# The relevance of the content of an HIV and AIDS social intervention programme for the youth in the Northern Cape, South Africa

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## Abstract

The numbers of people infected with HIV and living with AIDS remain high in South Africa. The youth of the Northern Cape province in South Africa are a vulnerable population in this regard. However, there seems to be a dearth of rigorous evaluations of HIV and AIDS social intervention programmes targeted at the youth. This study aimed to evaluate the relevance of the content of an HIV and AIDS social intervention programme for the youth in the Northern Cape as well as to collect attendees' recommendations with regards to programme content. The data collection method comprised a group-administered questionnaire completed by youth (*N* = 172) who participated in the Soul City social intervention programme (SCP) implemented for the youth in the Northern Cape, and recruited through stratified random sampling. Based on specific criteria, the results showed that the SCP programme's content was relevant to the communities it served. The youth also forwarded recommendations for the programme content. Recommendations from the study include that youth support should be beyond

dialogues; women's rights should be promoted within the context of HIV prevention strategies; the SCP should intensify its condom promotion efforts because it is relevant to the South African government's macro-level plan; relevant community leaders should be visited to explain the rationale for the youth's involvement in programmes; and the programme should focus more pertinently on poverty alleviation strategies.

## Introduction

HIV and AIDS are regarded as one of the most significant humanitarian and developmental challenges facing the world today. In 2018 there were approximately 37.9 million (between 32.7 and 44 million) people living with HIV across the globe (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2019). The largest concentration of the HIV epidemic is in sub-Saharan African countries, such as Ethiopia, Nigeria, South Africa, and Zimbabwe, where 53% of the world's people living with HIV reside (UNAIDS, 2018).

The reported HIV prevalence in South Africa is 20.4% among the general population age group 15-49 years, making the country one of the countries most affected by the HIV epidemic (UNAIDS, 2018). However, it seems that some progress is being made to mitigate the impact of HIV. New infections decreased from 500 000 in 2005 to 270 000 in 2017. Attributing factors to decreasing HIV infections include the promotion of condom use, community dialogues, health talks, medical male circumcision programmes and Pre-Exposure Prophylaxis (PrEP) (UNAIDS, 2018). As a point in case, the UNAIDS (2018) reports that 46.1% of women and 45.6% of men had knowledge of HIV prevention. Although the HIV incidence in South Africa has stabilised, it remains at pandemic proportions.

In the Northern Cape Province of South Africa, where the study was conducted, the HIV prevalence was estimated at 6.8% in 2016 (South African National AIDS Council [SANAC], 2017). Youth between the ages of 15 and 34 account for 36.5% of the profiled population of the Northern Cape and it is also the segment of the population with the highest HIV prevalence in

the province (Statistics South Africa, 2016). ). Within the context of this study, the authors adopted the broader, more inclusive definition for youth (i.e., young person) as per the South African National Youth Policy (NYP) 2009-2014 (Republic of South Africa [RSA], The Presidency, 2009), namely someone falling in the age group of 14-35 years.

Efforts to combat the HIV pandemic in South Africa are embedded in both the targets of the National Development Plan (NDP) 2030, namely to increase the average life expectancy at birth to 70 years as a result of positive improvements in evidence-based preventive therapeutic interventions for HIV (RSA, The Presidency, 2013), as well as the Sustainable Development Goals (SDG) adopted in 2015 at the United Nations (UN). Furthermore, South Africa's National Strategic Plan for HIV, TB and STIs 2017-2022 highlights social and behaviour change communication (e.g., social intervention programmes) as key to ensure social mobilisation and to increase HIV awareness (SANAC, 2017). More specifically, Goal 4 of the plan focuses on "Address[ing] the social and structural drivers of HIV, TB and STIs, and link these efforts to the NDP" and stipulates that comprehensive and age-specific support to out-of-school and youth is essential in the fight against HIV (SANAC, 2017). Many HIV and AIDS social intervention programmes implemented on the African continent, including South Africa, is based or adapted from Euro-American HIV-prevention efforts for Most At-Risk Populations (MARPs) of the originating countries (cf. Green, Dlamini, D'Eriico, Ruark, & Duby, 2009). These MARPs do not necessarily apply to the at-risk populations for HIV infection in South Africa. Furthermore, Bertozzi, Laga, Bautista-Arredondo, and Coutinho (2008) opine that national programme managers or international funders require accurate data on the effectiveness and relevance of interventions. For a programme, such as the Soul City Social Intervention Programme (as an example of a social and behaviour change HIV and AIDS prevention programme), data are of utmost importance to determine the relevance of the intervention, to ensure the programme's sustainability and to establish whether it effectively reaches its target audience. An extensive search of research databases, i.e., Sabinet and EBSCOhost Africa-wide, yielded no results of current or previous research focusing on an evaluation of the relevance of an HIV and AIDS social intervention programme for the youth in the Northern Cape, South Africa. It is against this background that the study reported on in this article intended to undertake programme

evaluation of the Soul City Social Intervention Programme (SCP) as implemented among the youth in the Northern Cape Province, South Africa. The following research question guided this study: To what extent is the content of the Soul City Social Intervention Programme relevant for the youth in the Northern Cape, South Africa?

This article provides a brief background of the SCP followed by the theoretical framework. Then the research methods, research results and discussion will follow. The article culminates by drawing conclusions and making recommendations with specific reference to improving programme content.

