the limited resources available to them. As South African rural communities are often characterised by a lack of resources such as children's homes, clinics, hospitals and sufficient health care services, other community members (mostly family members) were left with no choice but to take orphaned children into their care, thereby addressing the challenge by relying on themselves and their own skills as primary resources.

Despite the participants' concern, that South African rural communities were not satisfactorily equipped to cope with the challenge effectively, and their indication that more outside assistance should be provided, it was still evident to me that these communities were coping in their own unique ways without external resources. Based on such preliminary conclusions, and being convinced that outside help and facilities were not bound to be provided to all South African rural and economically

disadvantaged communities within the near future, I refined my interest in terms of the *asset-based approach*. I also decided not only to focus on rural communities, but on poverty-stricken communities of a wider scope. I shifted my focus to *informal settlement communities in urban areas*, due to the vast increase of such communities in South Africa, and based on the fact that these communities are typically characterised by poverty and limited outside help. I further decided not to limit my study to children, but to extend it to other community members who have to *cope with the challenge of being infected with and affected by HIV&AIDS*. I based this decision on the possibility of covering a broader scope of interest, as the challenge of coping with HIV&AIDS is not limited to coping with orphaned children.

Various projects and programmes have been initiated in South Africa to provide for the needs of people infected with and affected by HIV&AIDS. To date, such initiatives have focused on strengthening and supporting the capacity of families to care for children; mobilising and supporting community-based responses; building up the capacity of children and young people to meet their own needs; ensuring that government develops appropriate policies, grants and services for vulnerable children; and raising awareness to create an environment that enables support for communities infected with and affected by HIV&AIDS (Smart, 2003a; Gow & Desmond, 2002; Mugabe *et al.*, 2002).

Early government responses to the pandemic and its related needs include health responses, such as the *HIV&AIDS/STD Strategic Plan for South Africa 2000-2005* and the *National Integrated Plan for Children Infected and Affected by HIV&AIDS*. These plans focused on, amongst other things, reducing the number of new HIV infections as well as the impact of HIV&AIDS on individuals, families and communities; providing treatment, care and support services at health facilities as well as in communities; expanding the provision of care to orphaned and vulnerable children; strengthening voluntary counselling and testing; and promoting Life Skills and HIV&AIDS education in schools. Recently, state responses have often centred on social development, education and welfare, in an attempt to deal with the HIV&AIDS pandemic in an effective and integrated manner (Birdsall & Kelly, 2005; Gow & Desmond, 2002; South Africa Department of Social Development, 2002).

However well-intended, such policy-orientated responses have not yet engendered adequate results (Smart, 2003a; Gow & Desmond, 2002), begging the question as to whether or not the general public, and, more particularly, people who are poverty-stricken, are indeed benefiting, and whether agency to cope with HIV&AIDS is indeed facilitated by outside providers or resources. Another concern is the availability of such initiatives in the wide-spread areas of our country. My concern specifically relates to rural areas and informal settlement communities, where such barriers as language and illiteracy, location, time and cost implications tend to inhibit target groups' abilities to access programmes, and *vice versa*.

The focus of my study stemmed from concerns like these, as well as from continued emphasis on the need to research and address possible ways of coping with the pandemic more effectively. Furthermore, research on care and support often tends to focus on communities being trained and guided by outsiders, thereby not acknowledging communities' capacities to '*teach*' outsiders about their ways of coping. As a result, I decided to focus on and learn from a South African informal settlement community facing the HIV&AIDS challenge – a community that is typically characterised by poverty and limited resources. Completing a study on the manner in which South African communities are currently coping with the challenge in terms of what they have (using existing knowledge and local resources as an entry point) might provide a practical tool for policy- and decision-makers. Findings might be relied upon to design and implement cost-effective and appropriate interventions that could strengthen the current and future livelihoods of households and communities that are affected directly or indirectly by HIV&AIDS. Such interventions might also not be limited to South Africa, but be employed in other African countries that are similarly affected by the pandemic. In addition, the outcome of my study could add to existing theory on the asset-based approach. On a methodological level, my study might serve as an example of one way in which intervention research and participatory methods might be merged.

1.1.2 WHY COPING?

The reality of HIV&AIDS signals the fact that the pandemic is affecting communities on a world-wide level and that its impact will continue in future. Therefore, individuals

and communities are required to cope with the pandemic, for the sake of their own health and general well-being. Facing and addressing a challenge implies a reaction, whether it entails avoiding the difficult situation or employing strategies to deal with it in a manner acceptable to the individual involved. In my opinion, it is important for communities to deal with the contemporary challenge of HIV&AIDS, thereby employing coping strategies (Nnko, Chiduo, Wilson, Msuya & Mwaluko, 2000; Child Protection Society of Zimbabwe, 1999).

As a scholar and practitioner in the field of Educational Psychology, I believe in supporting people to address and overcome the challenges that they face. I view coping as a prerequisite for mental health, and support Ebersöhn and Eloff (2006) who regard people as capable of addressing life challenges and finding solutions to their problems, thereby coping. I also regard individuals as able to enhance their own coping skills and to identify and mobilise resources that might assist them when addressing challenges, such as those related to HIV&AIDS. Therefore, I firstly believe that people who are able to cope with challenges can live a content and meaningful life. Secondly, I regard the answers to challenges as being present and situated within individuals (and their contexts) themselves. However, they might benefit from external facilitators to act as catalysts to initiate the process of coping.

1.1.3 WHY THE ASSET-BASED APPROACH?

Kretzmann and McKnight (1993) initially introduced the asset-based framework, propagating the development and empowerment of communities from the inside out. The asset-based approach contrasts with the so-called deficit approach (medical model), which isolates the causes of a particular problem and recommends action based on resources, knowledge or conditions that are found to be lacking. As such, an asset-based approach focuses on the strengths, abilities, resources and possibilities that already exist, but may not yet have been (adequately) mobilised (although not negating the existence of barriers and challenges). The asset-based approach correlates with the basic principles of Positive Psychology (Seligman, 2002), according to which I approach my work as a scholar in Educational Psychology – both during intervention (as clinician) and during research (as academic).

Applying the asset-based approach to the challenge of coping with HIV&AIDS in contemporary South Africa implies that the focus shifts from inventorying the shortfalls of households and communities (in this case, those located in informal settlements and economically disadvantaged parts of the country), to mobilising and putting to work the natural, cultural and physical resources, skills, abilities, networks and support systems – in short, the assets – that already exist and are locally available for everyday use. Instead of following a corrective approach, which essentially posits people infected with and affected by HIV&AIDS as victims in need of external intervention (as apparent in most previously cited literature on coping and intervention), I regard ground level community members as agents and experts who hold the key to developing appropriate coping strategies in their communities. I regard the asset-based approach to be appropriate for exploring possible manners of coping with HIV&AIDS, given that communities have historically been able to cope with a wide range of challenges, often with inspiring and informative results.

