Psychosocial Interaction Model and Barriers to Participation in Adult Learning: A case of community caregiver training in Gauteng.

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Key words

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Transition theory

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Adulthood factors

Learning press

Abstract

This study was prompted by my observations and feedback from trainers and learners on an array of barriers to participation in learning which are experienced by learners participating in accredited adult learning programmes offered by a NGO in Cape Town. The aim of this research was to investigate these barriers using a Psychosocial Interaction Model by Merriam and Darkenwald (1982) and the Transition Theory by Schlossberg (1981). Participants in a Health and Welfare Seta (HWSETA) accredited training programme, which is a qualification in Ancillary Health Care level 1, who are community caregivers, were used as research participants. This research provided empirical evidence on barriers to participation in adult learning experienced by these learners and recommendations have been made based on the findings. A new theoretical insight that was generated as a result of this study is that of the interplay between internal and external barriers to participation in adult learning and other variables within the continuum of the Psychosocial Interaction Model as well as certain variables within the Transition Theory. This came as a result of broadening the investigation into barriers to participation in learning, using all variables across the whole spectrum of the Psychosocial Interaction Model, instead of only using the barriers factor.

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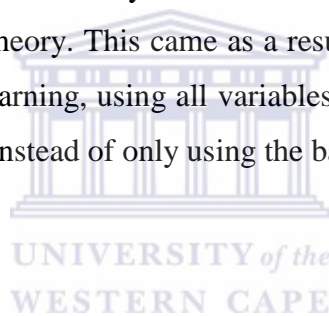
Dedication

I dedicate this research paper to my dear late husband Velile Michael Boy Ngidi who was called to rest on 27 April 2013. He gave me his unconditional love and support throughout my studies and sometimes was fed by Mrs Woolworths without even complaining. Every line in this paper is to his honour and memory. Thinking about how proud he would have been of me, gave me strength to pick up the pieces and carry on, when I did not have an ounce of energy in my body to carry on with my studies anymore after his passing.

Acknowledgements

First and foremost I would like to acknowledge the Almighty for being with me from the beginning, when I made a decision to take that first step of enriching my knowledge in adult education, so that I could be of better service in the journey that He has chosen for me.

My children Nokwazi and Wandile Ngidi for their small contribution without knowing it, every time I thought of quitting, I used to think about what will I ever say to them about starting something and not finishing it, if I have done so myself.

I would like to convey my sincere gratitude from the bottom of my heart to the following people and organisations;

- o My employer Hospice Palliative Care Association for providing financial resources as well as an environment that encourages and support lifelong learning.
- o My supervisor Prof. Zelda Groener for slowly removing all the cobwebs in my eyes and brain so that I am able today to write this acknowledgement. Your tenacity, patience and encouragement through my challenging times meant a lot beyond what words could express.
- o My friend and colleague, Lorraine Isaacs, there are no words to describe how much I appreciated your support and value the times that you were readily available for me when I needed you. The moments of laughter that we had together when sometimes we both did not have a clue what Prof. was talking about after an hour long meeting, will always be a part of my life which I shared with you.
- o My other colleague Aaron Bere for his words of encouragement as well from time to time.

o Research participants and their employer who agreed to be part of this study, as without them there would have been no study of this kind.

Declaration

I Nkosazana Fidelia Nelisa Nomalizo Ngidi hereby declare that this research paper which is submitted in partial fulfilment of a degree in Masters in Adult Education and Global Change at the University of the Western Cape is my own work. I have not submitted it before to any other university for any other degree.

 I have acknowledged all references from published and unpublished sources mentioned and quoted in this research paper.

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Signed:

Date:

Glossary of terms

NGO	Non-governmental organisation
HWSETA	Health and Welfare Seta
WHO	World Health Organisation
NQF	National Qualifications Framework
COR	Chain of Response

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SECTION 1 - INTRODUCTION

Background

Since 1994 the landscape of education and training has changed in South Africa. This has resulted in legislative frameworks which have created a culture of lifelong learning as part of social transformation and addressing past inequalities in education, therefore giving adult education the attention it deserves. The shortage of professional skills in the healthcare sector, due to the brain drain to what Brown and Lauder (2006) describe as "magnet economies" (p.28), has resulted in a human resource crisis in the healthcare sector. As a way of expanding the healthcare force, South Africa has adopted an approach of training less specialised healthcare workers like community caregivers, in line with recommendations developed by the World Health Organisation (WHO) (World Report, 2006).

As part of this paradigm shift, training is no longer confined to the formal education sector but takes place at non-governmental organisation (NGO) level with organisations accredited to offer qualifications for nonprofessional health care workers. It is against this background that in my study I investigated barriers to participation in adult learning experienced by a group of learners participating in a one-year Ancillary Health Care level 1 training programme. This training programme is offered by a NGO in Cape Town which is an accredited private training provider with the Health and Welfare Seta (HWSETA). This training programme is a one year credit bearing entry level qualification linked to the National Qualifications Framework (NQF) accredited by HWSETA.

To investigate barriers to participation in adult learning I have combined two conceptual frameworks, namely; the Psychosocial Interaction Model by Darkenwald and Merriam (1982) as well as Schlossberg's Transition Theory (1981). The Psychosocial Interaction Model views participatory behaviour in adult learning as a response to internal and external variables which are psychosocial in nature and manifest in seven areas (Silva et al., 1998). The Transition Theory is mostly used to conceptualise holistic and creative strategies on how to work with adult learners. It also reflects on how they draw upon their assets to cope with challenges related to transitions (Kotewa, 1995). Participation in adult learning programmes inevitably prompts a period of transition in the lives of adult learners. It is for this reason that I have used this theory in my study to investigate the transitions that are created when adults address internal and external barriers to participation in adult learning. I also found that there

were some commonalities between the Transition Theory (1981) and the Psychosocial Interaction Model (1982). Both models are used as a framework for understanding adults as learners. Both frameworks acknowledge individual and environmental factors which affect participants in life transitions, in this case adult learning. Both models reflect the interplay between barriers to participation in adult learning, certain variables within the continuum of the Psychosocial Interaction Model and contextual categories of transition within the Transition Theory.

For this study I initially intended to investigate only barriers to participation in adult learning using the Psychosocial Interaction Model as the conceptual framework; however when I was reviewing literature and reading about the Psychosocial Interaction Model, I found that I would not be doing justice to this study if I singled out barriers only as determinants of participatory behaviour. This is also confirmed by Fagan (1991), cited in MacKeracher, Suart and Porter (2006), who argues that it is not enough to understand barriers to participation separately and independently. It is therefore for this reason that my study will reflect all variables across the whole spectrum of the Psychosocial Interaction Model instead of only the barriers factor.
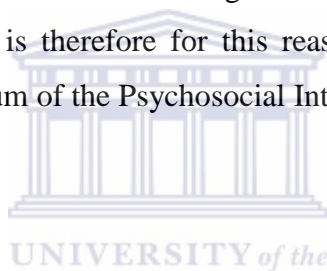
Rationale

As an education and training manager employed by a NGO in Cape Town offering the Ancillary Health Care level 1 training programme in all nine provinces in South Africa, through observation and feedback that I received from training evaluations from both learners and facilitators, I noticed that community caregivers as adult learners who attend our HWSETA accredited training programmes experience several barriers to participation in adult learning which inhibit their optimal participation.

The purpose of my study was to utilise existing theoretical insights on barriers to participation in adult learning to investigate the barriers to participation in learning experienced by community caregivers participating in the Ancillary Health Care level 1 programme.

It has been important to conduct this research as it provided empirical evidence on barriers to participation in adult learning experienced by these learners as a basis for providing recommendations to address these barriers.

Research problem

Community caregivers as adult learners experience barriers to participation in learning that prevent optimal participation in the Ancillary Health Care level 1 programme.

Research Aims
o To investigate barriers to participation experienced by community caregivers as adult learners participating in the Ancillary Health Care level 1 programme offered by a NGO in Cape Town.
o To generate new theoretical insights into barriers to participation in adult learning experienced by community caregivers as adult learners.

Research question

According to Bryman (2008), research questions "are stated with varying degrees of explicitness" and these are usually open-ended in qualitative research (p.371).

This study focuses on the following research question,

What are the barriers to participation that community caregivers experience as adult learners in the Ancillary Health Care level 1 programme?

Limitations

In my research the following limitations have been identified;

There were 73 learners enrolled for the Ancillary Health Care level 1 programme in Gauteng and Northern Cape. The duration of the programme extended between November 2011and November 2012. The sample of 10 learners that was included in this study was selected from the group of 44 learners based in Gauteng. This excluded other learners who were not based in Gauteng who were part of this programme. As a small number of participants had been selected for this study, generalisation will be limited. However I have drawn some inferences based on the findings. I was unable to do respondent validation and give feedback to participants on the findings of the study as the programme finished before data analysis could be done and participants were not easily accessible thereafter.

Anticipated findings

I anticipated that this research would provide evidence of barriers to participation in adult learning amongst learners participating in the Ancillary Health Care level 1 programme. Looking at barriers highlighted in the Psychosocial Interaction Model by Merriam and Darkenwald (1982), I anticipated that all barriers will be experienced, but the investigation will reveal the degree to which each barrier will influence the optimal participation of participants.

SECTION 2- LITERATURE REVIEW/ CONCEPTUAL FRAMEWORK

Definition of concepts

In this section, I define the concepts I have been used to enable the reader to understand the conceptual framework for my research. A conceptual framework "posits a causal sequence of explanatory factors or more minimally presents a typology of constructs for organising information, using concepts to guide and interpret research" (Silva, Cahalan, Lacireno-Paquet,1998, p. 11). My discussion will reveal that a number of conceptual frameworks or models have been identified in literature that model and explain participatory behaviour in adult learning.

Psychosocial Interaction Model

Initially my study focused on investigating barriers to participation experienced by community caregivers as adult learners in an Ancillary Health Care level 1 programme using the Psychosocial Interaction Model. However, I found during my literature review and whilst studying the Psychosocial Interaction Model, that there would be more value in using the model in its totality so as to enrich the investigation instead of isolating particular barriers to participation.

The Psychosocial Interaction Model builds on the Chain of Response model (COR) by Cross (1982) and is used to understand participation in adult learning. This model was developed by Darkenwald and Merriam (1982) as a model of participation highlighting the influence of "social environmental forces" on participation in adult learning (p. 142).

According to the Psychosocial Interaction Model the decision to participate in adult learning is influenced by barriers which have been classified as internal or individual and external or social environmental in nature. The reaction to these barriers in maintaining a level of participation is in turn influenced by an individual's psychological development and his/her interaction with his/her social milieu (Silva et al., 1998).

Darkenwald and Merriam (1982) frame the Psychosocial Interaction Model on participation in adult learning as "the interplay between individual and environmental forces" but place strong emphasis on the socio- economic status as the main variable which influences participation (p. 141). Silva et al., (1998) view these individual forces as learner-centred variables which are influenced by the social environment in which the learner functions.

Darkenwald and Merriam refer to the socio- economic status as encompassing "educational attainment, occupational status and income" (1982, p.142). The authors further state that they emphasised the socio-economic status because of a lack of strong evidence of the influence of individual traits on participation in adult learning. Silva et al., (1998) also highlight the psychosocial nature of internal and external variables in the Psychosocial Interaction Model and their manifestation in a "linear continuum of seven constructs" (p. 46).

According to Silva et al., (1998) the Psychosocial Interaction Model highlights two broad segments which are determinants of participatory behaviour in adult learning, namely; pre-adulthood factors and adulthood factors. According to Darkenwald and Merriam the "key factors in pre adulthood life" that influence participation in adult learning are family characteristics, socialisation, as well as preparatory education (p. 142). Darkenwald and Merriam (1982) refer to adulthood factors as variables in adulthood which manifest into seven elements. These elements are; (i) socio-economic status, which is a combination of a person's social and economic status; (ii) learning press which refers to the extent to which one's environment encourages and supports lifelong learning; (iii) perceived value and utility of participation, this referring to perceptions on the value and benefits which participation will add to the participants' lives; (iv) readiness to participate, which is mostly determined by the perceived value and benefits to be derived from such participation; (v) participation stimuli which refers to a variety of triggers like job change, retirement or internal desire for personal advancement; (vi) the probability of participation in adult learning; (vii) barriers to participation and these can be those things that prevent and/or reduce the probability of participation in adult learning.

The interplay between individual (internal) and social environmental (external) factors within the Psychosocial Interaction Model

The interplay between the various elements which influence participatory behaviour is displayed within the continuum of the Psychosocial Interaction Model. In my investigation of barriers to participation in adult learning I have highlighted the interconnectedness between the various elements of the model and their influence on internal and external barriers to participation in adult learning (Darkenwald and Merriam, 1982).

In the model Darkenwald and Merriam (1982) highlight a relationship between the socio-economic status and the learning press as well as the influence of these on barriers to participation in learning. The higher the socio-economic status the higher the learning press and vice versa. The socio-economic status also influences the probability of an individual participating in adult learning. The extent to which barriers are experienced by participants is in turn greatly influenced by the socio-economic status (Darkenwald and Merriam, 1982). The lower the socio-economic status the more barriers to participation are experienced.

Readiness to participate is influenced by particular external participation stimuli like a job change, however participation can be hampered by barriers. This is echoed by Scanlan (1986) who states that according to the Psychosocial Interaction Model "barriers to participation may preclude learner engagement even in the presence of potent participation stimuli" (1986, p.10).

Silva et al., (1998) also highlight the interconnectedness amongst the various variables of the Psychosocial Interaction Model. The authors view the relationship between the socio-economic status and the learning press as "differences in social participation, occupational complexity and lifestyle" (p. 38). Silva et al., also cite Wikelund, Reder, and Hart-Landsberg, 1992 as other authors who have also emphasised the significance of the learning press.

The authors state that "a person's learning press fosters certain attitudes and perceptions about the value and utility of adult education" (p. 38). The same interaction between the learning press and perceived value of adult education as well as readiness to participate is reflected by Darkenwald and Merriam. According to Silva et al., (1998) the effect of the socio-economic status on participation in adult learning can also be mediated by the learning press.

Scanlan (1986) also identifies the interaction amongst the various elements in the model. The author states that variables with which participants interact are influenced by the participant's perception and change as the life situation of the learner changes. This prompts a life transition component explained by the Transition Theory into the interaction with the various variables in the model.

In the Psychosocial Interaction Model barriers to participation are one of the elements on the continuum. Darkenwald and Merriam (1986) highlight four categories of barriers to participation in adult learning as situational, institutional, informational and psychosocial. These barriers will be discussed in detail later in this paper.

The interplay of various elements within the Psychosocial Interaction Model and barriers to participation in learning presented by Darkenwald and Merriam (1982), Scanlan, Silva et al., (1998) is confirmed by Fagan (1991), cited in MacKeracher et al., (2006), in other words that barriers to participation in learning cannot be viewed in isolation.

