Appendix A

Pamphlet obtained during field work:

AIDS training & information centre (ATICC)

PORT ELIZABETH MUNICIPALITY
A.I.D.S. TRAINING AND INFORMATION CENTRE

A.I.D.S. TRAINING COURSE

PORT ELIZABETH MUNICIPALITY A.I.D.S. TRAINING AND INFORMATION CENTRE

A.I.D.S. TRAINING &
INFORMATION CENTRE
P.O. BOX 293
PORT ELIZABETH
TEL.: (041)506-1415

A.I.D.S. TRAINING &
INFORMATION CENTRE
GROUND FLOOR, BRISTER HOUSE
MAIN STREET, PORT ELIZABETH
TEL.:(041)506-1418

A.I.D.S.

Acquired Immune Deficiency Syndrome

HISTORY

In 1981, American doctors found a group of homosexuals who had died of a rare type of pneumonia. Dr. Luc Montagnier of the Pasteur Institute in Paris and Dr. Robert Gallo of the *United States of America both isolated the guilty* ***A.I.D.S.*** *virus which has since been renamed* the Human Immune Deficiency Virus or H.I.V. virus. **A.I.D.S.** has developed into the deadliest disease of the century — one which, at present, is incurable.

CAUSE

The H.I.V. virus, a so-called Retro virus which lives in and kills cells. When the H.I.V. virus enters the body it attacks and destroys the helper -T cells. These helper -T cells normally defend the body against infections. Once they have been destroyed by the H.I.V. virus the body is rendered helpless to many infections and even cancer.

HOW DO WE GET *A.I.D.S.*?

The virus is spread by infected blood, semen and vaginal fluid.
Because the virus can be present in semen and vaginal fluid, this means, for most people, the only real danger comes through having sexual intercourse with an infected person. This means **ANAL** or **VAGINAL** sex. It could also be that **ORAL** sex can be risky.

So the virus can be passed from man to man, man to woman, and woman to man. For those **DRUG ADDICTS** who inject drugs there is the **ADDED RISK FROM SHARING NEEDLES** with someone who is infected. Finally **BABIES BORN TO MOTHERS WHO ARE INFECTED** have a 50% chance of being born with the virus.

MOST IMPORTANT

HOW CAN YOU AVOID A.I.D.S.?

Most people who have the virus don't even know it. They may look and feel completely well. So you cannot know who is infected and who isn't. To protect yourself follow these guidelines:

The more sexual partners you have, especially male partners, the more chance you have of having sex with someone who is infected. It is **SAFEST TO STICK TO ONE FAITHFUL PARTNER.**

FEWER PARTNERS — LESS RISK

Unless you are sure of your partner, always use a condom (sheath or rubber). This will reduce *the risk of catching the virus. But it is* **NOT 100% SAFE — YOU MUST PLAY SAFE!**

USE CONDOMS FOR SAFER SEX

It is also best to use a water-based lubricating gel with the condom. Ask your chemist for advice.

The contraceptive pill is no protection against **A.I.D.S.**. Anyone who abuses drugs **SHOULD NOT INJECT.** If you do, **NEVER SHARE EQUIPMENT** (needles, syringes, mixing bowls, etc.). You could be injecting the virus straight into your blood stream. It is extremely dangerous.

DON'T INJECT – NEVER SHARE.

OTHER POSSIBLE DANGERS

It is not safe to use equipment for ear-piercing, tattooing or acupuncture, unless you know it is unused or has been sterilised. Nor is it safe to share a toothbrush or a razor with someone who is infected. These things could give you the virus through infected blood.

HOW WE DON'T GET A.I.D.S.

The Government's clear medical advice is that you cannot get the **A.I.D.S.** virus from normal social contact with someone who is infected. You cannot get it by shaking hands. Nor is there any record of anyone becoming infected through normal kissing. There is no danger in sharing crockery or cutlery. Nor can you catch it from public baths or toilets. In hospitals, standard disinfection precautions protect patients, visitors and staff. Giving blood is safe. All the equipment is only used once. And all the blood used in this country for blood transfusions is rigorously checked.

HOW SAFE IS IT ABROAD?

In some countries blood transfusions are not checked for the A.I.D.S. virus. In those places where the virus is widespread, **DO NOT**, if you can possibly avoid it, **HAVE BLOOD FROM A LOCAL DONOR.** Also in certain developing countries, medical equipment may not be properly sterilised. If you can, avoid any treatment involving injections and surgical procedures.

IMPORTANT! Avoid sexual intercourse in such countries especially north of South Africa.

IF Y INK YOU ARE TED

If you think you may be infected go to your family doctor for advice about having a test. Or go direct to a clinic for Sexually Transmitted Diseases for confidential advice and a test if you wish. If you have the virus, they will let you know and give you help and support. You must consent to the test.

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DO YOU NEED MORE INFORMATION?'

The true picture about A.I.D.S. is that, at the moment, relatively few have the virus in this country. Those most at risk now are:

- Men who have anal sex with other men.
- Drug misusers who share equipment.
- Anyone with many sexual partners, and the sexual partners of any of these people.

But the **VIRUS IS SPREADING.** And as it does, so the **RISK OF HAVING SEX WITH SOMEONE WHO IS INFECTED INCREASES.** Ultimately, **DEFENCE** against the disease **DEPENDS** on all of us **TAKING RESPONSIBILITY** for our own actions.

More detailed information is available from the above address or your local doctor, hospital or health clinic.

EMERGENCY TELEPHONE NUMBER : (041) 506-1415

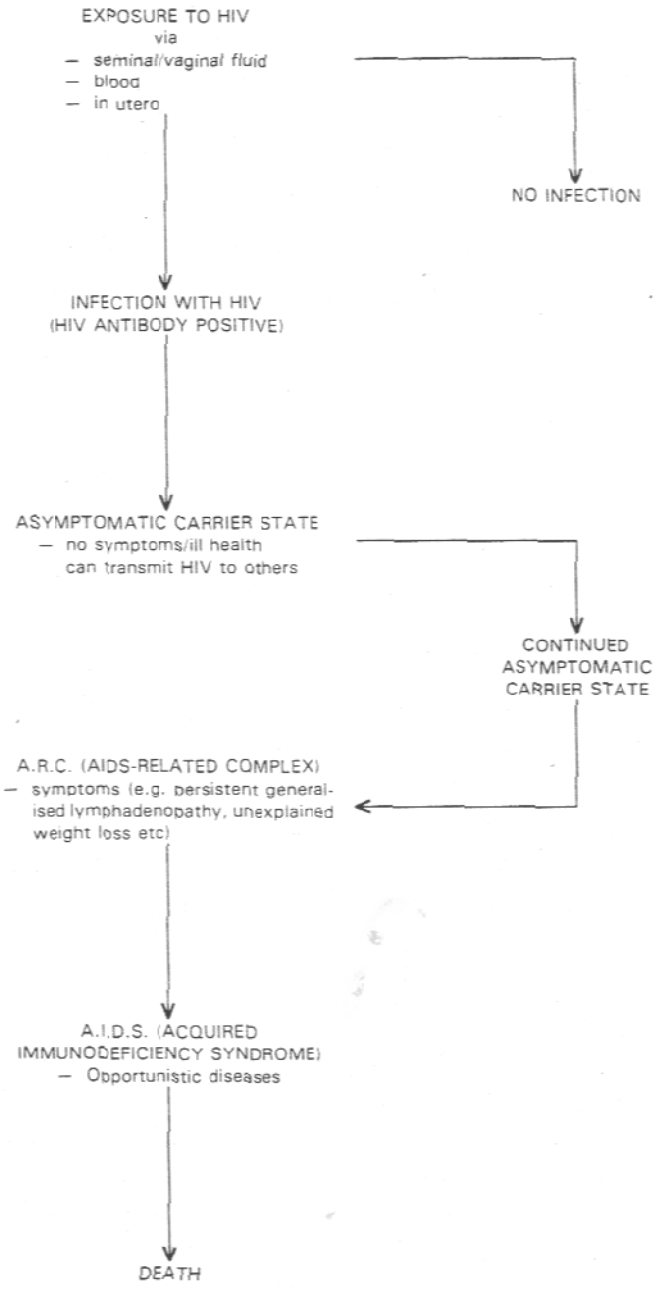
GLOSSARY – 1

AIDS	Acquired Immune Deficiency Syndrome
AIDS related complex (ARC)	various symptoms which people infected with the AIDS virus may develop including drenching night sweats, unexpected and considerable weight loss and persistent fever
Anal Intercourse	penetration of the anus (rectum) of a man or a woman by a penis
Antibiotic	a substance that attacks bacteria but not viruses
Antibody	protein made by a person's immune defence system in response to a disease. If you have antibodies to the AIDS virus, it means that you have been infected by the virus
Antigen	those parts of a disease-causing organism that cause our bodies to produce antibodies
Antiviral	a substance that prevents or treats an infection caused by a virus
Artificial insemination	the fertilisation of an egg by a sperm without sexual intercourse
AZT	a drug that destroys the AIDS virus and delays the onset of symptoms in people infected with the AIDS virus
Bisexual	a person sexually active with both males and females
Blood donation	giving blood for use in medical emergencies
Blood transfusion	receiving blood after a major accident or during certain operations
Carrier	an AIDS carrier is someone who has become infected with the AIDS virus and may or may not show any symptoms of the infection
Condom	a contraceptive usually made of thin latex rubber and worn on an erect penis. Condoms greatly reduce the chances of both males and females catching sexually transmitted diseases, including AIDS. Also known as French letters, sheaths and "Johnnies"
Counselling	talking through the implications of a course of action with an expert. Anybody taking the AIDS antibody test receives counselling
Factor VIII	a substance in the blood essential for blood-clotting. Haemophiliacs are usually unable to make their own Factor VIII
Foetus	a developing child in the womb
Gay	(male) homosexual
Haemophilia	an inherited disorder of some males in which their blood cannot clot properly. Haemophiliacs can lead relatively normal lives if they receive regular blood products such as Factor VIII from other people
Heterosexual	someone attracted sexually to people of the opposite sex
HIV	Human Immunodeficiency Virus: another name for the AIDS virus

GLOSSARY — 2

Homosexual	someone attracted sexually to people of the same sex.
Immune deficiency	a situation in which the body's defence system against disease doesn't work properly
Immune system	the body's defence mechanism which fights off infections and diseases
Incubation period	the time that passes between a person getting infected by the organism which causes a disease, and first showing signs of the disease
Intravenous	into a vein
Kaposi's sarcoma	a rare type of skin cancer which affects about one in four people with AIDS
Lesbian	female homosexual
Opportunistic infection	diseases which a person gets when his or her immune system is not working well
Or	mouthing of your partner's genitals. It is difficult to be certain but this *probably carries a risk of transmission* of the AIDS virus, especially if a male ejaculates in his partner's mouth
Pn stis carinii	*the organism which causes a rare lung disease found in about a half of all* the people who develop AIDS
Re ercourse	*penetration of the rectum (anus) of a man or a woman by a penis*
Retrovir	the commercial name for a drug (AZT) which delays the onset of symptoms *in people infected with the AIDS virus*
Safer sex	techniques of sexual activity which reduce the chance of catching or *transmitting the AIDS virus and other sexually transmitted disease*
Semen	the fluid that spurts from the penis when a male ejaculates
Seropositive	blood which contains a particular antibody. Someone who is AIDS-positive has antibodies to the AIDS virus in his or her blood. The opposite of *seropositive is seronegative*
STD	Sexually Transmitted Disease. Diseases such as gonorrhoea, thrush and *AIDS which can be passed on during sexual intercourse*
Syndrome	a set of symptoms found together and indicating the presence of a *particular disease*
T-lymphocytes	types of white blood cells produced by the body to fight disease
Virus	a tiny agent or particle which can only reproduce inside a living cell. Many human diseases, such as measles, colds and chickenpox are caused by *different kinds of viruses. Viral diseases cannot be cured by antibiotics*

THE NATURAL COURSE OF HIV INFECTIONS



PORT ELIZABETH MUNICIPALITY A.I.D.S: TRAINING AND INFORMATION CENTRE

A.I.D.S.

THE DISEASE

CAUSE: The H.I.V. virus (Human Immunodeficient Virus) — a Retrovirus

TRANSMISSION: By:
1. Sexual Intercourse
2. Infected Blood
3. From an infected mother to her unborn child.

Because the virus can be present in semen and vaginal fluid, this means, for most people, the only real danger comes through having sexual intercourse with an infected person. This means **ANAL** or **VAGINAL** sex. It could also be that **ORAL** sex can be risky.

So the virus can be passed from man to man, man to woman, and woman to man. For those **DRUG ADDICTS** who inject drugs there is the **ADDED RISK FROM SHARING NEEDLES** with someone who is infected. Finally, **BABIES BORN TO MOTHERS WHO ARE INFECTED** have a 50% chance of being born with the virus.

STAGE I

WHA H.I.V.+ CARRIER?

This son who has been infected as described above and now carries the H.I.V. virus in his/her body fluids. After confi y blood tests have been carried out this person is now a proven H.I.V.+ carrier.

HOW DOES IT TAKE TO CONVERT TO A H.I.V.+ AFTER BEING INFECTED?

From six to twelve weeks on average, rarely longer.

STAGE II

WHAT HAPPENS NOW?:

Often they remain healthy, but carry the deadly virus in their bloodstream, enabling them to infect more victims. In these cases the virus is dormant — resting, so to speak. Experts differ — some say 30% — 50% H.I.V.+ carriers will develop **A.I.D.S.** Some say in years to come an even higher percentage of carriers will develop **A.I.D.S.** as the disease "ages". The incubation period — meaning the time from becoming infected until taking ill — can vary from up to ten years or shorter.

STAGE III

P.G.L.: This stands for Persistent Generalized Lymphadenopathy (or enlarged lymph glands). It must involve two or more lymph glands **NOT** situated in the groin region for more than three months without an obvious cause. Usually these patients are free of symptoms but some have 'flu-like aches, pains and fevers.

STAGE IV

A.R.C.: This stands for **A.I.D.S.**-related complex.

SIGNS & SYMPTOMS

- Fever of unknown origin for two months
- Chronic diarrhoea
- Mass loss of 10% body mass or more
- Weakness and tiredness
- Persistently enlarged lymph glands
- Enlarged spleen and/or liver
- Minor oral infections — thrush, viral or a white deposit (leucoplakia)

In Central Africa it is called **"SLIMS DISEASE"** due to the marked weight loss. This often includes P.G.L. and may progress to **A.I.D.S.** It is often difficult to distinguish between the different stages and they can overlap.

STAGE V

A.I.D.S. The signs and symptoms are the same as for A.R.C. but they mostly present with an atypical pneumonia P.C.P. or pneumocystis carinii pneumonia and/or a rare skin cancer, Kaposi's Sarcoma — purple blotches on the skin or in the mouth.

DIAGNOSIS:
(1) H.I.V. + Blood Test
(2) Immuno Deficient Blood — low T4 cells
(3) One of the opportunistic infections

AIDS IN INFANCY: Only after 18 months can H.I.V. tests be accurate — maternal antibodies will only then not be a factor in H.I.V. testing.

20 — 40% of babies will be affected.

Usually starts within six months after birth.

70% will die within 18 months.

Normal immunization procedures carry a risk but the chance has to be taken.

Do Blood T4 cell counts as an indicator.

These patients are ill and waste away. The **A.I.D.S.** patient may develop:

A. *MALIGNANCIES:* Kaposi's Sarcoma and B. Cell Lymphomas of glands.

B. *OPPORTUNISTIC INFECTIONS:*

- PROTOZOAL INFECTIONS: P.C.P. pneumonia; Cryptosporidiosis
- FUNGAL INFECTIONS: Thrush, Cryptococcocis
- BACTERIAL INFECTIONS: Tuberculosis, Salmonella, Legionella
- VIRAL INFECTIONS: Herpes virus; Cytomegalus virus; E.B. virus

These conditions in the young should arouse suspicion.

One of the most tragic results is an infection of the brain which could be caused by many of the abovementioned organisms. Cancer may also result.

POSSIBLE PRE-DISPOSING FACTORS:

(1) The presence of other Sexually Transmitted Diseases and especially genital sores or ulcers.

(2) Non-circumcision

(3) Pregnancy — often there is more rapid progression through the different stages to fully developed A.I.D.S.

(4) Immuno suppression, e.g. steroid use or organ transplantation

(5) Tuberculosis

(6) Drug and alcohol abuse coupled or not with malnutrition.

DIAGNOSIS: Suspicious lifestyle
Clinical evaluation
Blood tests — the patient must give consent and be counselled before being tested.

BLOOD TESTS: 5cc — 10cc clotted blood — plain tube
2 ELISA Tests (Enzyme Linked Immuno Solluble Assay)
IFA (Immuno Fluorescent Assay) or Western Blot Tests (3 — 10 days)

COST OF TESTS:

ELISA TEST = R32,40
WESTERN BLOT = R52,00
I.F.A. TEST = R23,60

The tests are 99.0% accurate

PROGNOSIS: No one has yet been cured. At present 60% of all cases in the Republic of South Africa have died

TREATMENT: At present, only AZT is available. It costs R2 000 per month and it is very toxic. It does not cure permanently.

SAFER SEX — NO SAFE SEX

Abstention
Monogamy NOT promiscuity
Track record of sexual partner
Condoms / KY — Surgilube / Delfin Foam
Pr al tests — H.I.V. blood tests

Sy Therapy: Opportunistic infections
Blood Transfusions
AZT (Retrovir): Dextran Sulphate
Immune Builder from France

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PREVENTION IS THE ONLY CURE

GUILTY CONSCIENCE?? WORRIED?? FEELING ILL??

FOR MORE INFORMATION CONTACT US AT EMERGENCY TELEPHONE NUMBER (041) 55-2541
OR OUR DEPARTMENT

GUIDELINES FOR SAFER SEX
PROTECT YOUR OWN BODY, AND YOUR PARTNER

SAFE

Abstinence or celibacy
Monogamy / faithful one partner relationship
Body-to-body rubbing
Masturbating alone
Masturbating together
(use hands to orgasm)
Massage
Hugging & cuddling
Dry kissing — provided there are no sores or ulcers in/on mouth and lips

POSSIBLY SAFE

Intercourse (oral/anal/vaginal) using a condom plus spermicide (Delfin Foam) or lubricant (K-Y Jelly) or Surgilube
Oral sex when the penis is withdrawn before climax

UNKNOWN RISK

Mouth to mouth kissing
Saliva as a lubricant

UNSAFE

Intercourse without a condom especially anal intercourse
Oral sex carried out to climax
Semen, vaginal fluid, blood, menstrual blood or urine in the mouth/vagina/anus/any sores or broken skin
Any anal sexual involvement
Excessive use of drugs or alcohol that inhibit judgement and impair the immune system
Using semen as a lubricant or at any time rubbing it onto the penis/anus/vagina/any broken skin

MANY WOMEN ARE BUYING CONDOMS NOW. ONLY YOU ARE RESPONSIBLE FOR TAKING CARE OF YOUR OWN BODY!

FOR FURTHER INFORMATION PHONE THE AIDS TRAINING AND INFORMATION CENTRE
AT 041-5061911.

CONDOMS

1. KNOW WHAT YOU BUY OR GET
2. STORAGE
3. HOW AND WHERE TO BUY / GET
4. GUIDELINES FOR SAFE AND CORRECT USE OF CONDOMS

1. KNOW WHAT YOU BUY OR GET

You get TWO types — Animal (sheep's gut) or Latex rubber condoms.

Always ask / look for latex rubber condoms. "DUREX" and "CREPE DE CHINE" are popular makes.

Che ry date on package.

2. STORAGE

Kee ool dry place like a bedroom cupboard NOT in a warm, moist bathroom cabinet.

3. HOW AND WHERE TO BUY OR GET

Ask for CONDOMS, F.L.'s, EFFIES, RUBBERS, JOHNNIES, PROPHYLLACTICS or PROTECTION.

Buy from pharmacies, hypermarkets, cafes or condom vending machines — buy "rubber latex".

Family Planning Clinics, S.T.D. Clinics and Community Health or Youth Clinics should have them available — preferably from easy to see and easy to reach self-help dispensers to avoid embarrassment.

4. GUIDELINES FOR SAFE AND CORRECT USE OF CONDOMS

Demonstrate condom application to group using broomstick model.

