

Evaluation of the REds programme in the North- West Province

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DECLARATION

Hereby I, **Minette van der Westhuizen** declare that the undersigned manuscript

*Evaluation of the REds programme
In the North-West Province*

for the degree **Magister Artium in Social Work**, are my own work. This manuscript is submitted in article format as described in Rule A.13.4.5 of the North-West University's Yearbook (2009). The articles are written according to the requirements of the Journal of Social Work/Maatskaplike Werk (addendum 9), as well as the SA Journal of Education (addendum 10).

M. Westhuizen

Minette van der Westhuizen

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Thank you!

ABSTRACT

Title:

Evaluation of the REds programme in the North-West Province

| KEYWORDS | |
|---------------------|----------|
| HIV | AIDS |
| Educators | Affected |
| Resilient | Support |
| North-West Province | |

Abstract

Educators are affected by the HIV and AIDS pandemic in many different ways. At this stage, most people are focusing on how to support people that are infected by the HIV and AIDS pandemic. The youth of South Africa are in the hands of these educators that are struggling under the effects of this pandemic. The Resilient Educators (REds) programme was especially created to support educators that have been affected by the pandemic by means of the correct knowledge and skills to remain resilient. The aim of this research was to evaluate the effectiveness of the programme. To reach this aim, the programme was evaluated by means of two articles.

The first article ascertains the nature and content of the REds programme. This article gives an overview of the group work process, the method of how this programme was presented, as well as a thorough explanation of the content of each session.

The second article evaluates the programme as a whole by means of the results obtained from the study. Within this article, data obtained from quantitative and qualitative measuring instruments are discussed.

From results obtained it was clear that this programme can be a powerful tool to support educators affected by the HIV and AIDS pandemic.

OPSOMMING

Title:

Evaluation of the REds programme in the North-West Province

| SLEUTELWOORDE | |
|--------------------|---------------|
| MIV | VIGS |
| Onderwysers | Affekteer |
| Veerkrachtig | Ondersteuning |
| Noordwes Provinsie | |

Opsomming

Onderwysers word op verskeie wyses geaffekteer deur die MIV en VIGS pandemie. Meeste navorsers fokus tans daarop om persone te ondersteun wat deur die MIV en VIGS pandemie geïnfekteer is. Die jeug van Suid Afrika is in die hande van die onderwysers wat ly onder die impak van die pandemie. Die Resilient Educators (REds) program is ontwikkel om onderwysers te ondersteun deur die korrekte inligting rakende die pandemie en gepaste vaardighede aan hulle te leer sodat hulle veerkrachtig in hul daaglikse lewe kan bly. Die doel van die navorsing was om die uitvoerbaarheid en effektiwiteit van die program te bepaal. Om die doel te bereik, word die impak van die program deur middel van twee artikels geëvalueer.

Die eerste artikel handel oor die aard sowel as die inhoud van die program. Die artikel gee 'n volledige verduideliking van die groepwerkproses en elke sessie word volledig bespreek.

Die tweede artikel evalueer die program in sy geheel deur middel van resultate verkry vanuit die studie. Data verkry vanuit kwantitatiewe en kwalitatiewe meetinstrumente word bespreek.

Vanuit resultate verkry, was dit duidelik dat dit 'n kragtige program kan wees wat onderwysers wat deur die MIV en VIGS pandemie geaffekteer is, kan ondersteun.

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SECTION A: GENERAL INTRODUCTION

1. ORIENTATION AND STATEMENT OF PROBLEM

Acquired immune deficiency syndrome (AIDS) and human immunodeficiency virus (HIV) reached pandemic dimensions during the 1980's (Alcamo, 2002:1; James & Gilliland, 2005:333; Measham & Paylor, 2009:133). At least two-thirds of all people living with HIV and AIDS are African (UNAIDS, 2009:4).

AVERT (2008) gives the history of the HIV and AIDS pandemic in South Africa as follow:

- 1980's – a state of emergency was declared in South Africa,
- 1982 – the first recorded case of the HIV and AIDS epidemic in South Africa was recorded,
- 1992 – the government's first significant response to the HIV and AIDS epidemic, and
- 1998 – Partnership Against AIDS programme was launched by the government, admitting that 1 500 HIV infections occurred daily.

According to Reid *et al.* (as quoted by Frain, Berven and Tschopp, 2008:16) HIV and AIDS is no longer treated as a terminal illness in 2008, but it is rather seen as a chronic illness. The estimated number of people that needed treatment in South Africa for 2007 was 889,000 (Anon. 2006/2007:28). Most people who are affected by and infected with HIV and AIDS will become secretive about the disease for fear of being victimized by others (Maile, 2004:113; Zastrow & Kirst-Ashman, 2004:376). This leads to people withdrawing from society, causing major implications for their families. Zastrow and Kirst-Ashman (2004:377) point out that, as a result of these people withdrawing from society, they are at risk of losing their jobs and are often abandoned by their families, spouses, lovers and friends. This is also true for the families of the victims of HIV and AIDS.

At this stage, most people are focusing on those infected with HIV and AIDS. Those who are affected, such as spouses, parents, children, friends and colleagues, are often forgotten and left with the hurt and pain they have to face alone.

Bennell (2003:493) maintains that it is frequently asserted that the HIV and AIDS pandemic will have a serious impact on the education sector in particular. Due to the fact that the education sector is “person-intensive” it is very vulnerable to the epidemic (Bennell, 2005:441). The best way to stop the spread of AIDS and the stigma that comes with it, is through educating people (Zastrow & Kirst-Ashman, 2004:384). Hence to help our children into the future, we need to help the educators of South-Africa by supporting them and providing them with the best up to date knowledge concerning the HIV and AIDS epidemic. The youth, the future of South-Africa, is in the hands of our educators.

According to UNESCO (2008:1) HIV and AIDS threatens to destroy the education system, especially in the Sub-Saharan areas. Theron (2005:56) lists four of the many ways in which HIV and AIDS sabotages the education system, namely:

1. Educators are dying,
2. the quality of education is being eroded,
3. the demand for education is decreasing, and
4. education sector costs are soaring as substitute and temporary educators are required.

Research aimed at investigating the effectiveness of programmes for HIV and AIDS are scarce (Visser, 2007:679). Reasons quoted above led to the conception of the Resilient Educators (REds) support programme by Prof Linda Theron from the NWU (Vaal Triangle Campus).

Most educators are affected by the HIV and AIDS pandemic in some way or another. The REds programme is a study being implemented in several provinces. The first implementation was done by Esterhuizen in the Free State Province. Five researchers from three provinces, namely North West, Free State and Gauteng, are participating in the second implementation of this programme. Two students from the North West University will take part in the third implementation of this programme in June 2008 with Life Orientation educators. This afore-mentioned programme consists of basic information

regarding the HIV and AIDS pandemic, as well as a toolkit for educators to support and empower them within the education sector.

Seen in the light of the facts given above, it is evident that an empowerment programme regarding the HIV and AIDS pandemic could address certain needs of affected educators.

This lead the researcher to the following research questions:

1. What is the nature and content of the REds programme?
2. What is the outcome of the REds programme in the North-West Province?

2. AIM AND OBJECTIVES

2.1 AIM

The aim of this research is:

- To evaluate the effectiveness of the REds programme.

2.2 OBJECTIVES

To reach the aim, the following objectives need to be achieved:

- To ascertain the nature and content of the REds programme.
- To evaluate the REds programme in the North-West Province.

3. CENTRAL THEORETICAL STATEMENT

If the REds programme is an effective programme, the educators will be competent to support colleagues, family, friends and children affected by this pandemic.

4. DEMOGRAPHIC INFORMATION REGARDING RESEARCH AREA

The researcher got permission in April 2007 to present the REds programme in the Potchefstroom area from the Department of Education (addendum 1). The researcher then approached principles of different schools in the Tlokwe municipal area (addendum 2). Two high schools in Ikageng in the North-

West Province participated in the research. Participating educators varied in race, linguistic and age.

5. DURATION OF RESEARCH STUDY

The researcher first received training for the REds programme in April 2007. In June 2007 the first group participated in the study. In August 2007 the second group participated. During November 2007 to November 2008 the researcher did the appropriate literature study.

6. METHOD OF INVESTIGATION

6.1 ANALYSIS OF THE LITERATURE

A literature study regarding the impact of HIV and AIDS on the school system was conducted by means of the following literature: Education, Social Work and Psychology. The study was undertaken to ascertain how educators are affected by this pandemic and how they are supported. Published scientific resources as well as certain databases such as EbscoHost and Google search engines were used.

6.2 EMPIRICAL INVESTIGATION

6.2.1 EVALUATION RESEARCH

According to the Developmental Research and Utilization (DR&U) Model (Grinnell, 1981:595), evaluation (evaluation research) can be seen as the third phase of this research model. Evaluation research is the use of social research methodologies to judge and improve the ways in which programmes are conducted (De Vos, 1998:367). This phase consists of the following steps (Grinnell, 1981:602-603):

➤ Trial use,

This step implies the first presentation of the newly developed programme.

- Collection of evaluative data,
Within this step, data is collected by means of quantitative and qualitative measuring instruments.

- Evaluation of technology, and
Data obtained is analysed. From the results obtained the programme is then evaluated.

- Redesigning.
This step implies the redesigning of the programme, if necessary.

This evaluation research model was chosen due to the fact that the REds programme is a new programme and the main aim of this study was to evaluate the effectiveness of this programme.

6.2.2 DESIGN

The concurrent triangulation strategy of the mixed methods procedure (Creswell, 2003:208; Creswell, 2009:213; DePoy & Gilson, 2008:191) were used due to the fact that quantitative and qualitative measuring instruments (Creswell, 2003:153-179; Patton, 2002:4) were used to collect data concurrently. Both the exploratory and explanatory designs were used during this investigation.

The exploratory design was chosen because information regarding the effectiveness of the proposed support programme was still a new area of research (Babbie, 2004:87; Mitchell & Jolley, 2001:518), and seeing that little is known on this topic. The explanatory design was chosen due to the considerable amount of information available regarding the HIV and AIDS pandemic (Glicken, 2003:15; Monette *et al.*, 2002:4). This design was chosen to explore the feelings and attitudes of participants and to explain in depth what the underlying issues are regarding educators in the current situation.

6.2.3 PARTICIPANTS

High schools in Tlokwe municipal area in the North-West Province were asked to participate. Five voluntary educators from two different schools participated in the first implementation of the REds program during June 2007. In the second round of implementation during August 2007 again only five educators from two high schools participated. In total, two male and five female educators participated varying in ages between 30 - 45 years. All participating educators were African.

The first group session were held during the time that educators had a strike for higher salaries, and the second group started when the educators were busy catching up due to the strike. Therefore only a few educators were willing to participate in the REds groups. Participating educators completed an informed consent form (addendum 3) to agree that they participated out of free will.

6.2.4 MEASURING INSTRUMENTS :

The ProQOL questionnaire (Stamm, 2005a), Compassion Satisfaction and Fatigue Subscale (addendum 4), adapted for the REds programme with incomplete sentences (addendum 5) and symbolic drawings (addendum 6) regarding the HIV and AIDS pandemic were used as pre- and post-tests. At the end of each group work session, participants were given three questions (addendum 7) to complete regarding the day's group work session. After completing the REds programme, educators were asked to evaluate the programme as a whole according to questionnaire 4 (addendum 8).

6.2.5 PROCEDURES

The single-system design was chosen because multiple methods of data collection were used to examine change in one unit, the educators (DePoy & Gilson, 2008:235; Monette *et al.* 2005:289; Strydom, 2005a:145). Two independent groups were formed with voluntary educators from Tlokwe municipal area in the North West Province. The same programme was

evaluated with both groups and was in no way experimental of nature. The first group were held at the North-West University, Potchefstroom Campus on two consecutive Saturday's. The second group were conducted over a period of five weeks where one session was held per week at one of the participating schools.

In a social work context, groups can be divided into two types, namely treatment and task groups (Toseland & Rivas, 2001:16). Both groups in this study were treatment groups with an educational purpose. Toseland and Rivas (2001:25) indicate that the primary purpose of educational groups is to help members gain new information and acquire new skills.

6.2.6 ETHICAL ASPECTS

Various authors such as Babbie (2004:63), Monette *et al.* (2005:53-57), Neuman (2006:132) and Strydom (2005b:58-67) regard the following ethical aspects to be of prime importance when conducting research:

- Avoidance of harm to participants,
Educators were informed of the emotional aspect of the programme and no individual were forced to open up in sessions. The importance of confidentiality was discussed and participants were challenged to support each other.
- Informed consent,
Educators signed an informed consent form (addendum 3) to acknowledge that they know what the REds programme entails prior to participating in the group.
- Avoidance of deception,
Educators where given an overview and the reasons for the programme. Educators volunteered after the overview was given to participate within the group.

- Confidentiality,
The group-rules were discussed in the first session and the importance of confidentiality were explained to participants.
- Debriefing of participants, and
Throughout the programme, educators were encouraged to share their feelings and educators gave feedback after each session.
- Voluntary participation.
No educator was forced to participate within the group. Educators had to participate out of free will.

When conducting a study regarding the HIV and AIDS pandemic, confidentiality and informed consent are two of the most important ethical aspects that need to be kept in mind at all times. The North West University gave ethical clarification, NWU-00013-07-A3 for the research of the REds programme.

6.2.7 DATA-ANALYSIS

The ProQOL was analysed by the Statistical Consultation Service of the North-West University (Potchefstroom Campus). The researcher analysed the open-ended questions in the pre- and post-test as well as questions after each group work session into themes and sub themes (Delpont & Fouché, 2005:354) according to Marshall and Rossman's approach (Poggenpoel, 1998:342). This approach implies the following stages for data analysis:

- Organising the data,
- Generating categories, themes and patterns,
- Testing the emerging hypotheses against the data,
- Searching for alternative explanations, and
- Writing the report (Thesis).

The quantitative and qualitative data was organised according to the different questionnaires. Data was then categorised into five themes according to

results obtained and two sub-themes according to the individual objectives of the research. When analysing data, it is important that data obtained must be reliable, valid and trustworthy. These aspects will be discussed in article 2, paragraph 5.

Triangulation can be seen as the use of several kinds of methods, such as qualitative, quantitative or mixed method approaches, in a single study in order to reveal similarities and incongruencies (Bryman, 2003:1; Creswell, 2009:213; De Vos, 2005:361; Hilton, 2003:1; Patton, 2002:247; Weyers *et al.*, 2008:207). Triangulation was used to find similarities in data collected from both groups.

7. LIMITATIONS OF THE RESEARCH

Limitations occur even in the most carefully researched studies (Fouché, 2005:118). Limitations regarding this study were as follow:

- There is little information available on how educators are affected by the HIV and AIDS pandemic.
- The groups were presented in the second and third terms when educators were extremely busy.
- The educational sector was busy with a strike for higher salaries during this time and educators felt obliged to participate in the strike.
- Educators have a very busy schedule and therefore it was very hard to find willing educators to participate after school hours.

8. CONCEPT CLARIFICATION

➤ AFFECTED

Barker (2003:11) and the American Psychological Association (2007:26) describe affect as an individual's expression and experience of mood, emotion and temperament. For the purpose of this study, affected can be seen as the educator's emotions and temperament when learners, colleagues and those they love have HIV or AIDS.

➤ AIDS

Acquired immunodeficiency syndrome (AIDS) is a life-threatening disease that kills more people than any other disease (Barker, 2003:4; Zastrow & Kirst-Ashman, 2004:370). AIDS is diagnosed in a person infected with HIV when the immune system is severely damaged and can't protect itself from various diseases (American Psychological Association, 2007:32; Oxford Advanced Learner's Dictionary, 2005:32; Soul City, 2005:5). When one has AIDS, it usually leads to death.

