

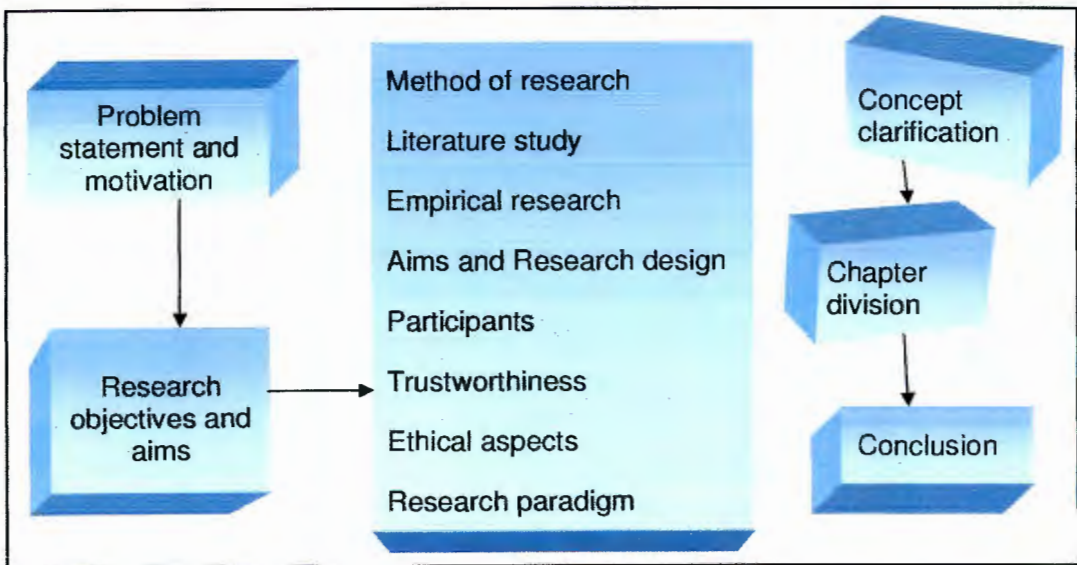
CHAPTER ONE

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The purpose of this chapter is to introduce the outlines of my study, which focused on encouraging educators who are affected by the HIV pandemic towards greater resilience, using the intervention programme, Resilient Educators (REds). In this chapter, the problem statement, method and research paradigm are explained and a division of chapters is given. Figure 1.1 below provides an overview of Chapter 1.

Figure 1.1: Overview of Chapter 1



1.2 PROBLEM STATEMENT AND MOTIVATION

The main research question is as follows:

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?

REds is an intervention programme that was designed to help educators who are affected by the pandemic to cope more resiliently with the many challenges that the pandemic brings (Theron, Geyer, Strydom & Delpont, 2008: 84). Although Gauteng teachers who participated in the piloting of REds reported and showed greater resilience after their participation (Theron, Mabitsela & Esterhuizen, 2009: 140), the overall design of REds is an 'iterative, intervention research' (Theron *et al.*, 2008: 85) design meaning that REds needs to be implemented repeatedly with different groups of teachers in different parts of South Africa. This is where my study comes in.

This research question was further motivated by my experience as a district co-coordinator within the Free State Department of Education and the fact that I live in the Thabo Mofutsanyana district. My experience as a district coordinator has taught me that many educators in this rural part of the Free State really battle to be strong in the face of the pandemic and that there are very few programmes or resources to support them. My living in this area means that I know how badly my people (including educators and learners) are affected by the pandemic. I liked the idea of being part of the REds project because it meant that there would be a chance for educators from my area to be strengthened. Many of their needs for empowerment relate to the HIV/AIDS pandemic.

