

CHAPTER FIVE

RESEARCH IN THE CONDITIONS OF A DEVELOPING COUNTRY – AIMS AND CHALLENGES

5.1 Introduction

This chapter presents the key aims and objectives of the thesis in its evaluation of a specifically designed school-based life skills programme on AIDS and sex education in a semi-urban location in South Africa, called the Child Mind Project. This chapter explains the motivation for the selection of the particular communities, Kayamandi and Crossroads, situated in the Western Cape Province of South Africa. These communities are the locations of the two primary schools participating in the study: the Ikaya Primary School in Kayamandi for intervention purposes, and the Nomlinganiselo Primary School in Crossroads for the control group. The participating children are mainly pre-adolescents (aged 10-11 years) attending Grade 4 at primary school level.

South Africa is classified as a middle-income country with one of the highest GINI indexes in the world and an alpha coefficient of 0.59, second in the world after Brazil (World Bank, 2003). These statistics reflect a society that is deeply divided into lower and upper social strata. For this reason, it can be assumed that any study undertaken under such social conditions is also exposed to a variety of risk factors that might affect its validity and reliability. In an attempt to meet the demands of national health research standards, chapter 5 explains the difficulties that this study experienced. It concludes with a portrayal of the reality of actual research in a disadvantaged setting such as the Kayamandi community. The research methodology and intervention methodology are outlined in chapters 6 and 7.

5.2 Psychosocial Research in the Conditions of a Developing World

Research, including research in the fields of psychology and health in low- and middle-income countries is often criticised for (a) focusing on insignificant problems rather than on significant psychiatric problems, (b) being donor-driven and that their priorities are set by external donor agencies, (c) the quality of research is generally lower, and (d) the information generated not being documented well enough to be used for other sectors of society (Alem & Kebede, 2003). However, it needs to be taken into consideration that conducting research in

developing countries demands from researchers to work in often extremely difficult working conditions. Alem and Kebede (2003) list four categories of challenges: the macro-economic environment, the working environment, personal factors, and the intrinsic nature of psychiatric research.

The *macro-economic environment* includes the social, economic, and political environment which is influenced by natural and human disasters like civil war, high rates of violence or international economic recession creating instabilities for research (Alem & Kebede, 2003). Another factor is that research generally has little social appreciation in countries where 70% of the population are illiterate or where more than 50% live in poverty. Thus, researchers are often in a position to apply for funding from the public sector where the donor can dictate the research objectives of the investigation (Alem & Kebede, 2003). This becomes problematic if the studies and interventions are not relevant to local situations or are linked up with cultural sensitivities (De Jesus Mari, Lozano, & Duley, 1997). Another consequence of private sponsoring is that long-term field studies and pretests are often inappropriately focused on research schedules because of limited funds.

The *work environment* or infrastructure is often characterised by inadequate budgets and equipment, and a lack of technicians and support staff. An underdeveloped infrastructure results in limited access to up-to-date journals and books for literature reviews. Other major challenges are national and institutional research protocol review and approval mechanisms which are slow, causing delays and frustration for donors and researchers. The limited number of skilled researchers and specialists in developing countries does not only reduce the quantity and quality of research but also affects the range of explicit meetings and exchange processes between researchers in the field (Alem & Kebede, 2003).

On the *individual/personal level* the level of income of researchers and support staff plays an important role. Low budgets prevent appropriate staff training on the planning and implementation of research projects (Alem & Kebede, 2003). According to De Jesus Mari et al. (1997), only 5% of global research funds are devoted to research on the developing world's health problems (Commission on Health Research for Development, 1990), although the middle- and low-income countries bear the greatest burden of health hazards and thus have the greatest need for research.

Lastly, the absence of a register system for sampling processes and the fact that western *psychiatric instruments* are directly translated into local languages have a tremendous effect on the validity of the research results (Alem & Kebede, 2003). Furthermore, as Alem and Kebede (2003) state, the usefulness of instruments and the resulting effects on the

participating and often illiterate communities are not appropriately tested. Consequently, any approaches tested in western countries may need to be adjusted or modified to different cultural (Institute of Psychiatry, 2004) and social settings.