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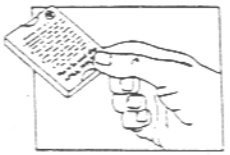
INFORMATION CENTRE
P.O. BOX 293
PORT ELIZABETH

A.I.D.S. TRAINING &
INFORMATION CENTRE
12th FLOOR, BRISTER HOUSE
PORT ELIZABETH

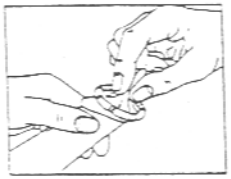
GUIDELINES FOR SAFE AND CORRECT USE OF CONDOMS

SO HAVE FUN SAFELY!

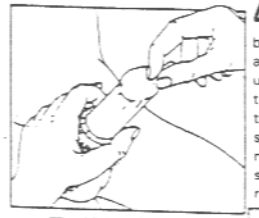
1. Use a new condom every time you make love, and don't use it after the expiry date on the packet.



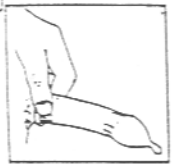
2. Open the foil carefully so there is no danger of tearing the condom inside. Remove it carefully.



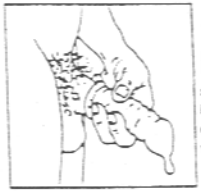
3. Put on the condom as soon as the penis is hard and erect but before any sexual contact, as sperm may be released before ejaculation ("coming"). Squeeze the closed end of the condom to expel surplus air and make sure the condom will unroll the right way.



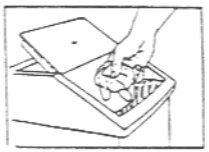
4. Still squeezing the closed end between thumb and forefinger, unroll gently down the full length of the penis. Make sure the condom is not damaged by sharp fingernails or rings.



5. After making love, SLOWLY withdraw the penis BEFORE it goes soft, holding the condom firmly in place at the base of the penis.



6. Ease it off the penis taking care not to spill any semen and keep both penis and condom clear of the woman's body.



7. Wrap the condom in a tissue and dispose of it hygienically.

Throw the condom into a coal stove or fire, or into a pit privy, or wrap it in toilet paper and flush it in the toilet.

USE A NEW CONDOM EACH TIME YOU HAVE SEX
YOU CANNOT USE A CONDOM MORE THAN ONCE.

AS SOON AS THE MAN EJACULATED HE MUST WITHDRAW FROM THE WOMAN'S BODY. HE CAN ALWAYS WASH AWAY THE SPERM AND THEN TAKE A NEW CONDOM AND START AGAIN.

FOR FURTHER INFORMATION CONTACT THE AIDS TRAINING AND INFORMATION CENTRE
TEL.: **041 - 5061911**

EDUCATION

GENERAL APPROACH

1. People cannot concentrate for more than 15 to 20 minutes.
2. Maintain good eye contact with the audience — keep moving — ask questions — speak clearly, audibly and slowly.

THE BAD NEWS

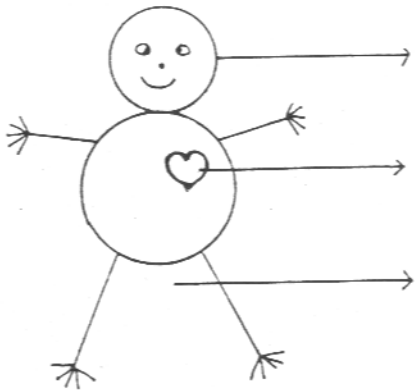
A.I.D.S. IS FATAL

THE GOOD NEWS

Safe can prevent it.
Avoid safe sexual practices.
Ignorance and fear must be exchanged for knowledge regarding A.I.D.S.
The Human Sexual Drive is one of mankind's basic needs.

HOW DOES ONE CHANGE SEXUAL BEHAVIOUR???

THREE ASPECTS OF FEELING:



1. THINKING — INTELLECT
2. FEELING — SOUL/EMOTION
3. ACTING — BEHAVIOUR/NEEDS

THREE EDUCATIONAL EXPERIENCES

O → OOOO ONE WAY (DIDACTIC)

O ⇄ OOOO TWO WAY (INTERFACE)

O ⇄ OOOO EXPERIENTAL (ROLE/PLAY)

YOU DEAL WITH *FOUR* PERSONALITY TYPES:

1. FATALIST — What must be must be
2. AVOIDER — Does not want to listen — turns a deaf ear
3. INVULNERABLE — Believe they will never get it
4. DILIGENT — They listen, learn and believe — they will change their attitude.

and unfortunately also

THE WORRIED WELL — The over-anxious and neurotic, possibly with a guilty conscience as well.

MRS. MUSA ZAZAYOKWE

SOME BARRIERS TO EDUCATION ABOUT AIDS IN THE BLACK COMMUNITY

AIDS TRAINING AND INFORMATION CENTRE
SOUTH AFRICAN INSTITUTE FOR MEDICAL RESEARCH

The focus of this paper will be on *educational barriers in the black community. Since most of these obstacles may* lead to failure in AIDS education, there is a need to identify and address them so that learning can take place. Each obstacle will be discussed in turn and possible solutions will be highlighted. The following ten barriers have been encountered in the course of our work with educating and counselling people about AIDS.

1. The first important obstacle is the tendency of people to BLAME AIDS ON OTHERS. For instance, there is the belief that AIDS is a gay disease or a disease which affects only intravenous drug users and prostitutes. People are also inclined to see AIDS as *a disease of migrant workers from central Africa, in particular mineworkers.* Some people perceive AIDS as a form of punishment from God for homosexuality and promiscuity. People who do not engage in high risk behaviour fail to see themselves as vulnerable. For example, a black man who is married yet has other established girlfriends does not consider himself promiscuous. It is important to stress that AIDS is not prejudiced. Everybody who is sexually active could become infected. The danger is even greater when one has more than one sexual partner.

2. *Another pertinent barrier is the* MEDIA COVERAGE ON AIDS. *Most reports on AIDS are dramatised and distorted,* which is unfortunate because this information is more readily accessible to the general public. The sensationalism, misconception and fear provoking media information on AIDS is a difficult barrier to overcome because the inclination of a lot of people is to cling steadfastly to what has been heard or seen prior to getting factual information. Thus, there is the strong need to emphasise the facts so that people are able to critically evaluate what they read in the press see on TV or hear on the radio.

3. *A third potential barrier in AIDS education is that traditional* black people DO NOT UNDERSTAND THE DISEASE CONCEPT in terms of western medicine i.e. – as caused by a virus. To them illness is either due to being bewitched by a person with sorcery powers or due to the wrath of ancestral spirits who may cast evil spirits of anger which causes illness. There are two possible ways to address this problem. One way is to accommodate existing beliefs and work within them. For instance, to tell the person that they know where it has come from but you know what it is doing in their body. Secondly, to emphasise factual knowledge about AIDS by using adequate and clear explanations with the assistance of visual aids. In our experience this has proved to be very *helpful. They must use new or sterilized blades/instruments* for scarification or circumcision procedures.

4. In most cultures SEX IS NOT OPENLY DISCUSSED and is considered for a taboo subject. This poses problems when discussing sex related topics such as AIDS. To promote participation it is essential to address same-sexed and same-aged groups so that members may feel less inhibited and possibly contribute to discussion by *asking* questions.

5. *'Age is an additional consideration* when talking about AIDS to Blacks. Because WISDOM IS ASSOCIATED WITH INCREASING AGE, adults may disapprove of being addressed by a young person. Similarly, males may dislike being addressed by a female who is usually considered to be a perpetual minor. Thus, for one to earn credibility before a group, it is advisable to wear a uniform or trademark of profession or authority to help overcome discrimination against age.

6. LANGUAGE MAY RESULT IN A SERIOUS COMMUNICATION BREAKDOWN in AIDS education. In particular, some *elementary words such as* 'condom', 'virus' and 'immunity' do not exist in any Black language. To overcome possible miscommunication, the use of relevant analogies with visual aids has proved to be useful. For example, the immune system is compared to an army which defends the body against invaders like HIV. Draw comparison between AIDS virus and a thief invading a healthy body and the T-4 cells, the policeman, that protect the body. Moreover the word 'germ' can be used in place of 'virus' *and several terms can be used to describe a condom.* Terms like rubber, french letter, Johnny, etc. are often easily understood for condom.

7. EDUCATIONAL BACKGROUND can also result in a variety of learning problems. For example, some females do not encourage their partners to use condoms simply because they lack adequate knowledge about the human anatomy. They believe that death may result from a condom that has accidentally slipped off. One woman in our training session actually mentioned that she feared she could be suffocated if the condom strayed to her lungs or to some major life-supporting blood vessel. *A visual aid illustrating the reproductive system of a female can*

LEARNING/TEACHING STYLES

help to alleviate ignorant reactions to using a condom for safer sex.

8. Another profound barrier is the dichotomy between indigenous and western healing. Any skin piercing acitivity is at risk of transmitting the virus. Traditional healers may use razor blades to inoculate a drug through an incision of the skin but do not always sterilise blades between use on patients. It was deemed important to host seminars to educate sangomas and nyangas about the transmission and prevention of AIDS. This equips traditional healers to be a source of information to their patients and also to practise infection control like cleaning instruments in between use.

9. A CONDOM PRESENTS SEVERAL DIFFICULTIES for use with Black people. Although some people would like to use condoms they lack the means of buying them. People have to be advised about places that freely provide condoms. Since some people are shy to ask for condoms some form of self service system should be organised at places like clinics, factories, etc.

   Condoms have to be promoted because migrant labour is responsible for a lot of promiscuity and prostitution. This means that both men and women may be at high risk for becoming infected from extramarital sex, and safer sex must be encouraged. A condom is the most available safer sex practice. However, condoms are traditionally associated with the prevention of gonorrhoea, syphillis and other sexually transmitted diseases. Thus, couples are sometimes reluctant to insist on the use of a condom since this tends to lable their partner. One way of trying to overcome this is by practising ways of communicating to a potential sexual partner the need to use a condom for protection on both sides. This can be achieved through role-plays.

   Another problem that is associated with condoms is that most people tend to believe that they minimise sexual excitement. Men are not keen to use them and women may not put enough pressure on men because they are afraid of losing their loved one who may be tempted to resort to someone else who does not insist that a condom is used. This is difficult to overcome because the final decision rests with one's value for health. Hopefully, with adequate knowledge about the nature of this disease, wise discussion and behaviour can ensue.

   Quite often the condom is received with suspicion in that it could be meant to promote birth control and decrease the black population. Occasionally one is suspected to be the government's mouth piece and is asked about the department for which one is working. To help solve this problem, it is important to explain what may be done when ther wish to have a baby. In other words, couples who are planning a family need to be made aware that a co s for protection only. If they wish to get married or start a family and want to stop using a condom, the e advised to have an HIV antibody test.

   Eve ple agree to use condoms they have to be informed that it does not provide 100% protection and are use safer-sex'' only. It should not be taken for granted that people know how to use condoms properly. In ord nefit from a condom one must know what to do. Thus, it is necessary to practically demonstrate how to u ondom when teaching about AIDS.

10. A fi cational barrier that deserves mention is that preaching to all black people about monogamy is often futi some people still practise polygamy. Instead, loyalty between husband and more than one wife may be to promote prevention of infection outside of marriage. This is workable as long as all wives and husband are not infected in the first place!

CONCLUSION

Target your audience correctly and ''pitch'' your talk accordingly.

General experience from our AIDS education has revealed that it is a great mistake to perceive the black population as a homogenous group; even more so during the latter part of this century. Variations are mainly based on ethnic grouping, geographical location and/or educational standards and material well being. These days black people have been exposed to a variety of cultural influences. For instance, urbanisation has resulted in the convergence of different ethnic groups and racial groups. A lot of cultural diffusion and cultural lag is taking place among blacks at present; a process of cultural transition so to speak. There is also a tendency of discarding or ignoring traditional cultural values and norms even before understanding what is being adopted to replace traditional values or norms. When comparing the past and present black population significant structural changes are present. Migrant labour has contributed to depleting the family structure which was once the functional unit of the community and was overly responsible for educating the new generation. In its place, social class recognition is now based on one's social position. It may happen that both traditional and modern class characteristics can be found together in a group of persons.

With such a diffuse social background it becomes evident that one may have to address a group that is predominantly traditional or modernised, or both. The educational difficulties that are encountered will thus vary in proportion to the nature of the group. It is also necessary to be aware and to accept the fact that some barriers may fall beyond the efforts of individual educators. At a symposium the following three reasons were mentioned as possible causes of failure of AIDS education:

1. Some men regard S.T.D. as a male/macho symbol.
2. In normal S.T.D. the cause/effect is understandable Gonorrhoea — 24 to 48 hours / Syphylis 3 — 6 weeks / AIDS — no lesions — long time lapse — no cause/effect relationship.
3. AIDS regarded like TB or Cancer — a curse — no cause/effect relationship.

COUNSELLING

A. OBJECTIVES

1. To EDUCATE the patient as to what an H.I.V. + Blood Test means and all the implications of possibly having, or developing, A.I.D.S.
2. To SUPPORT the patient in his/her crisis in dealing with reality.

B. WHO SHOULD CONDUCT COUNSELLING

The person who conducts the counselling must have extensive knowledge of the H.I.V. + state, A.I.D.S. and the psychological aspects of counselling a patient with a potentially fatal condition and must be prepared to carry on counselling the same patient to maintain continuity.

For this reason a psychologist and/or a medical doctor with counselling experience or specially trained nursing personnel should be responsible for this task.

I have the greatest respect for the Nursing profession and they will most often be tentatively approached by worried patients. Because of possible legal implications and lack of technical or counselling experience the patient should always be referred to a Specialised A.I.D.S. Counselling facility manned by a psychologist and/or medical doctor or specially trained nursing personnel.

Do not be drawn into innocently offering or promoting the H.I.V. Blood Test or talk idly about A.I.D.S. — the patient may turn on you and sue your for accusing him/her of possibly having A.I.D.S.

It is absolutely essential that if possible only specially trained staff should conduct counselling.

C. HOW AND WHERE IT SHOULD BE DONE

Avoid telephone counselling . . . try to gain the confidence of the caller and arrange for a personal interview and tell the caller that an hour will be set aside for this purpose and that it will be absolutely CONFIDENTIAL. Telephone counsellors should be specially trained as well.

The venue should be a quiet clinic, anonymous or preferably a specialised unit like the A.I.D.S. Centre in Johannesburg.

D. PRE-TEST COUNSELLING

Why is the patient worried? Let them speak. Do not offer test or mention A.I.D.S. Let the patient ask for it. One can mention the H.I.V. test as being one of the ways of establishing a positive diagnosis.

The counsellor must be absolutely knowledgable regarding all aspects of the H.I.V. test — the accuracy, the time lapse before a result can be expected and the cost thereof.

The counsellor must have a thorough knowledge of all aspects of A.I.D.S. — the physical, political, legal, social, sexual, economic, ethical and emotional aspects.

Before the H.I.V. blood test is done MOST IMPORTANT, INFORMED CONSENT MUST BE OBTAINED from the patient to execute the test — preferably in writing.

The patient must be prepared for the possibility of a positive result and that this does not automatically mean that the patient has, or will develop A.I.D.S..

The advantages and disadvantages of being diagnosed as a positive H.I.V. carrier should be explained to the patient.

It must be remembered that the patient may experience problems in the work situation, problems regarding life insurance, ostracism possibly at work, at home or by medical and dental professionals.

The patient should be counselled on adopting a healthier lifestyle, safer sex practices and rather to abstain until the result is known.

The patient should also be made aware of the importance of his/her previous sexual history and contacts.

The patient should be advised who to confide in if the result is positive, at home, the workplace and preferably his doctor and dentist — the choice, however, is entirely left to the patient.

These should be touched on briefly because in all probability the patient will be so anxious about the test result that most of this will probably be forgotten.

Above all, the counsellor must be a caring listener.

Re-assure the patient regarding the confidentiality of the interview.

Arrange for the follow-up meeting in ten days and make allowance for one hour. Tell the patient that a friend or relative is welcome at the interview, for support.

E. POST-TEST COUNSELLING

This is a very specialised exercise and should be conducted by an A.I.D.S. trained psychologist and/or a medical doctor with specialised A.I.D.S. counselling training/expertise. Specially trained nursing personnel can be utilised too.

Professor J.P.P. Fullard of the Department of Psychology, University of Port Elizabeth is in charge of this aspect of our programme and will conduct counselling courses for specialised selected personnel.

Attached is a list of emotions which may be experienced by patients — For information only.

SAFETY PRECAUTIONS TO BE TAKEN BY EVERY H.I.V.+ CARRIER

to donate blood, semen and organs or other tissue for transplant operations.

avoid activities which may put their partners or sexual contacts at risk, i.e. to avoid exchange of body fluids — od, saliva or semen. In this regard, the USE OF CONDOMS is recommended as a barrier to the exchange of ain body fluids.

avoid sharing of toothbrushes, razors and other implements that could become contaminated with blood.

- To inform their sexual contacts that the A.I.D.S. antibody test has been positive and to recommend that they be evaluated medically.
- To inform their doctors or dentists of the results of the tests so that they can take the necessary precautions.

If you feel you may be at risk for developing A.I.D.S., you should see your doctor who will arrange a blood test.

TABLE 1. EMOTIONAL REACTIONS OF PEOPLE WITH HIV AND AIDS

SHOCK

- from loss of hope for good news.
- from diagnosis and possible death.

ANGER

- at being infected.
- at past high-risk lifestyle and activities.
- at inability to overcome the virus.
- at new and involuntary health/lifestyle restrictions.

GUILT

- over past high-risk behaviour.
- over illness as punishment.
- over possibly having spread infection to others.

ANXIETY

- about reactions of others.
- *about isolation, abandonment and rejection.*
- about risk of infecting others and being infected by them.
- about partner's ability to cope with their infection.
- about loss of cognitive, physical, social, and work abilities.
- about uncertain prognosis and course of illness.
- about effects of medication and treatment.
- about disfigurement and disability.

DEPRESSION

- helplessness over physical decline
- hopelessness of no cure
- virus in control of life
- limits imposed by ill health
- reduced quality of life in all spheres
- self-blame and recrimination for past behaviour
- loss of self-esteem

OBSESSIVE DISORDERS

- persistent probing for explanations
- relentless searching for new diagnostic evidence on body
- pre-occupation with death and decline
- faddism over health and diets

THE RISKS OF H.I.V. ANTIBODY TESTING

1. Severe psychological reactions — anxiety, nightmares, sleep disturbance, depression and suicidal behaviour.
2. Disrupted interpersonal relations including potential rage reactions and violence.
3. Social ostracism and self-imposed social withdrawal.
4. Relationship problems.
5. Stigmatization and discrimination if positive status is made public.
6. Difficulty with Employment and Insurance.
7. [illegible]occupation with bodily symptoms.
8. [illegible] security and denial of risk if test result is negative — continues high risk behaviour.

THE BENEFITS OF H.I.V. ANTIBODY TESTING

1. To assist in a medical diagnosis in persons who exhibit suspicious symptoms.
2. To challenge and reduce anxiety in persons assessed Low risk but who have high anxiety.
3. To motivate persons who practice high risk behaviour and who feel a positive result may help to reduce these behaviours.
4. To protect recipients of blood, donated semen, tissue and organs.
5. To assist high-risk persons in decisions related to having children.
6. To assist high-risk women in decisions related to breast feeding and inoculations produced from live virus.
7. To assist decisions related to participation in experimental treatment programmes.
8. To assist couples entering a monogamous relationship in decisions related to permissable sex practices.

Appendix B

Pamphlet obtained during field work: XXX Care Centre

[redacted] CARE CENTRE

The growth of a miracle

It took root as a humble backyard Mission. It branched out to become a vital life-line for severely deprived people. With your help, it will continue to grow. Without your help, it will die.

Taking root

Sister [redacted], a member of the Little Company of Mary Congregation came to Port Elizabeth in 1988 with the hope of being able to share the compassion of Christ with the poor, relieving their misery and deprivation by whatever means she could use.

Her work in [redacted] began under a backyard tree "given" to her by [redacted], a local resident who played a vital role in helping Sister [redacted] understand the dire needs of the community.

Under this tree, day after day, Sister [redacted] taught and played with the little children and rendered basic health care to the sick.

A visit from the Urban Foundation later that year resulted in three small rooms being set up. These rooms marked the humble beginnings of the [redacted] Care Centre. Used as a classroom and clinic during the day, the rooms continued serving the community after hours by way of craft training and other self-help projects – such as holistic health hygiene, alcohol and chemical abuse, counseling, literacy classes and a senior citizens club.

Contributions from local companies and organizations in the months that followed enabled Sister [redacted] to establish the basis of a clinic, nutrition unit and classrooms.