➤ EMPOWERMENT

Empowerment can be seen as "the process of helping individuals, families, groups, and communities increase their personal, interpersonal, socio-economic, and political strength and influence towards improving their circumstances" (Barker, 1999:153). According to Zastrow and Kirst-Ashman (2004:209) empowerment counters hopelessness and powerlessness with the knowledge that positive thinking is the beginning of addressing one's problems. Empowerment is closely related to the strengths perspective (Zastrow & Kirst-Ashman, 2004:209) which will be discussed in article 1. The REds support programme aims to empower educators to be more resilient within the HIV and AIDS pandemic.

➤ HIV

The human immunodeficiency virus (HIV) is a virus that enters the body through various ways such as blood, semen and infected needles (Soul City, 2005:5; Barker, 2003:203). Once the virus enters the body it uses the CD4 cells of the body's immune system to replicate, which eventually weakens the body's immune system and leads to AIDS (Aids Law Project, 2005; American Psychological Association, 2007:442; Barker, 2003:203; Oxford Advanced Learner's Dictionary, 2005:739; Soul City, 2005:5).

➤ INFECTED

The Oxford Advanced Learners Dictionary (2005:794) describes infected as "containing harmful bacteria". Therefore, someone that contains a virus such as HIV can be seen as an infected person.

➤ RESILIENCE

According to the American Psychological Association (2007:792), Barker (2003:369) and the Oxford Advanced Learner's Dictionary (2005:1291) resilience can be seen as the ability to deal with a challenging and/or emotional life experience and to adapt to the new situation. Seen in the light of this programme, resilience can be seen as the ability of educators to adapt and bounce back from certain difficulties.

➤ REds

REds is the abbreviation for Resilient Educators, the support programme for educators affected by the HIV and AIDS pandemic (Theron *et al.*, 2007:4). This programme contains helpful information for educators regarding the HIV and AIDS pandemic and several other aspects as discussed in section B.

➤ SUPPORT

The Oxford Advanced Learners Dictionary (2005:1286) describes support as giving someone encouragement or to help someone emotionally or practically because you want them to succeed. The context of the REds programme was contextualized in such a way that it can support educators on an emotional and professional level.

➤ SUPPORT GROUP

According to Toseland and Rivas (2001:22) support groups can be distinguished from other groups by means of the supportive intervention strategies which are their primary goal. Therefore, a support group's main purpose is to help members cope in difficult situations by means of empowering strategies and skills.

9. STRUCTURE OF THE REPORT

9.1 ARTICLE FORMAT

Section A

This section serves as an overall introduction to the study. The problem statement, aim, objectives, central theoretical statement, method of investigation, limitations and concept clarification form part of this section.

Section B

This section contains two articles regarding the research study. The title of each article is as follow:

- Article 1: The nature and content of the REds programme.
- Article 2: Evaluation of the REds programme in the North-West Province

Section C

This section contains a summary, conclusion and recommendations regarding the REds programme.

Section D

This section contains all addendums used within the study.

Section E

The last section contains the consolidated list of references used in this research study.

9.2 JOURNALS AIMED AT

- Maatskaplike werk/Social work: 'n Vaktydskrif vir die maatskaplike werker (Accredited) (addendum 9)
- South African Journal of Education (Accredited) (addendum 10)

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SECTION B: ARTICLES

ARTICLE 1: The nature and content of the REds programme

1. INTRODUCTION

South Africa is currently experiencing one of the most severe HIV and AIDS epidemics in the world (AVERT, 2008:1). Bennell (2003:493) and Kakoko *et al.* (2006:554) see the profound effect of this HIV and AIDS pandemic in the basic education sector. There are many ways in which HIV and AIDS sabotages the educational sector, such as: educators are dying, the quality of education is being eroded, the demand for education is decreasing and the education sector costs are soaring as substitute and temporary educators are required (Theron, 2005:56). According to Hartley (2008) as much as 40 educators die of HIV and AIDS related illnesses every month. The future of South Africa, our children, is in the hands of these educators that are under severe pressure and stress due to the impact of HIV and AIDS on the educational sector. People that are under severe stress can become tired, sick and unable to concentrate or think clearly (Anon, 2008).

Empowerment is a key concept for helping those infected and affected by the HIV and AIDS epidemic (Zastrow & Kirst-Ashman, 2004: 381). Empowerment involves feeling good about one self and a feeling that we have control and a sense of direction in our lives (Zastrow & Kirst-Ashman, 2004: 381). The Resilient Educators (REds) programme was composed by Theron in collaboration with Xaba, Ebersöhn and Watson. The aim of this programme is to support educators affected by the HIV and AIDS pandemic by empowering them with the correct knowledge.

In this article an overview of the nature and content of the REds programme will be given to ascertain its relevancy to support educators.

2. PROBLEM STATEMENT

Acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) reached pandemic dimensions during the 1980's (Alcama, 2002:1; James & Gilliland, 2005:333). Most people who have contracted this virus, will keep the information quiet for fear of being victimized by others (Zastrow & Kirst-Ashman, 2004:376). This leads to people withdrawing from society,

causing major implications for their families. Zastrow and Kirst-Ashman (2004:377) point out that, as a result of these people withdrawing from society, they are at risk of losing their jobs and are often abandoned by family, spouse, lovers and friends. This is also true for the families of the victims of HIV and AIDS.

Bennell (2003:493) suggests that it is frequently asserted that the HIV and AIDS pandemic will have a serious impact on the education sector in particular. Theron (2005:56) list four of many ways in which the HIV and AIDS pandemic sabotages the education sector, namely: 1) Educators are dying; 2) the quality of education is being eroded; 3) the demand for education is decreasing; and 4) the education sector costs are soaring as substitute and temporary educators are required. South Africa's youth are in the hands of these educators.

Zastrow and Kirst-Ashman (2004:384) and Sileo *et al.* (2008:44) believe that the best way to stem the spread of AIDS and the stigma that comes with it, is through educating people. According to Kelly (2002:54) HIV and AIDS education should engage the person as a whole, and must go beyond academic and intellectual knowledge.

Theron from the NWU (Vaal Triangle Campus) conducted research to determine the impact of the HIV and AIDS pandemic on educators and how it affected their resiliency. Results obtained from research lead to the construction of a support programme, named Resilient Educators (REds), for educators affected by the HIV and AIDS pandemic. This programme was implemented in three provinces (North West, Free State and Gauteng) and it consists of basic information regarding the HIV and AIDS pandemic, as well as a toolkit to support and empower educators. Research aimed at investigating the effectiveness of programmes regarding the HIV and AIDS pandemic are scarce (Visser, 2007:679).

This lead the researcher to the following research questions:

1. What is the nature of the REds programme?
2. What is the relevancy of the content used in the REds programme?

3. **AIM**

The aim of this article is:

- To ascertain the nature and content of the REds programme.

4. **THE NATURE OF THE PROGRAMME**

The REds programme consists of 9 modules. These modules need to be presented to educators in need of support regarding the HIV and AIDS pandemic by means of group work. The strength perspective forms part of the nature of the programme, and will shortly be discussed, and a thorough explanation of what group work entails will then follow.

4.1 **STRENGTHS PERSPECTIVE**

The strengths perspective entails that one seeks to identify, use, build and reinforce the inherent strengths that people have (Saleebey, 2002:11; Toseland & Rivas, 2001:144; Zastrow & Kirst-Ashman, 2004:209). This perspective therefore entails that in the midst of pain and suffering, people have locked up strengths, potentials and infinite possibilities to help them through a crisis (Ryke, 2004:17).

Toseland and Rivas (2001:144) and Zastrow and Kirst-Ashman (2004:209) emphasizes that these inherent strengths can be used to empower individuals. With regard to the REds programme, the nature of the programme, as well as the content of the programme, were constructed in such a way as to help empower individuals within the group. This empowerment is enhanced by means of the different aspects of group work, as well as the different choices of topics addressed in the content of the programme.

4.2 DEFINITION OF GROUP WORK

Group work can be described, in terms of social group work, as one of the primary social work methods (Du Preez, 1995:4). Group work is a goal-directed activity with small treatment or task groups with a common aim, purpose and objectives; the group members must have a connection in some way to form a group (Barnes *et al.*, 1999:2; Toseland & Rivas, 2001:12; Toseland & Rivas, 2009:12).

4.3 CLASSIFICATION OF GROUPS

Groups can be classified as either treatment or task orientated. A task orientated group has a certain task at hand that has to be completed, where as a treatment group can be identified by the following characteristics:

- The group is bonded by a common need or situation,
- communication patterns are open,
- procedures can be flexible or formal, depending on group members,
- self-disclosure is expected to be high, and
- everything to be discussed in the group is kept confidential (Toseland & Rivas, 2009: 15).

With regard to this programme, the purpose of this treatment group can be seen as a support and education group due to the aim being to help members cope with stressful life events (HIV and AIDS pandemic) and to educate the group through presentations, discussions (Toseland & Rivas, 2001:23).

4.4 ADVANTAGES AND DISADVANTAGES

Working with a group has certain advantages and disadvantages. Authors such as Roux (1998:6-7) and Toseland & Rivas (2009:17-18) mention the following advantages and disadvantages, amongst others:

Advantages:

- Group members share a common aim, purpose and objectives,
- Members in the group support each other,

- Group members realize that they are not the only one struggling with certain issues,
- Group members learn to socialize and sometimes even make friends,
- Resources are more due to a wide pool of knowledge, and
- Members, as well as the leader, serve as role models.

Disadvantages:

- Members open themselves through self-disclosure and are therefore open to a breach of confidentiality,
- Members are open to harmful responses from other group members,
- Introvert members won't participate as much, and
- Members can become dependant.

With regard to the REds programme, educator's supported each other by means of sharing related experiences which helped individuals, as well as the group, to grow.

4.5 ADMINISTRATIVE ASPECTS

Various administrative aspects need to be considered when planning a group. These different aspects will briefly be discussed:

- Recruiting and preparation of group members:
When recruiting members to participate in a group it is ideal to recruit no less than 5, but not more than 12 people to participate in the group (Du Preez, 1995:116; Toseland & Rivas, 2001:171). Group members need to be fully informed on what they can expect from the group and they must then decide if they are willing to participate in the group (Du Preez 1995:114).
- Composition of the group:
Groups can either be a natural or a formed group; a formed group can be described as "those that come together through some outside influence or intervention" (Toseland & Rivas, 2001:14). Due to the fact that the REds

programme is an existing programme and that the researcher worked with volunteering educators, the group can be seen as a formed group.

➤ Open or closed group

When working with a HIV and AIDS group, confidentiality is very important. In an open group, members come and go as they please, whereas in a closed group members are the same from beginning to end (Roux, 1998:15).

➤ Regularity and duration of group

It is preferable that group work sessions be as regular as possible and at the same time of the day. Duration of 45-60 minutes is an optimum time for a session, although the time limit can be stretched to 90 minutes (Roux, 1998:16).

➤ Environment

When preparing the environment in which the group will take place, it is important to consider the room size, seating arrangements, atmosphere, and location (Du Preez, 1995:118; Toseland & Rivas, 2009:174). The room where the group is presented shouldn't be too large, too warm or cold and windows will help to keep the room bright. It is advisable to place group members not too far from each other to enhance participation and group coherence.

4.6 PHASES OF GROUP WORK

Another aspect to be discussed on group work is the group work process. There are five phases which will be discussed shortly (Corey & Corey, 2002; Du Preez, 1995:156-161).

➤ Preparation phase

This phase contains all the preparation needed regarding the group work. According to Du Preez (1995:156) aspects that need planning includes identifying the need for the specific group; get the necessary co-operation

of experts involved; plan the various administrative aspects as discussed earlier; define your aim and goals for the group and lastly prepare each group member individually.

➤ Beginning phase

This phase is the start of the group work sessions. At this stage group members are still individuals and have mixed feelings regarding the group. It is the group leader's responsibility to form group coherence as soon as possible. A contract is set between group members and the group leader and group rules are also part of this phase.

➤ Transition phase

Within this phase the individuals are beginning to form part of a group. It is important to give attention to the overall goal of the programme and each individual's goal at this point of the group work sessions. This phase helps to clarify each member's role within the group work.

➤ Working phase

This phase has more openness and intimacy between group members. Group members aren't hesitating to participate within the group. Discussions form a great part of this phase. The group members help and support each other to a great extent.

➤ Ending or termination phase

This phase is the termination of the group work. Members usually give an indication of when the group sessions should end. In the case of the REds programme, the group work ended as soon as the modules to be presented were done and all the goals were met. In this phase group members evaluate the group work sessions as a whole and the researcher gives a short summary of the work done.

Group work is a very powerful tool to help a group of people at the same time. With regards to the REds programme, group work made a great difference in the lives of participating educators.

4.7 ASPECTS OF GROUP WORK

When composing a group, the group dynamics are of particular interest and need to be considered (Toseland & Rivas, 2001:70). Aspects within the group dynamics will be discussed shortly according to information in Anderson (1997), Du Preez (1995) Roux (1998) and Toseland and Rivas (2001).

➤ Group motivation

Every participant has some form of expectation for participating in a group. Participants need to be well informed prior to participation and they must be motivated and willing to participate within a certain group.

With regard to the REds programme, educators had to volunteer to participate in the group, and if someone volunteers, he/she is almost always motivated.

➤ Structuring of the group

This structuring can be divided into two aspects. The first is about the administrative aspect of the group such as the location, time, number of sessions and aids to be used. The second aspect entails the different roles that develop as the group starts growing. It is very important that every participant realize that they have co-responsibility in the meeting of goals.

➤ Norms and values

The norms and values of a group can be seen as the shared expectations and beliefs about the do's and don'ts within a group. When establishing group rules, the norms and values of each member will influence their choice of rules. It is important to take every individual's norms in to account when composing the rules.

➤ Group cohesion

Group cohesion can be seen as the "we" of a group. The group no longer consists only of a number of individuals, but a feeling of unity is now the

focus area of the group. When there is cohesion within a group, members will protect and support each other to a great extent. Group cohesion and relationships within a group, go hand in hand.

➤ Relationships

The formation of relationships within a group is very important. Four different types of relationships can be identified.

The knowing relationship entails that individuals not only know each others names, but each others role within the group. The trust relationship entails the acceptance and expectations of members towards each other and the facilitator. Trust is one of the most important aspects within a group. The authority relationship first implies the relationship of the members towards the facilitator and second towards co-members. Respect and confidentiality are contributors towards this relationship. Last is the ground relationship, which entails a persons' relationship with God, his fellow-man, nature and with one self.

Therefore, without relationships, it is almost impossible to have a successful group.

➤ Communication

Communication is the basis for forming relationships. Verbal and Non-verbal communications need to be acknowledged by the facilitator and it is the facilitators' task to ensure that communication is positive between all members to ensure positive relationships and group cohesion.

5. THE CONTENT OF THE REds PROGRAMME

As mentioned earlier there are numerous stressors that impede educators to be the best they can and to help and support those around them that are infected with HIV and AIDS. REds is specifically concerned with how the HIV and AIDS epidemic are affecting educators (Theron *et al.*, 2007:4).