1.2 PURPOSE OF THE STUDY

Being both a descriptive and an intervention-related study, the purpose of my study is twofold. The *descriptive purpose* is to explore and describe the manner in which a South African informal settlement community (Eastern Cape region) is coping with HIV&AIDS, by relying on existing assets and local resources. In an attempt to elucidate this first part of my purpose, I utilise the asset-based approach as a theoretical lens to interpret the coping strategies currently employed by community members. In this manner, I attempt to relate coping (or not) by the particular community to existing assets within the community (aspects such as knowledge base, skills, local systems, resources, infrastructure and available services).

The *intervention-related purpose* is to explore how an activist intervention research approach might facilitate change and empower an informal settlement community in relation to community members' ways of coping with HIV&AIDS. By relying on my descriptive understanding of existing theory *as well as* emerging knowledge, I aim at describing how the process of being actively involved and intervening in a research field might facilitate change (or not). I relate such change (or the absence thereof) to

the selected community's increased (or not) awareness of local resources that they can rely on in coping with HIV&AIDS, thereby implying empowerment.

Therefore, I explored an informal settlement community's ways of coping, which ultimately culminate in patterns of coping, in order to determine the possibility of using the asset-based approach to address the challenge of HIV&AIDS. As such, the anticipated theoretical contribution of my study lies in the possibility of elaborating on available literature on the asset-based approach and on coping, whilst the anticipated practical value lies in presenting a documented example that may inform other communities during future capacity building initiatives, with regard to possible ways of coping with HIV&AIDS. Furthermore, knowledge might be created concerning the potential value of employing an intervention and participatory approach to research within the context of coping with HIV&AIDS.

1.3 RESEARCH QUESTIONS

This study is directed by the following central research questions:

- ***How is a South African informal settlement community coping with HIV&AIDS, by relying on existing assets and local resources?*** [Descriptive research question]
- ***How can an activist intervention approach to research facilitate change in a South African informal settlement community coping with HIV&AIDS?*** [Intervention-related research question]

These central research questions imply a ***relationship*** between the ***descriptive part of my study*** (descriptive research question) and the ***intervention approach that I employed*** (intervention-related research question). The potential way in which intervention might impact on coping entails both a theoretical relationship between the theory that I relied upon and the methodological approach that I developed and employed; and secondly a relationship between research and intervention. In order to address my central research questions I therefore situated research within intervention, but also intervention within research, doing intervention *via* research

and research *via* intervention. As such, my research questions do not revolve around the relationship between different communities' ways of coping with HIV&AIDS, but rather imply a relationship between theory and practice (methodology).

In order to explore my primary research questions, the following secondary questions are addressed:

- What are the perceptions of a South African informal settlement community with relation to coping with HIV&AIDS?
- With which challenges does a South African informal settlement community have to cope, with specific reference to the HIV&AIDS pandemic?
- How does a South African informal settlement community currently cope with HIV&AIDS?
- Which asset-based trends exist in current ways of coping with HIV&AIDS?
- Which changes in coping patterns might be facilitated by employing intervention research?
- How can participants' implementation of the asset-based approach inform coping with HIV&AIDS?

1.4 UNIQUE CONTRIBUTION OF THE STUDY

I relate the unique contribution of my study to its innovative nature, in terms of the manner in which I integrated existing theory, research and intervention. In planning and conducting my study I firstly relied on existing theory relating to the asset-based approach to coping. I focused this existing body of knowledge in terms of coping with HIV&AIDS, as well as doing intervention. I combined the theory of the asset-based approach with that of Participatory Reflection and Action[1] (PRA), in order to develop and facilitate an activist intervention strategy[2] in a South African informal settlement community. This was done with the primary goal researching the selected

[1] *I prefer the use of **Participatory Reflection and Action**, as opposed to **Participatory Rural Appraisal**, as proposed by Chambers (2004). Refer to section 3.3.1.2.1 for clarification in this regard.*
[2] *I selected an activist approach (PRA principles) in order to actively promote agency and empowerment within the selected community.*

community's way of coping with HIV&AIDS, by relying on existing assets and local resources. Based on the outcomes of my study, the activist intervention strategy that I developed is currently in the process of being replicated in three other South African research settings[3]. Figure 1.1 provides a summary of the innovative contribution of my study, in terms of the intervention that I developed.

