

Exploring African interpretations of the core values of the Choose  
Life Training Programme by means of narratives

A. Janssen  
(BA Social Work)

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Supervisor: Dr A.G Herbst  
Co-Supervisor: Prof J Zaaiman

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## FOREWORD

This dissertation is presented in article format in accordance with the guidelines as set out in the **Manual for Postgraduate Studies – 2008** of the North-West University. The technical editing was done within the guidelines and requirements as described in Chapter 2 of the manual.

The articles have been submitted to two different academic journals for possible publication. Guidelines for the submission to the journals, *Indilinga* and *Language Matters* have been attached (see addendum 5).

## **ABSTRACT**

Dealing with one of South Africa's biggest challenges, the HIV and AIDS pandemic, requires special recognition for unique and diverse interpretations of the problem. The Choose Life Training Programme (CLTP) focuses on ethical issues and a value-based lifestyle and is structured to include the following six core values: respect, responsibility, integrity, fairness, love and service. The rationale for following a value-based approach lies in the influence that values have on the behaviour of individuals. Although the CLTP uses a holistic approach, is inclusive and acknowledges diversity, the study material is currently available in English only and much of the inherent meaning of the programme might be lost in translation to participants of African language orientation. It is suggested that for sustainable behaviour change to take place, the participants of the CLTP must experience a change in their values but also within the framework of their cultural understanding. If Western programmes like the CLTP want to make a difference in the battle against HIV and AIDS through the faith community they have to acknowledge African interpretations to adapt the programme to suit the needs of the people. The purpose of this study is to explore African interpretations of the six core values of the CLTP. The first part of the study (see Article 1) aimed to explore the African participant's initial interpretation of the six core values. In the second part of the study (see Article 2), focus group discussions were held to explore the narrative interpretations of these values and whether these were different from the Western definitions before and/or after completion of the CLTP workshops. This exploration was necessary in order to make recommendations towards the development of the programme to make it more acceptable and accessible for all South Africans.

## OPSOMMING

As een van Suid-Afrika se grootste uitdagings, kan die MIV/VIGS-pandemie nie sonder inagneming van unieke, uiteenlopende interpretasies van die probleem aangepak word nie. Die “Choose Life”-vigsvoorkomingsprogram fokus op etiese kwessies en ‘n waardegebaseerde lewenstyl, en is rondom die volgende ses kernwaardes saamgestel: respek, verantwoordelikheid, integriteit, regverdigheid, liefde, en diensbaarheid.

Die grondrede vir die waardegedrewe filosofie is gesetel in die invloed wat waardes op mense se gedrag uitoefen. Hoewel die “Choose Life”-vigsvoorkomingsprogram ‘n holistiese benadering volg, is die studiemateriaal tans slegs in Engels beskikbaar. Die navorsers is van mening dat groot dele van die inherente betekenis van die program dus gedurende die vertaalproses vir Afrika-taalsprekers verlore gaan.

Ten einde volhoubare gedragsverandering teweeg te bring, word daar voorgestel dat deelnemers aan die “Choose Life”-program ‘n verandering in hul waardes, binne die raamwerk van hul kulturele perspektief, ondervind. Indien Westerse programme soos die “Choose Life”-inisiatief ‘n impak op HIV/VIGS d.m.v. die geloofsgemeenskap wil maak, sal die program Afrika-interpretasies van die pandemie in ag moet neem, en daarvolgens aangepas moet word.

Die doel van hierdie studie is om die Afrika-interpretasies van die ses kernwaardes van die “Choose Life”-vigsvoorkomingsprogram te ondersoek. Die eerste deel van die studie (sien Artikel 1) het beoog om die deelnemer, ‘n Afrika-taalspreker, se eerste interpretasie van elk van die ses kernwaardes te verken. Die tweede deel van die studie (Artikel 2) het van fokusgroepgesprekke gebruik gemaak om vas te stel of die deelnemer se interpretasie van hierdie waardes voor en/of na voltooiing van die “Choose Life”-werkswinkels van die Westerse definisie verskil het, en hoe dit verskil het.



Hierdie ondersoek was noodsaaklik vir die maak van aanbevelings rondom die ontwikkeling van die program, ten einde dit meer aanvaarbaar en toeganklik vir alle Suid-Afrikaners te maak.

# SECTION A: ORIENTATION TO THE RESEARCH

## 1. CONTEXTUALIZATION AND PROBLEM STATEMENT

The Choose Life Training Programme (CLTP) is a value-based programme that aims to contribute to better awareness and prevention strategies in order to curb the spread of HIV and AIDS in South Africa (Dill & De La Porte, 2006). The purpose of the CLTP is “to train pastors, other leaders and community members to develop, facilitate and evaluate appropriate ethical and value-based Christian responses to HIV and AIDS and to facilitate an ethical community development programme in which a Christian response to HIV and AIDS is addressed” (CHAMPs, 2005:12). The programme is coordinated by HospiVision in partnership with CompreCare. According to Bestbier (as quoted in De La Porte, 2006) the purpose of CompreCare’s **C**oordinated **H**IV and **A**IDS **M**anagement **P**rogrammes (CHAMPs) initiative is to alleviate the impact of the HIV and AIDS epidemic in the city of Tshwane by harnessing the private sector and civil society resources into a large-scale, coordinated programme against the epidemic. The programme is partly funded by the US President’s Emergency Plan for AIDS Relief (PEPFAR). PEPFAR was a commitment of \$15 billion over five years (2003-2008) from United States President George W. Bush to fight the global HIV/AIDS pandemic (PEPFAR, 2010).

The Choose Life programme consists of an experiential training programme including a 3-day elementary and 5-day advanced workshop. The programme focuses on two value frameworks, “the golden rule” and *ubuntu* as well as six central spiritual values, and enhancing life skills for the prevention of the disease (Dill & De La Porte, 2006:8). The six core values are respect, responsibility, integrity, fairness, love and service.

Although the CLTP uses a holistic approach, is inclusive and acknowledges diversity, the study material is currently available in English only and the researcher is of the opinion that much of the inherent meaning of the programme is lost in translation to participants of African

language orientation. This opinion is based on the results of the annual CLTP review and evaluation (Herbst & De La Porte, 2007). This evaluation was based on data collected from pre- and post-workshop questionnaires that were completed by all the workshop attendees.

The existing pre- and post-workshop questionnaires (see addendum 1) tested the participants' knowledge and understanding of the programme's six core values before and after the workshop. However, the qualitative data of these questions was not analysed to identify the different patterns and meanings that participants of diverse cultures attribute to those values. The possibility that African interpretations of the CLTP core values are different from the Western definitions is an interesting notion yet to be explored.

According to Epstein (2007), AIDS is a social problem as much as it is a medical one. She is of the opinion that the social dislocation of Africans has generated disruptions in gender relations, which has opened channels for the spread of HIV. She also suggests that intangible solutions to HIV are to be found in the collective awareness of communities, the anger of activists, and frank discussions about the issue. She maintains that painful personal conversations are vital to bring people to terms with the reality of AIDS, care for the afflicted, and change their behaviour. She found that people in sub-Saharan African countries were likely to have such discussions. Galavotti, Katina, Pappas-DeLuca and Lansky (2001) state that, for many in sub-Saharan Africa, the story of HIV and AIDS is essentially a story of isolation, stigmatization, and social rejection. They further mention that we can change that story through the power of narrative. By providing supporting elements in the environment, we will be able to equip men and women with the resources necessary to rewrite the scripts for their lives.

Lassiter (1999) suggests that the African mind has a distinctive feature, which seems to support the claim that the minds of African people may not necessarily operate in the same strict pattern as minds elsewhere in the

world. Epstein (2007) expertly describes the way in which the West tends to approach African problems: everyone seems to know what Africa needs, but their minds are not fully set on it. She states that Africa's contours are seen and used to map out the problems of the West without really looking at Africa itself. However, she further states that, if a problem is scrutinized at length, surprising truths may be found that no one could have predicted. She continues to say that a deeper insight is needed, but that you must enter a different world, follow its logic, and forget your own to really see Africa.

Dealing with one of South Africa's biggest challenges, the HIV and AIDS pandemic, thus requires special recognition for diverse African interpretations of the problem. If Western programmes like the CLTP want to make a difference in the battle against HIV and AIDS through the faith community, they have to acknowledge African interpretations and adapt the programme to suit the needs of the people. According to the UNESCO (1999) report on South Africa's cultural approach to HIV and AIDS prevention and care, taking a cultural approach means considering a population's characteristics – including lifestyles and beliefs – as essential references to the creation of action plans. This emphasises the importance of the interconnectedness between values and culture in the approach to HIV and AIDS prevention. In the field of social work this preventative action would therefore be based on the person-in-context perspective.

Although the CLTP is primarily presented to people within the faith community, the programme is suitable for presentation within the social work sphere and related disciplines. Social work practice is constantly involved with faith-based organizations (FBO's) and non-government organizations (NGO's), like the CLTP, in the prevention of HIV and AIDS. However, in the international dialogue of social work, the domination of the English language, the rigid expectation of formal academic training, dominant North American and European knowledge systems, and the financial privileges of Western academics that allow them to travel across the world, has contributed to the dominance of Western social work

values, theories, concept, and methods in diverse contexts (Gray, Coates & Bird, 2008).

From the aforementioned problem statement, the following research questions were formulated:

- What were the initial African interpretations of the six core values of the CLTP before the onset of the CLTP?
- How can an exploration of the narrative interpretations of the CLTP contribute towards the development of the CLTP?

## **2. AIM AND OBJECTIVES OF THE STUDY**

The aim of this study was to explore the initial African interpretations of the core values of the CLTP by means of narratives in order to make recommendations towards the development of the programme which would make it more acceptable and accessible for all South Africans.

This aim resulted in the following objectives:

- To explore the initial African interpretation of the six core values of the CLTP.
- To explore the narrative interpretation of the six core values of the CLTP with the aim of making recommendations towards development of the programme.

## **3. CENTRAL THEORETICAL ARGUMENT**

The central theoretical argument of this study is that, if the African perceptions of the six core values are different from the definitions in the current CLTP contents, the programme should subsequently be adapted to be more accessible and acceptable to all South Africans.

## **4. SCIENTIFIC PARADIGM**

When research is conducted, it is important to position the study within a theoretical framework. This positioning serves to scientifically structure the study and connect theories with the aim of finding an explanation for the research problem at hand (Henning, Van Rensburg & Smit, 2004).

The theoretical backbone of this study includes the narrative theory, African narratives, social constructivism and Afrocentricity.

#### **4.1 NARRATIVE THEORY**

In Latin, the noun *narratio* means a narrative or a story, and the verb *narrare* to tell or narrate (Heikkinen, 2002). A narrative is a story that tells a sequence of events significant to the narrator and his audience. Narratives can be understood within the framework of sociocultural theory and the interaction between the individual and his or her social context. As individuals tell their stories, they are not isolated or independent of their context. Narratives, therefore, capture both the individual and the context (Moen, 2006).

Zellermayer (1997) suggests that we create narrative descriptions of our experiences for ourselves and others, and also to make sense of the behaviour of others. According to Polkinghorne (1988), people without narratives do not exist. Life itself is then considered a narrative inside which we find numerous other stories. Narrative research is thus the study of how human beings experience the world, and narrative researchers collect these stories and write narratives of experience (Gudmundsdottir, 2001).

This study explores how narratives and storytelling are central to the culture of Africans and inform and relay their perceptions of the world around them. Eskill-Blokland (2009) posits that the oral tradition of narrative and storytelling is firmly entrenched in Africa as a recognised way of establishing and communicating knowledge through stories and told histories, myths and legends. Certain narrative methodologies fit well into the African context of establishing knowledge through storytelling. These methodologies support traditional narrative methods, and acknowledge the instrumentality of stories and histories.

## 4.2 SOCIAL CONSTRUCTIVISM

Social constructivism focuses on uncovering the ways in which individuals and groups work together in creating their own social reality. It entails an exploration of the ways in which social events and occurrences are created, institutionalised, and made into traditions by humans. Socially constructed reality is described as an ongoing, active process and reality is reproduced when people act out their interpretations and their knowledge of it (Burr, 1995).

According to Jackson and Sorensen (2006), social constructivism does not view the social world as something 'out there', existing independent of the thoughts and ideas of the people involved in it. Everything involved in the social world of men and women has been created by them, and therefore they can understand what they have made.

## 4.3 AFROCENTRICITY

As a cultural theory, Afrocentricity aims to reconstruct ancient African classical civilizations as the place for interpreting and understanding the history, narratives, myths, and spirituality of African people. The ancient African civilizations did not separate religion and philosophy, and their contributions to art, literature, and science were directly connected to the principles of ancient wisdom. Thus, the African world sense, cosmogonies, institutions, concepts, symbols, and voices can only be fully perceived and appreciated through a holistic paradigm like Afrocentricity (Monteiro-Ferreira, 2008).

Afrocentricity holds the view that Africans have a unique and particular way of constructing their reality. Molefi Kete Asante constructed the theory of Afrocentricity, and in an interview with historian, Diane D. Turner, (Turner, 2002:718), he describes Afrocentricity as:

"...a paradigm which infuses all phenomena from the standpoint of African people as subjects in human history rather than as on the fringes of someone else's culture... and it reorients the thinking of African people from any perspective, any intellectual perspective, and any social

perspective. Once you ask the question that Haki Madhubuti once asked, 'Is this in the best interest of African people?' you are leaning toward an Afrocentric orientation".

Both **Social Constructivism** and **Afrocentricity** provide a framework for understanding how Africans may have a unique and particular perception of the world around them, seen through the lens of their culture, beliefs and values. This is a central idea in this research, as it supports the notion that Africans may have a completely different perception of HIV and AIDS to that of their more Western counterparts. This, in turn, would have a significant impact on the way Africans deal with the problem of HIV and AIDS, how they teach their children about the dangers and risks of the disease, and how they implement preventative measures. The key focus of the CLTP is value-based behaviour change, and this can only be effective if approached from within the reality of the participants' social context. Therefore, for sustainable behaviour change to take place, the participants must experience a change in how they construct their reality, but also within the framework of their cultural understanding. These two theories provide the framework for this change.

## 5. DESCRIPTION OF CONCEPTS

- **Culture**

Culture is the all-embracing force around which everything else revolves. Boon (1996) puts more emphasis on the fact that "culture is not an independent thing; it is what we are as people. Our culture guides us in how to behave and it is the expression of our values and beliefs" (Boon, 1996:15).

Values and norms provide the members of a cultural group with an outline for interpreting both the situation and the behaviour of others. However, culture is a set of learned behaviour patterns so deeply ingrained that they are acted out in unconscious and spontaneous ways. Culture provides orderly as well as unspoken guidelines for how people should think, behave, and live (Ndletyana, 2003).



This study explores the influence that culture may have on the perceptions Africans form regarding the six core values of the CLTP. Taking a cultural approach to HIV and AIDS prevention and care means considering a population's characteristics, including their lifestyles and beliefs, as essential references to the creation of prevention and action plans.

- **Language**

The New Oxford American Dictionary (2005) defines language as:

- The method of human communication, either spoken or written, consisting of the use of words in a structured and conventional way
- A nonverbal method of expression or communication
- The system of communication used by a particular community or country
- To "speak the same language" means to understand one another as a result of shared opinions or values.

Kilgour (1999) refers to the linguist Edward Sapir, for whom language is not only a vehicle for expression of thoughts, perceptions, thoughts, and values characteristic of a community; but also represents an important expression of social identity.

This study aims to explore how the interpretation Africans (African language-oriented South Africans) will allocate to the conceptual framework of training and learning programmes, may be different to that of their Western counterparts (English-oriented South Africans).

- **HIV and AIDS**

The CLTP aims to contribute to better awareness and prevention strategies in order to curb the spread of HIV and AIDS in South Africa.

According to the Dictionary of Psychology (2009), HIV is an abbreviation of Human Immunodeficiency Virus, which is a retrovirus transmitted through sexual contact, infected blood or blood products, and from mother to child

through the placenta, bodily fluids during birth and through breast milk. The virus breaks down the human body's immune system, and in some cases produces symptoms of dementia. HIV always leads to AIDS.

The Dictionary of Psychology (2009) states that AIDS is an abbreviation for Acquired Immune (or Immuno-) Deficiency Syndrome. It is a disorder caused by the HIV retrovirus and is transmitted by infected blood entering the body. This happens through blood transfusions or the sharing of needles by injecting drug users, sexual intercourse, or from a mother to her unborn child through the placenta. AIDS destroys the T-lymphocytes and consequently causes the loss of immunity to opportunistic infections.

- **Values**

Values and ethics are easily thought to be the same thing, but the terms do not represent the same concept. Values are definite statements of what is essentially important. Ethics are concerned with how a moral person should behave, whereas values are the personal inner judgements that determine how a person behaves. A value is a personally held belief that a specific behavioural pattern is preferred over another, the conviction that a certain behaviour pattern is right and another is wrong. Values direct our thoughts, decisions and actions and set standards of behaviour for others and for ourselves. We use our values for condemning, justifying or legitimising our behaviour (Dill and De La Porte, 2006).

The six core values of the CLTP are respect, responsibility, integrity, fairness, love and service.

- **Value-based prevention programme**

The CLTP is a spiritual, ethical and value-based programme that promotes a positive spiritual and ethical lifestyle, and specifically aims to reduce the risk of HIV infection in participants (Dill & De La Porte, 2006). The CLTP also applies the ABC model which advocates abstinence, being faithful to your partner, and condomising. According to Dill and De La Porte (2006),

the CLTP aims to emphasise and explore the importance of a value-based lifestyle and has the ultimate goal of changing behaviour. A value-based lifestyle could significantly lessen the personal risk of contracting HIV and AIDS, but also impact on the further spread of the disease.

The CLTP follows the guidelines of PEPFAR for conducting ABC programmes. The PEPFAR ABC guidance "...employs population-specific interventions that emphasize abstinence for youth and other unmarried persons, including delay of sexual debut; mutual faithfulness and partner reduction for sexually active adults; and correct and consistent use of condoms by those whose behaviour places them at risk for transmitting or becoming infected with HIV" (PEPFAR, 2005).

The key focus of value-based behaviour change is to prevent the spread of HIV and AIDS. This philosophy can only be effective if approached from within the culture of the participants, and it is only sustainable when participants experience change in their values as well as within the framework of their cultural understanding. Values indelibly influence the behaviour of individuals. Therefore, prevention programmes like the CLTP aim for positive changes to participants' value frameworks. Once this has been achieved, positive behaviour change is the next logical step. As Hodge (2006:163) so aptly states: "If the intervention makes sense to the client, a greater likelihood exists that the client will be invested in applying the intervention."

- **African Narratives**

Kouyate (1989) states that the most respected person in traditional African society was the man or woman who kept the stories. This person was known as the *griot*, and was the oral historian and educator of the people. According to Wertsch (1991), a narrative is a story that traces a sequence of events significant for the narrator or the audience. When narratives are considered within the framework of sociocultural theory, we have to remember the interaction between the individual and her or his context. As individuals are telling their stories, they are not isolated or independent of

their context. On the contrary, it is important to remember that the individual is connected to his or her social, cultural and institutional context. Narratives, therefore, capture both the individual and the context.

It can thus be said that African narratives are the stories and oral traditions that serve as a vehicle of understanding, teaching and sharing the values within that culture and allowing the members of that culture to make sense of their reality. Therefore, for the purpose of this study, the researcher explored narratives within the framework of the cultural context of the African-language participants.

- **Christian world-view**

According to the Oxford Dictionary of English (2005), a Christian is a follower of Jesus Christ, a person who has received Christian baptism or is a believer in Christianity. A Christian also generally has qualities associated with Christians, especially those of decency, kindness, and fairness.

According to the Dictionary of Social Sciences (2002) a world-view refers to the *“total system of values and beliefs that characterize a given culture or group. The notion of singular and unified structures of value and belief has been important to a number of traditions within the social sciences—including the Culture and Personality movement ; a variety of developmental and evolutionary cultural theories and in much sociological work on the attitudes and beliefs of specific groups”*.

CLTP courses are mainly presented to faith communities, and the majority of participants are leaders or pastors in their faith groups or involved with NGO's and FBO's. The CLTP aims to reach people on a spiritual level and addresses ethical issues while promoting a positive value-based lifestyle. The researcher and participants therefore approached this study using a Christian world-view as point of reference.

## 6. METHOD OF INVESTIGATION



## 6.1 LITERATURE REVIEW

Fink (2005:3) defines a research literature review as “a synthetic, explicit, and reproducible method for identifying, evaluating, and synthesising the existing body of completed and recorded work produced by researchers, scholars, and practitioners”. For the purpose of this study a variety of texts and literature resources were consulted, including field observations, field notes, organizational documents and questionnaires, as well as literary narratives. The EBSCO *Host*, *Web Feat*, *PsycLit* and *ProQuest* databases were utilized in the study of South African journals, Social Work abstracts, and Social Science research publications.

