CHAPTER SIX
CONCLUSIONS AND RECOMMENDATIONS

Table 6.1: Overview of Chapter 6

6.1 Introduction
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6.1 INTRODUCTION
The focus of this chapter is on providing a summary of my study. This chapter presents the findings of the two phases of my study, namely the literature study and empirical research. It also comments on the limitations and contributions of the study and provides recommendations for practice and further research.
6.2 AIMS REVISITED

The following table shows the aims that dominated my study and whether or not they were achieved.

Table 6.2: The aims of my study

<table>
<thead>
<tr>
<th>AIMS</th>
<th>ACHIEVEMENTS</th>
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<tr>
<td>The overall aim of my 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.</td>
<td>• The aim was achieved by implementing the REds programme over nine weeks, each session taking about 2 hours.</td>
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<td>This overall aim included the sub-aims of:</td>
<td>• Based on my observations, the observer's comments, the participants' feedback and the results of the pre- and post-tests, I made recommendations for an improved REds programme in Chapter 4 (Cf. 4.3), Chapter 5 (Cf. 5.3) and Chapter 6 (Cf. 6.4).</td>
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<tr>
<td>• Implementation of REds, using one group, as an opportunity for observation of its contents, its language and its facilitation methods.</td>
<td>• I followed a pre-experimental pre-test-post-test design, with no control group (Leedy &amp; 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 successful REds was in encouraging participant resilience and to comment on how REds could be refined (see Figure 3.3).</td>
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• Recommendations for the refinement of REds.

• Intervention research was used because it helps gain feedback that might improve the intervention programme (De Vos, 2005b: 404).

• 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. I also conducted pre- and post-tests. I asked the participants for feedback and used the observer’s notes.

I used both of the above to make extensive recommendations about changes to the contents of REds, changes to language of REds and changes to the presentation of REds. These are detailed in Chapter Four (4.3), Chapter Five (5.3) and Chapter Six (6.4).

From the above it is clear that all the aims I had set out to achieve were achieved.

6.3 CONCLUSIONS FROM THE LITERATURE STUDY

Table 6.3 provides a summary of conclusions drawn from the literature concerning the impacts of the HIV/AIDS pandemic on the affected educators.

Table 6.3: Conclusions from literature

<table>
<thead>
<tr>
<th>Global Statistics</th>
<th>• The HIV/AIDS pandemic is a world-wide problem and it threatens our livelihoods (Lyman &amp; Fox, 2004).</th>
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<tr>
<td>In conclusion, HIV/AIDS threatens societies globally.</td>
<td>• In 2007 it was estimated that 33.2 million [30.6-36.1 million] people were living with HIV world-wide (UNAIDS, 2008a: 32).</td>
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| Sub-Saharan Statistics | • It has been estimated that world-wide more than 3 million new infections occur per year. In 2007 about 2.5 million [1.8-4.1 million] infections occurred of which more than two-thirds (68%) occurred in Sub-Saharan Africa (UNAIDS/WHO, 2007: 6).  

**In conclusion, HIV/AIDS threatens livelihoods in Sub-Saharan Africa even more so that in other religions of the world.**  

| Sub-Saharan Africa continues to be the region most affected by the AIDS pandemic (UNAIDS, 2008a: 5).  
| In 2007 more than two out of three (68%) adults and 90% of children infected by HIV stayed in Sub-Saharan Africa (UNAIDS, 2008a: 5).  
| In 2007 there were about 22 million people living with HIV in Sub-Saharan Africa (UNAIDS, 2008a: 5) with notably more women than men infected (UNAIDS, 2008a: 7).  
| Sub-Saharan Africa also experienced the highest AIDS-related death rate: 72% of all AIDS-related deaths occurred here (UNAIDS, 2008a: 5).  
| There are about 12 million AIDS orphans living in this area of Africa (UNAIDS, 2008a: 5). |
| South African Statistics | • South Africa has the highest numbers of HIV-positive citizens as compared to other countries (Page et al., 2006: 103; UNAIDS, 2008a: 40).  
| The HIV/AIDS pandemic is weakening the future development of our nation and infections are still increasing (UNAIDS: 2008a: 16-40).  

| South African Statistics | • South Africa has the highest numbers of HIV-positive citizens as compared to other countries (Page et al., 2006: 103; UNAIDS, 2008a: 40).  
| The HIV/AIDS pandemic is weakening the future development of our nation and infections are still increasing (UNAIDS: 2008a: 16-40). |
The impact of HIV/AIDS on education

In conclusion, the risk of HIV/AIDS threatens education in South Africa.