**Soul City Social Intervention programme**

The Soul City Institute (SCI) for Health and Development Communication is an NGO that has been in existence since 1992 and it has a track record of implementing successful social and behaviour change programmes at national, provincial, community and individual levels in South Africa (Nika, 2013). This has been achieved by multimedia edutainment vehicles and on the ground social mobilisation. The media vehicles include the Soul City TV drama, radio drama and talk shows and easy-to-read print materials. The main factor holding the campaigns together is the coherence of messaging and the reflection of reality in the mass media.

The SCI has embraced a combination of preventative frameworks for HIV and AIDS. These mainly focus on the following areas: Medical Male Circumcision (MMC), Prevention of Mother to Child Transmission (PMTCT), Multiple Concurrent Partnerships (MCP) and Alcohol and Risky Sexual Behaviour. Effective biomedical interventions are promoted and demand is created through effective health communication, and it is recognised that HIV transmission occurs within the structural context of poverty, violence and alcohol abuse (Nika, 2013). At the time of the study, the SCP programme only operated in two of the most densely populated districts in the Northern Cape Province where HIV prevalence was the highest, namely the Frances Baard and John Taolo Gaetsewe districts (Nika, 2013).

The mission of the SCI is "To increase the national and international market's usage and involvement in Soul City Institute for Health and Development Communication (IHDC) products and services" (SCI of Health and Development Communication, 2014).

***Goals and objectives of the Soul City Programme in the Northern Cape***

In 2013 Nika stated that the overall goals and objectives of the Soul City Social Intervention Programme in the Northern Cape are:

- To decrease new HIV infections in the Frances Baard and John Taolo Gaetsewe districts in the Northern Cape by 15% by 2016 through a combination of preventative approaches that include biological, behavioural and structural approaches.
- To reduce sexual risk behaviour among adolescents and give parents and caregivers the tools to deliver primary preventions to their children.
- To strengthen community capacity to address the drivers of the HIV epidemic and to promote community demand for HIV prevention services.
- Creating awareness towards decreasing the unregulated availability and accessibility of youths to alcohol, including taverns, that impact on interpersonal violence and HIV infections among the youth.

In this article, the authors focus specifically on the community dialogues as an intervention strategy that the SCI utilised with the youth concerning HIV and AIDS. Nika (2013) considers dialogues with the youth to be platforms to educate and to provide correct and updated information about a specific issue and to dispel myths and misconceptions people have about that issue.

The SCP programme in the Northern Cape aimed to have ten dialogues with the youth per month in each of the two districts where it operated. Approximately 100 to 140 youth were expected to attend each dialogue amounting to more than 1 000 youths per month being reached (Nika, 2013). In brief, the methodology for each dialogue implementation consisted of the following steps:

- Welcoming and orientation: 10 minutes

- Ground rules for the dialogue: 10 minutes

- Starting the dialogue by giving an overview of the SCP programme: 20 minutes

- Introduce discussion tools such as showing episodes from a series: 25 minutes (for example series 10 – *Phuza Wize*)

- After exposure to an appropriate discussion tool, an interactive session follows, where attendees are divided into four groups and each group discusses two of the messages in the SCP programme leaflet. The focus of these discussions usually centres around actions the community can embark on together to change the situation

- Parting words: 15 minutes during which reflection is done about what attendees learnt or valued and commitments are made towards certain actions (HIV testing, medical male circumcision and behavioural changes).

**Theoretical framework: ecosystems perspective**

People in Africa, such as the youth in the Northern Cape, have a strong orientation towards a collective ethic, characterised by equilibrium, connectedness and egality. A principle underscoring the collective orientation is *Ubuntu*. Researchers who research with *Ubuntu* as a point of departure acknowledge, amongst others, that "… research is part of a complex (community) whole" and should have "… an understanding of the interconnectedness of all things …" (Mkabela, 2005, p. 186). Mupedziswa, Rankopo, and Mwansa (2019) offer a detailed overview of how *Ubuntu* could be applied to ecosystemic thought in terms of planning social interventions, such as the SCP, that are cognisant of the holistic/interconnected nature of people in interaction with their environment. Hence, the authors adopted the ecosystems perspective as a theoretical framework to ensure a holistic evaluation of the SCP programme while being mindful of the interconnected nature of the youth in their environment. More specifically, the authors aimed to determine the extent to which the content of the SCP programme was relevant for the youth in the Northern Cape as well as to collect attendees' recommendations with regards to programme content.

The ecosystems perspective is rooted in the general systems theory. Its conceptualisation is attributed to Bronfenbrenner who considered the interaction of the person-in-environment in his research. Germain and Gitterman developed their life model (also embedded in the ecosystems perspective) which provided an outline of the continuous interaction among the individual, family, small group, community surrounded by an environment and culture (cf. Norton, 2012).

Based on the work of Bronfenbrenner, five interrelated systems are identified. (i) The *microsystem* focuses on the individual (bio-psychosocial being), the peer group and family. The individual, for example, is influenced as a result of interaction with parents/caregivers and friends. Young people are highly susceptible to influences from the peer group with regards to behaviour and thought, e.g., the use of alcohol and other drugs and to have (unprotected) sex, etc.; (ii) The *mesosystem* shifts the focus to the interaction among microsystems, for example the youth-neighbours or youth-workplace connection; (iii) The *exosystem* represents the community and the system that has no direct influence on the person's life, yet it impacts on behaviour and development. The influences originate from, among others, religious institutions (e.g., shaping community norms and values), or the media (including social media, such as Facebook, Twitter, Instagram) influencing people's behaviour and thought about HIV prevention practices, such as condom use and medical male circumcision; (iv) The *macrosystem* focuses on culture and public policy. Public policy brings about change in the economy and government systems which has an impact on people, for example, a change in policy could expand or limit the availably of antiretroviral therapy; (v) The *chronosystem* signifies the time element influencing the interaction among systems, e.g., tracking change in sexual behaviour among the youth over decades (cf. Dunn, 2017). All the mentioned systems have four functional imperatives, namely adaptation, goal-attainment, integration and latency, as they operate in the environment (Spaumer, 2017).