Hatala (1993) has criticised the Psychosocial Interaction Model stating that whilst it highlights the nature of barriers to participation in adult learning which are experienced by participants, it has limitations in that it does not explain the way in which different types of participants experience these barriers. MacKeracher, et al., (2006) also point out that the model does not reflect how barriers may change as adult learners transition through different stages of their lives.

Transition Theory

Addressing some limitations of the Psychosocial Interaction Model, the Transition Theory is an adult development theory providing a systematic framework for understanding adults in transition developed by Schlossberg in 1981 in collaboration with others (Estrella and Lundberg, 2006). Anderson, Goodman and Schlossberg (2012) highlight three major parts of the model, "approaching transitions, taking stock of coping resources and taking charge" (p.38). Santiago (2004), similar to Anderson et al., (2012) defines this model as a framework for understanding adults in transition as well as their human adaptation to the transition process. This theory is mostly used with adult learners to offer holistic and creative strategies on how to work with adult learners and how they can draw upon their assets to cope with challenges related to transition (Kotewa, 1995).

Schlossberg, Waters and Goodman (1995) define transition as "any event or non-event that results in changed relationships, routines, assumptions and roles" (p. 27). Parkes (1971) cited in Schlossberg et al., (1995) goes further to describe what he refers to as a "psychosocial transition". The author refers to this transition as "change that necessitates the abandonment of one set of assumptions and the development of a fresh set to enable the individual to cope with the new altered life space (p.28). Participation in the Ancillary Health Care level 1

training programme by participants in this study was an "event that resulted in changed relationships, routines, assumptions and roles" (Schlossberg et al., 1995, p.27). As reflected by Schlossberg et al., in order for participants to participate in the learning process, they had to abandon certain assumptions and adopt new ones to be able to cope with the learning process.

The transition theory highlights three phases of the transition process as "moving in", "moving through" and "moving out" (Schlossberg et al., 1995, p.45). This process in my study is highlighted by a process in which participants started the process of learning; began "knowing the ropes"; confronted issues of balancing attendance at the course with barriers which they encountered whilst attending the course; and finally moved out through evaluating the transition process - "did I do the right thing", "what comes next" (Schlossberg et al., 1995, p.45).

Schlossberg et al., (1995) state that there are factors which influence how the transition process is experienced by participants; situation or how the transition is viewed by the person, self or the personal, demographic and psychological resources which a person brings to the transition, support which the person has during the transition process and strategies used for coping. These factors are a combination of individual and external factors which determine how participants experience a transition process.

Anderson et al., (2012) also added "spirituality and resilience" as one of the factors that influence how a transition is experienced by participants (p.73).

I view this theory as being relevant for investigating barriers to participation in adult learning since participation in a formal adult learning programme may reflect a challenge of barriers and which prompts a period of transition. Participants in my research are adult learners who are employed by a NGO, have been out of school for a while and are now back in an adult learning environment in pursuit of a better state of being.

My decision to use the Transition Theory to investigate barriers to participation in learning is further strengthened by Santiago (2004) who stated that barriers which occur during the learning process are viewed as transitory in nature and require different interventions to prevent them from causing learning breakdown.

The Transition Theory highlights the fact that adults in transition are in the process of coping with the ordinary and an extraordinary process of living (Evans et al., 1998 cited in Santiago, 2004). I am also of the opinion that the process of experiencing and navigating barriers to participation in adult learning can be viewed as part of coping with the ordinary and extra-ordinary process of living.

Santiago (2004) sees the Transition Theory as a solid foundation for practice as it uses an array of writings, concepts from these writings as well as insights by Schlossberg and her colleagues. However the author is quick to point out that this method may not be seen as a credible traditional way of formulating theory. Santiago suggests that in order to understand the relationship between learners and their environment as well as to "solidify the theory's practical framework Bronfenbrenner's Ecological Systems Theory" should be used in addition to the Transition Theory (2004, p.8).

Relationship between Psychosocial Interaction Model and Transition Theory

I identify the following commonalities between the Psychosocial Interaction Model and Transition Theory. Both models are used as a framework for understanding adults as learners. Participation in a formal adult learning programme prompts a period of transition, where inevitably relationships, routines and roles of participants change. According to Schlossberg et al., (1995) internal and external barriers to participation in the Psychosocial Interaction Model reflect mostly how relationships, routines and roles of participants change during the transition process or participation in adult learning.

Both models highlight the role played by the social environment and psychological forces in experiencing the transition process and participation in adult learning. According to Schlossberg cited in Kotewa (1995), adults are "motivated to learn and change by a need to control, belong, matter, master, renew and take stock" (p.46). These can be linked to one of the elements of the Psychosocial Interaction Model, which is the perception about the value of adult education as a determinant of participatory behaviour (Darkenwald and Merriam, 1982).

Both frameworks acknowledge the interplay between individual and environmental factors in a transition process, in this instance adult learning and how participants interact with these factors. According to Schlossberg cited in Santiago (2004, p.6-7), human adaptation to transition is affected by four contextual categories of the transition (a) *The nature of the*

transition process: what prompted the transition process, was it expected or not expected? This relates to what is referred to in the Psychosocial Interaction Model as the participation stimuli which determine readiness to participate (Darkenwald and Merriam, 1982).

(b) *Individual characteristics:* which include the individual's perception of the transition. These, in my opinion, are also related to attitudes and perceptions about participation in adult learning and personal and family characteristics (adulthood factors) reflected in the Psychosocial Interaction Model (Darkenwald and Merriam, 1982). (c) *Coping resources:* which refer to assets and liabilities that the participants bring to the transition process. These are self-coping skills, experience and outlook. In the Psychosocial Interaction Model these are reflected as self-esteem, attitudes, optimism about success and the value of adult education (Darkenwald and Merriam, 1982). (d) *The environment:* this involves the support system in the form of people, agencies, financial capability and is related to the learning press and socio-economic status as determinants of participatory behaviour highlighted in the Psychosocial Interaction Model (Darkenwald and Merriam, 1982).

The Transition theory highlights the role played by the socio-economic status in influencing the transition process and the Psychosocial Interaction Model also stresses the role played by the socio-economic status in determining participation in adult learning and mitigating barriers to participation (Darkenwald and Merriam, 1982).

I am of the opinion that using the two conceptual frameworks will provide a broader context for addressing the research question: what are barriers to participation in adult learning that community caregivers experience participating in the Ancillary Health Care level 1 programme?

Barriers to participation in adult learning

Silva, Cahalan, Lacireno-Paquet (1998) comment on "the multiple meanings of the concept barriers and its diverse conceptualisation" (p. 74-75).

Reed and Marsden (1980) cited in Silva et al., define barriers as factors which prevent people from participating in some activities. A view which is expressed by the authors is that barriers are things that decrease the frequency or extent of participation below the desired level, but do not necessarily prevent one from participating entirely. I agree with this viewpoint that barriers are things that decrease the frequency or extent of participation as it pertains to my

study. Alexandris and Carrol (1997) cited in Silva et al., (1998) point out a conceptual distinction between two kinds of constraints or barriers, "blocking constraints" and "inhibiting constraints" (p.74). Blocking constraints are defined as those barriers that completely preclude participation whilst inhibiting constraints merely inhibit the ability to participate to a certain extent.

For purposes of my study I have used the concept of barriers as referring to "inhibiting constraints" that inhibit the ability to participate optimally in adult learning, taking into consideration a combination of other forces which might influence participation (Silva et al., p.74).

According to Hatala (1993), Scanlan and Darkenwald (1984) were amongst the first to conduct a systematic investigation of barriers to participation in learning and they developed the Deterrence to Participation Scale (DPS) which they validated for health professionals. The generalizability of the DPS was later validated in the general adult population by Darkenwald and Valentine (1985) (Hatala, 1993).

MacKeracher, Suart and Potter (2006) identified a range of barriers to participation in learning using Cross's model which classifies barriers into situational or life factors, institutional, program or structural factors and dispositional or attitudinal or learner-inherent factors. Dispositional barriers are similar to those Malhotra and Shapero (2007) refer to as internal psychological variables of self-concept and attitudes towards learning. Potter and Alderman (1992) cited in MacKeracher et al. further identified academic barriers which influence participation mainly during learning activities.

Similar to Cross's model (1981), Darkenwald and Merriam (1982) also highlight barriers to participation in adult learning as situational as well as institutional, however they added informational and psychosocial barriers to their model.

Fagan (1991) cited in MacKeracher et al., (2006) points out that a more complete understanding of participation should be an "examination of the interactions among the various types of barriers" (p.13). The author further notes that there is very little evidence of analysis of this interaction in literature among the various types of barriers. I hope my research will reveal this interaction based on the models I have chosen as conceptual frameworks, which are the Psychosocial Interaction Model by Darkenwald and Merriam (1982) and the Transition Theory by Schlossberg (1981).

Hatala (1993) cites Darkenwald and Valentine (1985) and Martindale and Drake (1989) as researchers who have identified commonalities in barriers to participation in learning among different adult populations.

External and Internal Barriers to Participation in Learning

The range of barriers to participation in learning highlighted in the literature is classified into external and internal barriers. External barriers are situational, institutional, academic and informational barriers. Internal barriers are dispositional and psychosocial barriers.

External Barriers

Situational Barriers

Darkenwald and Merriam (1982) refer to situational barriers as those obstacles that "relate to the realities of one's social and physical environment s" (p.137). Situational barriers are more related to personal circumstances which might prevent learners from accessing and pursuing learning opportunities (MacKeracher et al., 2006). Darkenwald and Merriam (1982) state that the most expressed situational barriers to participation in adult learning are, lack of time, cost, home responsibilities, job responsibilities, lack of transport, lack of child care and isolation due to geographical location. These barriers are similar to those reflected by MacKeracher et al., who mention in addition, lack of support from partners, family members or employers, limited energy, communication problems due to auditory and visual challenges and poor physical or mental health.

Elaborating on the same theme as Darkenwald and Merriam (1982) and MacKeracher et al., (2006) Scanlan (1986) also mentions individual, family or home-related problems and cost concerns as barriers to participation in learning. Similar to Darkenwald and Merriam, Hatala (1993) highlights time constraints as a barrier which has been identified as a universal barrier to participation in adult learning.

Institutional Barriers

Fagan (1991) cited in (MacKeracher et al., 2006) describes institutional or programme factors or structural factors, as those barriers which participants experience as a result of methods institutions use to design, deliver and administer learning activities. These include the quality and availability of information about learning opportunities, as well as policies created by

educators who support these practices (MacKeracher et al., 2006). MacKeracher et al., unlike Darkenwald and Merriam (1982) who identified access to information as a separate barrier, have included informational barriers as part of institutional barriers.

Institutional barriers highlighted by MacKeracher et al., include, lack of adequate childcare services, costs related to enrolling, lack of technical support for learners, inadequate student support services, negative attitudes towards learners, restrictive admission requirements and lack of transportation support services.

Institutional barriers reflected by Darkenwald and Merriam (1982) relate to inaccessible locations which provide adult learning, inconvenient learning schedules which result in the exclusion of certain groups of potential adult learners from participating. Scanlan (1986) refers to these as incompatibilities of time and/or place. Similar to MacKeracher et al., Darkenwald and Merriam also mention the role played by policies practised by institutions, saying these cause "inconvenience, confusion or frustration for adult learners" (P.137).

Groener (2011) explored institutional barriers to participation in adult learning using a socio-political perspective referring to it as a new analytical framework in exploring the economic and political contexts of adult education and training in South Africa.

Academic Barriers

Academic barriers are "skills which are essential for successful learning", Potter and Alderman, (1992, p.5) cited in MacKeracher et al., (2006). Potter and Ferguson (2003) cited in MacKeracher et al., refer to these as essential academic skills like literacy skills in reading, writing, listening and speaking, numeracy, computer-related skills, ability to access and analyse information, critical and reflecting thinking skills, attention and memory skills, writing skills for writing essays, examinations and tests. Boudard and Rubenson (2003) investigated major determinants of participation, with literacy skills viewed as being significant as a predictor of participation in adult education and training.

 Potter and Ferguson (2003) cited in MacKeracher et al., state that if these skills are not mastered in childhood they become a problem in adult learning and those acquired, if not used, might decline or be lost thus posing as a barrier to participation in learning. This also resonates with Darkenwald and Merriam (1982) who argue that the amount and quality of

prior preparatory education has influence in engagement with learning throughout a person's life.

Informational barriers

Johnstone and Rivera (1962) cited in Darkenwald and Merriam (1982) were the first people to highlight lack of information as a deterrent to participation in learning.

According to Scanlan (1986), Darkenwald and Merriam separated informational barriers from institutional barriers adding them as a separate barrier to participation in learning. Informational barriers are the institutions' failure to communicate information on learning opportunities to adults.

Darkenwald and Merriam (1982) have also highlighted the role played by the socio-economic status, stating that lack of information on available learning opportunities is most prevalent amongst disadvantaged groups who have limited financial and other resources. Darkenwald and Merriam brought a different perspective of not only viewing institutions as the ones to blame for lack of information on learning opportunities. The authors also added that many adults, particularly the least educated and poorest do not manifest "information seeking behaviour" and therefore they fail to seek out or use the information that is available (p.138).

Internal Barriers

Dispositional Barriers

Dispositional or attitudinal barriers are related to inherent attitudes learners have towards participation in learning, like low self-esteem, perceived coping abilities based on age, language ability and level of education (MacKeracher et al., 2006). Similar barriers have been reflected by Scanlan (1986) including questionable worth, relevance, or quality of educational opportunities, negative educational perceptions, including prior unfavourable experiences, apathy or lack of motivation and lack of self-confidence. Fagan, (1991) cited in MacKeracher et al., views dispositional factors as more a reflection of a learner's perception of their ability to seek out and successfully complete learning activities.

Psychosocial barriers

Darkenwald and Merriam (1982) have grouped psychosocial barriers into two categories, those related to "education or learning as entities or activities or the self as a learner" (p.139).

Psychosocial barriers are related to participants' beliefs, values, attitudes, perceptions about education, perceptions about oneself as a learner, lack of confidence in one's own ability to learn, negative attitudes towards the institution, lack of pleasurability and anxiety towards engaging in learning activities (Darkenwald and Merriam, 1982). Darkenwald and Merriam also provide an interesting dimension to psychosocial barriers linking values and attitudes about learning to "different levels of socio economics status" (p.139).

There are similarities in psychosocial barriers identified by Darkenwald and Merriam with dispositional barriers in Cross's model (1981) reflected in MacKeracher et al., (2006) and those reflected in Scanlan (1986). All these authors highlight beliefs, attitudes, values and perceptions towards learning as barriers to participation in learning.

Johnstone and Rivera cited in Darkenwald and Merriam provide an interesting dimension in which they link attitudes and values towards participation in learning to social class. According to the authors, "lower-class adults tend to value high educational attainment less" "They see little value in obtaining knowledge for its own sake" (p. 139) which resonates with Scanlan (1986) who reflects questionable worth or relevance of educational opportunities as a barrier to participation.