Supply of Education

In conclusion, HIV/AIDS is linked to fewer teachers.

Demand for Education

In conclusion, HIV/AIDS threatens the demand for education as orphans and vulnerable learners can no longer pay for schooling or attend school regularly.

- The HIV/AIDS pandemic is impacting negatively on education, learners and educators and disempowering the schooling system (Coombe, 2000; Elhoweris, 2004: 330).

- The demand for and supply of education and the quality of education are also affected amongst others due to extreme absenteeism of ill educators and learners (Coombe: 2002:4) and some educators deciding to quit the teaching profession (Coombe, 2004: 115; Elhoweris, 2004: 330; Hoadley, 2007: 257; Theron, 2005: 56).

- In 2004, a national survey estimated that 12,7% of educators were HIV-positive (Shisana et al., 2005a: xvi; Van Wyk & Lemmer, 2007: 303).

- Educators who are HIV-negative are often absent to care for ill loved ones or want to quit teaching because of the challenges of the pandemic (Hall et al., 2005: 25).

- In countries where HIV/AIDS prevalence is high, the demand for education is affected by the pandemic (Coombe, 2004: 106-112).

- In South Africa, presently the estimated data show that 13% of children between the ages of 2-14 years have lost a mother, a father or both parents due to HIV/AIDS (Van Wyk & Lemmer, 2007: 304).

- The demand for education is affected when learners cannot attend school properly due
to being orphaned or having to take care of and support their infected parents, or being infected by the pandemic (Coombe, 2003:7-8; Ebersohn & Eloff, 2002:78-79; Kinghorn & Kelly, 2005:10; Shisana et al., 2005b: 112).

- These situations become worse as HIV-positive people fall ill and lose their jobs (Coombe, 2004: 108). Learners will be withdrawn from school as orphaning and poverty rise.

- Vulnerable learners live within homes and communities without family love or in an environment where there is no or limited support, nurturing and guidance to help them with the challenges of life and nothing (or almost nothing) to fulfil their basic needs (Van Dyk, 2005: 272).

- Mostly vulnerable circumstances that control, including poverty, neglect, malnutrition, physical and psychological trauma, violence, limited education, travelling long distances to and from school and so on (Shisana et al., 2005b: 126).

- The demand for education is also affected negatively when educators no longer teach effectively, or when learners cannot learn according to their expected level of performance (Coombe, 2002:13; Ebersohn & Eloff, 2002: 79).

<table>
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<tr>
<th>The impact of the pandemic on affected</th>
<th>Personal impact on affected educators</th>
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<tr>
<td>- HIV/AIDS is affecting educators physically,</td>
<td>- HIV/AIDS is affecting educators physically,</td>
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educators
In conclusion, HIV/AIDS put educators who are affected (i.e. HIV-negative educators who teach, love, know or care for HIV-negative people; or who have lost loved ones, colleagues or learners to HIV; or who teach OVC's) at risk.

| emotionally, socially, spiritually and professionally. (Theron, 2007: 175). |

Physical impacts
- Affected educators who have described how they are affected physically have said that they have poor sleeping patterns, poor appetite and that they are often woken up by nightmares (Ngemntu, 2009: 40; Serero, 2008: 37; Theron, 2007: 179).

Emotional impacts
- Many educators find it difficult to adjust to the reality of the pandemic and many experience feelings of intense emotional discomfort like sadness, loneliness, anxiety, anger, hopelessness and so on (Ngemntu, 2009: 40; Theron, 2007: 182).

Spiritual impacts
- Educators who are affected by the pandemic report that they have changed spiritually. Some indicate that they have become more religious and that they pray much more. Others have the opposite experience and think that God has punished or deserted them and so they are no longer religious (Ngemntu, 2009: 40; Serero, 2008: 37; Theron, 2007: 182). Spiritual dissatisfaction suggests a poor prediction for educator well-being (Coombe, 2003: 8-10).

Social impacts
- Many affected educators report that their social lives have changed as a result of the
pandemic. Some say that they have isolated themselves or withdrawn from interacting with others. Many do so because they are afraid of stigmatisation (Louw et al., 2009: 212; Ngemntu, 2009: 40).