In the months and years that followed:
1988 – The visit of Mother Theresa

1989 – Sr. [redacted] recognized as Woman of the Year by the Union of Jewish Women.

1990 - Sr. [redacted] was chosen citizen of the year.

1995 – The visit of Queen Elizabeth. She singled out Sister [redacted] and paid tribute to the wonderful work she does in her traditional Christmas message to the nation.

2001 – Sister [redacted] received and Honorary Doctorate from the University of Port Elizabeth.

Branching out.

But the services offered there were far exceeded by the increasing demands of the [redacted] community and it was soon evident that the facilities had to be upgraded.

In July 1992 the first phase of present Care Centre was officially opened with the help of Shatterprufe, 3M and Delta Motor Corporation, hoasting a fully equipped clinic, a nutrition unit, library and admin. offices.

Later was added through hard-acquired donations, a Primary/ Pre-primary School and a Community Hall, which is used daily for Adult Education and Community projects.

Spiritual nourishment is much needed to give strength to endure the suffering and some years ago the people requested a place of prayer. Sr. [redacted] sourced most of the funding from overseas, and on March 21st 2002 the church for the people [redacted] was blessed and opened. It is a sanctuary of prayer and peace where the essence of the people's lives can be nourished.

Today the playground of the [redacted] Centre is a bright collage of happy faces belonging to children who would otherwise be deprived of the education that is vital to change their future and to give them a head start in life.

At the Clinic health care is rendered which was previously inaccessible to the residents of [redacted]

The Nutrition unit cares for families that would otherwise go hungry and the people bring recycling material to help pay for the bread and soup. Meals are cooked from there for the children attending school.

The Self-Help projects, the Garden and the Skills Training along with every other aspect of the centre play a vital role in uplifting the quality of life for these people, giving them a new sense of pride and the opportunity to better themselves.

We have a special Resonator program for people suffering from HIV/AIDS and other illnesses to boost their immune systems. They are provided with a weekly food parcel.

The progress and the success of this Care Centre can not be measured in terms of buildings and facilities, but rather by the tangible aura of joy surrounding the people who work and learn there, the deep inner contentment of people who previously had no sense of direction or belonging.

eed to grow

revailing tragedy however, is that [redacted] currently accommodates more than 100 000 in conditions of dire poverty and without basic facilities. Malnutrition, tuberculosis and re rife.

emands for health care and welfare facilities far outweigh the resources available at the Centre.

To continue providing [redacted] with a scale of help commensurate with the daily increasing needs we are calling for financial support from concerned companies and individuals.

Since its inception, the Care Centre has survived only because of generous support from people like yourself who care enough to make a difference. Our immediate, most pressing needs are that of financial assistance, food and donations of clothing and blankets.

Every single contribution, no matter how small – given in cash or in kind, helps to provide the physical, mental and spiritual nourishment so vital to improving the quality of life for [redacted]'s disadvantaged people.

Thank you for taking the time to visit us, and for reading this. Your generosity is vital in terms of finance, or sharing of skills in order that people who are so disadvantaged may live a human life.

[redacted] CARE CENTRE
MISSION STATEMENT

PURPOSE

TO IMPROVE THE QUALITY OF LIFE OF THE PEOPLE OF [redacted] THROUGH CONSULTATION, PARTICIPATION AND SELF DEVELOPMENT

GOALS

TO PROVIDE AN ESSENTIAL HEALTH , SOCIAL AND SPRIRITUAL SERVICE

TO PROVIDE PRE-PRIMARY AND PRIMARY SCHOOL EDUCATION AND OTHER FORMS OF EDUCATIONAL DEVELOPMENT

TO PROMOTE A STABLE AND HARMONIOUS HOME AND COMMUNITY ENVIRONMENT

TO DEVELOP A SENSE OF PRIDE AND OWNERSHIP AMONGST THE PEOPLE OF [redacted]

WHO DOES THE CARE CENTRE SERVE?

1. PRE-PRIMARY AND PRIMARY SCHOOL CHILDREN AND ILLITERATE ADULTS
2. PEOPLE SUFFERING FROM MALNUTRITION AND ITS CAUSES
3. PEOPLE WHO NEED MEDICAL CARE
4. MOTHER/BABY CARE
5. ALCOHOLICS AND SUBSTANCE ABUSE
6. PEOPLE NEEDING SPIRITUAL GUIDANCE
7. PEOPLE NEEDING SOCIAL/PSYCHOLOGICAL CARE
8. SENIOR CITIZENS

We respond to the many needs of the people in the circumstances they live in.

Tel: [redacted])
Fax: [redacted]
E-mail: [redacted].co.za

[redacted]
Port Elizabeth
6005
South Africa

CARE CENTRE

STATISTICS FOR 2003

At our nutrition unit we cook and prepare meals for our primary and pre-primary school children. They get a breakfast, a mid-day snack and a cooked meal from Monday to Friday.

121 070 Heads per family received a half a loaf of bread and a cup of dried powdered soup. In 2002 we had 106 433.

17 084 families infected and affected by HIV/AIDS and related illnesses received food parcels. In 2002 = 13 434

623 families were clothed from our warehouse compared to last year's 547.

Father Christmas handed out 4500 gifts to all the children in [redacted]

Patients seen at the clinic – until November 2003

T.B = 11 356

Under 5 years old and babies = 4 722

5 yrs old to adults = 32 466

We thank all those who have believed in the people of [redacted] down the years and we know that as we endeavor to make them self reliant, and to sustain the long term service of education in various forms that you will be with us. The specter of AIDS overshadow everything, and sadly it is the Mothers who is the cornerstone of any household that suffers the most here as her life fades into eternity leaving her children to their Grand Parents.

May 2004 be good to you, and may the generosity of God be with you.

I am sincerely grateful to you, and that gratitude is expressed daily in prayer.

Dr. [redacted]

Appendix C

Visual presentation of informal settlement community in which the selected primary school is situated

Visual presentation of informal settlement community in which the selected primary school is situated

Appendix D

Analysis of related study's transcripts

Analysis of transcripts – initial stages of Ferreira's 2006 study

Field visit 1 -14 November 2003

Focus group 1 – 11 Participants

Researcher: the talk that there was… somebody was stoned and there is a fear of being harmed when you disclose and that keeps them from disclosing and then other people that do disclose – it's easier to support them. But then also I think there was the idea that… how do you support somebody with HIV/AIDS? What can you do? What can you do physically? What can you do emotionally? And also what can you do…uhm… probably for social support to link people? So I don't know if there are…

Participant 9: Okay… what I know if you have information, let's say you have an *advanced* – you must know what you are going to talk about… the information… because sometimes they will ask questions and you must know that you are going to answer all those questions. And if you don't know, if you don't know a question – you must tell them, no I don't know this – otherwise I will be caught out and find out… And you must be patient and you must be organized… You must be flexible. Because most of them are very touchable, you see. If they are very touchable, sometimes they don't want to talk about this. They don't know that you know that they know… even my brother he is HIV positive and his girlfriend and by the time they heard the news, he was so surprised and so worried, but after that he don't want to talk about that – he forgot about that… we told ourselves life must go on… and they don't want to talk about it all the time, because by the time you are talking about this all the time, you get scared – it is as if you are scared then.. You see, and if… the way that you are going to support them is the way they must take care of themselves. Because if you know the

Need to be informed

Need to be sure of advice to give to community members

diet, I like you to eat is… But if you support them in a group situation, let's say here at school… I can't just give the child, let's say food, spinach / special food - here at school they are eating bread and milk, sometimes bread and jam. But I can't just give them special food, because there will be stigma. They will ask – why are they eating special foods? We want to give them the support, but how are we going to give them the support?

How to cope with Learner infected with HIV

Willingness to support but lack confidence

Researcher: The children specifically?

Participant 9: Yes, the children specifically. Even in the community… even in the community if you can go to give them food parcel… Why those houses?

Participant 2: The other people will eventually find out and ask - Why are you just giving those people this? Why aren't you giving other people also? Why are doing this?

Researcher: It is also the concern that you don't want to label children and families by treating them differently.

Participant 9: Yes, yes. We want to support them, but we don't know the way to support others.

Willingness to support but lack confidence

Participant 4:I want to say that, let's say my brother or my sister is HIV Positive – we as a family don't have to give him or her something different – we must eat the same thing at the same time, knowing that it is okay for his or her condition and not something different from us…

Participant 3: I like to differ from them, because even if you've got diabetic… even if you've got cancer – the menu, even in hospital, are

different because you are ill. You know the situation, you can not put yourself at risk. Even those HIV people, if I know that someone in my house, say my husband is HIV positive and I'm not HIV - I have to cater for him… Even the children that is HIV, you have to cater for him… Unless the problem is where there is a denial. As long as they are not going to disclose it, they are going to suffer. Because I cannot suffer giving my child the diabetic food because I'm diabetic…

Participant 10: my child… This evening he is with my mother. My mother is a diabetic. We cater for… because the porridge he is suppose to eat, must give him energy, supplements…

participant 10: So, it must be totally different – not unless you are making a full meal for the whole family… otherwise, you go an extra mile for the HIV people. Because they must get the supplements and all the vitamins they can get, because you want them to survive. If you are going to give them whatever, whatever, you are not prolonging their lives…

Researcher: But I'm also hearing two things. I'm hearing one that is in a family, so within a family where there is already disclosure, but there can be differences because the family knows. But maybe in a school, or in the community, where you like to be there for the people, but you don't want to label them to be different…

Participant 10: But I think even here at school, my idea that I want to share with my colleagues here, is… Like if the mother of the child, or the people concerned, can come to us and say - okay, my child has AIDS… That people wants the child to be given support… So we must, if we are going to give the support, we must also say to that parent…

See community as in need of support
Willingness to support

we must change our attitudes here at school. If we are going to cook, maybe maize, we give them with soap… Those little ones… because in a classroom situation they will see that this one is suffering…

Researcher: They know…

Participant: They will know that this one is suffering. So we must…. (*kan nie hoor*) here at school… But the consent must be given to us.

Participant 3: Sorry – can I get in? Okay. If we can see, this whole situation is revolving back to disclosure… And if there is someone, like you have said, some who didn't come out with this, it is difficult to give them help, but those who talk about it – it is easy for anyone to help. To show that the most that got denial, the only thing that we know is what we heard other people talking about them and you see them in clinics, you can see the symptoms of this because we are all educated. You could see the symptoms and know that this one is suffering from this. Even though you cannot tell them, that is the denial situation. Some of them… like a woman in our church – she is dying because we cannot give help to her because each and every time we go there to visit and pray, you see… What is the use of praying for something… Because I'm sure that if she's in denial with us, I'm sure she's in denial with God… If you say God help me with this, you must tell what it is you need help in… Then what is happening – you could see the symptoms. All of the symptoms were there….. Is the fever… Even in the working situation, there are some colleagues. We heard about them….. We cannot go to them, they are not yet ready to talk about it. Because they know their fears. Even if they can die, we cannot say that they are dying of this, because it could be TB… Even if we are able to help them, we cannot.. The only people that I see most

insecure in providing support

of them that are talking, are those who are illiterate… Because I've got a parent in my classroom, but nobody knows – it's only myself, there is a child who has been raped… And I could see the symptoms to a child, but I couldn't say anything. But the parents came to my classroom saying that the symptoms were coming like this and when I asked them when are you taking the child to the clinic – they said: For what? The child was raped. You understand now it hurts me… And they prayed and they prayed and they prayed. Because I said: Oh Lord, this is a child. She didn't do nothing – please help her. As a result now, she is doing very well now. It's like I know… Because that's why I have to go outside and ask for help for that child, so that I can help that… And the second person who disclosed to myself, and nobody knows about it, is a parent whom I had a child to, and you could see the parent is very sick, the symptoms… And the parent said Maim, I don't have to hide anything, I've gone through to some of those groups and you could see myself … And I said to him pray because you have strength and I'm sure you are going to be okay, because I can see that you have faith and you are strong. But what I am going to do, I will take care of your kid.

Participant 9: Okay, I'm going to talk about myself, about my home. As I told you, my brother is HIV positive and practically it is not easy if you are staying with that person, you see… He told us that he is HIV positive, but as I told you that, after that we are not talking about that, you see… We are not everything, we are not going to talk about that. Even if I have HIV, I won't say: why this person is not disclosed? Because this person did not disclose him or herself. Because I know that if it comes to me, it will not be easy – because we have fears if they are going to chase me out, you see… out of their lives. It is not easy, it is not easy to talk about this, but in the family you have to tell them.

What I am saying is that people are different, people are differing. My brother is very angry. He is a… what can I say… he is not one that will say don't do this because I am ill, he will say: Hey! Leave me alone! I'm living my life! You see, leave me alone! It's not easy. You want to help, but you can't help because of his anger. If you are talking to them, if you are talking to him – he will say: leave me alone! I'm living my life. I will say, no I'm going to die, though we are all going to die. It is not easy to say: don't do this, do this and this. And sometimes, and sometimes they are getting that payment, they are getting that grant, that *R780* – with that money, they go out and spend it. In liquor – they are enjoying themselves with that money.

Researcher: What grant is that? A disability grant or what?

Participant 9: But that R780 is too much. That is supposed to be enough to buy food…, but they are misusing it, you see. Because they say: it is my money and I am going to do with whatever I like to do with it. And some people now, they are looking for the HIV person so that they can share the blood, because of that money. Do you understand now what is really the problem? That is why I say to them it is like a joke, you see… And now they are sharing the blood, you see…

Researcher: So they say, if I understand right, that they also want to be infected so that they can also get the money?

Participant 9: And then when you ask them what did you do with your money, they will say why don't you get HIV – this is my money, I'm HIV… Why don't you get HIV, this is my money!

Researcher: So he says it's my AIDS, it's my money…

Participant 9: yes… it's my AIDS – it's my money…

Researcher: This is new information for me now. That you can get a disability grant now if you have HIV/AIDS…

Participant 9: And I'm sure the government can change the style and give them a full bursary of money… and they will abuse that money…

Participant 7: The government…that they could support themselves… (*sukkel om te hoor)* so that they can get the food they should get…

Participant 9: It would be better if the government could make food parcels… and that R780 is enough for that… not to give them money – they can buy anything they would like to buy…

Participant 11: I would also like to add on that. Sometimes the reason for the disclose is because of the money. They disclose… but has not yet accepted … And then someway somehow the government will get confuse because of the statistics. Because now what happens – if I'm HIV positive and I go to…… with my blood and I give… so that everybody can get… And now the numbers are going up, but it's only one person that is HIV positive…

Researcher: But why do they want to test so many times, if…

Participant 11: … to get the grant…

Researcher: Now I'm totally confused. One blood? But can't they see…

Researcher: But don't they ask for an ID or something?

Participant 11: No… so that is what is happening

Researcher: So you are actually saying that the statistics is wrong…

Participant 11: That is the reason why they disclose…

Participant 10: The clinics are not following the procedures correct; because they are suppose to get full detail of that person…

Researcher: And ID number…

Participant10: Yes, and ID number… and they are not doing that.

Participant 11: As a result now, what is happening now with this grant… sometime in October it was stopped because the numbers exceeded the… And they see this fresh person, waiting to get the money…

Participant 10: But now I just want to say that once I was saying that they are afraid in their homes, to talk about this thing. If you are strong… if you are strong and you are counseled, you are suppose to talk about it so that that person must belong to you…

Participant 9: Aa-a – I want to correct you. No, no… I want to correct her on something I said… In my house we don't want to talk about it, because my brother becomes angry, he becomes angry. If he is not angry, we can talk about it, but when you correct him to do this, he will say to me: leave me alone! I'll do what I want to do.

Participant 10: That is why I am saying that the whole family must go for counseling so that they can see that I am not at school anymore but

my family is supporting me. For if you don't, if you don't talk about something that is eating you in your family - what are you doing? You are supposed to talk about it, even if it is going to hurt somebody in your family, you must talk about it…

Researcher: You mustn't try to avoid conflict?

Participant 10: Yes. Because, my brother too – sometimes he becomes angry and he is taking medicines from somebody we don't know. Then we ask him what is this medicine for and he say somebody said: it helped me, it helped me. But then I say to him: no, what you are going to take is the medicine that the doctor say you must take. Not everything that somebody said is helping him. If somebody is giving you the medicine, saying this has helped him, come to us and show it to us – we want… So if you are strong and you are counseled…

Researcher: Where do you go for counseling?

Participant 9: Unlike my brother, unlike my brother – my brother is an heavy weight… I don't want to be kicked by him…

Researcher: So every family will be different…

Participant 2: Even if your brother becomes angry at you and say leave me alone – that's also a form of denial… That is something you must talk about.

Researcher: There's also a personality…

Participant 8: That's right. You have to change the diet. But if you want to give a special dish for him, he won't eat it. You have to change the…

Researcher: The lifestyle?

Participant 8: Yes, the lifestyle…

Participant 10: Sometimes you have to eat the food… even if you don't want to…

Participant 1: There is something that I've noticed… in funerals, they don't want to talk about this. They don't want to say this person has died because of this or this… As a result, if maybe someone have just said that he was HIV positive, maybe other people… don't want to say it at funerals. They will just say it was something from TB or something else… That is … It is not easy to talk about this, to say this…

Participant 10: That means that we must change our community, we must change the communities. Wiliness to support

Participant 7: Here at school, we don't want to say they have it. I had a parent in my class who died. I called her and she came in. She was very sick – she said she had… or she had flu and that she doesn't want to go to the doctor. I said you must go to the doctor and you have to be tested. She said no, I have been tested. There's nothing wrong – it's just this flu. She said no, I'm going to be fine – but she was sick and as a result she died. Not having gone to the doctor. But this is the problem… but her child is still in her class – she is still alright.

Researcher: And who is taking care of the child?

Participant 7: There are aunts and uncles that are taking care of her… they don't want to go and take the tests – even if the child is sick now. They don't want us to get in, because if we get in, then we see and we can help and advice… Then I'm sure we could make a difference, but they don't want us in… Because they will not tell us if there is a problem and come forward…

Willingness to support

Participant 2: They don't tell us… they don't disclose and their health goes down, because they don't tell anybody that they are HIV positive… And then they don't eat right, because some of the people they don't want to disclose and go for help and find out more about the disease, you know… Like what must I eat to boost the immune systems and things like that… That's why they don't want to disclose, they just go on for a couple of years…

Participant 1: There is a teacher here at our school, she is having a child in her class. She could see that the child was suffering, she know that this child was sick… Until that child was admitted to hospital and then the parents came and said that she was HIV positive - that is why I am saying that parents don't want to come and tell us what is happening…

Participant 5: Another thing is.. what I am seeing, is that the kids needs counseling – for they need to go for different sessions. Even with us educated people, we seldom see psychologists – we believe in general practitioners. When we get ill, we must go to the doctor. We don't use psychologists. The only time that they get the counseling, a little bit, is when they are told about the results… Then, before they are told, they get just a little bit of group counseling… Another things is,

with the doctors now, they are making use of this grant. They are doing what they say is … in order for them to get expensive medicine. You know what it frustrates one more is when it is said that no, …….. is too low then even this medication is …. killing this person. This is number one. Number two – in some areas it is said that you have to be on a certain stage in order for you to get that grant. You just… let's say I've been tested and I am HIV positive, I won't get that grant – not unless I'm just nearly to be fully blown. Then I will be able to.

Researcher: So, you have to be very sick to be able to get the grant?

Participant 5: Exactly. You must have a history of you going to the clinic, seeing that you are at this stage then this stage and then it is quick with the clinic. But if you go to the doctor, ugh… And that medication is dam expensive and the unemployment rate is too high – they cannot afford it.

Researcher: Where do the people go for counseling? Because L, you spoke about counseling for families, but you say there is not a lot of counseling and E there said there is also a need for counseling.

Participant 10: Okay, let me help her. If you want to go for counseling, if you are a family… you don't want to listen to people. You take your money and go for counseling or you go to a clinic… Because before the tests you get the prior counseling and then, after the test, the whole family is included. Because that is why I say you are going to be strong if you are going for counseling.

Researcher: So that is actually – the counseling we are talking about, is situated in the clinics by the nurses. And the social worker you spoke about the other day? Does she give counseling?

Participant 10: If you are using medical aid, or you can go and pay money…

Researcher: Did any of you have training in counseling?

Participant 10: No, not in counseling.

Researcher: Had any one of you have training in HIV/AIDS information?

Participant 11: Yes, I have.

Researcher: By the Department of Education?

Participant 11: Yes, by the Department of Education.

