

CHAPTER FOUR

RESULTS

4.1 INTRODUCTION

The data collected during the implementation of REds had the following purpose:

- to determine how successful REds was in enabling participants towards coping resiliently with the pandemic.

This aim was related to the bigger picture of REds as ongoing intervention research (Babbie & Mouton, 2007: 345; de Vos, 2005c: 393), but also to the specific purpose of my study (see 4.2 below).

In this chapter the pre- and post-test data will be reported and interpreted to determine how successful REds was in enabling my participants from the Thabo Mofutsanyana district towards resilient coping with the pandemic. I used Table 1.2 which summarised the characteristics of resilient educators in South Africa to draw conclusions about how successful REds was in encouraging my participants to be resilient.

4.2 COMPARISON OF PRE- AND POST-TEST FINDINGS

The quantitative and qualitative findings are reported separately. In this way I can focus on what each group of findings means. At the end of this chapter, I will, however, 'mix' the findings to provide a more complete answer to my research question, namely:

How effectively can primary school educators in the Thabo Mofutsanyana district who are affected by the HIV/AIDS pandemic be supported towards coping resiliently with the hardships of the pandemic, using REds?

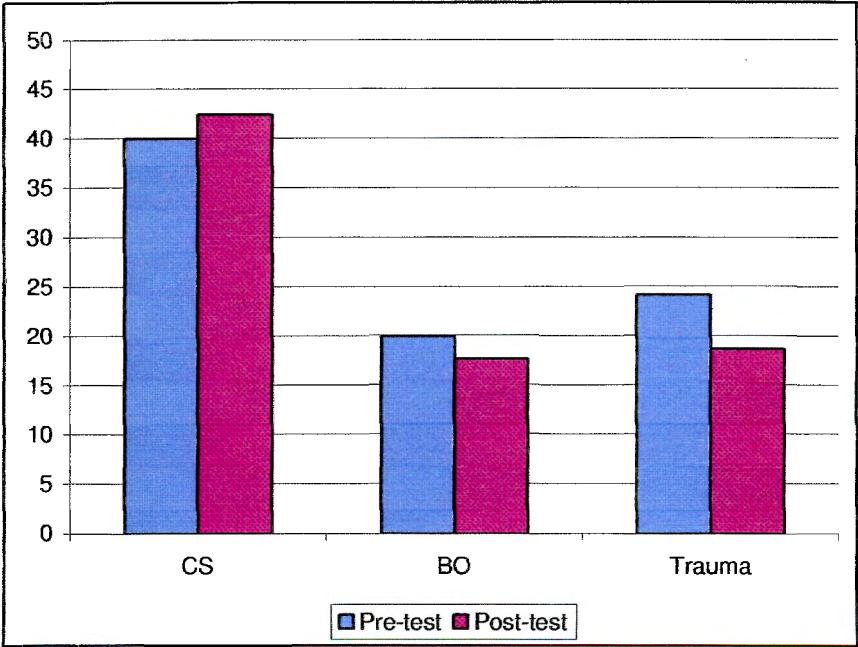
4.2.1 Quantitative Findings

As noted in Chapter Three, the quantitative measuring instrument used in this study was the Professional Quality of Life (ProQOL) (Stamm, 2005: 9), which

measures the quality of professional life among staff at state organisations such as schools (educators), using three subscales: compassion satisfaction (CS); burnout (BO); and compassion fatigue, also known as secondary trauma. The researchers responsible for the larger REds study (Theron *et al.*, 2008) reasoned that the ProQOL would provide insight into how satisfied affected teachers were with their jobs prior to and following participation in REds and also how burnt out and fatigued teachers were before and after taking part in REds. They reasoned that indicators of coping more resiliently with the pandemic would include higher levels of job satisfaction and lower levels of burnout and fatigue.

Using these three ProQOL scales, the pre- and post-test findings are summarised in Figure 4.1 below and then discussed. The scores reflect a group average.

Figure 4.1: ProQOL results: pre-test and post-test



4.2.1.1 Compassion satisfaction

The average ProQOL score for compassion satisfaction (the pleasure you experience from being able to do your work successfully) is 37 (Stamm, 2005: 11). Approximately 25% of people scored higher than 41 and approximately 25% scored below 32. In the pre-test, participants recorded an above average satisfaction score of 39.9. The post-test average also fell into the above average of 42.4, suggesting an increase (albeit statically non-significant) in the satisfaction that participants derived from being in a profession that demands compassion, following participation in REds.

4.2.1.2 Burnout

The average ProQOL score for burnout is 23 (Stamm, 2005: 11). Burnout is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job satisfactorily (Stamm, 2005: 11). An ever-increasing high workload and non-supportive work environment can induce burnout. Approximately 25% of people score above 28 and about 25% score below 19. Scoring below 19 indicates positive feelings about one's effectiveness in the work environment. Scoring above 28 reflects burnout. In the pre-test participants recorded an average burnout score of 19.9. The post-test average was lower at 17.6, suggesting levels of burnout below average. The scores suggest that following participation in REds, participants recorded lower levels of burnout. They seemed to feel more hopeful about dealing with difficulties in their work environment. As with compassion satisfaction, the difference was not statistically significant.

4.2.1.3 Compassion fatigue or secondary trauma

The average ProQOL score for compassion fatigue is 13 (Stamm, 2005: 12). Compassion fatigue/secondary trauma is about exposure to work-related stressful situations (Stamm, 2005: 12). Approximately 25% of people score below 8 and about 25% score above 17. Higher scores reflect compassion fatigue or secondary trauma. In the pre-test, participants recorded an average score of 24.1 – this signalled above average compassion fatigue among participants. The post-test average was lower at 18.6, suggesting decreased

compassion fatigue. Even though the post-test indicated a lower score of 18.6, the score is still above the average score of 8 – 13. However, the lower compassion fatigue results indicate that participants experienced some relief following participation in REds. Again, the difference was not statistically significant.

4.2.1.4 Concluding comments

When the pre- and post-test results are compared, it seems that following REds, participants experienced more compassion satisfaction, less burnout and less secondary trauma (or compassion fatigue). Although these results are not statistically significant (compared to the pre-test results), they do suggest improved professional quality of life among the REds participants. Because no control group (Leedy & Ormrod, 2005: 224-224) was involved, I cannot conclude with complete certainty that REds resulted in the increase, but it is highly possible that this was so. Nevertheless, when I again consider Table 1.2, the ProQOL results suggest slight movement in the direction of resilience, as summarised in Table 4.1 below:

Table 4.1: ProQOL data suggesting growth in resilience

Resilience	Definition	ProQOL data that matches resilience indicators
I am well informed.	Studies describing resilient teachers have referred to the benefits of being knowledgeable about HIV/AIDS, because this helps teachers to feel enabled and is linked to hope (Theron, 2007: 181 & 183).	I found no evidence of this indicator. I can hypothesise that the participants recorded lower burnout and fatigue because they were informed about where to get help during REs or because they learned how to prevent HIV and manage its complications, but I have no hard proof of this.
I have strong faith.	In some instances, the epidemic has strengthened teachers' spirituality and they have grown stronger spiritual connections. These teachers report that their faith makes them strong (Ngemntu, 2009: 126; Serero, 2008: 124; Theron, 2007: 181 & 183).	I found no evidence of this indicator.
I have supportive colleagues	Teachers who are resilient have reported that they	The compassion fatigue scores were