**Professional impact on affected educators**

- Many affected educators are overwhelmed because of the challenges of the pandemic which bring high levels of professional stress (Louw et al., 2009: 213). This stress is partly related to multiple professional roles that they are expected to fulfil as well as changed educator roles. Many educators consequently report that their professional morale has deteriorated (Coombe, 2000; Hall et al., 2005: 23; Kendall & O’Gara, 2007: 17; Theron, 2007: 182; Theron, 2008a: 33; Van Wyk & Lemmer, 2007: 303).

- Not all educators are vulnerable to the challenges of the pandemic (Theron, 2007: 183). Educators are resilient (or more resilient) when they have access to protective resources, both within themselves and in their communities (Cf. Table 1.2). One way of encouraging resilience is via intervention programmes (Masten & Reed, 2005: 84-85). One such intervention programme designed for educators who are challenged by the HIV/AIDS pandemic is REds (Theron et al., 2008: 84).
In summary, the above table demonstrates that HIV/AIDS continues to challenge societies world-wide, more so in Africa and South Africa. Educators in South Africa are often negatively affected by the pandemic and this leaves them vulnerable. Despite the many challenges of the HIV/AIDS pandemic, there are educators who are resilient enough to face the physical, emotional, social, spiritual and professional challenges that this pandemic brings. One way of encouraging educators towards resilience, is via intervention programmes like REds. My literature review therefore served two purposes: on the one hand, it helped me to better understand how teachers are challenged and it gave me a framework within which to understand the experiences of the participants in my study. On the other hand it helped me to understand what the indicators of resilience are among teachers who are challenged by the HIV/AIDS pandemic, so that I could review how REds might need to be altered to help teachers towards (greater) resilience.

6.4 CONCLUSIONS FROM THE EMPIRICAL STUDY

REds was implemented so that I could critically observe and comment on the process and outcomes, with a view to making recommendations on how REds could be improved. This is part of the process of intervention research (De Vos, 2005b: 392-407). The methods followed during this empirical phase are described in detail below.

I implemented REds with one group, which meant I followed a pre-experimental research design (Leedy & Ormrod, 2005: 217). I used qualitative pre- and post-tests (symbolic drawings and open-ended questionnaires) to understand how participants were coping with the pandemic prior to and following REds. I facilitated REds and made detailed process notes and reflected on what I was observing. I also included a co-student as an observer ['observer as participant' (Nieuwenhuis, 2007b: 85)], to make observation notes in each REds session (Henning et al., 2004: 87) and I asked the participants to complete reflection worksheets that gave them an opportunity to give feedback on each session. The qualitative data (Nieuwenhuis, 2007b: 83) that came from all of these helped me to comment on how REds could still...
be improved (my research question was: How should REds be refined to make it even more effective in supporting affected educators to cope resiliently with the challenges of the pandemic?). Based on my empirical study, the answer to the above question follows.

My implementation of REds allowed me to observe the following about its language and suggest the following changes:

- The language should stay the same (i.e. I think that the English used in REds is mostly understandable, also to teachers in rural areas like QwaQwa). Where difficult words are encountered, code switching should be done. It could be very useful if the REds manual that is given to facilitators includes a list of code switches for more difficult words / concepts like:
  - Resilience
  - Negative attitudes (attitude is a difficult term)
  - Prejudice
  - Memory box (Cf. 4.3)

In this regard I would like to recommend that the facilitators of REds (2006-2009) (see Addendum D) who are not English-speaking be invited by the researchers heading the bigger REds project to meet and decide together which more difficult concepts might need code-switches and what possible code-switches could be. The outcome of this meeting could then be included as a type of glossary at the end of the printed REds programme.

- In addition to a glossary of code-switches, the REds programme needs to be expanded to include more practical examples that illustrate more difficult concepts so as to help participants understand. For example, when resilience was demonstrated as a green twig that bends but does not break (Cf. Chapter Four: 4.2.1 Session One), my participants understood clearly. At the meeting of ex-facilitators of REds, similar
practical examples or metaphors could be brainstormed and used by future REds facilitators.

My implementation of REds allowed me to observe the following about how facilitators should be trained:

• REds facilitators must be instructed to familiarise themselves with local assets before presenting REds so that they can actively help participants become aware of local, available resources (*Cf. Chapter Four: Session Three, 4.2.3*). When participants become aware of local resources, they are often enabled to cope more resiliently, especially when faced with HIV-related challenges (Ferreira, 2007:386).

• Facilitators who will work with Black teachers also need to be encouraged to use methods that will resonate well with Black teachers. In this regard, I think of poems, stories, role-play and lots of debate. All of these include oral participation that Black African people are traditionally familiar with. In this regard, facilitators must be culturally competent (*Mertens, 2009: 102*).