In line with the ecosystems perspective, the authors aimed to determine whether the SCP programme attends to the needs of the *microsystem* (e.g., the individual, as young person, in the Northern Cape) and navigate the interaction with the *mesosystem* (e.g., the young

person in interaction with neighbours and their perceptions about the link between substance misuse and unprotected sex with could lead to HIV infection). The perspective also allowed determining whether the content of the SCP programme is aligned with *macro systemic* influences, e.g., current HIV/AIDS policy in the country.

The ecosystems perspective also enabled the authors to highlight the many roles human service professionals have to assume, either directly or indirectly, through other social programme implementers, such as educating the community about parenting and AIDS, as well as providing individual, family, and group counselling to clients (Ambrosino, Heffernan, Shuttlesworth, & Ambrosino, 2012). Gray (2010) concurs that the ecosystems perspective points in the general direction of levels of possible intervention. The perspective was therefore considered appropriate in the assessment of a social problem such as HIV as it provides a framework for analysing the interrelationship between individuals and social problems, such as the threat the youth face regarding HIV and AIDS.

Ultimately, the theoretical framework enabled the authors to consider the micro, meso, exo and macro levels of the person-in-environment interactions during programme evaluation and to offer sound recommendations based on the results.

## Method

### *Materials and methods*

This quantitative study adopted evaluation research as it offered "the systematic review of research methods to make judgements about the effectiveness and the overall merit, worth or value of some form of [...] practice" (Weinbach (2005), as cited in Delport & Fouché, 2011, p. 452). More specifically, programme evaluation as a type of evaluation research applied to the study. A cross-sectional survey was operationalised with a group-administered questionnaire. All respondents received the same prompt from the first author and completed the questionnaires independently, albeit in a group format (Adler & Clark, 2015).

The content of the questionnaire (closed-ended questions and one open-ended question) was informed by the goals and objectives of the SCP programme, the principal policies in operation at the time of data collection (i.e., HIV National Strategic Plan on HIV, STIs and TB 2012-2016 [NSP]; National Development Plan 2030 [NDP]; Northern Cape Provincial Strategic Plan for HIV, STIs and TB 2012-2016 [NCPSP]) and the ecosystems perspective. Accordingly, within the context of this study, the SCP programme was considered relevant if it had the following characteristics/indicators: (i) the programme's content was aligned with the ecosystems perspective in the sense that it took cognisance of the fact that the youth (as programme attendees) are in constant interaction with other systemic levels and the environment; (ii) the programme was sustainable (in this study 'sustainability' does not only mean the programme continued over time, but also that it promoted the human rights of attendees); (iii) the programme was innovative (i.e., the programme seeks to address current challenges, such as the link between substance misuse and unprotected sex which could lead to HIV infection); (iv) the programme acknowledged the role of different sections of the community in the fight against HIV and AIDS, such as traditional healers; (v) the programme encouraged the fair treatment, care and support of all HIV infected and affected people; and (vi) the programme content focused specifically on preventative approaches, for example, condom use and the prevention of new and associated infections, such as tuberculosis (TB).

*Research population and sampling*

The study population consisted of youth who attended SCP programmes in two districts, i.e., Frances Baard and John Taolo Gaetsewe, in the Northern Cape. Per annum, approximately 6 000 youths (18 – 35 years) from the two districts were recipients of the programme in the province. Stratified random sampling, with specific inclusion criteria, was adopted to recruit respondents:

- The youth had to reside in the Frances Baard and John Taolo Gaetsewe districts of the Northern Cape within the last seven months of 2013.
- They had to be between the ages of 17 and 36 at the time the programme was presented to them, and be at least 18 years old at the time of data collection.

- During attendance of the SCP programme, the youth had to be exposed to the same dialogue topic, namely alcohol and risky sexual behaviour also known as '*Phuza Wize*' as well as having their names on the attendance list.
- Finally, they had to be functionally literate in English.

From the 275 respondents recruited, the total number of respondents was 172 (94 in Frances Baard & 78 in John Taolo Gaetsewe) and a response rate of 62% was attained.

*Research site*

The Northern Cape spreads over 30.5% of South Africa's landmass. It is the province with the largest land area in South Africa of 372 889 square kilometres, but despite this, it is the sparsest populated province with 2.17% of South Africa's population (RSA, Department of Social Development [DSD], 2015). There are no municipal metropoles in the Northern Cape. The province is divided into five districts, namely the Frances Baard, John Taolo Gaetsewe; Namakwa, Pixley ka Seme and Siyanda districts. The Community Survey 2016 reflects that among all the districts in the Northern Cape, the Namakwa district hosts the largest proportion of the population, namely 1 193 780 citizens (of which 36.5% are youth), followed by Frances Baard with 387 741 inhabitants (32.6% youth). Siyanda has 252 692 citizens (39% youth), while the John Taolo Gaetsewe district has a population of 242 264 (38.8% youth). The least populated district is Pixley ka Seme with 195 595 citizens (39.8% youth) (Statistics South Africa, 2016).