Thus, researchers who work in a developing world situation are often exposed to a variety of influences from social, economic, and personal realities, e.g. limited access to information and material, as well as financial, strategic and infrastructural constraints (Saxena & Poter, 2004). The following paragraphs illustrate the specifically set aims and objectives of the presented study in relation to those influences and events characteristic of a disadvantaged setting that are believed to have limited its procedure and outcomes.

5.3 Aims, Objectives, and Ethics of the Study

The aim of the study is to evaluate the effects of the applied life skills programme on AIDS and sex education to encourage psychological and social competencies, in order to cope with prevalent life tasks and to enhance the development of health behaviour, thereby reducing the risk of HIV infection among pre-adolescent children (10 – 11 years of age) before becoming sexually active.

5.3.1 Research Objectives

Four specific research objectives arise from this aim:

- To analyse psychological variables which are considered to sustain the development of positive mental health enhancing protective behaviour within individuals;
- To evaluate the efficacy of the implementation procedures and methods;
- To examine the quality of personal relations among the participants and health promotion trainers (HPTs), contributing to a class and learning atmosphere that enhances mental health; and
- To analyse the proximal and distal domains in which the intervention takes place, and which are assumed to entail risks that influence the development of health behaviour of the participating individuals outside of the intervention.

Besides the scientific knowledge gained, this study attempts to be effective in other ways. The study has two long-term expectations: first, the intervention should result in the full implementation of an effective life skills programme on AIDS and sex education for Grade 4 at the school surveyed, and second, the intervention should become part of community-based projects as the only project that primarily focuses on health promotion among pre-adolescents.

5.3.2 Ethics

The study was approved by the human ethics committee of the University of Stellenbosch (Department of Psychology) and the Departments of Education in Paarl and Cape Town. Consent was obtained from school principals at the Ikaya Primary and Nomlinganiselo Primary School, the learners in the selected classes as well as from their parents and guardians. Regular meetings were held with school psychologists at the School Clinics in Stellenbosch.

5.3.3 Duration of Research

The duration of research covered the time from September 2002 until August 2004 and was divided into five phases, outlined in table 5.1.

Table 5.1.

Duration of Research from 2002 until 2004 and Content of Research.

Phase	Time	Content
First Phase	September 2002 – January 2003	Negotiation of access at community and school level Field Study I Selection and training of two health promotion trainers
	October 2003	Causal observations in Grade 4 classes at Ikaya Primary School
Second Phase	January 2003 – February 2003	Application for research at provincial level Phase of re-testing the quantitative instrument Parent Meetings
Third Phase	February 2003	Pretest with control and intervention group
	March 2003 – July 2003	Intervention I Interim Parent Meeting Participant Observations I
	July 2003	Posttest with intervention and control group Post Parent Meeting AIDS Workshop for Mothers
Fourth Phase	September 2003 – November 2003	Parent Meeting Intervention II Participant Observations II
	November 2003	Follow-up Test I
	November 2003 – December 2003	Field Study II
	January until August 2004	Field Study III Participant Observations III (Grade 5)
Fifth Phase	April 2004	Follow-up Test II
	August 2004	Opinion Poll

5.3.4 Population

The population of the Kayamandi (Stellenbosch) and Crossroads (Cape Town) communities belong exclusively to the disadvantaged and therefore lowest strata of South African society. The majority of the participants were Xhosa; the remaining participants were of Sotho, Zulu or Swazi descent. The main language spoken was isiXhosa.

The quantitative survey, a self-administered questionnaire, was conducted with pre-adolescents between 10 and 11 years of age (Grade 4) attending Ikaya Primary School in Kayamandi (intervention group) and Nomlinganiselo Primary School (control group) in Crossroads. The pre-adolescent age group was selected, as this period constitutes the time between childhood and the onset of puberty, and is the time in which sexual socialisation and the development of personality shape the value system and behaviour of an individual (Oerter, 1995b). The study proposes that children should receive health and sex education before a value system and health behaviour of their own is fully developed and before they become sexually active, in order to avoid HIV infection. The quantitative survey constituted a total of 80 children. The qualitative survey, using field interviews, was done exclusively with experts from governmental and non-governmental institutions working in Kayamandi.

5.4 The Procedures of Selecting Communities and Primary Schools

The participating primary schools were selected based on a range of functional criteria and organisational conditions which are listed below.

The selected communities had to

- be within an hour's drive from Cape Town,
- have existed for at least 30 years, in order for a community culture to have developed,
- have a majority of residents belonging to the Xhosa ethnic group, and
- have some internal civil structures to facilitate access and an intervention at a later stage (this applied only to Kayamandi) (see also Skinner, 2000).

