CHAPTER THREE
OVERVIEW OF RESEARCH METHODOLOGY

3.1 INTRODUCTION
This chapter will focus on the empirical research used in this study. Figure 3.1 below provides an overview of Chapter Three.

Figure 3.1 Overview of Chapter Three

3.2 AIMS
The overall aim of this research was to make recommendations for the refinement of REds to increase its effectiveness in supporting educators affected by the HIV/AIDS pandemic towards coping resiliently with the challenges of the pandemic.

The aim was supported by the following sub-aims:

- Implementation of REds, using one group, as an opportunity to observe its contents, its language and its methods.
- Recommendations for the refinement of REds.
3.3 RESEARCH DESIGN AND METHOD

The study was conducted in two phases:

**Phase 1:** A literature study was conducted on how HIV/AIDS affect South African educators. Primary and secondary literature sources, as well as authoritative Internet sources, were studied to gather information on the following topics:

- The HIV/AIDS pandemic.
- Affected educators.
- Educator resilience.
- Educator support.

The literature study was undertaken so that I could understand what is currently known about how teachers are affected by the pandemic and how some teachers manage to be resilient despite the challenges of the pandemic. In other words, the literature on the impact of the HIV/AIDS pandemic (presented in Chapter Two) and resilient educators (summarised in Table 1.2 in Chapter One) formed the theoretical framework of my study.

**Phase 2:** Empirical research was conducted (i.e. REds was implemented so that I could critically observe and comment on the process and outcomes). The methods followed during this empirical phase are described in detail below.

### 3.3.1 Intervention research

As mentioned in Chapter One, the greater REds project (Theron *et al.*, 2008: 84) (of which my study is a sub-study - Cf. Addendum D) follows an intervention research design. Intervention research is applied in the social sciences and is employed for a variety of reasons, including testing and refining an enabling intervention so that the functioning and the well-being of participants and/or their communities can be maintained or improved (De Vos, 2005b: 394). In other words, intervention research studies whether or not a programme designed to empower individuals or groups of people succeeds in doing so.
 Intervention research designs consist of six phases (De Vos, 2005b: 395). Each of these phases as they pertain to REds will be briefly described below. I will also indicate the phase into which my study fits.

### 3.3.1.1 Problem analysis and project planning

In this phase, the research problem is defined or identified and then analysed (De Vos, 2005b: 396). The problem on which REds research is based, is that many educators who are affected by the HIV/AIDS pandemic report negative impacts and experiences. They also report receiving very little support to cope with the challenges of the pandemic (Coombe, 2000; Coombe, 2003; Bhana et al., 2006: 14-15), like teaching vulnerable learners, dealing with grief, being overloaded and so on. Among some educators, these negative impacts were cited as reasons for them wanting to leave the teaching profession (Hall et al., 2005: 1; Shisana. et al., 2005: 124). As a result, REds was compiled to support educators to cope better with the challenges of the pandemic (Theron et al., 2008: 83).

### 3.3.1.2 Information gathering and synthesis

For the researcher to understand the problem, information gathering is necessary. This includes a literature review on the topic being investigated and also exploring the problem with the people who are faced with it in order to integrate their experiences and needs with the existing information and then develop a programme for intervention (De Vos, 2005b: 398; Leedy & Ormrod, 2005: 77-78). In this study, the compilers of REds gathered information from literature and from empirical studies, as well as from affected educators themselves, to understand how educators were affected (Theron, 2004; Theron et al., 2008: 83). This led to the compilation of the intervention programme, REds (described in 3.3.3).

### 3.3.1.3 Design

Mouton (2001: 55) defines the design of a research project as a plan or blueprint of how the researcher intends to conduct the research. In other words, the design is a kind of map that guides the whole research process.
REds was designed to enable teachers affected by the pandemic and it was purposefully designed as a group process that could take place weekly, for nine weeks (Theron et al., 2008: 84).