Researcher: Okay. And is there something special you have to do in the school then, based with that HIV/AIDS knowledge? Is there a special task assigned?

Participant 11: I am supposed to teach the gr6 – gr7 …

Researcher: So it is a life-skills training?

Participant 10: But it's not just about that – there's more to it…

Participant 11: It's not just training…

Researcher: Yes.

Participant 3: Okay, what I want to say is: As long as there is going to be denial, because the counseling is done before you get… prior, before you get your results. But if you don't have a denial problem, it is easy for the doctor, your own doctor, to help you. Because if you can get to our GP's, it is written boldly that if you've got this and this is this… So you've got the chance to talk to your doctor. How can your doctor smell… How can the doctor smell that you are HIV? It is up to you to tell the doctor – Doctor, I've got this problem. Then the doctor can tell… can take you to do all those things where you find out that you have got HIV. It is your duty to tell your doctor. Even if you don't tell, you are not ready to tell your family. Somebody who is going to counsel you – yourself, you see… People doesn't know about this, especially those who are illiterate. To come to the denial situation. If… Let's go back to what I've said about the parents. If the literate, the people who are educated, have got a denial problem, what will happen to those who are not educated? So we cannot say that the parents they don't say anything – it happens even to us, those who can understand this things. So it will be difficult for them, unless we people who understand about this things, accepting them. Then it is easy for them. You can go to that parents - look, I've got this problem. You think I'm educated, we are all educated in this room about HIV. I'm HIV. Talk to me so that I can help you. Is doesn't happen to those who are educated. What about those who are not educated? We mustn't take blame to the parents. And the parents sometimes can see you… on your attitude to what you are talking about. So you must check even the attitude… It's like when I talked to her about her brother who is aggressive. It's a symptom of denial that aggressiveness, because he is not yet ready. He has not yet been counseled, you see – that's why he is so… One day here at school,

there was a lady – a lady who was working with... He came to school with another lady who was HIV infected. He called us at staff and that lady, **** had a nice body, … is almost dead now having that virus. She has got a child, but you cannot say anything about ****. **** was going to be sick for a long time, unless she got counseling and was told about her eating habits. And when ****addressed the kids, she asked the kids what can you say about myself? And the kids said: nothing – you look beautiful, you are pretty. She said there's nothing I don't know about myself – I'm HIV positive. And ****- I'm sure God is going to bless **** and she is still going to have 20 years - she is still working there and there are many more. If you can switch the radio, you can hear about this. Coming to the disclosure at the funeral - you cannot talk about death certificate, because at any funeral there are not a death certificate. Let's put the death certificate aside. The doctors said, like you said in the beginning, you've got pneumonia, you've got TB, when you see the symptoms. It's up to the family, and even the family – there are two things that make them not to disclose. It is difficult to disclose on a funeral situation, once the wife is left behind. Because now I have to disclose upon my husband and I'm not yet ready – we are married. Then my husband died and then, on his funeral, I cannot disclose if I'm not ready. Because it will to affect me worse. You can disclose about your child, knowing that he is not married so that you can teach other kids, but it differ on how you take it to strange…

Researcher: That's right.

Participant 10: That's why I say that the community workers must be well trained – they must talk about this. If the community… The community is about parents, it's about everybody. If the community is well groomed in this, even in the funerals – you

Need for training of community workers (educators)

can just say this one died of AIDS. Whether it is my husband or whoever, as long as we have courage in this.

Lack confidence to support community

Participant 2: The problem now is that the one who stays behind, is going to be labeled by his own people, do you understand?

Participant 10: No, what I'm saying is that before this happens or whatever, we must as a community educate ourselves about this, then there will be no stigma.

Need to be educated

Researcher: And where will the education come from?

Participant 10: Education must come from people who are trained.

Participant 4: Coming to that, I think that we as a school, as teachers, it is our responsibility to call the community to train…

want to educate the community

Researcher: If I just hear what you are saying already, you are pretty much trained. I can see where you say that it sounds like some counseling skills are needed. But you are all well informed, you know about lifestyle supports and all sorts of things – you are already well trained in HIV/AIDS.

Participant 3: To get back to what I've just said. I've jumped to them. It was 2002 when I got pregnant. Then I got to the gyno, then I went to the gyno. Because when you are pregnant at the 8th month you've got to go for a blood test. But I couldn't remember myself taking blood test during those 8th month. But I do remember myself, when I was close to 8th month, the doctor gave me a list that I must go to 4th floor. And I told my colleagues. Then I took this list – I like to read. Because what I remember, when a teacher in the olden days could give you a letter,

you will take it to another one and she will spank you. When I took this, I was so pregnant. Then I took this letter from the doctor and I was going to the 4th floor and something said: Read the letter! And when I read the letter – HIV! And what strike me was my husband who had the affair. And when I got to the lifts, I stopped there and asked myself to which floor am I going to? 4th floor. And this thing I was holding like this. And you know the doctors write lists like these – HIV… So what are they going to do with this big tummy? And about myself? Why didn't he tell me earlier? But now look how… And when I got into the door, I could see a very thin nurse with a small face - a lady with legs that are just like sticks. And I said to myself: is she going to counsel me now? And they looked and said why didn't you…? And I said to her: This, what does this mean? And I point to the HIV. So they said no, no – you've already done this. So now you come for the booking, for your bed. And the nurse said; Do you see myself like this? No, I got sick – that's why I am like this. I don't have HIV, but I'm like this. And when I talked to *S…* and others, they said no, they know that nurse is like this. She is sick, that's why she looks like that. So, I just want to tell you that it is not easy for the first time.

Researcher: Yes, and even you are an educated person.

Participant 3: What happened when I got home, I was relieved. And they said I must give him this letter. And my husband was teaching them. And I said: Look what you did with that girl that you got? I'm HIV now. I'm HIV. And my husband said: no, no! And I said: That's what you did! Because I want him to get shocked too, because I got shocked. So it was his turn now, whereas I knew about it. And then I could see tears and I said: I told you, I told you! And he said he will go to the doctor tomorrow and I said to him: Beware of what you are doing

beside me – be faithful! Because I also nearly died. So, that's what happened.

Participant 9: So now, if you are taking that life cover… I don't want to go and do that blood test, I'll rather leave that life cover. I don't want to do the blood test. For the time being now, I'm still fresh. If it is something that will take me to the blood test, I will say no. Because I'm still fresh and there's nothing wrong. And even for those people who are sick, even for those people who are HIV positive – if they are still fresh and healthy, they will say leave me alone I'm still alright. But when they are very sick, they can do everything because they are… – you can do whatever you want to do. You can give them a weak porridge because they are sick. But when they are still fresh, when they are still healthy, when they are still strong – they don't care. They can do whatever, they can eat whatever. They will be serious when they are very sick. Do you understand what I mean? For those who are strong, the life is still there.

Researcher: But do you see - I just want to understand something. If you are… I've also been for testing and I'm healthy and all of that, but I think it is in our country necessary to go for testing and find out your status so that you can know. How should I be with other people? What should I do? But now you say that you don't want to go for testing.

Participant 9: No, no. No, I don't want to go for testing. I don't want to know my status.

Participant 1: I want to tell about my brother. This is how it happened now. I was phoned by my sister to let me know that my younger brother was sick. I asked them did you go to the doctor and they said

that my brother didn't want to go to the doctor. I told them they must come and we can arrange for a doctor that will be able to help him. For my brother's sake because he was in a bad condition. And then I phoned him and ask him how does he feel and he said: Sissy, I don't want to go to the doctor, but I was forced because now I can see with my condition I need to go. He was tested. He told me he was sitting in the passage… I was shivering, I was laughing of fear - because the way I was scared to hear the results. I was shivering because I thought the results are going to be positive.

Participant 5: He's a teacher…

Participant 1: Yes, he's a teacher. But fortunately the results were negative. That is why I am saying – It is not easy, even if you feel that you are sick, to go for the test.

Researcher: But there's a sense… Why do you think one should go for testing, even if you are healthy? Why is it necessary?

Participant1: Because sometimes when you think you are healthy, you've got this. You must go.

PARTICIPANT 9: Most of the ladies know their condition when they are pregnant. Because they are forced to be are tested. Do you understand what I mean? I don't want to hear while I'm still alright. I will be forced to go there to be tested.

Participant 10: That's why I want to come back to what I've said. If we educate a community, then no one will be afraid to be tested.

Participant 11: But how are you going to do that?

Researcher: Okay, let's talk about that, because that is a very good question

Participant 11: We are supposed to lead by example. Because what will happen is this, and what the government has already started, is for teachers to be tested. We are suppose to be the ones who are first to say I've already done it. And the reason why this thing is going up and up, is because everything is always done late and then I'm already HIV positive. We have to start by educating people – what are the causes of HIV/AIDS, what happens after you find out. And we are supposed to be ones doing that. Once I was told that, I was watching out and I was telling myself I was failing my community. And after that I tried to talk to them. But the problem is – people are not serious. And what we have been saying about people not disclosing at funerals – there are no need to disclose that. Because you see, even in this place, AIDS is not a disease, so you won't say that person died of AIDS. They will say it was TB… But what you are supposed to do, is to try and persuade the people to change their lifestyles. That is the best thing to do.

Researcher: Yes, and you can even do if from here. How can you as educators, here at school… Some examples?

Participant 10: If we are not suppose to get permission somewhere… if we are not suppose to get permission from somewhere, we can do this. We can do this. Like I think we must contact health workers first to come here – we must contact health workers to come and help us here at school. From there, the principal or the management of the school, are suppose to make means that we can use our school as a center.

Researcher: Yes? Explain – that sounds interesting.

Participant 10: The management must allow us to use the school to reach this. The community must not see us as educated people, they must see us as people that want to help the community.

Researcher: And also friends who want to help the community, but also people who have infected families and also knows someone that are infected with HIV/AIDS. Some even being infected themselves. So, not to be strange outsiders…

Participant 10: Because we are affected here. Mrs …….. is having a child, mrs…….. is having a child. The teachers, the school is having these people, you know. And this in affecting us. In order to support these people, we want to help you as a community. I think we must all go and do this.

Researcher: Yes, and I like your idea of getting the department of health… to get your school as a center of health and I love the idea of getting… Who else can you also get involve at school? So it is you, community members, it's health… Who else?

Participant 11: ATTIC

Researcher: ATTIC – what's that?

Participant 10:AIDS Training …

Researcher: I will search it on the internet. The NGO's, and who else?

Participant 11: The workshops that the department always invites us to attend… at the NGO's…

Researcher: Okay. And what NGO's are there in this community?

Participant 9: I don't know. We are not sure. It's only the counselors…

Researcher: The counselors.

Participant 10: But I think we can get the people who own shops here as our… If you can go and talk to them, because the people's needs – they cannot manage them on their own. Because they have got the money, they can help the community to get to those needs. I think so.

Researcher: And what about faith organizations?

Participant 3: Even if we are doing this thing, it was said on the television that we must also include the reverends and the priests and all those people, because this is where most of the people meet like at the churches. Because the problem with the churches is they hide these things as if they are not happening. But they are still there. Because they don't want to talk about sex. They must invite nurses, like at our church we invite nurses to talk about AIDS. We invite nurses to talk about the diseases, like herpes and all those things. It is very important that the churches must also be involved. Coming to what she has said, before doing anything, we also need workshops. Because when we are going to these people, we must be able to answer. We must be able to help, to say this, this and this. This is the way to do this, this is the way to do one and two, or one and three. Because this people don't know nothing about this.

Need for workshop on HIV&AIDS

Want to provide accurate advice to community

Researcher: I just want to understand something. Do you mean that you as teachers want to give those workshops, or do you want to receive the workshops?

Participant 3: We want to receive the workshops first, so that we can give.

Need for workshop on HIV&AIDS

Researcher: And who do you think should provide the workshop training for you?

Participant 3: Okay. If the ATTIC or the department, not to take one teacher from the school, but to take all the teachers. And at the workshop it will be so nice to talk about these things, because it is going to happen in our schools… They've been to…

Researcher: *Cosatu?*

Participant 3:*USAPT– Union of South African Provincial Teachers* It is two different parties – both are for teachers. What is happening, they went to those… Now they came back and as a result, the day when they made the report it was like a workshop. As a result now, they said every teacher should receive these workshops. It is so nice to deal with this, because they make everything so clear for me when we were there. But it was a short time. They said they are going to make more workshops so that we can go the communities and apply back what we have learned.

Workshops also support by Union

Educators what clarity of information

Researcher: Now I also want to know, we have actually spoken a bit about the children and we have spoken a lot about adults. The bit we spoke about children was while you said that you want to be careful in your classes, you don't want to distinguish this child from the other

children. And the other one was that sometimes the parent comes, it doesn't sound like always, but sometimes the parent comes and discloses the status. What else do you think… In your school at the moment, is there a system to identify the child who has HIV/AIDS or…

Participant 3: No, no. What that lady was saying about the food that was taking place, we heard of another school – that's why he raised that point.

Researcher: With the growing of vegetables?

Participant 3: What they were doing at ……, they… those people who have HIV/AIDS, they are giving them a special diet. They are doing everything for them, and as a result they are well… That's what we heard about them.

Researcher: But what about… I remember, B I think it was you that said on Friday, that there was a child that collapsed from hunger in your class. So what about the idea of not only providing nutrition for HIV/AIDS children, but for most of the school, because most children will benefit from nutritional food.

Participant 2: But all those children get food, it's just the brown bread.

Researcher: But that's why I am saying – the brown bread is one kind of nutrition. How about having a vegetable garden and then most of the children…

Participant 2:… can get something from it.

Researcher: Yes. In our country unemployment is such a problem. If there's no work, there's no money, there's no food, you get hungry children in the schools. So if we cannot only distinguish children who have HIV/AIDS, or who are orphans… If we can work with all our children and say many of our children are vulnerable – let's not label some. Let's try and…

Participant 10: I think you are a blessing in disguise by coming here and give us talks about this, because I think the management of the school must change its policy from today. Because here at school, the pupils that are getting the feeding are the gr1's up the grade 3's, while the whole school are suffering.

Participant 2: It's the policy of the department to say only those children should receive…

Participant 10: But what about internal?

Participant 2: Yes, that can maybe happen.

Researcher: Sorry, what are you saying M?

Participant 2: I am saying that the management must… No, the departmental policy cannot change, but now she is saying that maybe we can do something internally, here at school.

Participant 1: I was sent to a meeting, because I'm… and it was said that from next year, no… As a result we are having a certain lady who is coming here, she is going to see management. She is going to do some facilitation about this issue.

Participant 11: Not to the management?

Participant 1: No, she has come to the management first. She will invite others to… I'm trying to say that from next year it's not only going to be bread…

Researcher: And also as from next year, it will also not be the Department of Social Development who helps with the provision scheme, from next year it will be the Department of Education. It has shifted from the one department to the other department. But what I'm also hearing here is that 1) there's the confines, or the boundaries of what government says and what the school policies are. But I'm also hearing about this other school you spoke about (What's their name?) – they say that policy says this, but what can we in the school do? And maybe when you said we must also get community members in, or this person who stays in the house who can help with the garden. If there is so much unemployment in the community, to get the children and the community to work with that garden.

Participant 2: Some of these children, they just come to school to get a piece of bread because there's nothing at home. Because there is nothing at home.

Participant 10: And sometimes they cannot help for not having money, we must use them to help in the garden. Instead of taking their kids away, we must tell the parents to do work for us.

Researcher: Those who can't pay school fees…

Participant 10: They must rent their services here…

Participant 3: I want to get in here. Those vegetable garden – it's only the seeds that are needed. Rain are coming from Above to make that to grow, you see. So everything that is happening, God is happening by purpose. Because there are this disease, and most of the people… this virus are depending on *greens.* Greens are coming from soil, soil that can be done by people who are illiterate. So what we need to do is to motivate, because if we can go outside there is a lot that we can do, but you can see a lot of grass and weeds. Instead they will see the cabbage, or the spinach, or the vegetables. The parents need to be motivated. And the other thing that I want to highlight to you – do you know what is killing our nation? Is the confidentiality of this thing, this *pandemic* - being HIV positive. Because ever since it was told that it is confidential, because no one knows about my status… And you can see I'm a bit fat and fit, and any man could see a fit person out of myself. But because of confidentiality, knowing my status, I could easily accept your proposal – knowing that I'm HIV positive. Knowing that it is wrong. Because what is happening, even in our community - people are so stupid sometimes. Because why is this thing easy now – it is easy to go to you and sleep with you. Why don't you strike in your mind why is it easy now? Even those people who are still okay, it is easy for them to say yes, yes, yes. Yes is like good morning, good morning, good morning. Knowing that at the end of the day, they will be 10 like this who will die – knowing that I will not die alone. That is a thing that is killing our nation, that I am not going to die alone.

Participant 10: Okay, on that issue. That is why people who find out that one has AIDS, and accepted my proposal and slept with me, become angry. Because you know your status, you are suppose to say that I'm infected. Say I love you, but let's use condoms. I want you to be responsible – that's why people are killing each other

because they don't want to be responsible. I don't want you to have this.

Participant 2: They say I don't want to sleep with her with a rubber on…

Participant 3: They say: do you eat a sweet with a paper or do you want to eat a banana with the peel on? So they want me to meet and that's where the problem lies. Even if you know your status, you have one particular responsibility of condomizing. Even I have to be honest enough to tell you take it or leave it - I'm HIV positive. If you want me, put a condom on – if you don't want me… If you could see on the TV – a man that has got an affair and that women, her parents told her you can't go on like this. They have got 5 years – the man is HIV positive and the women negative. Because they were honest with each other.

Participant 5: I also want to say that it also goes back with us to our culture. In our culture it is said that a man can't sleep to one person. And it will be difficult for myself after twenty years saying to my husband – let's use a condom. The very first thing is: Why? So it is easy for me to be infected. Even if I can be as faithful as... It is not so easy…

Researcher: So you are saying that in your culture it is okay for a man to have more than one partner?

Participant 5: Yes.

Researcher: Although some have spoken about it, it is a no. So you can be in a marriage for twenty years and now suddenly if you say

listen I want to use a condom and he says why, you'll have to stick by this tendency…

Participant 5: It also leads to something else…

Researcher: And one is also trying to stay away from that conflict.

Participant 10: If the man has come to the push where he is unfaithful, you must separate – because I don't want to die. I want to see my kid when they grow. You must go separate - you can't just get the disease for nothing.

Participant 3: To add on what she is saying, but it is not an issue, it is not an excuse. It is an excuse because it will not happen to… The married man know he is married. But even if you could see your husband is not faithful, it is alright to say no - let's check again. It's coming back to: why don't you go for the test again? To those people who are unmarried, they are doing it purposely. Because if you are not married, it is your duty to say take it or leave it. To the little ones who are still at school, it is their responsibility to say take it or leave it. It is ABC – its either you Abstain, or you Condomize or B, I don't know the B…

Researcher: Be faithful

Participant 3: Be faithful, yes. So, it all comes back to us. I cannot say I know my husband is moving around and I say okay, take it. No, I must tell him: no, my life is also in danger.

Researcher: Are you also saying that women should learn to be more assertive?

Participant: Yes.

Researcher: I also want to know…

Participant 9: I wonder how many of us here are saying to the young ones: no, let's use this. Because you are not ready at that time to… you know… If you say to your husband okay, let's use a condom. We always say so, but we are forced not to use it. But you know that he will go out, you are not ready in your marriage… You are not ready for a fight and you are not ready that your marriage are going to fall apart. You give him what he wants, because he is your husband.

Participant 10: But what about the consequences?

Participant 9: You will suffer, you will suffer. And you are not yet ready for your marriage to fall apart. How many of us… how many of us here use the condoms?

Participant 1: I want to reply by saying right enough; it is not easy to say you want a condom. But now if you can see that your husband he is unfaithful, now you have got the right to say that you want it. It is your right!

Participant 7: I want to talk about this denial. I have a friend, who is married and has HIV, and the husband doesn't want to use the condom and now she is HIV. I'm sure the husband is also HIV now. She tells me he does that.

Researcher: What about we talk about the woman who doesn't want to, or it's difficult for a woman to ask for a condom and to be assertive with other things, because we don't want to cause trouble in the

marriage. But what about… I'm thinking about the children and (*almal praat gelyk*)…….. And these children are going to stay with the aunties and uncles, "ouma's and oupa's". What do we tell our children in communities when we are HIV/AIDS? Do you know if parents talk to their children about HIV/AIDS? Do they talk to them about when they are going to die, and about where they are going to live? Who will look after you when I die? Will you get this house? Do the parents share information?