As indicated before, the empirical work reported on in this article was conducted in two districts of the Northern Cape, i.e., Frances Baard and John Taolo Gaetsewe. In the Frances Baard district, 95 544 of the youth (out of 126 339) completed high school/Grade 12 and 42.1% are considered poor following the South African Multidimensional Poverty Index (SAMPI). In the John Taolo Gaetsewe district, 45 334 of the youth (out of 94 107) completed high school/Grade 12 and 42.7% are considered poor as per SAMPI criteria (Statistics South Africa, 2016).

*Data collection and analysis*

The first author was assisted by tribal chiefs, local councillors, school principals, clinic sisters, and SCP implementers to locate and recruit potential respondents. Data originating from closed-ended questions were first coded and afterwards, it was captured in the Statistical Packages for the Social Sciences (SPSS), Version 24. Besides descriptive statistics, the analysis included cross-tabulation in terms of the sex (only those identified as female or male) and the age groups of respondents (i.e., 18-27 years and 28-36 years, respectively). The sample did not have an equal distribution and therefore did not meet the requirements of a Chi-square test (Weinbach & Grinnell, 2015). Therefore, the Fisher's exact test was used and statistical significance was determined according to $p < 0.05$. Also, effect sizes (phi, Φ) were calculated to allow the authors to report whether the statistically significant differences that were identified were of practical significance to inform future programme implementation (Karabi, 2012). The phi values were interpreted as follows: a value between 0.1 but below 0.3 is considered a small effect size; between 0.3 but smaller than 0.5 is considered a medium effect size, and values between 0.5 and higher are considered a large effect size (Karabi, 2012).

A Cronbach alpha coefficient of 0.70 for all sections of the questionnaire was sought (Pietersen & Maree, 2016) to ensure the internal consistency of the questionnaire. Based on the calculated Cronbach alpha coefficients, the questionnaire was deemed reliable. Face and content validity were determined by peers before data collection.

Responses to an open-ended question, namely "Do you have any additional comments or suggestions for future facilitation and programme content? Please write your suggestions below." were content analysed similarly to the process proposed by Erlingsson and Brysiewicz (2017).

*Ethical considerations*

Permission to conduct the study was obtained from the management of the SCI. Ethical clearance was obtained from the university's Faculty of Humanities' Research Ethics Committee (Reference number: 12120554). Informed written consent was obtained from respondents and

they were informed that participation is voluntary. Debriefing opportunities were availed with all respondents, but none requested a debriefing. Avoidance of harm was very important throughout the research process and the first author was attentive to the emotions of the respondents.

## Results and discussion

The research results focus on the respondents' biographical profile; the relevance of SCP content, respondent rating of the SCP and lastly respondent's recommendations on programme content.

### Synoptic biographical profile

Out of the total number of 172 respondents (n = 172) who participated in the study, 114 (66.3%) identified themselves as female and 58 (33.7%) as male. Most respondents were between the ages of 18 and 27 (*M* = 23.73; SD = 5.587). Most respondents (89%) had never been married; a small percentage (5.2%) was married, 2.9% was separated; 1.7% co-habited, while an even smaller percentage (1.2%) were widowed. Most of the respondents (76.7%) indicated Setswana as their home language, followed by 12.8% who indicated Afrikaans, 8.8% isiXhosa, 3.5% English, and 0.6% isiZulu.

### The relevance of the SCP content

Germain and Gitterman (1996) suggest that relatedness refers to attachments, and a sense of belonging to a supportive social network, for example, regularly participating in the Soul City community dialogues for guidance and support regarding issues around sexuality. **Figure 1** illustrates that 89% of the respondents agreed that the SCP encouraged the fair treatment, care and support of all people infected and affected by HIV and AIDS. Furthermore, 84.3% of the respondents believed that the SCP had innovative ideas and 83.1% of the respondents agreed that the SCP succeeded in promoting the human rights of people infected and affected by HIV. **Figure 1** also illustrates that 80.8% of the respondents indicated that the SCP promoted the prevention of new HIV infection, while 73.8% of the respondents agreed that

the SCP succeeded in involving all parts/sections of the community or exosystem. One respondent wrote as follows about the promotion of HIV prevention in the SCP programme: *"I thank the programme because it helped me a lot about how [to] prevent myself [from HIV infection]. Now I have a good talk with my friends in my community."* This finding is also consistent with the NSP (RSA, DoH, 2015) which calls for "the strengthening of the capacity of community systems to expand access to services and requires a systematic and comprehensive strategy to address capacity, referral networks, coordination and feedback mechanisms."