(positive relationships).	have collegial support. In some cases their colleagues support them because these educators showed openness to their colleagues (Theron, 2007: 181 & 183).	slightly lower following participation in REds, but still showed above average levels of fatigue. This suggests that REds may need to do more to increase positive and supportive relationships between colleagues.
I know where I can get help and I have access to counselling.	The resilient educator is aware of personal protective resources like health practitioners (health advisors), psychologists and church-based counsellors (Theron, 2007: 181 & 183; Theron, 2008b: 97-98). Resilient educators have opportunities to make the most of these supports.	As noted above, the compassion fatigue scores were still above average following REds, even though slightly lower. This suggests that REds may need to do more to increase participant awareness of and access to supportive resources.
I can talk openly about the pandemic openly.	Teachers who are resilient can talk openly about the pandemic without being afraid of what people will say, and without treating HIV as a Taboo (Theron, 2007: 181 & 183).	I found no evidence of this indicator.
I can solve my own problems and	Resilient teachers focus on prevention strategies and help others with the knowledge they have	The fact that participants scored lower burnout scores in the post-test and that

the problems of others.	gained or skills they have learned (Theron, 2007: 181). Often these resilient teachers believe that they are strong and can overcome problems (Theron, 2008a: 34).	their burn-out scores fell into the below average category, might suggest that they felt competent to solve problems.
I have hope.	Hope means having the ability and energy to go on in life (Theron, 2008b: 100-101). Resilient teachers are mostly hopeful (Theron, 2008a: 34; Theron <i>et al.</i> , 2009: 130-131).	Slightly lower burnout scores suggest decreased hopelessness.
I enjoy working with other people.	The pandemic has encouraged the educator to love his/her work even more as it gives him/her the opportunity to help others (Theron, 2007: 181 & 183).	Above average compassion satisfaction scores suggest enjoyment of working with others.
I have accepted that HIV is an illness like any other	Resilient educators have knowledge of the myths surrounding HIV and the epidemic which will help prevent unnecessary fears. They also accept HIV as they do any other existing illnesses (Theron, 2007: 184).	As noted above, it is possible that lower compassion fatigue was related to acceptance of HIV, but I cannot prove this conclusively.

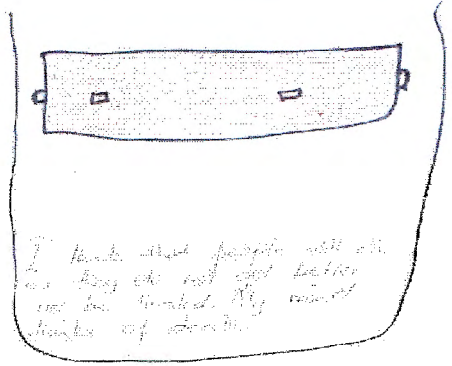
4.2.2 Qualitative Findings

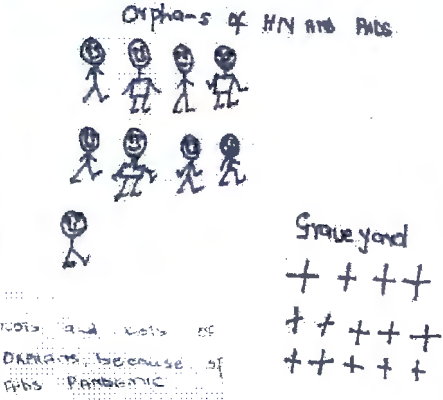
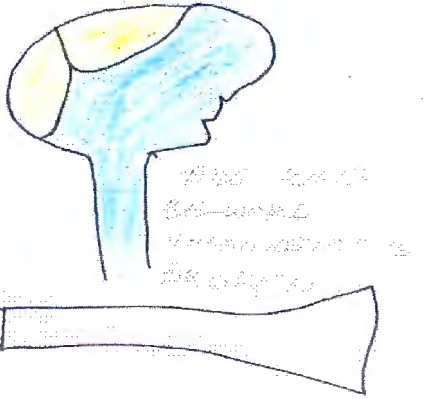
I present the qualitative findings according to the specific qualitative method used. I do this so that I can provide a detailed look at the findings which emerged from each method and also because the two different methods generated different findings. Thereafter I comment on what themes emerged from all these findings and what conclusions I reached about the participants' resilience based on these themes.


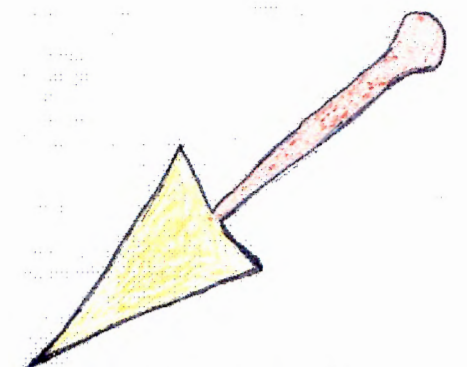
4.2.2.1 Symbolic drawings

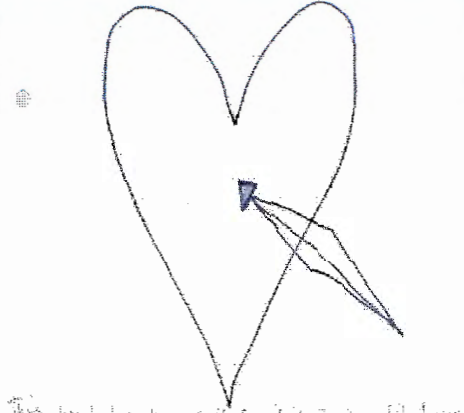
As described in Chapter Three (Cf. 3.3.4.2), the participants were requested to draw any symbol that came to mind when thinking about how the pandemic had affected them. They were also asked to explain to me what the symbols meant. Table 4.1 provides a summary of the themes arising from the symbolic drawings made by participants in the pre-test. Where the drawings were very similar, I include one drawing per category as a way of illustrating that category:

Table 4.2: Thematic grouping of pre-test symbolic drawings

Symbols	Explanations
	<p>Death: Two participants made drawings of graves. They explained that people do not get better and are dying because there is no cure for the HIV/AIDS pandemic. The coffins were the signs of dead people.</p> <p>The drawings suggest a theme of death and that these participants were preoccupied with the many deaths that result from AIDS-related illnesses.</p>