Everybody: No.

Researcher: Okay, let's take one at a time.

Participant 9: Let's come to point of this – Why HIV positive woman become pregnant although they know that they are HIV? And they don't want to terminate the pregnancy. Although they know it will… Everyday we are talking about the orphans – a lot of orphans, but they still become pregnant although they know that they are HIV positive. Do you understand what I mean?

Researcher: Yes, I do.

Participant 9: Why they don't accept to terminate the pregnancy?

Participant 10: I think the answer there is this – they want to proof a point. They want to proof a point. You know what? If you are HIV positive, and you said to that one or even if you didn't say it to him – you want other person to know that, even if they see how tired are you, you want them to know that I am not HIV. I am going to proof a point that I am going to be pregnant and you will see my child, although the consequences will follow.

Researcher: So it is denial?

Participant 10: It's denial, its denial!

Participant 11: I am also going to say that they don't get pregnant to proof a point… (*almal praat gelyk)* And secondly, it's against the law to terminate a pregnancy…….. It is not that they want to get pregnant to……. (*almal praat gelyk)*

Participant 1: It is not a question of …….

Participant 10: Even then, even then if you are not HIV and then you become pregnant, you are tested and you know your status now is…, you can terminate the pregnancy because you are not going to… It is not okay to see when a child is sick. If you go to this hospitals, their parents are dead already and now the child is suffering. But again, because I'm not responsible or I don't want to be responsible, I get pregnant. Why? It's denial.

Participant 5: Again to what you are saying. I'm going back again to say cultures play an important role, because our parents don't talk with us about sex first of all. They don't even tell what are the consequences. They are still continuing with that. Even with us here, right here, we don't even know if our parents had the will or what… The only thing that is happening is that we fight when they are dead. We fight about the house, because nothing is being said to the children – absolutely nothing. You just go out and find out yourselves.

Researcher: I just want to find out something. Is it that most parents do not speak with their children about HIV/AIDS or death?

Participant 10: But I think there is no need, there is no need.

Participant 3: What is happening now, is that we are taking the blame to our parents. Now the parents are us. I've got a 16-year old, she's got a 21-year old. This century is another century, being us as parents. What are we as parents going to do with our children? Because most of our parents died long ago.

Researcher: Do you talk about sex with your children?

Participant 9: Yes, but not in a… For instance, I've got 2 children - the one is a 21-year old and the other one is 18. When I am talking about sex, I said to them… I talk like this: If you have many girls… You see, I shout - I don't talk to them in a formal way. I say: if you have many girlfriends, you will see my dear, you will have HIV – you will have AIDS. I will be out of that, you will see. That is the way we are talking to them, we don't sit down and talk to them in a formal way with detail. I am talking about me.

Participant 4: My children are still like this and this, the one is 5 years (*showing small)…*

Researcher: I want to tell you something that happened to me. This is also a disclosure from me. We had a daughter, and we thought we want her to be aware of things in life from a small age. We talked about everything and we call everything – we say a penis, and a vagina and so on… So that she can know that this is what happens. Because what do we do? We say: my child, this is your tummy, this is your hips and we skip… Then once we were at Kwazulu Natal for a holiday and my daughter wants to go and play with the "maatjies" next door. And she said: mommy I want to go play next door. But we thought no, we

don't know the people. And we want her to be careful, so we told her to be careful and not to do this, and this and this… And at the end I said to her, okay – you can go and play there, but nobody touches your vagina. And she runs out of the door and she screamed: mommy said I can come and play but nobody touches my vagina! And I was so embarrassed! But now I know that my daughter is 5 years old but she knows. So 5 years is old enough. We don't start at 14 or 35…

Participant 9: If I have condoms, I just go to their rooms and put it in their *wardrobes*. I don't tell them here at the condoms, I just take the condoms and… I don't want to know what they are doing when they are busy, you know. But what I did – I just take the condoms and put it in their *wardrobes*.

Researcher: So it is still a secret?

Participant 9: Yes. I can talk with other kids, but not to mine.

Researcher: And what do you do?

Participant 1: I just talk to them when they start showing, then I'll say you must talk with them.

Researcher: And then, what do you tell them?

Participant 1: I just tell them that if you go with a man, you can get pregnant (*praat baie onduidelik)*

Participant 10: They are saying that communication is the best policy for our homes, but we don't do that. But now, a word of advice. Kids are seeing these things on TV, but they are naughty because they want

to proof it on their own bodies. And its carelessness - even if you talk, they just want to do it.

Participant 2: You know, even here at school we have sex education. But we are not trained on how to answer these children's questions, and I understand there are teachers for that. So I think we need to get some… how to approach these kids at school, because all that we know is ……. what we hear and things like that.

Need for training

Want certainty regarding HIV&AIDS

Participant 1: I was for training……. But you know, you can't even look at them….. She didn't want to explain it. So it's for us to be trained.

Need for taining

Participant 11: I just want to know. In…….. we've got different age groups. We've got the little ones, then around 10 and then the bigger ones. So, some of the information is catered for the older ones, so you cannot just give it to all of them.

Researcher: Yes, it has to suit the age group.

Participant 9: And even……. And I will give lessons to a specific age group, because these younger children like to go to their homes and say mrs…….. has done this and this and this.

Researcher: Okay, so you also need the parent's consent?

Participant 10: Yes, you need the consent.

Researcher: It's a good thing we are coming in January, because there's so many things we have not talked about…

Participant 3: I just want to say. Like my daughter asked me one day. She was 14 years, now she is 16. She asked me when is the right time to get involved. And I asked her where did you hear that. And I said, okay one day will…. Uh!! One day? One day is too far! And I asked her why do you ask such question. And she said that I got a form from school that I have to fill in and discuss everything. And I said to her show me your form. And she answered the form and wrote that age 16 is right to get involved. And she answered that herself, you see. And that shows that even at school they are talking about it, you see. Even us as parents, we have to ask them why, so that you can be involved. Like what you were doing by talking about the vagina and the penis – it's not like this with us. Even when we are washing, our kids used to look…

Researcher: No, but it's the same with us. My daughter has a hard time at school - the teachers called me in to say do I know that my daughter are saying these words. And I said I know and I will tell the other children also. So it's something that many cultures struggle with. We don't want to talk about it.

Participant 3: What we were saying - we as blacks… We said to a vagina is a cow. But how can it be a cow if it's between your thighs? We want to make a child a fool. But they think how a cow with horns put his head between your thighs? So then we they talk about men they say *puti* – you don't tell him, but when he ask you say all men have got this. Because look at the 3-year old when she saw the 8-year old – "my, my – come and look at this", and was pulling… Because she could she that hers was not like his. And we didn't say anything about it, but she could see it was not like hers.

Participant 10: I think when you come back again, you will see the difference.

Researcher: Now, that sounds interesting…

Participant 10: Because we will be up to the principal to… What is going to happen? We want to save the community.

Researcher: And also you can't leave everything for the poor principal.

Participant 9: No, in our school it is like this. The parents, the community, came to our school before and asked the principal if they can plant there and we can have the veggies, everything, you see. But the principal said no. So that's why… So we are going back to the principal now and ask him to accept those parents to come back and plant here at school, because it will help the teachers.

Researcher: And then it must be in the interest of…

Researcher: And you must remember this must then be for the school and not for themselves.

Participant 9: No, even if it is for themselves, it will be fine. They will give us… We.. they will donate what they plant, you see. We will get something from them.

Researcher: But it must be first for the school and then… That is what I'm thinking. Because maybe if the parents will feel that they are doing something for their children, it will make sense to them.

Participant 9: No, if we say they can plant for us here at school, they will come and steal. They will come and steal. But if you say they can plant for them and then we'll get something, maybe a quarter…

Researcher: I understand what you are saying.

Participant 9: Then they will not come and steal, because then they will steal their. Maybe if they will come here and plant for the school, they will steal.

Researcher: Okay, I think we need to wrap this up so that we can go on. And thank you – I think we will definitely continue this discussion in January.

Participant 9: Are we finish now?

Researcher: No, we are not finish for today. We are still going to do the posters. But I just wanted to say thank you for this information that you shared. And I think you didn't only share information. I think you got some ideas of what you are going to do. And that's excellent.

Participant 10: If it wasn't for you, we wouldn't get the ideas…

Researcher: We did it together. I think we can take a break for 5 minutes and then come back.

Appendix E

Analysis of face-to-face interviews

Participant: with the shock first of all, with the shock

Field visit 1 - 18 February 2004

Interview 1- 1

Participant: First of all they must know what you are talking about so that if they ask questions you can answer them. If you don't know you can say no I don't know, and come later with an answer, you don't just talk talk talk. You must have got a full information – first of all. What I like, the importance of spiritual in holistic care, emotional and spiritual – you have to give them emotional support. You can give them spiritual support because when they can help you into the trauma for the family and for themselves

Researcher: okay, but you are saying that you feel, to train the teachers on how to deal with this trauma, of assisting the person that's been identified

Participant: yes

Researcher: okay

Participant: you know when a person come to you, for example if your friend come to you telling you the first time he hears the news, or she hears the news, what are you going to do, are you going to cry, what help are you going to do, in other words what are you going to do

Researcher: so the initial, assisting with the shock

Need to be informed

Desire to provide emotional & spiritual support

(Member checking)

Desire to provide emotional support

Researcher: with the shock first of all, train teachers to help say parents and to the community members and even children?

Need for training

Participant: yes

Researcher: on how to deal with the shock

Participant: for instance in my classroom I've got a child, XXX, 8 year old girl, I must give .., when I am at home I always think about here, I want to give her hope, I want to give the support spiritually and emotionally. She likes to cry, she likes to demand something you know. Sometimes early in the morning she doesn't feel well, she doesn't want to work, as a teacher what must I do

Desire to provide emotional & spiritual support

How to cope with HIV infected learner in classroom

Researcher: so how to handle it when the child is infected, so how to handle the infected child in the classroom

(member checking)

Participant: and that last trauma

Researcher: how to cope with it on a daily basis

Participant: for instance the pupils in your classroom you treat them as your own children, like a member of my family because he's a child of my heart of the children in my classroom, so that's why I said the child that is in your classroom, treat them as your own and now even when I'm at home I felt there's more that I can do, I want to do more. You see I want to do more, what can I do today for XXX, you know

Desire to offer more support

Sense of urgency to support

Researcher: and you don't know how?

Insufficient skill & knowledge hamper support efforts

Participant: yes but I felt there's a lot I can do but I don't know what, but at the school I just went to the principal and told the principal that I saw this child, and I want to call her parents, her aunt because her mother is already died and father. And I went to the principal, the principal wants to see XXX, so that she can know what is happening at school you see, as an infected child, I want to know about the grant, about the social worker and I hear that they've moved.

Already supporting

Need guidance on referring

Researcher: just now before you forget, it's better for if the mother and the father of the child has died already, it's better to apply for the grant for HIV care than it is to apply for the grant to adopt the child, through foster care, because with the HIV kid care you get more money, so it's important that those, the care takers, not the parents, the caretakers must not apply for the foster care, not apply for the grant, they must apply for the HIV grant. You must tell the guardian that because the HIV grant she's going to get R700 with the foster care grant she's only going to get R400 so you must tell her that she applies for the HIV and disability grant, then they will test XXX and they will see she's HIV positive and she'll get the R700 grant. It's a little bit more money than the R400 so you must tell her that

Participant: okay, what she did, thank you for that, and that is what she wants to know, that is why we want to go to her house, we've been told that we can know, what she did *(the social worker)*, there are some people that you can phone and tell them the problems you see. What .., it was last week or that week, when the social workers came to XXX's home and they bring food and they

Educators organised a social worker – already supporting community

tell us XXX can get a grant you see, an HIV grant, that's the disability grant. So this was last week when they said they must go, her aunt must go and get the grant, maybe the grant is already there. I feel happy of what I did you know, what we did as a whole, not me alone and the principal like all these ladies. But what about the other children and it feels a bit little we've got a lot of children here that are infected, and now we are moving here with, we are going to deal with .., we are going to deal with so much sick, as I told you that if your child is infected or whatever or what .. or a member, you are traumatic too, you feel traumatic, it's a trauma, you live in the trauma that is why I said you must know everything .., the importance of spiritual support and what you want to know, HIV and the meals and how it is and it's not because sometimes it can happen like that. If you have the time you will not want her to come next to you, do you understand what I mean, you don't know and now we must know that we must help all the children but this is confidential a disease like this, but that child is in the classroom, there are a lot of children that is next to her. What are the children going to do with the children in the classroom because the child is in the classroom, you see and now you have to teach other children what they must do and not to do, you see, not that you are going to tell them that so and so is infected

Educators are emotionally affected by HIV&AIDS

Need to be informed

How to cope with learner infected with HIV

Researcher: if you are, I understand it – do you want to take it to be changed so they can tell .., teach the children in their class what causes it, if they have a child in the class or a friend on how to handle that

(member checking)

Participant: how to handle it, how to handle it you know, and all the time they must know the disease, this disease you see and how

it is and it's not spread, you know, even us teachers we are not really sure what we know you see. You see sometimes you can feel scared you see.

Do not possess sufficient knowledge

Researcher: because you're unsure

Participant: yes, it is like that and there's a diet

Need practical information

Researcher: so information on what type of diet HIV people should follow

(member checking)

Participant: yes and the role play counselling, as a teacher you are a counsellor, with this you must know how to do it

what to provide emotional support

Researcher: okay, would you like any training to do include a session on the role play of doing counselling?

(member checking)

Participant: yes because sometimes you are not going .., it can be not easy to go and get psychologist you know, you as a teacher you must have a role play in counselling you see, because you are here now you see.

Identifies me as asset they could utilise to enhance their skills

Researcher: you are in this situation and they trust you and you must be able to mobilise

Participant: yes, that's what I want to know, you see how to do ..(unclear) and to make, more especially in youngsters, the myth of HIV, you see there are a lot of myths you see. Some as I told you before, the time you were here that there are so many myths that HIV is not something that is real, you see

Researcher: and there's still people believing it

Participant: yes, they like to sangomas and do this and this, they like to say there is a calling of ancestors, it's a myth, there's a lot of myths about it, you must know how to feel, how to tell them that HIV is here, ja

Feel that they ought to spread correct information

Researcher: one other myth I've heard about is that they say that you're bewitched, they say that you're bewitched

Participant: it's true yes

Researcher: and how to handle somebody that tells you, but I don't have Aids I'm only bewitched

Participant: yes they like to say so and more especially in youth. More especially in youth and now here at school there's a lot youth, you see, you must teach them HIV Aids is real you see

Researcher: so in the classrooms almost breaking through the myths

(member checking)

Participant: yes

Researcher: to train the teachers to do, for example, classroom debates so that you can spread the right information and break through the myths.

Participant: yes, you know, and I told you the way in which HIV is not transmitted, physical, close tough, and look like you are bewitched, they are treated like this but we must know, that is what

we want to know, how HIV infection can be prevented, prevention of HIV and also how to do support like you must be patient, you must know, you must know everything because they are going to teach, don't rush them, don't rush them because it's easy for them to be emotional, to become emotional you see, you must know what you must say and not to say you see, the way of teaching them.

Ought to spread correct information
Offer emotional support

Researcher: so do you mean how to train the teachers how to teach about Aids?

(member checking)

Participant: yes

Researcher: or about general in the classroom with all the children and some children being HIV

Participant: yes, for instance, for instance, there is a foundation phase, and in a foundation phase there are some things that you are not going to say

Educating learner on HIV&AIDS issues

Researcher: to say to the child, okay

Participant: though you want them to know, but it's difficult to say it for the children

Researcher: how are you going to get the message across?

Participant: yes, and then it will be better in intermediate, and it will be more better later, you see and what else we want to know, the resource relief of organisations involved in HIV in PE, you see, a resurrection haven, like all these places but when you talk to

Need for guidance on referring

them you must help them with those organisations, they don't know. Most of them they don't know where to go.

Already supporting by referring community members

Researcher: okay, so you want information on resources available?

(member checking)

Participant: yes, resources ja, in this area, ja in PE, so that you can send them there, what illnesses take advantage of the Aids virus, there are some TB, and they must know all of these illnesses, you know they can take advantage of the Aids virus. They say with preparation of food and maintaining good production you see, sometimes they haven't got the diets, what they must do you see. You see sometimes it's difficult to go and buy, they can plant veggies in the garden so that they can get a veg to improvise you know, because it's not easy to go and buy, you see, sometime there is no one who is getting a grant it and it will take time to get a grant, it's not easy but if they can plant veggies, you see so it can help, do you understand what I mean. So that we as the teachers we want to know

Need for practical guidance to support

Identify tangible assets

Need to be informed

Researcher: what other possibilities

Participant: yes, what other possibilities

Researcher: or to give people access through a diet

Participant: and what you can do as a community, what we can do as teachers to help that family you see. For instance some of the teachers bring fruit for XXX, some a banana for the day, or whatever, sometimes we give that child something is not good

Wiliness to support

Already supporting

because we don't know. The other thing that I need, maybe I will bring grapes, XXX to you can have this, I think I'm helping but it's not good for her, it's not a good diet for her. The other one would bring a cheese and bread with cheese, but maybe the cheese is not good for her, but we want to help but we don't know what if it is right or wrong do you understand. So that is why I say the diet, they must know the diet because I can bring a lunch for the child, but maybe the lunch is not good for her, do you understand.

Lack on knowledge is hampering support efforts

Researcher: ja, also teach the parents and the caregivers on what type of food must have

Participant: yes, and what else,we are the care givers, we are the care givers because most of the time those children are here at school, from 8 o'clock to 2 o'clock, most of the time they are here with us, they understand, we are care givers too. Not only the family, not only the family or the neighbours, we are the care givers too because most of the time they are with us

Provision of support their responsibility too

Researcher: you look after them?

Participant: yes, that is why it is a trauma even to us, but we are not going to cry, we must be bold, we must be strong for them you see, and the family too because most of the parents here in this community, they are illiterate, they don't know you see, so if you call them you must know what is there you see. And the home care, the home care for instance there's this visit to those home that are having a problems you see, not that to say at home, to say I'm stay, my family stay, you can go and visit them and bring anything that you can help, anything, to show that you are with

Educators are emotionally affected

Support is their responsibility

them, you are with them because you don't know what will happen tomorrow in your home, don't say I'm safe, my family is safe, so you can help in there, you feel you can do whatever, visit them, talk to them you see. It's something that I felt we must know from each other and help in the community you know. But we can think that we know, but we don't know because I'm not trained properly you see, we are not trained and we haven't got any gloves in our classes so that if the child here is bleeding you can help him, you see, you can help with gloves you know

Need to be informed & trained

Researcher: maybe they should work out numbers that you get, try and find out if there's no organisation that will be able to donate gloves to your school

Participant: ja so that we can – about planning of the teaching, you know I want to teach them, maybe the community, the parents about the teaching of the community or of the families. I must know the priority topics, you see, not just to talk, you know, the priority topic

Ought to spread correct information

Researcher: when speaking to the parents.

Participant: yes, the priority topic, hence those to feel comfortable, the way of teaching you know, you must help them to feel comfortable so that they will be free, so they can be free, encourage them to ask questions and talk – some they don't want to talk, they just want to ask any question, so you must encourage them, the family

Researcher: the family, okay, get the family to get involved in it, okay

Participant: yes, if you understand what I mean, it's not that we are going to teach in the school alone, even the community

Snowballing: spreading the correct information

because we like to call the parents of the infected children here you see, we must encourage them to talk, some they are shy, they don't want to ask too many questions, so we must have the ways of encouraging them to speak, to ask questions and remember whatever, do you understand what I mean, you see to make sure you find out the family and the sick person knows, you must know what the family or the sick person know or believe by asking questions, but we must be sure these questions are not going to make them angry, you see

Researcher: okay

Participant: It's a way of teaching

Researcher: the way of interacting with infected and affected families?

(member checking)

Participant: yes

Researcher: okay

Participant: too much information all at once is confusing. You must say okay today I will give this thing

Researcher: like you said like priority topics

Participant: yes, priority topics for the day, you know too much information is confusing sometimes, but we must know as teachers, we must know as teachers, you must know as a teacher that today I must make this priority of what I want to know, the priority topic you see, the information that you want to know, what it is, because they will become confused

Researcher: XXX tell me have you ever received any Aids training?

Participant: no

Researcher: so the information you have on Aids where did you get it?

Participant: it's only because, I told Ronel and Lizelle that my brother, I've got a brother who is HIV

Researcher: so the knowledge you have HIV comes from your brother or where did it come from?