A literature review is done to inform the researcher and the reader of the current state of knowledge relating to the research problem; by studying this knowledge, they learn how others have explored and solved similar problems. “A thoughtful and informed discussion of related literature should build a logical framework for the research that sets it within a tradition of inquiry and a context of related studies.” (Delpont & Fouché, 2005:263.) The literature review also provides a framework for establishing the importance of the study, as well as a point of reference for comparing the results with other studies closely related to the one being undertaken (Creswell, 2008).

In article 1, a study was made of academic journals relating to African approaches to HIV and AIDS, African values, language and culture. The purpose of studying these sources was to inform the research and place the data findings within the framework of existing knowledge. These sources helped the researcher in the purpose of identifying the African perceptions of the six core values of the CLTP.

In article 2, a study was made of books and journal articles written by African scholars regarding African theories and perceptions. The purpose was to compare existing knowledge with the data findings and make logical conclusions regarding perceptions of the African participants.

Academic journals and books relating to narrative theory and its application, as well as relating to African narratives and storytelling, were studied to build a framework for understanding and analysing the findings from the focus group discussions.

## **6.2 EMPIRICAL STUDY**

### **6.2.1 RESEARCH DESIGN**

This qualitative study was planned from both a descriptive and exploratory research design (Alston & Bowles, 2003; De Vaus, 2001). One of the chief reasons for conducting a qualitative study is that the study is exploratory in nature. This usually means that not much has been written about the topic or population being studied, and the researcher seeks to listen to participants and build an understanding based on what is heard (Creswell, 2008).

The reason for taking this qualitative approach was that the research dealt with the perceptions of Africans, which would inform the researcher's recommendations for adapting the programme contents of the CLTP. These perceptions were intangible and therefore could not be quantified. Guba and Lincoln (1994) say that the need to quantify data has been questioned in the field of Social Science. Qualitative techniques based on the interpretation of non-numerical data can provide insight into human behaviour not represented by quantitative data. It provides a perspective relevant to the research findings.

According to Smith (1983) the goal of qualitative research is the interpretation and understanding of what meaning people give to their situation. This requires a hermeneutical approach (the art, theory or practice of interpretation), the researcher must understand the context of the situation and particular actions (Neuman, 2003).

## 6.2.2 PARTICIPANTS

For the purpose of this study the researcher was interested in exploring the perceptions of participants who had completed the CLTP, and therefore also completed the pre-workshop questionnaires. All the pre-workshop CLTP questionnaires that were available to the researcher (415 in total) were subjected to secondary analysis (Strydom & Delpont, 2005). Thus, the total population was analysed. According to Powers, Meenaghan and Toomey (1985), a population is defined as a set of entities in which all the measurements of interest to the researcher are represented. The aim of the secondary analysis was to obtain insight into the participants' initial interpretation of the six core values of the CLTP and to identify the themes therein.

After the secondary analysis an open invitation to participate in this study was made to all CLTP participants. An administrative employee at the Hospivision office verbally invited participants, who had previously completed the CLTP, during another CLTP-related course. Therefore a spatial sample (Strydom, 2005a) was used to identify participants. Those who showed interest in participating provided their contact details and signed up for the study. A total of twenty-three (23) participants, who had previously completed the CLTP, responded to the invitation and participated in three focus group discussions. The focus groups were planned to consist of participants who had completed the CLTP and had shown an interest in taking part in the second part of this study, to share their experiences and views relevant to the topic. Potential participants for the focus groups were contacted through the Hospivision head office and invited to attend the discussions. There were 7-8 participants in each group. Incidentally, all 23 of the individuals who responded to the invitation were of African ethnicity with a traditional or rural background. Of the 23 respondents there were 15 women and 8 men, between the ages of 20 – 65. Most of the participants reported to be of traditional African orientation and the majority of respondents had grown up in rural areas. All of them lived in the township on the outskirts of the city at the time, and

commuted into the city for work. The African heritage of the participants therefore provided the rich context to support the aim of this study.

These participants were approached to voluntarily take part in the focus group discussions. For the purpose of this study, the researcher was interested in exploring the perceptions of participants who had completed the CLTP and therefore also completed the pre-workshop questionnaires. White (Caucasian) South Africans or South Africans of mixed race and ethnicity were included in the invitation to participate in the discussion groups. However, all the respondents who had accepted the invitations happened to be of African-language orientation with a rural or traditional background. An interview schedule was used to structure the focus group discussions (see addendum 3).

The main objectives of the focus group discussions were to explore the participants' cultural and contextual perceptions of the six core values, and also to explore the use of narratives and storytelling in the exploration of these values through the application of the Map of Values (see addendum 2).

### **6.2.3 MEASURING INSTRUMENTS**

The pre-workshop questionnaires (See addendum 1) that were used for the 2007 annual CLTP review and evaluation (Herbst & De la Porte, 2007), were used for the purposes of this study.

### **6.2.4 METHODS OF DATA COLLECTION**

Data was collected through a literature study, secondary analysis of the existing CLTP questionnaires, narrative research methods, and focus-group discussions. These research procedures are predominantly qualitative in nature. In this study the researcher aimed to describe the meanings and interpretations of the participants' experiences during the CLTP. The researcher focused mainly on describing these meanings rather than trying to explain them. Qualitative research uses words



instead of numbers to examine phenomena and identify the patterns and meanings in relationships (Marlow, 2005).

Secondary analysis was applied to rework the existing CLTP questionnaires. It was done with a different objective from that of the primary study, in this case the Annual CLTP review (Strydom & Delpont, 2005). The researcher studied the pre-workshop questionnaires to obtain insight and identify participants' initial interpretation of the six core values. The intention of secondary data analysis was not to search for errors in the initial study, but rather to investigate new hypotheses and to explore questions that were not examined in the original report (Royse, 2004).

Focus groups were coordinated and implemented as a means of discussing the participants' interpretations of the six core values of the CLTP. The researcher anticipated that these in-depth discussions would render qualitative data in the form of narratives as the participants shared their personal experiences and feelings. According to Monette, Sullivan and DeJong (2002:249) focus groups are also called "group depth interviews" because they are similar to in-depth interviews. The researcher anticipated that these narrative accounts would involve different aspects of humanity and culture and provide valuable insight into these perceptions (Overcash, 2003).

The discussions were held in a controlled and planned environment that was designed to explore these perceptions about the six core values in a permissive, non-threatening environment (Greeff, 2005). Field notes were made during the focus groups to give detailed and descriptive accounts of the observations made during the discussions (Monette et al. 2002).

### **6.2.5 DATA ANALYSIS**

In the interpretation and analysis of data collected in this study, a process of thematic analysis was followed. This research study followed the recommendations and steps that Marlow (2005) and Royse (2004) suggest in the two levels of coding and categorizing qualitative data, and the tasks that each level entails. Poggenpoel (1998) also sets out the eight

steps in Tesch's approach, which was taken into account during data analysis.

The intention of this type of analysis was to look for themes and patterns that recur within the secondary analysis, focus groups, and Map of Values. The basis for the analysis was transcripts, field notes and memory. The raw information was reduced to reveal the themes and patterns that were of essence (De Vos, 2005). The data was coded and categorized to reduce and simplify the data whilst retaining the essential meaning (Monette et al., 2002).

### **6.2.6 PROCEDURES**

1. The existing pre-workshop CLTP questionnaires were subjected to secondary analysis to identify themes and patterns relevant to the study.
2. A literature study was done to explore the African interpretations related to the six core values of the CLTP.
3. Participants of the CLTP were invited to partake in focus group discussions. 23 individuals of African-language orientation with a rural or traditional background responded to this invitation.
4. Three focus group discussions were held to discuss and explore participants' narrative interpretation of the six core values of the CLTP.
5. The findings of the data from the focus group discussions were compared to the content of the CLTP, and to the African interpretations of the values.
6. Recommendations and suggestions were made to improve and adapt the CLTP contents to be more accessible and acceptable to all South Africans.

### **7.1.1 ETHICAL ASPECTS**

According to Grasso and Epstein (1992:118), ethical issues are those principles that are intended to define the rights and responsibilities of social work researchers and practitioners in their relationships with one another and other parties, including employers, research subjects and

clients. For researchers in the social sciences, the ethical issues are pervasive and complex, since data should never be obtained at the expense of human beings (Strydom, 2005b).

The following ethical measures were followed during this study:

- The existing CLTP questionnaires were anonymous, so no ethical issues were anticipated regarding the secondary analysis.
- Informed consent was obtained from each participant taking part in the focus groups. Participants were informed of the reason for the focus groups, the related research study, and the possible publication of results.
- Participants would not be refused if they wished to view any or all of the collected data.
- A debriefing session was made available to all participants after the focus groups.
- Anonymity and confidentiality of all participants was maintained.
- Ethical permission was obtained from the Ethics Committee of the North-West University, Potchefstroom Campus. The study was approved and the ethical number, NWU-0060-08-A1, was allocated to the study (see addendum 4).

## **7. RESEARCH LIMITATIONS**

The limitations identified within this study are as follows:

- The majority of literature relating to HIV and AIDS prevention is written by Western or European researchers and published in the English language.
- The majority of participants in the focus group discussions were African-language oriented and English was their third or fourth language. This created a barrier for communication during the focus group discussions as the researcher is English-speaking.
- The profile of participants was that of African-language oriented individuals of rural and traditional background, therefore the findings

are only applicable to this population. Further studies should explore the perceptions of modernised, urbanised Africans.

- The duration of the focus group discussions was on average 2 and a half hours. It proved to be a very tiring and time-consuming exercise for both researcher and participants.
- Thematic analysis of data proved to be yet another time-consuming process.
- The population and the sample in this study were small and could therefore not be used to generalize the findings. However, the purpose of the study was not generalization but to make recommendations for the improvement of the CLTP.

## 8. REPORT LAYOUT

### Section A: Orientation to the research

The first section serves as a general introduction to the study. The problem statement, central scientific paradigm, research methodology and a description of concepts, among others, are set out within this section.

### Section B: Journal Articles

This section is comprised of two consecutive articles. The titles of the two articles are as follows:

- **Article 1:** The African interpretations of a set of values in a value-based HIV and AIDS prevention programme
- **Article 2:** An exploration of the use of African narratives in the interpretation of the six core values of the “Choose Life” training programme
- **Journals for submission:**
  - Indilinga: African Journal of Indigenous Knowledge systems (see addendum 5)
  - Language Matters: Studies in the languages of Africa (see addendum 5).

### **Section C**

This section of the study comprises the summative research findings and the conclusions and recommendations that had been reached through this study. Recommendations were made to adapt the CLTP to make it more accessible for all South Africans.

### **Section D**

All the addenda that were used in this study are included in this section.

### **Section E**

The final section comprises a consolidated list of references that were used throughout this study.

## 9. ACRONYMS

- **CLTP** – Choose Life Training Programme
- **AIDS** – Acquired Immune Deficiency Syndrome
- **HIV** – Human Immune Virus
- **FBO** – Faith-based Organization
- **NGO** – Non-governmental Organization
- **PEPFAR** - President's Emergency Plan for AIDS Relief



## 10. REFERENCES

ALSTON, M. & BOWLES, W. 2003. **Research for social workers: an introduction to methods**. 2<sup>nd</sup> ed. London: Routledge.

BOON, M. 1996. **The African way: the power of interactive leadership**. Sandton: Zebra Press.

BURR, V. 1995. **An introduction to social constructionism**. London: Routledge.

CHAMPs (Coordinated HIV/AIDS Management Programmes). 2005. **Choose Life: a value-based response to HIV and AIDS**. Unpublished Training Manual. Pretoria: HospiVision.

CRESWELL, J.W, 2008. **Research Design: Qualitative, Quantitative, and Mixed Methods approaches**. London: Sage.

DELPORT, C,S,L. & FOUCHÉ, C,B. 2005. The place of theory and the literature review in the qualitative approach to research. (*In* De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. eds. **Research at grass roots: for the social sciences and human service professions**. Pretoria: Van Schaik Publishers. 333-349).

DE VAUS, D. 2001. **Research design in social research**. London: SAGE.

DE VOS, A. S. 2005. Qualitative data analysis and interpretation. (*In* De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. eds. **Research at grass roots: for the social sciences and human service professions**. Pretoria: Van Schaik Publishers. 333-349).

Dictionary of Psychology. 2009. Oxford University Press. Oxford Reference Online, University of North West Library. 8 February 2010:

<http://www.oxfordreference.com/views/ENTRY.html?subview=Main&entry=t87.e3790>

DILL, J. & DE LA PORTE, A. 2006. A value-based response to HIV and AIDS. (In De La Porte, A. ed. **Choose Life: a value-based response to HIV and AIDS**. Pretoria: CB Powell Bible Centre. 1-16p.)

EPSTEIN, H. 2007. **The invisible cure: Africa, the West and the fight against AIDS**. London: Penguin Group.

ESKELL-BLOKLAND, L.M. 2009. Listening to oral traditions in a re-searching for praxis in a non-Western context. *Journal of Health Management*. 11(2):355-373.

FINK, A. 2005. **Conducting research literature reviews: from the internet to paper**. London: Sage.

GALAVOTTI, C., KATINA, A., PAPPAS-DELUCA, M.A. & LANSKY, A. 2001. Public health matters. Modeling and reinforcement to combat HIV: The MARCH approach to behaviour change. *American Journal of public health*. 91(10):1602-1607.

GRASSO, A.J. & EPSTEIN, I. 1992. **Research utilization in the social services**. New York: The Haworth Press.

GRAY, M., COATES, J. & BIRD, M.Y. 2008. Indigenous social work around the world: towards culturally relevant education and practice. London: Ashgate

GREEFF, M. 2005. Information collection: interviewing. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. eds. **Research at grass roots: for the social sciences and human service professions**. Pretoria: Van Schaik Publishers. 286-313p.)



GUBA, E.G. & LINCOLN, Y.S. 1994. Competing Paradigms in qualitative research. (In Denzin, N.K & Lincoln, Y.S. eds. **Handbook of qualitative research**. London: Sage. 105-117p.

GUDMUNDSOTTIR, S. 2001. Narrative research on school practice. (In Richardson, V. ed. **Fourth handbook for research on teaching**. New York: MacMillan. 226-240p.)

HEIKKINEN, H. L. T. 2002. Whatever is narrative research? (In Huttunen, R, Heikkinen, H.L.T. & Syrjälä, L. eds. **Narrative research: voices from teachers and philosophers**. Jyväskylä, Finland: SoPhi. 13-25p.

HENNING, E.; VAN RENSBURG, W. & SMIT, B. 2004. **Finding your way in qualitative research**. Pretoria: Van Schaik.

HERBST, A. & DE LA PORTE, A. 2007. Choose Life review and evaluation. Unpublished research report. Pretoria: Hospivision.

HODGE, D.R. 2006. Spiritually modified cognitive therapy: A review of the literature. **Social Work**, 51(2): 157-165p.

JACKSON, R. & SORENSEN, G. 2006. **Introduction to international relations: theories and approaches**. Hammond USA: Oxford University Press.

KILGOUR, D. 1999. **The importance of language**. Calgary: Southern Alberta Heritage Language Association.

KOUYATE, D. 1989. The role of the griot. (In Goss, L. & Barnes, M. eds. **Talk that talk: an anthology of African American storytelling**. New York: Simon & Schuster. 179-181p.)

LASSITER, J. E. 1999. African culture and personality: bad social science, effective social activism, or a call to reinvent ethnology? *African Studies Quarterly*, 3(2):1.

MARLOW, C.R. 2005. **Research methods for generalist social work**. Canada: Brooks/Cole.

MOEN, T. 2006. Reflections on the narrative research approach. *International Journal of Qualitative Methodology*, 5(4).

MONETTE, D.R., SULLIVAN, T.J. & DEJONG, C.R. 2002. **Applied social research: Tool for the human services**. Michigan USA: Thomson Learning.

MONTEIRO-FERREIRA, A. 2008. Afrocentricity and the Western Paradigm. *Journal of Black Studies*, 2(1).

NDLETYANA, D. 2003. The impact of culture on team learning in a South African context. Downloaded from <http://adh.sagepub.com> on May 23, 2008.

NEUMAN, W.L. 2003. **Social research methods: qualitative and quantitative approaches**. 5<sup>th</sup> ed. Boston MA: Allyn and Bacon.

OVERCASH, J.A. 2003. Narrative research: a review of methodology and relevance to clinical practice. *Critical Reviews in Oncology/Hematology* 48:179-184.

PEPFAR, 2005. ABC Guidance #1 for United States Government In-Country Staff and Implementing Partners applying the ABC Approach to preventing sexually-transmitted HIV infections within The President's Emergency Plan for AIDS Relief. Downloaded from: <http://www.pepfar.gov/guidance/75836.htm> on 23 May 2008.

PEPFAR, 2010. U.S. Government interagency website managed by the Office of U.S. Global AIDS Coordinator and the Bureau of Public Affairs, U.S. State Department. Accessed online: [www.pepfar.gov](http://www.pepfar.gov) on 10 February 2010.

POGGENPOEL, M. 1998. Data analysis in qualitative research. (*In* De Vos, A.S., Strydom, H., Fouché, C.B., Poggenpoel, M. & Schurink, E.W. **Research at grass roots: a primer for the caring professions**. Pretoria: Van Schaik Publishers.

POLKINGHORNE, D. E. 1988. **Narrative knowing and human sciences**. New York: State University of New York Press.

POWERS, G.T., MEENAGHAN, T.M. & TOOMEY, B.G. 1985. Practice-focused research: integrating human service practice and research. London: Prentice-Hall Inc.

ROYSE, D. 2004. **Research methods in Social Work**. Brooks/Cole: Canada.

SMITH, J.K. 1983. Quantitative versus qualitative research: an attempt to clarify the issue. *Educational Researcher*, 12(3):6-13.

STRYDOM, H. 2005a. Sampling and sampling methods. (*In* DE VOS, A.S.; STRYDOM, H.; FOUCHÉ, C.B. & DELPORT, C.S.L. Eds. **Research at grass roots: for the social sciences and human service professions**. 3<sup>rd</sup> ed. Pretoria: Van Schaik, 192-204p.)

STRYDOM, H. 2005b. Ethical aspects of research in the social sciences and human service professions. (*In* DE VOS, A.S.; STRYDOM, H.; FOUCHÉ, C.B. & DELPORT, C.S.L. Eds. **Research at grass roots: for the social sciences and human service professions**. 3<sup>rd</sup> ed. Pretoria: Van Schaik, 56-70p.)

STRYDOM, H.S. & DELPORT, C.S.L. 2005. Information collection: Document study and secondary analysis. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L eds. **Research at grass roots: for the social sciences and human service professions**. Van Schaik Publishers: Pretoria. 314-326p.)

The New Oxford American Dictionary. 2005. Oxford University Press. Oxford Reference Online. University of North West Library. 8 February 2010: <http://www.oxfordreference.com>

The Oxford Dictionary of English (revised edition). 2005. Oxford University Press. Oxford Reference Online. University of North West Library. 8 February 2010: <http://www.oxfordreference.com>.

TURNER, D.T. 2002. An oral history interview: Molefi Kete Asante. *Journal of Black Studies*, 32(6):711.

UNESCO. 1999. A cultural approach to HIV / AIDS prevention and care, UNESCO / UNAIDS research project. South Africa's experience: country report. Paris, France, UNESCO, Cultural Policies for Development Unit, 49p.

WERTSCH, J. V. 1991. **Voices of the mind: a sociocultural approach to mediated action**. Cambridge, MA: Harvard University Press.

ZELLERMAYER, M. 1997. When we talk about collaborative curriculum-making, what are we talking about? *Curriculum Inquiry*, 27(2), 187-214.



## SECTION B: ARTICLES

<b>ARTICLE 1</b>	
<b>Title:</b>	The African interpretations of a set of values in a value-based HIV and AIDS prevention programme
<b>Aim:</b>	The aim of this study is to explore the initial African interpretations of the six core values, before the onset of the CLTP, in order to make recommendations towards the development of the programme to make it more acceptable and accessible for all South Africans
<b>Journal:</b>	Indilinga
<b>ARTICLE 2</b>	
<b>Title:</b>	An exploration of the use of African narratives in the interpretation of the six core values of the "Choose Life" training programme
<b>Aim:</b>	To explore African narratives of the core values of the CLTP, in order to make recommendations towards the development of the programme to make it more acceptable and accessible to all South Africans.
<b>Journal:</b>	Language Matters



# ARTICLE 1: THE AFRICAN INTERPRETATIONS OF A SET OF VALUES IN A VALUE-BASED HIV AND AIDS PREVENTION PROGRAMME

A. Janssen  
A.G. Herbst  
J. Zaaiman

## ABSTRACT

This article focuses on a qualitative exploration of six core values embedded in the Choose Life Training Programme (CLTP),<sup>1</sup> a value-based HIV and AIDS prevention programme. This study explores the possibility that the African interpretations of these values are different to the Western definitions is explored in this study. Currently the CLTP study material is available in English only and much of the inherent meaning of the programme may be lost in translation to African participants. Existing data from the monitoring and evaluation of the CLTP was analyzed by means of secondary analysis in an attempt to explore the African interpretations of the core values.