The selected schools had to

- have been long-established primary schools,
- have two classes similar in cultural, language, age and gender composition,
- allow a selection of samples by class membership, and
- have no existing or ongoing AIDS educational programme.

To maintain the listed selection criteria it was, in fact, unlikely that any community and its local primary school would have been able to fully meet these requirements. After careful consideration, and in order to maintain the local separation of intervention and control group design, communities and schools, the communities of Kayamandi and Crossroads and their primary schools were selected as they fulfilled most of the functional criteria. The limitations of the selected schools are considered and discussed in the following section.

5.4.1 A Brief Comparison of the Selected Communities

Kayamandi and Crossroads are extremely disadvantaged long-established black South African communities in the Cape Metropolitan catchments area and home to a variety of civil structures (e.g. social, political). Crossroads is located in an urban area situated in the Cape Metropolitan surrounded by townships such as Khayelitsha, Nyanga, Philippi, New Crossroads and KTC¹⁷. Kayamandi is situated in a semi-urban area in which the main part of the study was conducted.

The majority of the residents in both communities belong to the Xhosa ethnic group and originate from the Eastern Cape Province and from areas like the Transkei and Ciskei. Both communities are affected by urbanisation processes. The gradual migration within the Cape Metropolitan Area or between the Eastern and Western Cape Province lead to the instability of family structures in both communities. The most prevalent family systems are urban-extended, single-headed, nuclear, foster parent or legal guardian (including child-headed) family units. Foster parents or legal guardians who take care of children are more prevalent in Crossroads than in Kayamandi

Both communities are characterised by overcrowding, poor living conditions (more than 50% informal housing like squatters), a high unemployment rate or low-income groups, a high level of illiteracy, frequent violence and the lack of recreational facilities. Gang-related crimes are more prevalent in Crossroads than in Kayamandi.

As Crossroads is part of the Nyanga/Crossroads Development Plan, and has a far more diverse and developed infrastructure than Kayamandi, the differences between an urban and semi-urban infrastructure, including access to information on AIDS, were considered during the data analysis.

¹⁷ Meaning of KTC is not known.

5.4.2 The Selected Primary Schools

As outlined in the previous paragraphs, Ikaya Primary School in Kayamandi and Nomlinganiselo Primary School in Crossroads constitute the two case study schools in this study. Both schools are long-established primary schools located close to the children's places of residence. The surroundings of the schools are dirty and fail to provide adequate safe playgrounds for the children. After-school care is not available in either school. The school buildings consist of two long red brick buildings with additional prefabricated classrooms surrounded by wire-netted fence.

The majority of children in both schools belong to the Xhosa ethnic group. The vernacular is isiXhosa; with the second most frequent language either being Afrikaans or English, depending on the teachers' language skills. Both schools had a similar age and gender composition at the pretest of the survey. The majority of children at Nomlinganiselo Primary School were born in the Cape Metropolitan Area or have moved from within the Western Cape Province to Crossroads in recent years. At Ikaya Primary School, the classes mainly consist of learners who have migrated to the Kayamandi community from the Eastern Cape Province in recent years or were born in the Kayamandi community. This means that the groups differ with regard to their migration patterns. While the children in the control group migrate mainly within the municipal or Western Cape area, the children in the intervention group migrate mainly across provincial borders – from a rural and impoverished province to a semi-urban area in a better-developed province.

Nomlinganiselo Primary School accommodates children from the KTC, Nyanga and Crossroads areas. Throughout the survey Nomlinganiselo Primary School was subjected to extensive restructuring processes by the Western Cape Department of Education with a limited number of classes and learners by January 2004 as a result. The school's physical infrastructure was improved during the period of survey, and although the school personnel structure underwent several changes, the quality management seemed to be guaranteed throughout.

Ikaya Primary School is the only primary school and mainly serves the Kayamandi area. The school had experienced tremendous problems in preparation for the implementation of Curriculum 2005 and consequently lagged behind in the reformation processes coordinated by the Western Cape Department of Education. In addition, Ikaya Primary School experienced a change in management during the last phase of the intervention, as evident in the school atmosphere that was characterised by a power struggle on management level. Apart from poor

equipment, a shortage in staff and the high workload of staff members, this lack of leadership led to an inability to act and to fulfil their duties on behalf of teachers and learners.