Hatala (1993) provides a critical overview into the investigation of psychosocial barriers to participation by various studies. The author cites that whilst various studies have provided insight into the nature of psychosocial barriers, none of them show the extent to which different types of learners experience these.

Research approaches used to investigate barriers to participation in adult learning

According to Silva et al., (1998) "barriers have been considered by some theorists as an important factor in participation decisions and choices, and have also been the subject of considerable research in adult learning" (p.113).

The literature that I reviewed shows surveys as the most evident research approach which has been used to explore participation and barriers to participation in adult learning. The Adult Education and Training (AET) survey as well as The New Approach to Lifelong Learning Survey (NALL) investigated participation in formal and informal learning activities (MacKeracher et al., 2006). The Adult Literacy and Life Skills (ALL) survey combined methods used in the AET survey and the International Adult literacy survey to measure participation in both formal and informal learning and basic literacy skills (MacKeracher et

al., 2006). Myers and de Broucker (2006) highlight survey research conducted on the impact of literacy in the workplace from survey data analyses, case studies and surveys of employers, based on the results of the International Adult Literacy Survey (IALS). Silva et al., (1998) in their working paper review various conceptual frameworks and surveys which have studied participatory behaviour and barriers to participation.

A variety of surveys reflected in literature have asked survey questions which address barriers to participation in three possible response groups: (1) participants in the activity, (2) non-participants in the activity, and (3) both participants and non-participants. In adult education some researchers have studied barriers through surveys of only participants (Silva et al., 1998), as will be the case in my study. The following authors cited in Silva et al., used different respondents; Ellsworth et al., (1991) surveyed current college students and asked about barriers to participation in college. Hayes surveyed current adult basic education students (1988) and current ESL students (1989), in both cases asking them about barriers to participation they had experienced before they first enrolled in those programmes. Watt and Boss (1987) surveyed only current participants in a variety of adult education courses and asked them about both past and current barriers.

In my research I have taken a similar approach to Watt and Boss (1987), cited in Silva et al., (1998) and focused on exploring barriers to participation with existing participants in a training programme. I asked them about current barriers which they were experiencing whilst attending the course. I adopted this approach based on the assumption that barriers to participation in adult learning are experienced by learners before and during participation in learning and these are still present when they are participating in learning. The same barriers experienced before starting with the course might still be experienced, but perhaps not at the same intensity. The intensity of how these are experienced might be influenced by where they are in their life transition as reflected in Schlossberg's Transition Theory.

According to literature various studies have been conducted to explore participation and non-participation in the field of adult education and training and higher education. MacKeracher et al., (2006) in their State of the Field Report on adult learning research give a comprehensive review of literature on research which has been done to identify barriers to participation in adult learning using Cross's model (1981) as well as Potter and Alderman's review (1992). Their review looked at barriers experienced by participants and potential

participants. In their report low literacy levels are linked to low participation and above average personal and learning difficulties. They also noted that barriers are mostly explored in women and marginalised groups, unemployed, working poor and those with poor literacy skills as well as persons without good English. The authors highlighted gaps in the literature about knowledge related to changes in barriers over transition periods. These gaps might be addressed by my research which will also make reference to the Transition Theory (Schlossberg, 2008).

Larson and Milana (2006) conducted an exploratory factor analysis of data from a Eurobarometer survey in lifelong learning exploring barriers towards participation in Adult Education and Training. They identified barriers similar to those highlighted by (MacKeracher et al., 2006) but also "combined these with a number of socio demographic variables to see how the different barriers influence different socio-demographic groups" (p.1). This also supports Cross's model which sees adult participation in learning as not being a single isolated act but also influenced by a chain of responses. Malhotra, Sizoo and Chovart (1999) also used Cross's model to compare identified barriers to participation perceived by adults.

Matjeke (2004) investigated possible barriers to Adult Basic Education and Training participation in the Sedibeng East and West districts of the Gauteng Department of Education. Amongst the frameworks that the author used for the study was the Life Transition Theory and the Psychosocial Interaction Model.

Andrews (2007) investigated factors that influence learner participation in the Adult Basic Education and training programmes offered by Johannesburg City power, focusing on motivation, retention and barriers experienced by participants.

SECTION 3 - RESEARCH DESIGN AND METHODOLOGY

Research question

What are the barriers to participation that community caregivers experience as adult learners in the Ancillary Health Care level 1 programme?

Research site

From November 2011 to November 2012, a NGO which is a private training provider based in Cape Town, offered an Ancillary Health Care level 1 programme to adult learners employed by a NGO which will be referred to in this study as Ilungelo. This programme leads to a one year qualification which is an entry level of a progressive route in Ancillary Health Care or Community Health Work. Qualified learners in this field will provide a service that will assist communities to better manage their own health and wellness. They will have the skills to provide support services within a multidisciplinary healthcare team.

The qualification is linked to the South African National Qualifications Framework and is accredited by Health and Welfare Seta (HWSETA). The qualification ID No is 49606 and it has 134 credits. Participants must achieve all 80 core credits, 15 credits of their choice listed as electives and 23 credits for Communication and Mathematical literacy. The qualification can be done as a whole or achieved in parts as unit standards.

Learners who are admitted to this programme are assumed to have communication skills at ABET level 3, Mathematical literacy at ABET level 2 and are able to study independently. The medium of instruction is English. The programme has a 30% component of theory and a 70% component comprised of self-study and a practical community component. Methods of facilitation used include lectures, group work, experiential learning and self-reflection.

There is a range of formative and summative methods used to assess learners, including written and oral tests, role plays and simulation during class, case studies, and a practical portfolio of evidence which is comprised of practical work which they do in their respective communities. There is also an assessment of communication skills and use of mathematical functions to solve workplace problems and tasks.

There were 73 learners who were enrolled for this programme and they were divided into 3 groups. One group comprised of 29 learners based in the Northern Cape and two others were

in Gauteng, one comprised of 19 learners and another one of 25 learners. Learners who have been selected for this study were from the Gauteng group.

Research approach

According to Bryman (2008) the aims of the study determine the type of research design the study will follow. Since the aims of this study are exploratory in nature, a descriptive research design has been used. I have adopted a qualitative approach as I am interested in investigating world views of the participants about barriers to participation in adult learning. This study also "emphasizes words and not numerical data in collecting and analysing data" and this is "synonymous with qualitative studies" (Bryman, 2008, p. 140, p.366). Theory has guided this research and existing theories have been tested thus making it a deductive study (Bryman, 2008).

Qualitative research has different approaches to social research which derive from their epistemological and ontological positions (Bryman, 2008). In this research I engaged an interpretivist epistemology which Bryman refers to as "the understanding of the social world through an examination of the interpretation of the world by its participants" (p.366).

I chose this approach because I could gain "access to people's common sense thinking, interpret their actions and their social world from their point of view" (Bryman, p.16). In my research there were "social entities which cannot be considered as objective entities that have a reality external to its social actors" (p.18.). These social entities, for example, were the NGO which offered training to community caregivers who are participants in this study, the organisation which they work for as well as their own social milieu. These social entities represented environmental factors and a cluster of external factors reflected in the Psychosocial Interaction Model and Transition Theory which influenced learners' participation in the training programme (Darkenwald and Merriam, 1982), (Anderson, Goodman and Schlossberg, 2012), (Schlossberg, Waters and Goodman, 1995) .

Taking this into consideration, I have adopted a constructivist ontological position in this study and through investigating barriers to participation in adult learning I presented "a specific reality rather than that which can be regarded as definitive" (Bryman, 2008, p.19). According to Strauss et al., (1973) cited in Bryman, any social order is a social construction which comes out of a "negotiated order" between its participants and their social entities

(p.19). Therefore what research participants and the researcher bring to the research is influenced by this ontology. However with that having been said, Bryman states that "in the analysis of data and inferences made on the findings the social researcher always brings their own values and personal interpretations" (p.526).

Research instrument

For this investigation into barriers to participation in adult learning I designed an interview guide (see appendix A). Bryman refers to an interview guide as "questions to be asked in semi structured interviewing, allowing the interviewer to assemble the ways in which respondents view their social world" (p.442).

I chose this research instrument because it is a favourable tool to use for semi-structured interviewing, which is a method of data gathering which I have used in this research. Another reason is that when using an interview guide there is flexibility in how questions are asked although there is a set of questions that guide the interview process. The fact that questioning is not restrictive when using this instrument also enables the researcher to ask questions which are not included in the interview guide, if there are things said by respondents which the researcher wants to follow through (Bryman, 2008).

Method of data- gathering

To investigate barriers to participation in adult learning I used a semi-structured interview, using an interview guide as a data collection tool. I prepared an interview guide incorporating basic elements suggested by Bryman. I prepared questions in an orderly manner; giving an allowance to alter these during the interview should it be necessary. I formulated questions in such a manner that they would answer the research question. I used language which is understood by research participants and I asked open-ended questions which allow participants to express themselves in their own words. In the interview guide I also included biographical information on research participants such as age, gender, race, number of years working, home language, other languages which they speak, number of dependants and their ages. I gathered this information to enable me to be able to contextualise participants' answers.

Participants and methods of selection

Participants in this study were drawn from learners who were registered in the Ancillary Health Care level 1programme which started in November 2011 and completed in November 2012. Principles of selecting participants were followed using a purposive selection method proposed by Miles and Huberman (1994) cited in Curtis et al., (2000). I chose this method because participants had direct reference to the research question and were linked to the objectives of the study (Bryman, 2008). Out of this purposive selection I selected 10 participants from a group of 44 learners in Gauteng. I selected 5 participants from group 1 and 5 participants from group 2. Four men and six women were selected to be part of this study. I obtained a list of participants from the NGO's Education and Training Administrative Assistant. The criterion that I used for selecting 10 participants was based on gender and also on whether participants were staying at the training venue or outside the training venue whilst attending the programme. Race was not a selection criterion as participants were all black.

Participants in this research were community caregivers who provide community-based care services to people with HIV and AIDS in their respective communities. They are employed by a NGO referred to in this study as Ilungelo. Since they belong to previously disadvantaged population groups, they are not a representative sample of the population. Bryman (2008), states that "people who are interviewed in qualitative research are not meant to be representative of a population" (p. 391).

Data Capturing

For data capturing I used an audio recorder, a laptop computer, field notes that I captured electronically, and an analytical memo. Bryman refers to "a memo as notes that a researcher writes concerning such elements of grounded theory as coding or concepts, serving as a reminder of what is meant by terms used by respondents" (p.547). Bryman states that the advantage of using a memo is that it "helps the researcher to crystallise ideas and not to lose track on their thinking" (p.547). Information captured using an audio recorder was later transferred to the laptop and both this information and the field notes were later transferred to an external hard drive and memory stick. I did this to ensure that I had stored my data in other sources to prevent loss of data in case anything should happen to my laptop.

Data analysis

O'Connor and Gibson (2003) identify steps which need to be followed in qualitative data analysis and these were followed in this study. These include;

1. *Organising the data*, this involved using the interview guide to identify answers that addressed the research question which I used in the study.

2. *Finding and organising ideas and concepts*, this involved identifying frequent phrases and words used during the interview, finding meaning in language used, watching for the unexpected as new things can be learnt when things we did not expect are said by participants, listening to the stories being told, coding and categorising of similar words, concepts, ideas and phrases. Bryman (2008) highlights the significance of doing this so as to avoid certain information being lost during the process of coding. Coding in this research involved looking for similar words or phrases mentioned by research participants. One of the disadvantages of coding, highlighted by Bryman, which I needed to be aware of during the process of data analysis is the possibility of losing the context as well as the narrative flow of what is being said.

3. *Building overarching themes in the data*, this involved "collapsing different categories under one overarching theme" (O'Connor and Gibson, 2003, p.71).

4. *Ensuring reliability and validity in the data analysis and in the findings*
   O' Connor and Gibson state that this is not only limited to data analysis but is an on-going principle which should be maintained throughout the research process. This should be done by maintaining consistency throughout the interviewing process and the transcribing and analysis of findings. In my study I maintained consistency by using the same interview guide for interviewing participants, transcribing data from participants' manuscripts and the analysis of findings.

   According to Miles and Huberman (1994) cited in O'Connor and Gibson, data should be scanned for "outliers"(p.73) .These refer to negative instances of patterns which might be viewed as not fitting into patterns and themes of data. They caution against discarding these as it is just as important to examine them and find possible explanations. Miles and Huberman cited in O'Connor and Gibson also emphasizes the significance of checking for "researcher effects" at this stage (p.73).This involves

personal characteristics of both the researcher and research participants which might influence the interviewing process. If the researcher and research participants are from the same cultural group this might help to reduce researcher effect since the interviewer is seen as less of an outsider. Although this might be the case there might be other factors which might influence the interviewing process. I was constantly conscious of the fact that although I belong to the same cultural group as research participants, the fact that I am the education and training manager from the organisation which is the training provider, could have potentially influenced the interview process. It is for this reason that my role as a researcher as opposed to that of an education and training manager was clearly explained to participants. It is also during this stage that data should be validated and feedback given to research participants as part of respondent validation. I could not do respondent validation in this study, this being beyond my control.

5. *Finding possible and plausible explanations and findings*, this involved going back to the literature to review findings and their implications using the conceptual framework selected for this study.

6. *Writing the report which will communicate findings*, in this study I have organised the report according to meaningful themes that have emerged from the data.

In analysing data gathered on barriers to participation in adult learning I have used the conceptual framework chosen for this study, which is the Psychosocial Interaction Model by Darkenwald and Merriam (1982) and Schlossberg's Transitional theory (1981).

Research Ethics statement

Ethics are necessary in research as they provide a moral yardstick with guidelines which ensure that while research is conducted, the rights and welfare of research participants are protected. There are three fundamental principles of ethical research namely, *Respect for Persons*, *Beneficence* and *Justice* (Commonwealth, Australia, 1999).

 Respect for persons entails acknowledging the research participants' right to self-determination as well as maintaining the dignity of persons and communities involved in research. Beneficence entails the protection of research participants, reducing risks of the

research to a minimum and ensuring that research benefits the communities in which it is conducted. Justice entails an equitable recruitment of research participants, special protection of vulnerable groups as well as benefits of research which should outweigh the risks involved (Rivera and Borasky, 2009). I conducted my research following these ethical principles.

According to Orb, Eisenhauer and Wynaden (2001) the protection of research participants in every study is imperative. They further state that ethical dilemmas that may rise from an interview are difficult to predict, but the researcher needs to be aware of sensitive issues and potential conflicts of interest. All participants who were involved in my study are legally competent individuals. They do not belong to vulnerable groups as defined by the Council for International Organisations of Medical Sciences (CIOMS), UNAIDS or the South African Department of Health (DOH) Research Ethics guidelines - 2004 (Dhai, 2011).

Orb, Eisenhauer and Wynaden, highlight the concept of relationships and power relations between researchers and participants. During the research process I was constantly aware of how my status as an education and training manager from the training provider could be interpreted by research participants. To mitigate this, my role as a researcher as well as the purpose of the study was clearly articulated to research participants, verbally and in the information sheet (See information letter attached as appendix C).