The modules of the REds programme address key concepts that will help educators to be supportive to family, friends, learners and colleagues and still be resilient in their everyday tasks. AIDS handouts, used in each session are mentioned after each session's discussion. Addendum 7, "Help to improve REds", is a handout that was used after each session. Therefore, the handouts mentioned in each session, do not necessarily follow on each other. The modules of the REds programme are illustrated in figure 1:

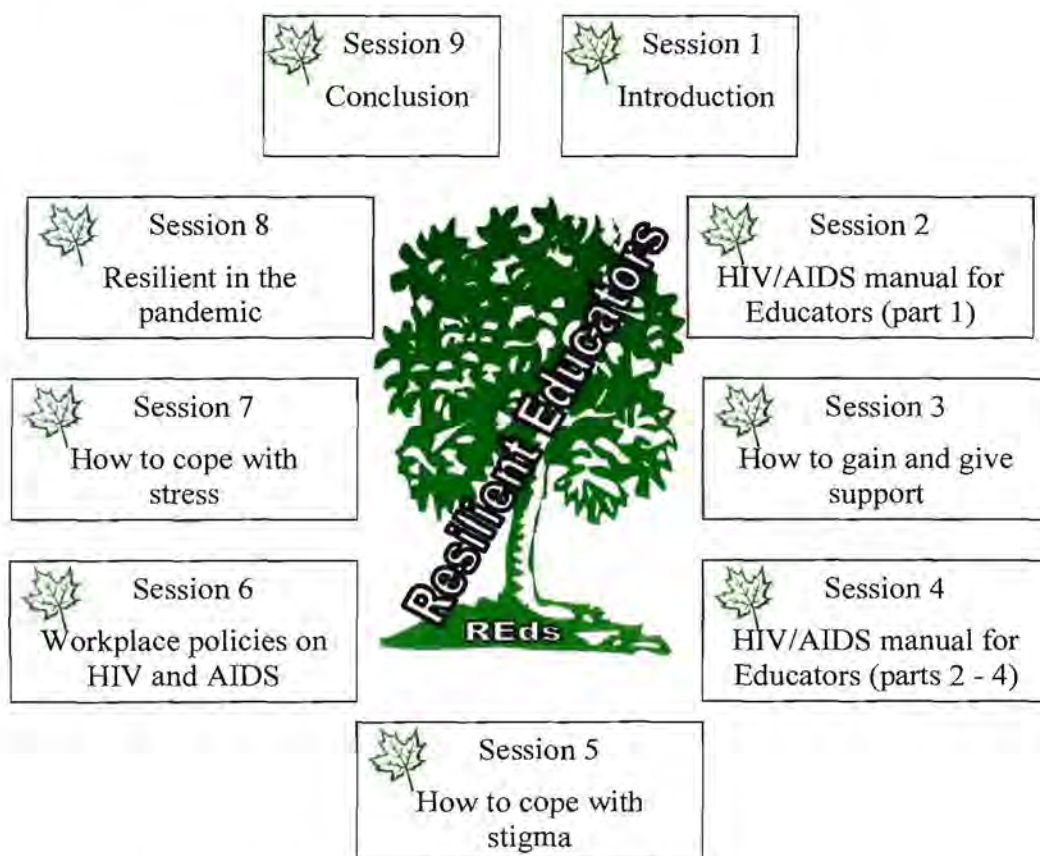


Figure 1: Modules of the REds programme

5.1 SESSION 1: Introduction

Aim:

This session is the introduction to the REds programme. The aims of this session are:

- To get to know each other,
- to explore key concepts related to REds,
- to explore ethical boundaries governing REds, and

- to determine group rules for REds (Theron *et al.*, 2007:4).

Content:

This session helps the researcher to get to know the group members. Here a short overview on the programme is given and educators have a chance to give their expectations regarding the programme. Educators give their understanding of support, which is the basis of this programme. Within this session the importance of confidentiality is emphasized.

Aids used:

- Handout 1 (addendum 11) – educators described how they see themselves.
- Handout 2 – I walk down the street (addendum 12) – to conclude the session.

5.2 SESSION 2: HIV/AIDS manual for Educators (Part 1)

Aim:

After completing this session educators should be able to understand and explain the following to others:

- The AIDS disease,
- what a virus is,
- HIV, the human immunodeficiency virus,
- the effect of HIV on the immune system,
- the myths about HIV transmission, and
- the phases of the HIV infection (Theron *et al.*, 2007:13).

Content:

The prevalence of incorrect information about HIV and AIDS in South Africa (Avert, 2008), can often lead to a lot of confusion within our societies. Sileo *et al.* (2008:44) stress the fact that HIV and AIDS prevention education is a very powerful tool to prevent people from getting infected with the HI Virus. According to Watson (2007:13) most people find that information about HIV transmission and AIDS are a very difficult subject to explain to others.

Subjects addressed in this session are:

- Explanations regarding HIV and AIDS,
- how the disease is transmitted and the myths that accompany it,
- how to prevent the transmission of HIV,
- how to avoid other infections, and
- the phases of HIV infection.

This session contains the correct information in such a way that educators can easily explain the details to others.

Aids used:

- A Power Point presentation by staff from the HIV and AIDS programme of the North-West University, Potchefstroom Campus.

5.3 SESSION 3: How to gain and give support

Aim:

The aims of this session are:

- To provide information regarding supportive resources for educators,
- to provide information regarding supportive resources for Orphans and vulnerable children (OVC's),
- to provide some grief and bereavement skills, and
- to provide some grief and bereavement skills for learners coping with grief and death (Theron *et al.*, 2007:23).

Content:

According to Sileo *et al.* (2008:47) educators are responsible to create a caring climate that foster compassion for learners affected by HIV and AIDS; support their academic, social and emotional wellbeing; and maintain confidentiality about the disease. Educators do not necessarily know how to support these children.

Although it is very important to know the correct information about HIV and AIDS, information regarding support within your community is as important as

the correct facts. The first form of support addressed in this session was how to support ill loved ones. Here information regarding different sources of support was discussed. Each participant received contact numbers of local supportive resources. The numbers for the Tlokwe municipal area are as follow:

Schematic representation 1: Bookmark with contact numbers

| | Organisation |  Contact number |
|---|--|--|
| 1 | AIDS Helpline | 0800 012 322 |
| 2 | LifeLine | 0861 322 322 |
| 3 | Hospice Potchefstroom | (018) 294 5267 |
| | Tlokwe | (018) 296 0208 |
| 4 | Wellness Clinic | (018) 293 4687/1/6 |
| 5 | AIDS Program PUK Campus | (018) 299 4038 |
| 6 | Voluntary testing & counselling PUK Campus | (018) 299 5369 |
| 7 | AIDS Law Project (WITS) | (011) 717 8600 |
| 8 | Potchefstroom Hospital | (018) 297 7011 |
| 9 | Legal Aid Centre | (018) 293 0045 |

The second form of support was support for AIDS OVC's and how to support a grieving child or colleague.

The following information was discussed:

- How to obtain a child support grant,
- Childline's contact details, and
- guidelines on the grieving process and how to handle grief.

Aids used:

- A bookmark with the necessary contact numbers of local support resources.
- Handouts regarding different grants and how to obtain them.

- Soul City booklets – “Circles of support for our Children” and “Keeping children in school”, which can be collected at any HIV and AIDS counselling office.

5.4 SESSION 4: HIV/AIDS manual for Educators (Parts 2-4)

Aim:

This session is a continuation of session 2 where the facts regarding HIV and AIDS were discussed. Topics addressed in this session are:

- Care for the sick at home,
- care for the dying, and
- management of common AIDS-related health problems in the home.

Content:

Part 2: Care for the sick at home

Diet plays an important role in many diseases, such as HIV and AIDS (Gans *et al.*, 2003:556S). This session contains valid information on what food groups the ill loved one needs, general hygiene – personal and environmental, and how to control infections in and around the house. The food guide pyramid (Anon, s.a.) is a helpful tool to give the educators the correct information on what and how many portions of each food group a person needs.

Food Guide Pyramid



Figure 2: The Food Group Pyramid

Part 3: Care for the dying

HIV and AIDS are a health problem for which there are, at this stage, no medical cure (Sileo *et al.*, 2008:36). Therefore, a person with AIDS will eventually die from this disease.

This session helps the caretaker of the infected loved one to prepare himself and the infected person for death. Every person experiencing a loss of some kind goes through a number of grieving stages. Addendum 13, the Kübler-Ross's Model: stages of grief (James & Gilliland, 2005:327), can be used as an extra method to information given within the REds programme to help educators understand what a person may feel and how to help them.

Part 4: Management of common Aids-related health problems in the home

As HIV progresses to AIDS, the immune system becomes less capable to fight certain diseases that make the infected person more vulnerable to a variety of infections caused by viruses and bacteria (Zastrow & Kirst-Ashman, 2004:375). The following health problems, amongst others were addressed in this session:

- Anxiety,
- constipation,
- depression,
- diarrhoea,
- loss of strength – fatigue,
- skin abscesses, -rash and – blisters,
- unplanned weight loss, and
- vaginal itching, burning and discharge.

Information given in this session, does not replace going to a doctor. These are only general information. A nurse and social worker are very helpful to explain parts 2 - 4.

Aids used:

- The food guide pyramid.
- Kübler-Ross Grieving Model (addendum 13).
- Khomanani leaflets, which can be collected at any HIV and AIDS counselling office, are very visual tools for educators to take home.

5.5 SESSION 5: How to cope with stigma

Aim:

In this session stigma was explored by means of the following aims:

- To explore the concept of stigma,
- to explore options for addressing stigma, and
- to explore some coping skills regarding stigma (Theron *et al.*, 2007:80).

Content:

Incorrect information about HIV and AIDS often leads to people stigmatising other. Stigma associated with HIV and AIDS can unfavourably impact on the lives and behaviours of people infected and affected by HIV (Bunn *et al.*, 2007:198). The correct information regarding HIV and AIDS was discussed in session 2.

The Cambridge Advanced Learner's Dictionary (2004:1251) describes stigma as "when people disapprove of something, especially when this is unfair". In the context of HIV and AIDS, stigma can be seen as people labelling others due to certain characteristics that they may have. When people understand what stigma is, they can explore their options to address stigma. According to Theron *et al.* (2007:83) there are 5 ways to address stigma. These 5 ways were discussed and are described in figure 3:

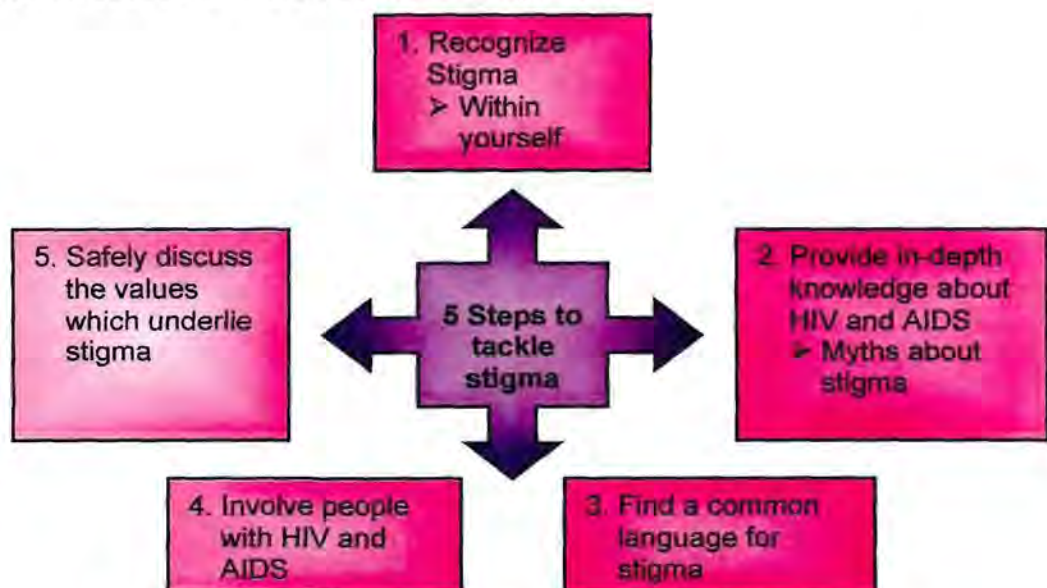


Figure 3: Five steps to tackle stigma

Aids used:

- Handout 8 – Illustrations of stigma (addendum 14).
- Handout 9 – inspiring thoughts to combat stigma (addendum 15).

5.6 SESSION 6: Workplace policies on HIV and AIDS**Aim:**

The aim of this session is to provide up-to-date information to the educators regarding the following:

- The provisions of Legislation on HIV and AIDS in education,
- educator rights with regard to discrimination in the context of HIV and AIDS,
- educator rights with regard to absenteeism and leave in the context of HIV and AIDS,
- educator rights with regard to protection at school against HIV and AIDS, and
- a supportive school environment in the context of HIV and AIDS (Theron *et al.*, 2007:112).

Content:

According to Bennell, Hyde & Swainson (as quoted by Maile, 2003:78), many educators in Africa living with HIV and AIDS are seriously being discriminated against by school managing bodies, colleagues and students. The Khomanani HIV, AIDS and Rights leaflet (National Department of Health, s.a.) states that people living with HIV and AIDS have exactly the same rights as any other person. Aspects such as creating a supportive school environment, eliminating discrimination and educator rights are addressed. This session was based on information gathered from Acts and Policies that is applicable to HIV and AIDS, human rights and certain labour policies (addendum 16).

Aids used:

- Handout 12 – Test regarding educators' knowledge on their rights against discrimination (addendum 17).

- Handout 13 – Test regarding educators knowledge about absenteeism and leave (addendum 18).
- Handout 14 – “Put the glass down”, a poem to conclude the session (addendum 19).

5.7 SESSION 7: How to cope with stress

Aim:

The aims of session 7 are:

- To explore the concept of stress, and
- to explore coping skills for addressing stress (Theron *et al.*, 2007:93).

Content:

According to the Centre for Counselling & Social Services (2008) stress is the inability to cope with certain situations, as well as our perception of situations in our environment. Educator stress can be good in certain circumstances, but excessive stress and pressure can lead to distress, poor teaching, poor decision-making, job dissatisfaction, absenteeism and low productivity amongst others (Jackson & Rothmann, 2006:75; Mostert *et al.*, 2008:102; Schulze & Steyn, 2007:691).

The following steps were discussed to manage personal stress:

- Identify your stressors,
- look after your body,
- spend time with supportive people,
- do fun things,
- make a joy list,
- laugh, and
- use relaxation exercises (Theron *et al.*, 2007:100).

Work stress, such as heavy workloads, unmanageable class sizes and time management, are only a few external stressors that impede educators today (Anon., 2007; Ravichandran & Rajendran; 2007:134; Rieg *et al.*, 2007:211).

Time management was one of the topics that were described thoroughly in this session.

Aids used:

- Clay – symbolising stress relief.
- Relaxation music according to the culture of participating educators.

5.8 SESSION 8: Resilient in the pandemic

Aim:

The main aim of this programme was to help educators to be more resilient within the HIV and AIDS pandemic, therefore the aims of this session are:

- To contemplate participant resilience,
- to contemplate further steps towards resilience, and
- to emphasize our connectedness to others (including local support networks) for the purposes of resilience (Theron *et al.*, 2007:128).

Content:

This session discussed 6 steps toward becoming resilient, as well as what resiliency entails and how to get there.

Aids used:

- A fresh branch to symbolize resiliency.
- “Are you a leader” questionnaire (addendum 20).
- The A-Z of being resilient (Addendum 21).

5.9 SESSION 9: Conclusion

Aim:

The aim of this session is:

- To conclude the REds programme (Theron *et al.*, 2007:139)

Content:

This session was implemented to tie all the sessions together. The session gave the researcher the opportunity to recap on all sessions and debrief

educators. Educators received their certificates for participating in the REds programme.

Aids used:

- Certificates

6. DISCUSSION AND RECOMMENDATIONS

The current focus of the HIV and AIDS pandemic is mostly on supporting those infected with the virus and to prevent others from getting infected. Friends, families and loved ones of HIV and AIDS infected persons are being neglected. Education is one of the closest professions to work with orphaned children due to the HIV and AIDS pandemic. These children often need more emotional support than other children.

Most educators are affected by the HIV and AIDS pandemic, whether it is a family member, friend, colleague, or a child in their classroom. Yet, there are no-one to support them and give them the skills to help those around them and still be resilient. The REds programme was established to support all educators and give them a toolkit to help them be more resilient.

The Resilient Educators (REds) support programme is a very powerful and helpful programme to assist affected educators. Educators are under severe stress and a lot of that stress is due to the lack of correct information regarding the HIV and AIDS pandemic, their rights as educators, how to support children in their classes and how to manage stress. The 9 modules were constructed very carefully and placed in such an order that educators can most benefit from these topics.