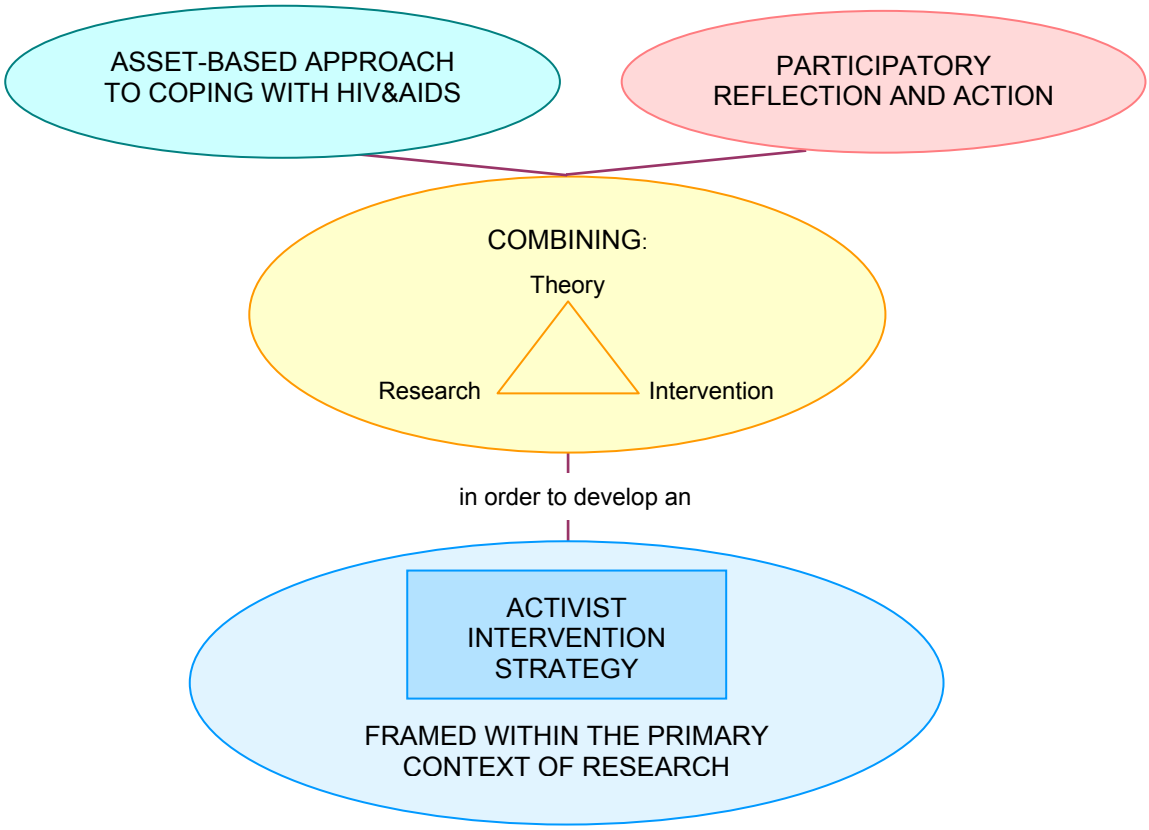


FIGURE 1.1: CONTRIBUTION IN TERMS OF DEVELOPED INTERVENTION

The intervention research approach that I selected therefore provided me with a mechanism to facilitate a research process, which ultimately resulted in change within an informal settlement community. By involving the selected community in planning and conducting the intervention, participants fulfilled an active role during the process of knowledge generation. Based on their relationships with the research process and findings, community members could take coping agency. As such, participants experienced certain changes within the context of their own ways of coping with HIV&AIDS, as the study progressed. These changes resulted in the participants being empowered to develop new approaches in helping the community

[3] *Two urban communities in Gauteng, one rural community in Mpumalanga.*

cope with HIV&AIDS, thereby doing even more towards the end of the study than what they were doing at the outset of the study. A direct outcome was the development and implementation of three school-based projects which might enhance the community's coping with HIV&AIDS. In addition to the participants' involvement, my own prolonged and active involvement and constant facilitation of the research and intervention process added to the positive changes that occurred.

1.5 ASSUMPTIONS

I approached this study with the following assumptions:

- I assumed that the selected community is currently coping with community members infected with and affected by HIV&AIDS, by relying on available knowledge, skills and resources.
- I assumed that asset-based trends exist in communities' coping repertoires.
- I assumed that the selected community is a good example of typical informal settlement communities in the Eastern Cape Province, concerning its way of coping with HIV&AIDS.
- I assumed that the participants would be open and willing to respond and discuss their community's way of coping with the HIV&AIDS challenge.
- I assumed that PRA could successfully be applied within (and together with) the particular community in the context of coping with HIV&AIDS.

1.6 CLARIFICATION OF KEY CONCEPTS

In order to ensure a clear understanding, I henceforth conceptualise the key concepts. I operationalise the concepts within the context of my study.

1.6.1 ASSET-BASED APPROACH

As opposed to the needs-based approach, where emphasis is placed on problems, needs and deficiencies, the *asset-based approach* regards problem solving in terms

of creating and rebuilding relationships between individuals, associations and institutions, emphasising enablement and empowerment. The focus is on assets, possibilities, abilities, capacities and resources that already exist, but might not have been mobilised yet. Working with that which exists in a given family or community, and focusing on the available assets (although not negating problems), inevitably result in individuals, families and communities feeling empowered and valuable (Ebersöhn & Eloff, 2006; Kretzmann & McKnight, 1993).

The *asset-based approach* has been referred to as the *half-full-glass* approach to intervention (as opposed to the *half-empty-glass* approach) (McDonald, 1997), and as the *capacity focused alternative* (McKnight & Kretzmann, in Ammerman & Parks, 1998). This strengths-based approach represents the idea that communities (regardless of ethnic culture, race or economic conditions) are able to cope with challenges by focusing on what they have, instead of what they do not possess. In this manner, so-called successful communities rely on their own assets instead of outside help in addressing challenges (Eloff, 2006a; Kretzmann & McKnight, 1993).

1.6.2 COPING

Coping refers to efforts by individuals to survive in the short term, by implementing the necessary strategies to deal with existing or emerging problems and challenges, as well as any related negative emotions (Aldwin, 1994). Mugabe *et al.* (2002) distinguish between *psychological coping* and *economic coping*, where the former refers to dealing with trauma emotionally, and the latter to the management of resources to deal with a prolonged life event of, for example, orphanhood.

An individual's way of *coping* with challenges is influenced by time and context, as well as subjective experiences of the challenge faced. *Coping* can thus not be regarded as a static concept, but as dynamic by nature. Concerning external influences, coping is continuously influenced by social and cultural factors. For the purpose of my study, I focused on *community-based coping*, implying that communities possess the ability to effectively address the challenges they face. In this manner, *community-based coping* involves community members sharing responsibilities, thereby addressing challenges within a dynamic and multi-functional

social system (Loots, 2005; Donnelly, 2002; Aldwin, 1994). Within the context of my study, *coping* therefore refers to the strategies employed by the members of an informal settlement community, in order to address the challenges implied by HIV&AIDS, both psychologically and economically.

1.6.3 SOUTH AFRICAN INFORMAL SETTLEMENT COMMUNITIES

By definition, the concept *community* refers to a group of people or families living in the same geographic area under common laws, having certain things in common and being made up of individuals who rely on one another to help satisfy their needs and live according to certain norms, rules or common policies. The group is characterised by fellowship, friendly associations, mutual sharing and common interests. Individuals are usually united by shared services, attitudes, interests, aims, needs, cultural beliefs, values, heritage and religion (Bender, 2004; Sims, 2002; Berns, 2001; Pearsall, 1999; Random House Webster's unabridged Dictionary, 1998; Plug, Louw, Gouws & Meyer, 1997; Longman Dictionary of English Language and Culture, 1992; Barker, 1991).

Jary and Jary (1995:100-101) provide a comprehensive description of the concept *community,* and state that the term refers to '*any set of social relationships operating within certain boundaries, locations or territories*', and that these relationships can take the form of social relationships which are actualised within specific geographical areas, or of relationships that are not locally operative, but exist on a more abstract, ideological level. Sociologists therefore focus on the nature and quality of the social relationships within a community, rather than on the categorisation and identification of the physical and geographical characteristics of the community. In summary, sociologists define the concept *community* in terms of geographical meaning or settlement within a fixed and bounded territory (*community as locality*), in terms of a network of interrelationships, characterised by both conflict and mutuality, and thirdly in terms of a particular type of social relationship, characterised by certain qualities (so-called *community spirit* or *community feeling*) (Bender, 2004; Jary & Jary, 1995).

The *Encyclopaedia of Social and Cultural Anthropology* (Barnard & Spencer, 1996) supports this description by identifying the following four key qualities in

communities: a smallness of social scale, homogeneity of activities and states of mind of the members of the community, a consciousness of distinctiveness and self-sufficiency across a range of needs and through time. Various attempts have been made over the years to define the concept *community* within the field of Anthropology, which led to the conclusion that people regard the concept *community* as the milieu which most essentially belong to them and that they are prepared to assert their ownership and membership, whether the community they belong to is defined in terms of locality, ethnicity, religion, occupation, interest or even humanity.