The following problems at schools were listed by the two class teachers who attended the survey:

- Low payment of school fees;
- Perceived absence of parents in their children's educational process;
- High numbers of learners with reading and writing problems;
- Shortage of books and teaching material (worse at Ikaya Primary School);
- Practice of corporal punishment as disciplinary method (only observed at Ikaya Primary School);
- Crimes like theft and vandalism, (alcohol abuse, drug abuse, e.g. dagga/mandrax, and sodomy between school children were reported only at Nomlinganiselo Primary School).

Neither school taught the governmentally prescribed life skills programme on AIDS and sex education before the intervention. Although elements of AIDS education were evident in the living environment of both samples, this education was directed towards secondary school children and did not directly affect the participating primary school learners.

5.5 Negotiation Access to Psychosocial Research in a semi-urban Setting in South Africa

When doing psychosocial research that examines human beings, specific negotiation procedures and consideration are indicated, especially when the study is undertaken in a developing world context. This is of special importance when the researcher has a first-world background and has been socialised in a different culture. As De Jesus Mari et al. (1997) state, studies and interventions should not only be relevant to local situations, but must also consider cultural sensitivities and include a learning process from community to research level. Such a long-term negotiation process is considered to be extremely relevant to gain a better understanding of the environmental and cultural factors influencing the psychological development of the participants. The following section outlines the specific procedures safeguarding appropriate legal, ethic and cultural steps throughout the evaluation process at provincial, community, school, and personal level in the case study community of Kayamandi.

5.5.1 Approval for Research at Provincial Level

Application forms for gaining permission to carry out the survey at Ikaya and Nomlinganiselo Primary Schools were submitted to the Western Cape Department of Education (Education Research) in Cape Town and the Department of Education in Paarl. Before submission, permission was asked from the case study schools (Ikaya and Nomlinganiselo Primary Schools), Stellenbosch AIDS Action, Stellenbosch Child Welfare Organisation, and the Departments of Social Work and Psychology at the University of Stellenbosch (US). In addition, the Department of Psychology at the US provided local supervision for the evaluation. In the middle of January 2003, the departments gave permission for this survey without any delay. The attached conditions included, among others, ethical considerations, final reporting to the Western Cape Department of Education, half-yearly oral reports to the School Clinics in Stellenbosch, and reporting of cases of child abuse in the intervention group to the institutions responsible.

5.5.2 Negotiation Procedures at Community Level

Negotiations were conducted with several governmental and non-governmental institutions and organisations within the Kayamandi community and in Stellenbosch five months before the intervention took place. These experts served as gatekeepers since access to the community would not have been possible without their permission. One objective was to spread the vision of the pilot study and to establish a network of safety and support for conducting the pilot project with important people (stakeholders) within the Kayamandi community. In addition, meetings with stakeholders in the community were also seen as an appropriate cultural behaviour in accordance with the valid code of respect. The showing of respect, as part of the hierarchal system, between one person (older, male or an insider) functioning as an authority and another person (younger, female, or an outsider) asking and following advice, was a fundamental cornerstone in the carrying out of the survey.

Negotiation was also used to discuss with stakeholders the prevailing cultural-sensitive norms and values important in the design of research methods and implementation of the intervention. It became clear that in Kayamandi the fear and stigma surrounding AIDS were significant, with a strong taboo on talking about sex. Therefore, experts recommended that questions directly related to sexual attitudes or behaviour be avoided in the survey because of the youth of the participants, the cultural norms concerning sex and AIDS, and the diffusion of family life. It was feared that if intervention included sensitive issues, organisations and people in the community would refuse to support the intervention. The advice from the

experts was thus a definite consideration in the administering of the questionnaire, and demanded that the original (inappropriate) proposal, written in and for a European context, be completely revised for the prevailing research conditions. The final version of the proposal was a result of the interaction with local experts and a learning process on the researcher's side.