Educators that participated in the research described this programme as very helpful, although they asked that the following be included in the programme:

- Clearer information on how to form a circle of support in their current situation,

- how do one protect children that participate in physical activities – many educators know that a child within the certain activity is HIV positive, and
- how to get anti-retroviral medication for children and how to administer them.

The usage of as many visual aids as possible is advisable. Visual aids help a person to remember information and to better explain it to others. Educators are the people to help our children into the future. If we neglect to support them, we neglect our children.

7. CONCLUSION

This article gave an overview on the nature of the REEds programme by means of an overview of what group work entails. A short overview regarding the 9 modules presented in the REEds programme to support educators affected by the HIV and AIDS pandemic were also given.

Educators need support on social and professional levels regarding HIV and AIDS. Many educators aren't prepared to support their loved ones or children at school due to a lack of knowledge on discussed topics. The aim of this article was to ascertain the nature and content of the REEds programme. From the discussion of the nature and content of the programme, it is clear that this programme is effective. Therefore, the REEds programme can be a very powerful programme to help educators gain the correct information to help those they love and still be resilient within this pandemic.

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**ARTICLE 2: Evaluation of the REds
programme in the North-West
Province**

1. INTRODUCTION

Since the first identification of HIV and AIDS in the 1980's, this epidemic has continued to exceed all expectations (Alcamo, 2002:1; AVERT, 2008; James & Gilliland, 2005:333; Piot *et al.*, 2001:968). HIV and AIDS is a devastating disease that has the potential to kill more people than any other disease (Zastrow & Kirst-Ashman, 2004:370). South Africa's response to this growing HIV and AIDS epidemic has evolved rapidly over the past few years (National Department of Health, 2004). The only problem is that the focus of this response is mainly on prevention and helping those infected with HIV and AIDS. People that are affected by the pandemic are left to cope on their own.

Several authors (Bennell, 2003:493; Kakoko *et al.*, 2006:554; Theron, 2007:176) agrees that HIV and AIDS have a serious impact on the education system. Theron, in collaboration with Xaba, Ebersöhn and Watson, composed a programme to support educators affected by the HIV and AIDS pandemic named Resilient Educators (REds).

This article will present results obtained from presenting the REds programme to evaluate the outcome and relevancy of this programme.

2. PROBLEM STATEMENT

According to Govender (2008) between 35 and 40 members of only one teachers' union are dying every month — most of them from AIDS-related illnesses. It is clear that South Africa's teachers are in dying need of support regarding the HIV and AIDS pandemic. The best way to stop the spread of HIV and AIDS, as well as the stigma that comes with it, is through educating people (Zastrow & Kirst-Ashman, 2004:384).

Most people are currently focusing on those infected with HIV and AIDS. Those who are affected, such as spouses, parents, children, friends and colleagues, are often forgotten and left with the hurt and pain they have to face alone. Educators are affected in many ways. Theron (2005:56) lists four of

the many ways in which HIV and AIDS sabotages the education system, namely:

1. Educators are dying,
2. the quality of education is being eroded,
3. the demand for education is decreasing, and
4. education sector costs are soaring as substitute and temporary educators are required.

The reasons given above led to the conception of the Resilient Educators (REds) support programme by Theron from the NWU (Vaal Triangle Campus). Sileo (2005:177) emphasizes the importance of educators' knowledge regarding HIV and AIDS. The REds programme was especially constructed to support educators regarding the following topics:

- HIV and AIDS – general facts, nutrition regarding HIV/AIDS, general hygiene, how to support a dying loved one, common AIDS related illnesses,
- support – friends, family, colleagues, students and, most importantly themselves,
- stigma – how to recognize and cope with it,
- stress – work stress, personal stress and time-management,
- policies regarding HIV and AIDS, and
- resiliency – how to stay resilient within the epidemic.

Research aimed at investigating the effectiveness of programmes for HIV and AIDS are scarce (Visser, 2007:679). This led the researcher to the following research questions:

1. What is the outcome of the REds programme in the North-West Province?
2. Is the REds programme an effective support programme?

3. AIM

The aim of this article is:

- To evaluate the REds programme in the North-West Province.

4. METHOD

4.1 EVALUATION RESEARCH

Evaluation research is the use of social research methodologies to judge and improve the ways in which programmes are conducted (De Vos, 1998:367). Evaluation research consists of the following steps (Grinnell, 1981:602-603):

- Trial use,
This step implies the first presentation of the newly developed programme.

- Collection of evaluative data,
Within this step, data is collected by means of quantitative and qualitative measuring instruments.

- Evaluation of technology, and
Data obtained is analysed. From the results obtained the programme is then evaluated.

- Redesigning.
This step implies the redesigning of the programme, if necessary.

Article 2 contains steps 2 and 3 where data collection and the evaluation of the programme were of main interest.

4.2 DURATION AND PARTICIPANTS

Research was conducted from April 2007 until November 2008. Two separate groups were formed where five voluntary educators participated in each group. The first group were held on two consecutive Saturdays and the second group were held over a period of five weeks.

4.3 DESIGN

In this study, the concurrent triangulation strategy of the mixed methods procedure (Creswell, 2003:208; Creswell, 2009:213; DePoy & Gilson, 2008:191) were used due to the fact that quantitative and qualitative measuring instruments (Creswell, 2003:153-179; Patton, 2002:4) were used to collect data concurrently. Both the exploratory and explanatory designs were chosen, due to the fact that no information regarding the effectiveness of the proposed programme was available and because of the considerable amount of information regarding the HIV and AIDS epidemic available to the researcher (Babbie, 2004:87; Glicken, 2003:15; Mitchell & Jolley, 2001:518; Monette *et al.*, 2002:4).

4.4 MEASURING INSTRUMENTS

The ProQOL questionnaire (Stamm, 2005a), adapted for the REds programme was used to collect quantitative data. Incomplete sentences and symbolic drawings regarding the HIV and AIDS pandemic were used to collect qualitative data. Mentioned questionnaires were used as both pre- and post-tests. After each group work session, participants were asked to give feedback of that session.

4.5 DATA-ANALYSIS

Quantitative data was analysed by the Statistical Consultation Service of the North-West University (Potchefstroom Campus). The qualitative data was analysed by the researcher. Results obtained were then categorised into five themes, according to the effect of the pandemic on the educators and two sub themes according to the objectives of the study (Delport & Fouché, 2005:354) from Marshall and Rossman's approach (Poggenpoel, 1998:342). (see Section A)

5. STRENGTHS PERSPECTIVE

The strengths perspective entails that one seeks to identify, use, build and reinforce the inherent strengths that people have (Saleebey, 2002:11; Toseland & Rivas, 2001:144; Zastrow & Kirst-Ashman, 2004:209). Toseland and Rivas (2001:144) and Zastrow and Kirst-Ashman (2004:209) emphasizes that these inherent strengths can be use to empower individuals.

With regard to the REds programme, the nature of the programme, as well as the content of the programme, was constructed in such a way as to help empower individuals within the group. The results obtained from quantitative and qualitative data indicated that the subjects addressed within the REds programme, empowered the educators. Results obtained will be discussed next.

6. RESULTS OBTAINED FROM THE REds PROGRAMME

After the presentation of the first group, the order of the sessions was changed according to feedback from the educators. Although these changes were made, only small differences in results were visible. Therefore, for the purpose of this study, the results of both groups will be discussed as one.

When analysing data, it is very important that the data obtained must be reliable, valid and trustworthy. These aspects will be discussed shortly.

6.1 RELIABILITY, VALIDITY AND TRUSTWORTHINESS

6.1.1 RELIABILITY AND VALIDITY OF QUANTITATIVE DATA

Reliability can be seen as the tendency of measuring instruments to be repeatable, stable and consistent when used at different times, but with the same variable (De Vos *et al.*, 2005:162; Leedy & Ormrod, 2005:29; Pietersen & Maree, 2007:215). Validity, on the other hand, can be seen as the extent of the measuring instrument to measure what it is suppose to measure, thus the ability of the instrument to reflect the real meaning of the concept under

consideration (Babbie & Mouton, 2008:122; De Vos *et al.*, 2005:162; Leedy & Ormrod, 2005:29).

With regard to the ProQOL, due to the fact that the ProQOL is an existing standardised test and that the tests validity is based on over 200 articles, the questionnaire can be seen as reliable and valid (Stamm, 2005b:9).

6.1.2 TRUSTWORTHINESS OF QUALITATIVE DATA

The trustworthiness of qualitative data is of utmost importance and can be seen as the test of one's data analysis, findings and conclusions (Nieuwenhuis, 2007a:113). Nieuwenhuis (2007b:80) indicates that the use of multiple data collection methods, observations, interviews and the use of triangulation enhance trustworthiness of qualitative data. With regard to this research, multiple qualitative measuring instruments were used (addendums 5 – 8) in data collection. An observer, co-social worker, observed participants, helped with the interpretation of participants' answers and body language in each session.

According to Lincoln and Guba (in De Vos *et al.*, 2005:346) credibility, transferability, dependability and conformability can be seen as accurate assumptions of trustworthiness. Each assumption will shortly be discussed according to information in De Vos *et al.* (2005:346-347).

➤ Credibility

Credibility implies the in-depth description of complexities of variables and interactions. An in-depth discussion regarding the process of the REds programme, by means of group work and qualitative results obtained, are presented within this thesis.

➤ Transferability

Transferability refers to obtained data that can be generalized to other populations and similar situations. Due to the fact that only a few educators participated in the REds programme, it is not as easy to acquire transferability. Therefore, the results obtained by means of multiple data

sources were discussed as thoroughly as possible and triangulation was used to find similarities within data.

➤ Dependability

Dependability can be seen as data being correct and reliable. Thus, if this study is to be presented again, findings will be more or less the same. Direct quotes were reported with qualitative results to ensure correct and reliable data.

➤ Conformability

Conformability implicates the issue of objectivity. Objectivity was ensured by means of an observer and discussions with co-presenters from other provinces.

6.2 QUANTITATIVE RESULTS

6.2.1 PROQOL

When a random sampling scheme is used to study a certain variable, a p -value is used to analyse the data (Ellis & Steyn, 2003:51). Due to the fact the sampling scheme was not random, because educators volunteered to participate in the group, no p -values are applicable and only the effect sizes can be used to define results obtained. Kline (2004:105) gives the following formula and description to calculate and analyse the effect sizes:

$$d_2 = \frac{|\bar{D}|}{S_{pre}} \quad \text{where:}$$

$|\bar{D}|$ is the absolute value of the mean of question 1 of the pre-test and question 1 of the post-test, and S_{pre} is the standard deviation of the pre test.

Values obtained can be analysed as follow:

$d_2 = 0.2$ – little growth visible; $d_2 = 0.5$ medium growth visible and $d_2 = 0.8$ a large growth is visible in participants (Cohen, 1988).

From the data analysis, only a few questions showed significant growth. The questions that indicated significant growth in participants can be seen in figures 4 and 5. The other questions that did not show significant growth will not be discussed.

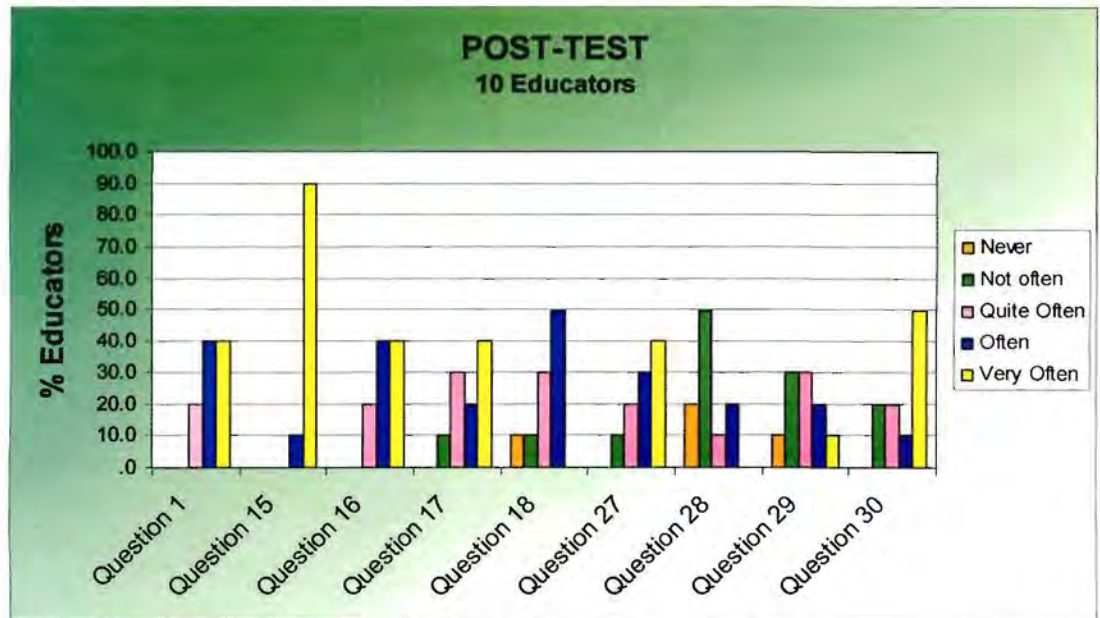


Figure 4: Questions that showed significant growth

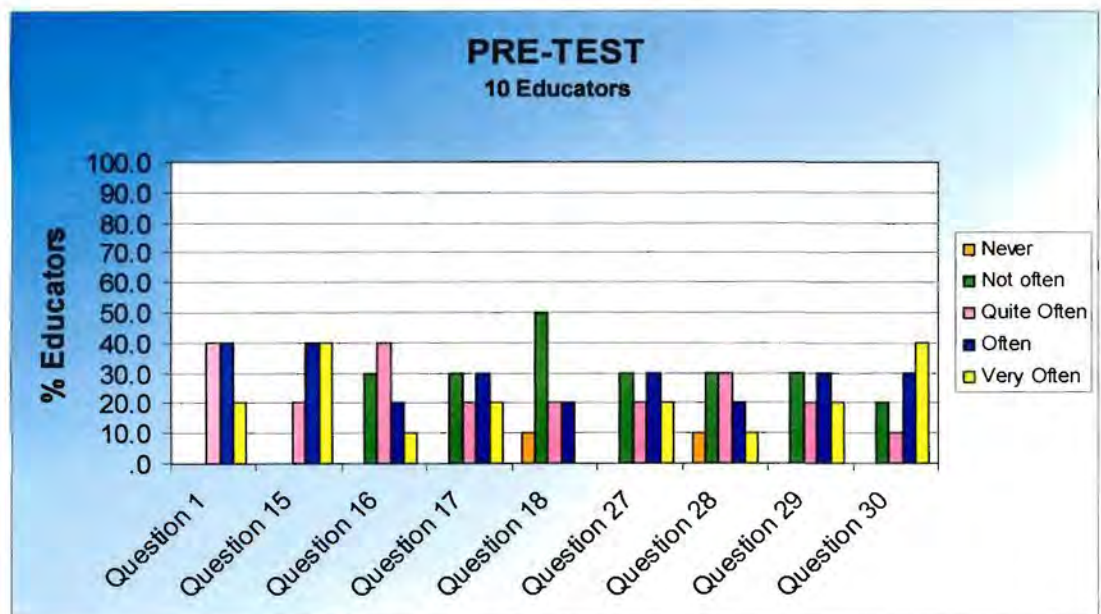


Figure 5: Questions that showed significant growth

As seen in figures 4 and 5, the following questions showed medium to large growth in participants:

Question 1: I am happy

Although the educators seemed to be happy before participating in the REds programme, they indicated that they are slightly happier than before.

Question 15: I have beliefs that support me

Educators indicated that they had beliefs that supported them prior to participating in the REds programme. Ninety percent of participating educators showed they have more beliefs, in friends, families, colleagues and in themselves, as well as stronger religious beliefs after participating in the group.