## KEY WORDS

*Value-based HIV and AIDS prevention programme; values, culture, language, HIV and AIDS; respect, responsibility, integrity, fairness, love, service.*

# 1. INTRODUCTION

## 1.1 Project background

The Choose Life Training Programme (CLTP) is a value-based programme that aims to contribute to better awareness and prevention strategies in order to curb the spread of HIV and AIDS in South Africa (Dill & De La Porte, 2006). CLTP courses are presented as training workshops to faith communities and non-governmental organisations (NGO's). All participants are mentored by trained mentors and a multi-disciplinary approach is utilized to reach communities on a spiritual and social level. The CLTP focuses on ethical issues and a value-based lifestyle and is structured to include the following six core values: respect, responsibility, integrity, fairness, love and service. The rationale for following a value-based approach lies in the influence that values have on the behaviour of individuals. By applying these values in everyday life, positive decisions can be made and the risk of HIV infection avoided. The CLTP implements a comprehensive approach by integrating the ABC (Abstinence, Faithful, Condomise) model with a Christian perspective while also taking into account the principle of *ubuntu* and the Golden Rule (do unto others as you would have done to you) (Dill & De La Porte, 2006).

The purpose of the CLTP programme is to train and equip participants who are active in their communities to develop and present appropriate preventative responses to HIV and AIDS (Dill & De La Porte, 2006). All participants have to complete a pre- and post-workshop questionnaire with the aim of evaluating their knowledge of HIV and AIDS and the six core values. These questionnaires then serve as an indication of how participants' initial understanding improved after the programme.

This study focuses on the African participants of the CLTP within the context of their social and cultural environment. All people are affected by their environments, whether a polluted river, repressive social policies, a pandemic like HIV and AIDS, the culture of a community or family practices. People also

have the capacity to change their environments and empowering them to do so is part of social work (Hare, 2004). Social workers adopt a holistic view in their work with clients and usually focus on the person-in-environment (Zastrow & Kirst-Ashman, 2010:21). The practice context, the field of practice, the behavioral roots of the problem, and the larger socio-cultural factors are among the various important facets that comprise every social work case (Hare, 2004). The focus of this particular article is to study existing literature and the pre-workshop questionnaires in order to explore the perceived influence that culture, and specifically language and values have on the behaviour of Africans in relation to HIV and AIDS.

## **1.2 Problem statement**

The CLTP uses a holistic approach, is inclusive and acknowledges diversity, but the study material is currently available in English only. As part of the continuous monitoring and evaluation of the CLTP, a need was identified to investigate how much of the inherent meaning of the programme may be lost in translation to African participants. In the results of the annual CLTP review and evaluation, a high non-response in the pre-workshop questions regarding values was evident (Herbst & De la Porte, 2007). It was found that many of the participants did not 'understand' the values and the question arose whether it was because it was not presented in their own language and/or cultural context. From this evaluation, the assumption was made that a simple translation of words was not sufficient as the meaning and essence of the values is lost in the process.

African cultural orientation is distinctive and Africans do not necessarily operate in the same strict patterns as found among other people in the world. Non-Africans may experience this as a different world (Epstein, 2007; Lassiter, 1999). Thabede (2008) recommends that helping professionals should be aware of the unique African thought patterns, so that they are better equipped to choose appropriate intervention methods that take into account the African modes of knowing and being.



Dealing with one of South Africa's biggest challenges, the HIV and AIDS pandemic, thus requires special recognition for diverse African interpretations of the problem. African languages also have a distinct way of naming and talking about HIV and AIDS that is frequently misunderstood by others. If Western programmes like CLTP want to make a difference in the battle against HIV and AIDS they have to acknowledge the complexities of African culture, languages and interpretations of HIV.

In the prevention of HIV and AIDS, social work practice is constantly involved with FBO's and NGO's like the Hospivision, who presents the CLTP. However, in the international dialogue of social work, the domination of the English language, the rigid expectation of formal academic training, dominant North American and European knowledge systems, and the financial privileges of Western academics that allow them to travel across the world, has contributed to the dominance of Western social work values, theories, concept, and methods in diverse contexts (Gray, Coates & Bird, 2008).

Against this background, the following research question was formulated:

- What are the initial African interpretations of the six core values of the CLTP before the onset of the programme?

### **1.3 Aim of the study**

The aim of this study is to explore the initial African interpretations of the six core values, before the onset of the CLTP, in order to make recommendations towards the development of the programme to make it more acceptable and accessible for all South Africans. This article focuses only on the exploration of the African interpretations. Recommendations will be reported on in another article.

## 2. LITERATURE REVIEW

### 2.1 Values and culture

According to De La Porte and Mailula (2006) a value is a personal conviction that certain behaviours and actions are beneficial. Values offer the potential of a standard framework for evaluating the behaviour of others and ourselves. Value systems can be easily influenced by the context people find themselves in (Seedhouse, 2005).

According to Ndletyana (2003) as well as Edmondson and Malle (2004), values and norms provide the members of a cultural group with guidelines for interpreting both the situation and the behaviour of others. Culture is a set of learned behaviour patterns which people act out in unconscious and involuntary ways. It is therefore evident that culture and values are interconnected and that members of a certain culture may hold the same values. This would then imply that members of different cultures might not share the same understanding for a value concept.

One of the value-frameworks applied by the CLTP uses is the application of the African value concept of *ubuntu*. *Ubuntu* is defined as “the humanistic experience of treating all people with respect, granting them their human dignity. It encompasses values like universal brotherhood, sharing and respect for other people as human beings. It is a belief in sacredness, and is the foremost priority of the human being in all conduct, it is a lifelong process” (Bhengu, 1996:141). Makgoba (1997: 197-198) add to this that communities “...are linked by shared values that are fundamental features of African identity and culture. These, for example, include hospitality, friendliness, the consensus and common framework-seeking principle, *ubuntu*, and the emphasis on community rather than on the individual... and these features “...typically underpin the variations of African culture and identity everywhere” (Makgoba, 1997:197-198). The African value system of *ubuntu* teaches eight core values (Broodryk, 2007:60) and according to Koka (2002) the origin of *ubuntu* dates back to the ancient holy belief of the Nechtar Maat, which existed centuries ago. The Nechtar Maat was associated with the seven

cardinal virtues, or the keys to human perfectibility: Order, Propriety, Truth, Balance, Reciprocity, Justice and Harmony. Africans have been living according to a unique value-system for centuries. Some of these values are similar to the six core values of the CLTP although their African definition and practical application is more than likely different, as we have learnt from the literature review in this study. *Ubuntu* therefore plays an important role in the interpretation of values and can serve as a collective noun for the values that Africans hold dear.

Airhihenbuwa and De Witt-Webster (2004) describe the behaviour of the individual in Africa towards family and community as a major cultural factor that has implications for sexual behaviour and HIV and AIDS prevention efforts. Culture is often shown to be a factor in the various ways that HIV and AIDS have impacted on the African population. These factors range from beliefs and values regarding sexuality, sexual debut, number of sexual partners and condom use. Culture is thus central to HIV and AIDS prevention, care and support in Africa.

## **2.2 Language as component of culture**

In linguistics, the Sapir-Whorf hypothesis (Whorf, 1956) describes the relationship between the grammars of the language a person speaks and how that person both understands the world and behaves in it. Subsequently a particular version of a language influences the habitual thought of its speakers. Thus, English speaking individuals and Zulu speaking individuals for example, will not necessarily understand the other's world.

According to Whorf (1956) people from a certain linguistic group speak the same language and therefore understand their world in the same way. Language is also not just a vehicle of expression of thoughts but also of social identity (Kilgour, 1999). This implies an interrelationship between language, thought and reality and confirms that participants from different linguistic groups will probably interpret concepts in one specific language differently because of different meanings they allocate to the concepts.

Tessa Dowling, a doctor of African languages in Cape Town reached interesting conclusions in a study into the “naming and ways of talking about HIV/AIDS in African languages” (Dowling, 2008). She examines the way HIV/AIDS is named and talked about by African language speakers and touches on topics like the power of a name, language creating victims and how language defines people who have AIDS and warns about getting the disease.

According to Dowling (2008) it is important for HIV and AIDS programmes to have a real prospect of influencing perceptions and behaviours, mainly when it comes to understanding the naming and unmentionable traditions in African languages.

### **2.3 Africans**

The term “African” in this context refers to African (Black) people who fall within one of the ethnic groups living in South Africa.

### **2.4 African languages and HIV and AIDS**

According to Dowling (2008) in both isiXhosa and isiZulu dictionaries translate the word “plague” as *ubhubhane*. The root of this noun is taken from the verb *bhubha* which means to die. In this way HIV and AIDS are named primarily in relation to death. The Department of Arts and Culture (DAC) (South Africa, 2008) offers an online description of terms for HIV and AIDS in the eleven South African languages. The English interpretation for AIDS, being a disease for which there is no cure, is translated into isiXhosa as a disease which kills and which cannot be cured (*isifo esibulalayo nesinganyangekiyo*). All the other African languages add this “killing” or “dying of” to their terms for AIDS, which is absent in the English and Afrikaans translations.

Ellis (1999:45) explains that one of the most frequent causes of misunderstanding is that many African languages use metaphors, allusions and euphemisms particularly when dealing with illness and death. According to the DAC (South Africa, 2008) webpage, the African languages refer to a sexual organ as the ‘secret member’ (*ilungu langasese* in isiXhosa; *isitho*

*sangasese* in isiZulu, and *setho sa bong* in Sesotho). Sexual parts are also referred to as “in front” or “the things in front” (*ngaphambili* in isiZulu and isiXhosa, and *dikapeli* in Sesotho).

Staiano (1992:174) argues that “...the boundaries of this thing we have called culture are amorphous and always changing. The ideas, beliefs, attitudes, practices and so on, form a set of resources from which participants draw, rather than a serious set of constraints or prescriptions.” This statement emphasizes the key role that culture and language play in people’s perceptions and interpretations of values and thus, HIV and AIDS. Dowling (2008) mentions that the existing resources in African languages allow the participants to talk about HIV and AIDS within both a culturally rich paradigm (the tradition of naming, praising and respecting) as well as by using popular contemporary speech (words for AIDS that refer to trains, kwaito groups and games). With these slang references, AIDS is being respected and thus avoided, no longer referred to using euphemistic phrases but by relating the disease to everyday objects and activities. For example, AIDS is referred to as an overcrowded train (both the uMlazi and Zola train lines are said always to be very crowded). AIDS is therefore something that cannot be mentioned (taboo) yet at the same time it is acknowledged as being a disease with thousands of players, millions of passengers.

It is therefore important to study the creativity and flexibility of languages within cultures that we can determine how social preoccupations influence perceptions and attitudes relating to HIV and AIDS. For purposes of this article, the language related to the six core values needs further exploration.

### **3. AN EXPLORATION OF THE SIX CORE VALUES OF THE CLTP**

In order to contextualize this study, the six core values of the CLTP must be described and briefly discussed from different language perspectives.

### 3.1 Respect

The isiZulu and isiXhosa word for respect is translated as *uhlonipha* and variations thereof are used in Sepedi (*hlompho*), Xitsonga (*hlonipha*) and Setswana (*tlhompho*). “There is such a sense of awe surrounding taboos that they may not be named or discussed. This has led to the development of a special language called (*uku*) *hlonipha*... it is made up of substitute words and is a polite and reverent language used only for taboos and the ancestral spirits.” (Pinnock, 1998:61.) *Hlonipha* (respect) is also viewed as an important traditional custom which shows respect for the ancestors and for the institution of marriage. It is used as an avoidance practice in the African culture where the *attention-calling* function of names is significant. The uttering of someone’s personal name directs attention to the speaker. In the same way, talking about HIV in particular is seen as focusing attention on the speaker, making him or her vulnerable to disease. Thus, out of respect, the euphemism is used instead (Dowling, 2008).

It is therefore evident that many Africans understand the concept of ‘respect’ as a value much differently than in Western culture.

### 3.2 Responsibility

According to De La Porte and Mailula (2006) taking responsibility for your own choices and actions, not making excuses and not blaming others or circumstances for your failures, is essential. A key aspect of responsibility is to admit mistakes and failures. According to Broodryk (2007) humanness is the guiding principle in African conduct. When a decision is to be taken the main concern will be whether the decision is correct from a human point of view. The right to life affects the love life of another human being. A responsible person suffering from a sexual disease like HIV and AIDS will refrain from spreading this disease to his loved ones and other persons.

### 3.3 Integrity

De La Porte and Mailula (2006:69) define integrity as who you are and what you do when nobody is looking. Integrity has to do with a person’s character, to being reliable and standing up for your beliefs regarding right and wrong.

Khumalo (2005) found that the attributes of presenting oneself in a genuine way and being loyal to the group, being careful and having control over one's feelings and behaviour, treating all people the same and encouraging and maintaining good relations all contribute to integrity in a group context.

The value of self-control and strength in the *ubuntu* lifestyle can be compared to the Western understanding of the value of integrity (Broodryk, 2007). He explains that a person needs to exercise self-control under all circumstances, however provocative the situation might be. Due to their calm nature, Africans are not easily provoked.

### **3.4 Fairness**

According to De la Porte and Mailula (2006), being fair means avoiding major imbalances over the course of a relationship. It means not taking the opportunity away from others and giving them an equal chance to live, to grow and to realize their potential. In the *ubuntu* lifestyle, a person also has a responsibility to donate to others, like poor people, without expecting something in return or setting conditions. This is similar to the Western understanding of being fair and treating all peoples the same. Unconditional giving is a common practice in Africa (Broodryk, 2007).

### **3.5 Love**

According to De la Porte and Mailula (2006), love is more than an erotic feeling; it is an attitude and an inner commitment towards other people. Love is best expressed through action and manifests itself through sensitivity to others' needs, respect for their ideas, values and beliefs, honest communication, patience, security, fun, and a responsible attitude towards my partner (thus, not putting my partner at risk).

The *ubuntu* way of showing love is through empathy. This is about entering the world of the sufferer, and feeling the emotion a person is experiencing mentally and physically. The appreciation of love is fundamental to the *ubuntu* lifestyle (Broodryk, 2007).

### 3.6 Service

De la Porte and Mailula (2006) define service as actively doing things that support the personal choices and goals of others unconditionally. According to Broodryk (2007), *ubuntu* characterizes humanity by kind attitudes towards others. It reveals itself in charity and support of the underprivileged and disaster-struck people and environments. Friendliness also contributes to the helpful nature of Africans. Small deeds like helping people in need or people suffering from HIV and AIDS are part of the value of service. Africans will easily make sacrifices in the process of helping their fellow man.

## 4. RESEARCH METHODOLOGY

This qualitative study was structured according to the exploratory and descriptive research designs, as it aimed to explore and describe interpretations and opinions which are intangible and cannot be quantified (Alston & Bowles, 2003; De Vaus, 2001; Guba & Lincoln, 1994). Qualitative techniques, based on their interpretation of non-numerical data, can provide meaning to human behaviour missing in quantitative data. It provides a perspective to the research finding's relevance. To obtain this perspective, Smith (1983) suggests a hermeneutical approach in which the researcher must understand the context of the situation and particular actions (Neuman, 2003).

All CLTP participants who completed the pre-workshop questionnaires in 2007 were included in this study, thus encompassing the total population (Powers, Meenaghan & Toomey, 1985). The pre-workshop questionnaires used for the 2007 annual CLTP review and evaluation (Herbst & De la Porte, 2007) were also utilised for the purpose of this study. The research population for this review consisted of all course attendees for the period November 2006 to October 2007; a total of 415. These questionnaires were subjected to secondary analysis (Royse, 2004; Strydom & Delpont, 2005, Weyers, 2007) with the aim of obtaining insight into participants' initial interpretation of the six core values.



This study was approved by the ethics committee of the North-West University (Potchefstroom campus) and issues like informed written consent, anonymity, and feedback to respondents regarding the results were dealt with in an ethically correct way (Grasso & Epstein, 1992; Strydom, 2005).

## 5. RESULTS

Results are presented in table format according to the thematic analysis of the meaning of each value. Main themes identified are sorted according to number of responses from the highest to the lowest.

**TABLE 1: THEMES AND RESULTS REGARDING THE VALUE OF RESPECT**

	<b>QUESTION:</b> Briefly explain how you show <b>respect</b> towards other people.
<b>OBJECTIVE</b>	To allow participants the opportunity to describe their understanding of the value of respect.
<b>MAIN THEMES IDENTIFIED</b>	<ul style="list-style-type: none"> <li>• Loving yourself and others</li> <li>• Non judgemental towards others' HIV status</li> <li>• Being faithful to your partner</li> <li>• Using a condom</li> </ul>
<b>EXAMPLES OF RESPONSES</b>	<p>"Respect for those who are suffer, treat them the same way"</p> <p>"Respect for your partner by wearing the condom and not passing the HIV to them"</p> <p>"You must give respect to someone older than you and to someone smaller than you"</p> <p>"[Respect] with no reserve, the young people, the beliefs of our culture"</p> <p>"Respect for the elders, you must greet them"</p> <p>"Respect your one partner, not many"</p>
<b>NON-RESPONSES AND MISUNDERSTANDINGS</b>	A total of 78 participants did not answer the question. This high number of non-responses may indicate that the participants did not understand the question, did

	not know what the word meant, or could not relate the application of the value to HIV and AIDS prevention.
<b>MAIN FINDINGS</b>	More than 25% of respondents either did not respond or misunderstood the question. This suggests that many participants did not understand English very well and could not write it very well either. The majority of the respondents seemed to grasp the central idea that respect is expressed by loving others as you love yourself. In African culture this same sense of collectivity is fundamental and the emphasis lies on community rather than on the individual (Makgoba, 1997).
<b>CORRELATION WITH THE LITERATURE</b>	<i>Hlonipha</i> (respect) is also viewed as an important traditional custom which shows respect for the ancestors and for the institution of marriage (Dowling, 2008). De La Porte and Mailula (2006) define respect as the acknowledgement of the worth of another person and his right as a free individual. The study revealed respect as unconditional care and warmth towards another person.

**TABLE 2: THEMES AND RESULTS REGARDING THE VALUE OF RESPONSIBILITY**

	<b>QUESTION:</b> What does it mean to take responsibility for people in your life?
<b>OBJECTIVE</b>	To allow participants the opportunity to describe their understanding of the value of responsibility
<b>MAIN THEMES IDENTIFIED</b>	<ul style="list-style-type: none"> <li>• Facing the consequences of your actions</li> <li>• Helping and caring for others</li> <li>• Knowing your HIV status</li> <li>• Using a condom</li> </ul>
<b>EXAMPLES OF RESPONSES</b>	<p>"You must carry the consequences of your actions"</p> <p>"to be responsible for the way you treat other people, to think about how they feel"</p>

	<p>"The duty to take care of sick people"</p> <p>"We must look after these that are infected, they are our brothers and sisters"</p> <p>"Be responsible to yourself to get tested"</p> <p>"Responsibility to know your status"</p> <p>"To be protected, you and your partner, when having sex"</p>
<b>NON-RESPONSES AND MISUNDERSTANDINGS</b>	<p>A total of 82 respondents did not answer this question. The high non-response may be an indication that the participants did not understand the question, did not know what the word meant, or could not relate the application of the value to HIV and AIDS prevention.</p>
<b>MAIN FINDINGS</b>	<p>These results indicate that almost a third (31%) of respondents either did not respond or misunderstood the question. It appears that respondents in this study have a sense of duty or responsibility within their community to act in an altruistic way towards others. The majority of the respondents understood the concept of responsibility to be connected to personal behaviour or actions that impact on others. However, the high non-response also suggests that many respondents could not associate the value of responsibility with HIV and AIDS prevention or did not understand or could not describe the term in English.</p>
<b>CORRELATION WITH THE LITERATURE</b>	<p>Broodryk (2007) emphasizes that humanness is the guiding principle in African conduct. When a decision is to be taken the main concern will be whether the decision is correct from a human point of view. The right to life also in turn affects the love life of another human being.</p>

**TABLE 3: THEMES REGARDING THE VALUE OF INTEGRITY**

	<b>QUESTION:</b> Explain what the word "integrity" means to you
<b>OBJECTIVE</b>	To allow participants the opportunity to describe their

	understanding of the value of integrity
<b>MAIN THEMES IDENTIFIED</b>	<ul style="list-style-type: none"> <li>• Honesty</li> <li>• Lifestyle and character</li> <li>• Awareness</li> <li>• Attitude towards self</li> </ul>
<b>EXAMPLES OF RESPONSES</b>	<p>"To do what you say"</p> <p>"Be honest about who you are"</p> <p>"HIV may be an influence of how one is to be perceived by general public, nothing to do with how you got infected"</p> <p>"To know what you believe inside and show it to the outside"</p>
<b>NON-RESPONSES AND MISUNDERSTANDINGS</b>	A total of 137 respondents did not answer this question; this was the highest non-response for all the values. This may be an indication that the participants did not understand the question, did not know what the word meant, or could not relate the application of the value to HIV and AIDS prevention.
<b>MAIN FINDINGS</b>	It is likely that the word 'integrity' does not have a single direct translation into African languages, but is understood as a wider concept instead. It may be that African languages do not have a single word for this value, but that it falls under the umbrella of the <i>ubuntu</i> lifestyle. It is not clear whether respondents had ever even heard the word 'integrity' before attending the CLTP workshop.
<b>CORRELATION WITH THE LITERATURE</b>	According to Khumalo (2005), attributes of presenting oneself in a genuine way and being loyal to the group, being careful and having control over one's feelings and behaviour, treating all people the same and encouraging and maintaining good relations all contribute to integrity in a group context.