Symbols	Explanations
 <p>Orphans of HIV and AIDS</p> <p>Notes and notes of ORPHANS because of HIV Pandemic</p> <p>Graveyard</p>	<p>Awareness of AIDS-orphans: There were two drawings of orphans and the participants explained that more and more children are becoming orphans due to the HIV/AIDS pandemic, and they end up being lonely, and graveyards are full of their dead parents.</p> <p>The drawings suggest a theme of empathy because participants are aware of the orphans, but this awareness is more of a helpless awareness of how the pandemic is orphaning many children (the participants did not depict ways of helping these children). The drawings also reflect awareness of the many deaths that result from AIDS-related illnesses.</p>
 <p>... ..</p>	<p>Helplessness: There were three drawings that depicted helplessness. The first one was the drawing of a big head without a body: this participant said HIV caused people not to think clearly. The participant believed that the pandemic has brought people's brains to a standstill and left them helpless or unable to regulate their actions. (She called this a broken thermostat). The drawing symbolises a</p>

Symbols	Explanations
	<p>sense of helplessness, because if people are not thinking then there is very little that can be done to stop further spread of the disease.</p>
 <p><i>HIV/AIDS is a disease that we have that cannot pass through the membranes. It is a stubborn disease for the majority of people who are infected and affected in our daily lives and lifestyles.</i></p>	<p>A second drawing depicted water damming up, and the explanation also related to helplessness: to this participant it seemed that nothing could be done about HIV/AIDS.</p>
 <p><i>The spear that is used to kill animals.</i></p>	<p>This drawing showed a weapon and the participant explained it as follows: HIV/AIDS is painful like a sharp weapon used by the bushmen to kill animals. This participant related HIV to a dangerous weapon which is meant to kill and explained that this drawing suggests a sense of helplessness (nothing is stopping the spear from destroying South Africans). It also suggests preoccupation with death brought about by HIV/AIDS.</p>

Symbols	Explanations
 <p data-bbox="157 664 617 715">This heart has been stabbed and it breaks a lot of anger</p>	<p data-bbox="642 265 1141 633">Heartache: One participant made a drawing of a stabbed / broken heart and explained that the pandemic breaks hearts and causes negative emotions. HIV causes anger and frustrations to educators because they cannot function well in the face of the pandemic.</p> <p data-bbox="642 674 1141 807">The drawing suggests a theme of negative emotions, mostly sadness but also anger.</p>

The themes (awareness of and preoccupation with death; helpless awareness of AIDS-orphans; helplessness; heartache) which emerged from the pre-test drawings suggested that participants were negatively affected by the HIV/AIDS pandemic, which they viewed as a threat, thus putting them at risk for non-resilient outcomes.

The themes not only suggested that the participants felt helpless and emotional, but also that there was some awareness of learners' vulnerability due to the loss of parents due to the pandemic. These themes are reported in the literature review in Chapter Two and emphasise that educators need support as they are often vulnerable because they have to teach learners who are ill or have been orphaned by HIV/AIDS, or they themselves have loved ones who are ill or who have died due to the pandemic (Theron *et al.*, 2009: 127). The HIV/AIDS pandemic affects their emotional well-being with many reporting that they have negative feelings (including sadness and anger) or hopelessness and helplessness (Ebersöhn & Eloff, 2006: 56; Shisana *et al.*, 2005: 135; Theron, 2007: 182; Theron, 2008a: 33; Theron *et al.*, 2009: 139-140) Earlier REds studies also reported that, prior to participating in REds, many of the participants perceived themselves to be helpless (Esterhuizen,

2007: 166; Mabitsela, 2009: 174; Theron, 2008a: 33; Theron *et al.*, 2009: 139) and many focused on the death that AIDS eventually brings (Theron, 2008a: 33; Theron *et al.*, 2009: 139).

When I compared these pre-test themes, only one matched the profile of resilient educators (*Cf.* Table 1.2). In other words, prior to REds my participants did not project many of the indicators associated with educator resilience.

Table 4.3: Comparison of pre-test drawing themes with the profile of resilient educators

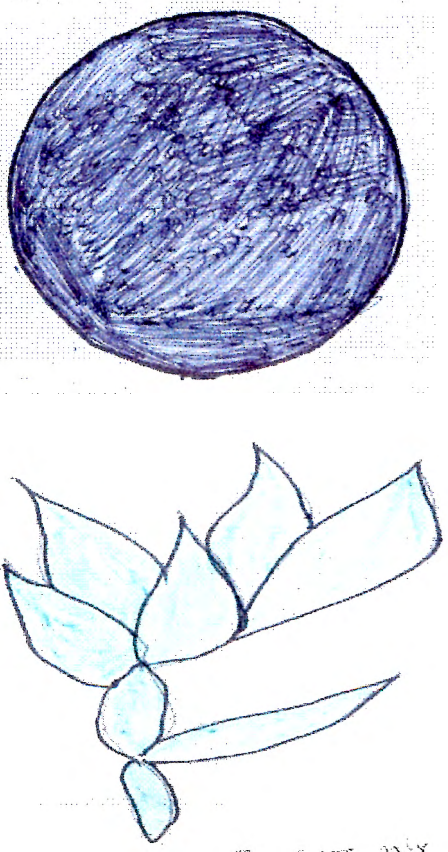
Resilience	Pre-test symbolic drawing themes data that match
I am well informed.	I found no evidence of this indicator.
I have strong faith.	I found no evidence of this indicator.
I have supportive colleagues (positive relationships).	I found no evidence of this indicator.
I know where I can get help and I have access to counselling.	I found no evidence of this indicator.
I can talk about the pandemic openly.	I found no evidence of this indicator.
I can solve my own problems and the problems of others: Resilient teachers focus on prevention strategies and help others with the knowledge they have gained or skills they have learned (Theron, 2007: 181). Often these resilient teachers believe that they are strong and can overcome problems	There were drawings showing awareness of AIDS orphans and this suggested some empathy, even though there was no sense of being able to solve problems relating to orphans.

(Theron, 2008a: 34). They are aware of the difficult lives that OVCs lead and treat them with empathy.	
I have hope.	I found no evidence of this indicator.
I enjoy working with other people.	I found no evidence of this indicator.
I have accepted that HIV is an illness like any other.	I found no evidence of this indicator.

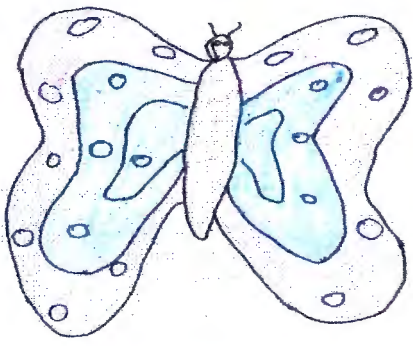
The participants were requested to repeat the same activity in the post-test.