• Given my experience in presenting the modules on health care (*Cf. Chapter Four: 4.2.4 Session Four*), I think facilitators must be encouraged to involve health care workers or specialists in sessions dealing with health matters and policies. In this way, participants will receive expert advice and at the same time they will come to know local experts who they can turn to for support and information after REds has come to an end.

• REds facilitators must allow participants to feel free to share their experiences of HIV (*Cf. Chapter Four: Session One, 4.2.1*), especially as this can help participants to come to terms with some of their negative HIV-related experiences. This means that REds facilitators need to be comfortable with their own sexuality and with HIV/AIDS. I think this is something which needs to be covered extensively in the training of REds facilitators.
My implementation of REds allowed me to observe the following about how REds needs to be presented and suggest the following changes:

- REds activities need to be matched to community activities and community value systems. I think for example of how my participants responded to the idea of memory boxes (Cf. Chapter Four: 4.2.3: Session Three). REds cannot be presented without facilitators first studying and understanding the community from which the participants come. This reminds me of how important it is for research to be done in culturally competent ways by culturally competent researchers (Mertens, 2009: 102-103). I do not think the contents of REds can be altered to fit with every community of teachers in South Africa, but I do think that facilitators can first make an effort to understand the specific community in which they will be implementing REds and to ask community leaders to help them to determine whether the activities are in line with the community’s value system.

- REds needs to match participants’ prior knowledge and specific support needs. In other words REds facilitators must engage participants actively; both in terms of what their priorities are in terms of contents and in terms of which parts might be redundant. So, the presentation must include participants as active collaborators (Ferreira, 2007: 386-387).

- In a very similar way, parents need to be brought on board. I think again for example of the importance of memory boxes and how parents who are not brought on board might not be aware of its importance.

- In the light of the above two comments, I think REds must be extended to REPCOM (Resilient Educators, Parent and Community). (Cf. Chapter Four: 4.2.9).

- Time allocation for each session needs to be increased to three hours, especially when REds is implemented with teachers from an oral culture (like my Sesotho participants). In my experience, the participants preferred lengthy discussions and it often seemed as if a two-hour session did not allow enough time or opportunity for them to vent their frustration or have their say.
• Ongoing monitoring and evaluation should be implemented: REds must not be a once-off thing (to maintain sustainability). I think refresher courses or feedback sessions must be made available to all participants who volunteered to participate in the REds programme.

My implementation of REds allowed me to observe the following about its contents and suggest the following changes:

REds needs to include contents and activities that will do more to promote:

- **Assertiveness**

I make this recommendation based on the information summarised in Table 5.8.

- **Talking openly about the pandemic**

The recommendation is based on the information summarised in Table 5.8 and in my process notes (Cf. 4.2.3 Session Three) where the participants discussed using local resources when they were stressed or in need of support. In this regard most participants opted for a telephone counsellor because they were afraid of stigma and that their information might be divulged to all and sundry if they spoke to somebody local (they feared a lack of confidentiality). Their truthfulness about rather using telephonic support reinforced the whole idea of HIV stigma as still being overwhelming in our community. It also indicated that it was hard for participants to talk openly about HIV/AIDS, even though they participated in REds.

- **Willingness to be a health promoter**

The recommendation is based on the information summarised in Table 5.8 and in my process notes (Cf. 4.2.6 Session Six) where participants described stress as a monster and their experiences of stress that led them to feel like running away. This suggested to me that they were generally not coping resiliently with the difficulties they faced and this would make them afraid of

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4 I used the symbols in Table 5.8 to comment on how REds contents need to be amended. If in the post-tests I could not conclude that the resilience indicator was strongly present, I deduced that REds contents needed to emphasize this more.
being health promoters. Although they accepted additional tasks related to caring (Cf. Table 5.6) they made no comment about teaching HIV prevention.

6.5 LIMITATIONS OF THE STUDY

There were a number of limitations in my study:

- REEds was implemented with one group, which meant I followed a pre-experimental research design. 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. 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 REEds, which could lead to control group results being contaminated (Babbie & Mouton, 2007: 219). Nevertheless, my lack of a control group means I can't conclude without doubt that REEds encouraged the growth in resilience indicators summarised in Table 5.8.