Weyers (2011) is of the opinion that it is important for programme developers and by extension programme facilitators to be certain that they have the most appropriate goals and objectives for community projects they pursue. Concerning achieving sustainable impact, 73.3% of the respondents agreed that they have learnt much by attending the SCP and it made a lasting impact on their lives. This finding is consistent with macrolevel policies such as the NSP (RSA, DoH, 2015) that all interventions must make a sustainable difference that outlasts the lifespan of the NSP itself.
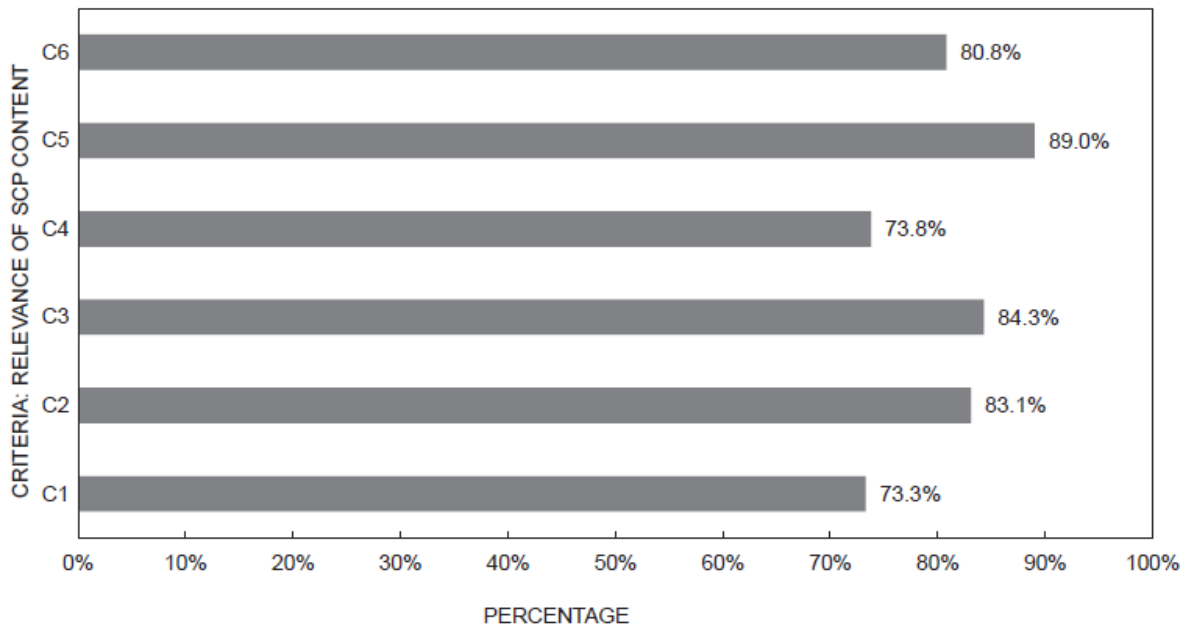


Legend: C1 = SCP made lasting difference to the lives of the youth; C2 = The SCP promoted the human rights of people infected and affected by HIV and AIDS; C3 = The SCP had innovative ideas; C4 = The SCP involved all parts/sections of the community; C5 = The SCP encouraged the fair treatment care and support of all HIV infected and affected people; C6 = The SCP promoted the prevention of new HIV infections

**Figure 1:** Relevance of SCP content (*N* = 172)

The content of the SCP was relevant if the results indicated in **Figure 1** are benchmarked against the criteria for the SCPs relevance (see section, Materials and methods). In this context, the authors agree with Dobelstein (2003) who states that human service workers need to understand the policies that create social programmes to help their clients.

*Respondents rating of and satisfaction with the SCP*

**Figure 2** illustrates the respondents' satisfaction with the SCP. **Figure 2** illustrates that 89.5% of the respondents agreed that the content of the SCP was appropriate for the youth in their community, 71.5% agreed that the content was consistent as was said when the programme started, 91.9% agreed that the content helped them get a better understanding of HIV prevalence among the youth, and 86% agreed that the content was presented in an organised way. Seen in totality, the percentages reflected in **Figure 2** indicate that the attendees were satisfied with the SCP programme content. One respondent wrote as follows about the programme: "*No, I don't have any suggestions for future facilitation of programs and content because they [SCP] have said everything on the contents [sic].*"
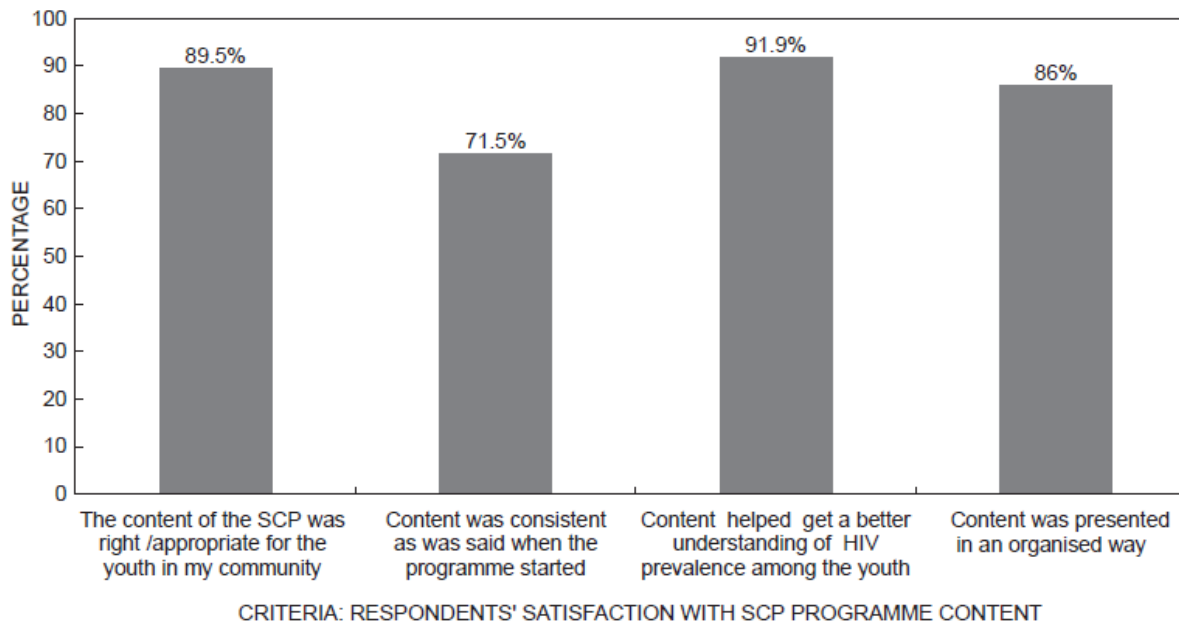


Figure 2: Respondents' satisfaction with SCP programme content ($N = 172$)

These results could also serve as a source of information to funders, programme developers, and facilitators about the merits of continuing or not with a programme such as the SCP with the youth in the Northern Cape. Weyers (2011) defines a process goal of a community project as its intended to change people concerning their knowledge, attitudes, emotions and behaviour, which also include practices, for example, individual (micro-level) youth's sexual habits. Thus, Weyers (2011) argues that the effectiveness of a programme should be continuously evaluated and that it is important to know the programme participants' level of satisfaction and how they feel about the programme they attended.