Table 4.4 shows the two main themes emerging from the post-test drawings:

Table 4.4: Thematic grouping of post-test symbolic drawings

 <p>The image shows two hand-drawn symbols. The top symbol is a circle filled with dense, overlapping purple and blue scribbles, resembling a full stop punctuation mark. The bottom symbol is a light blue drawing of a plant with several pointed leaves and a central stem with small buds or flowers.</p>	<p>Hope:</p> <p>Two participants made drawings of a full stop punctuation mark, which they interpreted as a positive sign for the future. They said their full stops represented the belief that the pandemic would come to an end. Participants were positive that some day the pandemic would be a thing of the past.</p> <p>Two other participants drew flowers / plants which they associated with hope and explained that when researchers work harder, they will some day find a cure to the HIV/AIDS pandemic. The flowers represent the medicine with which to cure HIV.</p>
---	---

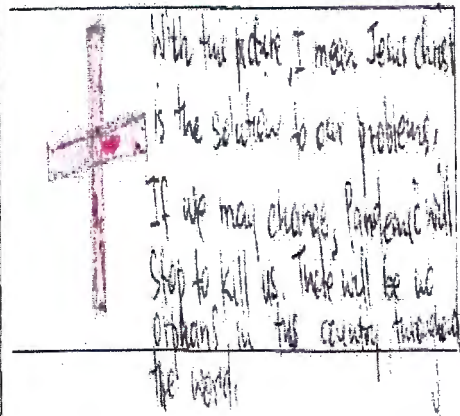
One day the pandemic disease will be cured, and people will be happy.



A fifth participant drew a colourful butterfly and wrote, "One day the pandemic disease will be cured, and people will be happy". The participant had a strong positive feeling that the HIV pandemic will one day fly away, just like a butterfly.

The five drawings in this category suggest a theme of hope.

With this picture, I mean Jesus Christ is the solution to our problems.



Strong faith: Three participants made drawings of a cross, and they described the cross and their faith as a sign of hope. For example, one participant wrote, "With this picture I mean Jesus Christ is the solution to our problems, if we may change, and work together in helping others, the pandemic will stop killing us, and there will be no orphans due HIV/AIDS in this country, throughout the world". One participant added a hand and wrote, "God will raise his hand and save us." The participant believed that HIV will one day pass as God will listen to people's prayers and save them from HIV.

All these drawings suggest a theme of strong religious faith that encouraged participants and made them hopeful. In these drawings, the participants illustrated that strong faith could help people to change their ways and could stop the pandemic.

In summary, the post-test themes (hope and faith) were more positive than the pre-test themes and suggested more signs of positive coping and resilience, as did previous REds studies (Esterhuizen, 2007: 161; Mabitsela, 2009: 177-178; Theron *et al.*, 2009:139). It seemed to me that following participation in REds the participants held the pandemic in a different perspective. They seemed to be less overwhelmed by the difficulties of the pandemic – in other words, the pre-REds themes of awareness of and preoccupation with death, helpless awareness of AIDS orphans, helplessness and heartache were not repeated. Instead, my participants appeared to have developed more faith and hope for the future, which may imply coping and resilience. Previous REds studies (Esterhuizen, 2007: 166; Mabitsela, 2009: 177-178; Theron, 2008: 36, 39) described a similar change towards more resilient coping. Hopefulness, strong faith and being focused on the future are known to be signs of resilience (Esterhuizen, 2007: 166; Masten & Reed, 2005: 83; Mabitsela, 2009: 177-178; Theron, 2008a: 36, 39).

When I compared these post-test drawing themes, a number of them matched the profile of resilient educators (*Cf.* Table 1.2).

Table 4.5: Comparison of post-test drawing themes with profile of resilient educators

Resilience	Definition	Post-test symbolic drawing themes data that match
I am well informed.	Studies that have described resilient teachers have referred to the benefits of being knowledgeable about HIV/AIDS, because this helps teachers to feel enabled and is linked to hope (Theron, 2007: 181 & 183).	In the category of hope, the drawings of flowers/plants symbolised hope for a cure and medicine, but these drawings can also suggest knowledge of HIV medication and knowledge that researchers around the world are searching for a cure.
I have strong faith.	In some instances, the epidemic has strengthened teachers' spirituality and they have grown stronger spiritual connections. These teachers report that their faith makes them strong (Ngemntu, 2009: 126; Serero, 2008: 124; Theron, 2007: 181 & 183).	It is clear that participants believe in God and have strong faith that the pandemic will pass and become history.
I have supportive colleagues (positive relationships).	Teachers who are resilient have reported that they have collegial support. In some cases their colleagues support them because these educators	I found no evidence of this indicator in the post-test drawings. But, the drawing of strong faith (see pg. 77) did suggest working

	showed openness to their colleagues (Theron, 2007: 181 & 183).	together. However, this working together referred generally to the community, rather than colleagues.
I know where I can get help and I have access to counselling.	The resilient educator is aware of personal protective resources like health practitioners (health advisors), psychologists and church-based counsellors (Theron, 2007: 181 & 183; Theron, 2008b: 97-98). Resilient educators have opportunities to make the most of these supports.	I found no evidence of this indicator. Although the theme of strong faith suggested that participants believed they would get help from God, their drawings and explanations did not include supportive community or professional resources.
I can talk about the pandemic openly.	Teachers who are resilient can talk about the pandemic openly without being afraid of what people will say, and without treating HIV as taboo (Theron, 2007: 181 & 183).	I found no evidence of this indicator.
I can solve my own problems and the problems of others.	Resilient teachers focus on prevention strategies and help others with the knowledge they have gained or skills they have learned (Theron, 2007: 181). Often these resilient teachers believe that they are strong and can overcome problems	I found no evidence of this indicator.

	(Theron, 2008a: 34). They are aware of the difficult lives that OVCs lead and treat them with empathy.	
I have hope.	Hope means to have the ability and energy to go on in life (Theron, 2008b: 100-101). Resilient teachers are mostly hopeful (Theron, 2008a: 34; Theron <i>et al.</i> , 2009: 130-131).	From the following post-test drawings: The full stop as a sign of HIV ending, the flower as a sign for medicine and the butterfly as a sign of hope, it was clear that participants were more hopeful following participation in REds.
I enjoy working with other people.	The pandemic has encouraged the educator to love his/her work even more as it gives him/her the opportunity to help others (Theron, 2007: 181 & 183).	I found no evidence of this indicator.
I have accepted that HIV is an illness like any other.	Resilient educators have knowledge of the myths surrounding HIV and the epidemic which will help prevent unnecessary fears. They also accept HIV as they do any other existing illnesses (Theron, 2007: 184).	The drawings that symbolised hope for a cure suggested that some participants had begun to see HIV as an illness that could be cured. In a sense this normalises HIV and makes it more similar to other diseases.

4.2.2.2 Open-ended questionnaire themes: pre-test data

Participants' pre-test written responses to open-ended questions (see Addendum C) are summarised below. In general, the responses to the questions suggested that the participants were vulnerable to the difficulties of the pandemic (especially prior to their taking part in REs), as suggested in the themes below.

- **Negative emotional effects**

All participants reported being stressed and/or negatively affected by the pandemic as they saw people dying of HIV and being buried every weekend. For example, one participant said, "*After burying my cousins and my aunt who died because of the pandemic, I was affected emotionally and asking myself many questions.*" I asked her what her thoughts had been at that time, and she said she felt God had forsaken her family. Others explained that the emotional effects included pain and sadness. Another participant reported in this way: "*I am having a fear of what will happen in life for I see people infected and affected daily, and I also ask myself why we don't get a remedy to can cure.*" For her, the stress of the pandemic caused fear. The third participant said, "*It affects me in such a way that I have lost hope.*"

The participant responses confirmed the findings from literature that many educators are badly affected by the pandemic and are having feelings of despair, sadness and hopelessness (Coombe, 2003; Hall *et al.*, 2005:23; Kelly, 2000:69; Theron, 2007:178) as noted in Chapter Two (*Cf.* 2.4.1.2).