**TABLE 4: THEMES REGARDING THE VALUE OF FAIRNESS**

	<b>QUESTION:</b> Describe what it is like to be <b>fair</b> to other people
<b>OBJECTIVE</b>	To allow participants the opportunity to describe their understanding of the value of fairness
<b>MAIN THEMES IDENTIFIED</b>	<ul style="list-style-type: none"> <li>• Actions and equality</li> <li>• Respecting other's choices</li> <li>• Honesty</li> <li>• Being faithful and using condoms</li> </ul>
<b>EXAMPLES OF RESPONSES</b>	<p>"Let them decide if they want to have the test"</p> <p>"Be the same even if they don't want to get tested"</p> <p>"you are being fair when you tell the truth about your status to your partner"</p> <p>"It is when you tell your partner you have HIV"</p> <p>"be faithful to your one partner"</p> <p>"It is only fair if you use the condom to protect your partner"</p>
<b>NON-RESPONSES AND MISUNDERSTANDINGS</b>	A total of 109 respondents did not answer this question. The high non-response may be an indication that the participants did not understand the question, did not know what the word meant or could not relate the application of the value to HIV and AIDS prevention.
<b>MAIN FINDINGS</b>	<p>The majority of respondents that answered the question reflected an understanding that fairness was related to the way one person treats another. The high non-response for this value could possibly be a reflection of gender inequality within the African culture, this is merely an interpretation of the data and will be explored further in article 2 of this study.</p> <p>Another reason for the high non-response could be that the respondents did not understand the concept and could not relate it to HIV and AIDS.</p>
<b>CORRELATION WITH THE LITERATURE</b>	According to Dowling (2008) the most profound and complicated form of respect in the traditional African culture is that of a married woman, who traditionally

	<p>would be punished if she uttered any of the syllables in her husband's name or in any of his family's names.</p> <p>According to De La Porte and Mailula (2006) being fair means avoiding major imbalances over the course of a relationship. It means not taking the opportunity away from others and giving them an equal chance to live, to grow and to realize their potential.</p>
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**TABLE 5: THEMES REGARDING THE VALUE OF LOVE**

	<b>QUESTION:</b> What does it mean to <b>love</b> someone?
<b>OBJECTIVE</b>	To allow participants the opportunity to describe their understanding of the value of love
<b>MAIN THEMES IDENTIFIED</b>	<ul style="list-style-type: none"> <li>• Acceptance</li> <li>• Knowing your status</li> <li>• Care</li> <li>• As you love yourself</li> <li>• Honesty</li> </ul>
<b>EXAMPLES OF RESPONSES</b>	<p>"Love means to accept them because they are your family"</p> <p>"If you love your partner you will know your status and keep them safe"</p> <p>"If you want to show love you must take care of those who are suffering"</p> <p>"love your neighbour the same way you love yourself"</p> <p>"love for everyone because of God loved you"</p> <p>"If you love me you will tell the truth about your status"</p>
<b>NON-RESPONSES AND MISUNDERSTANDINGS</b>	<p>A total of 87 respondents did not answer this question. The high non-response may be an indication that the participants did not understand the question, did not know what the word meant or could not relate the application of the value to HIV and AIDS prevention.</p>
<b>MAIN FINDINGS</b>	<p>The results in this table reflect that 24% of respondents either did not respond or misunderstood the question. This was the value with the lowest non-response of all</p>

	<p>the values.</p> <p>This study has found that <i>ubuntu</i> is a central value within the African culture. From the responses in the table above it appears that respondents understood the act of love as a personal experience of empathy and compassion expressed through a collective sharing of experiences, even sickness.</p>
<b>CORRELATION WITH THE LITERATURE</b>	<p>In African culture the <i>ubuntu</i> way of showing love is shown through empathy. This is about entering the world of the sufferer, and feeling the emotion a person is experiencing mentally and physically (Broodryk, 2007).</p> <p>A sense of collectivity is central to African culture where the emphasis lies on community rather than on the individual (Makgoba, 1997).</p>

**TABLE 6: THEMES REGARDING THE VALUE OF SERVICE**

	<b>QUESTION:</b> How can you <b>serve</b> other people in your community?
<b>OBJECTIVE</b>	To allow participants the opportunity to describe their understanding of the value of service
<b>MAIN THEMES IDENTIFIED</b>	<ul style="list-style-type: none"> <li>• Attending or presenting a workshop</li> <li>• Visiting the sick</li> <li>• Setting an example</li> <li>• Giving counselling or information</li> <li>• Marriage</li> </ul>
<b>EXAMPLES OF RESPONSES</b>	<p>“When you show the community that you help the infected people”</p> <p>“If you are sick you will ask them to help you. So now you help them if they are sick”</p> <p>“to get the information about HIV from the workshop and tell them”</p> <p>“the wife must serve her husband even if he is HIV”</p> <p>“marriage is service”</p>

	"the wife must make sure there is food"
<b>NON-RESPONSES AND MISUNDERSTANDINGS</b>	A total of 123 respondents did not answer this question. The high non-response may be an indication that the participants did not understand the question, did not know what the word meant or could not relate the application of the value to HIV and AIDS prevention.
<b>MAIN FINDINGS</b>	Although one would expect service to be a value widely understood within African culture, there was a high non-response for this value. This could be due to the respondents not understanding the concept of service in English or respondents not understanding the value in the context of HIV and AIDS prevention.
<b>CORRELATION WITH THE LITERATURE</b>	In <i>ubuntu</i> , humanity is characterized by kind attitudes towards others and shows itself in charity and support of the underprivileged and disaster-struck people and environments. Friendliness also contributes to the helpful nature of Africans. Small deeds like helping people in need or those suffering from HIV and AIDS are part of the value of service. Africans will easily make sacrifices in the process of being helpful to their fellow man (Broodryk, 2007).

## 6. CONCLUSION

- This study has shown that African language-oriented participants in the CLTP do not always understand the contents of the programme because it is only available in English.
- Many of the responses shown in tables 1 – 6 reflect poor grammar and spelling and an overall lack of comprehension of the English language. It appeared that the participants either did not fully grasp the questions, or could not sufficiently express their understanding through the English written language.
- Many participants did not understand English very well, as it was often their third or fourth language.



- It was also clear that many African participants did not always understand the questions or the concepts contained in the questions, because their perception of that value was different or did not exist in the same context.
- Africans have a unique framework for understanding and conceptualising the importance of values within their cultural communities. It is, therefore, possible that members of different cultures might not share the same understanding of a value concept than members of another cultural group.

The high non-response for answers in each value category could be due to the following:

- The questionnaire was only available in English and not in the respondents' own/first languages. English is often the third or fourth language of Africans.
- The respondents did not understand the meaning of words or the meaning of the value concepts, and the meaning was lost in translation.
- The respondents did not understand the questions due to their difference in culture, world-view or language.
- The respondents did not wish to share their understanding of the values in the pre-workshop questionnaires.

## 7. RECOMMENDATIONS

- Since people of different linguistic groupings see reality in different ways and also think in distinct ways, the CLTP should also be distinct to those groupings.
- To tackle communication problems at the cognitive level in the right way, it should be taken into account that people of different linguistic groupings think distinctively.
- The CLTP should not use Western theories of behaviour to explain the behaviour of Africans in its contents and presentation.

- Coordinators of the CLTP should be aware of unique African thought patterns so appropriate prevention and intervention strategies, that take into account the distinctive modes of knowing and being, can be designed.
- When working with African individuals in the CLTP, Western conceptual stereotypes should be replaced with approaches more relevant to African cultural orientations.
- Further qualitative studies should be done to explore African cultural values and their everyday application. This could facilitate the adaptation of other health intervention programmes like the CLTP in relation to language and culture, to make them more accessible to all South Africans.

## REFERENCES

- AIRHIHENBUWA, C.O. & DE-WITT WEBSTER, J. 2004. Culture and African Contexts of HIV/AIDS prevention, care and support. *Journal of Social Aspects of HIV/AIDS Research Alliance*, 1(1): 4-13.
- ALSTON, M. & BOWLES, W. 2003. **Research for social workers: an introduction to methods**. 2<sup>nd</sup> ed. London: Routledge.
- BHENGU, M.J. 1996. **Ubuntu in action**. Cape Town: Novalis Press.
- BROODRYK, J. 2007. **Understanding South Africa- the ubuntu way of living**. uBuntu School of Philosophy. Pretoria: Publiself publishers.
- DE LA PORTE, A. & MAILULA, S. 2006. Six values for life. (In De La Porte, A. ed. **Choose Life: a value-based response to HIV and AIDS**. Pretoria: CB Powell Bible Centre. 66-78p.)
- DE VAUS, D. 2001. **Research design in social research**. London: SAGE.
- DILL, J. & DE LA PORTE, A. 2006. A value-based response to HIV and AIDS. (In De La Porte, A. ed. **Choose Life: a value-based response to HIV and AIDS**. Pretoria: CB Powell Bible Centre. 1-16p.)
- DOWLING, T. 2008. **Uqedisiswe – The finisher of the nation: naming and talking about HIV and AIDS in African languages**. <http://www.isixhosa/research/aidsresearch.htm>. Date of access: 25 Nov. 2008.
- EDMONDSON, E. & MALLE, B. F. 2004. **What are values? A folk-conceptual investigation**. Oregon: Institute of Cognitive and Decision Sciences, University of Oregon.

ELLIS, C. 1999. **Learning language and culture in the medical consultation**. Parktown North: Sue McGuiness Communications.

EPSTEIN, H. 2007. **The invisible cure: Africa, the West and the fight against AIDS**. London: Penguin Group.

GRASSO, A.J. & EPSTEIN, I. 1992. **Research Utilization in the social services**. New York: The Haworth Press.

GRAY, M., COATES, J. & BIRD, M.Y. 2008. **Indigenous social work around the world: towards culturally relevant education and practice**. London: Ashgate.

GUBA, E.G. & LINCOLN, Y.S. 1994. Competing Paradigms in qualitative research. (In Denzin, N.K & Lincoln, Y.S (eds.), **Handbook of qualitative research**. London: Sage. 105-117p.

HARE, I. 2004. Defining Social Work for the 21st Century: The International Federation of Social Workers' Revised Definition of Social Work. *International Social Work*, 47(3):407-424

HERBST, A. & DE LA PORTE, A. 2007. **Choose Life review and evaluation**. Unpublished research report. Pretoria: Hospivision.

KHUMALO, I. P. 2005. **Exploring the validity of the VIA-inventory of strengths in an African context**. Dissertation for Magister Scientae in clinical psychology. Potchefstroom: North-West University.

KILGOUR, D. 1999. **The importance of language Calgary**. Alberta: Southern Alberta Heritage Language Association.

KOKA, K. 2002. **Afrikalogy**. Unpublished paper. Johannesburg: Gauteng Department of Social Development.

LASSITER, J. E. 1999. African Culture and Personality: Bad Social Science, Effective Social Activism, or a Call to Reinvent Ethnology? *African Studies Quarterly*, 3(2): 1. [online] URL: <http://web.africa.ufl.edu/asq/v3/v3i2a1.htm>

MAKGOBA, M.W. 1997. **The makgoba affair: a reflection on transformation.** Florida Hills: Vivlia Publishers and Booksellers.

NDLETYANA, D. 2003. **The impact of culture on team learning in a South African context.** Downloaded from <http://adh.sagepub.com> on May 23, 2008. 2003 SAGE Publications.

NEUMAN, W.L. 2003. **Social research methods: qualitative and quantitative approaches.** 5<sup>th</sup> ed. Boston: Allyn & Bacon.

PINNOCK, P. 1988. Xhosa – a cultural grammar for beginners. Cape Town: African Sun Press.

POWERS, G.T., MEENAGHAN, T.M. & TOOMEY, B.G. 1985. Practice-focused research: integrating human service practice and research. London: Prentice-Hall Inc.

ROYSE, D. 2005. **Research methods in social work.** Toronto: Brooks/Cole.

SEEDHOUSE, D. 2005. **Value-based decision making for the caring professions.** New Jersey: John Wiley & Sons.

SMITH, J.K. 1983. Quantitative versus qualitative research: an attempt to clarify the issue. *Educational Researcher*, 12(3):6-13.

SOUTH AFRICA. 2008. Department of Arts and Culture. **National Language Services Completed Terminology.** <http://www.dac.gov.za>. Date of access 25 Nov. 2008.

STAIANO, K. 1992. The semiotic perspective. (In Lachmund, J. & Stollberg, G. eds. **The social construction of illness**. Stuttgart: Franz Steiner Verlag. 182p.)

STRYDOM, H. 2005. Ethical aspects of research in the social sciences and human service professions. (In DE VOS, A.S. ; STRYDOM, H.; FOUCHÉ, C.B. & DELPORT, C.S.L. Eds. **Research at grass roots: for the social sciences and human service professions**. 3<sup>rd</sup> ed. Pretoria: Van Schaik, p. 56-70.)

STRYDOM, H.S. & DELPORT, C.S.L. 2005. Information collection: Document study and secondary analysis. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. eds. **Research at grass roots: for the social sciences and human service professions**. Pretoria: Van Schaik Publishers. 314-326p.

THABEDE, D. 2008. The African worldview as the basis of practice in the helping professions. *Social Work*, 44(3): 233-245.

WEYERS, M.L. 2007. The eight habits of highly efficient community social workers: a South African perspective. *Social Work*, 43(1): 1-15p.

WHORF, B. 1956. **Language, thought and reality: selected writings of Benjamin Lee Whorf**. Cambridge, Mass.: MIT Press.

ZASTROW, C.H. & KIRST-ASHMAN, K.K. 2010. **Understanding human behaviour and the social environment**. 8<sup>th</sup> ed. Belmont: Brooks/Cole, Cengage Learning.

# ARTICLE 2: AN EXPLORATION OF THE USE OF AFRICAN NARRATIVES IN THE INTERPRETATION OF THE SIX CORE VALUES OF THE “CHOOSE LIFE” TRAINING PROGRAMME

A. Janssen

A.G. Herbst

J. Zaaiman

## ABSTRACT

The aim of this study is to explore the African narratives of the six core values of the Choose Life Training Programme (CLTP), in order to make recommendations towards the development of the programme with regard to its acceptability and accessibility to all South Africans. Three focus group discussions were held to explore African participants' narrative interpretation of the six core values of this programme. The assumption was that the participants' interpretations of these values would be different from the Western definitions before and/or after completion of the CLTP workshops. The data from the focus group discussions was placed within the theoretical frameworks of Social Constructivism and Afrocentricity. This article focuses on the exploration of socio-cultural factors that influence the way in which Africans from a traditional and rural background interpret values and use narratives in making sense of social constructs, particularly HIV prevention.

## KEY WORDS

*Values; Value-based prevention programme; African Narratives; Language; Social Constructivism; Afrocentricity; Christian world-view; HIV and AIDS;*

## 1. INTRODUCTION

The Choose Life Training Programme (CLTP) is a value-based programme that aims to contribute to better awareness and prevention strategies in order to curb the spread of HIV and AIDS in South Africa. Although this programme

uses a holistic approach, is inclusive and acknowledges diversity, the study material is currently available in English only, and the authors are of the opinion that much of the inherent meaning of the programme is lost in translation to African language-oriented participants. The supposition is that the programme contents originated within the Western culture and world-view. Due to this, traditional African participants have difficulty integrating the information into their own world-view and cultural values. The possibility that African interpretations of the core values of the CLTP are different to the Western definitions, is a rich avenue yet to be explored. Dealing with one of South Africa's biggest challenges, the HIV and AIDS pandemic, requires special recognition for diverse African interpretations of the problem. If Western programmes like the CLTP want to make a difference in the battle against HIV and AIDS, they have to acknowledge African interpretations and adapt the programme to suit the needs of the people.

The aim of this study is to explore African narratives of the core values of the CLTP, in order to make recommendations towards the development of the programme to make it more acceptable and accessible to all South Africans. In the first article, the researcher studied the pre-workshop questionnaires (see addendum 1) to obtain insight into, and identify participants' initial interpretation of the six core values. In this article the data from the focus group discussions was interpreted according to themes which reflect the African interpretations of the core values. Following this data, a number of recommendations are made to improve or enrich the contents of the CLTP to make it more accessible and culturally relevant to African participants.

## 2. PROBLEM STATEMENT

*“The intelligibility of our accounts of the world derive not from the world itself, but from our immersion within a tradition of cultural practices....If our accounts conform to these conventions of intelligibility they will make sense; if they violate the traditions we cease our participation in the tradition. Thus, it is*



*from our relationships within interpretive communities that our constructions of the world derive.” (Gergen & Gergen, 2000: 1026.)*

According to Epstein (2007), AIDS is a socially manifested problem as much as it is a medical one. She is of the opinion that the social dislocation of Africans resulted in gender inequalities which, in return, created broad channels for the spread of HIV. She also suggests that intangible solutions to HIV are to be found in the collective awareness of communities, the anger of activists, and frank discussions about the issue. She maintains that painful personal conversations are vital to bringing people to terms with the reality of AIDS, caring for the afflicted, and changing their behaviour. She found that people in sub-Saharan African countries were likely to have such discussions.

Galavotti, Katina, Pappas-DeLuca and Lansky (2001) suggest that for many in sub-Saharan Africa, the story of HIV and AIDS is essentially a story of isolation, stigmatization, and social rejection. They further emphasize that the story can be changed by the power of narrative. Also, by providing supporting elements in the environment, men and women can be equipped with the resources necessary to rewrite the scripts of their lives. The importance of storytelling and the use of narratives thus seem to be useful in the search for a solution to the problem of HIV awareness and prevention, especially in Africa.

According to Goicoechea-Balbona (1997), HIV is transmitted through individual behaviours formed within the context of ethnic culture and beliefs. He continues to say that health care providers must understand and respect clients' cultural values and beliefs, and develop methods for treatment that fall within the paradigms and perceptions of treatment in that culture. The key focus of the CLTP is value-based behaviour change, and this can only be effective if approached from within the culture of the participants. For sustainable behaviour change to take place, the participants must experience that change in their values but also within the framework of their cultural understanding.

From the aforementioned problem statement, the following question arises:

- What can the facilitators/authors of the CLTP learn from the narratives of participants with reference to the interpretation of the six core values?

This article is therefore an exploration of the way in which Africans interpret values and use narratives in the process of making sense and understanding problems like HIV prevention.

### **3. THEORETICAL STANCE**

When research is conducted, it is important to position the study within a theoretical framework which will structure the study scientifically and connect theories with the aim of finding an explanation for the research problem at hand (Henning, Van Rensburg & Smit, 2004). The theoretical backbone of this study includes the narrative theory, African narratives, social constructivism, and Afrocentricity. Each of these theories will be briefly described.

#### **3.1 Narrative Theory**

According to Carr (1986), Overcash (2003) and Steffen (1997), narratives are used to describe the different ways in which people enact the telling of events. Narrative study is used to place the individual who is telling the story, in the framework of his or her social or cultural context. The storyteller is not isolated from their context but in constant interaction (Moen, 2006). Thus, narrative research is the study of how human beings experience the world, and narrative researchers collect these stories and write narratives of experience (Gudmundsdottir, 2001). This study explores how narratives and storytelling are central to the culture of Africans and inform and relay their perceptions of the world around them.

### **3.2 African Narratives**

Airhihenbuwa and De Witt-Webster (2004) claim that the results of many years of research and programme evaluation in African countries show that centralizing culture and language in health behaviour interventions is crucial to health promotion and disease prevention. It is thus important not to separate the relationship between language and culture in our approach to HIV prevention. Mazrui (1993) suggests that Africans living in a rapidly Westernizing world should learn to express their experiences freely in their own language. This is an important suggestion that supports the aim of this particular study: to explore how participants use their own language through narratives, to express their perceptions of the six core values.