HIV/AIDS destabilises families and communities, not only in Thabo Mofutsanyana, but also worldwide (UNESCO, 2007: 6; UNAIDS, 2008a: 31). The pandemic shows very little sign of abating. Recent HIV/AIDS statistics published by UNAIDS (2008a:31) indicate that the level of HIV/AIDS global prevalence might have slightly decreased due to anti-retroviral (ARV) treatment provided, especially in Sub-Saharan countries. However, the number of people infected and affected is still very high. Table 1.1 summarises these global HIV/AIDS estimates: (UNAIDS, 2008a: 32-33).

Table 1.1: Global HIV/AIDS estimates, end of 2007 (UNAIDS, 2008a: 32-32)

	Estimate	Range
People living with HIV/AIDS in 2007	33.2 million	30.6-36.1 million
Adults living with HIV/AIDS in 2007	30.8 million	28.2-33.6 million
Women living with HIV/AIDS in 2007	15.4 million	13.9-16.6 million
Children living with HIV/AIDS in 2007	2.5 million	2.2-2.6 million
People newly infected with HIV in 2007	2.5 million	1.8-4.1 million
Adults newly infected with HIV in 2007	2.1 million	1.4-3.6 million
Children newly infected with HIV in 2007	0.42 million	0.35-0.54 million
AIDS deaths in 2007	2.1 million	1.9-2.4 million
Adult AIDS deaths in 2007	1.7 million	1.6-2.1 million
Child AIDS deaths in 2007	0.33 million	0.31-0.38 million

The country most affected by the pandemic is South Africa (UNAIDS, 2008a: 40). In 2005, an estimated 10.8% of all South Africans were living with HIV/AIDS (Shisana, Rehle, Simbayi, Parker, Zuma, Bhana, Connolly, Jooste, Pillay *et al.* 2005: 135) and in 2008, 10,9% of all South Africans (Shisana, Rehle, Simbayi, Zuma, Jooste, Pillay, Mbele, van Zyl, Parker, Zungu, Pezi & the SABSSM III Implementation team, 2009: xvi) which means that about one in ten South Africans and their families and friends are affected. Depending on their race and where they live, South Africans can be affected to a greater or lesser degree. Thabo Mofutsanyana is in the Free State, the province with the third highest rate of infection (Shisana *et al.*, 2009: 74; Statistics South Africa, 2008). This area is home to Black Africans and this is the race group that has

the highest level of infections (Shisana *et al.*, 2009: 74; Statistics South Africa, 2008).

The pandemic affects all sectors, one of which is education. The pandemic affects the supply of education, the demand for education, the quality of education and the way education is managed (Coombe, 2004: 106; Louw, Shisana, Peltzer & Zungu, 2009: 205; Serero, 2008: 3; Theron, 2007: 175). Educators are severely affected by the pandemic (Hall, Altman, Nkomo, Peltzer & Zuma, 2005: 23; Louw *et al.*, 2009: 205). Many educators who are affected by the HIV/AIDS pandemic, report negative experiences (Louw *et al.*, 2009: 205; Maile, 2004: 114).

When educators are affected, they have loved ones, colleagues or learners who are HIV positive, or their loved ones, colleagues or learners have died from AIDS-related diseases; or they have AIDS orphans and vulnerable children in their classes (Ngwenya, 2003: 185; Theron, 2005: 56; Visser, 2005: 204). Coombe (2003) suggests that all educators are affected by the pandemic and Bhana, Morell, Epstein and Moletsane (2006: 7-8) argue that Life Orientation educators (especially those teaching in poor communities) are even more affected, as they often have to deal with learners and colleagues who are grieving. I have noticed that in Thabo Mofutsanyana primary school educators seem to be more directly affected, because they often have orphans and vulnerable learners in their classes.

At a personal and professional level, HIV/AIDS affect educators' emotional status negatively (Louw *et al.*, 2009: 208-209). Educator morale is low where the HIV/AIDS impact is high (Coombe, 2003; Coombe, 2004: 113). Educators are working under a lot of stress as they have to cope with colleagues, learners or family members who are ill, or dying because of HIV/AIDS (Coombe, 2003; Louw *et al.*, 2009: 208-209; Theron, 2005: 57-58). The HIV disease is making it difficult for educators to concentrate mainly on their core business of teaching, as they have to cope with illness, death, mourning, and as a result their performance is affected, and the standard on education is deteriorating (Coombe, 2004: 116; Theron, 2007:177).