3.3.1.4 Overview of REds

REds consists of nine sessions. The sessions should preferably be implemented weekly over nine consecutive weeks and each session takes approximately two hours (Theron et al., 2008: 84-85). The programme relies on group sessions. Small groups are favoured because they facilitate individual attention and active participation. Corey and Corey (2002:116), Toseland and Rivas (2001: 22) and Leedy and Ormrod (2005: 145) report that a small group (7-10) is big enough for everyone to be involved and to feel a sense of “group” and is also very easy to work with. The sessions rely on participatory activities and include (among others) artwork, debate, and discussion, mapping activities, role-play and reflection (Theron et al., 2008: 84). In my study, the sessions were conducted in English and if more clarity was needed, I code-switched to Sesotho which was the participants’ mother tongue. The participants received a workbook and I worked according to a facilitator’s guide (Theron et al., 2008: 84). The themes of the sessions were as follows (see Figure 3.2 below):

Figure 3.2 Themes embedded in Reds (taken from REds manual, Theron, 2006)
3.3.1.5 Early development and pilot-testing

During this phase of intervention design the intervention programme is tested. It is implemented and refined as necessary (De Vos, 2005b: 402). Piloting helps to determine the feasibility of the study and to gain feedback that might improve the intervention programme (Babbie & Mouton, 2007: 345). According to Strydom (2005: 205), a pilot study is a prerequisite for a successful research project.

Resilient Educators was piloted in line with this. Early piloting was conducted in May-July 2006 (Esterhuizen, 2007) and follow-up piloting was conducted in the second half of 2006 with a different group of volunteers (Mabitsela, 2009) (see Addendum D). The early pilot-testing suggested that REds was efficacious in supporting educators affected by HIV/AIDS (Esterhuizen, 2007; Mabitsela, 2009), but some changes were recommended by participants and facilitators (Esterhuizen, 2007; Mabitsela, 2009). Furthermore, the early piloting took place in the Vaal Triangle region, which is quite urbanised. REds still needed to be piloted with teachers working in rural areas and refined for use with them. This was where my study came in. The pre-experimental design (Leedy & Ormrod, 2005: 223) that I followed in my study is discussed in (3.3.1.8) below.

3.3.1.6 Evaluation and advanced development

In order to further evaluate and refine REds, further implementation will be necessary. Fellow-researchers involved in this field of study will further implement REds, using true experimental designs (Mouton, 2001: 160-161), and will comment on the effects of the programme (De Vos, 2005b: 404). This is currently in process is six South African provinces (see Addendum D).

3.3.1.7 Dissemination

According to De Vos, (2005b: 404), dissemination is a phase where the intervention has been field-tested and evaluated and then united with community organisations and other target viewers. For this particular study, dissemination is planned for late 2010.
3.3.1.8 My REds study design: Pre-Experimental one-group pre-test, post-test design

Within the framework of intervention research described above, I followed a pre-experimental pre-test-post-test design, with no control group (Leedy & Ormrod, 2005: 224). Within this design, I used qualitative methods of data collection (Mertens, 2009: 81, 264, 279; Nieuwenhuis, 2007b: 84-86) to comment on how effective REds was in encouraging participant resilience and to comment on how REds could be refined (see Figure 3.3 below).

Figure 3.3: Pre-Experimental one-group pre-test, post-test design
(Leedy & Ormrod, 2005: 223-224)

Pre-experimental research was used to evaluate how well REds enabled participants towards coping resiliently with the challenges of the pandemic, so that REds could be shaped to be even more valuable in supporting affected educators (especially in rural areas). The limitation of a pre-experimental design is that it does not show cause-and-effect associations (Leedy & Ormrod, 2005: 223) because no control groups are included. This means that pre-experimental designs can only allow tentative hypothesis that should be followed up with more controlled studies (Leedy & Ormrod, 2005: 223). A
control group was not used because the participants were volunteers and it seemed unethical to assign some to a control group. Because I worked in a rural area, it was logistically difficult to find a control group in another rural area. I could not include a control group in the same area, as the teachers in this area have close contact with one another and would hear about REds, which could lead to control group results being contaminated (Babbie & Mouton, 2007: 219). Even though my design was only pre-experimental it gave me a chance to observe REds in process and to comment on its contents, language and methods (De Vos, 2005b: 404) and on how it influenced the resilience of my participants.

3.3.2 Participants

Initially, eleven participants took part in the implementation of Reds voluntarily. The group consisted of four males and seven females. They were all black, Sesotho-speaking Africans. Their ages ranged from 35 - 56 and they were all primary school educators. One male participant withdrew during the third session due to personal problems. This brought the total number of participants to ten.