### **3.3 Social Constructivism**

Social constructivism focuses on uncovering the ways in which individuals and groups work together in creating their own social reality. It entails an exploration of the ways in which social events and occurrences are created, institutionalised and made into traditions by humans (Burr, 1995). According to Jackson and Sorensen (2006), social constructivism does not view the social world as something 'out there' that exists independent of the thoughts and ideas of the people involved in it. Everything involved in the social world of men and women has been created by them and, therefore, they can understand what they have made.

### **3.4 Afrocentricity**

Afrocentricity holds the view that Africans have a unique and particular way of constructing their reality. The Afrocentric perspective in social work also acknowledges that African culture and expressions of African values, beliefs, institutions and behaviours are important in social work practice (Daniels, 2001).

Both social constructivism and Afrocentricity provide a framework for understanding how Africans may have a unique and particular perception of the world around them, seen through the lens of their culture, beliefs and

values. This is a central idea in this research, as it supports the idea that Africans may have a completely different perception of HIV and AIDS and the core values of the CLTP than their Western counterparts. This, in turn, would have a significant impact on the way Africans deal with the problem of HIV and AIDS, how they teach their children about the dangers and risks of the disease, and how they implement preventative measures.

#### **4. PURPOSE OF THE STUDY**

The purpose of this study was to explore the African narrative interpretations of the six core values of the CLTP. The first part of the study (see Article 1) aimed to explore the African participant's initial interpretation of the six core values. In the second part of the study, focus group discussions were held to explore the participant's narrative interpretation of these values. This exploration was necessary in order to make recommendations towards the development of the programme to make it more acceptable and accessible to all South Africans.

#### **5. RESEARCH METHODOLOGY**

##### **5.1 Research Design**

This qualitative study was planned from both a descriptive and exploratory research design (Alston & Bowles, 2003; De Vaus, 2001). Exploratory studies are helpful when not much has been written about a topic or population being studied, and the researcher seeks to listen to participants and build an understanding based on what is heard (Creswell, 2008:26)

##### **5.2 Participants**

For the purpose of this study the researcher was interested in exploring the narrative interpretations of the six core values of the CLTP by means of focus group discussions. A total of twenty-three (23) participants, who had previously completed the CLTP, responded to an invitation to participate in focus group discussions. A total of three focus group sessions were held.

There were 7-8 participants in each group. Fifteen (15) were female and eight (8) were male. All of the participants reported to be of African-language orientation and ethnicity with a rural or traditional background. The African heritage of the participants therefore provided the rich context for the aim of this study.

### **5.3 Methods of Data Collection**

Data was collected through a literature review, focus group discussions, and the study of the narratives collected through the Map of Values (see addendum 2). The research process was predominantly qualitative in nature.

The three focus group discussion sessions were structured to include open questions regarding each of the six core values (see addendum 3).

Towards the end of each focus group, the researcher gave the participants an opportunity to draw a *Map of Values* which represented how they had experienced all, or any, of the six core values during their lives. The participants could then voluntarily share their *Map of Values* with the group as a narrative (see addendum 2). The researcher used the hard copies of the *Map of Values* and the field notes made during these narratives for the data analysis.

### **5.4 Data Analysis**

In the interpretation and analysis of the obtained data, Tesch's analytical process was used (Poggenpoel, 1998; Tesch, 1990). The basis for the analysis was transcripts, field notes and observations. The raw information was reduced to reveal the essential themes and patterns (De Vos, 2005). The data was then coded and categorized to reduce and simplify the data, whilst retaining the essential meaning thereof (Monette, Sullivan & De Jong, 2002).

## 5.5 Procedure

1. Participants of the CLTP were contacted through the Hospivision head office and invited to attend the focus group discussions.
2. Twenty-three participants, who had previously completed the CLTP, responded to the invitation and attended the discussions.
3. Three focus group discussions were held to discuss and explore participants' narrative interpretation of the six core values of the CLTP.
4. The findings of the data from the focus group discussions were compared to the content of the CLTP and to the African interpretations of the values.
5. Following the data analysis, recommendations and suggestions were made to improve and adapt the CLTP contents to be more accessible and acceptable to all South Africans.

## 5.6 Ethical Aspects

Protecting the rights of participants during research is the main responsibility of researchers (Grasso & Epstein, 1992: 118). Research in the field of HIV and AIDS is complex with pervasive ethical issues (Fisher & Foreit, 2002: 3) and data should never be obtained at the expense of human beings (Strydom, 2005: 57-63). To ensure ethical practices in this study, the following procedures were followed:

- Written informed consent was obtained from each focus group participant.
- Participants were informed about the aim and objectives of the broader study and what was to be expected during the focus group sessions. They were also informed about the possible publication of results.
- Anonymity and confidentiality of all participants were maintained at all times.
- Participants were informed that they could contact the HospiVision head office, if they should wish to view the data.

- Before each focus group discussion, the ethical aspects of the study were discussed with the participants and all the participants agreed and did not have any objections.

## 6. RESULTS

### 6.1 Discussion on values in general

A theme that was mentioned and discussed at length in all the groups was the role that elders play in the functioning of a community. Although this theme was not initiated by the researcher, participants in each of the three discussion groups spontaneously shared relevant stories and experiences; this happened for the most part when discussing the value of respect. Almost every participant shared a story of the significant roles their elders played while they were growing up. The majority of participants stated that they were, in fact, raised by their grandparents.

Many participants said that all the elders in the community were considered to be your mother and father. They all have the right to request that you do tasks for them and punish you as they see fit. African children are therefore taught about the value of respect and authority from an early age. One participant said that if African children are taught by their elders that trees can talk, they will believe it for the rest of their lives even if it weren't true.

It is apparent that Africans learn their value system from the elders in their communities. These values are a combination of traditional African beliefs and a more modern set of learnt values. Participants stated that their elders use stories to convey these values to them. Thus, storytelling as a way of describing and creating order out of experience starts in childhood and continues through all stages of our lives.

Many of the participants agreed that they had learnt values through the stories and examples of their elders, and that they taught these values to their own

children in the same way. The majority of the participants had grown up in rural areas and reported that, when they were young, they used to sit around the fire at night listening to the elders telling stories containing life-lessons.

## 6.2 INFORMATION FROM FOCUS GROUPS

TABLE 1: DISCUSSION REGARDING THE VALUE OF RESPECT

FOCUS GROUP DISCUSSION	Value: Respect
OBJECTIVE	<ul style="list-style-type: none"> <li>To allow participants to share their understanding of the value of respect within the context of their culture and community and in relation to HIV and AIDS prevention.</li> </ul>
THEMES EMERGING	<ul style="list-style-type: none"> <li>Respect for elders and spouses.</li> <li>Respect ingrained within cultural upbringing.</li> <li>Respect for the decision of another to withhold or disclose their HIV status.</li> <li>Respect expressed through behaviour towards others.</li> </ul>
EXAMPLES OF RESPONSES	<ul style="list-style-type: none"> <li><i>"It is important to show respect to the elders by always greeting them"</i></li> <li><i>"Respect is the first thing that children have to learn"</i></li> <li><i>"The elders taught us not to use anything that is not belonging to you"</i></li> <li><i>"When the elder calls you, you must show your respect by kneeling down to show you come from the respect family"</i></li> <li><i>"When we eat together the elders take the big meat and the last born gets the last meat"</i></li> <li><i>"In the rural area everything is ruled by the elders and it is them applying the law"</i></li> <li>See also addendum 2a for an example of a respondent's Map of Values.</li> </ul>
CORRELATION WITH LITERATURE	<ul style="list-style-type: none"> <li>According to Kouyate (1989) the most respected person in traditional African society was the man or woman who kept the stories. This person was known as the <i>griot</i>, and was the oral historian and educator of the people</li> <li>In the Map of Values (see addendum 2) respondents emphasized the importance of elders and storytelling within traditional, rural African culture.</li> </ul>



	<ul style="list-style-type: none"> <li>De la Porte and Mailula (2006:67) define respect as the acknowledgement of the worth of another person and his right as a free individual. Respect is revealed as unconditional care and warmth towards another person.</li> </ul>
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From this discussion it appeared that, in traditional, rural African culture, respect is an important aspect of daily life and regarded very highly. The concept and application of this value is taught to children from a young age by the elders of their community.

This confirmed that, within traditional African culture, respect plays an important role within gender and hierarchical relationship structures. Elders are respected as the conveyors of culture and tradition by means of storytelling and the passing on of values. The husband is respected as the head of and provider for the household.

From this data it was clear that the participants' perception of respect frequently differed from the more Western definition in the CLTP (unconditional care and warmth towards another person, including the recognition of the boundaries that others set for their interaction with us). However, despite the differences there were also similarities. Participants reported that they could integrate the CLTP definition into their own cultural understanding of respect.

With regards to HIV and AIDS prevention, participants appeared to have strong feelings that those who wish not to disclose their HIV status, should be respected in their decision to do so. From this discussion, it seemed that Africans value and honour the decisions of their fellows above the implications that these decisions might have.

**TABLE 2: DISCUSSION ON THE VALUE OF RESPONSIBILITY**

<b>FOCUS GROUP DISCUSSION</b>	<b>Value: Responsibility</b>
<b>OBJECTIVE</b>	<ul style="list-style-type: none"> <li>To allow participants to share their understanding of the value of responsibility within the context of their culture and community</li> </ul>

	and in relation to HIV and AIDS prevention.
<b>THEMES EMERGING</b>	<ul style="list-style-type: none"> <li>• Responsibility to perform expected gender and hierarchical duties.</li> <li>• Responsibility for actions that affect others.</li> <li>• Responsibility for managing HIV status and health.</li> </ul>
<b>EXAMPLES OF RESPONSES</b>	<ul style="list-style-type: none"> <li>• <i>"I show responsibility by cleaning the home and fetching water from the borehole"</i></li> <li>• <i>"It is my responsibility to live a better life. If something goes wrong, I have to seek advice to make it right"</i></li> <li>• <i>"In life when you fall down, you only need to bend and stand up again"</i></li> <li>• <i>"It is the elders responsibility to take care of the young persons"</i></li> <li>• See also addendum 2a for an example of a respondent's Map of Values.</li> </ul>
<b>CORRELATION WITH LITERATURE</b>	<ul style="list-style-type: none"> <li>• According to Broodryk (2007) humanness is the guiding principle in African conduct. When a decision is to be taken, the main concern will be whether the decision is correct from a human point of view. The right to life also, in turn, affects the love life of another human being. A responsible person suffering from a sexual disease like HIV and AIDS will refrain from spreading this disease to his loved ones and other persons.</li> </ul>

The discussion emphasised the fact that many of the respondents felt that, within their culture, they were expected to be responsible by fulfilling their duties as children through obedience, as wives through respect for their husbands, and as husbands through providing for their families.

Participants also reported that each person has an inherent duty (responsibility) to act in a manner that reflects respect for their community, particularly their elders and spouses. It appeared that participants valued the individual's personal responsibility to manage their lifestyle in reciprocation to the benefits of being in a mutualistic relationship with the community.

In relation to HIV and AIDS, participants only highlighted the responsibility that each individual has in managing his or her HIV status, especially within a marriage.

**TABLE 3: DISCUSSION ON THE VALUE OF INTEGRITY**

FOCUS GROUP DISCUSSION	Value: Integrity
OBJECTIVE	<ul style="list-style-type: none"> <li>To allow participants to discuss their understanding of the value of integrity within the context of their culture and community and in relation to HIV and AIDS prevention.</li> </ul>
THEMES EMERGING	<ul style="list-style-type: none"> <li>Congruence between beliefs/values and behaviour.</li> <li>Being honest and transparent.</li> </ul>
EXAMPLES OF RESPONSES	<ul style="list-style-type: none"> <li><i>"Integrity is when people say things about you that are not true, and you keep up your good behaviour even under that pressure"</i></li> <li><i>"Your inside must be the same as your outside"</i></li> <li><i>"My husband cheated on me and was infected with HIV, I did not abandon him but cared for him until he died"</i></li> <li><i>"With integrity you are not ashamed of your life and anyone can talk about you"</i></li> <li><i>"I learnt about integrity for the first time during the Choose Life workshop"</i></li> <li>See also addendum 2a for an example of a respondent's Map of Values.</li> </ul>
CORRELATION WITH LITERATURE	<ul style="list-style-type: none"> <li>The value of self-control and strength in the <i>ubuntu</i> lifestyle can be compared to the Western understanding of the value of integrity (Broodryk, 2007).</li> <li>The concept of <i>ubuntu</i> involves putting people first and reflects the communal values of collective humanity, compassion, solidarity, respect, humility, caring and sharing. In other words, a person is a person through other people (National Heritage Council, 2006).</li> <li>Attributes of presenting oneself in a genuine way and being loyal to the group, being careful and having control over one's feelings and behaviour, treating all people the same and encouraging and maintaining good relations all contribute to integrity in a group context (Khumalo, 2005).</li> </ul>

Firstly, it must be added that when the value concept "integrity" was introduced into the focus group discussions, the majority of participants asked for the definition of integrity to be explained to them. They felt it was a difficult

word to understand and there was no direct translation into their own languages.

From the discussion it became clear that the participants could associate integrity with leading a life that reflects your inner beliefs. The respondents shared a wide variety of practical ways of expressing integrity within the context of their culture. The main conclusion though, is that integrity was better understood as representing the value of *ubuntu*, where a person shows integrity through empathy, honesty and selflessness towards others.

In relation to HIV and AIDS, integrity was understood to imply altruistic behaviour which is in line with the individual's beliefs, in order to prevent conduct that would promote the spread of the disease.

**TABLE 4: SUMMARY OF DISCUSSIONS REGARDING THE VALUE OF FAIRNESS**

FOCUS GROUP DISCUSSION	Value: Fairness
OBJECTIVE	<ul style="list-style-type: none"> <li>To allow participants to discuss their understanding of the value of fairness, within the context of their culture and community and in relation to HIV and AIDS prevention.</li> </ul>
THEMES EMERGING	<ul style="list-style-type: none"> <li>Right versus wrong.</li> <li>The <i>ubuntu</i> way of life.</li> <li>Gender equality and inequality.</li> </ul>
EXAMPLES OF RESPONSES	<ul style="list-style-type: none"> <li><i>"it is to have the knowledge to accept differences"</i></li> <li><i>"when someone does not greet you, but you greet them"</i></li> <li><i>"Have ubuntu and show humanity to others"</i></li> <li><i>"when you tithe in church you should give a fair amount of what you earn"</i></li> <li><i>"I learnt fairness by treating my brothers and sisters equally even though our culture says the last born is to be spoilt and a boy is the man of the family"</i></li> <li>See also addendum 2a for an example of a respondent's Map of Values.</li> </ul>
CORRELATION WITH	<ul style="list-style-type: none"> <li>According to De la Porte and Mailula (2006) being fair means avoiding major imbalances over the course of a relationship. It</li> </ul>

LITERATURE	means not to take the opportunity away from others and to give them an equal chance to live, to grow and to realize their potential.
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In this discussion, fairness seemed to be a concept widely applied by all the participants in all areas of their lives, ranging from intimate relationships to general interaction with others in everyday life. Participants reported that they understood fairness to be the key idea in the application of the *ubuntu* lifestyle.

In relation to HIV and AIDS, the participants were of the opinion that fairness is the value that guides decision-making for the benefit of not only the infected individual, but others within the community that are also affected by the disease. It seemed that participants understood fairness to be the element that brings harmony within a marriage, community or culture.

**TABLE 5: SUMMARY OF DISCUSSION REGARDING THE VALUE OF LOVE**

FOCUS GROUP DISCUSSION	Value: Love
OBJECTIVE	<ul style="list-style-type: none"> <li>To allow participants to discuss their understanding of the value of love within the context of their culture and community and in relation to HIV and AIDS prevention.</li> </ul>
THEMES EMERGING	<ul style="list-style-type: none"> <li>Love is unconditional and disregards differences between people on grounds of gender/HIV status.</li> <li>Compassion for those infected and affected.</li> <li>The ultimate expression of the <i>ubuntu</i> way of life.</li> </ul>
EXAMPLES OF RESPONSES	<ul style="list-style-type: none"> <li><i>“you must express and show love, not only with words”</i></li> <li><i>“to visit and care for people even if they have HIV”</i></li> <li><i>“Love should not change when you find out someone has HIV”</i></li> <li><i>“when you are willing to sacrifice”</i></li> <li>See also addendum 2a for an example of a respondent’s Map of Values.</li> </ul>
CORRELATION WITH LITERATURE	<ul style="list-style-type: none"> <li>The <i>ubuntu</i> way of showing love is through empathy. This is about entering the world of the sufferer, and feeling the emotion a person is experiencing. The appreciation of love is</li> </ul>

	fundamental to the <i>ubuntu</i> lifestyle. The value of loving other humans goes hand in hand with the value of happiness. "The loving art is to maintain love in a state of happiness." (Broodryk, 2007:81.)
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From these discussions it appeared that most participants understood love as the driving force in relationships, whether intimate or as service to those in need. Participants described love in terms of how they responded to the sick as well as to their families. Participants reported that they enacted love through compassion and empathy for those who were suffering. Love was also reported to be central to the application of *ubuntu*.

Participants reported that the CLTP definition of love (an inner commitment towards others and a responsible attitude towards your partner) differed slightly from their cultural understanding of love, which is always shown through empathy and service towards others. It appeared that Africans understand love as the binding force between members of a community, family, or marriage, which enables the expression of selflessness and compassion.

**TABLE 6: SUMMARY OF DISCUSSION REGARDING THE VALUE OF SERVICE**

FOCUS GROUP DISCUSSION	Value: Service
OBJECTIVE	<ul style="list-style-type: none"> <li>To allow participants to discuss their understanding of the value of service within the context of their culture and community and in relation to HIV and AIDS prevention.</li> </ul>
THEMES EMERGING	<ul style="list-style-type: none"> <li>Serving others as a duty and responsibility.</li> <li>Selflessness, humility and compassion as the driving force of service.</li> </ul>
EXAMPLES OF RESPONSES	<ul style="list-style-type: none"> <li><i>"Those who we serve are of a low self esteem, they are not so clean and people don't want to help, if you want to serve them you must have love"</i></li> <li><i>"to teach others about HIV, to give them information"</i></li> <li><i>"to travel far in bad conditions to go help a sick person"</i></li> <li>See also addendum 2a for an example of a respondent's Map of</li> </ul>

	Values.
<b>CORRELATION WITH LITERATURE</b>	<ul style="list-style-type: none"> <li>• Service embodies the spirit and practice of the golden rule and <i>ubuntu</i> (De La Porte &amp; Mailula, 2006).</li> <li>• According to Broodryk (2007), <i>ubuntu</i> characterizes humanity by kind attitudes towards others and shows itself in charity, and support of the underprivileged and disaster-struck people and environments. Friendliness also contributes to the helpful nature of Africans. Small deeds like helping people in need or suffering from HIV and AIDS are part of the value of service. Africans will easily sacrifice in the process of being helpful to their fellow man.</li> </ul>

This discussion revealed that many participants seemed to have a strong conviction that it was their duty to serve and help those in need. Participants also reported that it was an integral part of their culture to care for the sick and elderly, even if it meant going out of their way.

In relation to HIV, the participants felt a duty and responsibility to serve those infected and affected, although some participants stated that an HIV positive person was often rejected and marginalized by their community. This seemed to be one of the many reasons why Africans appear to feel uncomfortable with the term “HIV and AIDS”, and feel more willing to serve the ill if they have “acceptable” illnesses like cancer or tuberculosis.

### 6.3 Findings from the Map of Values

During the focus groups the participants could voluntarily share their *Map of Values* orally with the group as a narrative (see addendum 2). Narratives are an intimate and personal expression of what the individual has experienced first-hand. These stories are valuable and contain an abundance of qualitative data.

According to Banks-Wallace (2002) storytelling that is rooted in oral traditions provides unique opportunities<sup>1</sup> to contribute to the development and testing of theories or interventions while promoting the health of the participants in that

study. In particular, the use of data-collection methods grounded in the oral tradition facilitates the bridging of differences and community building among participants and researchers, nurturing spiritual growth and tapping personal or cultural wisdom as a foundation for health promotion and behaviour change. This would imply that the process of the focus group discussions and the sharing of participants' narratives through the *Map of Values* alone was a bridge in the gap between the original Western programme contents and the African perception and experience of the six core values of the CLTP.

The main themes in the Map of Values were:

- The traditional and rural African background of respondents
- The role of elders and storytelling in the traditional African culture
- Personal narratives regarding HIV and AIDS
- Personal reflection on the six core values of the CLTP within a cultural context.

The data from the Map of Values was similar to the findings in the focus group discussions and the information and themes were integrated into the above tables to support and enhance the data findings.

## 7. CONCLUSIONS

It is important to note that the conclusions below were only reached in relation to the specific cultural profile of the participants in this study, who were Africans of a rural and traditional background.