Educator morale is also affected because many are worried about their own future and that of their dependents (Coombe, 2004: 113). Educators who are infected and affected by HIV/AIDS are further traumatised and demoralised by the stigma they experience from learners, colleagues, friends and the community for disclosing their status or that of their loved ones (Govender, 2002: 1; Kahn, 2007: 1; UNESCO, 2006; Wambete, 2006: 2).

It is clear that educators who are infected and affected by the HIV/AIDS pandemic are in need of support to enable them to function in the face of the pandemic (Bennell, 2005: 460; Hall *et al.*, 2005: 30; Shisana, Peltzer, Zungu-Dirwayi & Louw, 2005: xxi; Simbayi, Skinner, Letlape & Zuma, 2005: 134 – 139; Theron, 2007: 177-178). Many educators faced with the challenges described above have little support and many of them find it hard to cope well with these challenges (Bennell, 2005: 460; Hall *et al.*, 2005: 30; Shisana *et al.*, 2005: xxi; Simbayi *et al.*, 2005: 134 – 139; Theron, 2007: 177-178). Although some researchers argue that not all educators are affected (Bennell 2005: 441; Shisana *et al.*, 2005: xiv), current research calls for accelerated support for educators affected by the pandemic to enable them to function more resiliently in the face of the pandemic (Hall *et al.*, 2005: 30; Shisana *et al.*, 2005: xxi; Simbayi *et al.*, 2005: 134-139; Theron, 2005: 56-57). Theron (2007: 177) cautions that the support needs of these important stakeholders affected by the pandemic have to be addressed to avoid imperilling the future of education in this country.

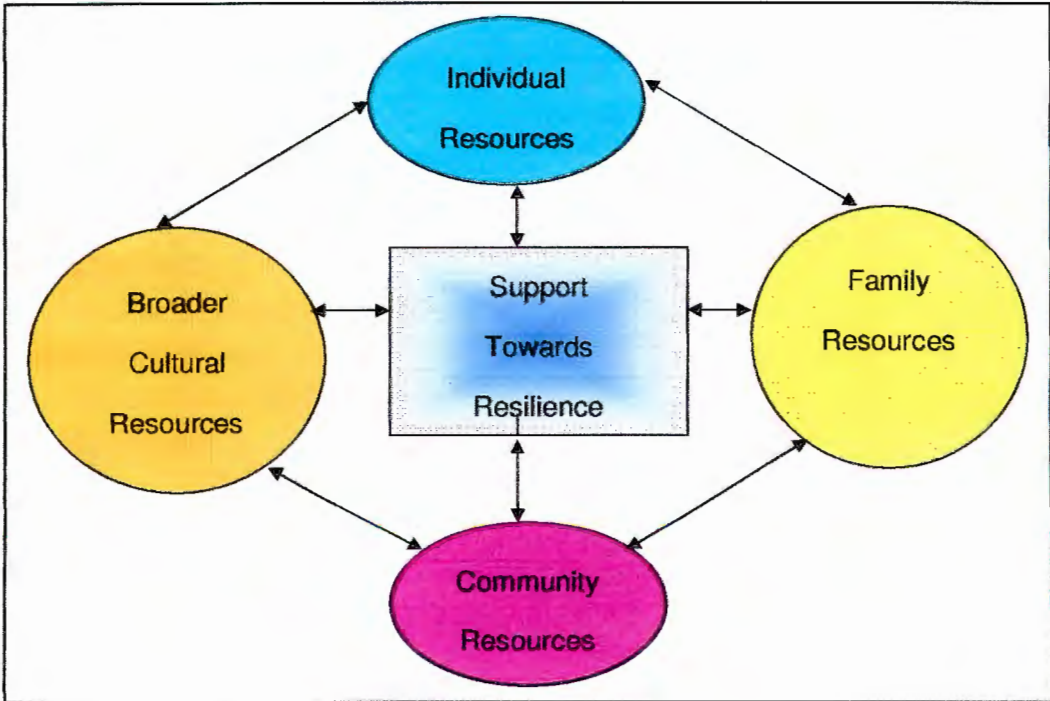
Although many educators do not cope well (Theron, 2008a: 34), there are some who manage to be resilient (Theron, 2007: 183). The framework from which I (and my fellow students who are REds facilitators) approached this study was resilience (Cameron, Ungar & Liebenberg, 2007: 286; Malindi, 2009: 27; Theron, 2009: 233; Ungar, 2008: 221). Resilience is evident when some individuals are capable of coping with and overcoming the difficulties and challenges of life (Ungar, 2004: 342-343; Ungar, 2008: 221; Ungar, Brown, Liebenberg, Cheung & Kevin, 2008: 2) despite the difficulties that they face and which would cause negative outcomes in most people, resilient individuals continue to function positively and effectively in these adverse