- I verbally recruited geographically accessible participants who were affected by the pandemic, meaning I used purposive convenience sampling (Strydom, 2005: 202; Maree & Pietersen, 2007: 178). It is likely that other participants from other schools in other areas might respond to REEds in a different way. I consulted with the SMT of the school, described my research project and gave an overview of REEds. The SMTs told their staff about REEds and asked for seven to ten affected educators who would like to participate. All the participants came from one school in the Eastern Free State (Thabo Molutsanyana district). The participants might have agreed to volunteer for this project because I was working with them as their Learning Support Facilitator and their responses might not have been a true reflection of what appeared in their minds as they might have wanted to please me.

- Participants who took part in this study were all Black primary school educators, three males and seven females. Furthermore, participants were educators who were affected by the HIV/AIDS pandemic. The results cannot be generalised to affected educators from high schools and
educators of other races, as it is possible that educators from high schools or of other races may respond differently.

- All my participants had HIV-positive loved ones. This may have motivated them to learn as much as they could from REds.
- The pre- and post-test questionnaires were in English and this may have been difficult for the participants who were Sesotho-speaking.

6.6 CONTRIBUTIONS MADE BY THE STUDY

The study made the following contributions:

- In general the participants reported more resilient management of the challenges brought about by the HIV tragedy and although this cannot be conclusively linked to their participation in REds, participants typically made such a correlation.
- Participants were very grateful and seem to have benefited from their participation in REds. Their appreciation suggested that REds is a valuable programme.
- My study contributes to the refinement of the REds programme by involving participants who were all Sesotho-speaking and adhered to the Sesotho culture in a community which is an underdeveloped, rural district area with high levels of poverty and where some of the houses are electrified and others not. I make specific recommendations regarding language, presentation and contents that might make REds more meaningful to affected educators, especially those whose mother tongue is not English and who live in rural areas.
- My study contributes to the refinement of REds so that future REds programmes might include a REds workshop for parents and community members. In this way they can also understand these new ways of helping grieving learners to remember their parents. In other words my study encourages an extension of REds so that more stakeholders are involved. This links well with African traditions of community-mindedness (Mkhize, 2004) and with newer understanding of resilience as an interaction between a person and the environment (Cameron et al., 2007).
6.7 RECOMMENDATIONS FOR FURTHER STUDY

- REds need to be implemented using both control and experimental groups to be able to conclude that REds brought about the changes observed in participants.

- REds should be implemented with affected high school educators from other racial groups, e.g. Coloureds, Indians and Whites to gain views from different perspectives and to determine the potential of REds so as to encourage enablement among teachers from various cultures (Esterhuizen, 2007: 187).

- The questionnaires used in future REds studies should be translated or facilitators should agree on code-switches into the mother tongue of the participants. The data generated from such a study can be compared with previous REds studies to comment on whether richer data are generated when participants complete pre- and post-tests in their mother tongue.

6.8 CONCLUSION

As the pandemic continues, educators are challenged and many struggle to be resilient. More educators seem to be mostly negatively impacted. Even in this difficult situation educators need to be resilient in order to promote quality education and support learners, family members and colleagues (Hall et al., 2005: 27). The South African educator's resilience and those of the learners will increase, as illustrated in the following song against AIDS; with which I conclude. When I started my study, I assumed my participants would benefit from REds (see 1.4). The findings supported my assumption: the participants seem to have growing towards being more resilient during their participation in REds. Because my study was not experimental, I cannot conclusively say their growing resilience was as a result of REds, especially as some showed signs of resilience prior to REds (see Table 5.8). Also, all my participants had HIV-negative loved ones (see 3.3.2) and so this may have made them more eager to make the most of REds. Nevertheless, I noted positive change in my participants, and my study provided an opportunity to reflect critically on how REds could be improved in terms of language, presentation and contents.
hope that future implementation of REds will test my recommendations so that more educators can be supported towards resilience.

In conclusion, if teachers are to be resilient ongoing support is needed from communities, service providers, researchers and government. When communities, stakeholders and teachers stand together, make use of interventions like REds, continuously refine and improve such interventions to suit teacher needs, then the South Africa will be saved. If such support can be firmly established, the South African educators' resilience and that of learners will increase, as illustrated in the following song against AIDS, with which I conclude:

**SONG AGAINST AIDS**

If you believe and I take heed,
United against AIDS,
With love and care,
We'll conquer all,

And Africa will be saved,
And Africa will be saved,
And Africa will be saved,

With love and care we will conquer all,
And Africa will be saved,

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5 I was taught this song by Mrs. M.E. Moleme at a Life Skills and HIV/AIDS workshop, 23-25 July 2007, Bloemfontein (Black mountain Hotel).
And Africa will be saved,
And Africa will be saved!