Question 16: I know how to use different helping techniques

Educators learned within the REds programme different techniques on how to approach infected and affected HIV persons, how to handle personal and work stress and how to use different techniques to be more resilient. From results shown, educators indicated that they now know how to use mentioned helping techniques.

Question 17: I am the person I always wanted to be

Many people have an idea of the person they want to be. After participating in the group, educators felt that they are coming closer to be the person that they wanted to be.

Question 18: My work makes me feel satisfied

Only four educators seemed slightly satisfied with their work prior to participation in the group. Eight educators indicated that they are more satisfied with their work after participating in the group.

Question 27: I think I am a success as a helper

Not many participants knew what it meant to be a successful helper. After participation in the REds programme, educators felt that they now think they are successful helpers due to their new knowledge.

Question 28: I can't remember important parts when I've helped others

Before participating in the REds programme, educators seemed to forget a lot more important parts of helping other. After going through the REds programme, educators indicated that they remembered more of the important parts of helping others through difficult situations.

Question 29: I am a very sensitive person

One educator showed that he isn't a sensitive person at all. Other educators still seem to be sensitive, but not as much as before. It is helpful when a helper is sensitive toward others, but not to such an extent that it affects him personally.

Question 30: I am happy that I chose to do this work.

Within the pre-test, four educators indicated that they were very happy with their choice of career, four educators indicated that they were happy to some extent with their choice of career and two educators indicated they weren't too happy with their choice. After participation within the group, five educators indicated that they are very happy, three indicated they are happy, although two indicated that they are still unhappy with their choice of career.

Discussion:

Although only a few educators participated in the presentation of the REds programme and the quantitative data isn't that strong, it can clearly be seen that growth took place during participation. Results can be seen as reliable and valid due to help with analysis from the Statistical Consultation Services.

Qualitative data obtained are much stronger and will be discussed next.

6.3 QUALITATIVE RESULTS

6.3.1 INTRODUCTORY QUESTIONS

The researcher made use of five qualitative measuring instruments to obtain the best results possible. The overall discussion of results obtained will be given under heading 6. Before starting the programme, educators were asked

to share their story on how the HIV and AIDS pandemic affected them under the following themes:

- emotionally,
- spiritually,
- physically,
- socially, and
- professionally.

Emotionally:

In the first session, most of the educators opened up and shared their emotional stories with each other. Eighty percent of participating educators were affected emotionally by the pandemic. Loved ones died and left them with a lot of negativity and fear towards HIV and AIDS. One educator described her emotions with deep sorrow on her face and another indicated her negativity towards the pandemic as follow:

“The HIV and AIDS pandemic have paralysed me emotionally. Every sick person scares me because I have lost too many already.”

“It makes me have a negative feeling towards those who are affected.”

These quotes were a clear indication that this programme could potentially help a few get through the negativity and fear related to HIV and AIDS and once again be resilient.

Spiritually:

Educators couldn't really say that the pandemic affected them spiritually, although they had a lot of unanswered questions. They had beliefs that supported them through their everyday lives and they relied on them through every obstacle that may impede them. A male educator clearly showed where his strength came from:

“I trust that the Good Lord will eventually open the minds of those researching the pandemic as to finding a cure.”

Another indicated that:

“By observing what has happened to other people I can only say that one must live closer to God.”

Physically:

A lot of people may find it difficult to sleep when they worry about other people. Thirty percent of the participating educators indicated that they sometimes have restless nights due to the fact that they worry about others, the effect of the pandemic on their lives and fear for others that's been infected. Some responses from educators:

“The thought of having sick people in and around my area makes me restless.”
“I often have sleepless nights while thinking of the pandemic.”

Socially:

Educators are scared to be as socially interactive as before, because they are afraid of losing loved ones. One educator said that she knows how the virus is contracted and therefore her social interaction has changed. On later discovery, the researcher found that this educator knew only a few facts on how the virus was contracted. Responses from educators were as follow:

“It is not easy to interact and know people well, because of the fear of knowing them, loving them and finally losing them.”
“I am no longer as interactive as I use to be on a social front.”
“It makes me avoid those who are affected.”

Professionally:

Professionally educators face a lot of negative issues in class regarding to the children. Participating educators indicated that the HIV and AIDS pandemic haven't affected them professionally (in their work). They did however indicate that certain issues which evolve from the pandemic such as children's backgrounds, personal feelings regarding the pandemic, that they are scared

to help children that's bleeding and being exposed to the virus. One educator indicated that his fear of contracting the virus has influenced his daily routine:




"I am becoming a slave to the bath" and it can clearly be seen that a lack of knowledge regarding the HIV and AIDS pandemic created fear in almost all of the educators.



6.3.2 INCOMPLETE SENTENCES

In the pre- and post-tests, educators were given incomplete sentences, questionnaire 2 (addendum 5) which they had to complete with the first thought that crossed their minds. Some educators immediately thought about the pandemic and some interesting answers came up. The questions were answered in the same order as indicated in the schedule below.




Pre-test:



Schematic representation 2: Pre-test – Incomplete sentences

| | |
|---|---|
| <p>When I think of the future</p>  | <p>Fifty percent of the educators were hopeful towards what the future may hold, whereas the other 50% were doubtful and scared of what the future will bring.</p> |
| <p>Giving up</p>  | <p>Most of the educators said that giving up is not the answer. Persevere and find a way. One educator indicated that giving up was sometimes her first option.</p> |
| <p>I hope that</p>  | <p>The answer mostly addressed was that educators wished that a cure for HIV and AIDS will be found. Other aspects that arose were aspects such as poverty and unemployment. Educators also hoped that this programme will help them help others in the future.</p> |

| | |
|---|---|
| <p>When things go wrong</p>  | <p>Beliefs played a large role in this question. Most educators indicated that they felt back on their beliefs and prayed for help, although three educators indicated that they felt helpless, miserable and stressed.</p> |
| <p>I can</p>  | <p>All educators gave positive answers. They wanted to make a difference and they know that with the correct knowledge they can and want to.</p> |

Post-test:**Schematic representation 3: Post-test – Incomplete sentences**



| | |
|---|--|
| <p>When I think of the future</p>  | <p>One hundred percent of the educators were hopeful towards what the future may hold. One educator indicated that when she thought of the future: "I feel like I can be given work of feeding people with correct HIV information and be a helper permanently".</p> |
| <p>Giving up</p>  | <p>Here all of the educators indicated that they will never give up. They see these words as non-existent in their vocabularies.</p> |
| <p>I hope that</p>  | <p>Educators expressed their hopes that the world will share in their new found knowledge and stop the spread of HIV and AIDS. "I hope that I can apply my newly acquired skills in such a way that those who benefit may in turn apply it</p> |


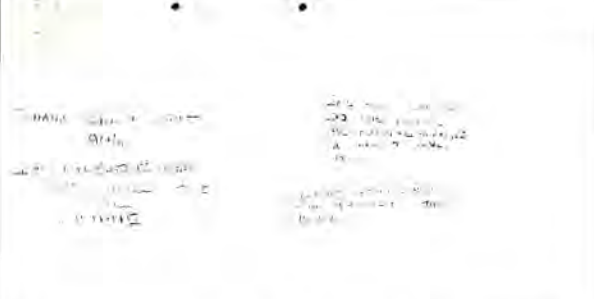




| | |
|---|---|
| | also onto others” was one of the most powerful expressions. |
| <p>When things go wrong</p>  | Most answered that they won't give up when things go wrong, they'll rather try and find a solution. One educator still indicated that she becomes devastated and disappointed. |
| <p>I can</p>  | “I can manage and solve any type of problem especially affected people, stress and many other problems. Thanks REds!” Educators seemed to be very positive about their new found knowledge and felt that they can do almost anything now. |

6.3.3 SYMBOLIC DRAWINGS

In questionnaire 3 (addendum 6), educators were asked to draw how the HIV and AIDS pandemic has affected them. From the pre- and post-test, growth in participants' knowledge and a reduction in fear can be seen. A schematic representation of some of these significant drawings can be seen below.

Schematic representation 4: Symbolic drawings

| | Pre-test | Post-test |
|---------------|---|---|
| Participant 1 |  <p>Scared and don't know what to do</p> |  <p>I'm alive again, I have seen light</p> |

| | | |
|----------------------|--|---|
| <p>Participant 2</p> |  <p>HIV and AIDS is like a volcano, once it blows, you can't stop it</p> |  <p>I have seen the light and let everyone use it while it is still shining</p> |
| <p>Participant 3</p> |  <p>It made me feel like a tree without leave, because it left me without my family.</p> | <p>HIV/AIDS spreading like sunrays, causing people to shrink, hence they used to lack the correct knowledge and information.</p>  <p>But not after the teaching took place, because I now know about the do's and don'ts, I feel like a green leaf.</p> |
| <p>Participant 4</p> |  <p>DEATH</p> |  <p>We will overcome! By means of Honesty, knowledge, fairness, changed lifestyle and a changed attitude.</p> |

As seen from these symbolic drawings, the participating educators are more hopeful towards the future after gaining the correct knowledge and some basic skills on how to handle stressful situations regarding the HIV and AIDS pandemic. This is a substantiation of data obtained in questionnaire 2.

6.3.4 FEEDBACK AFTER EACH SESSION

After each session, educators were given a reflection sheet to help improve the REds programme (addendum 7). The following three questions were asked regarding the days' session:

- What was the most helpful about today's module?,
- What was the least helpful about today's module? and
- What would you change before the module is presented again?

Each session's feedback will be discussed under its own heading.

➤ **Session 1:**

Session 1 was the general introduction to the REds programme. Within this session, the key concepts underlying the REds programme, ethical boundaries and group rules were discussed. This session gave educators the opportunity to share their feelings on how the pandemic has affected them. No individual was forced to tell their story.

Feedback:

The group found the laying down of the rules helpful. The openness, educators being able to talk about their experiences freely and the support from other members were almost on all of the feedback forms. Educators appreciated that although they were opening up their most inner fears and experiences, they knew it would be kept confidential.

The most helpful about today's module was...

"opening up about my feelings."

"the fact that we can rely on each other for support."

The only thing that the educators thought that needed change was that more educators should be invited to join in the sessions. Although the researcher asked the group members to invite fellow educators, none came to join the group.

➤ **Session 2:**

This session contained the correct information regarding the HIV and AIDS pandemic. A counsellor from the North West University's (Potchefstroom campus) AIDS-programme presented this session to the group.

Feedback:

Educators found the presentation given very interesting and meaningful. This presentation contained a lot of visual elements of the pandemic and educators could ask any question they could think of. Some responses from educators:

"I have learned many things and I think this will become a great help."

"The freedom to express oneself without being talked down."

Educators again expressed their relief that they can give their opinion and ask questions openly without being afraid of being criticised. Last mentioned came out in almost all of the sessions.

The educators asked that more time should be given for each session. The best time to go through some of these sessions was one and a half to two hours, which was too long for the educators due to their other responsibilities.

➤ **Session 3:**

Information regarding supportive resources for educators and OVC's (Orphans and vulnerable children), and some grief and bereavement skills were discussed in this session.

Feedback:

According to educators the most important aspect of this session was the grieving process and the new skills they learned to help loved ones and the

children in their classes through this process. Educators asked that this grieving process needed to be added to the Life Orientation curriculum. An educator responded to this session as follow:

“It helps me to move on, try to focus on something new, to be brave and see the brightness of my future (Guidelines to grieving process).”

➤ **Session 4:**

This session was divided into three parts namely to care for the sick at home, to care for the dying and the management of common AIDS-related health problems in the home. This session was loaded with information and therefore not all three parts were discussed. The researcher focused on the aspect of how to take care of the dying. The other parts are clearly outlined within the REds manual and educators went through those parts and asked questions if something wasn't clear.

Feedback:

Educators found the different ways of grieving and the open discussion regarding the feelings of the dying person very interesting. Educators felt that this knowledge should be shared with all educators from their schools. Some feedback of what educators felt to be most important about this session:

“What to do when one is dying.”

“The open discussion about death.”

“I learned about all kind of symptoms and illness of a person infected.”

➤ **Session 5:**

Stigma was explored in this session by means of the description of stigma and how to address it. Educators learnt new coping skills on how to handle stigma.

Feedback:

All Educators realised that they sometimes stigmatise others and now they learned how to identify stigma in their own lives and how to address the issue regarding the stigmatization of HIV infected and affected individuals.

Participating educators were eager to learn ways to address this topic. Responses from educators regarding this session:

“The most helpful about today’s module was to recognise that most people, including myself can stigmatise another human being because of their status.”

“It helped me to know that I’m a stigmatizer in many ways and how to avoid that.”

➤ **Session 6:**

Up-to-date information regarding underlying policies on HIV and AIDS and educators’ legal rights were discussed in this session. How to create a supportive school environment and how to protect oneself from accidental exposure formed part of the discussions. Educators are well informed about their rights.

Feedback:

Educators found the overview on their legal rights very informative, although the most helpful part of this session was information given on how to create a supportive environment and the knowledge that they can form their own educator support teams (EST’s). Responses from educators on what they found to be most helpful:

“Supportive environment & how to establish it, and its value for the school.”

“That teachers can also establish educator support teams.”

Educators expressed the wish that for more information should be made available in the manual on how to form their own EST and also what to do if they know that a child is HIV positive and he/she participates in a full contact sports like rugby.

➤ **Session 7:**

Stress, in educators’ personal lives and work related issues were discussed in this session. This session was one of the most interesting sessions, because

educators just kept on talking about what they stressed about. Coping skills for coping with stress were discussed in order to support these educators.

Feedback:

Educators struggled to manage their stress and time. Educators found the different time-management techniques and the relaxation exercises very helpful. Responses regarding this session are as follow:

“Work stress can only be managed by time-management.”

“Learning how to relief my stress and learning how to manage time.”

A male educator found it very interesting to realise the difference in how males and females handled stress. The practical illustration of stress by means of a helpful tool “the mayonnaise jar and coffee” was very informative.

➤ **Session 8:**

The main aim of this session was to help educators to be more resilient in their work environment as well as in their daily lives. This session discussed resiliency and how to become more resilient.

Feedback:

Educators felt re-energised after this session. Educators found the A-Z of resilience, the steps towards becoming more resilient and the leadership questionnaire, very interesting. Responses of educators are:

“I am a changed person, motivated uplifted because of this”.

“The short questionnaire about leadership and how it was combined in helping us to be more resilient”.

➤ **Session 9:**

This session ties all the other session together. In this session educators were asked to give their overall impression on the REds programme by means of questionnaire 4 (addendum 8). Feedback is given under 5.3.5.

6.3.5 OVERALL FEEDBACK OF THE REds PROGRAMME

The overall impressions of the educators regarding the REds programme (questionnaire 4) were analysed and will be discussed under the following themes:

- The presentation of the REds programme,
- information addressed and the REds manual,
- information that should be omitted,
- how REds helped educators in their personal lives, and
- how REds helped educators professionally.

➤ The presentation of the REds programme:

The aspects that the educators liked most about the way the programme was presented were the time that was given to discuss personal experiences, visual presentations and the patience of the researcher. Educators described how they experienced the presentation of the programme as follow:

“Very informal lessons, freedom to express/share one’s feelings, thoughts experiences, lack of negative feedback. The slides shown helped to drive the message home.”

“It was practical, everybody had a chance of talking.”

➤ Information addressed and the REds manual:

Information addressed in the programme was sufficient. One educator stated that she appreciated the “empowering aspect”. The manual was evaluated as informative and they loved the handouts that were given. Some of the educators asked for extra handouts to be placed in the manual for using it in class with the children.

The topics that the educators found as most helpful, are the following:

- ✓ How to cope with stress,
- ✓ how to take care of an HIV infected person
- ✓ skills given to address situations, and

✓ how to cope and handle stigma.