circumstances (Cameron *et al.*, 2007: 286; Malindi, 2009: 27; Theron, 2009: 233; Ungar, Brown, Liebenberg, Othman, Kwong, Armstrong & Gilgun, 2007: 288). Their resilience is linked to qualities in themselves and to support from their families, communities and culture (Malindi, 2009: 27; Ungar, 2004: 342-343; Ungar, 2008: 221; Ungar *et al.*, 2008: 2).

Resilience can be achieved when an individual has positive qualities within herself (like a sense of humour or being positive about the future), and strong support structures and resources within her environment (such as a supportive family, employee wellness programmes, community support groups), and is willing to make use of them towards her positive well-being (Cameron *et al.*, 2007: 286; Malindi, 2009: 27; Theron, 2009: 233; Ungar, 2004: 342-343; Ungar, 2008: 221; Ungar *et al.*, 2008: 2).

Figure 1.2 below gives an illustration of the interactive nature of support that encourages a person to cope resiliently.

Figure 1.2: Interactive structure for coping resiliently (Theron, 2008b: 95)



When an educator who is challenged by the pandemic copes resiliently (Theron 2007: 176; Theron, 2008a: 34; Theron, 2008b: 92; Theron, 2009: 232-233), that educator has support from the community and colleagues, strong faith and personal strengths. Table 1.2 below summarises the indicators of a resilient educator coping with the pandemic (Theron, 2008b: 92).

Table 1.2: Resilient educators (Theron, 2008b: 92)

Resilience	Definition
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 have strong faith	In some instances, the epidemic has strengthened teachers' spirituality and they have developed stronger spiritual connections. These teachers report that their faith makes them strong (Ngemntu, 2009: 126; Serero, 2008: 124; Theron, 2007: 181 & 183).
I have supportive colleagues (positive relationships).	Teachers who are resilient have reported that they have collegial support. In some cases their colleagues supported them because these educators opened up to their colleagues (Theron, 2007: 181 & 183).
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 can talk openly about the pandemic	Teachers who are resilient can talk openly about the pandemic without being afraid of what people might say, and without treating HIV as taboo (Theron, 2007: 181 & 183).
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 (Theron, 2008a: 34). They are aware of the difficult lives that Orphans and Vulnerable Children (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).
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 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 to prevent unnecessary fears. They also accept HIV as they do any other existing illnesses (Theron, 2007: 184).

REds hoped to provide support for educators and to encourage educators towards resilience, like that summarised in Table 1.2 above. As mentioned

earlier in this chapter, how well REds succeeded in providing such support needed to be tested among various populations of teachers. When I was therefore, approached by the REds-team to implement REds among my own people in the rural Free State, most of whom struggle to cope with the challenges of the pandemic, I was very keen. As stated right at the beginning of this chapter, the question which my study focused on was: How effective would REds be in supporting and empowering affected educators in primary schools in the Thabo Mofutsanyana district (Free State province) to cope resiliently?