According to Orb, Eisenhauer and Wynaden (2001) a research interview might cause distress or discomfort, as it involves sharing of secrets by respondents and the opening of new risks to both researchers and participants. Participation in this study did not appear to cause discomfort or distress; however provision had been made to provide counselling should a participant experience any distress during or due to the study. An arrangement was made with one of the Social Workers from Hospice Witwatersrand located in Houghton, Johannesburg should this be necessary.

According to Dhai (2011) a voluntary informed consent must be obtained from all participants in the study so that they can make an informed decision about their participation. I gave an information letter to all participants who provided details about me as the researcher, the research project and the purpose of the research. As participants are entitled to discuss the study with their family and friends, the information letter was given to them to take home if they so wished (See appendix C). I also provided an opportunity before

commencement of interviews for participants to ask questions on the information letter should they have any further issues on which they needed clarification.

I explained that participation in the study was voluntary, that I required their consent to participate and that they were free to withdraw during the course of the research if they so wished.

To secure individual participants' consent, I prepared a participant consent form (see appendix D) which explained to each participant that his or her consent was required for an interview and audio recording. Space was provided for their signature, place of interview and date of interview on the consent form. I requested all participants to complete and sign the consent form. The language of the consent form was simplified so that it could be easily understood by research participants. I gave participants both English and Zulu consent forms so that they could choose any of the two to read and sign (see appendix E).

A letter requesting to conduct research and use learners from Ilungelo was sent to the CEO of Ilungelo (see appendix B).

Respect for persons in research entails maintaining confidentiality of the participant's research data. Streubert and Carpenter (1999) cited in Orb et al., (2001) state that despite the significance of confidentiality in research, qualitative research requires documentation of all activities included in a research study and this may create an ethical dilemma regarding confidentiality and anonymity.

In this study I maintained confidentiality by conducting interviews with one participant at a time in a private room at the training venue in Johannesburg. I did not share data collected from the interviews. Ilungelo which is an organisation that employs the research participants also sent me an undertaking of confidentiality which I had to sign, undertaking not to disclose information of whatever nature gathered during the course of the study to internal or external parties which are not entitled to such disclosures during the normal course of their duties. I also had to undertake that I would ensure confidentiality of personal details of their employees and the results of the study.

Participants in this study did something which I did not expect and requested letters confirming their participation in the study in the hope that this would add to their recognition at work. This created an ethical dilemma for me, related to the ethical principles of confidentiality and respect for persons, which I had to discuss with my supervisor and their

employer. To show respect for their request whilst not compromising confidentiality, I gave them a general letter confirming their participation (see appendix F).

All consent forms, audio tapes, and notes have been kept in a locked cabinet in my office. Unauthorised access has not been allowed. These records including audio recordings will be stored for five years at the University of the Western Cape.

Respecting anonymity in the dissemination of research findings has been maintained by not revealing the personal identity of the participants in reporting my findings. In the event of quotations being made in the report and publication of the research paper, pseudonyms of the research site and participants have been given so as to protect their identity. I explained to participants that dissemination of research findings will be done through writing a research paper which will be submitted to the University of the Western Cape for purposes of my study, the research setting (Ilungelo) and the NGO in Cape Town offering the Ancillary Health Care programme, for purposes of improving their training programme.

As this research project has been registered by the University of the Western Cape, I have adhered to the research ethics procedures as outlined by the University's research ethics policy.
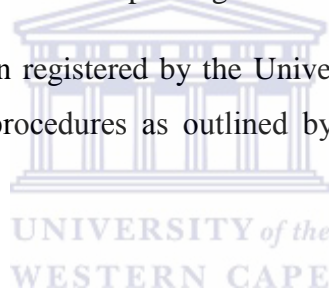
SECTION 4 - DATA ANALYSIS

The aim of my research is to investigate barriers to participation in adult learning experienced by community caregivers participating in the Ancillary Health Care level 1 programme offered by a NGO in Cape Town. For the purpose of my study, I describe barriers to participation in adult learning as things that depress the frequency or extent of participation below the desired level, but do not necessarily prevent one from participating entirely (Silva et al., 1998).

In this section I will be analysing data which I gathered through semi-structured interviews using an interview guide. Both the Psychosocial Interaction Model by Darkenwald and Merriam (1982) as well as Schlossberg's Transition Theory (1981) are going to be used as a framework for my data analysis as I found commonalities between the two models.

In conducting my data analysis in this study I have been guided by steps which need to be followed in qualitative data analysis highlighted by Connor and Gibson (2003).

I have divided data into the following themes, external barriers comprised of situational barriers, institutional barriers and informational barriers, as well as internal barriers comprised of psychosocial barriers. Data has also been divided into subthemes within each theme mentioned above.

Other themes and subthemes emerged whilst analysing data as I did not investigate barriers to participation in isolation but also explored pre-adulthood and adulthood factors which are reflected in the continuum of the Psychosocial Interaction Model (Darkenwald and Merriam, 1982). I added these factors so that I am able to utilise a broader context for investigating barriers to participation in learning. This approach will enable me to reflect the interplay between barriers to participation in adult learning and pre-adulthood and adulthood factors reflected in the continuum of the Psychosocial Interaction Model (Darkenwald and Merriam, 1982).

Biographical Information of participants

Participants in this study were adult learners who participated in a one year Ancillary Health Care level 1 programme offered by a private training provider which is a non- governmental organisation. This programme is an entry level qualification in Ancillary Health Care which is linked to the National Qualifications Framework (NQF) and is accredited by Health and Welfare Seta (HWSETA). The programme entails five days of contact teaching per month for

12 months as well as a practical component which participants have to complete in their own work environments and in their communities. Participants are all employed by various health care facilities in the Gauteng and Mpumalanga provinces which are funded by a non-governmental organisation, referred to here as Ilungelo.

There were 73 adult learners who participated in this training programme and they were divided into three groups. Two groups attended in Johannesburg, Gauteng and one group in Upington, Northern Cape. Ten participants from the two groups who attended in Johannesburg were chosen as the population for this study, because of their close proximity to me. The ages of participants in the study ranged from 26 years to 48 years. There were 4 men and 6 women since one man who was randomly selected to be part of the sample was not present during the week of the interviews as he was hospitalised. I then did another random selection to replace him and I picked a woman, hence there were 6 participating women instead of 5 as previously planned. There were 9 black participants and one coloured.

There was a mix of home languages amongst the participants. Seswati was a home language to 6 participants, 2 spoke isiZulu and 2 spoke Setswana. Other languages which they were able to speak, write and understand were, English, Afrikaans, Tsonga, Ndebele, Southern Sotho, Northern Sotho, Xhosa, and Venda. All participants understood isiZulu which was advantageous for the conduct of this study, as it is my home language and I could use isiZulu to clarify things which were not fully understood in English.

Six participants were single, 2 were co-habiting with someone, 1 was married and 1 was widowed.

Eight participants had between 1 to 4 children with ages ranging from 15 days to 22 years. Two participants did not have any children.

All participants worked 5 days a week with one participant doing additional work over weekends. Their period of employment with their current employers ranged from 2 years to 8 years.

Four participants had an income in the R2001 and R3000 range, 5 with income in the R3001 and R4000 range and 1 was receiving an income of more than R5000. This reveals their socio economic status which could create barriers to participation in learning.

Seven participants lived outside Gauteng in Mpumalanga and 3 lived in residential areas around Johannesburg in Gauteng. 6 participants were chosen from group 1 and 4 from group 2. Participants had varying educational levels, 7 participants passed grade 12 and 3 passed grade 11. The year they had left school ranged between 1994 and 2007.

Five participants had not previously registered for a formal course since they left school; 5 had previously registered for a formal course and out of this 5, 2 completed the course and one was busy studying for Matric at the same time as attending this programme. Two participants did not complete the course they were doing; one due to financial constraints and the other one failed and gave up.

A brief synopsis of each participant

I have given participants in this study pseudo names to protect their identity.

Sibusiso is a 30 year old black man residing in Mpumalanga. His home language is Siswati but he also speaks, writes and understands English, Tsonga and isiZulu. He is single and has one child aged 5 months. He has been in his current employment for 3 years 8 months and works 5 days a week. He earns between R2001.00 and R3000.00 per month. His highest education level is grade 12 which he passed in year 2000. He has never previously registered for a formal course since he left school 13 years ago.

Lavumisa is a 37 year old black man residing in Mpumalanga. His home language is Siswati and he also speaks, writes and understands English, isiZulu and Tsonga. He is living with someone and together they have 4 children with ages ranging from 17 years to 4 months. His highest level of education is grade 12 which he completed in 1996. He has been working for his current employer for 2 years and works 5 days a week. His salary falls within the range of R3001.00 to R4000 a month. He has never attended a formal course since he left school 17 years ago.

Lilly is a 48 year old coloured woman residing in Mpumalanga. Her home language is English but she also speaks and understands isiZulu, Ndebele and Sesotho. She is single and has no children. Her highest level of education is grade 12 which she completed in 1997. She has been working for her current employer for two years and earns between R3001.00 and R4000.00. She has previously enrolled and completed two other formal courses since she left school 17 years ago.

Dudu is a 28 year old black woman whose home language is isiZulu. She is also conversant in English, Southern Sotho, Northern Sotho, Xhosa and Siswati. She resides in Johannesburg, Gauteng. She is married with three children aged 11 years, 6 years and 1year 9 months. She has been working for her current employer for 2 years and her salary is within the range of R2001.00 to R3000.00. Her highest level of education is grade 11 and she has been out of school since 2001. She has never previously registered for a formal course since she left school 12 years ago.

Felicity is a 39 year old black woman and her home language is Siswati. She also speaks writes and understands English and isiZulu. She is widowed with three children aged 22, 18, and 16 years. She has been working for her current employer since 2009 and earns between R2001.00 and R3000.00. Her highest level of education is grade 11 and she has been out of school since 2007. She is currently doing grade 12 part time at the same time whilst she is attending this training programme.

Lerato is a single 33 year old black Tswana woman. She is also able to understand and speak isiZulu, English, Venda, Siswati, Xhosa, Tsonga and Afrikaans. She has four children aged, 15, 12, 6 years and 15 days. She lives outside of Johannesburg. She has been working for her current employer for 2 years and earns between R2001.00 and R3000.00. Her highest level of education is grade 11 which she completed in 1999. She has never enrolled for any formal course since she left school 14 years ago.

Dibuseng is a single 34 year old black Tswana woman. She also speaks and understands English, IsiZulu, Southern Sotho, Afrikaans and Xhosa. She is single and has one child aged 16 years old. She has been working for the current employer for 3 years and earns above R4000.00 per month. She lives in Bekersdal which is outside of Johannesburg. Dibuseng's highest level of education is grade 12 which she completed in 1999. She has never registered for a formal course since she left school 14 years ago.

Thomas is a 27 year old black man whose home language is Siswati. He lives in Mpumalanga province. He also speaks and understands English and Tsonga. He is living together with his partner and has two children aged 4 and 2 years. He has been working for his current employer since 2004 and earns in the range of R3001.00 to R4000.00. His highest level of education is grade 12 which he completed in 2003. He previously enrolled for a formal course but did not complete it as he failed and gave up.

Dumisani is a 30 year old black single man with no children. He lives in Mpumalanga province and resides at the training venue during the week of training. His home language is Siswati and he also speaks and understands English, Tsonga and isiZulu. He has been working for his current employer for 3 years and earns between R3001.00 and R4000.00. His highest level of education is grade 12 which he completed in 2003. He has previously enrolled for a formal course after he left school which he completed.

Thembi is a 26 year old black, single woman who resides in Johannesburg, Gauteng. She has one child aged 4 years. Her highest level of education is grade 12 which she completed in 2004. Her home language is isiZulu and she also speaks English and Tswana. She has been employed by her current employer for 3 years and her salary is in the range of R3001.00 to R4000.00. She has previously enrolled for a formal course but did not complete it due to financial constraints.

Facets of External and Internal Barriers to Participation in Adult Learning

The Psychosocial Interaction Model by Darkenwald and Merriam (1982) cites that the decision to participate in adult learning is influenced by barriers which they have classified as internal and external in nature. The reaction to these barriers in maintaining a level of participation is in turn influenced by an individual's psychological development and their interaction with their social milieu (Silva et al., 1998).

My data analysis will commence with what the Psychosocial Interaction Model views as external barriers and thereafter reflect internal barriers to participation. External barriers according to this model are comprised of situational, institutional and informational barriers (Darkenwald and Merriam, 1982). According to MacKeracher, Suart and Potter (2006) internal barriers are learner inherent and these are referred to in the Psychosocial Interaction Model as psychosocial barriers (Darkenwald and Merriam, 1982). These barriers to participation will be grouped into major themes and subthemes as follows;

External Barriers

Situational barriers

Barriers related to family and home responsibilities

Chaos on the home front and impact on adult learning

The data show that family and home responsibilities were experienced as a barrier to participation by participants. This is confirmation of what is expressed by Darkenwald and Merriam (1982) that home responsibilities as situational barriers to participation in adult learning are the most reported. Scanlan (1986) also highlights individual, family or home-related problems as barriers to participation. Data reveal differences in barriers experienced due to responsibilities at home between those participants who were staying at the training venue and those who were staying in their homes whilst attending the course. Barriers cited also depended on whether participants had children or not. This confirms what Scanlan (1986) says that the impact of the barriers varies depending on the individual's life circumstances.

Sibusiso, Lilly and Dumisani did not mention any family responsibilities at home that had an impact on their attending the course. Sibusiso is a single man with a five month old child, who does not stay with him. Lilly is a single woman with no children and Dumisani is a single man with no children.

The data show that Felicity and Thomas who were staying at the training venue cited family responsibilities, related to the care of children and for Thomas, the general responsibility as the eldest man at home, as the factors which had a minor impact on their participation. This was expressed as follows;

> "Initially I could not concentrate as it was the first time being away from home, leaving my children on their own" (Felicity).

> " Sometimes I got worried when I was away as I am the oldest at home and I am responsible for taking care of everyone" (Thomas).

The data show that women who were not staying at the training venue during training experienced barriers to participation related to family responsibilities. Their family responsibilities involved cooking and helping children with homework when they arrive at

home after attending class. Family responsibilities impacted mostly on their ability to be able to do their homework, as reflected in the following responses;

 "I was pregnant most of the time when I was attending the course. I had to assist my children with their homework first before I could do mine, I ended up not doing my homework" (Lerato)

"I had challenges finishing my homework as I have to come back home and do household duties" (Dibuseng).

"I am too tired when I arrive at home and I cannot spend time with my family as I go straight to bed so that I can wake up and do my homework" (Thembi).

"I am married with children, when I come back from class I have to cook and help my children with homework. I can only do my homework when everyone is sleeping" (Dudu).

