

- CHAPTER 8 -

**GENERAL SUMMARY, CONCLUSIONS AND
RECOMMENDATIONS**

8.1 INTRODUCTION

The HIV/AIDS epidemic raging across Africa is a tragedy of epic proportion, one that is altering the countries demographic future. It is reducing life expectancy, raising mortality, lowering fertility and leaving millions of orphans in its wake. The year 2004 ended with 37.2 million adults and 2.2 million children living with HIV. During 2004, some 4.9 million people became infected with HIV and the year also saw 3.1 million deaths from AIDS – a high global total since AIDS was discovered (AIDS Epidemic Update, 2004: 1; Avert, 2005: 1).

The rate of AIDS infection in South Africa is one of the fastest growing in the world. It is estimated that 1 500 new infections occur in South Africa every day. South Africa has the highest HIV/AIDS caseload in the world, with 5.3 million people or one in five adults, living with HIV (AIDS Epidemic Update, 2004: 5; Agence France Presse, 2005: 1; Sunday Times, 2005: 1). In addition the South African Medical Research Council stated in January 2005 that there is a steep rise in AIDS deaths in South Africa, but a large number still goes unreported because they are attributed to AIDS-related conditions, without the disease mentioned as the cause of death (Agence France Presse, 2005: 1). According to the recent report released by Statistics South Africa, South Africa's death rate jumped 57 percent between 1997 and 2003 with HIV/AIDS emerging as one of the main killers in the 15 to 49-age bracket. (Agence France Presse, 2005: 1; Sunday Times, 2005: 1; Venter & Brown, 2005: 2). As infected people are generally at the peak of their reproductive lives South Africa faces a holocaust that threatens to undermine the social, economic and political reconstruction of the nation.

So far, the AIDS epidemic has left behind an estimated 15 million children under the age of 15 orphaned worldwide and the worst lies ahead (Avert, 2005: 1; UNICEF, 2004: 1). The impact of HIV/AIDS on children is seen most dramatically in the wave of AIDS orphans. According to a Children on the Brink Report as mentioned by Tracey (2005: 1) by 2010, at least 44 million children will have lost one or both parents to AIDS. This report reveals the fact that AIDS has become a social nightmare creating international communities of orphans at an alarming rate.

South Africa currently has a high proportion of children who are not continuously cared for by either parent, and very high rates of care by aunts and by grandmothers (Avert, 2004: 1; UNICEF in Du-Venage, 2002: 1; Whiteside & Sunter, 2002: 2). Presently there are about 250 000 AIDS orphans in South Africa (Mesatywa, 2005: 1). This number is expected to rise to 1.5 million (UNAIDS, 2004: 1). Barnett and Whiteside (2002: 199) note that the bare statistics are troubling. They tell of a generation of children deprived of their childhood.

With the staggering death toll that HIV/AIDS takes, it is easy to overlook the challenges faced by the people the disease leaves behind. These orphans, the majority of whom are HIV-negative, are at enormous risk of growing up without adequate health care, food, education or emotional support (Avert 2004: 3; Deame, 2001: 2; Robbins, 2004: 1). The extraordinary challenge and difficulties that AIDS orphans (mostly adolescents) experience expose them to risky habits detrimental to their health. The AIDS epidemic threatens the viability, perhaps the very existence, of this generation. A healthy productive generation of adolescents today will ensure that South Africa has a healthy generation of adults needed in the 21st century.

Due to the devastating effects of pathologies on the lives of the youth, all young people especially AIDS orphans need to be prepared at all levels i.e. physically, emotionally, spiritually and socially. Often this involves learning different ways of relating to others so that they can make friends, get their needs met, be appropriately assertive, identify and within sensible boundaries cooperate with others. Life skills programmes provide support systems that can offer counsel and encourage adolescents to develop adaptive skills (Anderson & Okoro, 2000: 2; Hoelson & Van Schalkwyk, 2001: 246).

Therefore, the broad aim of this study was thus to develop and empirically test the effectiveness of a life-skills programme for early adolescent AIDS orphans.

The study objectives included:

- To conceptualise theoretically the phenomenon of HIV/AIDS and AIDS orphans, the specific characteristics, needs and problems of early adolescents as well as life skills for early adolescents;
- To explore and identify the nature and prevalence of socio-emotional needs and problems of early adolescent AIDS orphans;
- To explore and identify the life skills which AIDS orphans, in their early adolescent phase need to improve their coping capabilities;
- To develop a life-skills programme for early adolescent AIDS orphans;
- To empirically test the effectiveness of the developed life skills programme for early adolescent AIDS orphans; and
- To suggest practical recommendations for further utilisation of the newly developed life skills programme for early adolescent AIDS orphans.

The following research questions were thus formulated for the first part of the study (qualitative).

- What is the nature and prevalence of socio-emotional needs and problems of early adolescent AIDS orphans?
- What are the life skills needed by early adolescent AIDS orphans?

Accordingly a hypothesis was worded (quantitative):

If early adolescent AIDS orphans undergo a life-skills programme then their skills will be enhanced in order to cope better with their socio-emotional needs and problems.

The study inevitably brought certain insights that are now discussed in the form of a general summary, conclusions and recommendations. The latter is presented according to the next discussion points, i.e.:

- Literature study
 - General introduction.
 - HIV/AIDS as a social phenomenon.
 - AIDS orphanhood as a social problem.
 - Adolescence as a life phase with specific emphasis on early adolescence.
 - A review of life skills with specific emphasis on early adolescents.
 - A life skills programme for early adolescents AIDS orphans.

- Empirical research findings:
 - Qualitative findings based on in-depth literature about the phenomenon HIV/AIDS and AIDS orphans, the specific characteristics, needs and problems of early adolescents as well as life skills for early adolescents.
 - Qualitative findings based on semi-structured interviews with social workers, caregivers and AIDS orphans.
 - Quantitative findings based on the evaluation of a life skills programme for early adolescent AIDS orphans (AIDS orphans life skills programme).

8.2 LITERATURE STUDY

8.2.1 General introduction to the study

8.2.1.1 Summary

The first chapter is an introductory chapter. It starts with general introduction and orientation to the research report. Focus is also placed on formulation of the problem, the rationale for the choice of topic, goal and objectives, research questions as well as a hypothesis formulated. The core of this chapter is explanation of the methodology employed for the research project to be undertaken.

The chapter gives a description of the research approach, the type of the research, research design, research procedure and strategy followed. Aspects concerning the pilot study are also explained and a description of the research population, sample and sampling methods is given. Ethical aspects and limitations of the study are briefly outlined and key concepts are defined. The chapter ends by highlighting the topics of the subsequent chapters in the thesis.

8.2.1.2 Conclusions

From the literature in this chapter the researcher concludes that:

- HIV/AIDS seem to be a universal problem throughout the world especially in sub-Saharan Africa. AIDS in Africa has orphaned more children than anywhere else in the world.
- South Africa has one of the most severe HIV epidemics in the world. The recorded cumulative number of HIV infections to date exceeds 43 million, of which 5.3 million are South Africans. That means more than 10% of the global population living with HIV is in South Africa.