Participant: no, I just have it, because I'm the part of SADTU, I'm part of SADTU, I stay with my brother, now I have to know, I knew what they don't like, do you understand what I mean?

Researcher: yes

Participant: I know what they don't like, I know how I felt by the time I received the news, as a family

Researcher: so you've almost experienced it?

Participant: yes, experienced that I am there

Researcher: and the things about diet, and the things, where did you learn that?

Participant: the diet, sometimes to listen from the radio

Researcher: okay, media

Participant: yes, media, radio, television, pamphlets and so on. But we haven't got .. I know that, I'm praying for that workshop, there's a lot more I have to know, even to help

Researcher: how long have you been with the school?

Participant: nine years now, as from 1995

Researcher: so you've walked quite a long road with the school?

Participant: yes

Researcher: thank you so much for all the information

Participant: okay, thank you

Researcher: I will now go back, I had interviews with 4 people and now I am going to plan a programme and then in April or May I will come and give the programme to you. Then I have been working with and then you can teach the other teachers, then you can go into the communities with your knowledge, so that's what I am

Field visit 1 - 18 February 2004

Interview 2 - Participant 2

Researcher: Last time you where working with Ronel you decided that there is a need for the teacher to be trained on HIV. What I want to know is what do you expect form training? I want to go home and I want to see if I can develop a program and come back to the school and to present it to 10 teachers. So that's what I want to study. And because it's research, everything you, we say is confidential

Participant: ja

Researcher: will not mention your name of the school's name. and you don't have to do this if you don't want to. I'm not forcing you and you can tell me if you don't what to do this any more. So I'm going to give you a form, that you can read and if you what to you can sign it. This form is to say that I told you it's confidential and that you don't have to do it and you can leave anytime you feel that you don't what to do it anymore.

Participant: Ja

Researcher: I want to start by asking you, you said yesterday when we spoke that you know about the children that are HIV positive, how do you know they are positive?

Participant: Okay, I'm so much fortunate, because I have a child, I would start with, it was last year, this parent had got a child with her, but the child was no longer with family then this parent came to

me and told me ‘ let my child sleep, I got sick and now I’m not the way I used to be, so you mustn’t mind of the child has got problems here at school, you must know that I also got some time’ and I said ‘ why don’t you go to the teacher that child is with now,’ but she said ‘ you know, mam I am HIV positive that is why I told you that I’m sick’. She said to me ‘ I have got nothing with me and there is no way I can get help but I have been diagnosed with HIV’. Then I said ‘ I know the teacher of that child, she is the one who’s going to take care of you kid, if you have got a problem you can go to the present teacher , but confidential’. I also told her that if I can get help I will be able to help you but I had nothing that I could do for her at that moment in time. I also told her that I wish we could get help for her. Then she went to the teacher of that child and talked to her, so that she can understand if the child is not well. Then the other child, that’s why I say I am very much fortunate. I got this child, his parent came to me and said that he is going to the social worker. I didn’t know that they were sick, but I suspected that, and the reason why I suspected that is when she told me, otherwise I could see the sores. So she told me, and he had to take the child to the social worker, so the child was absent in the classroom, so she wanted me to know what caused the absenteeism is caused by that

Willingness to support

Researcher: Alright, you are saying that you only now when people disclose. But you saw the sores, and …

Respondant: ja, I saw the sores, like the other one had. But when she told me about it, I could not see that’s why the child falls asleep. She doesn’t want to say,,, but certainly I do notice them, but could you take a means of letting the kid to sleep in the class, but after knowing that it’s when I took care of her, in a way to make so that the class can not suspect why the teacher now loves XXX,

Coping with learner infected with HIV in classroom

why when XXX feels like sleeping she lets XXX sleep. So I say 'okay XXX you have to do work for homework'. And I say ' if you don't feeling well tomorrow, tell you mum to take you to clinic. So that they have that little bit of help. I don't know whether its help or advice, but I used to do that.

Already supporting

Researcher: so it's the way you handle it in you class

Respondant: ja I treat them all the same but the other mustn't suspect that there's something wrong with her. You know the other kid they tell you 'I didn't sleep well last night but this one they do not speak. There is this other boy he is doing grade 2, grade 4 now. I asked the boy ' why do you to sleep, each and every time, especially in the morning?' and he said ' I have to watch for the witches when they are coming at night, so that they cannot come and fetch me and my grandfather said I must watch for them'. Now when the time comes for school it's the time for him to sleep. Then I spoke to the grandfather, the grandfather then explained the same thing even to me. It is difficult to control the situation.

Researcher: have you received any training on AIDS

Participant: no

Researcher: but you seem to know a lot with the sores and things, where did you get the information from.

Participant: the information I get from the, I like to use the … each and every book and even the programmes on TV. As a result at home my kids, I won't sleep if there would be a talk on HIV. They

Assets utilised in media

would say “mommy you are so anxious of HIV and AIDS” and I said “ leave me alone I know what I’m doing”. The programmes on TV helped me a lot, the books. There was a book that the department gave us, the department distributed it to all teachers. I used that book. I read it a lot.

Assets in media utilised

Researcher: I would like to know, if you have to design an AIDS programme, how would you do it?

Participant: through a workshop, what is it all about, know what you have to do, the second one, what can we do to help, if there’s someone infected, how can that person be helped, at home, at school or at work, how can you help that person.

Willingness to support

Researcher: You mean things that you can do to support them?

(Member checking)

Participant: yes, counselling. I want to attend a course, but the department could not send me, because I wanted especially for counselling. I know that I can do that. The other thing is education, so that some people had got the right information. As I told you …I may invite that woman …of the woman’s union. What happened is that we had a woman, she is not married, but they are allowed to make prayers with them, to do those things with her, now what happened she got the HIV – so she had a denial. The symptoms they found on her, all the symptoms were there… but I had to say to her “I could see that you just cry”, but when you talk to her, she’s away from what you could see on her. Because I use to bring her prayers there, three or four woman would go there and pray for her. She would complain of the cold.

Desire to be trained
What to provide emotional support

What to spread correct information

Already supporting on spiritual level

Researcher: so cold is one of the …….

Participant: ja, that I've got a cold here and I took this cold by using Gin and lemon. You see if you say Gin, because it is liquor, it's taking the out the cold. The second thing that she complained about, she would say to me or even others, "I'm okay but you could see that she is not okay. But the problem is this cough, she would say if this cough can go away I will be okay". You could see something was wrong she used to ear a dress size 46 but it was clear that she was wearing a size 32. So those symptoms. I told her that ' how about using …we heard from other people that they were helped by Spirulina, the immune booster, I asked her to buy Spirulina so that she can boost her immune system". But I didn't say that the symptoms were telling me that she needs to boost her immunity. She was admitted to the hospital, she would even there at the hospital, she would cough but she was better that the others.

Already supporting on practical level

Already supporting on practical level

Researcher: but she thinks….

Participant: she would say if this thing can run away I will be fine, but that is denial. So those symptoms helped us a lot because what I was about to do now is to ask I had already asked the wife of my neighbour, she had been too, she had been to counselling and got medicines that can help the flu that when you got cold you can use this – she knows that when your cold you can use this and that but I don't know that because she has been to the workshop and all these. So I asked her, because she's working at P.E., why don't you go to the clinic. Because you are alone when you go there. Then she promised that "okay I will go their and I will give her something that is helping but she passed away.

Assessing asset in closer community

Desire to be trained

Researcher: she passed away

Participant: she passed away, if she was strong enough she would have got her some sort of help.

Researcher: so you think the symptoms are important?

Participant: ja, they are very important

Researcher: and how…

Participant: you know the minute, the causes yes, they are very much important but not that much. Like I can get…even if the… and honest woman, staying at home having one husband, but I don't know what my husband is doing, the cause might be my husband being naughty or sometimes you get sick because you went to the hospital long ago. Now what I've concentrated on now is what can help them because it's there.

Sense of urgency to support

Researcher: and the..

Participant: because it is already there, we cannot take it away, because sometimes we preach and preach for preventing but we still have the problem, because the very ways that it comes to you it's the way that the people are, even though they know it's dangerous, but now you cannot make it go away. What can we do now that we are here?

Sense of urgency to support

Researcher: so you are saying that you would rather spend you energy on supporting and …

(Member checking)

Participant: ja, but at the very same time, going back to those young children, to give them educations, they are going to do

it, they must say that I did it knowing very well what the risks are. We cannot run away from the importance of it. They go together, but now the important issue is how can we help.

Researcher: so you are saying that if you teach the little ones, give them the information so that they can teach it to the little children, and also to support others. What can be done to support…

Participant: and to add more that, education is very important, you mustn't underestimate these kids. We are supposed to teach them on their level because when you think at it, if you are going to make it as a subject, let's say you were going to make it and according to the level, that will understand them and come with the information, the good that they gives us, they've got levels of information on it means if you can study at Grade 1, in a school and the subject that will in a long run, I feel there is a low rate of HIV.

Educate learner and spread correct or understandable information

Researcher: so you feel it should be almost like a subject with different levels for different ages

Participant: ja, even if it is just 30min a week. You can teach them. You know what there was a lady that came to school. She was brought to school by a gentleman who's dealing with HIV and AIDS. Those ladies were infected, and they talked about the sex. It worked. I said to my friends, those ladies are not educated, those ladies were the ladies who dot infected –anyone who may be capable or who had got AIDS educations can help. That's why people are becoming activists, those who are infected, so that we can see from them.

Researcher: so the knowledge can either come from training or experience.
Participant: but what's important at the end of the day is a good someone

Researcher: and what will you do with that training, you will support the people, the parent and the children?

Participant: you know. Like now we are trying to help, but helping is like going to a cousin to know that if you have a wound, I must put this leg like this, so that you know, but if I don't know that I have to put this leg like this, I will just make everything worse. So if you have a child I can keep on talking to her, nothing will help, but if I come with ..”okay why don't you use garlic” so that your child can be helped. You see I give help, that's the thing, but if I don't know nothing about those things how can I give help.

Already supporting

Support hampered by lack on skill & knowledge

Researcher: so you want all the teacher to know how to help?

Participant: yes, because we are dealing with kids and the parents. Because some times they are illiterate, they know nothing, but you know something and when they come to that the teacher knows everything. They've got that trust that if they told the teacher something. But now you feel angry when you cannot help because even now when they come to me, I say I will organise a social worker, well they know that social workers know something about this AIDS, why don't you….it's a little bit of advise. But if I knew more I would have given her more than an advise. 'okay now you've got sores, why don't you wear gloves and put something that will help the sores. The help, literally help that you van give

Community trust them to support

Sense of urgency & emotionally affected
Asset identification & utilisation

Willingness to support despite lack on knowledge & skill

her, physical things that you can give her, not just talk. You can give them advise but you need to do more. Like even if we are giving them advice, the advise must be a good one, not the think that you think can help. But if you know something, suggest " why don't you have a small garden so that you can plant things" that's good advise because you know that she's going to plant vegetables. But if you say I don't know what they are using, they are talking about nevaropine, it isn't that easy to get. The problem is now. What can she use now. What they need now is what is important, sometimes that is going to help her immune system.

Need for practical skills to support

Already supporting on practical level

Sense of urgency to offer support

Researcher: I've talked to you many times; you are doing quite a lot. You are constantly watching out for the children and watching out for the parents, your friends and family, when you know that there's a person in need you help them. And you also said last time that sometimes you give them food parcels and you say that you pray for the people and that you visit them. What else do you do to help people cope?

Participant: that is what I wanted. I wanted to do more, so I said to myself, if I can get educated about this, like a workshop on what can we do more. I'm sure the people who know can give us more. Like if I've got sores what can I use, if I've got thrush what can I use, because I cannot give them advise because I know nothing about those things, although I heard about them but I need somebody who can give me surety, when we go to a workshop, you know that this thing has helped, now it's going to help. It is not something that I can take out of my mind and take chances with people's lives. I only help that I give is to give support to them, support, advice but it's not enough for me.

Desire to offer more support

Desire to be trained on offering practical support

Training will provide confidence

Desire to offer more support

Researcher: to support the children and others. And give them advice on what to do?

Participant: ja

Researcher: how will you tell others what you have learned from the workshop, what is the possibility of that?

Participant: of what?

Researcher: of taking what you've learnt from the workshop and that surety of the knowledge, telling the other people about it?

Participant: it's easier for us. I am like this, if I can go to a workshop, even for me to tell them the way I was told, I'm just like that. Even if I can go to a meeting, when I come back form the meeting, when you listen to me you will think we were in that meeting, I'm somebody like that, and I'm so glad for God gave me that gift. So I won't have a problem even if you can train us and they will learn more. You won't be wasting you time by giving me or the other teachers training, it's where we can help, especially like that, I like to talk and if you can't stop, I will talk continuously, I'm truly like that, I like talking

Would transmit knowledge from workshop to others

Researcher: you like to share

Participant: ja, I like to share, I like to do all those things, especially if it relates to talking.

Researcher: apart form helping the community and getting advice and knowing what to do, why do you think all teacher should be training?

Participant: because here at school, you know the squatter area. If you can think at the courses of HIV and AIDS they are coming almost from a areas like these, there's poverty, unemployment and those things. But if you can teach that earlier because these kids are going to be a community of the area are going to be the future generation of this area, so they will do better than the present generation. They are like this because they don't know, but the little one's will be advanced, they will have better knowledge that the older ones.

Researcher: when designing the program maybe you can think of a way to teach other teachers and then it can spread like that?

Participant: that will be good. Thank you

Researcher: thank you also very much for you time and everything you do for us driving with us in the community so that we don't get lost and everything is to help others. You have a great heart.

Field visit 1 - 19 February 2004

Interview 3 - Participant 3

Researcher: First of all I want to ask you what type of training you have received before.

Participant: Well, first of all we got a circular from the department and we attended a workshop on HIV&AIDS …

Researcher: okay, tell me the teacher training on AIDS that you have had, who presented the training?

Participant: ish it was many people ATTIC was one of them, but it's not ATTIC alone, but it was the community but ATTIC was organising the first week, so the first week we gonna have ATTIC and then the others picked up for the department of education

Researcher: and the training you received there, what was the format, was it a workshop or discussions or ..?

Participant: it was a workshop, there were lots of handouts too, like one's of being infected, like how far do you know of the virus, and our first day, he asked us what we want to know concerning HIV&AIDS. What do you know as now, up to this stage, what do you know? What do you want to know or more. Then from there they took us from there, then the introduction then they fill in the thing, then they started.

Researcher: tell me, you are in contact with a lot of HIV & AIDS people in the community. How do you know those people are HIV positive?

Participant: I don't know them, but I've got one friend, that was 2002 neh, like he was saying, now he does confirm to me otherwise, otherwise some of them it's difficult to know up until someone comes me and disclose. But, most of them don't look alright or maybe you don't know.

Researcher: so you only see a person as HIV person once the person has disclosed? You don't look for symptoms and say this one I don't know?

Participant: like I couldn't believe it, because he was normal as I am, healthy all the time, but to a certain stage whereby like the problem of him neh, he doesn't know where to go to look for help, like in terms of getting a treatment, like eating even a proper nutrition, doesn't know where to go. Most of the people that's the problem, they don't know about those things, they get sick, they don't know about where to go, now you are in this stage, a doctor has told me that you are HIV positive, but even most of the doctors they don't even do like the free counselling and even the explaining – they just say we going to take your blood, you going to go for blood test, you don't know what is going to be tested and all that stuff, and of which they are looking for HIV and when they get it they just tell them you are HIV positive. And they let you go.

Community member need practical support, advice on referrals

Researcher: what I'm hearing is because the government said that they must get free counselling, social grants and food parcels they still don't get it if they go to a doctor. So what I'm hearing is that the idea is although it is policy that they do the pre-counselling it doesn't really happen in reality?

Participant: ja, it's like I don't know what is happening with the doctors, but I doubt if all of them do it.

Researcher: I want to talk about the teacher training to support the community like we spoke earlier. If you can design a feature programme for teacher on AIDS what would be the content, what information would you put in that package of the training?

Participant: basically all the things that I would speak of would be around coping through if someone is infected was, that is what is lacking mostly; they don't know how to cope and the caring if someone is infected because most of the time it seems nobody accepts it, they don't know what to do, all of them whether you are infected or affected, coping to both of them because whether it's not you, but you're also part it of direct or indirect

A need for skills on providing support to cope

Researcher: are you talking of coping?

Participant: say for instance, okay I'm gonna go out of this one, but it's the same thing. If you take, if someone dies in your family, maybe it's your mother and she's a bread winner and that I'm the child, I'm learning at school and then that happens and then the first thing, that is my problem who's going to help me to buy the coffin, and what happens because of that loss I ended up going in the streets because I don't know where to go, who to contact, who's gonna help me now, who's gonna look after me. That's why we've got sometimes there's lots of street kids, I'm not going to say it's a short way but at that stage I ended up committing suicide because of this, he can't cope with trauma, death, dying, your mother has died and for instance now, most of the kids they are in school like to keep this off, people dying with HIV and AIDS neh, you know when they look at this, they don't know what

Need to provide emotional support

to do, or how to handle it, some may sometimes .., they feel like assisting but they don't know and the risk involved. So, my training would like be around those things, and then the others I would just take them but initially I will focus on this coping through, and they know that they must know what is it, how to cope with it, how to care for someone who's infected or if he's like you are the one who's infected how to care, how to take care of yourself, but it's because .., they are just .., even if, if you go like people are buying sometimes some vegetables, just buy some medicine in here.

Educators support efforts are hampered by lack of knowledge

Need for practical guidance

Researcher: how is your friend coping, the friend that is ..?

Participant: he died

Researcher: oh he passed away?

Participant: he died 2002 he died

Researcher: and you supported him during the time that he was sick?

Participant: no it was a problem then, it's like when his family, most of his brothers and sisters were not, they were no longer going to school but like even now, so he was the only one who was interested, he was a school going person at that time and he didn't have a father, they were only looking for a mother who was also getting sick looking for a job, oh there is a job that today I'm gonna come with R50 or R100 tomorrow, they don't know, if they get something to eat they don't know what is going to happen tomorrow

Researcher: tomorrow

Participant: so those things all add up.

Researcher: so the more stress a person experiences while they are actually infected the quicker the symptoms?

Participant: ja, I can agree with those people because in any tragic the best thing is the mind. You do whatever you want to do, so if you are positive, in your mind you think positive, and then the better, the longer you can be healthy, but the thing with HIV and AIDS, the minute the people they hear that I've got it now, so they turn to negative saying I'm gonna die, that's why others they use the drugs, like you hear in papers they say "I'm not going to die alone" because those feel like they have denial, those infected but they need like some sort of education – there is to say if you've got like you hear the news that you got, you have to accept it. I mean they must .., there's nothing wrong with denial, I had, but the basic thing is you have to know how to cope with it because you can't change, when it comes they say you've got it, you can't kill it, as you say we have to accept

Community member need to be educated on HIV&AIDS

Researcher: In this training programme, who would you like to present the programme? We are thinking that I will initially do the first one, but in the future who do you think must present this programme?

Participant: like a presenter?

Researcher: ja, but how

Participant: it's like their work, they divide into sections, if you are dealing for instance with bereavement, that is a section for your course in bereavement, it is dying, or if all the three of them you gonna have a book, say okay you gonna present that stuff. So if I'm gonna give

people living with HIV today, I have to deal with that bunch only, if you are dealing with nutrition you have to deal with nutrition only. So for me, it's .., if I can have at least a bit of which, which are we gonna go to like I was gonna have to touch, we have to touch here and then, because they're specialising, not just specialising, but they are specialist, but they are specialising when they are .., because I've got one that is .., the one that is, specialising with special diet in the last section we doing medicine now, that person was also doing that one, so anything set on the specialist he's the one who's presenting

Researcher: so I get the feeling you're saying the person who has specialised with a specialised knowledge must present that specific thing

Participant: ja, that specific thing. For instance otherwise, it's not a problem, even someone if can be able, I'm saying in terms of, if he's confident of presenting, you see, because my fear, not to say I've got a fear but my fear sometimes is for someone to present something, then there comes a question, if each and every question you've been asked and then you cannot be able to answer, say okay I'm gonna look for .., like I'm not sure about this but .., but I think always giving his or her own knowledge and that other than that saying I will try and then to come back to you, maybe I'm gonna find it, like I will go out then make a research what it is, you know that stuff. At least 90% of your presentation you must be able to cover it, not to say everything

Would like to have confidence in person presenting training (for it to generate confidence in participants)

Researcher: who do you think must, on the teachers must attend this programme from the school, parents, one of the parents or something and also be a part of it?