When asked about family responsibilities as a barrier to her participation, Dudu also cited that "There were challenges but they did not prevent me from doing my course work". This confirms Reed and Marsden (1980) cited in Silva et al.'s description of barriers as those elements which depress the frequency or extent of participation below the desired level, but do not necessarily prevent one from participating entirely.

Lavumisa reported that he could not attend with his group and had to join the next group due to a death in the family as reflected in his response below;

"My mother got sick and there was a death in the family and I had to join the second group to catch up" (Lavumisa)

Tiredness related to distances which have to be travelled to the training venue and juggling work and family responsibilities with attending the course were reported by Thembi and Lerato as a barrier impacting on their participation. Lack of energy and stamina as a barrier to participation linked to home responsibilities is reflected in Maholtra, Sizoo and Choorvat (1999). This resonates with Larson and Milana (2006) who also cite tiredness and family responsibilities as barriers to participation.

Family as a support system in adult learning

The data show that most participants did not experience barriers related to lack of support from their families except Thomas who mentioned that he did not receive any support from his family as reflected by his comment.

> "I stay with my old grandmother and aunts who have their own responsibilities" (Thomas).

He stated that this was not affecting his participation in the course as he has learned to do things on his own. This is a confirmation of what Kotewa (1995) and Schlossberg, Waters and Goodman (1995) stated in the transition theory that the severity and how the transition is viewed by the participant relates to assets that they bring to the transition process, like self-coping skills. In this instance Thomas had developed self-coping skills on how to deal with barriers in his life without the support of family. Lack of family support is not necessarily a barrier to participation, which is specifically reflected by Darkenwald and Merriam (1982) however it is reflected as a barrier to participation by MacKeracher, Suart and Potter (2006).

Lack of or inadequate child care

Data show that barriers related to child care were experienced by a few women who had children and not the men. This is confirmation of child care as a barrier to participation as reflected by Darkenwald and Merriam (1982). All men participating in the study reported that they had no problems related to child care. Those men who had children reported that their children lived with their mothers. Lilly who does not have a child also did not report any barriers related to child care.

Dudu reported that she had problems related to child care when her children were sick as reflected in her comment;

> "I had to find someone to look after the child at home, whilst I am attending the course" This then affected my concentration in class as I kept thinking about what is happening at home and I had to keep on phoning" (Dudu).

Felicity who is widowed reported that it was the first time that she had left her children alone at home when she attended the course. She voiced her concerns in the manner reflected below;

"Because my children are boys I used to worry that they are going to go and impregnate other peoples' children" "Initially I used to cry in my room and could not concentrate in class" (Felicity).

Lerato and Dibuseng stated that they did not have problems as they had people at home looking after their children.

Thembi reported that she did not experience problems related to child care as her child stays with her parents. She reported however that her concern was that her normal routine of seeing her child every day after work changed when she was attending the course, as reflected in this comment below.

" I was sometimes too tired to go and see her after attending classes and this made me to feel guilty and unable to concentrate sometimes in class" (Thembi).

Tiredness expressed by Thembi resonates with limited energy which is seen as a barrier to participation reflected in Darkenwald and Merriam (1982).

Barriers reported by participants concerning their children resonate with findings by Given (2001) cited in MacKeracher, Suart and Potter (2006). The author cited that children as a barrier to participation are mentioned often by participants. Lack of care or inadequate child care, as a barrier to participation in learning explored in this study, was related to child care in general. Barriers related to lack of child care that were most prevalent when I was reviewing literature, were mostly lack of adequate, appropriate and affordable child care services as reflected by Cumming (1992), Gaikezheyongai (2000), McGivney (1999) and OECD (2002) cited in MacKeracher et al., (2006). In the literature access to and costs related to child care services are explored when looking at barriers concerning child care, which is indicative of the context in which these studied are conducted, usually western societies. In my opinion within the South African context and especially within specific socio-economic groups, child care is a communal or family responsibility as costs related to paying for child care services are not affordable for most people within these groups. This is supported by data collected in this study in which none of the participants mentioned child care services and their related costs as a barrier.

Travelling distances and modes of transport

The data reflect different kinds of barriers experienced related to travelling and modes of transport used by participants. These differed depending on whether participants were staying at the training venue or attending the course by travelling from their homes around Johannesburg. Felicity is the only participant who reported that she did not experience problems with transport since she was from the Mpumalanga province and therefore was staying at the training venue. The fact that she was the only one who did not have a transport problem is confirmation of lack of transport as a barrier to participation as reflected in Darkenwald and Merriam (1982).

Sibusiso, Lavumisa, Lilly, Dudu and Thomas who stayed at the training venue reported that their shuttle fetched them late from the station to the training venue on a Sunday on a few occasions. Thomas said this did not have an impact on his participation as it happened on a Sunday whilst Sibusiso, Lavumisa, Lilly and Dudu stated that this had an impact on their participation in class on Monday as they were tired. They reported that they could not concentrate and were non-responsive in class due to tiredness. This is reflected by Lilly's comment as follows;

> "I was tired and down on Monday in class as we walked a long distance to catch taxis when the shuttle did not fetch us" (Lilly)

Dudu, Lerato, Dibuseng and Thembi who were not staying at the training venue and were using taxis to travel to the training venue also stated that they experienced problems with the availability of transport as follows;

> "There was a taxis strike on the first day and I was late, missing out on information covered before I arrived" (Dudu).

> "It's a struggle, traffic, long queues, I arrive late and I was scared of being robbed as there are a lot of crooks in winter. I used to be scared to walk as it is dark." (Lerato)

Arriving late in class had emotional implications for Lerato as reflected in her response

> "I also did not feel good about being late". (Lerato)

Dibuseng reported that she had to travel a long distance to the training venue before, reflecting a dimension of travel time as reflected in her statement below;

"I live in Bekkersdal west of Johannesburg which is far from the training venue and I was arriving late every day when the course has started" "I was not feeling sharp about arriving late" (Dibuseng). This is a confirmation of emotional implications of arriving late which were also expressed by Lerato.

The notion of distance between home and the training venue highlighted by Dibuseng as a barrier is reflected in Darkenwald and Merriam (1982) where the authors cite isolation due to geographic locations as a barrier to participation.

Thembi expressed that she experienced barriers related to transport costs with the following response;

"My transport costs were sometimes too much, coming here is quite expensive for me, and it costs me R78.00 per day". (Thembi)

She reported that at some point she did not attend the course for two days as she did not have enough money for transport. This resulted in her being behind with her course work. Darkenwald and Merriam (1982) suggest that costs are a barrier to participation in adult learning. Thembi's response on barriers she experienced related to transport costs confirms the relationship between socio-economic status and the ability to participate in adult learning as reflected in Silva et al., (1998) and the Psychosocial Interaction Model (Darkenwald and Merriam, 1982).

Problems related to transportation and distances to be travelled are similar to those highlighted in studies by Cumming (1992), Hart et al.(2002), Millar and Falk (2000), Ostermeier (2003), Reynolds (2000), cited in MacKeracher, Suart and Potter (2006).

Barriers related to work

Employer support as part of promoting lifelong learning

The data reflect that not all participants received support from their managers and supervisors from the beginning of the course. This was most evident when they had to do practical work outside their places of employment which was a requirement of the course. This resonates with MacKeracher et al., who cite lack of support from employers as a barrier to participation.

Lack of support from the employer is evident through the following cited responses by participants;

> "The sister in charge in the clinic where I work does not buy it and does not understand" "She tells you to do home visits and go to the hospital during your own time on Saturdays" (Dudu).

> "During the first month the Sister in charge was difficult, I used to go by force because they did not allow me to go and do practical work at work. I also did it after hours" (Felicity).

Lerato also shared the same sentiments as Dudu and Felicity, citing that the site manager did not give her support initially with doing practical work. Thembi reported that her lack of support from her employer whilst attending the course stemmed from the fact that she is the only one who does her job at her work. The extent of such lack of support is evident through the following response;

> "It is always a hassle if I have to attend the course as they have to find a volunteer to
>
> do my work." (Thembi)
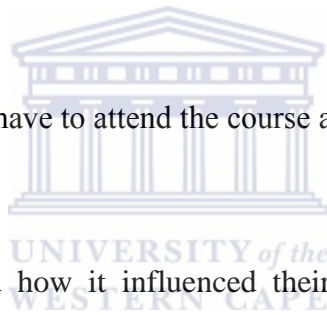
The significance of support and how it influenced their participation in the course was highlighted by everyone once their employers supported them in completing their practical work. This is evidenced by some of the responses below;

 "I managed to link practical and theory as I go along". (Sibusiso)

"I could finish all my practical work required for the course" (Dibuseng).

A balancing act of work responsibilities and adult learning

The data show that the majority of participants did not view work responsibilities as a barrier to participation. This was attributable to the fact that more than one of them came from the same work site and were placed in different groups, therefore whilst some were attending the course others were at work continuing with their work. Only Thembi and Lerato reported that their work responsibilities made it challenging for them to cope with work whilst attending the course as reflected in their responses below;

" There is a specific number of patients that we have to see per day, after work I end up not being able to cope with homework as I am tired" (Lerato).

" Juggling work and attending the course has not been easy for me as I am the only one who does what I do at work" (Thembi).

Barriers expressed by Lerato and Thembi are similar to those highlighted by Gallay and Hunter (1979) cited in Maholtra, Sizoo and Chorvat (1999). The authors stated that balancing work responsibilities, attending classes and lifestyle was a major barrier to participation. Darkenwald and Merriam (1986) also cite job responsibilities as a barrier to participation.

Other situational barriers

The data show another barrier which can be classified as situational but has not been reflected in any of the literature reviewed. This barrier related to lack of acceptance and recognition as genuine learners when they had to do practical work in the community and in outside agencies. This was expressed by Sibusiso, Lavumisa and Dudu and is reflected in their responses as follows;

"We were not recognised as legitimate learners by external organisations when we ask for permission to do practical work, we were viewed as spies" (Sibusiso).

"When we had to do home visits for the home based care module, people set dogs on us as they did not want us to get into their homes"(Dudu).

"We were viewed as journalists" (Lavumisa).

These barriers expressed by participants above have implications for practical work as the programme which participants were attending places a strong emphasis on integrating theory and practice through practical work placements.

Institutional Barriers

Barriers related to the support of learners by the training provider

Creating a conducive learning environment

Contrary to what is reflected in literature, data show that participants in this study did not experience any barriers due to lack of a supportive learning environment. They all reported that they received orientation to the training programme and training material on time. They

also highlighted the amount of support which they received from facilitators and assessors throughout the course as reflected in their responses below;

"We got a lot of support from facilitators" (Felicity)

" Our facilitators have been good so far, so far I rate them 101%" (Lavumisa)

This is confirmation of the role played by the learning press reflected in the Psychosocial Interaction Model in mitigating barriers to participation and thus increasing the probability of participating.

Literature reflects availability of support services to learners as one of the institutional barriers experienced by learners. (Furst-Bowe and Dillman (2002), Home and Hind (2000) McGivney (1999) cited in (MacKeracher, Suart and Potter, 2006).

Attitudes of facilitators within the learning environment

Data show that both positive and negative attitudes during facilitation were experienced by facilitators. This is similar to what is highlighted by Ryder, Bowman and Newman (1994) cited in Maholtra, Sizoo and Choorvat (1999). In their study they found concerns from participants about instructor attitudes related to teaching. MacKeracher et al., (1986) also highlight negative attitudes toward learners as a barrier to participation. This also resonates with findings by Matjeke (2004) where general unhappiness, dissatisfaction and low morale were expressed by participants in an Adult Basic Education and Training programme as a result of the negative attitude of facilitators.

Sibusiso, Dudu, Lilly, Felicity and Lerato reported that one of the facilitators displayed a negative attitude during facilitation. The basis of these responses related to the fact that one facilitator had a harsh voice, was authoritative and she shouted at learners. They expressed their concern as follows;

"It's either her way or no way" (Lilly).

"She treated us as small children" (Felicity).

The above utterances reinforce instructor attitudes which are reflected as a barrier in Ryder, Bowman and Newman (1994) cited in Maholtra, Sizoo and Choorvat (1999).
The negative attitude of the one facilitator had an effect towards participation in class and this is reflected in participants' responses below;

"Even after hours I dreaded coming to class" (Felicity), "I thought of dropping out" (Lerato), "I became afraid of asking questions" (Sibusiso). The negative attitude of the facilitator also instilled feelings of self-doubt as reported by Sibusiso "I thought I was not going to make it."

Dudu expressed that the changing of facilitators at some point led to confusion as facilitators do not teach the same way.

Negative attitudes towards the utility as a barrier to participation are expressed in the Psychosocial Interaction Model as one of the barriers, but in this instance data show that it was not towards the utility but towards an individual representing the utility (Silva et al., 1998).

The use of English as a medium of teaching and learning

An interesting dimension revealed by data is that although for participants in this study English is not their first language, the use of English as a medium of learning and teaching was not expressed as a barrier in facilitation and writing of tasks. Only Dumisani and Thembi expressed that they had challenges as reflected in their following responses.

"There were words which I did not understand in English" (Dumisani)

Thembi stated that the fact that English is not her first language posed as a challenge when she had to write essays.

"English is broad, you can think you know it but you cannot know all the words". (Thembi).

Barriers reported by Dumisani and Thembi can be also be classified as academic barriers which MacKeracher, Suart and Potter (2006) refer to as literacy skills in reading, writing, listening and speaking. In the Psychosocial Interaction Model, development of skills of this nature are attributable to pre-adulthood factors, which involve preparatory education and socialisation for later participation in adult learning (Darkenwald and Merriam, 2006).

Ivory towers and their accessibility as centres of adult learning

The data reflect that the training venue was not easily accessible to all participants; however barriers related to accessibility for out-of-town participants were mediated by providing transportation. These barriers related to accessibility of the training facility resonate with

Darkenwald and Merriam who cite the "restrictive locations" of the learning venues as barriers to participation (p. 137).

The provision of transport and taxi fares by the employer for participants confirms the role played by the learning press in mediating barriers to participation as indicated in the Psychosocial Interaction Model (Darkenwald and Merriam, 1982).

Participants who live in Mpumalanga had to travel on a Sunday by bus so that they could be in the training venue in time for classes on Monday. This is reflected in responses from participants as follows;

> "This week we were not collected from the bus station we had to use public transport to get to the training venue" (Lavumisa)

> "If we come here we have to come on a Sunday" (Dumisani)

Gloria reported that she got lost on the first day as she did not know where the training venue was. For participants who lived outside of the training venue, data reflect that the venue was not easily accessible without using public transport. As reflected earlier under situational barriers, barriers related to transport were experienced.

The data also reveal that participants experienced barriers related to policies set as a requirement for completing the course. These barriers were experienced when participants had to do practical work in a palliative care setting for the palliative care module. This difficulty is confirmation of institutional barriers that are policy-related cited in MacKeracher et al., (1986).

Barriers related to doing practical work also emanated as a result of lack of palliative care facilities in participants' areas. This is reflected in this response below by Sibusiso.