- The value of respect appeared to be understood mainly as reverence for elders within the community and respectful treatment of individuals who may be infected with HIV or AIDS. It must also be noted that often Africans will not name AIDS but use euphemisms out of fear for the disease and respect for the infected (see article 1). Respect may possibly serve as a boundary to the honest acknowledgement and uninhibited intervention into the problem of HIV and AIDS.



- Participants appeared to understand responsibility as a duty to care for the infected and affected, or an act of obedience towards a spouse. Generally participants did not give robust descriptions of how responsibility as a value could impact on HIV prevention, but rather as a value to guide daily living.
- Participants admitted that they did not all understand the meaning of the word “integrity” but could describe their perception of it being an idea similar to the African value of *ubuntu*. Most participants were introduced to the term “integrity” for the first time when they attended the CLTP. Participants could however explain at length their understanding and everyday application of *ubuntu* as it was a cultural value they had been taught by their elders since childhood.
- Participants seemed to understand fairness as the unifying value that brings harmony within a community. In relation to HIV and AIDS, fairness guides the making of decisions for the benefit of those infected with HIV and AIDS as well as those in the community who are affected by the disease.
- Participants understood love as shown through empathy in the application of *ubuntu*. The selfless caring and acceptance of those who are infected was identified as the clearest expression of love in relation to HIV and AIDS. Participants indicated that Africans had traditionally been collectivistic, valuing the good of the community above that of the individual; however, this is a value that had evolved over time with urbanisation.
- Participants did not appear to understand ‘service’ only as it is described in the CLTP (unconditionally supporting the personal choices and goals of others), but rather as an expression of humanity and compassion towards the sick and dying, which is another practical application of *ubuntu*.

## 8. RECOMMENDATIONS

- The CLTP should be presented to participants by a facilitator of their own cultural background, or a facilitator who is familiar with, or has previously been involved in, research regarding the African culture.
- The programme contents of the CLTP should be translated into African languages to make the programme more accessible and acceptable to all participants.
- CLTP facilitators should be culturally competent and their presentation informed by the Afrocentric theory when presenting to African participants. This can be done by using unique African examples, definitions, applications and theoretical grounding.
- The CLTP programme contents should be adapted by integrating the storytelling and the narrative sharing of participants' *Map of Values* into the programme contents.

## REFERENCES

- AIRHIHENBUWA, C.O. & DE WITT-WEBSTER, J. 2004. Culture and African Contexts of HIV/AIDS prevention, care and support. *Journal of Social Aspects of HIV/AIDS Research Alliance*, 1(1): 4-13.
- ALSTON, M. & BOWLES, W. 2003. **Research for social workers: an introduction to methods**. 2<sup>nd</sup> ed. London: Routledge.
- BANKS-WALLACE, J. 2002. Talk that talk: storytelling and analysis rooted in African American oral tradition. *Qualitative Health Research*, 12(3):410-426.
- BROODRYK, J. 2007. **Understanding South Africa: the uBuntu way of living**. Waterkloof South Africa: Publiseff publishers.
- BURR, V. 1995. **An introduction to social constructionism**. London: Routledge.
- CARR, D. 1986. Narrative and the real world: an argument for continuity. *Historical Theory*, (33):117-134.
- CRESWELL, J.W, 2008. **Research Design: Qualitative, Quantitative, and Mixed Methods approaches**. London: Sage.
- DANIELS, J.E. 2001. Africentric social work practice: the new approach for social work practice intervention in the 21st century. *International Social Work* 44(3): 301–309.
- DE LA PORTE, A. & MAILULA, S. 2006. Six values for life. (In De La Porte, A. ed. **Choose Life: a value-based response to HIV and AIDS**. Pretoria: CB Powell Bible Centre, 66-78p.)
- DE VAUS, D. 2001. **Research design in social research**. London: SAGE.

DE VOS, A.S. 2005. Qualitative data analysis and interpretation. ( In De Vos, A.S.; Strydom, H.; Fouché, C.B. & Delport, C.S.L. eds. **Research at grass roots: for the social sciences and human service profession**. 3<sup>rd</sup> ed. Pretoria: Van Schaik, 333-349p.)

EPSTEIN, H. 2007. **The Invisible Cure: Africa, the West and the fight against AIDS**. London: Penguin Group.

FISHER, A.A. & FOREIT, J.R. 2002. **Designing HIV/AIDS intervention studies: an operations research handbook**. New York: The Population Council.

GALAVOTTI, C., KATINA, A., PAPPAS-DELUCA, M.A. & LANSKY, A. 2001. Public health matters. Modeling and reinforcement to combat HIV: The MARCH approach to behaviour change. *American Journal of Public Health*, 91(10):1602-1607.

GERGEN, K. & M. GERGEN. 1997. Toward a cultural constructionist psychology: *Theory and Psychology*, 7:31–36.

GERGEN, K. & GERGEN, M. 2000. Qualitative inquiry: tensions and transformations. (In. Denzin, N.K. & Lincoln, Y.S. eds. **Handbook of qualitative research**. London: Sage Publications, 1024-1046p.)

GOICOECHEA-BALBONA, A. 1997. Culturally specific health care model for ensuring health care use by rural, ethnically diverse families affected by HIV/AIDS. *Health & Social Work*, 22(3), 172-180.

GRASSO, A.J. & EPSTEIN, I. 1992. **Research utilization in the social services**. New York: The Haworth Press.

GUDMUNDSDOTTIR, S. 2001. Narrative research on school practice. (In Richardson, V. ed., **Fourth handbook for research on teaching**. New York: MacMillan, 226-240p.)

HENNING, E.; VAN RENSBURG, W. & SMIT, B. 2004. **Finding your way in qualitative research**. Pretoria: Van Schaik.

JACKSON, R. & SORENSEN, G. 2006. **Introduction to international relations: theories and approaches**. Hammond USA: Oxford University Press.

KHUMALO, I. P. 2005. Exploring the validity of the VIA-inventory of strengths in an African context. Dissertation for Magister Scientiae in clinical psychology. Potchefstroom: North-West University.

KOUYATE, D. 1989. The role of the griot. (In Goss, L. & Barnes, M. eds. **Talk that talk: an anthology of African American storytelling**. New York: Simon & Schuster, 179-181p.)

MAZRUI, A. 1993. Language and the quest for liberation in Africa: the legacy of Franz Fanon. *Third World Quarterly*, 14(2).

MOEN, T. 2006. Reflections on the narrative research approach. *International Journal of Qualitative Methodology*, 5(4).

MONETTE, D.R., SULLIVAN, T.J. & DEJONG, C.R. 2002. **Applied social research: tool for the human services**. New York: Harcourt Brace.

NATIONAL HERITAGE COUNCIL. 2006. Ubuntu Imbizi/Pitso. Reclaiming Ubuntu for a better society report. Pretoria: National Heritage Council.

OVERCASH, J.A. 2003. Narrative research: a review of methodology and relevance to clinical practice. *Critical Reviews in Oncology/Hematology*, 48:179-184.

POGGENPOEL, M. 1998. Data analysis in qualitative research. (In De Vos, A.S. ed. **Research at grass roots: a primer for the caring professions**. Pretoria: Van Schaik, 334-353p.)

STEFFEN, V. 1997. Life stories and shared experience. ***Social Science and Medicine***, 45(1):99-111.

STRYDOM, H. 2005b. Ethical aspects of research in the social sciences and human service professions. (In De Vos, A.S. ; Strydom, H.; Fouché, C.B. & Delpont, C.S.L. Eds. **Research at grass roots: for the social sciences and human service professions**. 3<sup>rd</sup> ed. Pretoria: Van Schaik, 56-70p.)

TESCH, R. 1990. **Qualitative research: analysis types & software tools**. Basingstoke: The Falmer Press.

## **SECTION C: SUMMARY, EVALUATION, CONCLUSIONS AND RECOMMENDATIONS**

### **1. INTRODUCTION**

The following section of this research study aims to provide a summative overview of the research study, an evaluation of the aims and objectives, and most significant findings reached through the research process. This section also contains the conclusions that were reached in both parts of this study (see article 1 and 2) and the subsequent recommendations that were made to inform further research, policy and practice.

### **2. SUMMARY OF THE RESEARCH**

The Choose Life Training Programme (CLTP) focuses on ethical issues and a value-based lifestyle and is structured to include the following six core values: respect, responsibility, integrity, fairness, love and service. The rationale for following a value-based approach lies in the influence that values have on the behaviour of individuals. By applying these values in everyday life, positive decisions can be made and the risk of HIV infection avoided (Dill & De La Porte, 2006).

Although the CLTP uses a holistic approach, is inclusive and acknowledges diversity, the study material is currently available in English only and the researcher is of the opinion that much of the inherent meaning of the programme is lost in translation to participants of African language orientation. This opinion is based on the results of the annual CLTP review and evaluation (Herbst & De La Porte, 2007).

Dealing with one of South Africa's biggest challenges, the HIV and AIDS pandemic, thus requires special recognition for diverse African interpretations of the problem. For sustainable behaviour change to take place, the participants of the CLTP must experience a change in their values but also

within the framework of their cultural understanding. If Western programmes like the CLTP want to make a difference in the battle against HIV and AIDS through the faith community, they have to acknowledge African interpretations to adapt the programme and suit the needs of the people.

The research process started with the existing pre-workshop CLTP questionnaires being subjected to secondary analysis to identify themes and patterns relevant to the study. Thereafter, a literature study was done to explore the African interpretations related to the six core values of the CLTP. Participants of the CLTP were then invited to partake in focus group discussions and 23 individuals of African-language orientation with a rural or traditional background, responded to this invitation. Subsequently, three focus group discussions were held to discuss and explore participants' narrative interpretation of the six core values of the CLTP. The findings of the data from the focus group discussions were then compared to the content of the CLTP and to the African interpretations of the values. Lastly, recommendations and suggestions were made to improve and adapt the CLTP contents to be more accessible and acceptable to all South Africans.

### **3. EVALUATION OF THE RESEARCH**

#### **3.1 Aims and Objectives of the study**

The purpose of this study was to explore African interpretations of the six core values of the CLTP. The first part of the study (see Article 1) aimed to explore the African participant's initial interpretation of the six core values. In the second part of the study (see Article 2), focus group discussions were held to explore the narrative interpretation of these values. This exploration was necessary in order to make recommendations towards the development of the programme to make it more acceptable and accessible to all South Africans.

This aim resulted in the following objectives:

- To explore the initial African interpretation of the six core values of the CLTP.



- To explore the narrative interpretation of the six core values of the CLTP with the aim of making recommendations towards development of the programme.

### 3.2 Aims and Objectives that were reached through this study

Objective 1 was achieved by means of secondary analysis: this analysis produced literature and data concerning the initial African interpretations of the six core values of the CLTP (see article 1).

Objective 2 was reached through exploration of the African narratives of the six core values of the CLTP by means of focus group discussions and Map of Values (see article 2).

### 3.3 Significant findings

- Most participants interpreted the six core values of the CLTP from their own cultural perspective and did not always have a full understanding of the more Western definitions.
- Africans use storytelling and narratives as the main vehicle of conveying their culture, language and values within their community.
- African participants understood the six core values in a different way from the more Western definitions given by the CLTP contents. Most participants in this study reflected their traditional African perception of the six core values and could relate better to the idea of *ubuntu* and traditional African values.
- Another important finding in this study was that Africans have a unique framework for understanding and conceptualising the importance of values within their cultural communities. Members of different cultures might not share the same understanding for a value concept.
- Many of the responses shown in the findings of Article 1, tables 1 – 6 also reflect poor grammar and spelling and an overall lack of comprehension of the English language. It appears that the participants either did not fully grasp the questions or could not sufficiently express their understanding through the English written language.

Examples of these responses:

- “Respect for the under person”
- “to responsibility to someone”
- “try by all means to integrity”
- “you must to fairness people living around”
- “I love a parnts (sic) a famils (sic)”
- “I will go the clinic to check the blood, I will give loves”
- “love to be healthy so that you get to grow your children with that”
- “give them the interested services”

### 3.4 Testing the theoretical argument

The central theoretical argument of this study was that if the African narratives and interpretations of the six core values were found to be different to the definitions in the current CLTP contents, then the programme should subsequently be adapted to be more accessible and acceptable to all South Africans. This study found that the initial African interpretations in most cases differed from the CLTP contents. The narratives also produced information to support the argument. Subsequently, recommendations were made to adapt and improve the CLTP contents.

### 3.5 Dissemination of information

- Article 1 has provisionally been prepared as a manuscript to be submitted for possible publication to Indilinga Journal.
- A poster presentation of this research study was given at the 34th Global Social Work Congress during 20-24 July 2008. The title of the poster was: INTRODUCING THE CHOOSE LIFE PROGRAMME: A VALUE-BASED HIV AND AIDS PREVENTION STRATEGY
- The provisional results of the research findings of this study have been included in the following CLTP documents: Herbst, A.G. 2009. Evidence-based evaluation of the content and outcomes of the CLTP:

results from the pilot study. Potchefstroom: Unpublished research report.

- Article 2 will be prepared as manuscript to be submitted to *Language Matters* Journal.

#### 4. CONCLUSIONS

The first objective of this study was to explore the African interpretation of the six core values of the CLTP. Article 1 produced literature and data through secondary analysis concerning the African interpretations of the six core values of the CLTP. Through a comprehensive literature review, African values, language and culture were explored as well as their relation to, and impact on, HIV and AIDS.

It was found that culture and values are interconnected and that members of a certain culture may hold the same values. This would then imply that members of different cultures might not share the same understanding of a value concept.

It was also found that Africans have been living according to a unique value-system for centuries. Some of these values are similar to the six core values of the CLTP, although their African definitions and practical applications are different. The finding was that *ubuntu* plays an important role in the African interpretation of values and that a cultural approach is central to HIV and AIDS prevention.

Another main finding was that language plays an important role in culture and that Africans have unique linguistic methods of referring to HIV and AIDS, which may impact upon their behaviour.

The six core values of the CLTP were also reviewed. Following the literature review, the secondary analysis of pre-workshop questionnaires produced data that reflected the African perceptions and interpretations of the six core values of the CLTP. It was found that these African perceptions were different to the more Western definitions in the CLTP contents.

A high non-response relating to the values was also identified, which could be a result of the questionnaire only being available in English (the second or third language of most participants). Participants generally showed poor

English grammar and spelling as well as misunderstanding of the values, especially in relation to HIV and AIDS. It also appeared that African participants could relate their understanding of the values more comprehensively within their own cultural context.

The second objective of this study was to explore the African narrative interpretation of the six core values of the CLTP. Focus group discussions were held to explore participants' interpretations of the six core values of the CLTP.

During the focus group discussions, it was found that elders played a significant role within the African community, particularly in the use of narrative storytelling when passing on the culture and values of the community. This differed significantly from the more Western methods of teaching and sharing knowledge.

The focus group discussions also showed that the interpretations of traditional, rural African-language oriented participants differed somewhat from the more Western definitions of these values in the CLTP contents. During the focus group discussions, participants were able to share their own narrative interpretations of the values by using the Map of Values. This alone served as a bridge over the gap between the original Western programme contents and the African perception and experience of the six core values of the CLTP.

Finally, following the data analysis and conclusions, recommendations were made to the CLTP to make it more acceptable and accessible to African participants.

The primary purpose of this study was to explore the African interpretations of the CLTP. The researcher is of the opinion that this was accomplished within the framework and limitations of the study, to produce results that could inform the recommendations to the CLTP in order to subsequently improve and adapt the programme contents.

The recommendations present practical suggestions and it should not be a complicated task to incorporate these into the CLTP. The aim of all social work research should be to eventually inform action and change, and the researcher feels that this aim, if accepted and applied, can be achieved.

## 5. RECOMMENDATIONS FOR RESEARCH, POLICY AND PRACTICE

*“If the intervention makes sense to the client, a greater likelihood exists that the client will be invested in applying the intervention (Hodge 2006:163)”*

### 5.1 Micro level: CLTP

- 5.1.1 As this study has shown, exploring the contextual (cultural and linguistic) influences on storytelling is a critical feature of narrative analysis. It is therefore important for the CLTP facilitator to have a better awareness of the values that guide storytelling within his or her own cultural group and to have a familiarity with storytelling traditions of the participants in the programme. It is also important to understand priority issues affecting the lives of the participants from the standpoint of the target population (Africans of a traditional rural background). Therefore, the first recommendation would be that the CLTP is presented to the participants by a facilitator of their own cultural background, or a facilitator who is familiar with, or has previously been involved in research regarding the African culture.
- 5.1.2 In this study it has also been found that culture and language play a key role in the perceptions formed around values and HIV and AIDS (Staiano, 1992; Dowling, 2008). Centralizing language and culture in health behaviour interventions, like the CLTP, is crucial to health promotion and disease prevention. Therefore, the second recommendation would be that the particular language and culture of the participants in the CLTP should be taken into account when presenting the programme. The programme contents of the CLTP should be translated and adapted accordingly to make the programme more accessible and acceptable to all South Africans.
- 5.1.3 This study has further shown that an Afrocentric approach is a paradigm which infuses all phenomena from the standpoint of African people as subjects in human history, rather than a people on the

fringes of someone else's culture (Turher, 2002). CLTP facilitators should be culturally competent and their presentation informed by the Afrocentric theory when presenting to African participants. This can be done by using unique African examples, definitions, applications and theoretical grounding. The third recommendation would therefore be that the CLTP programme contents, when presented to Africans, should reflect an Afrocentric approach.

5.1.4 The study also found that stories are a means of preserving common characteristics of a culture and passing them on to subsequent generations. Stories also provide practical guidelines in thought processes surrounding moral values and the meaning of life. The oral tradition has been shown to be firmly entrenched in Africa as a recognised way of sharing and communicating knowledge through stories and narratives. Participants in the focus groups also demonstrated that the sharing of their Map of Values gave them a unique opportunity to share their experiences and learn with the group in a way that is culturally relevant and widely understood and accepted by other African participants. Therefore the fourth recommendation would be that, when adapting the CLTP programme contents, consideration should be given to the importance of narratives and storytelling within the African culture. The use of the narrative sharing of participants' *Map of Values* could be applied for this purpose.

## **5.2 Meso level: Local**

5.2.1 Further research is needed to explore the value perceptions of more modern, urbanised Africans in contrast to the rural and traditional background of those researched in this study.

5.2.2 The findings of this research can be applied to the field of community social work in African settings by incorporating the beliefs and practices from the client's world-view into the intervention. In addition, as found in this study, the incorporation of clients' cultural beliefs may foster increased investment in the growth and healing process and increase the likelihood of positive outcomes.

### 5.3 Macro level: International

- 5.3.1 I would recommend that any Western or European health intervention and prevention programme should consider translating and adapting their programmes to suit the needs of their African participants. Adaptations can be achieved through the integration of narratives into the contents of these programmes.

## 6. SUMMARY STATEMENT

The researcher has always had an interest in the African continent, in its unique culture, language and traditions. As a white Afrikaans-speaking female growing up in South Africa during the end of Apartheid, the researcher became very aware of the marginalisation of Africans, their “otherness”, and their unique way of being.

Whilst studying social work at the North-West University, the researcher first became aware of the implications the HIV and AIDS epidemic was having on all South Africans. This growing awareness then turned into a field of interest and concern for the researcher.

During the final year of the social work degree, the researcher was introduced to the Choose Life Training Programme which combined these two fields of interest. This became an insightful and interesting research project: to explore the unique way in which Africans use storytelling and narratives to integrate information, learn and teach values, and apply this to HIV and AIDS prevention. Through the research process and the focus group discussions in particular, the researcher gained a broader understanding of African narratives, culture and language.

The researcher believes that the CLTP and all its African participants could only benefit by applying the recommendations set out in the two articles.

## REFERENCES

DILL, J. & DE LA PORTE, A. 2006. A value-based response to HIV and AIDS. (In De La Porte, A. ed. **Choose Life: a value-based response to HIV and AIDS**. Pretoria: CB Powell Bible Centre. 1-16p.)

DOWLING, T. 2008. **Uqedisiswe the finisher of the nation: naming and talking about HIV and AIDS in African languages**. 25 Nov. 2008: <http://www.isixhosa/research/aidsresearch.htm>

HERBST, A. & DE LA PORTE, A. 2007. Choose Life review and evaluation. Unpublished research report. Pretoria: Hospivision.

HODGE, D.R. 2006. Spiritually modified cognitive therapy: A review of the literature. *Social Work*, 51(2): 157-165p.

STAIANO, K. 1992. The semiotic perspective. (In Lachmund, J. & Stollberg, G. eds. **The social construction of illness**. Stuttgart: Franz Steiner Verlag. 1 – 182p.)

TURNER, D.T. 2002. An oral history interview: Molefi Kete Asante. *Journal of Black Studies*, 32(6):711.