Wagner, Swenson and Henggeler (2000) describe the concept *community* from a community-based intervention perspective, which I also focus on in my study. From this perspective, *community* is regarded as a concept involving firstly a *who* and secondly a *where,* the former referring to a group of people residing in the same region and under the same government, whilst the *where* refers to the place or region where the specific group of people are residing. It follows that community-based intervention implies the identification and targeting of a specific group of people (the *who*), taking place somewhere in the community (the *where*), with the aim of addressing certain problems of a community by working with that community.

Refining the concept *community* in terms of the basic principles of PRA results in a definition in terms of the outsider-insider perspective, where the purpose is to enable local community members to conduct their own analysis of the community, followed by the development of an action plan and putting strategies into action (Webber & Ison, 1995; Chambers, 1992). This implies a process of learning from one another, creating a *learning community*, which in my study mainly consisted of educators, sharing their perspectives on the community within which they found themselves present on a daily basis. The team members who are involved bring their knowledge, skills, experiences and interpretations to the field and are respected for their contributions.

For the purpose of my study, the concept *South African informal settlement communities* refers to societies or groups of people living in informal settlements in the Republic of South Africa, where the members are united by shared ideas, attitudes, interests, aims and needs. These social groups are characterised by

poverty and a lack of extended facilities that are mostly present in towns or city areas, such as running water, electricity and other basic community services. Concerning the selected case in my study, the concept *a South African informal settlement community* refers to a group of people living in an informal settlement in the Eastern Cape (Nelson Mandela Metropole), being characterised by high levels of unemployment, poverty and HIV infection, as well as a lack of sufficient infrastructure and basic services in the community. Although I regard the participants in my study as forming part of the selected informal settlement community, I acknowledge the fact that a substantial number of participants do not reside in that particular community, thereby making them *outsiders* in the true sense of the word. However, I assumed that working in the selected community and spending the biggest part of their daily lives there enabled the participants to provide perspectives in line with that of *insider* community members.

1.6.4 COMMUNITY MEMBERS INFECTED WITH AND AFFECTED BY HIV&AIDS

HIV is the abbreviation for *Human Immunodeficiency Virus*, a variable retrovirus that can cause AIDS by invading and inactivating helper T cells of the immune system, thereby leaving the person vulnerable to fatal infections and other illnesses that people with healthy immune systems will usually be able to fight. HIV infection and infectiousness is presumed to be lifelong. HIV is transmitted by blood, semen, vaginal fluid and breast milk. Transmission may therefore occur by means of any activity during which these fluids are exchanged between a person who is HIV infected and someone who is not (Benner & Hill, 1999; Pearsall, 1999; McDonald, 1998; Random House Webster's unabridged Dictionary, 1998; Barker, 1991).

AIDS is the international abbreviation for *Acquired Immune Deficiency Syndrome*, a fatal disease caused by infection with HIV. The progress of HIV infection can be divided into five stages, the first being an asymptomatic incubation period of several weeks during which the virus replicates. During this period, before the development of antibody responses, symptoms such as fever, night sweats, rash, arthralgias and lymphadenopathy can occur. Stage two (a few months to many years) is characterised by the infected person being asymptomatic, but infectious. Stage three is characterised by symptoms such as mild infections, weight loss and fatigue; stage

four by symptoms such as episodic occurrences of pulmonary tuberculosis, pneumonia, persistent fever, excessive weight loss and other symptoms; whilst stage five is characterised by the immune system being so severely suppressed that the body cannot defend itself against infection. The diagnosis of AIDS is only made in this last stage (Page, Louw & Pakkiri, 2006; Benner & Hill, 1999; McDonald, 1998; Thomas, 1997; Barker, 1991).

For the purpose of my study, the concept *community members infected with HIV* refers to people of the community who are living with the HI virus being active and alive in their bodily systems. They may have been infected (or contaminated) sexually, vertically or as a result of unsafe health practices, where *unsafe health practices* refers to practices such as traditional health practices (for example scarification), cultural practices (for example circumcision), unscreened blood products and contaminated medical instruments. In South Africa most HIV infected children below the age of 13 are infected due to transmission from an infected mother to her child during pregnancy, at birth or from breastfeeding (by an infected mother or somebody else than the mother who is infected). It is estimated that approximately one in three babies born to infected mothers will themselves be infected (23% prenatal, 65% intrapartum or from early breastfeeding and 12% post-natal). The additional risk of HIV transmission from an infected mother to her child via breastfeeding is estimated at 14% (one in seven) on a worldwide level (Shisana, Mehtar, Mosala, Zungu-Dirwayi, Rehle, Dana, Colvin, Parker, Connolly, Dunbar & Gxamza, 2005; Smart, 2001; Pearsall, 1999; McDonald, 1998).

McDonald (1998:5) defines *people affected by HIV&AIDS* as people '*who live in close association with a person(s) who is living with HIV/AIDS and whose lives are significantly 'affected' by this reality*'. Concerning *children affected by HIV&AIDS*, the following definition of Smart (2001:19) applies: '*children who may be abandoned or orphaned as a result of HIV/AIDS, may be from an HIV infected family, may be vulnerable to becoming HIV infected or may be from an uninfected family in an affected community*'. People affected by HIV&AIDS have thus been influenced negatively and in a harmful way by HIV&AIDS (Random House Webster's unabridged Dictionary, 1998).

South African individuals/communities may be affected by HIV&AIDS on a direct level by means of daily contact with HIV infected people, by sharing their homes with orphaned children or by means of participation in community programmes in order to address the needs of those infected with and affected by HIV&AIDS. On an indirect level, South African citizens are affected by the socio-economic effect of the pandemic, such as weakening levels of education, health care and social services (Smart, 2001). As a result, people from uninfected households in affected communities are inevitably also affected by the HIV&AIDS pandemic, whether directly or indirectly.

1.7 PARADIGMATIC PERSPECTIVE

In order to provide the reader with a general orientation and the necessary background in conjunction with which the rest of this thesis should be read, I henceforth provide a brief discussion of my selected paradigm, methodological choices and process. More detailed discussions of these aspects are included in chapter three.

I support Mouton's (2001) theory that researchers function in various *worlds* in order to gain knowledge (also refer to Babbie & Mouton, 2001). Within the context of my study, *everyday life (world 1)* refers to the contemporary problem of effectively and sustainably coping with HIV&AIDS in informal settlement communities in South Africa (refer to section 1.1.1). Applying the *world of science (world 2)* to my study provides the background and progress of my research, in terms of the conceptual framework consisting of the HIV&AIDS pandemic, the theory of coping and the asset-based approach (refer to sections 1.1.2 and 1.1.3, which are explored in more detail in chapter two). With regard to the *world of meta-science (world 3)*, my qualitative study is anchored in and guided by the interpretivist paradigm.