> "We do not have a hospice close by if we had to do practicals in a hospice; the available hospice is in White River which is very far" (Sibusiso)

Other institutional barriers

The data reflect an emergence of academic barriers as reflected by Potter and Alderman (1992) cited in MacKeracher, Suart and Potter (2006). These are numeracy and writing skills in English. I did not explore academic barriers directly as part of this study but anticipated

that these might be experienced based on the level of education of the participants and the number of years they have been out of formal education. Roosmaa and Saar, (2011) suggest that becoming accustomed to learning after a long period of disruption of one's learning path might be a barrier to participation in learning. The academic barriers experienced by participants are a reflection of pre-adulthood factors related to preparatory education and socialisation for later participation in adult learning, cited in the Psychosocial Interaction Model (Darkenwald and Merriam, 1982).

Lilly highlighted that one section of the contents of the course known as fundamentals was a barrier which she experienced. Fundamentals involve numeracy and barriers she experienced are reflected in her response below;

> "Fundamentals are not easy I am not used to counting, I last did maths in grade 10 at school and never did maths again" (Lilly). This barrier is also classified as an academic barrier (MacKeracher, Suart and Potter, 2006). This statement by Lilly also confirms what is reflected by MacKeracher, Suart and Potter that skills acquired earlier in life if not used are lost.

Informational Barriers

The availability of information on learning opportunities and sourcing of information by participants

The data show that the majority of participants did not know about the programme they were attending until they heard about it from their employer when they were asked to apply for the programme. This is confirmed by the response below;

"I was not aware what the course is all about". (Felicity)

Only Lavumisa and Dibuseng said they have heard about the course before. Data also reflects that the majority of participants only knew about further learning opportunities that they can pursue whilst attending the programme. Participants reflected that lack of information on available learning opportunities limited their opportunity to engage further in learning programmes. This is a confirmation of what is reflected in Darkenwald and Merriam (1986) about learners' lack of awareness about learning opportunities as well as the inability of learning facilities to make information on learning opportunities available creating a barrier to participation. Lack of knowledge on available courses as a barrier reported by participants

in my study also affirms what Darkenwald and Merriam cited in Merriam and Caffarella (1991) the failure of many adults, particularly the least educated and poorest, to seek out or use the information that is available (Matjeke, 2005).

Psychosocial barriers

Barriers related to attitude and beliefs towards attending the course

The data reveal that low self-confidence was experienced as a barrier to participation by most participants. This is an affirmation of low self-confidence levels as a barrier to participation reflected in the Psychosocial Interaction Model. This is also confirmation of the Transition Theory as reflected in Kotewa (1995) where it is stated that "people in transition often feel inadequate and incompetent due to unknown situations and consequences" (p.47).

The data portray that low self-confidence was experienced at different intervals during participation. This is also confirmation of the transitional nature of barriers as reflected in the Transition Theory.

Before attending the course the majority of participants were confident that they would cope with the course. Only Dudu and Felicity reported that they had low self-confidence levels before they started the course. The rest of the participants stated that they had confidence that they would cope before they started the course. However when they started attending the course and were told about the demands of the course, most participants except Sibusiso doubted their ability to cope with the course and they thought they were going to fail. Sibusiso's confidence is reflected by what he said below;

> "I have never failed at school so I did not think it was going to happen now" (Sibusiso).

Anxiety around failing the course was expressed through the following responses;

> "I was too afraid to learn, I have no matric and I was mixed with people who have matric in this course", (Lerato)

> "I previously failed a course" (Thomas).

> "I never thought I can study something with biology and diseases as I was doing only commercial subjects at school" (Thembi).

When participants were asked whether they ever lost interest whilst attending the course, data reveal that only Dudu and Thembi did and this is reflected in the following responses.

"Yes, I lost interest when we were doing fundamentals" (Dudu).

"When I was overwhelmed by home responsibilities and when I had to do home visits I just thought this is not what I want" (Thembi).

This data reveal similarities with what is reported by Larson and Milana (2006) that lack of confidence in one's own learning abilities is one of the most widely experienced barriers to participation for those who left school at a young age. Participants in this study have been out of school for a while and both males and females experienced lack of confidence in their own learning abilities. Larson and Milana (2006) also highlighted age as a barrier which is experienced by participants, with participants citing that they were too old to learn. Hayes, (1989), cited in Silva et al., (1998) also cited low self-confidence as a barrier.

Another aspect revealed by the data when questioning participants about their attitudes and beliefs towards attending the programme is that all of them saw participation in the course as an investment in their future. This is contrary to what is expressed by Johnstone and Rivera cited in Darkenwald and Merriam (1982) that participants from low socio-economic backgrounds "see little value in obtaining knowledge for its sake" (p.139)

Value expressed by participants is confirmation of the perceived value of participation in the programme as a determinant of participatory behaviour reflected in Darkenwald and Merriam.

"This course has taken me to the next level, after this I am going to do other things" (Thomas).

"I believe you must have a qualification and skills because without it you cannot do what you want to do (Dudu).

"Attending this course is a ladder, if I have to apply anywhere I now have a certificate" (Lavumisa).

The data also reveals a positive attitude towards attending the course as all participants reported that they enjoyed attending the course.

"Very much so I am enjoying attending the course" Sibusiso

"Yes I am enjoying the course; I wish it was not just attending for one week at a time" (Felicity).

This is contrary to the view of negative feelings towards the enjoyment of engaging in education activities as a potential barrier, as reflected in Darkenwald and Merriam (1982) and (Silva, et al., 1998).

The data reveal varying beliefs related to whether participants felt they were too old to learn and the fact that it was harder to learn if you are older. Sibusiso, Lavumisa, Lilly, Felicity, Dibuseng, Dumisani, Dudu did not feel they were too old to learn. The following responses reflect how some participants felt about age as a barrier.

"When you are older you can concentrate more, Hotstix Mabuza is a good example as he completed matric at his age" (Lavumisa)

"Initially I believed that there was nothing for me as I was 35 years old, but not anymore" (Felicity).

Lerato, Thomas and Thembi felt their age affected their participation in the course and this is reflected in their following responses;

"When you are older you are not so much into reading and it takes longer to understand things" (Lerato).

"I always thought I was bright at school, it has been years since I left school so when the facilitator spoke I could not understand" (Thembi).

The data in my study confirm psychosocial barriers to participation in learning which are highlighted in Darkenwald and Merriam (1986) and which relate to values, attitudes, beliefs, perceptions about education and learning as well as perceptions about oneself as a learner.

The transitional nature of barriers to participation in learning

Based on the internal and external barriers reflected by data, I am now going to reflect on how barriers changed over time to demonstrate the transitional nature of barriers. I am highlighting this point to address a gap in literature highlighted by MacKeracher, Suart and Porter (2006) concerning the lack of available knowledge in literature on changes in barriers over transition periods.

This gap was addressed by my research which also supports a transition theoretical framework of enquiry by Schlossberg (2008). The transitional nature of barriers to participation in learning is also reflected in Santiago (2004) who states that barriers occurring during the learning process are viewed as transitory in nature and require different interventions to prevent them from causing learning breakdown.

The following are responses which were reported by participants which support the Transition Theory framework of enquiry and reflect the transitional nature of barriers to participation in adult learning:

"As I started participating I realised that it was not bad." (Lavumisa)

"The first week was not easy I was worried about coping but I have coped well" (Felicity)

"I was shocked initially and I decide to give it time and more effort", before I did not have the knowledge that I have now" (Sibusiso)

"My confidence became higher when I realised this was simple" Lavumisa

"Initially it was difficult sometimes I used to cry in my room" (5)

"At first it was difficult as I am a single parent, first time leaving home since I never left home for a week it was difficult for me. (Felicity)

Gordon (1995), cited in Santiago (2004), refers to barriers experienced over time as moving through the process; where someone is learning the ropes, moving on through the process, where one is in a survival mode and moving out phase, and finally where the person perceives the transition to be positive.

Examples of situational barriers experienced initially, include not coping with leaving children alone at home or not coping with balancing family and home responsibilities with attending the course, which later changed as participants found ways of dealing with these barriers so that they could continue with participating in the course. Participants adjusted to the learning process through developing time management techniques so that they were able to do homework.

Most internal barriers to participation experienced before participants started participating in the programme, such as fear of failing, low confidence levels, lack of knowledge on what to expect changed over time as they started to participate in the programme. Barriers created by

a negative facilitator also changed as time went on when the participants became used to her and realised it was just her personality and that she meant no harm.

Navigating a sea of barriers to participation in adult learning

Data gathered also reveal how participants navigated barriers to their participation in learning in the programme and I am going to discuss these in this section.

Anderson, Goodman and Schlossberg (2012) define "coping as the overt and covert behaviours individuals use to prevent, alleviate or respond to a stressful situation" (p.87). Coping strategies relate to "people's psychological resources of self-esteem and mastery" (Anderson et al., 2012, p.88). This is similar to what is reflected by Schlossberg, Waters and Goodman (1995) where they highlight psychological resources of self-efficacy, optimism and values as factors which influence how the transition is experienced by participants.

The data reveal how different resources assisted participants to cope or overcome barriers within their social environment enabling them to continue with their participation in learning. This resonates with Strauss et al., (1973) cited in Bryman (2008) that any social order is a social construction which comes out of a "negotiated order" between its participants and their social entities (p.19).

The data reveal varied sources of support which participants received which helped them to overcome barriers whilst attending the programme.

Sibusiso, Lavumisa, Dumisani and Thembi were supported by their parents, Lilly was supported by her siblings, Dudu and Lerato were supported by their partners, Dibuseng by her mother. Felicity, who was helped by her children, responded as reflected below;

> "My children in matric helped me with fundamentals as they know maths and I have not done maths for a long time" (Felicity)

Other sources of support reported by participants were neighbours, fellow congregants, peers, friends and facilitators.

This data resonate with Anderson et al., (2008) who highlight different sources of support from "intimate relationships, family units, networks of friends, institutions and/or communities which people are part of" which adults in transition draw from to cope with the

transition process (p.84). This is in agreement with Given (2001) cited in MacKeracher, Suart and Porter (2006) who states that some participants reported being supported by children who frequently contribute to their success by helping their parents.

The data also show various strategies adopted by participants to cope with their barriers and as reflected in their following responses;

> "I had to change things at home so that I could cope with what I had to do for the course. When I came back I cooked the same time and have everyone done by 7.00 p.m. so that by 8.00 p.m. I start with my homework" (Dudu).

> "I used a dictionary for the English words that I did not understand" Dumisani

> "To deal with the negative facilitator I decided to give it sometime, add more effort to be able to show her that I can do it" (Sibusiso).

The spiritual dimension in influencing the transition process as reflected in Anderson et al., (2008) was seen in Felicity's response below;

> "I trusted in God to help me through prayer" (Felicity).

Responses above are supportive of the Transition Theory cited in Kotewa (1995) which states that participants bring assets to the transition process, like self-coping skills and support in order to be able to cope with the transition process. This also relates to adulthood factors relating to attitudes and perceptions which influence readiness to participate as reflected in the Psychosocial Interaction Model by Darkenwald and Merriam (1982).

Coping strategies reflected by data also relate to personal characteristics (pre-adulthood factors) reported in the Psychosocial Interaction Model which were used by participants to mitigate the impact of barriers.

The data also reveal the role played by the participants' employers in mediating barriers related to the costs of attending the course. This is reflected in the following participants' responses;

> "This is a great opportunity for us and it was free as the employer paid for everything, I had to make it to display my appreciation" (Thembi)

> "I would like to convey my gratitude to my employer for the course". (Dudu)

Participants' responses above also reflect the role played by their environment (learning press) in encouraging further learning and in mediating the socio-economic status as reflected in the Psychosocial Interaction Model.

SECTION 5 – SUMMARY, FINDINGS AND RECOMMENDATIONS

Summary

Through my research I set out to investigate barriers to participation in adult learning experienced by community caregivers participating in the Ancillary Health Care level 1 programme offered by a private training provider which is a NGO in Cape Town. The aim of my research is to generate new theoretical insights into barriers to participation in adult learning experienced by community caregivers.

I identified as a research problem that community caregivers as adult learners experience barriers to participation in learning that prevent their optimal participation in the Ancillary Health Care level 1 programme.

My study focused on addressing the following research question,

> What are the barriers to participation experienced by community caregivers as adult learners in the Ancillary Health Care level 1 programme?

Literature that I reviewed showed that various studies have been conducted which explore barriers to participation in different contexts using mainly surveys. These surveys yielded a minefield of conceptual frameworks or models concerning barriers to participation in adult learning. For my research, I chose to explore internal and external barriers to participation, using the Psychosocial Interaction Model by Darkenwald and Merriam (1982) and Schlossberg's Transition Theory (1981) as I found commonalities between the two models.

For my research I chose a qualitative approach using an interpretivist epistemology which Bryman (2008) refers to as "the understanding of the social world through an examination of the interpretation of the world by its participants" (p.366).

Participants whom I selected for the study who attended the Ancillary Health Care level 1 programme are employed as community caregivers by an organisation referred to here as Ilungelo. Participants were selected using a purposive sampling method proposed by Miles and Huberman (1994) cited in Curtis et al., (2000).

To gather data I used an interview guide as a research instrument and I conducted semi-structured interviews. Questions asked in the interview guide were compiled using

Darkenwald and Merriam's Psychosocial Interaction model (1982) and some components of Schlossberg's Transition Theory (1981).

For data capturing I used an audio recorder and a computer to gather notes from participants and manuscripts were then printed. I later transferred information gathered through the audio recorder to my computer and stored it as an audio file as well as on a CD. I also used an external hard drive to store computer-generated manuscripts as well as an audio file for back-up.

To be able to analyse data, I captured all responses from the manuscripts on an excel spread sheet. For the analysis I followed steps identified by O'Connor and Gibson (2003). By grouping the information into meaningful themes and subthemes, I was able to identify trends by colour coding them. Audio recordings which were transferred to the computer were analysed using a media player. I listened to audio recordings to confirm information captured on the computer-generated manuscripts. I found that this was the most time consuming part of data analysis, as I had to listen to each question to which the participant responded and compare that to what I had captured on the manuscript.

In my investigation of external and internal barriers to participation in learning, I highlighted the interplay between internal and external barriers to participation in learning with other elements of the Psychosocial Interaction Model (Darkenwald and Merriam, 1982).

Findings from my data analysis confirmed that participants attending the Ancillary Health Care level 1 experienced the following external barriers: situational, institutional and informational, and then psychosocial barriers as internal barriers to participation.

The data revealed situational barriers experienced by participants as home and family responsibilities, child care, lack of employer support, job responsibilities, lack of family support (not really an issue), lack of recognition as genuine learners (lack of community support), problems relating to availability of transport and costs related to transport. Barriers which were reported by participants involving transport are also linked to institutional barriers which relate to the accessibility of the learning facility.

The data revealed that institutional barriers which were experienced included the negative attitude of a facilitator, accessing resources in the communities that support the learning process, policy-related issues related to course design and the accessibility of the learning facility. Accessibility of the learning facility is linked to transport problems experienced under situational barriers.