Participants had to be affected by the pandemic to participate. In other words, I used purposive sampling (Strydom, 2005: 202; Maree & Pietersen, 2007: 178). Educators are affected when they have loved ones, colleagues or learners who are HIV-positive; or when their loved ones, colleagues or learners have died from AIDS-related diseases; or when they teach AIDS orphans and vulnerable children. In my study, ten educators had loved ones who were HIV-positive; some reported that their loved ones had died from AIDS-related diseases. They were all teaching AIDS orphans and vulnerable children. None of the participants reported that they had HIV-positive colleagues and learners. None had lost colleagues or learners due to AIDS.

The participants were recruited in the following manner: I consulted with the School Management Team (SMT) of the school, described my research project and gave an overview of REds. The SMTs told their staff about REds
and asked for seven to ten affected educators who would like to participate. I then met with the participants and explained in greater detail what their participation would entail. The participants were asked to sign informed consent forms if they wished to participate.

All the participants came from one school in the Eastern Free State (Thabo Mofutsanyana district). REds was implemented in the Thabo Mofutsanyana district because this is where I live and work and the school is accessible to me.

3.3.2.1 Contextualisation

The Thabo Mofutsanyana district is an underdeveloped, rural district area with high levels of poverty, where some of the houses are electrified and others not. Many people in this area do not have running water and need to obtain water from communal taps (Human Sciences Research Council, 2004).

The participants who took part in my study are mostly teaching learners who are the heads in their families or are living with grandparents or foster parents. Most of the community members use Sesotho as their home language. The participants are all Sesotho-speaking and adhered to the Sesotho culture. They are mostly Christians and affiliated to various religious organisations and cultural and spiritual associations; these serve as their source of strength. The affiliation to religious organisations and spirituality are considered to be resilience resources (Malindi, 2009: 151).

Most mothers in the district are not married due to the fact that they became pregnant as teenagers and this resulted in them being single parents. Many of the young mothers are HIV-positive, partly due to poverty and ignorance. Excessive poverty is high due to unemployment rates and so HIV rates are accelerating, in part because difficult life circumstances may push women in this area to sell sex to earn a living. Traditionally (also in this rural area of Thabo Mofutsanyana) women are not given the opportunity to negotiate safe sex practices and they have no status. Men take control of property and
decision-making and women obey (Welch et al., 2008). When women in this area are HIV-positive they often cannot afford to eat well and so their health deteriorates faster.

In my experience many people from rural Thabo Mofutsanyana (including my participants) do believe that it is vital to discuss sex issues with their children because no-one will discuss sex matters with them, but are reluctant to do so. In the olden days all teenage girls and boys were grouped together by older men and women to discuss sexual matters and how to behave acceptably (Thakaneng). Nowadays such practices have fallen away and it is expected of each parent to discuss sexual matters with their own children. This is often a problem as to talk openly about sexual issues is a taboo in our culture. This leads young people to feel lost and to be vulnerable to peer pressure and peer beliefs because they cannot turn to their parents and have few other supportive resources (Stevens & Lockhat, 2003: 139). They therefore look for guidance to other young people by discussing sexual matters.

Along with stigmatisation around HIV, many people living in rural Thabo Mofutsanyana believe in witchcraft. Traditionally if someone in the family is ill they consult traditional healers first and then medical practitioners. They first use herbs and then western medicine. They prefer to think that HIV is not a problem. This leads to our people not admitting that HIV is real and rather believing it to be punishment from God because of the many sins people are committing (Wood, 2008: 50-55).