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- The majority of people living with HIV and AIDS are economic active people. Around half of the people who acquire HIV become infected before they turn 25 and typically die before the 35th birthday. It is estimated that 1 in 5 people of this age group are living with HIV.
- HIV/AIDS kills people in the prime of their lives. The fact that young adults die in their productive years means that families are deprived of their major source of economic support.
- When breadwinners lose their jobs or die prematurely of AIDS, many elderly people use their pensions to care for their children who are ill and/or grandchildren who are orphaned.
- Factors driving the epidemic in South Africa include: poverty, stigma, violence against women and children as well the low economic status of women.
- The increasing number of AIDS orphans is a concern to the South African government. Orphans experience a loss of parental love, care and support when their parents die. This may result in socio-emotional problems that perpetuate poverty.
- There seem to be no specific intervention programme for the promotion of life skills for early adolescent AIDS orphans.
- There is an urgent need to develop an intervention programme that aims at the promotion of life skills for early adolescent AIDS orphans.

Based on the methodology of the study the researcher concludes:

- The type of research i.e. intervention research, selected for this study was suitable as the study was in essence a problem-solving process seeking an effective intervention for the promotion of life skills for early adolescent AIDS orphans.

- The combined quantitative-qualitative research approach was effective as it enabled the researcher to focus on the process and the aim of the study. The process resulted in the development and evaluation of AIDS orphans life skills programme.
- The researcher utilised and moved from the phenomenological design that is organized around 2 research questions to a comparison group pretest-posttest design that is focused on more definite, hypothesis testing.
- Phenomenological design is viewed as appropriate because it enabled the researcher to explore and give insight to the phenomenon of AIDS orphans; the socio-emotional needs and problems of AIDS orphans and the life skills needed by AIDS orphans.
- Choice of quantitative research design: A comparison group pretest-posttest design was used to gather quantitative data and realise the aim of the study. A longitudinal approach to the study, however, is seen as the ideal and could lend itself to fundamental findings in social work practice.
- The main limitation of the study is that the findings are inconclusive and cannot be generalised to the larger population given the fact that a purposive sample of only 60 respondents participated in the study.
- This study can make a valuable contribution to social work profession as it represents a groundbreaking investigation regarding dealing with socio-emotional needs and problems experienced by AIDS orphans.

8.2.1.3 **Recommendations**

The researcher recommends that:

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- Research in the field of HIV/AIDS prevention strategies should increase in South Africa. Researchers should however focus on the impact of HIV/AIDS on specific groups of people.
- Dealing with HIV/AIDS requires a partnership between all South Africans. No prevention programme can be successful without support, commitment of all people. To succeed collaboration between government, private and community sectors is highly recommended.
- To ensure quality of care for AIDS orphans interventive programmes such as life skills programmes should be promoted and strengthened. Life skills programmes both empower and equip people with life skills that enhance their coping capacities. Successful programmes should impart knowledge, life skills as well as create social consensus on safer behaviour.

8.2.2 HIV/AIDS as social phenomenon

8.2.2.1 Summary

This chapter is dedicated to literature study focusing on HIV/AIDS. The chapter opens with the description of the relationship between HIV and AIDS. Chapter 2 offers definitions of HIV and AIDS and surveys the historical background to the contemporary HIV/AIDS. It further explains the unique characteristics of the HI virus and how it affects the immune system. Literature concerning HIV/AIDS in general, global and in particular the South African situation was discussed. Important issues such as the nature of the disease, the impact, the current status of the epidemic as well as the future of the epidemic were looked at. Statistics describing the relationship between HIV/AIDS and AIDS orphans were also described. Furthermore socio-economic factors that are fuelling the epidemic in South Africa were reviewed.

The researcher also examined how the virus is transmitted and provided an overview of HIV progression to AIDS. The chapter catalogued and described the symptoms of HIV infection; AIDS and AIDS related illness in adults as well as children. The

importance of recognising the symptoms and early diagnosis of HIV is emphasised. Methods of testing for HIV were discussed in some detail in this chapter. Furthermore, the importance of voluntary counselling was highlighted. Treatment of HIV/AIDS and the management of HIV infection were also described. Finally ending with a summary of issues touched on in the chapter.

8.2.2.2 Conclusions

Chapter two confirms the following:

- HIV causes AIDS and that the number of people living and dying with HIV/AIDS is shocking. At the end of 2004 there were 37.2 million adults and 2.2 million children living with HIV. During 2004, some 4.9 million people became infected with HIV and the year also saw 3.1 million deaths from AIDS – a high global total since AIDS was discovered.
- HIV is primarily transmitted through sexual intercourse, when HIV infected blood is passed directly into the body of another person, or when a mother infects her baby during pregnancy, childbirth or as a result of breastfeeding. The major mode of HIV transmission in South Africa is through sexual intercourse.
- HIV/AIDS is referred to as a social disease. The links between socio-economic and HIV/AIDS are increasingly recognised and understood.
- The way in which HIV progresses to AIDS is a gradual process that moves through various clinical stages that occur over a long period of time usually 5 – 12 years. The final stage is regarded as AIDS and it occurs when the CD4 blood count drops below 200 and a person become vulnerable to serious opportunistic infections.
- Preventing and treating opportunistic infections quickly and effectively improves one's quality of life and delays the onset of AIDS.

- There is still no known cure for HIV/AIDS but the provision of antiretroviral medicines prolongs and improves the quality of life for many South Africans living with HIV.
- Scaling up access to highly active antiretroviral therapy (HAART) allows the immune system of many people to regain strength and combat opportunistic infections, making HIV/AIDS a more manageable health condition.
- Currently, antiretroviral medicines are the only form of treatment that has been scientifically proven to repair one's immune system once the CD4 count has fallen below a certain level.
- Availability of accessible and affordable antiretroviral medicines is a problem that should be addressed by the South African government.
- The most effective way to reduce the number of people living with HIV is to prevent HIV infection in women of childbearing age, young people and adults in general.
- Maintaining a healthy and nutritional diet is important for all people, but particularly for people living with HIV. A poor diet impairs the functioning of the immune system, and hastens the progress of HIV infection to AIDS.
- The HIV/AIDS pandemic can only be countered if it is fought on all fronts, that is, if all sectors (government, community and private sector) become actively involved in caring for the sick and orphaned people.

8.2.2.3 Recommendations

The researcher recommends that:

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- Wide-scale communication and social mobilization efforts are needed to broaden HIV/AIDS awareness within communities. Reducing the stigma and discrimination often associated with HIV/AIDS is a fundamental element.
- Research into a vaccine aimed at preventing HIV and AIDS be strengthened. However, the discovery of this vaccine remains a long way off.
- Antiretroviral medicines service points to be expanded to every municipality in South Africa, both urban and rural so that a service point will be available for all people. This will be an important development, as it will prolong the lives of many people living with HIV enabling them to provide care for their families.