The responses of the participants in my study are similar to the pre-test responses of emotional distress and hopelessness in previous REs studies (Esterhuizen, 2007: 161; Kupa, Delport & Geyer, 2008; Mabitsela, 2009: 179; Strydom & Malan, 2008; Theron *et al.*, 2009: 131).

- **Declining faith**

Participants reported a feeling of emptiness and having lost hope. One participant reported being so badly affected that she could no longer go to

church. Another said that her spirit was low as she saw people dying daily because of the pandemic and had no idea how this monster could be stopped. The general feeling of participants was that God had abandoned and resented them. Some thought HIV was a punishment from God. For example, one participant wrote, *"I am affected spiritually when I heard about more and more people who died of HIV/AIDS. I always wonder if God is punishing us."* Another participant reported that the challenges of the pandemic interfered with her religious practice: *"Spiritually, it also add more stress, at times you end up forgetting even the Lord's Prayer."* One participant reported to have stopped praying, as she had a feeling of bitterness.

From these responses, it is clear that HIV/AIDS pandemic had created bitterness towards God and disrupted the religious practice of the participants. Their spiritual negativity may turn them away from God, as reported in previous studies (Ngemntu, 2009: 40; Serero, 2008: 37; Theron, 2007: 179). The responses of the participants in my study are similar to the pre-test responses of disrupted spirituality in previous REds studies (Esterhuizen, 2007:161; Mabitsela, 2009: 179; Theron *et al.*, 2009: 131).

- **Diminished physical well-being**

Most of the participants responded that the HIV/AIDS pandemic had decreased their appetite and they could not sleep well at nights. Two participants reported having experienced nightmares; as a result they could not sleep well. For an example, one said: *"I have sleepless night and experience nightmares"*. Two participants said that every time they saw or heard about someone who was infected with HIV, they could not sleep or eat. For example, one participant said: *"I have sleepless nights and lack appetite"*.

One participant reported having no problem sleeping; she said she slept well. I requested her to explain to me why this was so and she responded by saying that she had never gone through any direct and close HIV experiences such as people who were dying, so it really did not affect or disturb her physically. One other participant said that the pandemic did not affect her eating habits.

In general, the participants' responses suggested that the physical well-being of most of the educators was affected by their experiences of the pandemic. Previous studies on how the pandemic affects affected educators have also reported poorer physical wellness (Ngemntu, 2009: 40; Serero, 2008: 37; Theron, 2007:179). The responses of the participants in my study were similar to the pre-test responses of poor sleeping and eating patterns described in previous REds studies (Esterhuizen, 2007: 161; Mabitsela, 2009: 180; Theron *et al.*, 2009: 131).

- **Mixed Social interaction**

The majority of the participants seemed to have changed their social interactions for various reasons including fear, stigma and their safety. They reported to have changed from being social to become more reserved and withdrawn. Some even reported to having learned to stick to one partner, which is positive. For example, one participant wrote, *"It taught me that I must protect myself by having one partner."* Mostly though, the participants wrote that their socialisation had become limited. For example, one participant wrote, *"Socially it has brought mixed feelings to the extent that we hardly socialise positively because sometimes the topic about HIV/AIDS brings arguments and confrontations."*

Some participants reported becoming more social in order to obtain more knowledge about the pandemic and how other people felt. For example, one participant wrote, *"I always socialise with people, and I visit other people talking about the pandemic. That way we can tackle it. I am proud to talk about it."*

It seems that the pandemic limited the social interactions of some participants and increased their concern for their safety, whereas it encouraged increased social interaction for other participants. Previous studies also included warnings that educators need to take care of their safety (Kingham & Kelly, 2005:493), and that fear of stigma disrupted positive socialising (Theron, 2007: 182). As in my study, some educators who are infected or affected by HIV/AIDS are further traumatised and demoralised by the stigmatising

behaviour they experience from learners, colleagues, friends and even their communities in general (Serero, 2008: 37; Theron, 2007: 182). There has been previous mention of educators socialising more in an effort to cope with the pandemic (Theron, 2007: 182).

The responses of limited social interaction in my study are similar to the pre-test responses described in previous REds studies (Esterhuizen, 2007: 161; Mabitsetla, 2009: 180; Theron *et al.*, 2009: 141). However, my study also suggested some positive responses, like participants having one partner only or socialising with other people to obtain information on HIV/AIDS. Although these responses were few, they suggested that some of the participants could use social relationships to cope, as did other resilient educators (Theron, 2008b: 92).

- **Additional professional responsibilities**

Most of the participants said that the HIV pandemic has affected their teaching as they had to take care of affected learners who were orphans and vulnerable, and also that they had to look after the classes of colleagues who were absent or ill due to the pandemic. This meant that participants had more professional responsibilities. For example, one wrote, *"I should see to it that teaching is not affected. I should combine the classes."* Another wrote, *"Working with affected learners needs someone who is so dedicated for they need care, support and need to be accepted in the society and need to be treated as human beings and should be given that respect."* Another reported this way: *"According to my knowledge, as an educator, I feel free to talk about it, always sharing ideas, supporting each other and we are not ashamed."*

From the responses above, it is clear that participants experienced an increased responsibility towards assisting learners in their classes who were either infected or affected by the pandemic (Cf. 2.3.3). Previous studies have reported that many teachers are overworked or become distressed because they have to work as care-givers for AIDS orphans and vulnerable children in their classes (Bhana *et al.*, 2006: 6; Boler, 2003; Bennell, 2005: 449; Hall *et al.*, 2005: 23) or because they have to take on ill colleagues' workload

(Coombe, 2003; Theron, 2007:177). In my study, there was less emphasis on these responsibilities being negative.

- **Changed routines**

Some of the educators reported that the pandemic had changed their daily routine as they had to make extra time for home visits to support and help learners who lived with their sick parents, and also had to stay behind at work to help orphans and vulnerable learners with homework. For example, one participant wrote, "*Today one has to visit homes where our learners live with their sick parents and also stay behind to help those learners with homework.*" Another wrote, "*Seeing young learners being infected and affected changes one's routine because one has to look at the alternatives of how to make them cope with teaching and learning.*" The participants seemed to have accepted that it was their responsibility to support vulnerable learners. In this regard one wrote, "*I must protect all learners who have HIV/AIDS and give them support daily.*" These additional responsibilities meant that the normal school routine of these educators was changed and that this often disrupted and slowed their work. Although the educators seemed to have accepted that their routines had changed, they wrote or said nothing that gave me the impression that they coped well with these changes.