5.5.3 Negotiation Procedures at School Level

Special negotiation procedures were also undertaken at the Ikaya Primary School in particular. The researcher made personal contact with the principal prior to the intervention in September 2001. In September 2002, she presented the programme to the school staff. Regular information sessions with the principal and Grade 4 teachers were held during breaks, before the implementation of the life skills programme on AIDS and sex education. This phase also included casual observations in Grade 4 classes at Ikaya Primary School to select one class for the intervention. Aspects for observation included class composition (age, gender), verification of marks, teaching methods and classroom atmosphere (Appendix A). Four Grade 4 classes were observed (one teacher refused to allow a researcher in class). The results revealed that class composition and the verification of marks were similar in the observed classes. However, class atmosphere was strongly dependent on the character and professionalism of the teacher.

The second objective of class observations was to find one class teacher willing to participate in the intervention, because the Stellenbosch School Clinics requested that a local class teacher be involved. The institution hoped that through this course of action teachers at the school would later be more willing to implement the life skills programme on AIDS and sex education at Ikaya Primary School, which had failed in the past. Although all the teachers were asked about their willingness to participate in the survey, only one teacher clearly expressed interest in participating with her class in the intervention. This teacher was also the one who had reached the best marks in the assessment of classroom atmosphere. In the end, all Grade 4 class teachers gave permission to this specific teacher to take part in the intervention with her class. This consent was of special importance for the later acceptance and support of the intervention in the school environment, the reason being that all future personal interactions will take place in a highly hierarchical system (e.g. school).

The negotiation process at Ikaya Primary School was finalised in a meeting with the principal, the deputy principal and one class teacher of the chosen Grade 4 class. During the meeting, the following arrangements for the project were made: the intervention was

integrated into the timetable as part of the life orientation curriculum, one classroom was made available, and one class teacher joined the sessions as support teacher.

5.5.4 Negotiations with Parents

In order to safeguard ethic codes, the first parent meeting was held after receiving permission from the various departments and organisations. Several parent meetings were held during and after the interventions. The first parent meeting was attended by all the people directly involved (health promotion trainers (HPTs), researcher, class teacher), the upper management of the school (principal) and the manager of the cooperating NGO in Kayamandi, and had three goals. Firstly, for HPTs and evaluator informed parents on the content of and need for health and sex education, the magnitude of the project and its positive outcomes for the children, school and community. Secondly, that parents should feel part of the project and therefore become part of the educational process and take responsibility right from the beginning. Thirdly, to give parents the impression that the people involved provided a safe and personal framework for their children. In the end, all participating legal guardians gave a signed permission for their children. Due to the high illiteracy rate¹⁸ among parents, older children, neighbours or friends signed on their behalf.

Two pre-parent meetings were held because the number of participating parents fluctuated between ten to fifteen parents per meeting in a class of 45 learners. There were several obstacles to reach the parents or legal guardians of the sampled children. Many parents have a complicated, reluctant, or non-interested attitude towards the school and its events, and therefore avoid any presence at school. The parents were concerned that they would have to pay additional school fees for their children's participation in the programme. Knowing the difficult financial situation of the parents and their feelings of embarrassment, parents were informed that the programme would be free and voluntary. Many parents signed the agreement papers without taking part in any parent meeting.

Contact with Nomlinganiselo Primary School was established in November 2002. Because of the sensitive nature of research, it was difficult to make contact with a school willing to support the survey. Similar to the finding at Ikaya Primary School, the personal relationship with the class teacher formed the basis for a trustful partnership between the school and the research team, which made the survey possible. The contact teacher at Nomlinganiselo Primary School informed the parents of the children in her class and requested their consent.

¹⁸ According to the World Bank (2001), the average illiteracy rate in South Africa in 1999 was 15% of the total population.

5.6 Unanticipated Events – Resulting Limitations

As explained at the beginning of chapter 5, a study in this context is often limited by the macro-economic and working environment, together with personal and psychological factors. This section outlines specific and unplanned events during four research phases from September 2002 to August 2004. These events had a significant influence on the research design and the implementation process of the intervention.

5.6.1 First Phase – Armed Robbery

After an official meeting at Nomlinganiselo Primary School, the research team and the contact teacher experienced an armed robbery on the schoolyard that was witnessed by learners, teachers and neighbours. In what was a situation of chaos, some of the child witnesses followed the armed criminals, while others reported to teachers that they knew the names of the four men. It is very much likely that children of the control group observed the armed robbery too, which might have influenced their attendance in the survey in a non-predictable way. In addition, the contact teacher was severely traumatised and had a nervous breakdown that forced her to resign from her job in the following weeks. Despite the fact that this teacher was prevented from applying as a support person, another teacher took over her position in the following months. Subsequent visits to this school were made under police protection, whilst contact with the school was organised by fax or telephone. Apart from the first-hand trauma experienced by the research team, this incident caused a delay of two to three weeks in the research schedule due to a loss of official documents and agreements with the Nomlinganiselo Primary School.