8.2.3 AIDS orphanhood as a social problem

8.2.3.1 Summary

Chapter three explored literature regarding AIDS orphans in general, global and South Africa in particular. The chapter provided a description of the basic concepts i.e. orphan and AIDS orphan. This was followed by a discussion of orphanhood based on the African perspective. Accordingly the extent of the problem of AIDS orphans was reviewed. Grounding, description and explanation of the needs of AIDS orphans were then presented to give a clear picture of challenges faced by these children. Problems of orphan-hood such as legal and ethical issues, socio-emotional issues, educational issues, financial issues and child-headed households were reviewed. The importance of the involvement of major role players i.e. government, family and community in the care and support of AIDS orphans was discussed. The chapter concludes with a short summary of the most important issues covered.

8.2.3.2 Conclusions

This chapter concludes that HIV/AIDS affects AIDS orphans in diverse and numerous ways:

- In 2004 already 15 million children worldwide were orphaned by AIDS and the number risks being doubled by 2010 if the response to the epidemic is not scaled up.
- The epidemic has forced vast numbers of children into precarious circumstances, putting them at high risk of becoming infected with HIV. AIDS orphans are especially vulnerable to HIV infection for a host of social and economic reasons including poverty, sexual exploitation and violence, and lack of access to HIV information and prevention services.
- The extended family (which would have traditionally provided support for orphans) is greatly overextended in communities most affected by AIDS; it can now no longer take care of its orphaned children. The consequence of this is that children are often socially isolated and deprived of basic social services.
- Many children are struggling to survive on their own in child-headed households, frequently carrying the burden of caring for family members living with HIV/AIDS. They do not know how to protect themselves and have no access to needed facilities.
- Children in households with a HIV-positive member suffer the trauma of caring for ill family members. Seeing their parents or caregivers become ill and die can lead to psychosocial stress, which is aggravated by the stigma so often associated with HIV/AIDS.
- Increasing numbers of AIDS orphans are withdrawn from schools to care for ill parents or their siblings, thus losing opportunities for acquiring necessary life skills needed for them to create sound and healthy households and living environments.

- AIDS orphans especially early adolescents are also particularly vulnerable to HIV infection because they often do not have available to them the basic healthy environment – food, shelter, education and health services – through which they can protect themselves from HIV and other infectious diseases.
- HIV/AIDS will continue to affect the lives of several generations of children. The impact will mark their communities for decades as the numbers of impoverished children rise, their insecurity worsens, education and work opportunities decline, nurturing and support systems erode, and mortality rises.
- All children especially AIDS orphans need love, care and support. As with adults it is important that they live healthy lives. Without adult guidance, life skills and means of sustaining their livelihood, these children become easy victims of exploitative and unhealthy child labour.
- There is a general consensus that help for AIDS orphans should be targeted at supporting families and improving their capacity to cope rather than setting up institutions for the children.

8.2.3.3 Recommendations

The researcher suggests that:

- AIDS orphans need a safe and supportive environment. This requires sensitive attitudes, policies and legislation at family, community and national levels. To build sturdy family and community systems capable of providing prevention and care will require support from all role players such as government, private and community sectors.

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- Every attempt should be made to trace relatives of AIDS orphans. Relatives who cannot afford to look after orphaned children should be helped financially so that they can care for these children.
- Wide-scale communication and social mobilization efforts are needed to broaden HIV/AIDS awareness within communities who are in the frontlines for providing prevention, care and support for children. Reducing the stigma and discrimination associated with HIV/AIDS is a fundamental element.
- Support for AIDS orphans HIV counselling and support of the children, their parents and siblings, can considerably improve their quality of life, relieve suffering and assist in the practical management of illness.
- Policy makers must recognize that the rights of children and young people, especially girls, must be protected and promoted; and that young people are critical resources for making HIV programmes meaningful to their peers.
- Large-scale, long-term efforts are needed to cope with the above-mentioned harsh new realities. Life skills programmes are viewed as crucial in improving the quality of life of AIDS orphans.
- Social workers should take a lead in empowering AIDS orphans with life skills.

8.2.4 Adolescence as a life phase with specific emphasis on early adolescence

8.2.4.1 Summary

The literature study in Chapter 4 covered the discussion of adolescent period in detail with specific emphasis on early adolescence. The researcher opened the discussion by defining the term adolescence. She then described the nature of adolescence and the developmental processes that are involved. The researcher discussed the physical,

psychological, cognitive and social developments during adolescence. Focus was on changes that take place during this stage and the importance as well as effects of the changes.

Furthermore, the chapter highlighted the characteristics of the stage taking various developmental tasks into account. Adolescents' risk behaviour was reviewed. This was done to help understand the factors that motivate adolescents' risk-taking behaviours. Focus was also on problems and challenges experienced by early adolescents. The chapter ends with a brief summary of key points.

8.2.4.2 Conclusions

The reviewed literature points to the following:

- Adolescence is a biological and psychosocial path to adulthood. However, adolescents need to complete a number of developmental tasks to successfully enter into adulthood. These developmental tasks include a gradual shift to independence from parents, development of an own identity, an adjustment to sexual maturation as well as establishing cooperative relationships with significant others.
- Within a developmental picture, successful adolescents are able to achieve a separate identity, independence from their parents and prepare themselves for appropriate relations to achieve the adult development task of job, marriage and family.
- Adolescence as a stage of human development is divided into three phases i.e. early adolescence, mid-adolescence and adult adolescence. The phases are characterised by both physical and psychological changes. While some adolescents find it relatively easy to cope with the effects of such changes, early adolescents find it difficult to define and constructively deal with them.

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- Adolescence behaviour is often characterised by exploration. At times such exploration is unacceptable and even dangerous. Adolescents are at high risk when engaging in more self-destructive behaviours that include unsafe sex, teenage pregnancy, substance abuse, suicide and delinquent or criminal behaviours.
- External factors have a tremendous impact on how adolescents think and behave; the values and behaviours of their peers are increasingly important while parents and other family members continue to be influential.
- The home environment of South African adolescents has gradually changed increasing adolescents potential exposure to unhealthy behaviour. Among a number of reasons for this are the influx of mother into the labour market, the rise in single-parent families and a high unemployment rate. All of this creates opportunities for adolescents to spend more time unsupervised or with their peers. This increases the incidence of risky-taking and harmful behaviours.
- The consequences of early adolescents risky behaviour are multifaceted and intensifies progressively underlining the need for comprehensive and integrated measures against them.

8.2.4.3 Recommendations

- Adolescents are experiencing an urgent need to improve their situations. The researcher recommends that programmes that enhance the quality of early adolescents' lives should be promoted.
- Life skills programmes should be age specific and developmentally appropriate.
- The programme should include life skills that promote healthy living. The skills include problem solving, decision-making, critical thinking,

communication, interpersonal skills, empathy, and methods to cope with emotions.