➤ Information that should be omitted:

Educators felt that nothing should be left out of the REds programme. One educator said:

“The manual as is, is very well packaged and nothing is superfluous.”

➤ How REds helped educators in their personal lives:

All educators indicated that the programme helped them personally in some way or the other. Here are some of the educators’ responses:

“I got answers I was left with after mom’s death being killed by AIDS.”

“I can talk to people with confidence.”

“It has open and given me a new perspective of what the HI-virus entails.”

➤ How REds helped educators professionally:

From the answers given by participating educators, their new found knowledge can clearly be seen. Some realised they are stigmatising colleagues, friends and even their own families and wants to work on it. Another indicated that he now know that:

“HIV/AIDS does not only affect the poor.”

Educators are now more aware about how to handle different people and situations as they now have a “toolbox” full of knowledge and skills.

7. DISCUSSION

Educators and people in general are tired of the same old HIV and AIDS education programmes that mostly concentrate on infected people and people that are at risk of being infected (Avert, 2009). Educators responded extremely well to the different sessions and feedback was mostly positive.

HIV and AIDS are affecting educators in so many ways. Although the quantitative results weren't as strong as wished, due to the lack of finding educators to participate voluntarily, a difference can be seen from the results displayed in figures 4 and 5. The answers given are those where one could see the largest difference between the pre- and the post-test.

The qualitative data showed a clearer picture on how the educators experienced the REds programme. Due to the fact that the groups were small, the researcher had the opportunity to have personal contact with each individual, which made it easier to get the best qualitative data as possible. Educators were opening up towards the researcher from the first session. This might be because the researcher is in the social work profession.

Results from the introductory questions, the pre-tests incomplete sentences and symbolic drawings indicated the impact of the HIV and AIDS pandemic on participating educators. From the feedback and the educator's overall impression of the programme, as discussed under each heading, it is clear that this programme made an impact on each of the participating educators' lives. By analysing the data and finding so many similarities within the different measuring instruments, the data can be seen as trustworthy.

Educators enjoyed the programme and gained a lot of renewed knowledge and techniques to support them towards becoming more resilient. As some educators stated:

"I learned a lot, now I have tools to work on this project... Please don't stop with us, go on with your wonderful work."

"This (REds programme) should be compulsory to all the educators who are in class today."

Therefore, from the different quantitative and qualitative measuring instruments, the following similarities in data obtained could be seen:

- Educators were more optimistic about their futures,

- educators were happier,
- educators felt empowered after participating in the programme, and
- educators wanted their colleagues to share in their new found hope knowledge regarding the HIV and AIDS pandemic.

The few changes that educators indicated will be discussed under recommendations.

8. RECOMMENDATIONS

When presenting this programme again, the following recommendations need to be considered:

- Include as many visual presentations as possible.
- Educators are extremely busy. The facilitator must adapt to the circumstances of the educators. Find the best location and a time that suits the educators.
- For research purposes, it is advisable to get at least ten educators per group.
- Due to the emotional aspect of this programme, it is advisable that a social worker presents this programme due to the specific training they received regarding group work and how to handle emotional situations.

9. CONCLUSION

This article gave an overview of the results obtained from the presentation of the REds programme to educators in the North-West Province during April 2007 and August 2007. The information addressed in each session was sufficient enough to support educators. Educators found that this programme empowered them and helped them to be more resilient in their everyday lives. Therefore, the REds programme is a very powerful support programme which can assist educators to gain new knowledge and strength to be as resilient as they can be.

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**SECTION C: SUMMARY,
CONCLUSION AND
RECOMMENDATIONS**

1. INTRODUCTION

This section contains the most important results obtained, the overall conclusion and recommendations regarding the REds programme. The central theoretical statement as stated in Section A, paragraph 3 will be tested.

2. SUMMARY

Educators are affected by the HIV and AIDS pandemic in many different ways. At this stage, many researchers are focusing on how to support people that are infected by the HIV and AIDS pandemic. The youth of South Africa are in the hands of these educators who are struggling under the effects of this pandemic.

Research regarding the impact of the HIV and AIDS pandemic on educators was conducted by Theron, which led to the conception of the REds programme. The Resilient Educators (REds) programme was especially created to support educators that have been affected by the pandemic by means of the correct knowledge and skills to remain resilient.

The researcher presented this programme to ten educators during the year 2007 and during the year 2008 did an intensive literature study regarding the impact. The aim of this research was to evaluate the effectiveness of the REds programme. To reach this aim, the programme was evaluated by means of two articles.

The first article ascertains the nature and content of the REds programme. This article gave an overview of the group work process, the method of presentation, as well as a thorough explanation of the content of each session.

The second article evaluates the programme as a whole by means of the results obtained from the study. Within this article, data obtained from quantitative and qualitative measuring instruments are discussed.

The results obtained indicated that educators found this programme to be effective and empowering and wished this programme to be presented to every single educator within South Africa.

This programme is still being implemented by others to ensure that this programme is one of the best supportive programmes for educators in South Africa.

3. CONCLUSION

The resilient educators (REds) programme is a programme created to support educators affected by the HIV and AIDS pandemic by means of knowledge and skills. Topics addressed in the programme are sufficient, relevant and up to date and educators acknowledged the empowering effect it had on them.

The main aim of this study was to evaluate the effectiveness of this programme. To reach this aim the appropriate literature study and empirical research were conducted. Both these methods will shortly be discussed.

3.1 LITERATURE STUDY

A literature study was undertaken during the year 2008. Literature used in this study included books, articles, theses, knowledgeable persons, newspaper articles and internet resources. Most of the literature focus on the HIV and AIDS infected person, education regarding the HIV pandemic and the different topics of the REds programme such as stress and stigma.

Literature on how educators, as well as any other person, are affected by the HIV and AIDS pandemic are scarce. Only a few resources regarding the REds programme, written by Theron, could be used as references. This programme is still being tested by other students in South Africa, which will help others in their further studies.

3.2 EMPIRICAL INVESTIGATION

The Evaluation research model was chosen for this study due to the fact that the programme is still in its evaluation phase. Therefore, the exploratory and explanatory research designs were chosen to evaluate and explain the effectiveness of this programme.

By using the concurrent triangulation strategy of the mixed methods procedure by means of quantitative and qualitative measuring instruments, the results obtained were analysed and discussed in-depth in article 2 (Section B). From the overall results and discussion, two sub-themes were derived according to the two goals of this research. These two sub-themes will shortly be discussed.

3.2.1 THE NATURE AND CONTENT OF THE REds PROGRAMME

The content of the REds programme, as well as the method of presentation (group work) were discussed in article 1 (section B) by means of a literature study. From this literature study it was clear that educators need support on social and professional levels regarding the HIV and AIDS pandemic due to a lack of correct knowledge.

From this literature study and qualitative data obtained, which was discussed in article 2 (Section B), it was proven that the topics addressed in the REds programme has the power to support educators in becoming more resilient. There is however, some topics which educators thought should be added. These topics will be mentioned under recommendations.

3.2.2 THE EFFECTIVENESS OF THE REds PROGRAMME

The impact of the HIV and AIDS pandemic on the lives of educators were tested by means of the ProQOL, questionnaires 2 and 3 (addendum 4, 5 & 6). After participating in the programme, educators were tested again by means of the given questionnaires, as well as questionnaire 4 (addendum 7) to evaluate the impact of the REds programme on their personal, social and professional lives, therefore, evaluating the effectiveness of the given

programme. From the results obtained it was clear that this programme made an impact on the participating educators.

Educators indicated that after this programme, they had more knowledge regarding the HIV and AIDS pandemic and the myths they believed prior to participation no longer had an influence on their lives. Educators indicated that they felt empowered by the new gained knowledge and were ready to support others through this struggle and still be as resilient as they can be.

4. TESTING OF THE AIM AND OBJECTIVES

The following aim, with objectives, was the basis for this research:

Aim:

- To evaluate the effectiveness of the REds programme in the North-West Province.

Objectives:

- To ascertain the nature and content of the REds programme.
- To evaluate the REds programme in the North-West Province.

The objectives were tested by means of the two articles under section B. From the results obtained, these objectives were met. Therefore, due to the fact that the nature and content of the programme were ascertained and that the programme was evaluated and proven to be an effective programme, the aim of this research was reached.

5. TESTING OF THE CENTRAL THEORETICAL STATEMENT

Research was conducted by means of the following central theoretical statement:

If the REds programme is an effective programme, the educators will be competent to support colleagues, family, friends and children affected by this pandemic.

From results obtained and described in Section B, that this statement is proven true by means of the literature study, quantitative and qualitative results.

6. RECOMMENDATIONS

With regard to the information within the manual, the presentation and the administrative aspects, the following recommendations are made:

Add the following topics:

- How to form circles of support for children,
- protection against HIV for children that participate in physical activities,
- more information on how to form EST's (educator support teams), and
- how anti-retroviral treatment works.

When presenting the programme, remember the following:

- Use as many visual aids as possible,
- involve people from different expertise (such as a lawyer to help with the legislation and policies regarding HIV and AIDS and a nurse to present help with common AIDS related illnesses), and
- with regards to results obtained, it might be advisable that a social worker presents this programme, or have a social worker as co-worker to debrief educators and to assist with emotional situations.

Administrative aspects to be considered:

- Educators are extremely busy. The facilitator must adapt to the circumstances of the educators.
- Find a location that is best for the educators (such as room at their school).
- Find a suitable time for the educators, preferably after school for no longer than 2 hours.
- For research purposes, it is advisable to get at least ten educators to participate per group.
- It sometimes helps to have beverages for the group to break for a few minutes.

7. OVERALL CONCLUSION

The Resilient Educators (REds) programme was presented to 10 educators from April 2007 to November 2007. The impact that this programme made on the lives of those educators are proof that this programme is an effective programme and that it could make a difference in the lives of others. Incorrect knowledge is a barrier that could be overcome, if one is willing to learn.

Our children are our future, but to help our children into the future, we must support South Africa's educators, not only in their professional lives, but on all levels that have an impact on their wellbeing.

Responses from two educators after participating in the REds programme:

"Thank you for the workshop/course."

"Excellent workshop!"

SECTION D: ADDENDUMS

ADDENDUM 1

Permission from the Department of Education



NORTH WEST PROVINCE

DEPARTMENT OF EDUCATION
Lefapha La Thuto
Departement van Onderwys

POTCHEFSTROOM
AREA PROJECT OFFICE

Private Bag X 919, POTCHEFSTROOM, 2520 TELEPHONE 018-2974201 FAX 018-2946094
e-mail: Dpretorius@nwpg.gov.za

26 APRIL 2007

PROF HERMAN STRYDOM
HEAD SOCIAL WORK
NORTH-WEST UNIVERSITY (POTCHEFSTROOM CAMPUS)

RE: PERMISSION TO CONDUCT RESEARCH: HIV/AIDS

The above matter refers.

Permission is herewith granted to you to conduct research in the Potchefstroom APO under the following provisions:

- the activities you undertake at schools should not tamper with the normal process of learning and teaching;
- you inform the principal of your identified schools of your impending visit and activity;
- you provide my office with a report in respect of your findings from the research.
- you obtain prior permission from this office before availing your findings for public or media consumption.

Wishing you well in your endeavour.

Thanking you

MS S.S. YSSEL
APO MANAGER
POTCHEFSTROOM

APO1804/p



Re a dire mo ditloang O Oos werk in ons skole O We are working in our schools O Re a sechete ditloang
Siyasibenz' ekolwani O Ha tšha esvikiwani O Re a shuma zwikolani O Siya sebenta ekolwani
O Siyasibenz' ekolwani O Siya boreaga ekolwani Confidential



ADDENDUM 2

Letter to Principles

M DU TOIT
School for Psycho-social Behavioral Sciences
Social Work
North-West University – Potchefstroom Campus
POTCHEFSTROOM
2531
South Africa

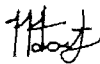
May 2007

Dear Principle

I am working on a Masters degree in Social Work at the North-West University, Potchefstroom, regarding a support programme (REds) for educators affected by the HIV and AIDS pandemic. The overall aim of this research is to determine the most effective and affordable form of a support program for educators affected by the HIV/AIDS pandemic in order that educator excellence and sustainability be secured.

For the implementation of this programme ten (10) voluntary educators are needed. REds consists of nine sessions that each takes more or less two hours. This program has been implemented with great results. The programme has been evaluated and this is the second time of implementation to assure that the best support program is made available for educators.

I would really appreciate it if educators from this school would volunteer to participate in this program.



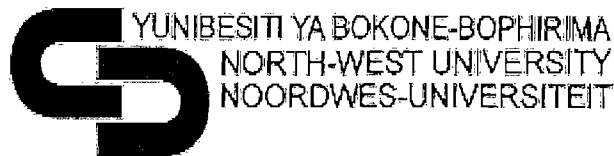
MINETTE DU TOIT
Researcher

076 579 5019
12773913@student.nwu.ac.za



ADDENDUM 3

Informed consent form



Informed consent

I _____ agree to voluntarily participate in REs. I understand that the purpose of REs is to empower me as an educator who is affected by the HIV/AIDS pandemic. I understand that REs consists of _____ sessions and that each session should take approximately _____ hours.

I understand that all information which is collected from me will be kept confidential. I give permission that any information which is collected from me may be used for research and publication purposes, both in South Africa and other countries.

I understand that if something troubles me while participating, the researcher will be prepared to provide me with information about community resources that can help me.

I understand that participating in REs does not mean that I can present REs to other affected educators without being trained as a REs facilitator.

If I have any concerns about this study or my participation in it I am free to contact the local researcher _____ at _____ or Linda Theron (email: Linda.theron@nwu.ac.za or 016 910 3076 / 016 910 3082 or P.O. Box 1174, Vanderbijlpark, 1900).

Signature: _____

ADDENDUM 4

ProQOL Questionnaire

As a teacher, you help many people.

Circle the answer that honestly shows how often you felt like this *in the last 30 days*.