***Respondents' recommendations in terms of programme content***

**Table 1** indicates respondents' recommendations in terms of programme content. In the following section findings such as women empowerment, more individual condom usage promotion and poverty alleviation strategies suggest for a greater exo level or community level focus by the SCP.

**Table 1** indicates a statistical association between age groups, where 86.2% of the age group 18-27 years opposed to 97.6% of the age group 28-36 years agreed that the capacity of the youth in the community to fight the further spread of HIV and AIDS could be built by visiting the community ($p < 0.05$). With $\phi = 0.075$ a small effect size was determined. In terms of gender (see **Table 2**), more female (92.1%) than male (82%) respondents agreed that the capacity of the youth in the community to fight the further spread of HIV and AIDS could be built by visiting the community.

**Table 1: Respondents' recommendations in terms of age**

| | 18-27 years old | | 28-36 years old | | |
|---|---|---|---|---|---|
| TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS | Agree n(%) | Disagree n(%) | Agree n(%) | Disagree n(%) | Fisher's exact test (p-value) |
| Ways/strategies to fight poverty in our community | 118(90.8) | 12(9.2) | 35(83.3) | 7(16.7) | 0.255 |
| To help or address the needs of the youth regarding HIV and AIDS needs in my community | 120(92.3) | 10(7.7) | 40(95.2) | 2(4.8) | 0.733 |
| Asking and involving important people/ stakeholders such as traditional healers on to deal with HIV and AIDS in the community | 73(56.2) | 57(43.8) | 26(61.9) | 16(38.1) | 0.591 |
| Asking and involving important people/ stakeholders such as youth leaders | 123(94.6) | 7(5.4) | 39(92.9) | 3(7.1) | 0.708 |
| Asking and involving important people/ stakeholders such as religious leaders | 100(76.9) | 30(23.1) | 37(76.9) | 5(11.9) | 0.130 |
| Asking and involving important people/ stakeholders such as local clinics and hospitals | 125(96.2) | 5(3.8) | 37(88.1) | 5(11.9) | 0.066 |
| Youth should be educated or taught to use condoms more often when being sexually active | 126(96.9) | 4(3.1) | 41(97.6) | 41(97.6) | 1.000 |
| To look at the needs of families regarding HIV and AIDS and the youth | 118(90.8) | 12(9.2) | 38(90.5) | 4(9.5) | 1.000 |
| Prevention of new infections | 125(96.2) | 5(3.8) | 41(97.6) | 1(2.4) | 1.000 |
| Building the ability (capacity) of the youth in the community to fight the further spread of HIV and AIDS by sending them to training institutions | 123(94.6) | 7(5.4) | 39(92.9) | 3(2.4) | 0.708 |
| Building the ability (capacity) of the youth in the community to fight the further spread of HIV and AIDS by visiting the community | 112(86.2) | 18(13.8) | 41(97.6) | 1(2.4) | **0.046\*** |
| Building the ability (capacity) of the youth in the community to fight the further spread of HIV and AIDS through talking to various important people/role-players in the community | 112(86.2) | 18(13.8) | 37(88.1) | 5(11.9) | 1.000 |
| How to deal with bad cultural habits when it comes to sex | 110(84.6) | 20(15.4) | 38(90.5) | 4(9.5) | .447 |
| Empowering women with regard to deciding to participate in any sexual activities | 108(83.1) | 22(16.9) | 39(92.9) | 3(7.1) | 1.000 |

n = 172; **\*** indicates statistical significance

**Table 2** indicates that most respondents agreed that the SCP should focus on ways/strategies to fight poverty in their communities. In terms of gender, there was a statistical association between gender where 96.6% of male versus 85.1% of female respondents indicated that the SCP should focus on ways/strategies to fight poverty in their communities ($p < 0.05$). The φ value is 0.037 which is considered a small effect size. Attention to poverty alleviation forms part of a programme's sustainability, namely to have a lasting impact beyond the programme's duration. Attention to poverty alleviation hints at the relevance of the SCPs content for the youth.

**Table 2** further shows that 79.3% of male respondents and 88.6% of female respondents agreed that the SCP should focus on empowering women about deciding on participating in any sexual activities. One respondent wrote the following comment which authenticates this finding: *"The programme is a very good programme. It has helped my community in overcoming all the sexual crimes in the community. We have had many women who had been sexually abused … [now they] report their problems to the cops [police]."* Specific attention to women empowerment signals the relevance of the SCPs programme content as it promotes the human rights of female service users. Women and young girls should be empowered towards freedom from rape and sexual coercion; cruel and inhuman treatment, equality in education for especially young girls, employment, inheritance, marital law, and sexual reproductive decision-making (Van Dyk, 2013). In this context, the NCPSP (RSA, DoH, 2012), as a macro level influencing factor, also recognises the importance of addressing gender issues such as the high levels of violence against women, sexual assault, and the increased probability of HIV infection. The fact remains that most of the poor in the country remain women and their children. These effects are intensified for women of colour in rural areas, particularly African Black and Coloured [1] because unemployment is particularly high in these groups (Human Sciences Research Council [HSRC], 2014). Cloete (2011) is of the view that lesser developed countries, such as South Africa, normally have much larger numbers of people with poor education and on average a much younger population.