# ADDENDA

## Addendum 1: CLTP pre-workshop questionnaire

### CHAMPS

### CHOOSE LIFE PROGRAMME EVALUATION

### PRE-WORKSHOP QUESTIONNAIRE

#### BIOGRAPHICAL DETAILS

Please complete the following section of questions by marking the appropriate answer with "X".

		FOR OFFICE USE	
1.1	Gender	Male	
		Female	
1.2	Highest educational qualification.	1.2	
	Gr. 10 – Matric	1.	
	Tertiary Qualification	2.	
	None	3.	
1.3	Your age group.	1.3	
	18 – 29	1.	
	30 - 39	2.	
	40 – 49	3.	
	50 – 59	4.	
	60 and older	5.	
1.4	Which of the following best describe your involvement with HIV?	1.4	
	Church leader	1.	
	Volunteer	2.	
	Caregiver for people infected/affected	3.	
	A person living with HIV	4.	
1.5	Briefly write down what you expect to learn from this training.	1.5	
		Themes	
		1.	
		2.	
		3.	
2.	<b>KNOWLEDGE ABOUT HIV AND AIDS</b>		
	Answer each question in this section by following the instructions for every question.		
2.1	What is the meaning of the acronym "HIV"?	2.1	
		Themes	
		1.	

	2.
	3.

2.2	What is the meaning of the acronym “AIDS”?	2.2
		Themes
		1.
		2.
		3.

2.3	List <b>three</b> ways how HIV can be transmitted	2.3
		Themes
		1.
		2.
		3.

2.4	List <b>three</b> ways how HIV can prevented	2.4
		Themes
		1.
		2.
		3.

2.5	Evaluate the following statements by encircling T (true) or F (False)	2.5			
<u>1</u>	<u>95% of HIV + people get infected through sexual intercourse</u>	<u>T</u>	<u>F</u>	1.	
<u>2</u>	<u>One can get infected through touching and kissing</u>	<u>T</u>	<u>F</u>	2.	
<u>3</u>	<u>One can get infected through sharing cups, forks, etc.</u>	<u>T</u>	<u>F</u>	3.	
<u>4</u>	<u>One can get HIV through blood to blood contact</u>	<u>T</u>	<u>F</u>	4.	
<u>5</u>	<u>Aids will make you weak in fighting diseases like malaria and TB that can kill you</u>	<u>T</u>	<u>F</u>	5.	
<u>6</u>	<u>A person can live a number of years unaware of his/her HIV+ status</u>	<u>T</u>	<u>F</u>	6.	
<u>7</u>	<u>A person who is unaware of his/her HIV+ status can infect another person</u>	<u>T</u>	<u>F</u>	7.	
<u>8</u>	<u>Strong, fit and active people cannot</u>	<u>T</u>	<u>F</u>	8.	



	<u>be infected with the HIV</u>				
<u>9</u>	<u>The average lifespan of a person with HIV is 7 – 10 years</u>	<u>I</u>	<u>F</u>	9.	
<u>10</u>	<u>There is at present no cure for HIV or AIDS</u>	<u>I</u>	<u>F</u>	10.	
<u>11</u>	<u>Women and girls are more vulnerable to HIV infection</u>	<u>I</u>	<u>F</u>	11.	
<u>12</u>	<u>AIDS is a punishment from God</u>	<u>I</u>	<u>F</u>	12.	
<u>13</u>	<u>There is no role for the church in fighting HIV and AIDS</u>	<u>I</u>	<u>F</u>	13.	

3.

VALUES

3.1

Are you currently in a long-term committed relationship/marriage?

3.1

<u>Yes</u>	
<u>No</u>	

Y	N
---	---

3.1 (a)

(a) If yes, please answer the following three questions.

- Do you **support** the principle of a value-based lifestyle of faithfulness to your partner?
- Are you **personally committed** to the principle of a value-based lifestyle of faithfulness to your partner?
- Have you **implemented** the principle of a value-based lifestyle of faithfulness to your partner during the past year?

<u>Yes</u>	<u>No</u>	n/a		
		1.	Y	N
		2.	Y	N
		3.	Y	N

3.1(b)

(b) If no, please answer the following three questions

- Do you **support** a value-based lifestyle of abstinence?
- Are you **personally committed** to a value-based lifestyle of abstinence?
- Have you **implemented** a value-based lifestyle of abstinence in your relationship?

<u>Yes</u>	<u>No</u>	n/a		
		1.	Y	N
		2.	Y	N
		3.	Y	N

3.2

3.2 Do you know your HIV status?

<u>Yes</u>	<u>No</u>	Y	N



Please motivate your answer.


3.2 Do you know your partner's HIV status?

<u>Yes</u>	<u>No</u>	Y	N

3.3

Please motivate your answer.


3.2 Do you commit yourself for voluntary counselling and testing within the next six months?

<u>Yes</u>	<u>No</u>	Y	N

3.4

Please motivate your answer.


3.5 Briefly describe your understanding of the following values:

- Respect

3.5

Themes

(a)


- Responsibility

(b)


- Integrity

(c)


- Fairness

(d)


- Love

(e)


- Service

(f)




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**CHAMPS**

**CHOOSE LIFE PROGRAMME EVALUATION**

**POST-WORKSHOP QUESTIONNAIRE**

**BIOGRAPHICAL DETAILS**



Please complete the following section of questions by marking the appropriate answer with "X".

		FOR OFFICE USE	
1.1	Gender	Male	
		Female	
		1.1	
		M	F
1.2	Highest educational qualification.	Gr. 10 – Matric	
		Tertiary Qualification	
		None	
		1.2	
		1.	
		2.	
		3.	
1.3	Your age group.	18 – 29	
		30 - 39	
		40 – 49	
		50 – 59	
		60 and older	
		1.3	
		1.	
		2.	
		3.	
		4.	
		5.	
1.4	Which of the following best describe your involvement with HIV?	Church leader	
		Volunteer	
		Caregiver for people infected/affected	
		A person living with HIV	
		1.4	
		1.	
		2.	
		3.	
		4.	
1.5	Briefly write down how this training complied with your initial expectations.		
		1.5	
		Themes	
		1.	
		2.	
		3.	
2.	<b>KNOWLEDGE ABOUT HIV AND AIDS</b>		
	Answer each question in this section by following the instructions for every question.		
2.1	What is the meaning of the acronym "HIV"?		
		2.1	
		Themes	
		1.	
		2.	

2.2	What is the meaning of the acronym "AIDS"?	2.2			
		Themes			
		1.			
		2.			
		3.			
2.3	List <b>three</b> ways how HIV can be transmitted	2.3			
		Themes			
		1.			
		2.			
		3.			
2.4	List <b>three</b> ways how HIV can prevented	2.4			
		Themes			
		1.			
		2.			
		3.			
2.5	Evaluate the following statements by encircling T (true) or F (False)	2.5			
<u>1</u>	<u>95% of HIV + people get infected through sexual intercourse</u>	<u>I</u>	<u>F</u>	1.	
<u>2</u>	<u>One can get infected through touching and kissing</u>	<u>I</u>	<u>F</u>	2.	
<u>3</u>	<u>One can get infected through sharing cups, forks, etc.</u>	<u>I</u>	<u>F</u>	3.	
<u>4</u>	<u>One can get HIV through blood to blood contact</u>	<u>I</u>	<u>F</u>	4.	
<u>5</u>	<u>Aids will make you weak in fighting diseases like malaria and TB that can kill you</u>	<u>I</u>	<u>F</u>	5.	
<u>6</u>	<u>A person can live a number of years unaware of his/her HIV+ status</u>	<u>I</u>	<u>F</u>	6.	
<u>7</u>	<u>A person who is unaware of his/her HIV+ status can infect another person</u>	<u>I</u>	<u>F</u>	7.	
<u>8</u>	<u>Strong, fit and active people cannot be infected with the HIV</u>	<u>I</u>	<u>F</u>	8.	



<u>9</u>	<u>The average lifespan of a person with HIV is 7 – 10 years</u>	<u>T</u>	<u>F</u>	9.	
<u>10</u>	<u>There is at present no cure for HIV or AIDS</u>	<u>T</u>	<u>F</u>	10.	
<u>11</u>	<u>Women and girls are more vulnerable to HIV infection</u>	<u>T</u>	<u>F</u>	11.	
<u>12</u>	<u>AIDS is a punishment from God</u>	<u>T</u>	<u>F</u>	12.	
<u>13</u>	<u>There is no role for the church in fighting HIV and AIDS</u>	<u>T</u>	<u>F</u>	13.	

3.

VALUES

3.1

Are you currently in a long-term committed relationship/marriage?

<u>Yes</u>	
<u>No</u>	

3.1

Y	N
---	---

3.1 (a)

(a) If yes, please answer the following three questions.

- Do you **support** the principle of a value-based lifestyle of faithfulness to your partner?
- Are you **personally committed** to the principle of a value-based lifestyle of faithfulness to your partner?
- Have you **implemented** the principle of a value-based lifestyle of faithfulness to your partner during the past year?

<u>Yes</u>	<u>No</u>	n/a	
		1.	N
		2.	N
		3.	N

3.1(b)

(b) If **no**, please answer the following three questions

- Do you **support** a value-based lifestyle of abstinence?
- Are you **personally committed** to a value-based lifestyle of abstinence?
- Have you implemented a value-based lifestyle of abstinence in your relationship?

<u>Yes</u>	<u>No</u>	n/a	
		1.	N
		2.	N
		3.	N

3.2

3.2 Do you know your HIV status?

<u>Yes</u>	<u>No</u>	Y	N

Please motivate your answer.





				3.3	
3.2	Do you know your partner's HIV status?	<u>Yes</u>	<u>No</u>	Y	N
	Please motivate your answer.				
				3.4	
3.2	Do you commit yourself for voluntary counselling and testing within the next six months?	<u>Yes</u>	<u>No</u>	Y	N
	Please motivate your answer.				
				3.5	
3.5	Briefly describe your understanding of the following values:	Themes			
	• Respect	(a)			
	• Responsibility	(b)			
	• Integrity	(c)			
	• Fairness	(d)			
	• Love	(e)			
	• Service	(f)			



4. **PERSONAL IMPACT**

We would like to ask you to complete an evaluation that indicates the personal impact of this workshop on you as an individual.

4.1 What decisions did you make during this course?

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4.2 How do you intend putting a value-based lifestyle into practice in the future?

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4.3 Was there any aspect of the workshop that had a negative impact on you? Motivate your answer.

Yes	No
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1.

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2. How do you intend putting a value-based lifestyle into practice in the future?

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3. Was there any aspect of the workshop that had a negative impact on you? *YES / NO*

Motivate your answer: .....

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## Addendum 2: Map of Values

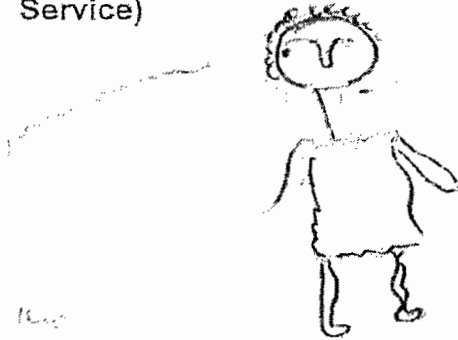
Towards the end of each focus group the researcher gave the participants an opportunity to draw a *Map of Values* which<sup>1</sup> represented how they had experienced all, or any, of the six core values during their lives. The participants could then voluntarily share their *Map of Values* with the group as a narrative. Participants were asked to show the following in their pictorial narratives:

- Important experiences or moments where they were aware of or needed to display certain values.
- How their culture impacted upon their learning or acquiring the values.
- Experiences, people or events that contributed to or formed their thinking about values.

A few examples of these Maps are included as addenda 2a – 2e.

Addendum 2a

YOUR LIFE MAP  
SHOWING HOW YOU LEARNT AND DEVELOPED VALUES  
(Respect, Responsibility, Integrity, Fairness, Love and Service)



Fairness

We have to be fair to all  
People who are not old and the  
ones who are not.

In our culture - people are not fair  
to their partners not fair to  
their children the one  
who is bringing money home

You are going to be loved.

Love - we have to love one  
another

Service - we are service to one  
another - Culture - Black

People do help and give  
service to the house  
and old people do not do  
house work IF they have  
young children in the house

Respect

My mother taught me  
that respect was really good  
to give respect to old people,  
to my grand old.

To be respectful about my  
self and my partner had  
to be respectful to your  
children in the culture  
~~to~~ you have to  
be respectful to the old.  
that you have respect

... - No it was to be  
... to be  
... to be  
... to be

## Addendum 2b

### YOUR LIFE MAP SHOWING HOW YOU LEARNT AND DEVELOPED VALUES (Respect, Responsibility, Integrity, Fairness, Love and Service)

I started learning some of these values from my family. I was born in a rural area where culture and Tradition were practiced. Young children were taught to respect the elders. We took responsibility of looking after the cows and sheep in the bushes, and used to milk the cows every morning. We were taught to be quiet, polite and welcoming strangers. As young boys we used to go for hunting small animals and birds. In the evenings we used to sit around a bonfire listening to our elders telling stories or tales.

After being born again as a Christian, I found these values being in the word of God. They have made a big impact in my life.

## Addendum 2c

### YOUR LIFE MAP SHOWING HOW YOU LEARNT AND DEVELOPED VALUES (Respect, Responsibility, Integrity, Fairness, Love and Service)

I've LEARNED + developed these values from my Parents and from my church

Respect - My DAD + MOM taught me that you must respect others in ~~order~~ order for them to respect you (me)

Responsibility - It is my responsibility to live a better life. If something goes wrong, I have to seek advice from the relevant people to make it right. (My life is my responsibility).

Integrity - I have to be true to myself. (Be myself)

Fairness - In our culture the eldest one is the one who must teach the younger ones. In a home we're not treated equally. The elder sister/brother is not treated like a child; most instances but the younger can have all that she/he ask for.

Love - You love yourself first so you can learn to love the next person.

Service - Women have to be deliver services like cooking, cleaning



Addendum 2d

YOUR LIFE MAP  
SHOWING HOW YOU LEARNT AND DEVELOPED VALUES  
(Respect, Responsibility, Integrity, Fairness, Love and Service)



① Integrity  
This affected me relatively bcos I can't  
Now I am a lady of integrity, I be myself any  
way even if I am with friends I do not get so  
easily influenced to do somethings.  
I treat people with love and respect for who  
their are.

② Responsibility.  
I learned how to love and be myself  
me. I grow up in a family of respect  
6 years old, love and learning to be responsible  
for my actions and not blame  
a friend or anyone close to me.

③ Respect.  
my mother was the one who said I must  
Respect others.

④ LOVE + ⑤ SERVICE  
Growing up seeing mother respecting and  
loving everyone who come at home.  
And knowing I can treat ~~the~~ service people  
from a house of compassion too.  
Many people loved coming at my home  
home bcos of the warmth and love

⑥ Fairness  
Treat my sisters and brothers equally  
even though in our culture their say  
a last born is to be spoiled and A boy  
is the man of the family.



## Addendum 2e

### YOUR LIFE MAP SHOWING HOW YOU LEARNT AND DEVELOPED VALUES (Respect, Responsibility, Integrity, Fairness, Love and Service)

YESTERDAY

I GREW UP IN A LOVING-RESPECTABLE FAMILY, MY FATHER WAS A DUTCH-REFORMED ELDER (MOSOGI) HE WAS A VERY RESPONSIBLE MAN, DID NOT SMOKE NOR DRINK. EVEN MY MOTHER WE ARE SIX, NONE OF US IS A JAIL-BIRD



A LOVING FAMILY WITH JESUS AS THE HEAD. MY PRAY IS FOR ALL FAMILIES TO KNOW JESUS AS LORD. ACTS 2:36

TO DAY

I HAVE SEVEN CHILDREN 2 DIED OF AIDS RELATED DISEASES. ONE IS ON WHEEL-CHAIR BECAUSE OF HIV & AIDS. HE ALIVE AND WELL WORKING AT MERCEDES-BENZ IN EAST LONDON. ON GOD IS GOOD FOR SAVING HIM. PSALM 118:17 I WAS A TEACHER FOR 30 YEARS TEACHING IN PRIMARY SCHOOL. I AM RAISING AIDS ORPHANS, ONE OF THEM GOT MARRIED ON THE 06.09.08.

## Addendum 3: Structure of Focus Group Discussions

### 1. WELCOME AND INTRODUCTION

- Introduce facilitator
- Welcome and thank participants
- Icebreaker
  - Hand out name cards; introduce self, association “Adorable Amy”
  - What made you decide to participate?

### 2. REASON FOR THE STUDY

The aim of this discussion is to explore the cultural and personal perceptions (views) that influence your understanding of the six core values of the CLTP. I want to hear how you interpret the values, how you teach them to others and apply them in your own life.

Another aim of this discussion is to listen to your personal stories/narratives about the values.

### 3. GUIDELINES

- No right or wrong answers, only differing points of view
- We're tape-recording, one person speaking at a time
- We're on a first-name basis
- You don't need to agree with others, but you must listen respectfully as others share their views, not laugh at each other
- We ask that you turn off your phones or pagers. If you cannot and if you must respond to a call please do so as quietly as possible and rejoin us as quickly as you can.
- My role as moderator will be to guide the discussion
- Talk to each other, this is a group discussion
- Your opinion is valuable, you are the expert, I am here to learn from you

### 4. COMPLETION OF INFORMED CONSENT

- Hand out forms and pens
- Read through form, highlight important aspects, and explain.
- Take in signed forms

### 5. DISCUSS GUIDELINE FOR DISCUSSION

#### Values:

What are values?

Why are they important?

How do values influence your daily life?

What do values have to do with HIV/AIDS prevention?

### **Core Values:**

Respect  
Responsibility  
Integrity  
Fairness  
Love  
Service

## **6. DESCRIPTION OF HOW DISCUSSION WILL PROCEED**

Give participants information about what to expect and give them an opportunity to ask questions or comment on the format and help structure the process.

I will introduce each topic and ask questions to get the discussion going, I will then observe and take notes. During the discussion I may ask further questions or ask you to explain what you said.

I might also ask some participants to give their opinion or to share a personal experience.

- We will start by discussing values in general
- Thereafter we will discuss each value separately
- Lastly we will discuss the importance of a value-based lifestyle in the context of HIV/AIDS prevention.

## **7. DISCUSSION**

### **1. VALUES**

- What are values and why are they important?
- How do you use values in your everyday life?
- How do you explain or teach the concept of values to children in your community?
- What do values have to do with HIV/AIDS prevention?

### **2. RESPECT**

- What is respect and how do you show it?
- Why do we need to respect others, especially with regard to HIV/AIDS?
- Share an experience where you had to respect another person (their choice/opinion)

### **3. RESPONSIBILITY**

- What does it mean to be responsible?

- What/who are you responsible for?
- How can responsibility help prevent HIV infection?

#### 4. INTEGRITY

- What do you think it means to have integrity?
- What kind of people has integrity?
- When did you need to act with integrity? Share an experience.
- How can integrity help prevent HIV infection?

#### 5. FAIRNESS

- What does it mean to be fair?
- Why is fairness important to HIV prevention?
- When and how have you been treated unfairly? How did it make you feel?
- How can fairness help prevent HIV infection?

#### 6. LOVE

- What does it mean to love someone? How do you show it?
- Why is love necessary?
- Can love influence behaviour? How?
- How can love help prevent HIV infection?

#### 7. SERVICE

- What does it mean to serve others? How do you show/act it?
- Share an experience where you have served someone or been served by someone. How did it make you feel?
- How can service help prevent HIV infection?

#### 8. VALUE-BASED LIFESTYLE

- Why is a value-based lifestyle necessary? In relation to HIV and AIDS?
- Where did you first learn about values?

#### **8. ACTIVITY**

Hand out paper and pencils

Draw a life map / tree of life / road of life of your own journey of a value-based lifestyle. Show how and where (specific experiences) the six core values impacted your life, from an early age to your recent participation in the CLTP. Include aspects of your cultural background.

In your drawing, show the following:

- Important experiences or moments where you were aware of or needed certain values.
- How your culture impacted on the learning of values.
- Experiences or people or events that contributed or formed your thinking.

Each participant has an opportunity to share these with the group as a story/narrative.

## **9. DISCUSSION**

The group is given an opportunity to ask questions, to reflect on their learning and to share more stories or experiences.  
Facilitator to encourage discussion and further thinking.

## **10. CLOSING THOUGHTS**

- What did you learn today?
- Would you prefer the CLTP to be presented in your own language?
- Would the CLTP be more effective if presented to you by a facilitator of your own cultural background?
- Any complaints?

## **11. CONCLUSION**

Thank participants for attending.  
Close in prayer.