5.6.2 Second Phase – Tight Research Schedule

In February 2003, the pretesting of the quantitative instrument, the questionnaire, was undertaken at Ikaya Primary School in Kayamandi. As stated at the beginning of the chapter, it was not possible to find appropriate psychological instruments that had already been standardised in the South African context, applied to pre-adolescents and translated into a specific language such as isiXhosa. Apart from the absent standardised quantitative measures for children, the time for the pretest was too tightly determined to claim validity. A number of unplanned conditions and events resulted in the inappropriate procedure: the complete revision of the research proposal resulting in a late application for research due to limited staff and financial conditions of the research project, the long and unplanned negotiation process on community and school level and, finally, the armed robbery. This problem affected the

reliability and validity of the quantitative research, which is explained in more detail in chapter 6.

5.6.3 Third Phase – Restructuring Processes at Nomlinganiselo Primary School

The management changes and restructuring processes (Curriculum, 2005) were assumed to cause a slow and continual sampling drift at the case study schools. Finally, these changes affected mainly the control group. During the posttest in August 2003, Nomlinganiselo Primary School experienced a restructuring process during which the number of learners, classes, and teachers were reduced, and a new principal took over who had to be newly-informed about the research matter. At the same time, the school took part in a national programme on “safe schools” whereby the safety standards were extended, e.g. the installation of a barbed wire fence and personnel responsible for managing the gate. During that time, the school seemed to have changed its school and learning atmosphere from being rather integrated in the community to being more secluded. The principal and participating class teacher of the control group explained that armed robberies had happened several times at the school, increasingly on days when teachers received their salary. During the follow-up test II in May 2004 safety procedures were again reduced, and again the school and its individuals experienced a time of change.

5.6.4 Fourth Phase – Changes in Research Design and Staff

South Africa is a country undergoing transformation and reformation processes, which are undoubtedly needed. However, unannounced changes can have far-reaching implications for research surveys. In this case they affected the research design, and therefore the complete outcome study. In September, the Nomlinganiselo Primary School implemented the governmental life skills programme on HIV/AIDS without any notification to the research team. After ethical consideration, it was decided not to intervene in this process, even though the Departments of Education in Paarl and Cape Town had given their permission, which included securing the design of the original. Because the research design had to be changed at a late stage of the survey, the control group became a quasi-control group.

Intervention II, functioning as a booster session, was undertaken at Ikaya Primary School from September until November 2003. During this phase, one health promotion trainer had to leave the project as she was pregnant. The composition of the team therefore changed and the team had to adapt its working procedures. A new volunteer had to be introduced to the class

as well as the content and method of intervention in a late stage of the survey. It is therefore believed that this change in staff influenced the quality of the sessions in Intervention II and resulted in a changed learning atmosphere in the intervention group. This change of learning atmosphere led to the decision to exclude some of the results from the booster sessions, e.g. HPTs' reports, from the survey analysis.

5.7 Conclusion

The aim of the study is to sustain the development of positive mental health enhancing protective behaviour within individuals among pre-adolescent children (10 – 11 years of age) by using a non-governmental and school-based life skills programme on AIDS and sex education in a semi-urban area of South Africa.

The majority of the children belong to the Xhosa ethnic group and live in two disadvantaged communities, Kayamandi and Crossroads, in the catchments area of Cape Town. Motivation was given for the selection of the age group and for the selection of the two communities. With regard to the sensitive nature of this assessment study, specific ethical procedures were followed to protect the rights and privacy of every participating individual. An extensive administrative and negotiation process on provincial, community and school level had to be undertaken in order to receive permission for this survey.

The predominant challenges for research were detrimental macro-economic working conditions (i.e. limited funding and time table restrictions), restricted access to psychometric measures for this specific group of samples, and unanticipated events such as an armed robbery or the control group turning into a quasi-experimental group because of administrative confusion. The events and conditions that influenced this research formed the basis for the changes in the research design, course of action, and limitations of the validity of this study. This chapter contextualises and introduces the methodology explained in chapter 6.