Although Thabo Mofutsanyana is poorly resourced in its rural areas, there are some resources available to local inhabitants. Most of these are Non-Governmental Organisations (NGOs), as summarised in Table 3.2 below.
Table 3.2: Local Non-Governmental Organisations offering Aids-related support in QwaQwa

<table>
<thead>
<tr>
<th>Non-Governmental Organisations in QwaQwa</th>
<th>Contact Person and Contact Numbers</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hlokomela wa Mokoena M.A</td>
<td>Mr Mokoena M.A (058-3039409)</td>
<td>Holistic services, Nutritional support, Educational support, Economic support, Psychosocial support, Awareness campaign (Children’s rights).</td>
</tr>
<tr>
<td>St. Kizito (Roman Catholic)</td>
<td>Mr Mabuya Khehla (058-7898438) or Me Malimabe (0839617235)</td>
<td>Provide educational support, Identify learners not attending school and place them to school, Donate school uniforms, stationery, Assist with homework, Help grade 12 learners to access bursaries, Nutritional support, Provide food parcels to child-headed household, Do HIV/AIDS Awareness talk shows, Celebrate World Aids Day, Candle-light memorials, Teenage pregnancy prevention.</td>
</tr>
<tr>
<td>ATTIC</td>
<td>Me Malimabe (058-7132572)</td>
<td>Voluntary counselling and HIV antibody testing, Ongoing counselling and support.</td>
</tr>
<tr>
<td>Tshwaranang</td>
<td>Mrs Jackie (058-6221799)</td>
<td>Support OVCs by doing home visits, Help learners with homework, CCFs do home-based care, Provide hot meals (cook and feed OVCs), Network with Department of Social Development.</td>
</tr>
</tbody>
</table>
Maluti Child Care | Barbra (0721538199) | Feed OVCs (hot meals), Do life skills programme, Playroom therapy. Child Care Forums (home visits).

Save the Children (UK) | Mr Etienne Bramney (058-7182960) | Care and support for OVCs at schools and in the community, Provide food parcels, Donate clothes and school uniforms, Provide psychosocial support, Capacity building for the CCFs (community care forums), Help them to network with other government departments, 35 000 OVC are helped in the Thabo Mofutsanyana district.

Elizabeth Ross Hospital |  | Offering ARVs to infected people.

Maluti a Phofung Library |  | Offering information related to HIV/AIDS.

### 3.3.3 Data Collection

Data were collected qualitatively using reflection, observation, written participant feedback, symbolic drawings and open-ended questionnaires (Mertens, 2009: 81, 264, 279; Nieuwenhuis, 2007b: 84-86)

#### 3.3.3.1 Observations

Observations are informal recordings of the behavioural patterns of participants, or phenomena related to the research focus and interpretations of what has been observed (Leedy & Ormrod, 2005: 145-146; Nieuwenhuis, 2007b: 83-84; Reber & Reber, 2001: 479). The reactions and emotions of the participants were recorded in writing by the observer. In my study the observer was present at every session to carefully observe what was
happening during the research process. She also recorded observations that related to how REds was enabling participants towards resilience and how REds could be improved, making her an ‘observer as participant’ (Nieuwenhuis, 2007b: 85). The observer was the facilitator in an earlier piloting of REds, so she was familiar with REds’ content and rationale. She wrote field notes while observing the behaviour, reaction and comments of the participants.

I also recorded my observations and reflections (Creswell, 2009: 182) and used these to write process notes (see Chapter Four). Reflection can be described as evaluation of what works and what does not, analysis of a process and its outcomes and time spent considering what can be learnt from this (Priest & Gass, 1997: 174). Reflection includes detailed notes, records of conversations, observations and reviews of what happened in a research situation and thinking or talking about this (Babbie & Mouton, 2001: 316; Bogdan & Biklen, 2007: 244-245; Nieuwenhuis, 2007b: 84). In this study I wrote ongoing reflection notes and thought about the contents and methods of REds and how my participants responded to these, so that I could comment on how REds could be refined. I reflected by keeping notes of what I saw or heard that was relevant to REds and wrote up my experiences and reflections after each session.

To become more reflective, I gave thought to what benefits the participants would gain from the implementation of REds and whether there would be any improvement in their lives? I wondered about REds being in English and I often reflected on what needed to be refined to suit the Sesotho culture of my participants. In this regard I kept detailed notes on parts of the programme that could be adapted so that participants would benefit more. I recorded dialogues that I had with participants that indicated if REcs needed to be changed in any way, especially with regard to the culture of my participants.

I used a tape-recorder for the recording of discussions and deliberations to help me with these notes. I added the observer’s field notes to make sure that my notes were complete. I didn’t transcribe these readings. I relistened to
parts when I was analysing my process notes. In other words, my notes were my major source.