Participant: preferably the parents can be like attend, but I know it's gonna be difficult to organise and so I would prefer actually like to meet the teachers alone and you present it to the teachers only or even if it's not the teachers only, they have parent members, the parent components they can also join as teachers and then the presentation it can happen that with that group only, Then from there we can organise a parent meeting whereby the whole community is gonna be involved. So, to me making the job easy for the presenters because if now we have a parent component, we are dealing with the whole parents, this place here is full parents, they read the questions but it doesn't directly like, it doesn't necessarily need your response. But if for instance if you gonna meet all of us, each and every question you have to answer, but in that case we can even share, they can ask the question and then I will be able to come up and answer it.

Snowballing reaching wider community

Identify colleagues as assets

Researcher: ja, so you think the participants in the training must be a group of people in the same, the same people, but either teachers or parents, not teachers and parents if I'm hearing you correctly?

(member checking)

Participant: like I was saying on the first one, just a small group of teachers and a few parents because they will see those ones can join us. And then others that organise a parents meeting whereby even these ones are going to preach at the hospital that we've got some good news from these people, otherwise there's a meeting that they've organised, let's go to one and talk, so we gonna make use of .., divide and then make like a smaller group it's a bit of more weight if someone is saying ' I got this at a teacher workshop.

Snowballing reaching wider community

Workshop might provide confidence

Researcher: okay. Anything else that you can think of, I want to know you said your friend disclosed to you, but very often people don't disclose, why don't they disclose?

Participant: like, in the first place I didn't know. It's only now that I was able .., like myself and as friends, there were few things man that we don't tell each other, but I, it's like I used to hear people would say it's better– not knowing that if someone next to me can have it and all that stuff. But we were just now talking about it, then there were a lot of people getting in there, we were busy talking talking and then, like on a dream then somewhere somehow, there's something I want to tell you about my girlfriend and I said what's wrong, aren't you gonna go to the lady, are you in a cold feet now, problem again. He said no it's not a problem, they used to fight now and again, every week, every weekend, every weekend they fight and fight. I said no man what is it now? Otherwise most of their problems I used to take all of them, to take down and they say no man don't worry but I couldn't see by that time. I said this one is joking and really they were not even looking sick and then when the doctor they couldn't see what is it. He obviously didn't go to the same doctor, and I didn't even like bother myself to ask which doctor did you go to and then, who told you that you are HIV positive, which doctor, I didn't even have to go that far, I said go away there's no such. He said serious, let's go, let's go and then we went home. I couldn't take it, it's only after I do the thing, he said no I've accept it and I admitted it. But I was busy, I once go there like one time, and he is sick, how are you, he said I've got chest pains at last they say he must be taken for medicine, I mean he's healthy there's nothing wrong with him. And the thing that he said that has already gone in my head but I took everything lightly man, you don't, I wasn't serious, it's just to say you put your mind in it. I asked do you still remember me, he said mmm, you said you are you see that's fine you didn't put yourself, you didn't focus negatively

Emotionally affected

Researcher: was it because you thought it was something that's far away?

Participant: ja, the thing now, we've got this now, most of us, unlike you read now, but it's only after. It's on the other side you know what they're heading for, but you are sure of yourself that I know, I'm doing only this thing the one that I won from a cousin, that was the only naughty thing that I've done in my life, nothing else. So it can't happen with that one, only one, no it can't happen. So the people like us, they need to be educated otherwise they don't know their status, and they don't have that knowledge

Sense of urgency

Researcher: but do you think the community, this community surrounding the school, are they still in a lot of denial?

Participant: it's worse this community here, around, it's not very healthy, because the thing here, like the basic factors that is the problem, that is like their basic problems, most of them they are not working, unemployment, and a lot of poverty which means they can do anything to get something to eat for himself like a parent or for both them and for the kids. Meaning if we can go from door to door here, maybe about this community, or 30% of the infected because there are some kids that used to report to me that my sister died or their mother died but now it seems everyone is sick and then how do you cope at all?

Participant: so if you're saying that there are many sick people, so there's a lot that needs to be done around this community

Researcher: and very often the people won't acknowledge it, they won't come out and say I'm HIV positive?

Participant: no it will take time

Researcher: they keep it a secret?

Participant: ja, they keep it a secret

Researcher: why do they keep it a secret?

Participant: nobody knows, no one wants to think about it, because if you go there everyone is going to say “oh that one is HIV positive”, that is the main thing. It depends who you are, because the people, the thing is, they don’t accept it. It’s worse with these one, they are not educated, besides the unemployment and poverty but they are not educated. So you speak of HIV and Aids you have to explain what is it, how one can get it, how it cannot all that stuff but the next day that thing is gone to most of them so you have to speak it again, it mustn’t be a once off thing, it must go on, it must continue, ongoing process. I even gave them, some of them the brochure, but no one came back as to say this book is good and show an appreciation of some sort, no one up to now. But the kids they are showing a positive mind because they are so interested. And they tell me like most of the kids in that place that is it not right for the parents to have sex in front of the kids, but the parents are drinking so anytime they want, any time is tea time, if they want to have it now they take it. Some of them they’ve only got one room the kids are exposed to most of the things, so that’s why I want for them to know how can they be infected and how they must take care of themselves even if their kids are there in it.

Educating the community

Already supporting community

Researcher: which subjects do you teach again? life orientation and ..?

Participant: life skills and natural science and English

Researcher: and the training that you went to, so you only applied in the life skills here?

Participant: ja, only in the life skills of the other Grades because not in my Grade of life skills subjects, I don't do AIDS in life skills it's someone else who's teaching it. But I once told the principal, he's a nice man, for me I would feel much better if I was also giving AIDS life skills because most of the things that they get now, they are just a flesh, the kids need to get more, so for me in a sense I would like to take life skills and AIDS as the same subject, make up my own subject, out of the two, unlike now I'm dealing with my life skills and doing this according to the programme but if it was one thing that I was doing, there was no need, there's no need for someone to go look for an advance, but the years, maybe sometime somewhere they are going to change it

Researcher: tell me how long have you being in this school?

Participant: since 1997

Researcher: thank you so much for your time. Thank you so much

Participant: no problem

Field visit 1 - 20 February 2004

Interview 4 - Participant 4

Researcher: I want to know, we spoke about HIV&AIDS training…

Participant: I know a little bit.

Researcher: okay, the information you have on AIDS where do you get it?

Participant: it's through friends you know, it's through friends when we are discussing the issue of HIV and find out what is it that maybe you can say that has happened to help and you find that people want to help, it depends then maybe some are shy.

Utilising assets in closer community

Researcher: okay, so the friends you speak to…

Participant: we talk about this because others doesn't talk about it

Researcher: and tell me, if you had to design training, what information would you like to be part of the training?

Participant: well, I think the information that should be part of the training is the way in which we can make people to understand that you need to know your status, you know some people are very scared to know, I think they must tell other people that they are positive status you know, also there are people, for an example here working at the hospital, she told me that, an old mother was positive and we were shocked because we don't, I don't see my mother being HIV positive you know, and say that so even for that

Spreading information to eliminate stigma

grade there is something that, that mother did that is naughty but she you don't know maybe she has been raped, even with other ways not only the rape and sex, there are other ways that lady is old enough to have grandchildren

Researcher: Tell me if I'm missing a point. You saying that if people know exactly what is causing AIDS, that it would be easier to disclose? (Member checking)

Participant: yes, because they don't want to disclose because they say it's because they say it's because I'm going to be taken as if I was going out being naughty but it's not true. Awareness of HIV&AIDS issues

Researcher: Other things you would like in the content of the training?

Participant: other things say like treating the sores and all those that are sick and also say you know the diet and all these things, sometimes somebody will get an accident with blood so people must be told that it's like that, you must take cloves and you can even die today, don't think that if you are not HIV positive you are safe, anyone can die even if she does take care if they can be counselled with that thing, and made to understand that death is everywhere Need for guidance regarding practical support

Researcher: and for teachers specific, what do you think because the training will be for teachers?

Participant: you know for teachers because, here for an example, we do have learners that have got Aids, some parents have come forward, some didn't, so for teachers I think I want for them to be

trained, to take the classes equally, irrespective of you know that there's a child who is positive they must then change now to be very kind to that child because maybe that child will take that, and if you are shouting you will make the child even more sick. So because we don't know all of them, maybe there's a child who would find others have done that thing we need to treat these learners kindly now – you know, because we used to get parent dying and all these things. Now they must come and ask the last child the one looking sick or the one that is talking to his heart the whole day and say with him, "can you call your parents, I want to know if there are problems, because even these learners, you can even identify that the child is not well

Coping with learner infected/affected

Researcher: so you can see when a child is not well

Participant: for an example, there is this boy, I don't like that child, in fact not that I don't like him, I don't like the way he is and the manner in which his is dirty always, to come to him because even if he wants to go and take a walk and say your son is a nice boy and change the mother thinking to take better care of him it is then that the mother will start to talk, I think so.

Building relationship to enhance support to families

Researcher: so you want the teacher to teach all the learners equally and treat them with a kind heart?

(Member checking)

Participant: yes that will be good. All the teachers, and also I don't know, some teachers make a big mistake, by if she/he has identified that child, take that child with special treatment, now that child also gets embarrassed, you must not show them. As a result we were talking about it at school that they are treated equally, but it would be very nice for the department to develop another

How to cope with learners infected/affected in classroom

program but also if we can start our own, so that they've got good nutrition, not the teachers who take their lunches and give them lunch

Id. Assets amongst themselves & tangible
Already supporting on practical level

Researcher: so teachers give learners their lunches

(Member checking)

Participant: I believe it's being like that if there's nothing that you can assist with, because it's going to be helping that child if it's taken

Researcher: okay, the knowledge you have on Aids do you incorporate that in your class?

Participant: yes because it interprets in communication and culture, I mean arts and culture because sometimes you will come across a lesson where I'm going to talk about our culture, how we got married in our culture and how other people married, the way we were compared to the Ndebele so with that you can speak about having one partner and avoid becoming infected. So even in arts and culture you do interface with it, as we want, in our culture you were just taken by that husband of yours, whether you know him or not as long as the family communicated and then said we like your daughter and then you are just sent to that husband, you don't know how he is now, it's not wise now to go to a man whom you don't know because he could be positive and have naughty habits so those are things that we talk about in class.

Incorporating AIDS info in different subjects

Researcher: which class do you teach?

Participant: grade 7

Researcher: this AIDS programme or training, what format do you think it must be, do you think it must be a discussion group or workshop, how would you like it to be presented ?

Participant: I think it needs both because we lacking information, what you may just know is that AIDS knowledge and also at the same time it needs a discussion of that but it's because some teachers have ideas that can help others, you need to talk like this, so to get information even from teachers, teachers know better than I know. Some are having some information maybe as we are going, there are things that they can give, but it needs also the knowledge and how to deal with it in a form of a workshop and in the form of a discussion

Id asset amongst themselves

Need for accurate information

Researcher: and who do you think must present the training in future, the training that I will present first is a workshop, but who would you like to see presenting it in future?

Participant: qualified people, those that are very much qualified because when you want to know something you want people who are going to tell us exactly what is happening, not myself, I cannot, as long as you do a workshop because there are sessions that I'm able to offer

Want qualified presenter with accurate information

Id. assets within themselves

Researcher: and if you receive the training, say you receive the training, say we plan to do the training in April or May and to give you a workshop of AIDS do you think you may be able to give information to the other teachers?

Participant: this is being done, for an example now, I go to a workshop representing teachers on my way back I have to come

and tell what I heard about it, as well as with the teachers centre training there, people that are there trained first and workshopped and then we come to facilitate, it is like that. So there's no problem for me, if I'm workshopped to go back and workshop, as long as I have information and every pamphlets, it is not, I cannot say because you are in Pretoria you must train me, at the same time although I'm here at in P.E. I cannot workshop these people that I think will have to come again, if you have just taken that book, then you tell them what to do, that group can workshop others

Would transmit knowledge to others

Researcher: and who do you think should be trained, all the teachers, only some, what do you think, if ..(unclear) gives the programme?

Participant: I think everybody must be trained, ..(unclear) and ..(unclear) then they just reported also ..(unclear) but everybody needs to be trained because, for an example now, there is this people are going to go out, some are going to get in, so that information that you have can be easy to assist you and what we want is everybody to expand, they should go and then tell others, not only at the school.

Want to transmit knowledge to others

Researcher: Is there certain people outside the community who would be able to come and talk to you?

Participant: it's because we ..(unclear) it's not easy to call someone outside because what we usually do, when you come across that person and then you just talk and talk, especially that maybe you had heard that he is having AIDS, even if he didn't tell you, just to talk and ..(unclear) that's where they are going to say that there's something that I want to tell you, that is how now

..(unclear) it can assist. But there are sometimes here, we hear sometimes the community calling people and saying there are people who are going to come for their project for HIV and AIDS, even those that are affected, those that have AIDS and accepted it, to come and say here I am, I'm HIV positive and we will really cherish and appreciate that thing.

Researcher: like a community support thing?

Participant: you know some, even one, even one who to come and say, if one can come I'm going to tell the community that I'm HIV positive , but for us as teachers it's not easy to call the community unless you are belonging to a certain group outside or community project. But we usually call parents, to come to the school to say I'm back at work, we have been to training then they are going to tell the learners about this and this and this because some work there, maybe parents who would like their kids to be told, so we usually call the parents and say our learners are going to be told– so I can say therefore, for doing that, also parents get something out of the discussions.

Researcher: ..(unclear) shared with the rest of the teachers,..

Participant: I think it is enough, you know to hear a thing from the horse's mouth it's much better than hearing from others, why I'm saying yes, I think every teacher need to be trained by you and then our teachers, can do training in the community

Participant: it's too short for a person who's been gone for a week, that is why we saying it's not enough, maybe there are activities that are done as well as in groups

Researcher: so would you like the programme to have activities in groups as well

Participant: yes

Researcher: okay, thank you so much for your time and efforts. I will ask XXX to let you know when we will be back to do the workshop.

Participant: yes, that will be good.

Appendix F

Analysis of focus group discussion

Field visit 2 - 8 June 2004

Focus group discussion

Researcher: I don't know who has been able to go through this (booklet) but you might have noticed that..... any page look at the nutrition.

Participant 1: I like this page.

Researcher: why

Participant 1 : you know when you are ..uhm.. uhm.. looking after a person and you are washing the linen. This tells you what to do. what can you do you know about the washing.

Researcher: you know what I have put it in the book…. If somebody soils the linen, you must wash the linen with bleach. 1:10 concentrate with bleach, to get everything out. And it is very important that you must wear gloves. I think with her (Tilda), she is also going to work with action plans, maybe that you must get gloves for the school. When you are caring for somebody with AIDS it is very important that you should be wearing gloves.

Participant 1: we have gotten some for the AIDS.

Researcher: that is wonderful. Now I would like to talk about what you have said to me about diet. If you look at this page it says exactly the same.

Researcher: it says exactly the same as what you have said, and I have done this before you have said this to me.

Participant 3: okay, okay. (all in agreement)

Researcher: so I what to know, from Thursday up until now…. How do you feel about having to cope with AIDS? Do you feel the workshop has……

Participant 3: open, open it opened us

Researcher: do you feel that the workshop has given you opens to talk about HIV, has it given you confidence?

Participant 1: it has give us confidence, before we where not sure if we are doing the right thing. Now we have shared a lot of information. Now we know we were on the right track.

Gained confidence in their abilities
Utilise assets amongst themselves – share info

Researcher: you where on the right track… (agreement) what you didn't know Thursday, Sunday, you know you were on the right track.

Participant 1: yes, yes.

Researcher: XXX how do you feel about it?

Participant 5: I feel very,….very confident. Because what I know is what you know. What you know is what I know and then I add more on what I have on what you have.

Gained confidence, competencies were affirmed

Active participation – ownership?

Researcher: a very important thing you just mentioned. This is the universal one. Everybody around the world with AIDS, those problems are the universal ones. But this community has got special gifts and if has special needs. And you have added that something special, you have added that to this. (booklet)

Participant 5: thank you too.

Researcher: XXX ?

Participant 6: okay. Something that I like most is.. Because I like to be involved in helping the community and other people. As a result by you coming here, I have been involved in many things and I have been exposed to many situations. Some of the situations I was able to help. I thank you that. Because If I haven't met you I should have not been as far as I am by knowing what HIV and AIDS is. I have also heard in our church even here at school. A lot of people how have gained something form me. Whilst I gain something from you. So I met somebody how is taking the help with me myself. (cellphone rang)

Enhanced support provided

Transmit knowledge

Researcher: how do you feel from Thursday up to now?

Participant 6: form Thursday up to now I feel very much confident. More confident. I know what I am doing is right. I can stand up and say to the parents this is right, this is not right (uhm, uhm.. in agreement in background). So I am totally confident.

Gained confidence

Sense of empowerment

Researcher: XXX what have you gained form Thursday?

Participant 7: form this workshop?

Researcher: the ones that I presented. In other words the one on Thursday and the one today? I also what you to think back on what you expectations where? You heard I was going to do a workshop. Try to bring in you expectations, do you feel you gained or do you feel you have not gained anything?

Participant 7: you know that soon we are going to sing the same song. (uhm, uhm.. in agreement in background) otherwise you know. What I was thinking was the question of HIV and AIDS that was also for social workers and nurses not for us as teachers, but since you came here you have given us the assurance that we are also social workers and we are also nurses, because we are dealing with kids.

Enhance collaboration amongst educators

Their role as expanded

Researcher : you pastoral role

Participant 7: now we are not afraid, to assist anyone who come and disclose. We are not afraid really. We do know what to say and what to tell that person. So..for you coming here, as I have said the other day it is very much fortunate for us to have some people like you. We are confident

Decreased levels of anxiety

Gained confidence

Researcher: and do you remember the interview we had in you office, (ye..ye) on what you expected from training. Do you feel that what you expected you got?

Participant 7: I think there is no point in even for workshops because we said; we need to have workshops as a staff, but we can, we can conduct workshops. Especial that now you have given this documentation everything is here. I have paged through here and it is really what we know as Mrs XXX said. And everything you are telling us is here and everything we said is here. We are confident. We are confident of saying it.

Gained confidence in their own abilities

Gained confidence/sense of empowerment

Researcher: so this gives you like the safely blanket (yes …yes.. in background) because I gave it earlier on you said, we are not sure what to tell the parents. Now you tell them because you know you have the backup.

Participant 1: yes we do have it, and we know now where to refer to. Because if we sometimes have a problem, we are free to phone you and ask you: what can we do.

Still feels outside help will be required, view me as asset

Researcher: and the thing (poster) you made over there.

Participant 1: yes that thing it just accommodates everything.

Researcher: XXX what do think I didn't have the interview with you, I only had it with a few teachers. but as I said this a few of the things that came out. Do you feel that you got

what you thought you were going to get.

Participant 8: firstly when we sit here and we are being told that there are people coming from Pretoria. To come and conduct a workshop I was so curious. It is just that, then I really was thinking what is it that we are going to do because, what is it exactly because I was in a mind that you people are going to tell us. But I found it out that we are actively involved. (Uhm…uhm ..agreement I background). It is our thing it is you people together with us. And as from Thursday up to now, it has changed. It has made me and I can say us, stand firm on our feet and be sure. Because we are 10 we have 2 people that only trained by the department. If we can stand there and conduct a workshop, they will be sorry for going there instead of coming here. Because we also… when I look at this document, by just paging through there are also HIV&AIDS related symptoms, it can be also easy for you to treat those. Even the preventions and things, even so it is a long lasting skill.

Sense of empowerment & enhanced sense of ownership

Gained confidence & sense of collaboration amongst educators

Researcher: it is something you can… it's not only with AIDS. If a person any person has diarrhoea they don't have to be HIV then you can still treat them. (Ja, ja it also helps) , so you feel…

Participant 8: it is something universal. Ja, I feel strong and confident. I can stand on my feet.

Sense of empowerment
Gained confidence

Researcher: do you honestly think that I came and I told you something you don't know?

Participant 8: you added, there where things that I didn't know but I know now you have added something by letting us talk about it. What you have done is just like a stamp on an envelope, to let it go.

Active participation

Gained confidence in own abilities & empowerment

Researcher: so you feel confident now.

Participant 8: yes you have added a little bit here and there.

Participant 2: you feel you know everything and you can do it, the confidence

Sense of empowerment & gained confidence

Researcher: XXX what do you think, from Thursday up to now, since before we came?