Conducting my research from an interpretivist paradigm enabled me to conduct the study amongst participants in an informal settlement community in their natural environments, in order to gain information and insight regarding their ways of coping with HIV&AIDS, by relying on existing assets, resources, support systems, facilities,

knowledge base and skills. I aimed at understanding the participants in terms of their own definitions, meanings and perceptions of their life-worlds. The manner in which a South African informal settlement community is coping with HIV&AIDS was explored, based on the subjective perspectives of the individuals involved, including their experiences and views on their everyday lives, their contexts and frames of reference (Terre Blanche & Durrheim, 2002).

1.8 RESEARCH METHODOLOGY AND STRATEGIES

I undertook in-depth field research, in combination with intervention (research *via* intervention and intervention *via* research), in a South African informal settlement community, in order to explore and describe the manner in which residents cope (or not) with HIV&AIDS and its impact on families, households and livelihoods. The selected research design and methods enabled me to obtain rich descriptions of the various ways in which participants were able to mobilise existing assets and implement the asset-based approach in coping with HIV&AIDS. In addition, I was able to explore the coping strategies of HIV infected community members themselves. Both these aspects improved my understanding of the status and prospects of South African communities coping with HIV&AIDS, in relation to the asset-based approach. As my study progressed, I was further able to explore the changes that had been facilitated within the selected community, based on the research approach that I had selected.

As an introduction to this section, I relate my research questions to the selected research design and data collection strategies in Figure 1.2. This is followed by a discussion of my research design and justification of my decision to follow a community-based intervention research approach, applying PRA principles. Thereafter, I briefly explain my data collection, analysis and interpretation, ethical considerations and quality criteria.

ADDRESSING THE PRIMARY RESEARCH QUESTIONS:

- *How is a South African informal settlement community coping with HIV&AIDS, by relying on existing assets and local resources?* [Descriptive research question]
- *How can an activist intervention approach to research facilitate change in a South African informal settlement community coping with HIV&AIDS?* [Intervention-related research question]

HOW?

RESEARCH DESIGN:

Case study design, applying PRA principles

IN ORDER TO

ADDRESS THE SECONDARY RESEARCH QUESTIONS:

- What are the perceptions of a South African informal settlement community with relation to coping with HIV&AIDS?
- With which challenges does a South African informal settlement community have to cope, with specific reference to the HIV&AIDS pandemic?
- How does a South African informal settlement community currently cope with HIV&AIDS?
- Which asset-based trends exist in current ways of coping with HIV&AIDS?
- Which changes in coping patterns might be facilitated by employing intervention research?
- How can participants' implementation of the asset-based approach inform coping with HIV&AIDS?

HOW?

COLLECTING DATA	CAPTURING AND DOCUMENTING DATA
• Literature study: HIV&AIDS, coping theory and the asset-based approach • Intervention: PRA focus groups and workshops • Informal conversational interactive interviews • Observation-as-context-of-interaction	• Visual data: PRA techniques, photographs and video recordings • Field journal: field notes and reflective thoughts

FIGURE 1.2: LINKING RESEARCH QUESTIONS TO RESEARCH DESIGN AND DATA COLLECTION ACTIVITIES

1.8.1 RESEARCH DESIGN

I selected an *in-depth case study* design applying *PRA principles*, in order to explore and understand the manner in which informal settlement communities implement the asset-based approach (or not) to cope with HIV&AIDS, by understanding the context in which the participants form their views and responses. One South African informal settlement community was selected and studied in order to deal with the purpose of the study by addressing the research questions. The study focuses on the said rich and thick descriptions of the manner in which a South African informal settlement community is currently coping with people infected with and affected by HIV&AIDS, by relying on existing assets and local resources (Merriam, 1998).

In line with the basic principles of the PRA approach, the mode of living of the selected community was taken as the starting point of my study and the wealth of social indigenous knowledge that community members possess was recognised throughout the process (Archer & Cottingham, 1996). I kept in mind that this community had been coping with HIV&AIDS in its own unique way thus far, making use of whatever limited resources exist and are accessible.

I regard an in-depth case study design, in combination with the principles of PRA, as suitable for my study, as I view the participants as the experts who hold the key to any understanding and insight into their ways of coping with HIV&AIDS – being embedded knowledge. Furthermore, PRA stems from a consideration of practical issues rather than being theoretically driven, emphasising the empowerment of people during the research process. This shift in power, resulting in me (the researcher) merely acting as facilitator, and the participants as experts in the research process, supports both the interpretivist paradigm and the asset-based approach, as well as community-based intervention. Implementing visual techniques, as suggested by the PRA approach, is regarded as suitable for undertaking research in communities characterised by poverty (such as informal settlement communities), where participants might not possess a high level of literacy and might probably be addressed more effectively on a concrete, visual level than on an abstract level (Archer & Cottingham, 1996; Nelson & Wright, 1995).

1.8.1.1 Why a community-based intervention approach to research?

According to a community-based intervention approach, individuals and children are regarded as part of and the products of the communities they live in, resulting in the idea that communities have a social obligation to provide access to resources that would promote the health of community members. Even more importantly, community-based intervention implies some degree of community ownership of the intervention. As most individuals usually regard themselves as members of their specific communities, they might support any efforts to improve the communities in which they live (Mugabe *et al.*, 2002; Wagner *et al.*, 2000).

Gibson, Swartz and Sandenbergh (2002) state that communities spontaneously develop ways of coping with trauma and life's difficulties. Communities often have systems in place whereby neighbours will assist people who have been bereaved emotionally and economically, with the understanding that assistance will be reciprocated when necessary. In South Africa, this tendency towards self-help is manifested in social and religious institutions, and prevalent in poverty-stricken and informal settlement communities (Mugabe *et al.*, 2002).

At present, extended family members, neighbours and friends, for example, tend to deal instinctively with the challenges presented when children are orphaned due to HIV&AIDS. Despite initial concerns that community members would not be able to care for children infected with and affected by HIV&AIDS, the past couple of years have demonstrated that relatives, foster parents, adoptive parents and other caregivers are indeed able to assist others in need (Mugabe *et al.*, 2002; Anderson, Ryan, Taylor-Brown & White-Gray, 1999; Geballe, Gruendel & Andiman, 1995). This tendency of extended family members supporting others and taking children into their care was also highlighted during my pilot study, conducted in 2001.

I support the view that coping with a challenge lies in the hands of community members (if not family members). To my mind, the questions remain as to how communities are coping with the HIV&AIDS challenge at present, and who is indeed supporting the vulnerable members of the community? Although emphasis is often placed on aspects such as material needs and capacity building as part of the

preparation of community members, I posit that other areas need to be explored. Concerns such as the following come to mind: *Do communities have enough resources to support community members infected with and affected by HIV&AIDS? Are community members informed about the HIV&AIDS pandemic and its impact? What knowledge and skills do community members possess to cope with people infected with and affected by HIV&AIDS? Are community members emotionally prepared to cope with the impact of HIV&AIDS? Do community members feel competent enough to cope with the daily challenges implied by HIV&AIDS?*

Against this background and questions like these, I decided to employ a community-based intervention approach during my research. I selected this approach in order to scrutinise my assumption that the answer to effective coping with the HIV&AIDS challenge is situated within communities themselves, and furthermore that (from an asset-based approach) communities cope by relying on the resources and skills that already exist, some of which they might still be unaware of.