1.3 AIMS

The main aim of this study was to gauge how effectively educators in primary schools in the Thabo Mofutsanyana district (QwaQwa area, Free State province) affected by the HIV/AIDS pandemic could be supported to cope more resiliently with the pandemic's challenges using REds.

This aim was supported by the following sub-aims:

- Implementation of REds, using one group.
- Assessment of how resiliently (*Cf.* Table 1.4) participants coped with the challenges of the HIV/AIDS pandemic before and after the implementation of REds.

1.4 RESEARCH PARADIGM

A paradigm is a model or framework for observation and understanding, which shapes both what we see and how we understand it, and is guided by theory and hypotheses about the presumed relations among such phenomena (Babbie, 2001; 42; de Vos, 2005a: 41; de Vos, 2005d: 357-360). In other words, the paradigm from which I work will have an effect on how I collect and make sense of data.

In my study, the research paradigm was influenced by the larger REds study design (Theron *et al.*, 2008: 85) in order to comment on the feasibility of REds for different populations of educators, REds facilitators all use the same

research methodology, i.e. quantitative and qualitative methods of data collection within a pre-experimental design. When quantitative research is done, the paradigm is positivist (de Vos, 2005d: 357), because the researcher takes exact measurements which are valid and reliable (e.g. the results of the ProQOL) and reports these factually (Nieuwenhuis, 2007b: 78; Stamm, 2005: 7). When qualitative research is done, the paradigm is interpretive (de Vos, 2005d: 357), because the researcher collects participants' subjective interpretations and then interprets these further so that the results provide a deeper understanding of the phenomenon being studied (Ebersöhn, Eloff & Ferreira, 2007: 130 – 131; Nieuwenhuis, 2007a: 51-55). In other words, I worked from two paradigms that are quite opposite.

In the quantitative part of the study I followed a positivist approach (de Vos, 2005d: 357) (quantitative approach) to investigate the impact of the HIV/AIDS pandemic on affected educators. The ProQOL provided numerical, factual evidence (Stamm, 2005: 7). I must add, though, that I used these facts interpretively: instead of just reporting that the participants had a certain level of stress (for example), I used this score to interpret how REs had helped participants to be more resilient (or not).

In the qualitative part of the study, I used the interpretive paradigm (de Vos, 2005d: 357; Henning, Van Rensburg & Smit, 2005: 19; Hinckley, 2007: 289; Leedy & Ormrod, 2005: 133). I interpreted the qualitative data to comment on whether and how the REs programme supported educators affected by HIV/AIDS. Because I would interpret the data, my findings could not be completely factual or objective (like numbers). An interpretive approach believes in more than one version of reality and does not provide facts or hard, numerical data (de Vos, 2005d: 357; Henning *et al.*, 2005: 19; Leedy & Ormrod, 2005: 133; Hinckley, 2007: 289).

When a researcher follows an interpretive paradigm, her own experiences and assumptions can influence how she interprets the data (de Vos, 2005d: 357; Leedy & Ormrod, 2005: 133; Hinckley, 2007: 289). For this reason, it is important to say upfront what these might be. I held the following assumptions:

- As an educator and as a South African, I have friends and colleagues who are badly being affected by HIV/AIDS, so I assumed that participants would tell me stories about being negatively affected.
- As a South African woman, I expected to hear that women bear the brunt of the pandemic.
- Because I have been to and benefited from workshops on coping, I expected that participants would benefit from REds and cope better afterwards.

My assumptions meant that I had to be on my guard so that I would not interpret the data to fit in with what I expected. This was not always easy and I spent quite a bit of time talking to a colleague who observed REds, and to my supervisor to be sure that my interpretations were not biased.