- Life skills can enable adolescents to develop sound and positive view of life. They can improve substantially the emotional, social, cognitive and physical development of early adolescents.
- Target for prevention intervention with early adolescents could be family relationships, peer relationships, the school as well as the community environment. Each of these domains can be a setting for deterring the initiation of adolescents' risky behaviours through adoption of life skills and prosocial attitudes as well as behaviour that encourages the development of health behaviour.

8.2.5 A review of life-skills with specific emphasis on early adolescents

8.2.5.1 Summary

Chapter five provides a review of life skills with specific emphasis on early adolescents. The chapter commenced with the definition of the concept life skills. The researcher then described the concept life skills in detail, followed by presentation of various theoretical perspectives regarding life skills. This was done to get a better understanding of how life skills enhance human capabilities i.e. physically, socially and psychologically. The importance of life skills to early adolescents was also outlined.

The researcher also covered specific issues regarding life skills such as classification of life skills, life skills theory, life skills education, life skills programmes, and life skills in the context of a helping approach. Areas of knowledge in adolescents' life skills development are identified in this chapter. The chapter ends with a short summary.

8.2.5.2 Conclusions

The reviewed literature indicates that:

- The most effective way in dealing with social and emotional problems is to direct primary prevention programmes at young people where internalisation of healthy life styles and a sound socially acceptable value system is still possible.
- Life skills are self-helping skills that enable young people to help themselves. They are aimed at empowering people by reinforcing positive feelings about their identity hence obtain a sense of personal power and self-worth.
- Life skills enable people to maximise their own choices, to enhance their personal well-being and to improve their quality of life. They enable adolescents to make positive contribution and deal effectively with demands and challenges of everyday life.
- Life skills are especially suited for adolescents because adolescence is a time when key decisions are made that can affect the course of one's life.
- The learning of life skills should occur at a young age before negative patterns of behaviour have been established. Early adolescent years seem ideal to instil life skills as a positive response since young people of this age group seem to be most vulnerable to behaviour-related social and health problems.
- This learning is regarded as most effective within a supportive helping relationship.

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- The effective acquisition and application of life skills influences the way people feel about themselves and others, and equally influence the way people are perceived by others. Life skills contribute to peoples' perceptions of self-efficacy, self-confidence and self-esteem.
- The teaching of life skills is both theoretical and practical intended to equip the learner with new or improved abilities. The methods used to facilitate active involvement include working in small groups, brainstorming and role-play.
- The teaching of life skills has largely focused on school populations. Although the teaching of life skills has been incorporated in the education system of this country, there are many children such as school-drop outs, orphans and street children who cannot be reached by the formal educational system.
- There are currently no life skills programmes specifically designed for AIDS orphans in South Africa.
- Deficiencies in life skills contribute to the vulnerability and exploitation of AIDS orphans.
- Social workers are in a strong position to teach life skills because of their skills, training and knowledge. A social worker is a multiskilled professional who sees people as having the potential and believes in their ability to grow and develop.

8.2.5.3 Recommendations

- Health and social problems are on the increase in South Africa. Measures to combat these social problems have proved unsuccessful. The only solution is to purposefully employ a more holistic approach which promotes abilities for adaptive and positive behaviour.

- The researcher recommends that a life skills programme for early adolescent AIDS be promoted in order to stabilise and change their life styles.
- Special emphasis should be given to life skills, which promote healthy living among early adolescent AIDS orphans. Ten skills that have been identified include: self esteem and identity; communication skills; assertiveness skills; self-awareness; coping with emotions; decision-making skills; problem solving skills; conflict management skills; critical and creative thinking skills as well as a healthy life style.

8.2.6 A life skills programme for early adolescent AIDS orphans

8.2.6.1 Summary

Chapter six is mainly set out in terms of a presentation of a developed life skills programme for early adolescent AIDS orphans in North-West Province (AIDS orphans' life skills programme). The chapter starts with explanation of the programme based on the goal and objectives of the study. This is followed by a detailed description of the programme with specific emphasis on life skills to be employed. The researcher further highlights the planning and minimum criteria for implementing AIDS orphans life skills programme. The researcher concludes with a short summary of the most important issues dealt with in the chapter.

8.2.6.2 Conclusions

It has become clear that:

- The ability of AIDS orphans life skills programme in order to assists AIDS orphans to cope is seen as critical.
- AIDS orphans life skills programme seeks to mobilize and strengthen life skills promotion and education activities. The initiative is designed to

improve the lives of AIDS orphans by strengthening their capacities through life skills.

- AIDS orphans life skills programme can provide a platform for provision of life skills for early adolescent AIDS orphans and can provide a supportive environment for the teaching of life skills.

8.2.6.3 Recommendations

- Training should be provided to social workers that are interested in the implementation of the programme (AIDS orphans life skills programme).
- AIDS orphans life skills programme should be introduced to all welfare organizations in South Africa.
- Future research might include development life skills programme targeting other identifiable subgroups.

Following is a discussion of empirical research findings.

8.3 EMPERICAL RESEARCH FINDINGS

8.3.1 Qualitative findings based on needs, problems of and life skills needed by early adolescent AIDS orphans

8.3.1.1 Summary

The qualitative findings based on needs, problems of and life skills needed by early adolescent AIDS orphans were described in Chapter 7 of this research report. The researcher used semi-structured interviews with a schedule to collect qualitative data in order to examine and answer the research questions that were formulated:

- What is the nature and prevalence of socio-emotional needs and problems of early adolescent AIDS orphans?

- What are the life skills needed by early adolescent AIDS orphans?

The researcher interviewed 10 social workers, 10 caregivers and 20 AIDS orphans. The total number of respondents who participated in the first phase of the research project was 40.

8.3.1.2 Conclusions (demographic information)

Three groups of people participated (i.e. social workers, caregivers and AIDS orphans) participated in the first phase of the study (the qualitative phase). Conclusions with regard to the demographic details of the three groups of respondents are presented below:

- **Demographic information of social workers**

The study population consisted of 10 social workers in the major two cities of the North-West Province namely Rustenburg and Mafikeng. The social workers (100%) were all employees of the Department of Social Services, Arts, Sports and Culture (North-West Province).

- Age: The majority (50%) were of the age group 31-40 followed by respondents (30%) of the age group 20-30 then lastly respondents (20%) of the age group 41-50 years.

- Gender: All of the respondents (100%) were females.

- Qualifications: All of the respondents were qualified social workers with graduate (60%) and postgraduate (40%) degrees in social work.

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- Position at work: 50% of the respondents were social workers, 40% senior social workers and the remaining 10% chief social workers.
- Years of social work experience: All the respondents (100%) had more than five years experience in the Social Work field.
- Years of experience with AIDS orphans: The working experience of respondents with AIDS orphans varied. The majority of respondents (80%) have 6-10 years experience followed by respondents (20%) with more than 10 years experience.
- Geographical area: All of the respondents (100%) resided in the North-West Province in particular Mafikeng and Rustenburg.

- **Demographic information of caregivers**

The study population consisted of 10 caregivers in two major cities of the North-West Province namely Rustenburg and Mafikeng.