## Addendum 4: Ethical Approval



NORTH-WEST UNIVERSITY  
YUNIBESITHI YA BOKONE-BOPHIRIMA  
NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom  
South Africa 2520

Tel: (018) 299-4900  
Faks: (018) 299-4910  
Web: <http://www.nwu.ac.za>

Dr A Herbst

Ethics Committee  
Tel +27 18 299 4850  
Fax +27 18 293 5329  
Email [Ethics@nwu.ac.za](mailto:Ethics@nwu.ac.za)

2009-10-31

### ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title		PSYCHOSOCIAL AND VALUE-BASED HIV AND AIDS PREVENTION AND INTERVENTION PROGRAMMES	
Ethics number:	N W U - 0 0 0 6 0 - 0 8 - A 1	Project: number	Year
	<small>Institution</small>	<small>Year</small>	<small>Status</small>
Approval date: 1 September 2008		Expiry date: 30 August 2013	

Status: S = Submission R = Re-Submission P = Provisional Authorisation, A = Authorisation

Special conditions of the approval (if any): None

#### General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-EC:
  - annually (or as otherwise requested) on the progress of the project,
  - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviations from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-EC retains the right to:
  - request access to any information or data at any time during the course or after completion of the project;
  - withdraw or postpone approval if:
    - any unethical principles or practices of the project are revealed or suspected,
    - it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,
    - the required annual report and reporting of adverse events was not done timely and accurately,
    - new institutional rules, national legislation or international conventions deem it necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof MMJ Lowes  
(chair NWU Ethics Committee)

Prof HH Vorster  
(Chairman: NWU Ethics Committee: Author)



## Addendum 5: Journal submission guidelines

### A. GENERAL SUBMISSION GUIDELINES TO INDILINGA

#### Length:

Articles should not normally exceed 15 pages in length (4000–4500 words); shorter articles such as research reports or comment are welcome.

#### Email attachment:

Articles should be **sent via email attachment** in Microsoft Word. The title of the article should be on the first page of the article and a page should show the title, name(s) of authors and an abstract separate of no more than 200 words. **Keywords** should be provided below the abstract.

#### Editorial:

All contributions are refereed or reviewed, and all are edited or revised for publication. The editors reserve the right to make alterations that do not result in substantive changes without consulting the author(s). Proofs will be returned to authors if time permits; they must be returned within four days, and no substantial changes can be made at that stage. The editors' decisions about acceptance are final.

#### Copyright:

Publication is conditional upon authors giving copyright to the Indilinga: African Journal of Indigenous Knowledge Systems. Requests to copy all or substantial parts of an article must be made to the Editor-in-Chief.

#### Layout:

Text should be double-line spaced on one side of A4 paper with at least 30mm margins on all edges.

#### Writing style:

The journal encourages various and different styles of writing. The main criteria for publishable texts are academic rigour as well as dialogic qualities that open up conversations with readers. Different kinds of narratives, as well as the more traditional academic accounts, are welcome.

### **Language medium**

English, or an African language. All articles will be submitted to referees. If an article is submitted in a language for which it is difficult to find suitable referees, the author may be requested to submit a translated version of the article (in English) for the purposes of refereeing.

### **Notes:**

These should be avoided where possible; when they have to be used, list them at the end of the manuscript.

### **List of references:**

Sources cited in the text must be listed in the references. Bibliographic information should be in the language of the source (therefore not necessarily in the language of the manuscript). Capital letters are used only where they are necessary for linguistic reasons. Entries are in alphabetical order. Source references are given by surnames and initials of all authors, followed by year, title of article, unabbreviated title of journal, volume, number and applicable pages, e.g. Brown, P. & Brown, T.B. (1993). Early Childhood Education, *Educational Psychology*, 28(6)L: 23–24. In book references, give the surnames and initials of all the authors, followed by the year of publication, as well as the title, volume, edition, place of publication and publisher, e.g. Luthuli, P.C. (1998). *Philosophical Foundations of Education*. Durban: Kagiso Publishers.

In the case of official reports and those of corporate authors, the references must be as detailed as possible, e.g. Department of National Education 1991. *Report of Teacher Education*. Pretoria: Government Printer. RP 173/1991: 122. For unpublished theses and dissertations, follow this example: Mtetwa,



D. 2001. *From Policy to Practice: The South African Schools Act*. Med Dissertation. Durban: University of KwaZulu-Natal. South Africa. Anonymous references from newspapers are indicated thus: Sunday Times, 25 March 2001: 11. Leadership in Education. Personal communications are not included in the reference list as they are not retrievable.

## **B. SPECIFICATIONS FOR CONTRIBUTIONS TO LANGUAGE MATTERS JOURNAL**

Manuscripts should be submitted in triplicate (the original and two review copies) on A4 paper, typed in double spacing and with a 30 mm margin. The first page should contain the title of the article, the name and full address of the author(s), and the abstracts. The two review copies should not contain any details which might betray the identity of the author. A copy of the manuscript on diskette in either WordPerfect or Microsoft Word should also be submitted. The author's surname, name of the computer programme used and the file name must appear on the diskette. Articles should preferably not exceed 20 pages in length, including the list of references.

Word processing should be kept as simple as possible. All paragraphs should be blocked. Headings should not be numbered and should be presented in the following sequence: (a) bold caps, (b) bold roman, (c) italics, (d) underlined. Short quotations should form part of the normal flow of text, marked off by double inverted commas.

A quotation within a quotation should be indicated by single quotation marks. Long quotations must be blocked and indented. Footnotes must be avoided. If notes are used, they should be numbered consecutively as superscripts and appear at the end of the text under the heading: Notes.

Examples must be numbered consecutively as they appear in the text. Literal translations should appear in brackets to the right of examples if these are short, for example:

(20) *isikhwama semali* (a bag for money)

In the case of longer examples, the translation should be placed directly under the example.



Tables should be numbered consecutively and each should be supplied with a brief heading. Figures (graphs, drawings, etc.) should be clear and even lines are required. They should be numbered consecutively and a brief caption should be provided. Each table/figure and so forth should be referred to in the text.

References in the text should be indicated by the surname(s) of the author(s), the year of publication and page number(s) in brackets, for example Smith (1978:33-8).

Only those publications referred to or quoted in the text may be included in the list of 'References' at the end of the article. The sources must be arranged alphabetically according to the surname(s) of the author(s). When more than one publication by the same author(s) is referred to, these must be arranged chronologically according to the year of publication. Note the use of italics and punctuation marks in the following examples:

Butler, C. 1985. *Statistics in Linguistics*. Oxford: Basil Blackwell.

Leech, G. 1991. The state of the art in corpus linguistics. In Aijmer, K. & Altenberg, B. (eds) *English Corpus Linguistics: Studies in Honour of Jan Svartvik*. London: Longman, 8-29.

Meunier, F. 1998. Computer tools for the analysis of learner corpora. In Granger, S. (ed.) *Learner English on Computer*. London: Longman, 19-37.

Tannen, D. 1987. Repetition in conversation: Toward a poetics of talk. *Language* 63(3): 574-605.

Contributions should be accompanied by a brief (60 word) CV, indicating past experience, expertise, specific interests, present position and title.

Each author is entitled to one copy of the edition in which his/her contribution is published.

## SECTION E: CONSOLIDATED LIST OF REFERENCES

A Dictionary of Psychology. 2009. Oxford University Press. Oxford Reference Online, University of North West Library. 8 February 2010: <http://www.oxfordreference.com/views/ENTRY.html?subview=Main&entry=t87.e3790>

AIRHIHENBUWA, C.O. & DE-WITT WEBSTER, J. 2004. Culture and African Contexts of HIV/AIDS prevention, care and support. *Journal of Social Aspects of HIV/AIDS Research Alliance*, 1(1): 4-13.

ALSTON, M. & BOWLES, W. 2003. **Research for social workers: an introduction to methods.** 2<sup>nd</sup> ed. London: Routledge.

BANKS-WALLACE, J. 2002. Talk that talk: storytelling and analysis rooted in African American oral tradition. *Qualitative Health Research*, 12(3):410-426.

BHENGU, M.J. 1996. **Ubuntu in action.** Cape Town: Novalis Press.

BOON, M. 1996. **The African way: the power of interactive leadership.** Sandton: Zebra Press.

BROODRYK, J. 2007. Understanding South Africa- the ubuntu way of living. uBuntu School of Philosophy. Pretoria: Publiself publishers.

BURR, V. 1995. **An introduction to social constructionism.** London. Routledge.

CARR, D. 1986. Narrative and the real world: an argument for continuity. *History and Theory*, (33):117-134.

CHAMPS (Coordinated HIV/AIDS Management Programmes). 2005. **Choose Life: a value-based response to HIV and AIDS**. Unpublished Training Manual. Pretoria: Hospivision.

CRESWELL, J.W, 2008. **Research design: qualitative, quantitative, and mixed methods approaches**. London: SAGE.

DANIELS, J.E. 2001. Africentric social work practice: the new approach for social work practice intervention in the 21st century. *International Social Work*, 44(3): 301–309. London: SAGE.

DELPORT, C.S.L. & FOUCHÉ, C.B. 2005. The place of theory and the literature review in the qualitative approach to research. (In De Vos, A.S.; Strydom, H., Fouché, C.B. & Delport, C.S.L. eds. **Research at grass roots: for the social sciences and human service professions**. Pretoria: Van Schaik Publishers. 333-349p.)

DE LA PORTE, A. & MAILULA, S. 2006. Six values for life. (In De La Porte, A. ed. **Choose Life: a value-based response to HIV and AIDS**. Pretoria: CB Powell Bible Centre. 66-78p.)

DE VAUS, D. 2001. **Research design in social research**. London: SAGE.

DE VOS, A. S. 2005. Qualitative data analysis and interpretation. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. eds. **Research at grass roots: for the social sciences and human service professions**. Van Schaik Publishers: Pretoria. 333-349p.)

DILL, J. & DE LA PORTE, A. 2006. A value-based response to HIV and AIDS. (In De La Porte, A. ed. **Choose Life: a value-based response to HIV and AIDS**. Pretoria: CB Powell Bible Centre. 1-16p.)

DOWLING, T. 2008. **Uqedisiswe – The finisher of the nation: naming and talking about HIV and AIDS in African languages.** 25 November 2008: <<http://www.isixhosa/research/aidsresearch.htm>>

EDMONDSON, E. & MALLE, B. F. 2004. **What are values? A folk-conceptual investigation.** Institute of Cognitive and Decision Sciences, University of Oregon.

ELLIS, C. 1999. **Learning language and culture in the medical consultation.** Parktown North: Sue McGuiness Communications.

EPSTEIN, H. 2007. **The Invisible Cure: Africa, the West and the fight against AIDS.** London: Penguin Group.

ESKELL-BLOKLAND, L.M. 2009. Listening to oral traditions in a re-searching for praxis in a non-Western context. *Journal of Health Management*, 11(2):355-373.

FINK, A. 2005. **Conducting research literature reviews: from the internet to paper.** London: SAGE.

FISHER, A.A. & FOREIT, J.R. 2002. **Designing HIV/AIDS intervention studies: an operations research handbook.** New York: The Population Council.

GALAVOTTI, C., KATINA, A., PAPPAS-DELUCA, M.A. & LANSKY, A. 2001. Public health matters. Modeling and reinforcement to combat HIV: The MARCH approach to behaviour change. *American Journal of public health*. 91(10):1602-1607.

GERGEN, K. & M. GERGEN. 1997. Toward a cultural constructionist psychology: *Theory and Psychology*, 7:31–36.

GERGEN, K. & GERGEN, M. 2000. Qualitative inquiry: Tensions and transformations. (In Denzin, N.K. & Lincoln, Y.S. eds. **Handbook of qualitative research**.. Thousand Oaks, London: Sage Publications, 1024-1046p.)

GOICOECHEA-BALBONA, A. 1997. Culturally specific health care model for ensuring health care use by rural, ethnically diverse families affected by HIV/AIDS. *Health & Social Work*, 22(3), 172-180.

GRASSO, A.J. & EPSTEIN, I. 1992. **Research utilization in the social services**. New York: The Haworth Press.

GRAY, M., COATES, J. & BIRD, M.Y. 2008. **Indigenous social work around the world: towards culturally relevant education and practice**. London: Ashgate.

GREEFF, M. 2005. Information collection: interviewing. (In De Vos, A.S.; Strydom, H.; Fouché, C.B. & Delport, C.S.L. eds. **Research at grass roots: for the social sciences and human service professions**. Pretoria: Van Schaik Publishers. 286-313p.)

GUBA, E.G. & LINCOLN, Y.S. 1994. Competing paradigms in qualitative research. (In Denzin, N.K & Lincoln, Y.S. eds. **Handbook of qualitative research**. London: SAGE. 105-117p.)

GUDMUNDSDOTTIR, S. 2001. Narrative research on school practice. (In Richardson, V. ed. **Fourth handbook for research on teaching**. New York: MacMillan. 226-240p.)

HARE, I. 2004. Defining Social Work for the 21st Century: The International Federation of Social Workers' Revised Definition of Social Work. *International Social Work*, 47(3):407-424

HEIKKINEN, H. L. T. 2002. Whatever is narrative research? (*In* Huttunen, R.; Heikkinen, H.L.T. & Syrjälä, L. eds. **Narrative research: Voices from teachers and philosophers**. Jyvaskala, Finland: SoPhi. 13-25p.)

HENNING, E.; VAN RENSBURG, W. & SMIT, B. 2004. **Finding your way in qualitative research**. Pretoria: Van Schaik.

HERBST, A. & DE LA PORTE, A. 2007. Choose Life review and evaluation. Unpublished research report. Pretoria: Hospivision.

HOCOY, D. 1999. The calidity of Cross's model of Black racial identity development in the South African context. **Journal of Black Psychology**, 25(2):131.

HODGE, D.R. 2006. Spiritually modified cognitive therapy: A review of the literature. **Social Work**, 51(2): 157-165p.

JACKSON, R. & SORENSEN, G. 2006. **Introduction to international relations: theories and approaches**. Hammond USA: Oxford University Press.

KHUMALO, I. P. 2005. Exploring the validity of the VIA-inventory of strengths in an African context. Dissertation for Magister Scientae in clinical psychology. Potchefstroom: North West University.

KILGOUR, D. 1999. **The importance of language**. Calgary: Southern Alberta Heritage Language Association.

KOKA, K. 2002. **Afrikalogy**. Unpublished paper. Johannesburg: Gauteng Department of Social Development.

KOUYATE, D. 1989. The role of the griot. (*In* Goss, L. & Barnes, M. eds. **Talk that talk: an anthology of African American storytelling**. New York: Simon & Schuster. 179-181p.)

LASSITER, J. E. 1999. African culture and personality: bad social science, effective social activism, or a call to reinvent ethnology? *African Studies Quarterly*, 3(2): 1.

MAZRUI, A. 1993. Language and the quest for liberation in Africa: the legacy of Franz Fanon. *Third World Quarterly*, 14(2).

MAKGOBA, M.W. 1997. **The makgoba affair: a reflection on transformation.** Florida Hills: Vivlia Publishers and Booksellers.

MARLOW, C.R. 2005. **Research methods for generalist Social Work.** Belmont Canada: Brooks/Cole.

MOEN, T. 2006. Reflections on the narrative research approach. *International Journal of Qualitative Methodology*, 5(4).

MONETTE, D.R.; SULLIVAN, T.J. & DEJONG, C.R. 2002. **Applied social research: tool for the human services.** Michigan USA: Thomson Learning.

MONTEIRO-FERREIRA, A. 2008. Afrocentricity and the Western Paradigm. *Journal of Black Studies*, 2(1).

NATIONAL HERITAGE COUNCIL. 2006. Ubuntu Imbizi/Pitso. Reclaiming Ubuntu for a better society report. Pretoria: National Heritage Council.

NDLETYANA, D. 2003. **The impact of culture on team learning in a South African context.** 23 May 2008.< <http://adh.sagepub.com>>

NEUMAN, W.L. 2003. **Social research methods: qualitative and quantitative approaches.** 5<sup>th</sup> ed. Boston MA: Allyn and Bacon.



OVERCASH, J.A. 2003. Narrative research: a review of methodology and relevance to clinical practice. *Critical Reviews in Oncology/Hematology* 48:179-184.

PEPFAR, 2005. ABC Guidance #1 for United States Government In-Country Staff and Implementing Partners applying the ABC Approach to preventing sexually-transmitted HIV infections within The President's Emergency Plan for AIDS Relief. 23 May 2008. <<http://www.pepfar.gov/guidance/75836.htm>>

PEPFAR, 2010. U.S. Government interagency website managed by the Office of U.S. Global AIDS Coordinator and the Bureau of Public Affairs, U.S. State Department. 10 February 2010: <[www.pepfar.gov](http://www.pepfar.gov)>

POGGENPOEL, M. 1998. Data analysis in qualitative research. (In De Vos, A.S.; Strydom, H.; Fouché, C.B., Poggenpoel, M. and Schurink, E. & W. **Research at grass roots: a primer for the caring professions**. Pretoria: Van Schaik Publishers. 334-353p.)

POLKINGHORNE, D. E. 1988. **Narrative knowing and human sciences**. New York: State University of New York Press.

POWERS, G.T., MEENAGHAN, T.M. & TOOMEY, B.G. 1985. Practice-focused research: integrating human service practice and research. London: Prentice-Hall Inc.

PINNOCK, P. 1988. **Xhosa - a cultural grammar for beginners**. Cape Town: African Sun Press.

ROYSE, D. 2004. **Research methods in Social Work**. Belmont Canada: Brooks/Cole.

SEEDHOUSE, D. 2005. **Value-based decision making for the caring professions**. New Jersey: John Wiley & Sons.

SMITH, J.K. 1983. Quantitative versus qualitative research: an attempt to clarify the issue. *Educational Researcher*, 12(3):6-13.

SOUTH AFRICA. 2008. Department of Arts and Culture. **National Language Services Completed Terminology**. 25 November 2008: <<http://www.dac.gov.za>>

STAIANO, K. 1992. The semiotic perspective. (In Lachmund, J. & Stollberg, G. eds. **The social construction of illness**. Stuttgart: Franz Steiner Verlag. 182p.)

STEFFEN, V. 1997. Life stories and the shared experience. *Social Science and Medicine*, (45):33-112.

STRYDOM, H. 2005a. Sampling and sampling methods. (In DE VOS, A.S.; STRYDOM, H.; FOUCHÉ, C.B. & DELPORT, C.S.L. Eds. **Research at grass roots: for the social sciences and human service professions**. 3<sup>rd</sup> ed. Pretoria: Van Schaik, 192-204p.)

STRYDOM, H. 2005b. Ethical aspects of research in the social sciences and human service professions. In DE VOS, A.S. ; STRYDOM, H.; FOUCHÉ, C.B. & DELPORT, C.S.L. Eds. **Research at grass roots: for the social sciences and human service professions**. 3<sup>rd</sup> ed. Pretoria: Van Schaik, p. 56-70.

STRYDOM, H.S. & DELPORT, C.S.L. 2005. Information collection: Document study and secondary analysis. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L eds. **Research at grass roots: for the social sciences and human service professions**. Van Schaik Publishers: Pretoria. 314-326p.)

TESCH, R. 1990. **Qualitative research: analysis types & software tools**. Basingstoke: The Falmer Press.

THABEDE, D. 2008. The African worldview as the basis of practice in the helping professions. *Social Work*, 44(3): 233-245.

The New Oxford American Dictionary. 2005. Oxford University Press. Oxford Reference Online. University of North West Library. 8 February 2010: <http://www.oxfordreference.com>

The Oxford Dictionary of English (revised edition). 2005. Oxford University Press. Oxford Reference Online. University of North West Library. 8 February 2010: <http://www.oxfordreference.com>.

TURNER, D.T. 2002. An oral history interview: Molefi Kete Asante. *Journal of Black Studies*, 32(6):711.

UNESCO. 1999. **A cultural approach to HIV / AIDS prevention and care, UNESCO / UNAIDS research project. South Africa's experience: country report.** Paris: UNESCO - Cultural Policies for Development Unit, 49 p.

VAN MAANEN, J. 1988. **Tales of the field: on writing ethnography.** Chicago Ill: University of Chicago Press.

WERTSCH, J. V. 1991. **Voices of the mind: a sociocultural approach to mediated action.** Cambridge, MA: Harvard University Press.

WEYERS, M.L. 2007. The eight habits of highly efficient community social workers: a South African perspective. *Social Work*, 43(1): 1-15p.

WHORF, B. 1956. **Language, thought and reality: selected writings of Benjamin Lee Whorf.** Cambridge, Mass: MIT Press.

ZASTROW, C.H. & KIRST-ASHMAN, K.K. 2010. **Understanding human behaviour and the social environment.** 8<sup>th</sup> ed. Belmont: Brooks/Cole, Cengage Learning.

ZELLERMAYER, M. 1997. When we talk about collaborative curriculum-making, what are we talking about? *Curriculum Inquiry*, 27(2), 187-214.