1.5 RESEARCH METHODOLOGY SUMMARISED

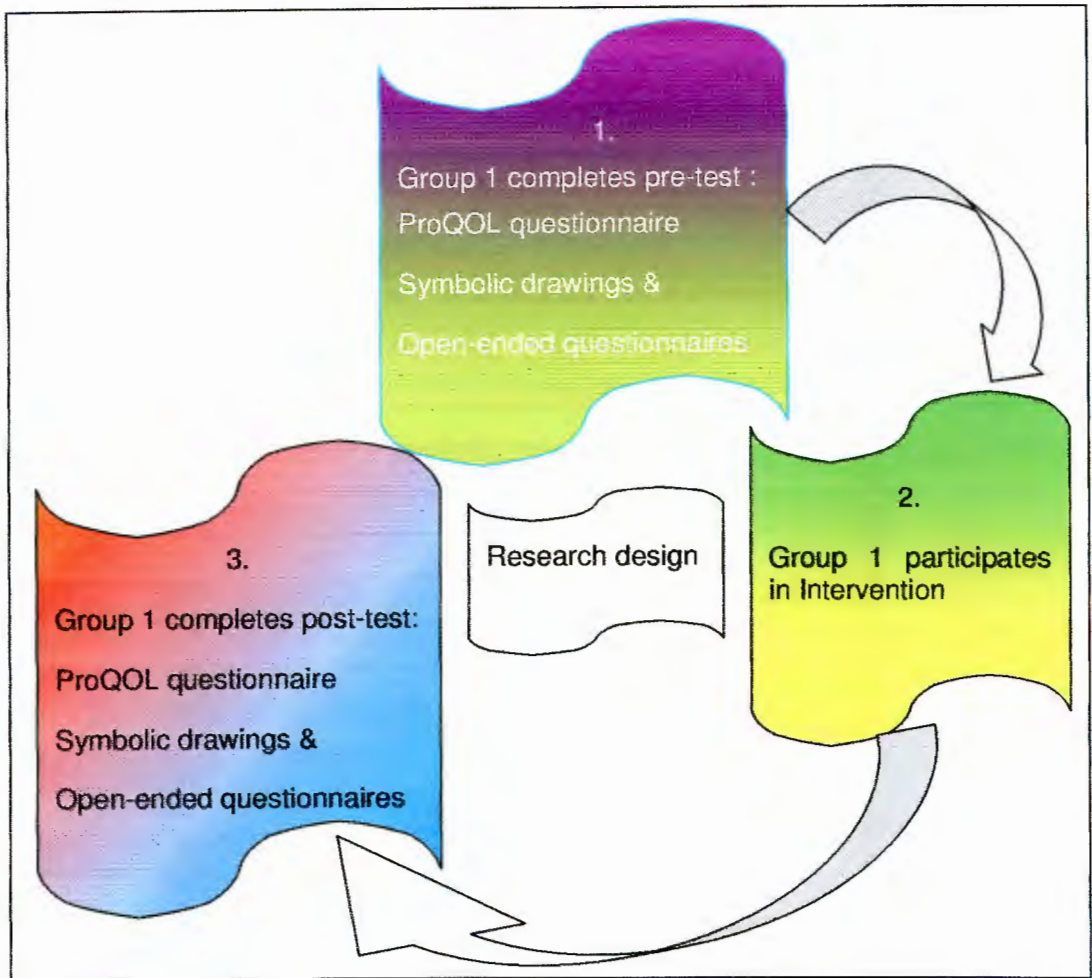
As mentioned, my study was part of the larger REds project (Theron *et al.*, 2008: 85) that follows an intervention research design (de Vos, 2005c: 392-393). The intervention research design is described in detail in Chapter Three.

My research focused on the pilot-testing of REds which is part of Phase Four of the larger intervention design (de Vos, 2005c: 392-393). Piloting is important because it helps to ascertain the feasibility of the study (Leedy & Ormrod, 2005: 110; Strydom & Delpont, 2005: 331-332). It also assists intervention research because it helps to fine-tune the intervention before it is evaluated on a larger scale (de Vos, 2005c: 392-393). In some ways, this phase is similar to formative evaluation which is done in order to gain feedback that will lead to improvements (in this case the intervention programme, REds) (Babbie & Mouton, 2007: 345). To pilot REds with rural teachers and gain this feedback, I followed a pre-experimental pretest - post-test design, with no control group (Leedy & Ormrod, 2005: 224).