1.8.1.2 Why Participatory Rural Appraisal (PRA)? Linking theoretical constructs to methodological choices

During my study, I wanted to explore the application value of this seemingly appropriate, yet still emerging, approach (PRA), especially in terms of a sensitive issue such as HIV&AIDS, where I assume the community members to be the experts on their own perceptions and ways of dealing with the challenge. As I regard community-based coping as one accountable response to coping with HIV&AIDS, applying PRA (being a community-based participatory approach) seemed to be best-fit for my study. I view PRA as an activist approach, during which the involvement of people who are directly affected by a certain phenomenon or challenge (HIV&AIDS within the context of my study) is encouraged. As such, I continually encouraged participants to think for themselves, contribute to their own learning rather than receive information from me and my co-researchers (my supervisor and four Masters students, jointly supervised by us), share their knowledge and work together in order to face the challenges implied by HIV&AIDS. I aimed at stimulating community awareness amongst participants, in turn encouraging their enthusiasm to take action when issues arise during discussions and inevitably resulting in change. This implies

a shift from viewing myself (and my co-researchers) as *outsider* professionals who can provide information and our own advice (so-called *etic* approach) to a focus on *insider* participation and understanding from an insider's perspective (*emic* approach) (Chambers, 2004; Binns, Hill & Nel, 1997; Webber & Ison, 1995; Chambers, 1994a).

Consequently, applying PRA principles enabled me to replace the historical focus on finding and solving problems with facilitating change, by means of empowering the role players (participants) during the process of intervention (research). In shifting my focus, I emphasise transformation and the *creation of power* from the inside out, as opposed to merely *receiving power* from people who already possess it (thereby *giving power* to people seemingly being *without power*). Christians (2000:148) summarises this idea: '*Therefore, research is not the transmission of specialized data but, in style and content, a catalyst for critical consciousness*'. By being involved and contributing to the process, community members (participants) fulfilled the role of active partners during the entire intervention research process – in the various aspects and development procedures. In this manner, participants were able to experience a high level of ownership and develop other appropriate strategies to cope with the challenges implied by HIV&AIDS, against the background of their specific contexts (Chambers, 2004; International HIV/AIDS Alliance, 2001; Webber & Ison, 1995). The application of these underlying principles of PRA appeal to me as a scholar in Educational Psychology, as I support the idea of facilitating change and am experienced in applying such principles within the field of Educational Psychology, during intervention with single clients or families.

By applying PRA principles during my field work, I could gain from the various advantages implied by the approach. Firstly, I relied on the advantage of the information provided usually being accurate, as it is based on local people's personal knowledge. In addition, participants often tend to cross-check one another when participating in activities. Secondly, plans that are made by local people usually have a higher propensity of being successful than those planned by outsiders, as local people have first-hand knowledge of their situation and take into account local conditions when planning activities to address challenges. This idea correlates with my assumption that communities are presently coping with HIV&AIDS by relying on their own knowledge and the local resources available to them. This further implies

yet another advantage of PRA, namely that community members could be empowered during the research process and activities, firstly by an increase in their understanding of the challenges and opportunities they face, and secondly by the community participation that was initiated. The result of applying these advantages to my study was that I could continuously appeal to participants (community members) to participate in the analysis of the community, enabling them to express their views and share their perceptions of (their) reality, thereby providing insight into the selected community's challenges, priorities, strengths and values, and being motivated to become involved in participatory action (Chambers, 2003; Heaver, 1992).

Apart from participatory approaches being regarded as particularly effective when exploring sensitive issues such as the experiences of people concerning HIV&AIDS-related aspects (International HIV/AIDS Alliance, 2001), applying PRA principles during my research enabled me to best address my research questions. In addition, the basic principles of PRA correlate well with the underlying principles of the asset-based approach, which forms the basis of the conceptual framework against which I undertook my study. This correlation is illustrated in the following words of Robert Chambers, founder of PRA, which directly apply to the asset-based approach: '*PRA has often astonished facilitators and surprised local people who have found themselves doing things they did not know they could*' (Chambers, 2003:103). In addition, the PRA saying '*they can do it*' also directly applies to the asset-based approach and could be observed during my study.

According to the asset-based approach, the focus falls on the utilisation of existing resources, assets, skills and abilities, as a way of addressing and coping with the challenges implied by HIV&AIDS. By choosing to apply PRA principles, my research process did indeed focus on the skills and competencies already present in the community. It required of me to facilitate agency amongst community members to analyse the information they had generated during PRA activities. The analysis was directed by the main issues and challenges affecting the lives of the community, the available resources and services in the community (whether they had been utilised or not), as well as any other potential resources – also those outside the community. In addition, community members (participants) were guided to prioritise the challenges

they face, select a few to work on and formulate action steps to address them in terms of three new projects they initiated, by putting their plans into action and by mainly relying on their own knowledge and the resources available to them within the local community. Having the roles reversed (basic PRA principle) implied that I regarded the participants (insiders) as the experts. This once again correlates with my training as educational psychologist, according to which the client is viewed as the expert (Chambers, 2003; Cornwall, Musyoki & Pratt, 2001; Absalom & Mwayaya, 1997).

In addition to PRA supporting the basic principles of the asset-based approach, and due to the fact that the application of PRA principles enabled me to address my research questions, I based my methodological choice of applying PRA principles on the fact that the PRA approach is relatively new and still emerging. Applying a research approach on which limited research has been done to date, enabled me to explore the application value of the approach in a South African community. Although a study by Binns *et al.* (1997) indicates that PRA can indeed be successfully implemented in rural South Africa to facilitate social and economic improvement, limited research findings exist concerning the application of the approach in other contexts in South Africa, more specifically within the field of Educational Psychology. In addition, very little research and writing on the use of PRA in South Africa has been done, as existing literature mainly reports on international studies – leaving the field for research in South Africa wide open.

During my study, I (as the researcher and supported by my co-researchers) acted as facilitator, in order to learn from those who understand from an emic perspective. Binns *et al.* (1997) categorise PRA as a bottom-up approach and a *sensitive rural research methodology* that can be used effectively to conduct research on sensitive topics, as it might enable the researcher to interpret people-environment relationships. This approach is in contrast with the so-called top-down rural developmental strategies that often do not appreciate the whole picture, especially by not acknowledging the complete context and local people's knowledge, skills, aspirations, needs, perceptions and understandings. Respecting community members as key role-players during the process of research addresses the challenge of power and politics within research, as described by Christians (2000).