Participant 1: okay, before you came, we were not sure, sure what we must do and what we must not do. But now since you have came, we have found out that, there are many things that we know but we didn't know that we know them then. But now we are sure that we know them. You see most of the things that you know, they are clear now to us. Another thing is that you know this workshop gives us motivation to open even to ourselves of the HIV/AIDS you see. (uhm..uhm in the background)

Own skills & knowledge affirmed

Addressed own insecurities *via* intervention

Participant 3: everybody here is saying exactly what we are going to say. But before you came really we didn't know that we know so much. I am very happy. I once asked mrs…. What are you doing here, this that they are doing, coming for us? She said that you are going to workshop us. Surely everything should come from you and then we are capacitated. I expected that is what you are here for, but up to now we know a lot and we can do everything possible.

Affirming their abilities

Confidence

(Laughter and agreement in background)

Participant 3: there are cases that we will be able to face alone. We know what to do and we know what to say. We are really confident of everything.

Confidence gained

Participants (talking together): we are capacitated (unclear) what came from the group. But now we are free. (Talk about language issue –their second languages ours too) If you start with a pen and paper and you are correcting… (Laughter)….

Researcher: and XXX what do you think, what do you feel, what have you gained.

Participant 3: from what has been done from Thursday afternoon. I think I have learned a lot. There was this (*klink soos* absentness) not being sure if I am right or not. Now I am sure what to say what to ask or what to do when the thing comes.

Researcher: you have mentioned something very important. I have listened to the tape of Thursday. And I mentioned the expectations I have picked up from the previous session and everything. And I said lets brainstorm on this or that and there where 4 seconds of quietness where nobody said anything because you thought that I was going to come and tell you everything (uhm, Uhm, agreement) and you came and you spoke.

Participant 7: you have mentioned 9 different roles of a teacher but you just mentioned one. I think I have… the pastoral role. But what are the others?

Researcher: I will get that document for you

Researcher: we just wanted to link the pastoral role to the moral support you give people. It is something you need to do, you have to do it.

Participant 5: you know what we are going to help other teachers. because you see, we know a lot, we know a lot. And today we know that we know a lot. And we are going to tell others.

Information sharing

Gained confidence

Researcher: that is what we are going to work on with Tilda. On Monday and Tuesday, what are you going to do from here? Now you have all the self-confidence and knowledge and now we are going to ask ourselves what now. How can you now go into the community and spread this good work. That is what Tilda is going to do tomorrow and Tuesday. We are going to put some action plans on

the floor and then in two months time we are going to come and see if you are doing the plans.

Participant 5: and just the way you conduct the workshop, you make us feel free, you know. You workshop is not that much, it is not that much, it is not heavy we are free

anxiety lessened

Researcher: can we talk about that. About the format of the workshop. **** said she liked the format of the workshop. What to the others of you feel? Do you think we should have done something differently?

Participant 5: no, no, no, you will spoil the whole thing.

Researcher: don't you think there is something, say..cause I am going to write up what I did here and I am going to write that you gave me positive feedback (Uhm…uhm..agreement) but what was bad, what must we do different the next time we do it.

Participant 6: sorry the thing that you taught badly was the thing that it helped us to be good. Because when you came here like …….said we thought that we are going to be passive. But it didn't happen like that. The thing you taught us is that what you are living the everyday living. That is what is with us, so you get something from us and that is where you found out that these people know everything. So let us make them sure that they are on the right track. Now that it is over we see that It is 10% from

active participation and contribution

realisation that they possessed capacities before intervention

you and 90% from us because we are living in this community and we know everything. We thought that we know nothing. So you take something you see, knowing that you've got treasure. But we didn't know that we have treasure.

Enhanced ownership, competencies affirmed

Id themselves as assets

Participant 7: another thing that I think was we supported you about is the question of organizing from the local community. We must send you an e-mail or send you a sms for you advice but we didn't

Researcher: you know what XXX in every group people have different roles. And it was XXX 's role to take the lead and organise all the meetings, but you played an important role with us as well, every time we had a meeting she offered her office. When we needed it she just moved out of her office that we can us it.

Participant 5 : you know when you came here I thought what the …. (laugh)

Researcher: I saw you were very disappointed not to see Liesel, I saw..

Participant 5: but Ronel you choice is good

Ronel: XXX I am sure you are worried about her (Tilda) now! (laughter) But after Wednesday you will also say this about her. You know what XXX I train them they are my students, so from little I tell them this and that……

Appendix G

Field notes and research journal: compiling a research book

Field visit 1

Field notes:

Interview 1, Participant 1 – 18 February 2004

We (Ronel and I) entered the school on a windy, sunny day. It was break-time. The children came running towards us. They seemed too small even for grade one. Their eyes were big with even bigger smiles; their uniforms were crisply clean with shinny school shoes. The principal could only wave to us from behind his desk staked with papers. A pleasant woman with a smallish frame came towards us. I did not realise that this was deputy principal and the first participant I would have an interview with. She was wearing a navy blue pencil skirt, and white blouse with black sandals. She took us to her office, a small room with posters on the walls with slogans such as – "you don't have to crazy to work here, but it helps". There were also newspaper clippings on the wall – it seemed to relate to some insistent at a local school. Her files were neatly, covered in blue paper with yellow stickers stating the contents.

There were three chairs put out for us in front of her desk. We made small talk, about the wind, where we are staying in P.E. and Ronel talked about her previous visit. I joined in, not quite knowing how to move forward. She excused herself for a minute, came back and sat down, with calm anticipation, leaning forward with her hands on her lap, looking for clues to begin.

She spoke in a soft voice, her posture was relaxed, tilting her head and crossing her legs, rocking one leg in the air. Although our discussion covered emotion-provoking issues ("are we going to cry, what help are we going to do") yet she kept her calm demeanour. At a stage two little girls interrupted us, their eyes were turned toward the ground but they made fleeting eye contact accompanied with faint smiles. The participant turned towards them speaking suddenly very loudly but the message seemed positive. Once the girls left she turned to us with the same calmness in her voice and we continued the interview.

Research Journal:
Interview 1, Participant 1 - 18 February 2004

Arriving at the school for the first time as researcher I felt nervous and excited. The Principal was too busy to see us; our interview was with the deputy principal.

I instantly liked her. Why? I think it relates to her calmness in a seemingly overwhelming situation. She seems to be in control and the challenges of coping with HIV&AIDS in the community is not throwing her. Yet she spoke about the "trauma". Maybe as a deputy principal she remains calm and collective to lead other educators, I don't know.

She seemed to be an information rich participant and openly talked about what she would like to have in an HIV&AIDS workshop. There seems to be a great desire to support the community to cope with HIV&AIDS as she

Willingness to support

stated this type of sentiment a few times during our interview.

Field notes:
Interview 2, Participant 2 – 18 February

We (Ronel and I) left the school and returned 2 hours later. Although break was over three boys were washing the principal's car? The deputy principal did not seem so calm anymore. The school is busy preparing for the opening of their computer centre and time seemed to be running out. The deputy principal asked one of the children to call the teacher we were going to have an interview with, I saw her the previous day while I was acting as field worker for Ronel, but we have not been introduced.

Participant 2 is a bigger woman, she walked toward us at quite a pace and with a big smile she introduced herself. She instantaneously talked to Ronel as if they were old friends. They were talking about her previous visit.
She had an enthusiastic, loud laugh, and would through her head back when she laughed, and regularly touched Ronel's shoulder.

We went to the deputy principal's office, the three chairs was still were we left them. Participant 2 sat down with a sigh, leaning forward. She was wearing Jeans and a flowery blouse with gold sandals.

Her voice was loud with a high pitch and her eyes grew bigger when we talked about what educators should do

emotionally affected by HIV&AIDS

regarding a learner infected with HIV&AIDS and the emotional support they would like to provide.

She started to rub her hands, wiped sweat of her upper lip while making a fist with one hand, during discussions relating to educators should do something NOW to help community members.

Emotionally affected

Research Journal:
Interview 2, Participant 2 - 18 February

The interview was held deputy principal's office, which seemed too small to contain a woman with this amount of passion. At a stage during the interview when I looked at her and saw the frustration in her demeanour, I though to myself : how can I possibly perceive what it is like to stand in her shoes? (emic perspective) I will never come close!![1]

I share her frustration or do I ? Insider/outsider?

She talked a lot and although I initially though 'wow'. I realise now that a lot of what she said was repeating herself and engaged in emotional talk. I wonder how her emotional talk will influence the results of this interview. Yet during the interview I was unaware of her emotional talk, Ronel pointed it out to me. I have to watch myself that I do not get swept up in emotional talk and should focus on informational talk – I am doing research and not therapy!!!! I will validate and acknowledge what participants say but I must return to data gathering. Yet, on the other hand, the challenges of coping with HIV&AIDS is an emotional issue,

Roles of researcher

[1] Reflection on my research methology

I work interpretivistic and qualitative, I can acknowledge the emotional issues from a research point of view.

Field notes:
Interview 3, Participant 3 – 19 February 2004

The interview was held in the participating educator's classroom after teaching hours. A big room with two backboards next to each other, the children's desk were neatly line up in rows with the chairs pushed in. Posters on the wall had slogans such as: reading opens up the world.

Participant 3 is a young man I suspect in his twenties. He was wearing dark green trousers, a white shirt and a tie with cartoon characters on it. He walked, swinging his arms. With a smile and what seemed to be a joke, he instructed the children still in his classroom to excuse us. He went to his desk and put on his glasses, while Ronel and I were standing around not quite knowing where to sit.

He invited us to sit on the learner's desk near the front of the classroom and we began the interview. With his hands on his lap and one leg supporting himself on the floor he seemed relax. His voice seemed even toned and composed and when he laughed he would bend forward and slap his knee with one hand.

When he was talking about a friend who got infected his demeanour changed. He stared giggling, bending his head down and shuffled on the desk he was sitting on.

emotionally affected on personal level

Research Journal:

Interview 3, Participant 3 - 19 February

Today I have an interview with the only male participant in the study. He is also the only one who has received HIV&AIDS training. I wonder how the data will differ from other interviews? It there is a difference does it reflect the fact that he has received training of will it reflect the fact that he is male?

credibility of findings??

His voice seemed apathic and lacked the enthusiasm of the previous participant. A feeling on frustration kept on coming up in me during the interview. I now realise that this man has what the other teachers want – HIV&AIDS training. The other two participants indicated that they want to support their community although they have not received formal training. But it seemed that participant 3 did not share the same sentiments. He did talk about supporting the community but referred to 'they '(as the other teachers) would support the community and 'they' (other teacher) do not know how to do it. I realise now that I share some of her (participant 2) frustration, how can people just lift their shoulders and walk on by when you can help someone in need?

I am emotionally affected by what seems to be his don't care attitude, he has what other want yet he does not use it.

emic perspective??

Field notes:

Interview 4, Participant 4 – 20 February 2004

The opening of the computer centre is tomorrow and the whole school is running around. A little girl with yellow ribbons in her two ponies is washing the floor on her hands and knees. Other girls are washing the windows and dusting filing cabinets. There are boys sweeping the passages. Teachers are shouting instructions and the children are running towards the gates. It seems as if nobody is in their classes although it not break-time. The principal is not at school.

Our interview was held in the deputy principal's office. Participant 4 came into the room apologising that she has kept us waiting. She is a plump woman in her late (I guess) 40's. She was still drying her hands and rearranged her peach skirt as she sat down. We talked about the opening of the computer centre she was busy cleaning the library. I asked if we should reschedule but she said something in the line of 'this thing of AIDS is too imported'.

a sense of urgency or responsibility maybe?

Her voice was high pitched with excitement when we initially stared our interview but after 10 minutes I realised that her demeanour has changed. Her shoulders started to hang and she did not speak so loudly anymore.

emotionally affected

Research Journal:

Interview 4, Participant 4 - 20 February

I was worried about the quality of information I would be able to obtain today as it seemed as though everyone was on a buzz to get ready for tomorrow. I was pleasantly surprised that participant 4 insisted that we carry on with the interview. It might reflect that fact that these educators are serious about the support they want to provide to the community and the training they want, to be able to support their community. Yet they are already supporting.

I believe that the greatest asset in this community is the educators' wiliness and motivation to support their community. It is something in their character, Ubuntu maybe? Yet why did participant 3 not display this tendency? Maybe a male female thing, nurturance traditionally comes from woman?

willingness to support

is wiliness/ eagerness to support a gender based issue or an aged based issue, maybe a bit of both??

FIELD VISIT 2

Field notes:

Asset-based intervention - 3, 6 June 2004

- 8 Participants
- 1 researcher
- 2 co-researchers

The workshop and focus group were held in the staffroom. A large room with white walls and blue and white check curtains on the windows, facing the fence of the school. We assembled tables in such a fashion that we would be sitting in a circle. As participants arrived we offered them cold drinks and biscuits. We made small talk referring to the little girl in who's memory the computer centre was named, I did not realise that she was one of the little girls I met during our previous visit when I acted as field worker for Ronel.

Participants soon settled around the table they seemed eager to begin with the intervention. I got up and gave feedback regarding the four themes, which emerged from the interviews, and that we will be addressing during the intervention, participants nodded their heads saying 'ja' and 'uh'. some participants reshuffled themselves on their chairs and leaned forward.

participants agreed with the themes I derived at from analysis of the interview data.

I introduced the first theme ***Where can HIV infected people get help?*** and informed participants that we were going to have a group discussion on it. After approximately

60 seconds one of the participants hesitantly asked, “must we talk now?”

Participants seemed hesitant to start and I encouraged them to share with one another what they know and referred back to one of the interviews where participants said that some of the teachers have good ideas, which they should share, at the workshop. One by one the participants become more talkative, adding to each other’s ideas. One participant even got a phonebook to search for telephone numbers that they needed. The participants divided themselves into two groups and the two less talkative participants was instructed to write the actions plans down. I moved towards the two note-keepers and encouraged them to add to what they were discussing. XXX turned to me and gave me a tiny smile, while writing.

Active involvement

I asked the group to divide in two groups and make posters on ***How can I cope with a HIV infected child in my classroom?*** While I moved between the two groups, participants started talking softer and covered their poster with their handbags.

During the group discussion on ***How can HIV infected people be physically supported*** (physical care), Participants really contributed with practical advice and added to each other’s ideas and contributions. Although participants were talking a lot with high-pitched voices they still provided each member of the group to contribute by quietly waiting for a participant to contribute before others added to contribution.

enthusiasm

Our first session was concluded and we started on Sunday with the final theme ***How can HIV infected people be emotionally supported by teachers***? Although participants seemed eager to contribute as they talked loudly and indicated they would like to speak by slightly lifting their hand, they waited their turn and did not interrupt other participants.

Enthusiasm

Once this theme were concluded I revised each theme and present the combined posters I made to participants. While I was busy with this activity participants nodded their heads and one participants said something in the line of ' that's the way it is', in agreement to what I was presenting.

Research Journal:
Asset-base intervention – 3, 6 June 2004

The 60 second silence after I opened the floor for a discussion on our first themes ***Where can HIV infected people get help?*** was wonderful. The participants really expected me to inform them – deficit model. They were somewhat uneasy to start of with but soon got the just of what we were doing, they are the experts and they have the knowledge and skill. Participant's eagerness to support their community was evident in their eagerness to participate and contribute to the discussions.

asset-based approuch

willingness and motivation to provide support

During the creation of poster on ***how can I cope with a HIV infected child in my classroom?*** As I moved

between the two groups, I realised that a game has emerged and that the one group did not want the other group to know what they were writing on their poster. I did not anticipate this rivalry but I though to myself that it is part of group work. I anticipated that the rivalry will diminish once the groups presented their posters to each other. I also emphasised the similarities in their presentations aiming to unify the group as one.

I was worried about the quality of contributions/advice that participants would make regarding ***How can HIV infected people be physically supported***. I soon realised that the contributions (advice) they made were accurate and represented in the information booklet I compiled. As soon as I realised that I was worried regarding participants' contributions I was shocked. Being concerned, did I truly believe that participants possess the competencies to support their community effectively!! What is going on here??? I am falling back into the needs-based approach making myself the expert and participants the needy, who require advice. I have to watch myself, I truly though I believed that participants are the experts and I 'live' the asset-based approach everyday. Maybe participants insecurities regarding their ability to support was rubbing of on me???

questioning my assumptions and the asset-based approach

During the discussion on ***How can HIV infected people be emotionally supported by teachers?*** I was somewhat surprised in the restrain some of the participants displayed and the amount of respect they had for the other

participants as no one interrupted each other while they were making their contribution despite the fact that there seemed to be an air of excitement amongst participants. enhanced feelings of empowerment

I feel that the intervention was a success. The participant's contributions support the asset-based approach. The fact That participants were also actively involved kept them engaged and motivated to continue to contribute despite the fact that they seemed to have been tired on the first day of our workshop as this session commenced after school hours during a very busy week at the school advantage of asset-based approach

Field notes:

Focus group discussion - 6 June 2004

- 8 Participants
- 1 researcher
- 2 co-researchers

The focus group was held in the staff room directly after the asset-based intervention has commenced. We shared lunch and had cold drinks before we started with the focus group. During our lunch educators made jokes regarding the fact that none of the researcher had children. Once we finished eating participants would not allow us to through the chicken bones away as they were going to cook it and put it over their dogs' food.

We stated the session and I explained informed consent and confidentiality. Our discussion commenced and I requested participants to provide feedback regarding the

workshop. The Dictaphone was placed in the middle of the table. Participants wanted to know it they should speak into the Dictaphone or if they were speaking loud enough to have their voice recorded. I played a section of the tape back to them so that we could hear their voices. Some participants sad back in their chairs and crossed their arms, while smiling.

confident

While I asked participants what they though of the intervention again participants did not interrupt each other and as one participant contributed others quietly nodded their heads, smiling.

consensus amongst participants

Research Journal:
Focus group discussion - 6 June 2004

Lunch was very nice and I truly felt that we just a group of woman laughing and making jokes. At one stage I become somewhat concerned that the focus group might be too informal to really obtain credible information. What would the influence of a very informal discussion be on the research results? Should I try and make it more formal? Why do I think formal equals more credibility? These are just some of the concerns that crossed my mind when participants started washing their hands to indicate that lunch was coming to an end.

refection on research methodology

I placed the Dictaphone in the middle of the table and it seemed that participants became very aware of the Dictaphone. Our discussion became more formal with the presence of the Dictaphone. Participants seemed relaxed

and satisfied with the fact that their voices could be heard. Once again participants did not interrupt each other while others were contributing. They truly show great respect for their colleagues. At one stage I got the feeling that participants were reluctant to share their thoughts on the asset-based intervention. I realised that participants were unable to contribute anything new to the conversation. One participant even said, " you know I am going to say what they have all been saying". As researcher, I though is this what data saturation looks like? I tried to obtain more information and turned the discussion towards their expectation and what they have now experienced during the intervention. This seemed to work and shed more light on the asset-based approach and group intervention.

I became concerned, as it seemed that data saturation occurred quite quickly and I planned to move the discussion to a close, and just as I was thinking this one participant provided what I now call the golden quotation:

> *we thought that we are going to be passive. But it didn't happen like that… That is what is with us, so you get something from us and that is where you found out that these people know everything... Now that it is over we see that it is 10% from you and 90% from us because we are living in this community and we know everything. We thought that we know nothing. So you take something you see knowing that you've got treasure. But we didn't know that we have treasure*
> (Focus group, participant 6 p.5).

Leaving the school for the last time I felt depressed. The

participants in my study shared so many things with me, they truly allowed me to view the world they live in through their eyes and yet I know in my heart I will probably never see them again. It felt as though I left a piece of myself behind in that small dusty school in P.E.

Fieldnotes

Big Classroom - 2 Black Boards.

So neat! - Chairs & Tables in Rows.
- Posters - "Reading opens the world."

Confident Walk - Swing arms
(Hip in sy step).

He went to put on glassess before we started with interview ??

Standing around

Confident & Relaxed with interview - hands on lap
Swinging his leg

Friend interted - seems uncomfortable
- Shuffles around on desk

Interview 3.

Research Journal (Reflections)

I felt uncomfortable and irritated by him - He was so smooth.

↳ Why ??

Only man ? - May Reflect gender or Age issue (Younger than rest of participants)

He engages in "othering" - they .... them ... does not include himself in support issue

↳ I feel frustrated. - He has the knowledge. other teachers want, but he is not helping / supporting community → Insider view ??

Ronel's interview upset me - saw parents (Caregivers) of HIV infected Children - orphaned
- Raped.

tiny little girl!! - I want to scream.

CRUEL cruel World