Psychosocial barriers which participants experienced, involved values, attitudes, beliefs, perceptions about education and learning as well as perceptions about oneself as a learner. The informational barrier experienced by participants was a lack of awareness of existing training courses.

There were also new theoretical insights which emerged, highlighting different facets of barriers to participation in learning which surfaced as a result of exploring variables across the entire spectrum of the Psychosocial Interaction Model. The data also revealed the interplay between barriers to participation in learning and other factors within the continuum of the Psychosocial Interaction Model, such as the learning press and socio-economic status.

Using the Psychosocial Interaction Model, with the Transition Theory as a framework also highlighted the role played by social, environmental and psychological forces in experiencing participation in learning as a transition process. This approach also revealed evidence of the transitional nature of barriers to participation in learning.

As a small number of participants were used in this research, generalisation is limited. However based on the findings, some inferences can be made, supported by both the Psychosocial Interaction Model and Transition Theory on the role played by individual, psychological forces and external social variables in experiencing barriers to participation in adult learning.

Anticipated findings confirmed by my study

My anticipated findings were that all learners participating in the Ancillary Health Care level 1 programme would experience both external and internal barriers to participation outlined in the Psychosocial Interaction Model by Darkenwald and Merriam (1982). I also anticipated that my investigation would reveal the extent to which each barrier influenced their optimal participation.

The data from my study confirmed that learners participating in the Ancillary Health Care level 1 programme experienced external and internal barriers to participation in learning. Anticipated findings in this study were as follows;

External Barriers

Situational Barriers

The range of situational barriers expressed by participants in this study confirmed how personal factors like home and work responsibilities, lack of or inadequate child care, transport problems and transport costs can be barriers to participation.

Below I have ranked situational barriers experienced by participants in my study in the order in which they were experienced and their impact on participation, with 1 being the highest and 7 being the lowest as follows;

       1. Transport problems

       2. Home responsibilities

       3. Lack of or inadequate employer support

       4. Lack of or inadequate child care

       5. Other

       6. Too many work responsibilities

       7. Lack of family support

Transport problems were the most experienced barrier to participation, followed by family and home responsibilities. Lack of or inadequate support by managers and supervisors when participants had to do practical work in the community or in external organisations was another barrier experienced, followed by lack of or inadequate child care. Other situational barriers were expressed by participants that were not reflected in literature.

Too many work responsibilities were also experienced. Transport costs and lack of support by family members which is highlighted in literature as one of the barriers were the least experienced barriers and had no impact on participation.

Tiredness and lack of stamina as a result of distances to be travelled, family and home responsibilities as well as balancing work with attending the course was also reported by participants not staying at the training venue.

I found that the impact of situational barriers on participation also differed depending on whether participants stayed at the training venue or stayed at home whilst attending the programme. This is confirmation of what Scanlan (1986) reflected, that the impact of barriers varies depending on life circumstances.

Institutional Barriers

Below I have ranked institutional barriers experienced by participants in my study and their impact on participation as follows, with 1 being the highest and 4 being the lowest;

1. Barriers related to accessing the training venue
2. Negative attitude of facilitators
3. The use of English as a medium of instruction
4. Other institutional barriers

Barriers related to accessing the training venue were experienced by most participants.

Negative attitudes of facilitators were experienced by some participants.

Other institutional barriers related to the content of the course were experienced by some participants.

Informational Barriers

The data that I collected showed that most participants did not know about the programme they were attending before they were informed about it by their employer. A few participants reported that they lacked information on future learning opportunities.

Internal Barriers

Psychosocial Barriers

The data that I gathered showed that only a few participants had low confidence levels before the programme started. However this changed when the programme started and they were informed about what would be expected of them during the course. The highlighted workload of the course resulted in them having low confidence. Most participants expressed having fears that they might fail the course and this resulted in a decline in their confidence levels. A few participants at some point during the course lost interest in the course.

The data also showed that only few participants viewed age as a barrier to their participation in the programme.

Barriers to participation in adult learning experienced by each participant

The data showed that the number of barriers experienced by each participant also differed. Thembi, Lerato and Dudu experienced the most situational barriers, followed by Thomas and

Felicity. Dumisani, Dibuseng, Lilly, Lavumisa and Sibusiso experienced the same number of barriers. These findings resonate with Santiago (2004) that "everyone handles transition in very different ways from one another" (p.10).

Differences in the perception of barriers to participation in adult learning according to gender

Evidence showed that barriers to participation were experienced by both males and females but in varying degrees. This is an affirmation of findings by Larson and Milana (2006), that men and women experience the same barriers, with some categories of barriers being experienced more by women than men. This is also confirmed by Roosmaa and Saar (2011) who state that situational barriers are mostly experienced by women compared to men. Larson and Milana further state that this is the case because women are generally still the ones who are mainly responsible at home, leaving them in a position where they need to juggle a number of responsibilities.

The degree to which each barrier influenced optimal participation in adult learning

The inability to complete homework was the most cited impact on participation experienced by 4 participants. This was due to family and home responsibilities, distances to be travelled, balancing work and attending the course as well as tiredness related to travelling.
Anxiety caused by the negative attitude of the facilitator was the next cited response which resulted in 4 participants not participating optimally during the beginning stages of the course.

New findings/ unanticipated findings

There were some unexpected findings which emerged from my study reflected below;

(a) The use of English as a medium of learning and teaching was only experienced as a barrier by 2 participants. This came as a surprise to me as I anticipated that this number would be higher due to the fact that English is not the first language of 9 participants and taking into consideration their educational background as well as the uneven playing field of the education system in South Africa.

(b) Literature reflects the availability of support services to learners as one of the institutional barriers experienced by learners. (Furst-Bowe and Dillman (2002), Home

and Hind (2000) McGivney (1999) cited in (MacKeracher, Suart and Porter, 2006). Contrary to these findings in literature I found that no barriers were experienced by participants related to support services by the training provider.

(c) The Ancillary Health Care level 1 programme was offered as a residential course for those participants living outside of Gauteng. In the literature that I reviewed I did not find any available literature on differences in barriers experienced by those participating in residential and non-residential courses.

(d) In this study I found a new perspective, which I will refer to here as societal barriers which can be classified as situational barriers (external barriers). These barriers emerged whilst participants had to do their practical work in the community and in external organisations, so that they would be able to integrate theory and practice. This barrier emerged due to negative societal attitudes which might have resulted from a lack of understanding of the role that we need to play as members of our society to support learning initiatives for the betterment of humankind as well as for the societal benefits linked to supporting such endeavours.

(e) My study also revealed barriers related to the lack of or inadequate palliative care facilities which participants could go to do their practical work on palliative care.

(f) A few academic barriers as highlighted by Potter and Alderman (1992) cited in MacKeracher, Suart and Porter (2006) emerged in this study related to numeracy and writing skills in English, although they were not specifically explored as part of the study.

(g) It was interesting to note that what was reflected in the literature regarding the interplay between certain variables within the Psychosocial Interaction Model and barriers to participation were not confirmed by data in this study. For example, Merriam and Darkenwald (1982) linked the socio- economic status with attitudes towards participation in learning and the value placed on participation. Darkenwald and Merriam stated that the higher the socio-economic status, the higher the level of participation and the greater the perception of the value of participation. Participants in my study are from low socio-economic backgrounds as reflected in their

biographical information, however despite this they saw the value in participating in the programme.

(h) The data in my study reflected the interconnectedness which exists between barriers e.g. how distances to be travelled and family responsibilities resulted in lack of energy and stamina and therefore the inability to do homework. This is confirmation of what Darkenwald and Valentine, cited in Maholtra, Sizoo and Munro, highlighted that there are "synergic effects of multiple deterrents, rather than just one or two in isolation" (2007, p.83).

Fagan (1991) cited in MacKeracher, Suart and Potter (2006) also point out that a more complete understanding of participation could result from an "examination of the interactions among the various types of barriers" (p.13).

(i) What I also noted about my findings was the resilience of learners to cope with their barriers and the significant importance played by the learning press, notably in the form of their employers who invested resources that encouraged further learning and assisted them to overcome what could have been barriers to participation.

(j) Participants in this study requested letters confirming their participation in the study with the hope that this will add to their recognition at work and future employment prospects (see appendix F). This created an ethical dilemma for me related to ethical principles of confidentiality and respect for persons which I had to discuss with my supervisor and their employers.

(k) I also found it interesting that participants in my study were conversant in a range of languages.

New theoretical insights

Using a deductive approach as reflected in Bryman (2008), my study came up with theoretical insights which contribute to existing theories on barriers to participation in adult learning.

The data in my study revealed barriers to participation in adult learning experienced by participants in an accredited non-academic programme. When doing a literature review I

found that most literature available explored participation in formal academic programmes in institutions of higher learning, and also investigated barriers generally related to non-participation. The wide investigation of non-participation in formal academic programmes is reflected in McDonald, (2003), Maholtra and Shapero (2007), and Maholtra et al., (1999), just to mention a few. My study therefore addressed a gap in the literature.

What stood out for me as interesting in the Psychosocial Interaction Model, is the interplay between internal and external barriers to participation, with other variables across the continuum of the model as well as certain variables of the Transition Theory (Darkenwald and Merriam, 1982), (Anderson, Goodman and Schlossberg, 2012), (Schlossberg, Waters and Goodman, 1995). This became more evident when broadening the investigation using all variables across the whole spectrum of the model instead of only using the barriers factor. For example it was interesting to see how situational barriers, related to costs which could have been experienced by participants due to their socio-economic status, were mediated by the learning press through the involvement of their employers who supported them to pursue lifelong learning opportunities.

In my study, using all variables across the spectrum of the Psychosocial Interaction Model, the "synergetic effect" of barriers to participation was confirmed which resulted in the emergence of various facets of barriers to participation in adult learning (Maholtra, Sizoo and Munro, 2007, p.83). Darkenwald and Valentine cited in Maholtra, Sizoo and Munro also highlight that there are "synergic effects of multiple deterrents, rather than just one or two in isolation" (2007, p.83). This is also confirmed by Fagan (1991) cited in MacKeracher, Suart and Porter (2006) who argue that it is not enough to understand barriers to participation separately and independently.

The data from my study confirmed internal and external barriers to participation in adult learning reflected in the Psychosocial Interaction Model by Darkenwald and Merriam (1982). The data revealed situational barriers experienced by participants as home and family responsibilities, child care, lack of employer support, job responsibilities, lack of family support (to a very small extent), lack of recognition as genuine learners (lack of community support), problems relating to availability of transport and costs of transport. Institutional barriers experienced by participants were; negative attitude of the facilitator, accessing resources in the communities that support the learning process, policy related to course design and accessibility of the learning facility.

Psychosocial barriers experienced by participants included values, attitudes, beliefs and perceptions about education and learning as well as perceptions about oneself as a learner. Informational barriers experienced by participants were lack of awareness of existing training courses.

How each participant experienced barriers differed depending on circumstances within each participant's social milieu, pre-adulthood factors, adulthood factors, individual's perception of the transition, characteristics of pre- and post-transition, as well as characteristics of the individuals experiencing the transition (Santiago, 2004), (Anderson, Goodman and Schlossberg , 2012) . This is confirmation of the impact the external social environment has on how barriers are experienced as reflected in the Psychosocial Interaction Model. This is also confirmation of the Transition Theory that "everyone handles transition in very different ways from one another" (Santiago, 2004 p.10).

The data in my study revealed the transitory nature of barriers during the learning process as cited by Santiago (2004). This addressed a gap in the literature highlighted by MacKeracher, Suart and Porter (2006) as they stated that there was a gap on how barriers to participation in learning may change over transition periods. This gap, which was addressed by my research, also supports a transition theoretical framework of enquiry reflected in the Transition Theory. Most barriers to participation were experienced by participants during the first week of attending the programme and the impact of this on participation later changed as they started participating in the programme. For an example there were situational barriers related to family and home responsibilities, institutional barriers related to attitudes of the facilitator and the psychosocial barriers related to low levels of self-confidence which were experienced by participants during early stages of attending the programme. These barriers later changed during their participation as they learned to plan differently to be able to strike a balance between the demands of the course, managing their personal lives and their attitudes towards participation.

The data in my study addressed a gap in literature and confirmed the interconnectedness as well as the interaction which sometimes exists between barriers e.g. how distances to be travelled and family responsibilities resulted in lack of energy and stamina and therefore inability to do homework. Fagan (1991) cited in MacKeracher, Suart and Potter (2006) highlighted a gap in the literature which explores the interaction between the different types of barriers.

Darkenwald and Merriam cited in Larson and Milana (2006) believe that participation largely depends on the socio-economic status, assuming that the higher the socio-economic status the fewer barriers there would be towards participation. The findings from my study yielded something which reflects the opposite to this. Participants in this study had low socio-economic status as reflected by their income and education levels in the biographical data. Barriers were mediated by the learning press as their employers covered all costs for their training. This then means that although the socio-economic status may be a deterrent to participation, it is not the sole determinant if financial support can be provided for people to participate in adult learning.

Findings in this study revealed the extent to which participants drew from their internal locus of control to be able to mediate both internal and external barriers to participation in adult learning.

In this study I found a new perspective, which I will refer to here as societal barriers. These societal barriers can be classified as situational barriers which are external in nature and emerged whilst participants had to do their practical work in the community and in external organisations, in order to integrate theory and practice. These barriers emerged due to negative societal attitudes. These negative attitudes which they were confronted with might have emerged as a result of a lack of understanding of the role that we need to play as members of our society to support learning initiatives for the betterment of humankind as well as the societal benefits linked to supporting such endeavours.

Further investigations

One of the gaps which I identified whilst doing this study is the fact that there is inadequate literature on barriers to participation in learning experienced by participants who are participating in non-academic training programmes. Most studies and literature available explore participation in formal academic programmes in institutions of higher learning and also investigate mostly barriers related to non-participation. The wide investigation of non-participation in formal academic programmes is reflected in McDonald, (2003), Maholtra and Shapero (2007), Maholtra et al., (1999) and Klassen's (1991) cited in Alister (1992) just to mention a few. This indicates a need for further research in exploring barriers to participation in non-academic programmes.

I also did not find any available literature on differences in barriers to participation in adult learning experienced by participants participating in residential and non-residential training programmes. This is also indicative of a need for further research in this area.

Recommendations

In line with the purpose of my research and findings on barriers to participation in adult learning, experienced by learners participating in the Ancillary Heath Care level 1 programme, I would like to make the following recommendations;

(a) Facilitators should be trained as adult educators in order to equip them with skills on how to facilitate learning for adult learners and to address barriers confronting adult learners within the adult learning environment.

(b) Barriers to participation experienced in this study highlighted the need to ensure that, facilities, where participants will be doing their practical work placements, are identified from the beginning of the course and a formal agreement entered into with these places. This will enable learners to obtain the necessary support required to meet practical requirements of the programme. Over and above this, there should be a comprehensive instructive document on practical placements which should be used by both facilitators and mentors in places where learners are doing their practical work, to track the level of learning which takes place in these settings.