- Age: The majority of the respondents (70%) were of the age group 46-60 followed by those of the age group 20-45 (20%) and respondents (10%) of the age group 61-75 years.
- Gender: All of the respondents (100%) were females and the majority of respondents (80%) were grandmothers and the remaining 20% were AIDS orphans' sisters.
- Marital Status: Most of the respondents (50%) were married followed by widows (30%) and those who were never married (20%).
- Language spoken: All the respondents (100%) were Setswana speaking.
- Years of care giving: The majority of respondents' years of care giving was more than five years (60%).

- Own children under your care: All of the respondents (100%) were parents with either own children or grandchildren to bring up.
- AIDS orphans under your care: All respondents (100%) had more than one child under their care whose parents have already died.
- Assistance received: Most of the respondents (60%) did not receive any form assistance. Only few (40%) were receiving assistance from government in the form of social grants. Teachers were considered helpful in helping families with applying for birth certificates and identifying children in need by many respondents (70%). 30% of respondents indicated that some members of their family assist them financially in taking care of the children.
- Geographical area: All of the respondents were residents of the North-West Province in particular Mafikeng (50%) and Rustenburg (50%).

- **Demographic information of AIDS orphans**

The study population consisted of 20 AIDS orphans from Ledig one of the villages in Rustenburg (North-West Province).

- Age: All of the respondents (100%) who participated in the research fell within the age group 11-14.
- Gender: There was equal representation of gender. 50% of respondents were females and the other 50% were males.
- Highest educational standard passed: The majority of respondents (60%) were in grades 3-4 followed by those in grades 5-6 (40%).
- Language spoken: All of the respondents (100%) were Setswana speaking and could clearly communicate in Setswana.

- Parent(s): The majority of respondents (85%) lost both parents to AIDS. 15% of respondents indicated that their fathers were still alive.
- Guardian(s): The majority of respondents were living with their grandparents (70%) followed by those who were staying with their aunts and uncles (20%) and finally there were children who were staying on their own (4%).
- Siblings: The majority of respondents (90%) stated that they had two and more brother(s) or sister(s).
- Period of orphanhood: The period of being orphans differed. The majority (75%) have been orphans for about three years with few (25%) having been orphans for more than three years

In the following section conclusions regarding the social needs, problems of and life skills needed by AIDS orphans are presented as identified by all the participants (i.e. social workers, care givers and AIDS orphans. The total number of respondents was 40.

8.3.1.3 Conclusions (socio-emotional needs, problems of and life skills needed by AIDS orphans)

- **Social needs and problems of AIDS orphans**

The social needs and problems of AIDS orphans are presented according to six key elements namely educational, relationship, upbringing, health-care, subsistence/finances and housing/security.

Educational

- Unpaid school fees (n=38): Because many of AIDS orphans come from impoverished families, they often cannot afford to pay for their school fees.

- Poor school performance and high failure rate (n-29): The emotional difficulties suffered by AIDS orphans combined with social stigma tend to block their ability to learn at school (n-18). They often have little ability or motivation that contribute to their educational development (n-24).
- Insufficient time to study (n-23): Children do not have sufficient time to rest and study at home because of heightened home chores. Children often find themselves taking the role of a father or mother or both, doing the housework, looking after the siblings and caring for ill or dying parent(s).
- Lack of supervision (n-36): AIDS orphans do not receive constant supervision and assistance with their schoolwork
- High rate of absenteeism and school drop rate (n-31). The presence of HIV/AIDS in the family has devastating impact on school-going children. As the parent with HIV/AIDS progresses with illness, children are likely to drop out of school temporarily or permanently and some might not even start because their parents cannot afford to pay the fees and other expenses.
- Shortage of school uniform, books and food (n-40). These lead to the children being demotivated.
- AIDS orphans need family support, love and acceptance and constant supervision. They need to be assisted with their schoolwork (n-40).
- AIDS orphans need financial support especially in the form of bursaries and educational sponsorships to ensure that they remain at school when their families are experiencing financial difficulties (n-28).

Relationships

- AIDS orphans experience lack of support from both the family and community (n-32).

- Children grieving for dying or dead parents are stigmatised or ostracised by society through association with HIV/AIDS (n-18). They often experience rejection, lack of appreciation, affirmation and encouragement (n-23). They may personally experience the stigma of AIDS related illness, as they are teased by classmates or ostracised by peers and other parents.
- They are rejected on the basis of the perceived immoral sexual habits of their parents coated with fear of contracting the disease (n-2).
- AIDS orphans have interpersonal problems (n-29). They experience interpersonal problems such as conflict with peers, cousins and teachers. Their communication is characterised by lack of openness.
- Poor choice of friends is blamed for AIDS orphans misbehaviour and lack of respect (n-24).
- Foster parent-teen relationships are often characterised by conflict. Early adolescence is a time when conflict with parents escalates beyond childhood levels. Adolescence is considered the stage in which parents or adults and their adolescent counterparts are meant never to understand each other (n-10).
- Many children orphaned by AIDS strive for social approval by behaving in ways that are over-compliant, or by pretending to be self-confident when they are not. They are struggling to feel good about themselves in relationships (n-10).
- AIDS orphans need to be loved unconditionally, supported, accepted, and respected (n-40).

Upbringing

- Poverty was identified as a serious problem that AIDS orphans are confronted with (n-40). HIV also undermines the caring capacity of families and

University of Pretoria etd – Motepe, M M (2006)

communities by deepening poverty due to loss of labour, the high medical treatment and funerals. Due to insufficient funds the children basic needs such as food and clothing are not.

- AIDS orphans are often stigmatized (n-18). Relatives are not prepared to be foster parents due to the stigma attached to HIV/AIDS (n-23). Although the government offers some additional support for orphans, carers are sometimes reluctant to accept this assistance particularly if acceptance may identify the dead parent as having died of AIDS; or it may suggest that the family cannot cope-another stigma.
- Lack of proper care (n-38): Most of the AIDS orphans are raised by their grandparents. Because some of the grandparents are too old, they find it difficult to supervise the children and give proper care. Grandparents cannot assist the children with their schoolwork.
- There is an increase of child-headed households in many communities (n-25). These orphans were also viewed as exposed to household accidents, sexual abuse and molestation.
- AIDS orphans are often deprived of their childhood (n-36). Roles are reversed because most of the time AIDS orphans take care of grandparents and other siblings. They occupy adult roles and that affect their school performance as they are deprived of time to study at home.
- Vulnerability to the life of crime is a risk that most AIDS orphans are faced with (n-27). Parental loss at early childhood creates negative social pressures. Children may find their way into the streets where they are exposed to a number of risks such as sexual molestation and even HIV/AIDS.
- AIDS orphans need financial assistance, responsible caregivers and family as well as community responsive to their needs (n-40). AIDS orphans are disadvantaged since they suffer from lack of guidance and affection, which are vital for their social and emotional development.