Pre-experimental research (one group pre-test, post-test design) means that a group of participants completes a pre-test that measures whatever the

experiment hopes to change (in my study, resilient coping with the pandemic). They then participate in an experiment (in my study, they participated in the intervention programme, REds) and finally they complete a post-test to see whether the experiment had any effect on the variable that the study was focusing on (i.e. resilient coping with the pandemic in my study) (Leedy & Ormrod, 2005: 217). A quasi-experimental design differs from an experimental design in that there is no control group and so the results of the post-test do not exclusively prove cause-and-effect (Leedy & Ormrod, 2005: 217). However, because the larger REds project follows an intervention design, true experimental research will form the last phase of evaluation. In the meantime, my study intended to pilot and further develops REds, and so a pre-experimental design was used to see if and how participants changed after participating in REds. Mixed methods were used to gather data: qualitative and quantitative data were gathered in the pre- and post-tests (before and after the implementation of REds) to comment on participant empowerment (Ivankova, Creswell & Plano Clark, 2007: 266-267). Figure 1.3 gives a summary of the design and methods used to collect data in the piloting of REds

Figure 1.3: Research design followed in the implementation of REDS



The data collection instruments/methods, process of data collection, and the analysis and coding of data are explained in detail in Chapter Three.

1.5.1 Participant recruitment

In this study, I recruited ten participants (two males and eight females) by word of mouth to fit specific criteria (i.e. purposive sampling), (Leedy & Ormrod, 2005: 144-145; Strydom & Delport, 2005: 328-329). The criteria included that all my participants should be primary school teachers in the Thabo Mofutsanyana district (QwaQwa area) and all had to be affected by the pandemic. Chapter Three gives the full details (Cf. 3.3.3).

1.5.2 Credibility/Soundness of the research process

In this study, the soundness of the research was improved by the collection of qualitative and quantitative data. When data are triangulated, soundness is better (Nieuwenhuis, 2007b: 80). In addition for the ProQOL, the alpha reliabilities are .87 (compassion satisfaction), .72 (burnout alpha) and .80 (fatigue alpha) (Stamm, 2005: 8). The validity of the ProQOL has also been demonstrated (Stamm, 2005: 9-10). Lincoln and Guba (1985: 219) note four constructs in qualitative studies that reflect soundness: credibility, transferability, dependability, confirmability (Ebersöhn *et al.*, 2007: 133 - 134). I aimed to achieve all of these and describe these in detail in Chapter Three.

1.5.3 Ethical aspects

The research was conducted according to basic ethical guidelines (Corey & Corey, 2002: 52; Leedy & Ormrod, 2005: 101; Strydom, 2005a: 57-69) which will be described further in Chapter Three. In brief, participants took part in the programme voluntarily; they signed an informed consent form and they agreed to be tape-recorded, have photos taken and for their drawings to be reprinted. All data were collected anonymously and participants gave permission that this data could be used for research purposes. Participants were treated with respect; their emotions, feelings, and dignity were not harmed. Permission was asked from various stakeholders involved in the study such as the Free State Department of Education and the principal of the school from which the participants were recruited.

The ethics committee of the North-West University also provided ethical clearance for this study (Number: NWU-00013-07-A3).

1.6 CLARIFICATION OF KEY CONCEPTS

HIV

When a person is infected with Human Immunodeficiency Virus (HIV), the virus multiplies until there are millions of viruses present. HIV reproduces in certain cells in human blood, called white blood cells, which defend the body

from harmful diseases. Unfortunately they cannot eliminate the virus completely and it gradually kills the white blood cells. HIV breaks down the immune system and makes it weak, and as the body grows weaker, the person starts to get sick often, which is the stage of the disease that is called AIDS (Gennrich, 2004: 5; Van Dyk, 2005: 10; Watson, 2006: 70).