By respecting community members as research partners during my study, collaboration, mutuality and equal communication could be enhanced, whilst power and domination by outsiders were discouraged.

1.8.2 SELECTION OF CASE AND PARTICIPANTS

I used purposive sampling to select one South African informal settlement community (the case) (Patton, 2002; Babbie & Mouton, 2001; Mayan, 2001). The selected community is located near the Nelson Mandela Metropole in the Eastern Cape Province – a province that incorporates the former homelands of Transkei and Ciskei, and is characterised by poverty, a high rate of unemployment, small-scale and often marginal agriculture, as well as a history of labour migration designed to service the mining industry. In identifying the community, I adhered to the criteria that the selected community had to be an informal settlement community, located in the Eastern Cape and characterised by poverty and limited resources.

I gained entry into the selected community *via* an educator in the Eastern Cape Province, whom I know from my work as a distance education lecturer at the University of Pretoria's Faculty of Education. Apart from this community, I have been networking continuously with educators, researchers and community leaders in other parts of South Africa, providing me with the possibility to later elaborate on the project or to select alternative research sites if it seemed to become necessary.

After identifying the community (the case), I relied on the principal of a primary school in the particular community to select ten educators as primary participants (*educator-participants* hereafter) for initial intervention sessions (focus groups/workshops). In turn, I relied on my own networking abilities as well as a few of the educator-participants in identifying other (secondary) participants – to be involved during individual interviews. Thus, key informants guided me to once again employ purposive sampling. These key informants also acted as local fieldworkers and interpreters, in order to build rapport and facilitate communication in the indigenous languages spoken by participants.

1.8.3 DATA COLLECTION

As apparent from Figure 1.2, I employed both an *intervention (focus groups combined with workshops that relied on PRA informed techniques),* and *informal conversational interactive interviews* as primary data collection strategies (Wilkinson, 2004; Leach, 2003b; Patton, 2002; Morgan, 1997). These strategies were supported by *observation-as-context-of-interaction* (Angrosino & Mays de Pérez, 2000) and captured in the form of *visual data* (Creswell, 1998; Archer & Cottingham, 1996). Raw data were documented in the form of a *field journal* (Patton, 2002; Mayan, 2001) – consisting of field notes and reflective thoughts, which focused on general observations, non-verbal information and descriptions of the existing asset and knowledge base, as experienced and observed by me and my co-researchers and/or perceived and communicated to us by participants. As I am not of the same background and culture as the participants, I relied on field workers and other stakeholders in the community with regard to the interpretation of non-verbal communication. Detailed discussions of the various data collection strategies that I employed follow in section 3.3.3.

The initial phases of my study involved several intervention sessions (focus groups/workshops) with ten selected educator-participants. These sessions were followed by more intervention sessions and individual interviews with the same participants, as well as other community members (such as educators, church leaders and representatives of non-governmental organisations [NGOs hereafter]), over a period of two years. Amongst other participants, interviews were conducted with individual members of the community who have in the past or are at present supporting people infected with and affected by HIV&AIDS, as well as with community members who are HIV positive themselves. Interviews were conducted in the community, for example at the school, a church in the community or at the homes of participants. Intervention sessions and interviews were audio-taped and transcribed verbatim.

Data collection activities focused on exploring the views and opinions of participants regarding the manner in which their community is coping with HIV&AIDS, by relying on existing assets and local resources. As my study progressed, I further focused on

exploring possible changes that might have been facilitated by the activist intervention research approach I employed. Throughout, I did not aim at drawing conclusions from the views and opinions expressed by individuals, but rather at providing coherent descriptions of their discussions for further analysis. This supports a basic principle of PRA, according to which the participants should be regarded as partners throughout the research process. I relied on multiple methods, as a strategy to add rigour, richness and depth to the study. By employing crystallisation, different methods could add and reflect different nuances to the data collected, resulting in a richer, more refined view of the reality being researched (Janesick, 2000).

1.8.4 DATA ANALYSIS AND INTERPRETATION

Data analysis commenced while the intervention sessions and individual interviews were taking place. Based on preliminary analysis, I redesigned questions when necessary. A more detailed thematic analysis of the transcribed intervention sessions and interviews followed after all interviews had been completed, during which I identified and explored themes and concepts, followed by a final analysis. The final analysis focused on a comparison of different categories of themes and concepts, the identification of variations and connections between them, and, ultimately, the integration of the various themes and concepts, to result in an interpretation of the research area (Rubin & Rubin, 1995). Interpretations were linked to existing theory, with the aim of understanding how a South African informal settlement community is coping with HIV&AIDS, interpreted from an asset-based approach.

I was personally responsible for the initial data analysis and interpretation activities. After having studied and annotated raw data in terms of topics, themes and issues, I was supported by my supervisor, who fulfilled the role of secondary data analyst. In addition, I consulted with the participants, regarding the authenticity of emerged themes throughout the study, in an attempt to enhance the dependability of the findings and to facilitate participants' ownership of the process (Terre Blanche & Durrheim, 2002). Although I initially (after my first field visit) employed the software data analysis programme Atlas.Ti with the aid of an external coder, I decided to rely on my own analysis without the assistance of the software programme from the

second field visit onwards. My decision was mainly based on my comparison of the analysis of the initial intervention sessions (using Atlas.Ti) with my independent analysis of the raw data obtained during the pilot study (not relying on a software programme), and concluding that I feel more comfortable with doing the data analysis manually and independently (Mouton, 2001; Berg, 1998).

1.8.5 ETHICAL CONSIDERATIONS

I respected the human nature of participants throughout the research process. I followed the necessary ethical guidelines to ensure that participants were not deceived, did not experience any form of distress, knew what was going on during the research process and knew that they were entitled to withdraw from the study at any time (Babbie & Mouton, 2001; Hayes, 2000).

With regard to interacting with human participants, I obtained informed consent before intervention sessions or interviews were conducted, audio-taped or photographed. Participants were assured of the confidentiality, privacy and anonymity of any information shared. Participants were also requested to respect the confidentiality, privacy and anonymity of any information shared by others during the research process. I took the necessary steps to protect the confidentiality of my sources, for instance by disguising or altering identifying information on photographs and when interviews were transcribed, and by ensuring that my field journal, audio-tapes, transcripts and other data were kept in a secure environment. Representation ethics were addressed by consulting with the participants after themes had emerged from the data, in order to ensure that the findings indeed reflect their voices and not only mine (Oliver, 2003; Cohen, Manion & Morrison, 2001; Hayes, 2000). A more detailed discussion of the various ethical guidelines adhered to in working with human participants is included in chapter three.