- AIDS orphans need equal and same treatment of all children in the household (n-8).

Health care

- With regard to health care AIDS orphans do not experience serious problems. Clinics are available for medical examinations (n-40). However it was indicated that some children experienced ill health after the death of their parents (i.e. headaches and lack of sleep).
- Like all other children AIDS orphans need healthy food. They should daily be provided with balanced meals (n-40).
- It is critical that AIDS orphans have support. They need to be provided with government supported medical aids, which will cater for their health and medical needs (n-5).
- Parental care. AIDS orphans need someone to take them to clinics when they get sick (n-40).

Subsistence/Finances

- Illness and loss of parents reduce the capacity of families to provide for the children's most basic needs (n-40). Resources available in AIDS-affected households decrease because of the deaths of productive members and the increased demand for household expenditure – medicine and food.
- AIDS orphans experience socio-economical problems such as financial problems (n-40), being street kids (n-10) and run the risk of being infected with HIV (n-40).
- Children experience problems such as insufficient provision of food due to their impoverished status (n-40). Without adequate material, economic and

University of Pretoria etd – Motepe, M M (2006)

nutritional support the children are vulnerable to malnutrition and infectious diseases. Children in these households are usually less well nourished and have a greater chance of being of being infected with HIV themselves (n-16).

- Most families are not receiving social grants (n-34). The reasons include unavailability of birth certificates and the slow process of issuing the grants. Most of the foster parents are still waiting for the grants to be approved. Social grants need to be approved in a short period of time.
- Social grants were viewed as not enough (n-40).
- There are caregivers who misuse the social grants by giving their own needs priority without adequate regard for the needs of their children (n-24). Some even spend the money on alcohol (n-7). They are not committed in proper upbringing of the children but the money. They volunteer to look after the children just to benefit from the government orphan packages (n-21).
- Proper measures need to be taken to ensure that money is used for the benefit of the children (n-28). Thorough assessment should be done before appointment of a foster parent. Children need to be brought up by responsible guardians who will manage their finances with wisdom (n-27).

Housing/Security

- The majority of AIDS are from impoverished families and hence do not receive proper care. They mostly stay in shacks with no electricity, water, and furniture or poor quality furniture. Homes are not equipped with all the resources the children need (n-40).
- AIDS-affected households tend to experience overcrowding. Therefore some children are forced to sleep on the floor (n-40).
- AIDS orphans loose their property and inheritance after their parents' death. This could be due to unpaid rent or bonds, mismanagement of their inheritance

University of Pretoria etd – Motepe, M M (2006)

by their guardians or even theft by their relatives. The inevitable death of the parents, cause unscrupulous relatives and friends sometimes succeed in claiming land and other property that orphaned children are legally entitled to inherit from their parents (n-27).

- Children experience emotional problems and run away from home in search of stability and security (n-9). AIDS orphans need to be supervised and mentored by adults who will enforce discipline (n-40).
- AIDS orphans are at risk of being sexually abused (n-22). Sexual victimization of children contributes to the risk of suicidal attempts and delinquency, which may later develop into more serious criminal activity.
- A home, which is safe and secured (n-40). Child-headed households should be discouraged (n-37). Relatives should be encouraged to foster the children. In cases where there is no one take care of the children; AIDS orphans need to be placed at shelters or foster homes (n-8).
- The need for healthy guardian-child relationships as well as conducive home environments were viewed as of prime importance (n-40). If these needs are gratified, these children will grow up in an environment which affords them identity, self-respect and a sense of living.

- **Emotional needs and problems of AIDS orphans**

The emotional needs and problems are discussed based on five key elements namely personality, emotions, mental-health, support systems and loss of parents and identity.

Personality

- AIDS orphans suffer from inferiority complex, depression, passivity (n-24), and bitterness (n-25). Rebellion and aggression are commonly expressed as a way of expressing bitterness (n-20).

- AIDS orphans have a tendency to isolate themselves (n-25). The distress and social isolation experienced by these children, both before and after death of their parents(s) is strongly exacerbated by the shame, fear and rejection that often surrounds people affected by HIV/AIDS. The tremendous fear and stigma attached to AIDS generate a context where children find it difficult to seek support either from peers or from adults hence isolate themselves.
- The self-esteem and confidence of AIDS orphans were viewed as often severely threatened (n-40). Rejection by significant others such as loved ones, friends and family usually cause one to lose confidence and thus experience reduced feelings of self-worth.
- Some children are viewed as stubborn and being withdrawn (n-31). They need to be encouraged to recognize their rights as people as well as accept the right of others.

Emotions

- Participants (n-40) alluded that AIDS orphans experience various emotions such as sadness, loneliness, rejection, blame especially towards God. They mostly blame God for failing to prevent their parents' death.
- Children experience feelings of hurt and pain (n-40). They miss their parents very much. However, some feel betrayed by their parents especially because of not disclosing the cause of their illness.
- AIDS orphans experience depression, grief, anger, guilt, frustration (n-31) and fear for their futures (n-40); hence they need the support and understanding of significant others (n-40).
- The emotional suffering of the children usually begins with their parents' distress and progressive illness. Eventually the children suffer the death of their parent(s) and the emotional trauma that results (n-33).

- When parents die, these children often act out their feelings of anger resentment in anti-social behaviour towards their guardians, teachers and friends (n-30). With the loss of their parent(s), these children have few resources to help them deal with bereavement and its repercussions. Therefore it is important that necessary structures be in place to offer necessary assistance (n-24).
- AIDS orphans have emotional needs such as acceptance, love, respect and appreciation. Support from significant others was also mentioned as an important need. AIDS orphans need to be supported by their families, members of their communities such as pastors, teachers, social workers and even their neighbors (n-40).
- Children should be prepared before the parent's death. Honesty is important. Children need to be told the truth regarding the cause of their parents' illness (n-17).
- Emotional healing. AIDS orphans need to be helped to deal with unresolved feelings of hurt, pain and bitterness that make them susceptible to illness. Spiritual counseling. Spiritual counseling is necessary especially if the children are blaming God (n-22).

Mental health

- Stress is viewed as a major emotional problem amongst AIDS orphans (n-24). Most of the children become stressed as a result of being unable to cope with problems they encounter.
- Some children experienced serious depression (n-18) and some even attempted to commit suicide (n-3).
- Each child should have a supportive adult whose main function is to maintain the child's emotional comfort (n-40).

- Therapeutic counseling. Counseling is a necessity because of the emotional trauma AIDS orphans experience (n-32).

Support systems

- AIDS orphans need support of both family and community members (n-40). Family members should be encouraged to take care of orphans. It is not the responsibility of the aged alone. Like all other children, AIDS orphans need to be accepted, loved and cared for (n-40).
- Children should be part of support groups, where they will encourage and support one another (n-7).
- AIDS orphans have need for counseling (n-34). Most of AIDS orphans were regarded as wounded by the early death of their parents and ill treatment from some members of their communities hence emotional healing is important. They need mostly emotional support and counselors such as social workers and psychologist were viewed as best equipped to occupy that role (n-28).