3.3.3.2 Participants’ reflection worksheet

At the end of each session I gave participants a reflection worksheet (Cf. Addendum C) that asked them to think about and comment on what had been most and least helpful about that session and what changes they would suggest to that session. Participants completed these worksheets in writing.

- What did you find helpful about this session?
- What did you not find helpful in this session?
- What would you like to change or add to the session?

3.3.3.3 Symbolic Drawings

Reber and Reber (2001: 730) define symbols as representations of unconscious wishes; in other words, the symbols are projections of wishes or thoughts. Using symbolic drawings is a projective technique in which the drawn symbols become a type of metaphor that represents the drawer’s perception, feelings or thoughts (Theron, 2008a: 33). In this way, symbolic images become a powerful form of capturing emotions/perceptions and can also be informative while talking about related incidents or experiences. The collection and discussion of visual data can help individuals and communities to create a plan of action for change in addressing the HIV/AIDS pandemic (De Lange, Mitchell, Moletsane, Stuart & Buthelezi, 2006: 257).

In my study, participants were asked to make symbolic drawings of their perceptions of how the pandemic had affected them. The instruction was: “When you think of how the pandemic has affected you, what symbol comes to mind? Write two to three sentences that explain what your symbol means.” The participants were asked to explain their symbol so that the interpretation of their drawings could not be biased by what I thought their symbols meant. This added to the trustworthiness of the process and results (Nieuwenhuis, 2007c:113).
Thinking back, some of my participants spent a lot of time on their drawings and I needed to remind them that how well they drew was not important. I think the advantage of the drawings was that the participants did not have to rely on literacy skills (even though they needed to explain what their symbols meant).

3.3.3.4 Open-ended questionnaire

An open-ended questionnaire is a written method of collecting data and it can provide a great deal of useful information (Leedy & Ormrod, 2005: 146-147). The advantage of an open-ended questionnaire is that it gives a wide range of responses and is not limited by pre-selected possible answers (Colman, 2001: 723; Reber & Reber, 2001:484).

I used the same open-ended questionnaire (Cf. Addendum B) used in previous research on how the pandemic was affecting educators (Theron, 2005) and in previous REds studies (Esterhuizen, 2007; Mabitsela, 2009). It comprised only seven questions, so it was not too time-consuming. The questions which were asked were related to the research problem and probed participants' beliefs, feelings, present and past behaviour related to the effects of the HIV/AIDS pandemic (Leedy & Ormrod, 2005: 146-147).

Thinking back, one limitation of this questionnaire was that it was in English and this may have been difficult for the participants who were Sesotho-speaking.

3.3.4 Data collection process

The pre-test was administered before REds was implemented and it included a symbolic drawing and an open-ended questionnaire (as discussed above) to determine how the participants were affected by the pandemic at that stage and how resiliently they were coping. The pre-testing took 45 minutes on average to complete and was done at the school where the REds programme took place.
Reflection worksheets were used after the completion of each session to gather participants' reflections on an ongoing basis. The observer recorded her reflections and notes during each session. I added my own reflections and observations to these. I used the observer's notes to add to my process notes. I analysed and used the reflection worksheets separately to inform me about the participants' experiences of REds (these are included in my process notes in Chapter Four and labelled 'Participants' Feedback on Session').

The post-test was administered after the completion of REds at the school where the REds programme took place and it took on average 45 minutes. It included the same data collection techniques as the pre-test.

In Figure 3.4 below, the data collection process is summarised.

**Figure 3.4: Data collection in REds**

3.3.5 Data analysis

The qualitative data were analysed using content analysis (Nieuwenhuis, 2007c: 101). Content analysis is one way of analysing data and can be described as a systematic approach that highlights relevant data content and sums it up as a meaningful answer to the research question (Creswell, 2009: 183-187). It looks for similarities and differences in the data and groups and compares these continuously (Nieuwenhuis, 2007c: 101). I used content analysis to make sense of my qualitative data. I was specifically interested in
discovering participants' perceptions, attitudes, and experiences related to the pandemic in an attempt to approximate how resiliently they were coping with the pandemic's challenges prior to and following REds (Nieuwenhuis, 2007c: 99). I also analysed the reflection worksheets, my process and observation notes and the observer's notes for themes relating to what needed to be refined in REds. Figure 4.5 show the steps followed repeatedly in this qualitative data analysis process:

Figure 3.5: Steps followed in qualitative data analysis

(Nieuwenhuis, 2007c: 100)

- Noticing denotes that as a researcher, I had to become aware of interesting information in the data and assign codes to them and then categorise or group these parts of the data (Creswell, 2009: 186; Nieuwenhuis, 2007c: 100). This means that I did not work according to a predetermined set of codes (or a priori categories) (Nieuwenhuis, 2007c: 99), but that I read and reread the data to find answers to my research question in the data. For example, during this phase I looked at participants' drawings and explanations, and labelled them according to what this data conveyed (e.g. distress, heartache). This labelling of raw data is known as open coding (Nieuwenhuis, 2007c: 105). To help me notice relevant data, I open coded the data bit by bit (so, for example, I first coded the pre-test drawings one by one and then the post-test ones; I took my process notes session by session and coded data that indicating which parts/methods of REds needed to change.) In other words, in practice I continuously reviewed my data (drawings, answers to open-ended
questionnaire, observation notes) to find which pieces of data answered my research questions. Then I labelled or coded these pieces.

- **Collecting** denotes that I might actually have had to go back to the original field notes or to participants to collect additional information that I might have missed (Nieuwenhuis, 2007c: 100). It was necessary for me to check with the observer about issues arising from the data and in this way I collected further data.

- **Reflecting** means as a researcher I had to carefully understand the information and make meaning out of it by thinking about what the participants said and comparing their perceptions to literature (Nieuwenhuis, 2007c: 100). This included the next step of content analysis, which is axial coding, whereby data are put together in new ways after open coding (De Vos, 2005a: 340-341; Nieuwenhuis, 2007c: 107). In other words, I compared and grouped similar open codes to form themes or categories (axial coding) (Cf. Addendum G for an audit trail of this process). I interpreted these groups or categories by thinking about what the participants were telling me and comparing what they said to what literature is saying. So, the coding processes helped me to put together how participants experienced the impact of HIV/AIDS either personally or professionally, and how REds helped them to cope resiliently (or not) with these impacts. It also allowed me to reflect critically on which contents and methods of REds needed to be refined.

3.3.6 Trustworthiness

Trustworthiness relates to how reliable the gathered qualitative data are (Leedy & Ormrod, 2005:100; Nieuwenhuis, 2007c:113-115). Lincoln and Guba (1985: 290) note four constructs in qualitative studies that encourage soundness and help to make findings more trustworthy: credibility, transferability, dependability, confirmability. Each is explained in Figure 3.6 below:
Figure 3.6: Soundness of qualitative research summarised

Credibility is concerned with member checking, triangulation and peer review (Bogdan & Biklen, 2007: 115-116). Data are considered credible/valid when the collected findings reflect an in-depth description showing the complexities of the research process and its setting (De Vos, 2005a: 346). I interacted with ten primary school educators to gather data and I provided a detailed description of the participants and setting. The participants’ responses were recorded as raw as they were and when I had analysed these, I asked them to check my interpretation. I discussed the conclusions with my study leader, the observer and colleagues and this guided my

Transferability refers to data being member-checked by participants or other interested stakeholders (Nieuwenhuis, 2007c: 114). In this study, I gave participants some of the transcribed and translated data in order to check if their data had not been misinterpreted or misconstrued. I also asked them to check how I had interpreted their drawings and questionnaire responses. My supervisor and the observer also provided critical comments.

Dependability relates to how probable it is that the findings can be duplicated (De Vos, 2005a: 346). Therefore I have to dwell on describing the context and circumstances and provide thick descriptions (De Vos, 2005a: 346). The data collection process and the data process should be presented quite reasonably, traceably and be well documented (Lincoln & Guba, 1985: 187). I did this in Chapter Four and Five and added to this by including relevant addenda (see Addendum E, F and G).