**Table 2: Respondents' recommendations in terms of gender**

| TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS | Male | | Female | | |
| --- | --- | --- | --- | --- | --- |
| | Agree *n*(%) | Disagree *n*(%) | Agree *n*(%) | Disagree *n*(%) | Fisher's exact test (*p*-value) |
| Ways/strategies to fight poverty in our community | 56(96.6) | 2(3.4) | 97(85.1) | 17(14.9) | **.022\*** |
| To help or address the needs of the youth regarding HIV and AIDS needs in my community | 52(89.7) | 6(10.3) | 108(94.7) | 6(5.3) | .223 |
| Asking and involving important people/ stakeholders such as traditional healers on to deal with HIV and AIDS in the community | 32(55.2) | 26(44.8) | 67(58.8) | 47(41.2) | .744 |
| Asking and involving important people/stakeholders such as youth leaders | 51(87.9) | 7(12.1) | 111(97.4) | 3(2.6) | **.032\*** |
| Asking and involving important people/stakeholders such as religious leaders | 47(81.0) | 11(19) | 90(78.9.1) | 24(21.1) | .843 |
| Asking and involving important people/stakeholders such as local clinics and hospitals | 54(93.1) | 4(6.9) | 108(94.7) | 6(5.3) | .735 |
| Youth should be educated or taught to use condoms more often when being sexually active | 55(94.8) | 3(5.2) | 112(98.2) | 2(1.8) | .337 |
| To look at the needs of families regarding HIV and AIDS and the youth | 52(89.7) | 6(10.3) | 104(91.2) | 10(8.8) | .784 |
| Prevention of new infections | 55(94.8) | 3(5.2) | 111(97.4) | 3(2.6) | .406 |
| Building the ability (capacity) of the youth in the community to fight the further spread of HIV and AIDS through sending them to training institutions | 54(93.1) | 4(6.9) | 108(94.7) | 6(5.3) | .735 |
| Building the ability (capacity) of the youth in the community to fight the further spread of HIV and AIDS by visiting the community | 48(82.0) | 10(17.2) | 105(92.1) | 9(7.9) | .075 |
| Building the ability (capacity) of the youth in the community to fight the further spread of HIV and AIDS through talking to various important people/role-players in the community | 51(87.9) | 7(12.1) | 98(86.0) | 16(14.0) | .816 |
| How to deal with bad cultural habits when it comes to sex | 49(84.5) | 9(15.5) | 99(86.8) | 15(13.2) | .650 |
| Empowering women with regard to deciding to participate in any sexual activities | 46(79.3) | 12(20.7) | 101(88.6) | 13(11.4) | .114 |

n = 172; **\*** indicates statistical significance

The role of the extended family (as microsystem) is crucial in community life, while in many cases women are expected to fulfil subordinate roles. In the context of the statistical significance found between gender in a study conducted by the HSRC, an HIV-incidence rate of 4.5% was identified among African Black females aged 20-34 years - the highest recorded incidence of HIV among the different analysed population groups (HSRC, 2014). In line with the finding by the HSRC that females are disproportionately affected by HIV infection, it is evident that there is a need to ensure that poverty and its impact on women in general and among young girls in particular, is addressed.

Kirst-Ashman (2013) is of the view that poverty limits individual access to preventative and therapeutic health care. The 2014 HSRC report, for example, highlights the fact that the highest HIV prevalence is found in poorer parts of the population and that the percentage of the early sexual debut has increased significantly. The unemployment rate in the Northern Cape province is one of the highest in comparison to other provinces. In addition to this, many people within the Northern Cape continue to live below the poverty line of R800 (±U$ 55) per month which is 38%, higher than the national average (RSA, DoH, 2012).

Poverty and historically disadvantaged status are also often associated with sexually transmitted infection rates. The 2014 HSRC report (2014), as well as Bezuidenhout and Dietrich (2008), highlight that the poor living conditions in informal settlements create circumstances more prone for HIV, STI and TB transmission. In the context of the above, the authors agree with the view that young people, especially in South Africa are not a homogenous entity, and some face a series of disadvantages and obstacles which increase their likelihood of being exposed to a range of social problems and difficulties (such as HIV and AIDS), as they make the transition to adulthood (Cunningham & Cunningham, 2012).

**Table 1** further depicts that combined across both age groups 97.1% (that is 18-27 and 28-36 age groups combined) of respondents agreed that the SCP should focus on educating youth to use condoms more often when being sexually active, for example by increasing the availability and use of the male and female condoms. One respondent's sentiment about the SCP programme and condom use was as follows: "*I like Soul City Programme because it comes with the good ideas, good information. I learnt more about the prevention of HIV/AIDS and its spread and we must also use a condom when we have sex.*" The promotion of condom use gives testimony to the relevance of the SCP programme's content as it is a form of HIV prevention. Numerous studies demonstrated that exposure to programmes that promote condom use could result in the social acceptance thereof and more regular use (cf. Prakash et al., 2018). In South Africa, the HSRC (2014) indicates that the overall condom use at last sex increased significantly from 2002 to 2008 and then unexpectedly decreased in 2012 among the youth in particular. Van Dyk (2013) concurs with the latter view and states that barrier methods such as

condoms are the most effective way to reduce the sexual transmission of HIV and other sexually transmitted infections. For example, the female condom provides extra protection to men and women against sores on genitals (Van Dyk, 2013). Programmes should, therefore, encourage the youth to always use a new and unused condom for each act of sexual intercourse. However, the impact of condoms may be limited by inconsistent use, low use among those at highest risk and negative interactions with other strategies. Condom promotion for groups at risk and more research on how best to integrate condom promotion with other preventing strategies is therefore needed (Hearst & Chen, 2004).