Loss of identity

- Many AIDS orphans struggle with issues of multiple losses (n-37). Having lost both parents through AIDS, they also experience abandonment, and inability of others to care for them. They often live on their own or have to be relocated to unfamiliar places as well as being separated from their siblings, friends, neighbours, and classmates. This result in the children feeling left out and rejected.
- Change of residence and relocation were indicated as a noticeable problem (n-36). Change of residence to unfamiliar places was seen as having a negative effect on the children' development. It is characterized by change of family religion, culture, values and in some cases, even a surname.

- Children encounter adjustment problems since they have to change schools, friends and even neighborhoods (n-26). They end up with a failure identity.

Life skills needed by AIDS orphans

Life skills identified included:

- Coping and stress-management: Stress management is especially suitable because adolescents can identify the causes of stress, discover that they are not unique in their struggles, and learn how to cope with stress (n-20).
- Self-awareness, assertiveness training, communication and conflict management skills. These skills were seen as pivotal because many children were viewed as incapacitated to function independently (n-13).
- Self-esteem and confidence. AIDS orphans need to be equipped with skills that will boost their self-esteem and confidence. A young person with high self-esteem and good social skills who is clear about her/his values and has access to relevant information is likely to make positive decisions about health. Children with poor self-esteem feel helpless and inferior, incapable of improving their situation (n-20).
- Decision-making, critical and creative thinking skills: These skills enable individuals to deal effectively with the demands and challenges of everyday life. They enable people to make positive contribution that can lead to improvement of their lives (n-14).
- Sex education: The need for AIDS orphans to be taught about sex education was seen as important. The knowledge they have about sex was viewed as superficial. They need detailed information (n-16).
- Budgeting and financial management skills: Aids orphans need to be taught about the importance of social grants (n-10).

- Home management skills: Children need to be taught basic skills of cleaning baking and gardening (n-6).

In conclusion it is important to mention that responses with regard to life skills are based on social workers and caregivers. AIDS orphans could not answer questions pertaining to life skills indicating that they did know the skills that they needed. The absence of basic knowledge and life skills contribute to the vulnerability and exploitation of AIDS orphans. Deficiencies in life skills contribute to low self-esteem, loneliness, and parent child relationships. This condition also handicaps the development of satisfying interpersonal relationships and influences the effectiveness of role performance. However, it is possible to rectify this deficiency by giving young people access to skills development programmes.

8.3.1.4 Recommendations

- AIDS orphans should be encouraged to be involved in life skills programmes focusing on skills development so that they can empower themselves and be independent. This intervention is pro-active rather than reactive.
- AIDS orphans life skills programmes need to be sensitive to the socio-emotional needs of AIDS orphans – a sensitivity that is often missing in other life skills programmes.
- Everyone has a role to play. Families and community involvement in the care of AIDS orphans should be encouraged. This will break down the fear ignorance, prejudice and negative attitudes toward AIDS orphans.
- Government should play an active role in ensuring that the socio-emotional needs of AIDS orphans are met by monitoring the use of social grants by foster-parents.

University of Pretoria etd – Motepe, M M (2006)

- Future research might include investigation into the use of social grants by foster parents. A potential fruitful area is to look upstream at what can be done to ensure that social grants benefit all AIDS orphans.
- Relocation of AIDS orphans after their parents' death should be minimized and done with care. Changes should be only done if there is no other alternative.
- If possible child-headed households should be discouraged. Every reasonable attempt should be made to trace relatives. If these children cannot be accommodated anywhere social workers should visit the home bi-weekly to check on their socio-emotional well-being.
- Therapeutic counseling should be made available to all AIDS orphans who need it.
- Social workers need an in-depth understanding of particular problems experienced by AIDS orphans and should be sensitized as how such problems may influence the child. Furthermore, social workers should be aware of possible intervention strategies that may be employed to assist AIDS orphans.

8.3.2 Quantitative findings based on the evaluation of a life skills programme for early adolescents AIDS orphans (AIDS orphans life skills programme).

8.3.2.1 Summary

The empirical findings and research results with regard to quantitative data (i.e. the implementation and evaluation of the developed life skills programme) were given in chapter seven of this research. Evaluation was done by means of a quasi-experimental comparison group pretest-posttest design. The researcher made use of a **self-constructed group-administered questionnaire** to collect data from the 60 identified early adolescent AIDS orphans who were the sample in this study. The

empirical data was collected to include two measurements, once before and once after the intervention (AIDS orphans Life Skills Programme).

8.3.2.2 Conclusions

Demographic information

- Age: All the respondents (100%) were early adolescents. Their age group ranged from 11 to 14 years. There was a reasonably equal representation and distribution of respondents for the ages 11 years (26.7%), 12 years (28.3%), 13 years (25%) and 14 years (20%).
- Gender: Males and females were represented in the sample. The majority of respondents in both the experimental and comparison groups were females. The sample consisted of 60 respondents of which 68.3 (n=41) were females and 31.6 (n=19) were males.
- Race: All of the respondents (100%) who participated in this research project were Blacks.
- Home language: The majority of respondents (92%) were Setswana speaking.
- Level of education: There was a reasonably equal representation of respondents in the three grades represented: grade 6 (37.2%), grade 7 (30%) and grade 8 (31.7%).
- Parent status: The majority of respondents (80%) have lost both their parents due to HIV/AIDS. Only 20% of respondents have one parent still alive.
- Remaining parent: All of the respondents who mentioned that they still have one parent remaining indicated that the parent who is still alive is the father.

University of Pretoria etd – Motepe, M M (2006)

- Living arrangement: Most of the respondents (58.3%) lived with their maternal grandparents. 25% of respondents lived with their relatives whilst (10%) lived with their paternal grandparents. Only a small portion (6.7%) lived with their brother or sister.
- Siblings under respondents' care: There was no respondent who lived alone. The respondents were either living with their grandparents, sister/brother or relatives.

Life skills

Conclusions are presented based on life skills namely a sense of identity and self-esteem, communication, assertiveness, self-awareness, coping and stress-management, decision-making, problem-solving conflict-management, critical and creative thinking skills as well as a health life style.

- **A sense of identity and self-esteem:** The Student Paired t test statistic was 0.75 with a P-value of 0.4605. Compared with the 0.05 level of significance there was a statistical significant difference in the experimental group's sense of identity and self-esteem with a 95% chance that the results were due to AIDS orphans life skills programme and not to chance.
- **Communication skills:** The Student Paired t test statistic is 1.72 with a P-value of 0.1035. Compared with the 0.05 level of significance there was a statistical significant difference in the experimental group's communication skills with a 95% chance that the results were due to AIDS orphans life skills programme.
- **Assertiveness skills:** The Student Paired test statistic was 0.77 with a P-value of 0.4534. Compared with the 0.05 level of significance the researcher concluded that there was a statistical difference in the experimental group's assertiveness skills after exposure to AIDS orphans life skills programme.