Only one educator reported to have had no change in her daily routine. She explained that this was because she had no knowledge of learners who were HIV- positive or who were HIV-affected and so she continued with her normal class routine.

In general, the responses of the participants reflected that their daily routines had changed because they needed to make time for needy learners. Previous studies that have focused on how the pandemic affected educators, reported similar disrupted daily routines of teachers who took extra time to care for needy learners (Ngemntu, 2009: 186; Serero, 2008: 126; Theron, 2007:180). The responses are also similar to the pre-test responses described in previous REds studies (Esterhuizen, 2007: 161; Mabitsela, 2009: 181-182; Theron *et al.*, 2009: 139).

When I compared all of the above pre-test themes (in Table 4.6 below), few matched the profile of resilient educators (*Cf.* Table 1.2).

Table 4.6: Comparison of open-ended pre-test questionnaire themes with profile of resilient educators

Resilience	Definition	Open-ended pre-test questionnaire themes that match data
I am well informed.	Studies that have described resilient teachers have referred to the benefits of being knowledgeable about HIV/AIDS, because this helps teachers to feel enabled and is linked to hope (Theron, 2007: 181 & 183).	I found no evidence of this indicator.
I have strong faith.	In some instances, the epidemic has strengthened teachers' spirituality and they have grown stronger spiritual connections. These teachers report that their faith makes them strong (Ngemntu, 2009: 126; Serero, 2008: 124; Theron, 2007: 181 & 183).	The responses from the theme "Declining Faith" showed the opposite: The participants had poor faith or declining faith before REds. Participants felt that God had abandoned and resented them.

<p>I have supportive colleagues (positive relationships).</p>	<p>Teachers who are resilient have reported that they have collegial support. In some cases their colleagues support them because these educators showed openness to their colleagues (Theron, 2007: 181 & 183).</p>	<p>The pre-test responses from themes “Mixed social interaction”, and the “Additional professional responsibilities” suggested mixed feelings: Some participants were feeling down and neglected while some showed signs of coming together to fight the pandemic and of supporting each other.</p>
<p>I know where I can get help and I have access to counselling.</p>	<p>The resilient educator is aware of personal protective resources like health practitioners (health advisors), psychologists and church- based counsellors (Theron, 2007: 181 & 183; Theron, 2008b: 97-98). Resilient educators have opportunities to make the most of these supports.</p>	<p>I found no evidence of this indicator.</p>

<p>I can talk about the pandemic openly.</p>	<p>Teachers who are resilient can talk about the pandemic openly without being afraid of what people will say, and without treating HIV as a Taboo (Theron, 2007: 181 & 183).</p>	<p>Although most felt deprived of social acquaintances and social support, there were those who reported that they talked openly about HIV. (As noted in themes: “Mixed social interaction”, and “Additional professional responsibilities”.)</p>
<p>I can solve my own problems and the problems of others.</p>	<p>Resilient teachers focus on prevention strategies and help others with the knowledge they have gained or skills they have learned (Theron, 2007: 181). Often these resilient teachers believe that they are strong and can overcome problems (Theron, 2008a: 34). They are aware of the difficult lives that OVCs lead and treat them with empathy.</p>	<p>Some participants reported (as noted in themes “Additional professional responsibilities”, and “Changed routines”) that they had additional responsibilities of helping OVCs, and attending to ill or absent educators’ classes. These responses showed some sign of being resilient in that they seemed to be coping with this. However, these responses were not in the majority.</p>

<p>I have hope.</p>	<p>Hope means to have the ability and energy to go on in life (Theron, 2008b: 100-101). Resilient teachers are mostly hopeful (Theron, 2008a: 34; Theron <i>et al.</i>, 2009: 130-131).</p>	<p>I found no evidence of this indicator.</p>
<p>I enjoy working with other people.</p>	<p>The pandemic has encouraged the educator to love his/her work even more as it gives him/her the opportunity to help others (Theron, 2007: 181 & 183).</p>	<p>Some felt the pandemic had made them become more social in order to obtain knowledge to handle HIV, as noted in the themes "Mixed social interaction", "Additional professional responsibilities", and "Changed routine." This suggested a sign of resilience among some participants. Again, these responses were not in the majority.</p>
<p>I have accepted that HIV is an illness like any other.</p>	<p>Resilient educators have knowledge of the myths surrounding HIV and the epidemic which will help prevent unnecessary fears. They also accept HIV as they do any other existing illnesses (Theron, 2007: 184).</p>	<p>I found no evidence of this indicator.</p>

In summary, most of the pre-test responses to the open-ended questions suggest that the participants were vulnerable to the stresses and challenges of the pandemic. Other than increased socialisation and a willingness to help needy learners, most of the responses suggest that the participants experienced negative physical, spiritual, emotional, social and professional occurrences that were not suggestive of resilience. When I compared these pre-test themes to indicators associated with resilient teachers (Cf. Table 1.2), few matched the profile of resilient educators (Cf. Table 4.5 above).

The post-test responses were more positive. Participants' responses in the post-test are summarised below.

4.2.2.3 Open-ended questionnaire: Post-test data themes

- **Mostly positive emotions towards pandemic**

Four participants believed they had accepted HIV/AIDS as a disease to be managed. For example, one wrote, "*The disease is like any other sickness. Accept those living with the disease.*" It seems that acceptance encouraged tolerance. Two participants reported feeling positive because they now had knowledge. One wrote, "*Education that I have with the pandemic makes me positive towards it.*"

Only two participants reported still being negatively affected, because they feared for people who were HIV positive and badly treated or for the country's future. For example, one wrote, "*I am concerned and worried about what kind of nation will our country have.*"

Previous REds studies also reported that after completion of the REds programme, most participants had grown to be more tolerant of people affected or infected by the pandemic, or enabled because of greater knowledge. However, some participants were concerned for the needs of others and empathic towards the community members who were affected and infected and suffered due to stigma around the pandemic (Esterhuizen, 2007: 165; Kupa, Delport & Geyer, 2008; Mabitsela, 2009:183-184; Strydom & Malan, 2008; Theron, 2008a: 36; Theron *et al.*, 2009: 140).

- **Religion as opportunity for encouragement**

Four participants reported that their churches taught them how to cope with the challenges of the pandemic, and that this uplifted them. For example, one wrote, "*Different institutions including churches are talking positively about this disease and so people living with HIV/AIDS are spiritually uplifted by the teachings and discussions*".

Three participants reported an improvement in their faith and that their church attendance and faith gave them hope. One wrote, "*The pandemic is taught in churches to uplift the spiritual being and gives hope to be healed by the Almighty. He is our healer in spiritual and physical realms, and He can.*"

Only one participant was not strengthened spiritually because he was concerned that churchgoers were prejudiced. He wrote, "*Some of the church members do not accept the affected people as part of the community members.*"

Most of the post-test responses suggested reliance on God and religious institutions and that this gave the participants hope and helped them to feel supported. Only one participant seemed to be concerned about some churchgoers who stigmatised those living with HIV/AIDS. Hope and a sense of support are associated with resilient people (Esterhuizen, 2007: 165; Mabitsela, 2009: 184; Masten & Reed, 2005: 83; Theron *et al.*, 2009: 140; Watson, 2005: 113-114). Previous REds studies have documented similar post-test functioning (Esterhuizen, 2007: 165; Mabitsela, 2009:185; Theron *et al.*, 2009: 141).