AIDS

When the white blood cells inside the body of an individual infected by HIV become so damaged that they can no longer protect the body from harmful infections which healthy people can fight normally, a person falls victim to Acquired Immune Deficiency Syndrome (Aids) (Gennrich, 2004: 5; Van Dyk, 2005: 3-4; Watson, 2006: 70). At this stage, the person is vulnerable to opportunistic diseases (e.g. cancer), which eventually cause death.

Affected

Affected as described in the study refers to HIV-negative educators being affected when they have loved ones, colleagues or learners who are HIV positive, or when their loved ones, colleagues or learners have died of AIDS-related diseases, or when they have AIDS orphans and vulnerable children (OVCs) in their classes (Car-Hill, 2003; Coombe, 2003; Hall *et al.*, 2005: 23; Simbayi *et al.*, 2005: 2; Theron, 2006: 2).

Support

For the purpose of this study, support is providing another person with comfort, recognition, approval, and encouragement. The aim of support is greater well-being (Reber & Reber, 2001: 726). In resilience studies, support (from within the family or community) is often linked to people functioning resiliently (Theron, 2008b: 98-99).

Resilience



Resilience is the ability to conquer and to overcome obstacles in life, or being able to bounce back when the going gets tough. It is the ability to react adaptively to difficulties and crises (Schoon, 2006: 1; Theron, 2007: 176). In


my study, educators were faced with the risks and adversity of the burdens caused by the impact of HIV/AIDS (Boyden & Cooper, 2007: 1; Theron, 2004: 317; Ungar, 2007), and I wanted to see whether REds could help participants to be more resilient, with resilient educators being understood as teachers who are informed, hopeful and assertive, among others (Cf. Table 1.2).

1.7 CHAPTER DIVISION

A preview of the chapters is provided in Table 1.3 below:

Table 1.3: Division of chapters

Chapter	Description
<p data-bbox="157 752 322 782">Chapter Two</p> 	<p data-bbox="450 752 1140 1412">Chapter Two discusses the effect of HIV/AIDS worldwide and in South Africa in particular. Background is given on the effect of HIV/AIDS on education in general. The main aim is to describe the mostly negative impact of HIV/AIDS on the affected educator and how this puts teachers at risk for non-resilience. I used this review of literature, and Table 1.2 to make sense of the pre- and post-test data. For example, if after participating in REds my participants were voicing negative emotion and poor physical and social health, I would interpret their responses to mean that they were affected negatively (as outlined in Chapter Two) and deduce then that they were not very enabled to deal with the challenges of the pandemic.</p>
<p data-bbox="157 1463 344 1494">Chapter Three</p> 	<p data-bbox="450 1463 1140 1586">Chapter Three contains research methodology to be used in the empirical study, including the problem, the aims and the actual research design to be followed.</p>

Chapter	Description
<p data-bbox="156 261 330 294">Chapter Four</p> 	<p data-bbox="450 261 1145 537">Chapter Four provides an analysis of the data collected prior to and following the implementation of the REds (Resilient Educators) programme. I provide the quantitative results and then the qualitative findings and interpret these to answer my research question:</p> <p data-bbox="450 580 1145 805">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?</p>
<p data-bbox="156 848 326 880">Chapter Five</p>	<p data-bbox="450 848 1145 1024">Chapter Five will be a concluding chapter that will give the overall summary of the study. It will highlight the limitations of the study. The bibliography and the addenda will follow thereafter.</p>

1.8 CONCLUSION

In this chapter an overview was provided of what this study entailed. In the following chapter, the impact of HIV/AIDS worldwide will be dealt with as an introduction, but the focus will be more specifically on South Africa and education in general, with the main focus on the impact of HIV/AIDS on affected educators.