1.8.6 QUALITY CRITERIA

Throughout the research process, I aimed at sufficiently addressing methodological challenges, thereby adding rigour to my study and improving on the quality and trustworthiness of the final product. I adhered to the belief that a firm qualitative

research design and methodological choices imply an approach that is rigorous by nature, but also flexible enough to encapsulate the various nuances, complexities and multi-facetness of the social situation that is being researched (Sterk & Elifson, 2004; Patton, 2002).

I entered the research field with my own personality and history, being a white South African graduate female. This implies the possibility of subjectivity and prejudices, which are often present in interpretivist studies. Ample opportunity was provided to clarify issues with the participants where there seemed to be uncertainty, as multiple meanings were bound to be ascribed to the reality that the study focused on. In this way, and by being aware of the possibility of researcher bias, I aimed to obtain *confirmable* findings and conclusions (Patton, 2002; Seale, 2000).

Due to the fact that meanings vary across different contexts of human interaction, I did not seek generalisable findings. By producing rich and detailed descriptions of the structures of meanings that developed during the research process I did, however, strive for *transferability* of my findings. I strived to produce findings that are convincing and believable, in an attempt to meet the criterion of *credibility*. In addition, I attempted to produce rich and credible findings by making use of crystallisation. Furthermore, I aimed at obtaining findings that will convince the reader that the findings did indeed occur as reported, meeting the criterion of *dependability.* Finally, I aimed at obtaining *authentic* findings, by providing a balanced perspective of the various views, perceptions and beliefs of the participants (Terre Blanche & Durrheim, 2002; Seale, 2000). A more detailed discussion of the strategies that I employed to meet these criteria follows in chapter three.

In addition to addressing the criteria for trustworthiness, I strived to meet the core criteria for rigorous qualitative research, as formulated by Steinke (2004). The criterion of *inter-subject comprehensibility* can be met by firstly documenting the research process, secondly by relying on interpretations in groups and peer debriefing, and thirdly by employing codified procedures[4]. In my study, I aimed to

[4] *To illustrate the manner in which I reflected on my application of theory into practice, I henceforth rely on a blue font colour.*

document the process in such a way that any external reader will be able to follow my study step by step and assess the process and results. In addition, I continually discussed my project with colleagues. I also include detailed descriptions of the steps of data analysis in this thesis. Concerning the criterion of *providing a thorough indication and appropriateness of the research process*, I regard the qualitative procedures that I selected as suitable for my study and research questions, in terms of the selected data collection strategies, ways of selecting participants, as well as methodological decisions within the context of the wider investigation. In adhering to *empirical foundation*, the development of new theory relied on the data obtained during my study, namely on the perceptions and views of the participants. I *identified the challenges and potential limitations* of my study (formulated in chapters three and six), indicating the conditions that need to be fulfilled for the results to be transferable and applicable to other contexts. With regard to the criterion of *coherence*, the theory that developed during the process of my study can be regarded as internally consistent. Furthermore, I processed and reported on any contradictions in the data and interpretations. Concerning *relevance*, I regard my research questions as relevant and my study as meaningfully contributing to existing theory, implying application value in future. Finally, I aimed to meet the criterion of *reflected subjectivity* (referring to the extent to which the researcher as part of the social world is incorporated in the study and theory making), by constantly relying on self-observation and reflections to stay aware of my personal preferences and background. Furthermore, I continuously used relationships of trust between the participants and myself to my benefit.

1.9 OUTLINE OF CHAPTERS

The outline of chapters in this thesis is as follows:

CHAPTER 1 : SETTING THE STAGE

Chapter one serves as a background chapter to the thesis, by providing an introductory orientation, general overview of the study and a discussion of the reasons for selecting the particular phenomenon as research area. The rationale, relevance and contribution of the study, statement of the research purpose and

questions and clarification of key concepts are provided, followed by a brief overview of the selected paradigm, research design and methodological choices. Ethical considerations and ways of addressing quality criteria are briefly introduced.

CHAPTER 2 : EXPLORING EXISTING LITERATURE AS BACKGROUND TO THE STUDY

Chapter two provides the conceptual framework for the study by exploring authoritative literature on the topic that is being researched. The HIV&AIDS pandemic is reviewed and discussed. In addition, this chapter includes a discussion of coping theory, with specific reference to community-based coping and coping strategies typically employed within the context of HIV&AIDS. The chapter concludes with a discussion of the asset-based approach and a presentation of my conceptual framework.

CHAPTER 3 : DESIGNING AND CONDUCTING RESEARCH IN THE FIELD

In chapter three the research process is described in detail in terms of the selected research design and methodology followed during the empirical part of the study, in order to investigate the research problems as formulated in chapter one. The methods of data collection, data analysis and interpretation are outlined and justified, followed by discussions of the strengths and challenges implied by my methodological choices. The chapter concludes with discussions on ethical considerations and quality criteria.

CHAPTER 4 : REPORTING ON THE RESULTS OF THE STUDY

Chapter four consists of the presentation and discussion of the data and information obtained and analysed during my study. Results are provided in terms of the themes and sub-themes that emerged during data analysis. Verbatim responses are included where appropriate, in order to further elucidate the results that are presented.

CHAPTER 5 : RELATING RESEARCH FINDINGS TO EXISTING LITERATURE

In chapter five the research findings are viewed against existing literature (as presented in chapter two), with the aim of relating them to existing theoretical frameworks and models, in order to reach conclusions regarding the research problem. Explanations, correlations and discrepancies between my findings and relevant literature findings are highlighted and interpreted.

CHAPTER 6 : CONCLUDING THE JOURNEY AND RECOMMENDING FOR THE FUTURE

Chapter six includes a summary of the main findings of the study, in terms of the research questions and purpose of the study, as formulated in chapter one. The main conclusions of the study are presented and discussed, followed by reflections in terms of the contributions and strengths of the study, as well as the challenges faced during the study. The chapter concludes with recommendations for further research and practice.

1.10 CONCLUSION

In this chapter I provided an introduction and general orientation to the study, in order to serve as a background against which the rest of the thesis can be read. I discussed the rationale and relevance of the study in terms of several choices that I had to make when planning my study. I formulated my central research questions against the background of these choices and considerations, as follows: *How is a South African informal settlement community coping with HIV&AIDS, by relying on existing assets and local resources?*; and, secondly: *How can an activist intervention approach to research facilitate change in a South African informal settlement community coping with HIV&AIDS?*

After introducing the contribution of my study, stating the assumptions with which I approached the study and clarifying the key concepts within the framework of my study, I provided a brief overview of my selected paradigm, methodological choices and process of the empirical part of the study. In addition, I briefly explained how I addressed ethical issues and quality criteria during my study. These aspects are explained in more detail in chapter three.

In the following chapter, I provide a conceptual framework for the study, by exploring literature on the HIV&AIDS pandemic, the theory of coping and the asset-based approach. The discussions in chapter two then serve as background to the empirical study, which is presented in chapter three.