- **No physical side-effects**

Five participants seemed to have experienced physical wellness. They no longer reported poor eating or disrupted sleeping. One wrote, "*No, I am positive about this pandemic. I sleep, eat and play well.*"

Three participants had no fear of physical interaction and were willing to touch ill people because they were no longer afraid that touching HIV-positive

people could make them ill. One wrote, "*When I touch someone with the disease I feel like touching anybody, I feel free.*"

In general, participants seemed to be more resilient after participating in the REds programme, as their physical wellness was more positive and there was much less or no fear of interacting with people living with HIV/AIDS.

Previous REds studies have documented similar post-test functioning (Esterhuizen, 2007: 165; Mabitsela, 2009:185; Theron & Esterhuizen, 2009; Theron *et al.*, 2009: 141).

- **Positive social interaction**

Seven participants related that the pandemic did not affect how they socialised. One wrote, "*I socially mix with everybody including those living with the virus, maybe due to precautions I take when socialising.*" Many of these participants reflected tolerance and acceptance of HIV-positive people. One added that this positive interaction caused no fear: "*I can eat, sleep or sit together without any fear.*" In addition, three participants indicated that they engaged easily in open discussions on HIV/AIDS with their colleagues and other people.

Only one participant reported negative social interaction. This participant wrote, "*Community members do not respect the affected people to be among them.*"

In other REds studies, most participants also reported more positive socialisation patterns (including tolerance and freedom to speak openly about HIV) after participation in REds (Esterhuizen, 2007: 165; Kupa *et al.*, 2008; Mabitsela, 2009: 185-186; Strydom & Malan, 2008; Theron & Esterhuizen, 2009; Theron *et al.*, 2009:141). Although my participants showed some positive socialisation patterns even before they took part in REds, this became true of the majority following participation in REds.

- **Tolerance towards learners who are HIV-positive or HIV-affected**

Seven participants wrote that they taught HIV-positive or HIV-affected learners and that they had learned to accept, accommodate and assist such learners. For example, one participant wrote, *"I teach learners with the disease and I treat them equally with others."*

In two of these cases, participants wrote that they did more than just accept – they also taught other learners to be tolerant. For example: *"I support the learner who is sick and encourage other learners to love and accept him/her as a person."* This suggests that these two had become active advocates for tolerance, which implies that they did not feel helpless and were willing to do what they could to support learners who were affected and infected.

One participant noted caution in interacting with learners: *"It has widened my horizon of perceiving because I always preach that every individual should be treated as though positive."*

In other REs studies participants reported similar positive change and increased tolerance (Esterhuizen, 2007: 165; Mabitsela, 2009: 186; Theron & Esterhuizen, 2009; Theron *et al.*, 2009: 142).

- **Increased ability to cope with changed routines**

All participants indicated that HIV had changed their daily teaching routines, but they could cope with this. As noted in the pre-test, most of the participants wrote that their routines had changed and their answers suggested that they had accepted this. Even so, pre-REs I did not get a sense that the participants coped with this easily. The sense that these changes were manageable was evident in the post-test responses though. For example, one wrote, *"It changed a lot but now I know and feel comfortable"*.

Three others wrote that they were willing to accommodate ill learners and that they understood how to do this practically. In some instances this meant providing extra teaching, or monitoring medication usage, but teachers were willing to do so and were comfortable with this. For example, one wrote, *"We*

encourage these learners to take their medication as prescribed.” The word ‘encourage’ suggested to me that this participant put energy and effort into accommodating learners in this way. Two others did extra teaching to spread messages of prevention and tolerance. One participant wrote, *“Say positive words; always encourage learners, teach them about this HIV and to love people who are positive.”*

Previous REds studies have documented similar post-test functioning (Esterhuizen, 2007: 165-166; Kupa *et al.*, 2008; Mabitsela, 2009: 186-187; Strydom & Malan, 2008; Theron *et al.*, 2009:142).

- **Awareness of supportive resources**

When asked what helped them cope with the challenges of teaching in the age of HIV/AIDS, participants showed awareness of where they could get support. They related knowledge of support groups and health services, attended workshops and made use of the AIDS helpline. Two of the participants saw themselves as resources in that they could teach prevention and choose not to discriminate. Three participants promoted taking part in open discussions.

Table 4.6 below summarises how participants responded to the question of awareness of available supportive resources.

Table 4.7: Knowledge of supportive resources

Resource	Number of participants reporting using these resources
Support groups	2
Health services	2
Workshops	3
Going for testing / counselling	1
Aids helpline	1

Other reports from previous studies on how REds impacted positively also noted participant enablement related to knowledge of supportive resources in their environment (Esterhuizen, 2007: 166; Mabitsela, 2009: 187; Kupa *et al.*, 2008; Strydom & Malan, 2008; Theron, 2008a: 36; Theron *et al.*, 2009:142).

When I compared all of the above post-test themes (in Table 4.8 below), many matched with the profile of resilient educators (*Cf.* Table 1.2).

Table 4.8: Comparison of post-test questionnaire themes with profile of resilient educators

Resilience	Open-ended post-test questionnaire themes that match resilience indicators
I am well informed.	I found evidence of this indicator in three themes: In "Mostly positive emotions towards pandemic" participants reported that HIV was a manageable disease and this knowledge enabled them. Two reported that increased knowledge had strengthened them. In "Religion as opportunity for encouragement" participants reported that religion and churches provided teachings that encouraged and strengthened them. In "Awareness of supportive resources" participants demonstrated knowledge of various accessible resources (<i>Cf.</i> Table 4.7).
I have strong faith.	I found a lot of evidence of this indicator in the theme "Religion as opportunity for encouragement" (e.g. participants seemed to be church-goers and had faith in God).
I have supportive colleagues (Positive relationships).	I found evidence of this indicator in the theme "Positive social interaction" (e.g. participants reported engaging easily in open discussions on HIV/AIDS with their colleagues and other people, which suggests open, supportive positive relationships.)
I know where I can get help and I have	I found evidence of this indicator in the theme "Awareness of supportive resources" (e.g. participants spoke about having

access to counselling.	knowledge of support groups for HIV/AIDS, health services, workshops and the AIDS helpline).
I can talk openly about the pandemic.	I found evidence of this indicator in the themes "Tolerance towards learners who are HIV- positive or –affected", "Increased ability to cope with changed routines" and "Awareness of supportive resources" (e.g. participants have learned to accept, accommodate and assist learners with HIV, they do extra teaching to spread messages of prevention and tolerance to learners, and some have gone an extra mile to teach prevention and not to discriminate).
I can solve my own problems and the problems of others.	I found evidence of this indicator in the themes "Tolerance towards learners who are HIV positive or affected" and "Increased ability to cope with changed routines" (e.g. participants wrote that they did more than just accept the pandemic, they even taught other learners to be tolerant of those who were ill, in other words they also encouraged team work and support, and encouraged ill learners to take their medication as prescribed).
I have hope.	I found evidence of this indicator in the theme "Religion as opportunity for encouragement" (e.g. churches encouraged participants to have hope).
I enjoy working with other people.	I found evidence of this indicator in the themes "Positive social interaction" and "Tolerance towards learners who are HIV positive or affected." In both of these, participants reported that they interacted with others without fear (e.g. participants displayed tolerance and acceptance of HIV-positive people, and also indicated that they engaged easily in open discussions, and could also accept, accommodate and assist HIV-positive people).
I have accepted that HIV is an illness like any	I found evidence of this indicator in the themes "Mostly positive emotions towards pandemic" and "No physical side-effects" (e.g. participants had no fear of physical interaction

other.	with people who had an HIV illness as they accepted HIV like any other illness, and were willing to touch ill people because they no longer were afraid that touching HIV- positive people could make them ill).
--------	--