- **Self-awareness:** The Student Paired t test statistic was 1.44 with a P-value of 0.1832. That compared favourably with the 0.05 level of significance, as a P-value is smaller and 0.05 indicates a statistical difference. The researcher thus concluded that there is a statistical difference in the experimental groups' self-awareness with a 95% chance that the results were due to AIDS orphan life skills programme.

- **Coping and stress-management skills:** The Student Paired t test statistic was 0.93 with a P-value of 0.3651. Compared with the 0.05 level of significance the researcher concluded that there was a statistical significant difference in the experimental group's coping and stress-management skills after exposure to AIDS orphans life skills programme.

- **Decision-making skills:** The Student Paired t test statistic was 0.93 with a P-value of 0.37878. That compared favourably with the 0.05 level of significance. The researcher therefore concluded that there was a statistical significant difference in the experimental group's decision-making skills, with a 95% chance that the results were due to a positive influence of AIDS life skills programme and not to chance.

- **Problem-solving skills:** The Student Paired t test statistic was 1.22 with a P-value of 0.2417. Compared with the 0.05 the researcher concluded that there was a statistical significant difference in the experimental group's problem-solving skills after exposure to AIDS orphans life skills programme.

- **Conflict-management skills:** The Student Paired t test statistic was 0.87 with a P-value of 0.3963. That compared favourably with the 0.05 level of significance, as a P-value is smaller than the test statistic. The researcher therefore concluded that there was a statistical significant difference in the experimental groups conflict management skills with a 95% chance that the results we due to AIDS orphans life skills programme and not to chance.

- **Critical and creative thinking skills:** The Student's Paired t test statistic was 0.39 with a P-value of 0.70718. Compared with the 0.05 level of significance,

the researcher concluded that there was not a statistical significant difference in the experimental critical and creative thinking skills.

- **Healthy life style:** The students' paired t test is 3.74 with a P value of 0.0046. Compared with the 0.05 level of significance the researcher concluded that there was a statistical difference in the experimental group's healthy life style with a 95% chance that the results were due to AIDS orphans life skills programme.

In conclusion the researcher concluded that there was a statistical significant difference in nine out of the ten key elements of AIDS orphans life skills programme with a chance that the results were due to AIDS Orphans Life Skills Programme and not to chance. It can thus be mentioned that the programme was successful in that it promoted life skills amongst early adolescent AIDS orphans. The following hypothesis **“If early adolescent AIDS orphans undergo a life-skills programme then their skills will be enhanced in order to cope better with their socio-emotional needs and problems”** was therefore confirmed. Even though critical and creative thinking skills were not confirmed the researcher concluded that a noticeable positive movement in the development of these skills did occur. The programme (AIDS Orphans Life Skills Programme) was perceived as having had the impact that was hoped for. Although the programme took place within a short period of time participants were influenced positively. Skills however, need to be practiced continuously to be effective in the long run.

8.3.2.3 Recommendations

- Permanent changes in attitudes and the development of new skills do not take place in a brief period of learning, but require sufficient opportunities for practice. The WHO (1994: 4) emphasises that only when the intervention is maintained for a longer term, spanning several years, to create longer term of improvement in behaviour and longer-term impact on behaviour preparedness, can we expect to have a significant and lasting impact on social behaviour. It

University of Pretoria etd – Motepe, M M (2006)

therefore goes without saying that AIDS Orphans Life Skills Programme should be conducted over a long period of time.

- Intervention outcomes must be evaluated more thoroughly, with careful follow-up for several years. Outcome studies should focus on positive behaviour changes that are noticeable after implementation of AIDS Orphans Life Skills Programme.
- Favourable outcomes are more likely to result when life skills learning occur within a broad socio-cultural setting. A thorough evaluation of the socio-cultural setting of participants is required before any intervention. This includes addressing and challenging traditional sex roles, division of labour within the family and the position of children and women in society.
- It has become evident that the most effective intervention involves recognising the family as a system in which all members are affected regardless of whether only one person or all persons are involved. With this approach the whole family becomes the focus of intervention. Parenting skills workshops are therefore recommended to empower foster-care parents in proper childcare giving.
- Attempts of group learning in our multicultural and heterogeneous society require that facilitators remain sensitive to individual and group differences. Accepting the differences between learners as well as similarities is of primary importance for effective group learning.
- The need for practical life skills such as housekeeping, cooking, and budgeting cannot be overlooked. It is therefore recommended practical life skills should be incorporated in the programme.
- In conclusion the study has confirmed a point made by Mays and Cochran (1993) in Potgieter, Roos and Du Preez (2001: 335) that intervention programmes that focus on specific groups are effective. Therefore it is

suggested that further comparative studies should be done with different ethnic groupings.

8.4 AIM AND OBJECTIVES OF THE STUDY

Aim of the study: To develop and empirically test the effectiveness of a life skills programme for early adolescent AIDS orphans.

Table 46 focuses on how the above aim of the study and resulting objectives of the study were accomplished.

Table 46: Accomplishment of the study objectives

Nr.	Objective	Objective Achievement
1.	To conceptualise theoretically the phenomenon of HIV/AIDS and AIDS orphans, the specific characteristics, needs and problems of early adolescents as well as life skills for early adolescents.	This aim was achieved as reflected in the discussion presented in Chapters 2 – 6.
2.	To explore and identify the nature and prevalence of socio-emotional needs and problems of early adolescent AIDS orphans.	This objective was met. Findings in chapter 7 revealed the socio-emotional needs and problems of early adolescent AIDS orphans.
3.	To explore and identify the life skills which AIDS orphans, in their early adolescent phase need to improve their coping capabilities.	This aim was realised through a presentation of life skills needed by early adolescent AIDS orphans in chapter 7 of this report
4.	To develop a life-skills programme for early adolescent AIDS orphans.	This objective was accomplished through the planning and design of a life

No.	Objective	Objective Achievement
		skills programme for early adolescent AIDS orphans (AIDS orphans life skills programme) as explained and presented in chapter 6.
5.	To empirically test the effectiveness of the developed life skills programme for early adolescent AIDS orphans.	The objective was attained. Chapter 7 gives a detailed discussion on the quantitative findings of the implementation and evaluation of a life skills programme for early adolescent AIDS orphans (AIDS orphans life skills programme).
6.	To suggest practical recommendations for further utilisation of the newly developed life skills programme for early adolescent AIDS orphans.	This aim was accomplished through presentation of practical recommendation for further utilisation AIDS orphans life skill programme in the same chapter (Chapter 8).

8.5 CLOSING STATEMENT

There is no question that South Africa has a severe HIV epidemic. There is no easy answer or quick fix that can remedy the situation. Responses to HIV/AIDS need to incorporate planning for the future of children who are orphaned. The consequences of not caring for the affected children will be felt throughout society for many generations to come. However, South Africa is a country that has experienced a number of miracles over the past few years. The battle against the HIV/AIDS will only be won by the contributions of community members. Some contributions will be more effective, than others, but every little bit will count.