(c) Where there are limited or no resources to meet the requirements of the practical component, simulations should be done and recognised by HWSETA as an alternative.

(d) Developers of training programmes for community caregivers need to be aware of the barriers experienced related to the required practical work and recognise and include simulations as an alternative.

(e) As a best practice model, to showcase the role played by Ilungelo in supporting their employees by providing an environment which promotes further learning.

(f) Barriers related to doing practical work for the palliative care module highlighted a need to advocate for the inclusion of palliative care in other healthcare establishments as it is mostly confined to hospices.

(g) Consider recommendations by learners that to overcome the challenges of practical work placement for the palliative care module, instead of being expected to find a place where they can do their practical work individually, arrangements should be made that they go as a group to one hospice.

(h) To overcome barriers related to lack of recognition by external organisations and the community when doing practical work, it is recommended that learners are provided with some form of identification to confirm their participation in the course.

(i) Potential barriers to participation in learning should be explored with learners at the beginning of the course so that their impact on learning can be minimised.

Conclusion

My study has provided a body of evidence on internal and external barriers to participation experienced by adult learners participating in an accredited course offered by a private training provider which is a non-governmental organisation.

It also provided evidence on the interplay between individual and social environmental variables and various barriers to participation in adult learning; interactions among various types of barriers; the transitional nature of barriers to participation in adult learning as well as factors which mediate the extent to which such barriers are experienced by participants.

The recognition of this interplay came as a result of using the Psychosocial Interaction model by Darkenwald and Merriam (1982), and Schlossberg's Transition theory (1981) as a conceptual framework.

Using variables across the whole spectrum of the Psychosocial Interaction Model and combining these with the Transition Theory provided a broader context within which barriers to participation in adult learning were investigated. This approach supported what Fagan (1991) cited in MacKeracher, Suart and Porter (2006) argued that it is not enough to understand barriers to participation separately and independently.

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WESTERN CAPE

Interview guide

Psychosocial Interaction Model and Barriers to Participation in Adult Learning: A Case of Community Caregiver Training in Gauteng.

Biographical Information

Age:

Gender: Male ☐   Female ☐

Race:

Home language:

Other languages:

Speak	Write	Understand

Marital status: Single

        Divorced ☐

        Widowed ☐

        Married ☐

        Living together ☐

Number of dependants:

Ages:

How many days do you work per week?

How long have you worked for your current employer?

Income range   0- R1000 ☐ R1001- R2000 ☐ R2001-R3000 ☐   R3001- R4000 ☐
more than R4000 ☐

Where do you live? In Gauteng ☐   Outside of Gauteng ☐

Highest education standard/grade passed:

Year passed:

Did you previously register for a formal course after leaving school?   Yes ☐   No ☐

Did you complete the course?   Yes ☐   No ☐

If the answer above is no what were the reasons for you not completing the course?

┌───┐
│   │
│   │
│   │
│   │
└───┘

Questions relating to 4 categories of barriers to participation in adult learning

1.   **External Barriers**

1.   **Situational Barriers**

a.   Which of the following have turned out to be barriers for you whilst attending the course and how have these prevented you from participating fully in the course?

1.1.1   Barriers relating to family

1.1.1.1 Too many responsibilities at home

1.1.1.1.1. How did your responsibilities at home have an impact on your attending the course?

1.1.1.2. Lack of family support

1.1.1.2.1   Are you receiving any support from your family to be able to cope with the course? Yes/ No

1.1.1.2.2. If no, how is this affecting your participation in the course?

1.1.1. 3. Lack of child care

1.1.1.3.1   What problems are you experiencing related to the care of your children whilst attending the course?
1.1.1.3.2   How has this affected your participation in the course?

1.1.1.4 Problems with transport

111.4.1 Did you experience problems with transport whilst attending the course? Yes/ No

1.1.1.4.2. If yes, what kind of problems?

1.1.1.4.3. How have these affected your participation in the course?

1.1.2. Barriers related to work

1.1.2.1 Lack of or inadequate employer support

1.1.2.1.1   Is your employer supportive of the fact that you are attending the course? Yes/ No

1.1.2.1.2.   If yes/ no, how has this influenced your participation in the course?

1.1.2.1.3.   Did your employer support you with finding a place to do your practical work? Yes/ No

1.1.2.1.4. If yes/no how has this affected your completion of practical work which is a requirement for this course?

1.1.2.2 Too many work responsibilities

1.1.2.2.1. Have you been able to cope with your work responsibilities now that you are attending the course? Yes/ No

1.1.2.2.2. If no please explain why

1.1.2.2.3. How has this affected your participation in the course?

2. Institutional barriers

2.1. Which of the following have turned out to be barriers for you whilst attending the course and how have these prevented you from participating fully in the course?

2.1.1   Barriers related to support to you as a learner by the training provider

2.1.1.1 Did you receive orientation on the course and its requirements? Yes/ No

2.1.1.2. If no, how has this influenced your participation in the course?

2.1.1.2. Did you receive training manuals on time? Yes/ No

2.1.1.3. If no. please explain

2.1.1.4. How is the attitude of facilitators and assessors towards you as a learner? Negative/ Positive

2.1.1.5.If negative, please explain

2.1.1.6. How has this affected your participation in the course?

2.1.1.7. Did you get the necessary support with your tasks and assessments from the facilitator and assessor Yes/ No

2.1.1.8. If no, please explain

2.1.2. Barriers related to the course

2.1.2.1 Do you experience problems with the fact that English is used for facilitating the course? Yes/ No
2.1.2.2 If yes, please explain problems experienced

2.1.2.3. Have you experienced problems in writing your assessments in English Yes/ No

2.1.2.4. If yes, please explain problems experienced

2.1.3. Barriers related to training venue

2.1.3.1 Did you find it easy to get to the training venue? Yes/ No

2.1.3.2. If no, what problems did you experience due to this?

2.1.3.3. How has this affected your participation in the course?

3.   Informational barriers

3.1.   Which of the following have turned out to be barriers for you whilst attending the course and how have these prevented you from participating fully in the course?

3.1.1.   Were you aware of this course before you were informed about it by your employer? Yes/ No

3.1.2.   Are you aware of other courses which are being offered which you can do? Yes/ No

3.1.3.   If no, how do you think this might affect your future participation in other courses?

B. Internal Barriers

4.   Psychosocial barriers

4.1.   Which of the following have turned out to be barriers for you whilst attending the course and how have these prevented you from participating fully in the course?

4.1.1. Barriers related to attitudes

4.1.1.1 How important is it to you that you are doing this course?

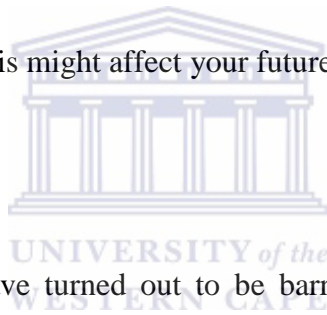4.1.1.2. Before you started the course were you afraid that you might fail? Yes/ No

4.1.1.3. If yes, please explain

4.1.1.4.Before you started the course did you have confidence that you will cope with the course? Yes/ No

4.1.1.5.If no explain why

4.1.1.6. Since you have started with the course has confidence in your coping ability changed Yes / No

4.1.1.7.If yes/no, please explain

4.1.1.8. Have you at some point during attending this course lost interest Yes/ No

4.1.1.9.If yes, please explain why?

4.1.1.10.   Are you experiencing problems with studying in this course? Yes/ No

4.1.1.11.   If yes, please explain

4.1.1.12.   Are you coping with the demands of the course? Yes/ No

4.1.1.13.   If no, please explain

4.1.1.14.   Are you enjoying attending this course? Yes/ No

4.1.1.15.   If no, please explain

4.1.2. Barriers related to beliefs

4.1.2.1. Do you believe that the older one gets the more difficult it is for one to learn? Yes/ No

4.1.2.2. If yes, how have you find this to be a case for you?

4.1.2.3.To what extent do you believe that in order to succeed in life or at work you need a qualification or keep improving your knowledge and skills?

4.1.2.4.Do you think attending this course is an investment into your future which will improve your employment opportunities? Yes/ No

4.1.2.5. If no, please explain

C. Questions relating to pre adult factors and transition contributing to experienced barriers

1. In what way do you feel your basic and/ or high school education contributed to the barriers that you experience currently whilst attending the course?

2. In what way has the fact that you went back to learn after being out of school for a while had an effect on your participation on the course?

D. Overcoming barriers

1. With all the barriers highlighted above can you briefly highlight what did you do to overcome them?

E. Recommendations

1. What do you think could have been done to help you to cope with the identified barriers?

APPENDIX B

The Director   27 September 2012

Right to Care

The Atrium

41 Stanley Avenue

Braamfontein Werf

Johannesburg

Dear Sir

Re: Permission to conduct research

Title: Psychosocial Interaction Model and Barriers to participation in adult learning: A case of Community Caregiver training in Gauteng.

I am the Education and Training manager at Hospice Palliative Care Association (HPCA) and also currently a Masters student at the University of the Western Cape.

I am writing to request permission to use your organisation as a research setting. I would like to use the current group of Community Caregivers in Gauteng who are attending the Ancillary Health Care level 1 certificate qualification offered by Hospice Palliative Care Association as research participants. This research is for a research paper which is part of my Masters programme in Adult Education and Global Change.

The purpose of my research is to investigate barriers to participation in adult learning experienced by Community Caregivers attending the Ancillary Health care programme.

A final report of the research findings will be disseminated to research participants through respondent validation before final write up. I will also submit a report to the University of the Western Cape, Hospice Palliative Care Association and to your organisation (Right to Care) should permission be granted. I will also present findings in relevant conferences.

References

1. Prof. Zelda Groener

    University of Western Cape

    Cell. No. 0795022115

    zgroener@uwc.ac.za

2. Dr Liz Gwyther.

   Hospice Palliative Care Association

   Cell. No. 0836516294

   liz@hpca.co.za

Please feel free to contact me should you have any further queries and I will gladly oblige.

Hoping my request will be favourably considered.

Yours faithfully

Nkosazana Ngidi (Mrs)

Education and Training Manager

Hospice Palliative Care Association

APPENDIX C

INFORMATION LETTER TO PARTICIPANTS

TITLE: Psychosocial Interaction Model and Barriers to participation in adult learning: A case of Community Caregiver training in Gauteng.

As a learner in the Ancillary Health Care level 1 certificate qualification offered by Hospice Palliative Care association (HPCA), I would like to invite you to participate in this research project which I am conducting as part of my Masters programme in Adult Education and Global Change at the University of Western Cape.

Purpose of the study

Through this research I would like to find out about barriers to participation in adult learning which you have experienced while attending this course. To find out about the barriers I would like to interview you.

1. You will need to fill in and sign a form indicating that you agree to be part of this research. The name of this form is called an Informed Consent Form.

2. Answers that you give and your personal details will not be shared with anyone else. Interviews will take place in a private room and records from the interview and tape recorders will be kept in a locked cabinet. These records will be kept for a period of 2 years if research is printed and distributed or 6 years if this has not been done.

3. It is up to you to decide whether or not you want to participate in this research and you are free to withdraw at any time should you so wish.

4. What I find from this research will be used to improve this course and other similar courses that we offer at Hospice Palliative Care Association. This will also help future learners attending the course as we would have learned from your experiences.

5. I will give you the opportunity to know what I found as a result of conducting this research concerning barriers to participation that you experienced. The results of this research will also be submitted to the University of Western Cape as part of my research paper. These will also be shared with my employer (HPCA) and Right to Care, to be able to improve future training courses.

If there is anything that is not clear or if you would like more information, you are free to ask me questions directly or use the phone number below;

> **Nkosazana Ngidi**
> **Tel. No 012 656 60062**
> **Cell. No. 0837855532**

Thank you for your time and I hope you will be able to be part of this research.

APPENDIX D

CONSENT FORM

Study title: Psychosocial Interaction Model and Barriers to participation in adult learning: A case of Community Caregiver training in Gauteng.

I confirm that I have been informed about the above research by the researcher.

I have also received, read (or had explained to me), and understood the research as explained in the Participant Information letter.

I understand that my personal details (any identifying data) will be kept strictly confidential.

I understand that I may, at any stage, withdraw my consent and participation in the study and will continue to attend the course.

I have had sufficient opportunity to ask questions and I am prepared to participate in the research.

Signed:

Place:

Date:

APPENDIX E

<div align="center">

IFOMU ENIKEZA IMVUME

</div>

Isihloko socwaningo: Psychosocial Interaction Model and Barriers to participation in adult learning: A case of Community Caregiver training in Gauteng.

Ngiyaqinisekisa ukuthi ngitsheliwe ngalolucwaningo olubalulwe langasenhla ngumcwaningi.

Ngiyitholile futhi ngayifunda noma ngichazeliwe ngaqonda ngalolucwaningo njengoba

kuchaziwe ngalo encwadini enikezwa abantu abathatha iqhaza kulolucwaningo.

Ngiyaqonda ukuthi imininingwane yami engiyinikezile izogcinwa iyimfihlo.

Ngiyaqonda ukuthi noma yinini ngingalihoxisa ilungelo lami lokuthatha iqhaza kulolucwaningo ngiqhubeke ngibeyingxenye yale course.

Ngilitholile ithuba lokubuza imibuzo futhi ngizimisele ukuthatha iqhaza kulolucwaningo.

Sayina:

Indawo:

Usuku:

APPENDIX F

Suite 11a Lonsdale Bldg, Lonsdale Way, Pinelands 7405

P O Box 38785, Pinelands, 7430, South Africa

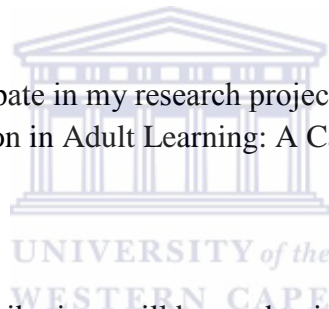**Tel: 021 531 0277 Fax: 021 531 1706**

08 November 2012

Dear Participant

Re: Participation as a research participant in a research project

Thank you for agreeing to participate in my research project titled" Psychosocial Interaction Model and Barriers to Participation in Adult Learning: A Case of Community Caregiver Training in Gauteng.

Findings from your valuable contributions will be used to improve the Ancillary Health Care level 1 training programme and other similar courses that we offer at Hospice Palliative Care Association. This will also help future learners attending the course as we would have learned from your experiences.

Best regards

Nkosazana Ngidi (Mrs)

APPENDIX G

OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

UNIVERSITY *of the*
WESTERN CAPE

29 October 2012

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape has approved the methodology and ethics of the following research project by: Mrs N Ngidi (CACE)

Research Project:	Psychosocial Interaction Model and Barriers to Participation in Adult Learning: A case of Community Caregiver training in Gauteng
Registration no:	12/9/30

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

A place of quality,
a place to grow, from hope
to action through knowledge