- | |
|--|
| 1. I am happy |
| a. Never / Not at all |
| b. Not often |
| c. Quite often |
| d. Often |
| e. Very often |
| 2. I am worried about more than one person I help. |
| a. Never / Not at all |
| b. Not often |
| c. Quite often |
| d. Often |
| e. Very often |
| 3. I get satisfaction from being able to help. |
| a. Never / Not at all |
| b. Not often |
| c. Quite often |
| d. Often |
| e. Very often |
| 4. I feel connected (joined) to others. |
| a. Never / Not at all |
| b. Not often |
| c. Quite often |
| d. Often |
| e. Very often |
| 5. I jump or am nervous when hearing unexpected sounds. |
| a. Never / Not at all |
| b. Not often |
| c. Quite often |
| d. Often |
| e. Very often |
| 6. I feel re-energized after working with those I help |
| a. Never / Not at all |
| b. Not often |
| c. Quite often |
| d. Often |
| e. Very often |
| 7. I find it difficult to separate my personal life from my life as a helper |
| a. Never / Not at all |
| b. Not often |
| c. Quite often |
| d. Often |
| e. Very often |

| |
|---|
| 8. I am losing sleep over experiences of people I help. a. Never / Not at all b. Not often c. Quite often d. Often e. Very often |
| 9. I am affected by the disturbing experiences of those I help. a. Never / Not at all b. Not often c. Quite often d. Often e. Very often |
| 10. I feel trapped by my work as a helper. a. Never / Not at all b. Not often c. Quite often d. Often e. Very often |
| 11. Because of my helping, I feel nervous about various things. a. Never / Not at all b. Not often c. Quite often d. Often e. Very often |
| 12. I like my work a. Never / Not at all b. Not often c. Quite often d. Often e. Very often |
| 13. I feel depressed as a result of my work as a helper. a. Never / Not at all b. Not often c. Quite often d. Often e. Very often |
| 14. I feel as if I am experiencing the trauma of those I help. a. Never / Not at all b. Not often c. Quite often d. Often e. Very often |
| 15. I have beliefs that support me. a. Never / Not at all b. Not often c. Quite often d. Often e. Very often |
| 16. I know how to use different helping techniques. a. Never / Not at all b. Not often c. Quite often d. Often e. Very often |

17. I am the person I always wanted to be.

- a. Never / Not at all
- b. Not often
- c. Quite often
- d. Often
- e. Very often

18. My work makes me feel satisfied

- a. Never / Not at all
- b. Not often
- c. Quite often
- d. Often
- e. Very often

19. Because of my work, I feel exhausted.

- a. Never / Not at all
- b. Not often
- c. Quite often
- d. Often
- e. Very often

20. I have happy thoughts and feelings about those I help.

- a. Never / Not at all
- b. Not often
- c. Quite often
- d. Often
- e. Very often

21. I feel overwhelmed by the amount of work I have to deal with.

- a. Never / Not at all
- b. Not often
- c. Quite often
- d. Often
- e. Very often

22. I believe I can make a difference through my work.

- a. Never / Not at all
- b. Not often
- c. Quite often
- d. Often
- e. Very often

23. I avoid some situations because they remind me of disturbing experiences of people I've helped.

- a. Never / Not at all
- b. Not often
- c. Quite often
- d. Often
- e. Very often

24. I plan to be a helper for a long time.

- a. Never / Not at all
- b. Not often
- c. Quite often
- d. Often
- e. Very often

25. As a result of my helping, I have disturbing thoughts.

- a. Never / Not at all
- b. Not often
- c. Quite often
- d. Often
- e. Very often

26. I feel frustrated by the system.

- a. Never / Not at all
- b. Not often
- c. Quite often
- d. Often
- e. Very often

27. I think I am a success as a helper.

- a. Never / Not at all
- b. Not often
- c. Quite often
- d. Often
- e. Very often

28. I can't remember important parts of when I've helped others.

- a. Never / Not at all
- b. Not often
- c. Quite often
- d. Often
- e. Very often

29. I am a very sensitive person.

- a. Never / Not at all
- b. Not often
- c. Quite often
- d. Often
- e. Very often

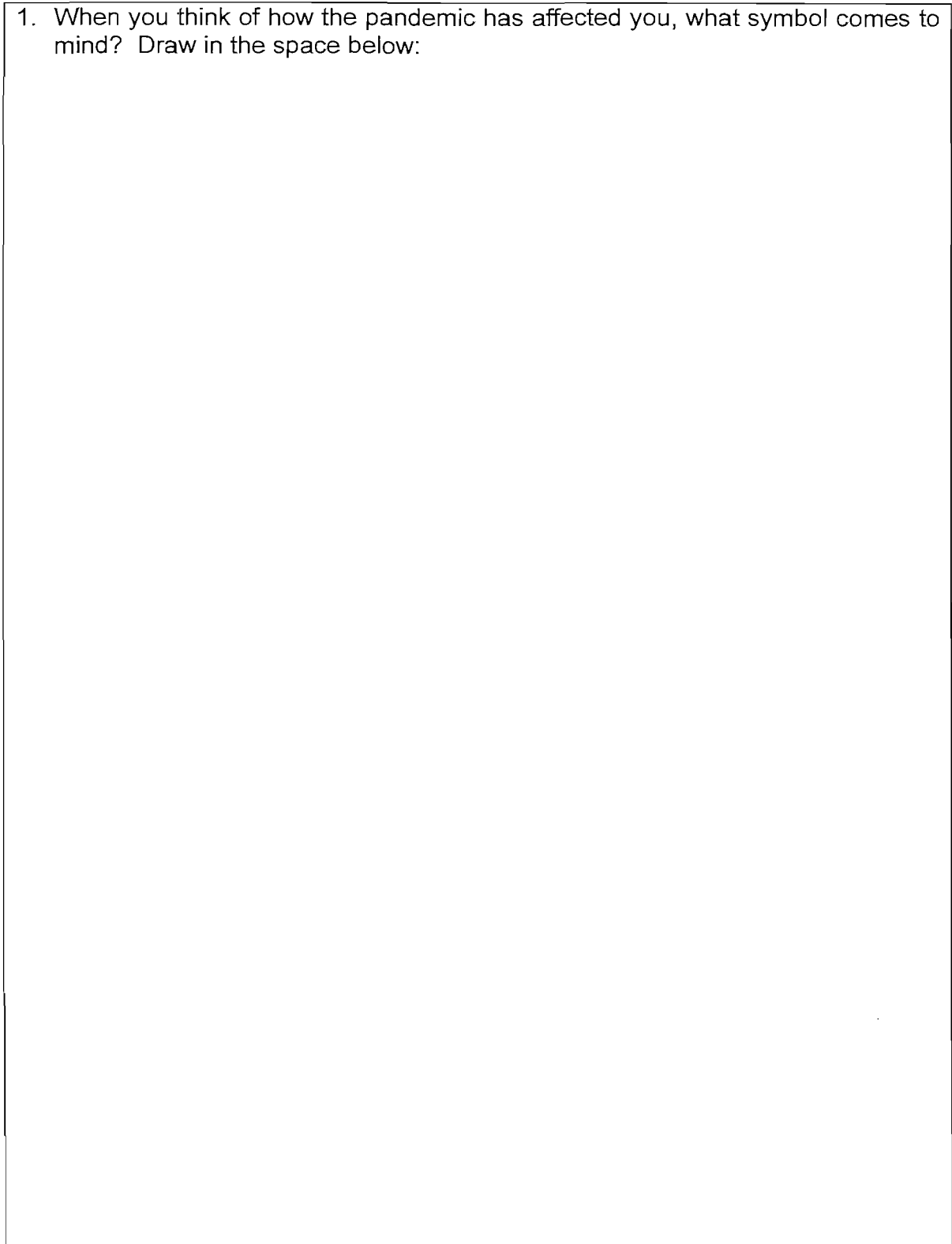
30. I am happy that I chose to do this work.

- a. Never / Not at all
- b. Not often
- c. Quite often
- d. Often
- e. Very often

ADDENDUM 6

Questionnaire 3: Symbolic Drawings

1. When you think of how the pandemic has affected you, what symbol comes to mind? Draw in the space below:



ADDENDUM 7

Handout: Help to improve REds

What was the most helpful about today's module?

A large, cloud-shaped thought bubble with a small circle at the top left. The text is centered within the bubble.

What was the least helpful about today's module?

A large, cloud-shaped thought bubble with a small circle at the top right. The text is centered within the bubble.

What would you change about today's module before it is presented again?

A large, cloud-shaped thought bubble with a small circle at the top left. The text is centered within the bubble.

ADDENDUM 8

Questionnaire 4: Overall impression of the REds programme

Please tell us what you think:

What do you think REds must include in the future?

What do you think we can leave out of REds in the future?

What did you like about the way REds was presented?

What would you change about the way REds was presented?

What was the most helpful/best part of REds for you?

What was the least helpful part of REds for you?

What would you change about the material (handouts)?

Did REds help you personally? If yes, how?

Did REds help you professionally? If yes, how?

Any other comments?

ADDENDUM 9

Guidelines for contributors to the Journal of Social Work/Maatskaplike Werk

Die Tydskrif publiseer artikels, boekbesprekings en kommentaar op reeds gepubliseerde artikels uit enige gebied van die maatskaplike werk. Bydrae mag in Afrikaans of Engels geskryf word. Alle artikels moet vergesel wees van 'n Engelse opsomming van nie meer as 100 woorde nie. Alle bydraes sal krities deur ten minste twee keurders beoordeel word. Beoordeling is streng vertroulik. Manuskripte sal na die outeurs teruggestuur word indien ingrypende hersiening vereis word of indien die styl nie ooreenstem met die tydskrif se standaard nie. Artikels van minder as 2,000 woorde of meer as 12,000 woorde sal normaalweg nie oorweeg word vir publikasie nie. 'n Disket met die teks, verkieslik in MS Windows, moet twee kopieë van die manuskrip vergesel. Manuskripte moet in 12 pt "Times Roman" dubbel-spasiëring slegs op een kant van 'n A4 bladsy getik word. Indien enigsins moontlik moet die manuskrip ook per e-pos versend word aan hsu@sun.ac.za. Verwysing moet volgens die Harvard-stelsel geskied. Verwysing in die teks: wanneer woordelikse sitate, feite of argumente uit ander bronne gesitater word, moet die van(ne) van die outeur(s), jaar van publikasie, en bladsynommers tussen hakies in die teks verskyn, bv. "... (Berger, 1967:12). Meer besonderhede omtrent bronne moet alfabeties volgens die vanne van die outeurs aan die einde van die manuskrip onder die opskrif "Bibliografie" verskyn. Let op die gebruik van hoofletters en leestekens by die volgende voorbeelde.

The Journal publishes book reviews and commentary on articles already published from any field of social work. Contributions may be written in English or Afrikaans. All articles should include an abstract in English of not more than 100 words. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style or presentation does not conform to the Journal practice. Articles of fewer than 2,000 words or more than 12,000 words are normally not considered for publication. Two copies of the manuscript as well as a diskette with the text, preferably in MS Windows should be submitted. Manuscripts should be typed in 12 pt Times Roman double-spaced on one side of A4 paper only. If possible the manuscript should be sent electronically to hsu@sun.ac.za. Use the Harvard system for references. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s) of the author(s), year of publication and page number(s) must appear in parenthesis in the text, e.g. "... (Berger, 1967:12). More details about sources referred to in the text should appear at the end of the manuscript under the caption "References". The sources must be arranged alphabetically according to the surnames of the authors. Note the use of capitals and punctuation marks in the following examples.

ADDENDUM 10

Information for contributors regarding the SA Journal of Education

South African Journal of Education, Vol. 26 No. 2

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south african journal of education

Information for Contributors

Editorial policy

The South African Journal of Education (SAJE) publishes original contributions from any of the disciplines in Education in any of the official languages of South Africa. The following categories of contributions focusing on education will be published:

Research articles reporting on research that fulfils the criteria of a generally accepted research paradigm; review articles, intended for the professional scientist and which critically evaluate the research done in a specific field in education; book reviews, i.e. concise evaluations of books that have recently appeared; and letters in which criticism is given of articles that appeared in this Journal.

Research articles of localised content, i.e. of interest only to specific areas and which will not appeal to the broader readership of the Journal, should preferably not be submitted for consideration by the Editorial Committee.

All articles will be submitted to three referees (national and/or international). If an article is submitted in a language for which it is difficult to find suitable referees, the author can be requested to submit a translation of the article (in English) for the purposes of refereeing. The consulting editors/referees will have documented expertise in the area the article addresses. When reviews are received, an editorial decision will be reached to either accept the article, reject the article, request a revision (in some cases for further peer review), or request arbitration.

Authors bear full responsibility for the accuracy and recency of the factual content of their contributions.

Copyright of all published material is vested in the Education Association of South Africa (EASA).

Page charges are payable:

Members: ZAR R140 per page, for the first fifteen (15) pages, and ZAR R180 for each additional page. Non-members: ZAR R180 per page. Total number of pages must preferably not exceed 15 pages (\pm 5 500 words).

Preparation of manuscripts

The manuscript, including abstract, figure captions, tables, etc. should be typed on A4-size paper and the pages numbered consecutively.

The title should be brief (maximum 15 words) but specific, to facilitate retrieval, followed by the author(s) name(s) and e-mail address(es).

An abstract in English (approximately 190 words) must be provided. If an article is not written in English, the abstract must commence with an English translation of the title. Such articles must also contain an extended English summary of approximately 1 000 words. Up to 10 keywords that characterise the article should follow the abstract.

Information for contributors regarding the SA Journal of Education (Continue)

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South African Journal of Education, Vol. 26 No. 2

The text of the article should be divided into unnumbered sections (e.g. Introduction, Method, Results, Discussion, Acknowledgements, References, Appendix, in that order). If necessary secondary headings may be used for further subdivision. Do not use footnotes.

Authors should observe the publishing conventions, e.g. using the past tense for reporting their own results found during their completed research, which indicates that their findings were valid during the research project only. The present tense is reserved for already published information that can be accepted as fact (e.g. in the literature). Authors should not use terminology that can be construed as sexist or racist.

Figures should be good-quality originals (not hand-drawn or photocopies). Clear, dark lines are required (no fill or grey shading may be used). Tables or figures should be numbered consecutively, with a brief descriptive heading or caption. Information should not be duplicated in the text and tables. Each table/figure must be referred to in the text. These are usually placed at a suitable position after the first reference.

References

References are cited in the text by the author(s) name(s) and the year of publication in brackets (Harvard method), separated by a comma: e.g. (Brown, 1997).

If several articles by the same author and from the same year are cited, the letters a, b, c, etc. should be added after the year of publication e.g. (Brown, 1977a).

Page references in the text should follow a colon after the date, e.g. (Brown, 1997:40-48).

In works by three or more authors the surnames of all authors should be given in the first reference to such a work. In subsequent references to this work only the name of the first author is given, followed by the abbreviation *et al.*: e.g. (Ziv *et al.*, 1995).

If reference is made to an anonymous item in a newspaper, the name of the newspaper is given in brackets, e.g. (Daily News, 1999).

For personal communications (oral or written) identify the person and indicate in brackets that it is a personal communication, e.g. (M Smith, pers. comm.).

List of References

Only sources cited in the text are listed, in alphabetical order, under References. Bibliographic information should be in the language of the source document (not in the language of the article). References should be presented as indicated in the following examples. Special attention should be paid to the required punctuation.

Journal articles: Name(s) and initial(s) of author(s), year of publication, title of article, unabbreviated title of journal, volume (not issue number), and pagination, e.g.

Johnson DW & Johnson RT 1999. Gifted students illustrate co-operative learning. *Educational Leadership*, 50:60-61.

Books: Name(s) and initial(s) of author(s) or editor(s), year of publication, title, volume, edition, place of publication, and publisher, e.g.

Van Zyl R (ed.) 1994. *Recent advances in classroom research*. New York: McGraw-Hill.

Information for contributors regarding the SA Journal of Education (Continue)

South African Journal of Education, Vol. 26 No. 2

337

Chapters in books: Name(s) and initial(s) of author(s), year of publication, title of chapter, editor(s), title of book, place of publication, and publisher, e.g.

Dukzec S 1988. Gender issues. In: Hicks D & Brown J (eds). *Education for peace*. London: Routledge.

Unpublished theses or dissertations:

Squelch J 1991. Teacher training for multicultural education in a multicultural society. MEd dissertation. Pretoria: University of South Africa.

Anonymous newspaper references:

Citizen 1996. Education for all, 22 March .

Electronic references:

No author:

Violence and discipline problems in US schools 2001. [Online] Available url:

<http://www.nces.ed.gov/pubs98/violence/98030001.html>

Published under author's name:

Wilson J 2000. The blame culture. *British Educational Research Journal*, 26. Retrieved April 20, 2005, from Academic Search Premier.

Personal communications are not retrievable and not listed.

Submission of manuscripts for publication:

Manuscripts may be submitted electronically by e-mail or via the internet. Manuscripts must be submitted in MS Word format.

E-mail submissions:

Manuscripts and covering letter must be e-mailed to Mrs Vorster at nsosaie@puk.ac.za

Submissions via internet

Website: <http://www.sajournalofeducation.co.za>

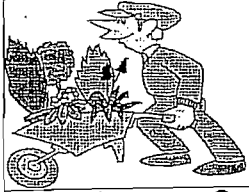
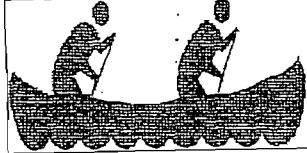


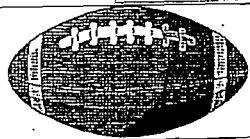


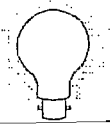

Use the "Register as Author" link to register and submit your article. This will enable you to track the status of your article on the website.