So, in conclusion, the post-test themes that emerged from the participants' responses in the open-ended questionnaire suggested enablement and positive change. Pre-REds there was some indication of resilience (some participants enjoyed supportive relationships and talked openly about the pandemic, some were trying to solve problems and some were empathic to learners affected by the pandemic), but these indications were not the dominant picture. Post-REds the profile of the educators was much closer to that of a resilient educator (see Table 4.8 above).

4.3 CONCLUSION

In summary, the post-test responses in the drawings and questionnaire as well as in the ProQOL had changed in positive ways from those gathered in the pre-test. Although there were some responses that suggested some positive management of HIV/AIDS in the pre-test (like empathy, acceptance of changed routine and good interpersonal relationships), most answers in the post-test implied that the participants were coping more resiliently with the adversity of HIV. In the post-test, participants reported less negative emotion and fewer physical side-effects along with less compassion fatigue and burnout. More educators were hopeful, well-informed and willing to take action to assist learners affected by the pandemic.

Even so, it cannot be said that post-REds there were no negative emotions or effects associated with the pandemic. For example, one participant still reported acceptance with caution, or worried about some churchgoers who were prejudiced toward people living with HIV. Two participants still expressed fear. The essential part to remember is that participants could have benefited in certain ways but could still experience negative effects in a certain manner (Theron *et al.*, 2009:142), partly because resilience and coping are considered to be dynamic concepts that can vary depending on context (Cameron *et al.*,

2007:286). It is also true that interventions have different effects for different people. On the whole, though, when I mixed the results from the ProQOL and the findings from the qualitative processes, I was provided with a picture of educators who compared better to the profile of resilient educators (*Cf.* Table 1.2) after they had participated in REds, than before they participated. This is summarised in Table 4.9 below.

Table 4.9: Comparison of all quantitative and qualitative findings

Resilience indicators as noted in:								
	Pre-REds				Post-REds			
	ProQOL (Cf. Table 4.1)	Drawings (Cf. Table 4.3)	Questionnaire (Cf. Table 4.6)	Resilience 'score'	ProQOL (Cf. Table 4.1)	Drawings (Cf. Table 4.5)	Questionnaire (Cf. Table 4.8)	Resilience 'score'
I am well informed	☹	☹	☹	0	☹	☺	☺	2
I have strong faith	☹	☹	☹	0	☹	☺	☺	2
I have supportive colleagues (positive relationships)	☺	☹	☺	$\frac{1}{2} + \frac{1}{2} =$ 1	☺	☹	☹	1½
I know where I can get help and I have access to counseling	☺	☹	☹	½	☺	☹	☺	1½
I can talk openly about the pandemic	☹	☹	☺	½	☹	☹	☺	1

Resilience indicators as noted in:								
	Pre-REds				Post-REds			
I can solve my own problems and others' problems, I am empathic	☺	⊗	☺	½	☺	⊗	☺	2
I have hope	⊗	⊗	⊗	0	☺	☺	☺	2 ½
I enjoy working with other people	☺	⊗	☺	1½	☺	⊗	☺	2
I have accepted that HIV is an illness like others	⊗	⊗	⊗	0	⊗	☺	☺	1½
	Total resilience 'score':			4	Total resilience 'score':			16

Key to Table 4.9:

⊗ (= 0) This indicator was not evidenced.

☺ (= ½) There was some indication of this resilience indicator.

☺ (= 1) There was strong evidence of this resilience indicator.

When I mixed my findings, I came to the conclusion that prior to REds my participants showed some, if limited, indicators of resilience. Participants appeared to enjoy working with other people and allied to this, some had a sense that they were engaged in positive relationships. There was a slight suggestion that some knew where to get help, could talk openly about the pandemic and were empathic to orphans. This emphasises that the participants had some resilience to begin with. Maybe it would be wise if future REds facilitators made more of the strengths that participants bring with them when they are facilitating REds.

Following REds, my participants showed more indicators of resilience. There were no indicators of resilience (see original profile of resilient educators in Table 1.2) that were not present following REds. The strongest growth between the pre- and post-test indicators (see resilience scores pre- and post-REds in Table 4.9) related to participants being better informed, having stronger faith and having hope. Following these, the next strongest indicator was acceptance of HIV as an illness like any other and the capacity to solve problems related to the HIV/AIDS pandemic. This was followed by knowing where to get help. The indicators that showed the least growth (see resilience scores pre- and post-REds in Table 4.9) related to being engaged in positive, supportive relationships, enjoying working with others and being able to talk openly about the pandemic. This suggests that future REds interventions may need to be adapted so that these resources are more strongly encouraged. It may also mean that REds needs to involve community members and the whole staff of a school rather than just a group of volunteers: if more stakeholders were involved it might be easier to talk more openly about the pandemic.

When I look at the overall score for each resilience indicator following REds (see Table 4.9) I conclude that the strongest indicator related to participants having hope. Theron (2008a: 39) states that hope is often encouraged by links to other people and so it is possible that hope was the strongest indicator because REds was facilitated within a small group which encouraged bonding

and because the participants all came from the same school and area and therefore felt connected.

The indicator that was the weakest (see Table 4.9) related to being able to talk about the pandemic openly. Not being very comfortable to talk about HIV/AIDS might be a sign that the participants needed more time to adjust to new knowledge and skills they acquired from the REds sessions. In my opinion the time allocated for REds facilitation was not enough and maybe timing was not optimal, as REds was conducted after school from two to four or even later. If perhaps REds could be facilitated on an ongoing basis or as part of regular in-service training and empowerment for educators and in conjunction with more staff members and community members, it might enable educators to become more actively involved in society without fear and to talk more openly about HIV/AIDS, and with greater resilience to deal with challenging situations about HIV/AIDS.

Finally, I must stress that I cannot say with absolute certainty that the increased indicators of resilience are because of REds, because my study did not include a comparison group (Leedy & Ormrod, 2005: 217). Even so, I do believe that REds played a significant role in the participants' increased resilience.

Chapter Five will be the concluding chapter and will include the overall summary of my study.