An additional means of heightening trustworthiness is providing a thick description of the research process and research results. A thick description can be defined as a way of describing that gives the reader rich information. In Chapters Four and Five I include quotes, anecdotes and drawings that I believe provide a rich understanding.
3.3.7 Ethical aspects

In this study the focus of the investigation involved human participants therefore precautionary measures were observed to ensure that they were not harmed in any manner (Leedy & Ormrod, 2005: 101). Maree and Van der Westhuizen (2007: 42) suggest that it is also important for the researcher to be familiar with the ethics policy of the relevant institution. For this study I was familiar with the ethics policy of the North-West University (Vaal Triangle). Ethical clearance was received from the NWU Ethics Committee (Number: NWU-00013-07-A3).

The ethical aspects in Figure: 3.7 should be considered when dealing with human participants (Strydom, 2005: 58-68).

Figure 3.7: Ethical aspects

![Ethical Aspects Diagram]

Each of these is discussed below.

3.3.7.1 Prevention from harm

Participants’ physical, emotional and psychological well-being should not be harmed (Strydom, 2005: 58; Babbie & Mouton, 2007; 522). The researcher should respect the beliefs and well-being of the participants and try his/her level best to protect them. If the participants might experience psychological
discomfort, they should be made aware of this possibility beforehand and
debriefing should be done (Leedy & Ormrod, 2005: 101). Participants can also
be referred for counselling in this regard (Corey & Corey, 1997: 52; Leedy &

In this study participants were not exposed to any harm. Because REds
touched on a sensitive subject (HIV/AIDS) I was careful of the fact that the
participants were aware of its focus before they agreed to participate. I looked
cautiously for signs that the contents might be upsetting participants. They
were debriefed sensitively at the end of each session and again at the end of
REds.

3.3.7.2 Informed consent

The participants should be briefed about the nature of the study and be given
a chance to choose to participate or not (Cf. Addendum A) (Babbie & Mouton,
2007: 521; Leedy & Ormrod, 2005: 101; Strydom, 2005: 58). I explained the
aim and process of the REds programme in detail to the participants. They
signed the consent form to confirm that they agreed to take part in the
programme and that they were aware of the possible risk and benefits.
Participants were informed that they could withdraw from the programme if
they wished to do so (Leedy & Ormrod, 2005: 101). The possible benefits
from REds included:

- Knowledge on how to support infected and affected people.
- How to deal with stress and stigma.
- Information on educators' rights regarding HIV/AIDS.
- How to cope more resiliently with the pandemic's challenges.

Possible disadvantages included that participants would give of their free time
after school to participate and that some of the contents might remind them of
experiences or situations that had saddened them.
3.3.7.3 Privacy

I respected the rights of the participants to confidentiality and took them into consideration (Strydom, 2005: 61). The participants may be allocated codes so that their identity is protected. During the implementation of the REEds programme the comments of the participants were kept confidential by reporting in an anonymous way (e.g. “One participant reported...”) (Leedy & Ormrod, 2005: 101-103).

3.3.7.4 Capability and competence of the researcher

I was competent and aware of the ethical responsibilities (Strydom, 2005: 69). My ability to facilitate REEds was strengthened by attending a one-day training course by experienced researchers on the content and methodology of REEds. During my implementation of REEds I also participated in two feedback sessions with other REEds facilitators and experienced researchers. This helped raise my competence to facilitate REEds.

3.3.7.5 Release of findings

When the final reports are released, I must be aware that the findings should be accurate, objective, clear and contain all the important information. Plagiarism and other offences should be avoided (Strydom, 2005: 71). In this study, I took care to report the findings honestly and not to plagiarise.

3.3.7.6 Donors

Contributors to the research should be acknowledged (Strydom, 2005:64). This research was made possible by the financial contribution of the National Research Foundation of South Africa (Thutuka programme) and the North-West University (Focus Area 5.1).

3.3.7.7 Debriefing of the respondents

Debriefing after the study should be done in order to minimise the possibility of harm to the participants. During debriefing the participants will have an
opportunity to express their feelings and emotions. Any misunderstanding that occurred during the research should be rectified (Strydom, 2005: 43). In this study, debriefing was done at the end of each session and during the issuing of the certificates (last session). Participants were free to express their feelings and emotions about the REds programme.

3.4 CONCLUSION

This chapter has clearly outlined the intervention research approach of the larger REds project, as well as the pre-experimental pre-test, post test design with one group that I followed. I highlighted the qualitative data collection methods I used. In Chapter Four I document the process of REds, based on my observations and the observer’s and participants’ reflections.