For inquiries contact nsosaie@puk.ac.za

ADDENDUM 11

Handout 1

Handout 1 (Saretsky, 1994)

| | | |
|---|-------------|---|
|  | Wheelbarrow | Will only go when pushed. |
|  | Canoe | Has to be paddled. |
|  | Kite | Will fly away unless someone holds tightly to the string. |
|  | Cat | Content only when petted. |
|  | Football | Never know which way it will bounce. |
|  | Balloon | Full of hot air. |
|  | Trailer | Will go wherever pulled. |
|  | Lights | Always go on and off. |
|  | Gold watch | Open-faced, pure as gold, dependable, self-motivated. |

REds Facilitator Manual
 Dr Linda Theron, project leader, Linda.theron@nwu.ac.za (016)9103076

ADDENDUM 12

Handout 2 – I walk down the street

Handout 2

I walk down the street.

There is a deep hole in the sidewalk.

I fall in.

I am lost . . . I am helpless.

It isn't my fault.

It takes forever to find a way out.

I walk down the same street.

There is a deep hole in the sidewalk.

I pretend I don't see it.

I fall in again.

I can't believe I am in the same place.

But, it isn't my fault.

It still takes a long time to get out.

I walk down the same street.

There is a deep hole in the sidewalk.

I see it is there.

I still fall in. It's a habit.

My eyes are open.

I know where I am.

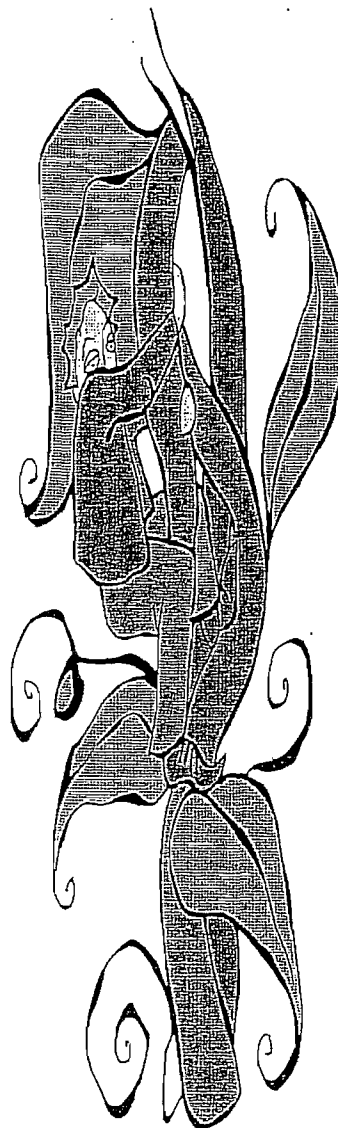
It is my fault. I get out immediately.

I walk down the same street.

There is a deep hole in the sidewalk.

I walk around it.

I walk down another street.



Portia Nelson

in Covey's *The 7 Habits of Highly Effective Teens* (1998: 62).

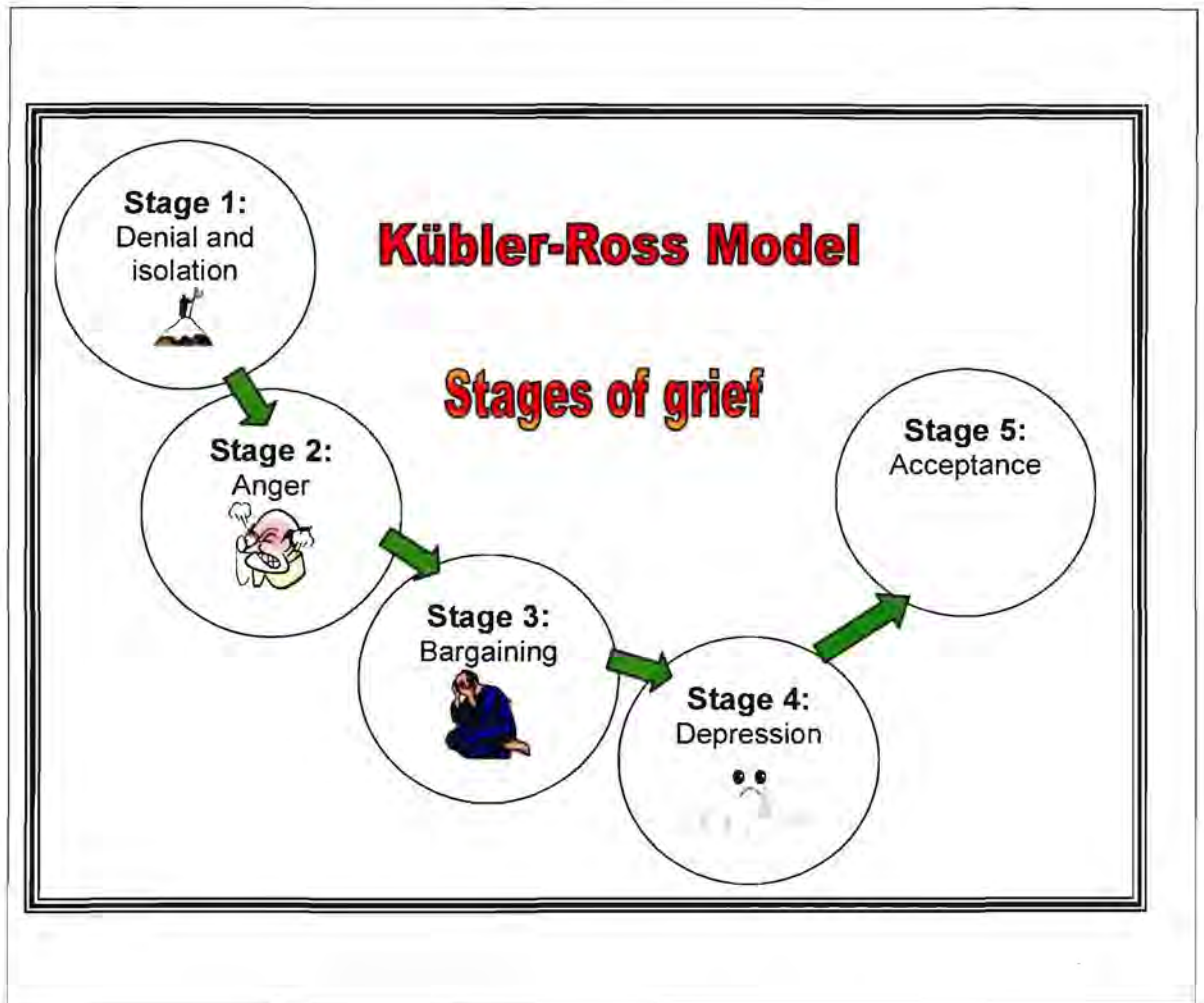
ADDENDUMS

Handouts 3, 4, 6, 7, 10, 11, 15 and 16, can be found as addendum 7.

Handout 5 – Instead of using handout 5 a bookmark was handed out as described in article 1 paragraph 5.3 (session 3).

ADDENDUM 13

Presentation of the Kübler-Ross Model as used in session 4



ADDENDUM 14

Handout 8 - Illustrations of what stigma entails

Handout 8



Figure 1



Figure 5



Figure 6

ADDENDUM 15

Handout 9 - Inspiring thoughts to combat stigma

Handout 9



Inspiring Thoughts



Anger is a condition in which
the tongue works faster than the mind.



Love...and you shall be loved.



All people smile in the same language.



Everyone has beauty
but not everyone sees it.



The choice you make today
will usually affect tomorrow.

REds Facilitator Mamia
Dr Linda Theron, project leader, Linda.theron@nwu.ac.za (016)9103076

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Enspiring thoughts to combat stigma (continue)



If anyone speaks badly of you,
live so none will believe it.



Love is strengthened by working
through conflicts together.



Harsh words break no bones
but they do break hearts.



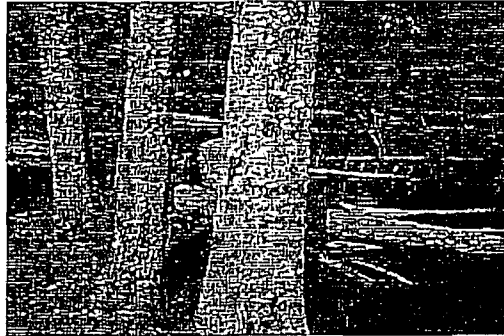
To get out of a difficulty,
one usually must go through it.



We take for granted the things
that we should be giving thanks for.

Enspiring thoughts to combat stigma (continue)

For every minute you are angry with someone,
you lose 60 seconds of happiness
that you can never get back.



Do what you can, for who you can,
with what you have, and where you are.

~Author Unknown~

*I wish you
Peace*

ADDENDUM 16

Acts and Policy documents used in session 6

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P.O. Box 1174

Vanderbijlpark

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These guidelines are based on the following Acts and Policy documents:

National Policy on HIV/AIDS for Learners and Educators

The Constitution of the Republic of South Africa

The Employment Equity Act

The Employment of Educators Act

The Labour Relations Act

Department of Education. 2002. The HIV/AIDS emergency. Guidelines for Educators. Available at <http://www.education.pwv.gov.za>

National education Policy Act No. 27 of 1996

Department of Education. 2003. Plan and act to protect education against the impact of HIV/AIDS. Manage HIV and AIDS in your province – A guide for Department of Education provincial and district managers.

New Leave Dispensation for Institution-Based Educators Appointed Under the Employment of Educators Act 76 of 1998 Circular 19 / 2004 Date: 17 March 2004 available on the GDE website: www.education.gpg.gov.za

Department of Labour. HIV/AIDS Technical Assistance Guidelines. Published for the Chief Directorate of Labour Relations

(Theron *et al.*, 2007:111)

ADDENDUM 17

Handout 12 - Test regarding educators' rights towards discrimination

Handout 12

| Statement | True | False |
|---|------|-------|
| 1. LEARNERS AND EDUCATORS WITH HIV/AIDS ARE PROTECTED FROM UNFAIR DISCRIMINATION. | | |
| 2. AN EDUCATOR CAN BE DENIED A POST OR FIRED BECAUSE OF HIS OR HER HIV/AIDS STATUS. | | |
| 3. AN EDUCATOR CAN BE COMPELLED TO DISCLOSE HIS/HER HIV STATUS. | | |
| 4. THE SGB OR PRINCIPAL CAN FORCE AN EDUCATOR TO TAKE AN HIV TEST. | | |
| 5. A LEARNER CAN REFUSE TO BE TAUGHT BY AN EDUCATOR WITH HIV/AIDS. | | |
| 6. AN EDUCATOR CAN REFUSE TO WORK WITH AN EDUCATOR WITH HIV/AIDS. | | |

ADDENDUM 18

Handout 13 - Test regarding educators knowledge on absenteeism and leave

*Handout 13**Circle the correct answer:*

Normal sick leave is 12 / 21 / 36 working days with full pay over three years.

The Head of Department can decide to give a maximum of 3 / 14 / 30 more consecutive days of leave with full pay.

An educator, who is found to be permanently unwell but can still give service, can be re-deployed / fired / retrenched.

An educator can get 0 / 3 / 12 working days leave if a spouse, partner or child is ill.

An educator can get 2 / 5 / 10 days leave if a spouse, partner or child dies.

ADDENDUM 19

Handout 14 – Put the glass down

*Handout 14***"PUT THE GLASS DOWN"**

A lecturer was giving a lecture to his students on stress management. He raised a glass of water and asked the audience, "How heavy do you think this glass of water is?"

The students' answers ranged from 20g to 500gm.

The lecturer answered:

"The weight does not matter. It depends on how long you hold it.

If you hold it for a minute, it is Ok.

If you hold it for an hour, you will have an ache in your arm.

If you hold it for a day, you will have to call an ambulance the heavier it becomes."

If we carry our burdens all the time, sooner or later, we will not be able to carry on - the burden becomes increasingly heavier.

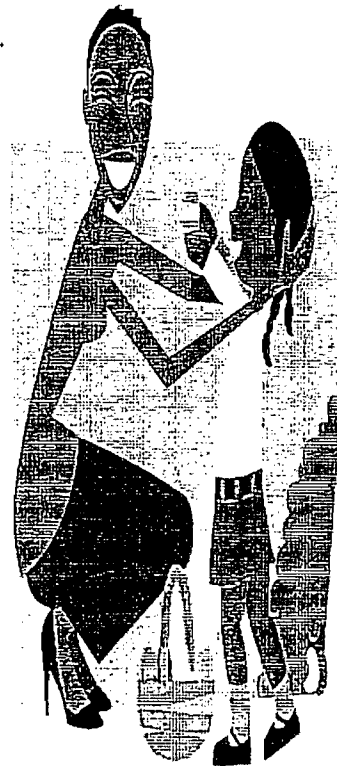
"What you have to do is to put the glass down, rest for a while before holding it up again."

We have to put down the burden sometimes, so that we can be refreshed and are able to carry on. So before you return home from work tonight, put the burden of.

It is the exact same weight, but the longer you hold it, work down.

Don't carry it back home. You can pick it up tomorrow.

Life is short, enjoy it!



REds Facilitator Namia,
Dr Linda Theran, project leader, Linda.theran@nwu.ac.za (016)9103076

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ADDENDUM 20**Questionnaire: “Are you a leader” used in session 8****ARE YOU A LEADER**

Can you follow directions?

This is a timed test – You have three minutes only.

1. Read everything carefully before doing anything.
2. Put your name in the upper right hand corner of this paper.
3. Circle the word NAME in sentence two.
4. Draw five small squares in the upper left hand corner.
5. Put an “X” in each square.
6. After the title, write yes yes yes.
7. Put a circle completely around sentence number seven.
8. Put an “X” in the lower left corner of this paper.
9. Draw a triangle around the “X” you just put down.
10. On the back of this paper, multiply 702 by 66, call out the answer.
11. Draw a rectangle around the word corner in sentence four.
12. Loudly call out your first name when you get this far along.
13. If you think you have followed directions carefully to this point, call out “I have”.
14. On the reverse side of this paper, add 8950 and 9805, call out the answer loudly.
15. Put a circle around your answer, put a square around the circle.
16. In your normal speaking voice, count from ten to one backwards.
17. Punch three small holes in the top of this paper with your pencil.
18. If you are the first person to reach this point, loudly call out, I AM THE FIRST PERSON TO REACH THIS POINT, I AM THE LEADER IN FOLLOWING DIRECTIONS.
19. Underline all even numbers on the left side of your paper.
20. Loudly call out, I am nearly finished, I have followed directions.
21. Now that you have finished reading everything, carefully, do only sentence one and two.....

Source unknown

ADDENDUM 21

The A-Z of Resilience as used in session 8

| | | | |
|---|--|---|--|
| A | Avoid negative sources, people, places, things and habits. | N | Never lie, cheat or steal; always strike a fair deal. |
| B | Believe in yourself | O | Open your eyes and see things as they really are. |
| C | Consider things from every angle. | P | Practice makes perfect. |
| D | Don't give up and don't give in. | Q | Quitters never win, and winners never quit. |
| E | Enjoy life today – yesterday is gone, tomorrow may never come. | R | Read, study and learn about everything important in your life. |
| F | Family and friends are hidden treasures, seek them and enjoy their riches. | S | Stop procrastinating. |
| G | Give more than you plan to. | T | Take control of your own destiny. |
| H | Hang on to your dreams. | U | Understand yourself to better understand others. |
| I | Ignore those who try to discourage you. | V | Visualize it! |
| J | Just do it! | W | Want it more than anything |
| K | Keep trying no matter how hard it seems – it will get easier. | X | Xcellerate your efforts. |
| L | Love yourself first and most. | Y | You are unique of all God's creations, nothing can replace you |
| M | Make it happen. | Z | Zero in on your target and go for it! |

(Theron *et al.*, 2007:136-137)

SECTION E: CONSOLIDATED BIBLIOGRAPHY

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