Table 1 also outlines that combined across both age groups 86% (that is 18-27 and 28-36 age groups combined) of the respondents agreed that the SCP should also focus on how to deal with "bad" cultural habits when it comes to sex. A programme, such as SCP, that addresses "bad" cultural habits could be considered as innovative (an indicator of the relevance of the SCPs programme content) because it challenges the *status quo*. Green et al. (2009) found that many traditional leaders felt they had not been meaningfully involved in their country's national HIV and AIDS strategic plans. The exosystemic level incorporates community-level factors that may not relate directly to the individual, but affect the way the individual functions. Programme implementers such as field workers of Soul City should, therefore, assess risks and opportunities at each level of the environment. Weyers (2011) thus suggests that it is important to visit the relevant community leaders and explain the reason for the programme's involvement with the community. The latter could potentially help encourage and enable community leaders to start working towards a plan for future action which normally includes a needs assessment and an exploration of available alternatives for dealing with community problems such as HIV and AIDS among the youth. Louw and Edwards (1998) are further of the view that among African families in South Africa, some traditional values and customs which provide a basis for the family structure have been eroded by rapid urbanisation and westernisation. This result suggests that HIV prevention programmes should, therefore, be contextualised so that they are sensitive to local customs, cultural practices and religious beliefs and values as they shift over time (i.e., recognition to the chronosystem).

## Conclusions

Although the research results are not representative of the total youth population in the Northern Cape (or South Africa), some important conclusions are reached.

The research results have indicated that the SCP content was relevant and applicable if benchmarked against the criteria/indicators set at the onset of the study. Most of the respondents agreed that the SCP succeeded in promoting the human rights of people infected and affected by HIV. Furthermore, the majority of respondents agreed that the SCP alerted attendees to HIV prevention and encouraged the fair treatment, care and support of all people infected and affected by HIV and AIDS. The majority of respondents agreed that the SCP succeeded in involving all parts/sections of the community or society. In terms of achieving sustainable impact, the majority of the respondents agreed that they have learnt much by attending the SCP and it made a lasting impact on their lives. The programme content also showed evidence of innovation. The research results support the conclusion that the SCP was relevant in the communities it served.

From an ecosystems perspective, the SCP programme appeared to be influenced by or aligned to micro-, meso-, exo- and macro-level factors with varying degrees of success and focus areas. The programme focused more prominently on the exo (community-oriented) and macro (policy) levels and to a lesser degree on the micro and meso levels.

Based on the research results regarding respondents' recommendations on programme content, it can be concluded that HIV prevention programmes should be contextualised so that the programmes are sensitive to local customs, cultural practices and religious beliefs and values, especially as these shift over time. This could also potentially enhance HIV prevention efforts among the youth. Furthermore, respondents' recommendation that the SCP should intensify its condom use promotion efforts, is relevant to the South African government's macro-level plan, to further promote the sexual appeal of using condoms during HIV preventative sexual activities.

Economic capital implies that human development should be integrated into the economy through various strategies, for example, job placement, micro-enterprises, cooperatives and community-based projects. In the context of the results of the current study in which most respondents call for women empowerment when it comes to HIV prevention efforts, it is concluded that empowerment necessitates providing education and advocacy on behalf of women, and an appreciation of the existence of individual differences and personal accomplishments regardless of gender. It is also concluded that the SCP was not quite successful in terms of individual economic empowerment as a micro-level HIV prevention strategy. Empowerment, therefore, should also entail the economic development of not only women but the youth in general given the link between poverty, unemployment and HIV infection.

## Recommendations

Recommendations are proposed as practice guidelines to capacitate social workers, community development workers, psychologists and related practitioners, such as field workers of the SCI, to improve the applicability and relevance of the programme content in an attempt to contribute to mitigating the impact of HIV and AIDS among the youth:

- Eco-systemic programme design and programme specification are essential for monitoring the quality of programme operations of the SCP to focus on in terms of HIV and AIDS among the youth.
- At the microsystem level, the SCP could broaden knowledge and insight regarding HIV and AIDS by providing individual counselling to the youth, counsel their families, and help them develop support networks when dealing with HIV and AIDS-related challenges and risks.
- Relevant community leaders should be visited and the reason for the programme's involvement with the youth should be explained to enhance their support of the programme.
- Involving indigenous/local stakeholders for solutions, e.g., youth leaders and tribal/community leaders as highlighted by most respondents.

- SCP should focus more pertinently on poverty alleviation strategies.

- Youth support should be beyond dialogues.

- Women's rights should be promoted within the context of HIV prevention strategies.

- SCP should intensify its condom promotion efforts because it is relevant to the South African government's macro-level plan.

- HIV prevention programmes, such as SCP, should have key activities that include, amongst others, delaying sexual debut; reducing multiple and concurrent sexual partnerships and challenging gender norms that drive this; cough hygiene (TB); reducing alcohol consumption, make use of group work sessions to discuss myths and stereotypes around HIV and AIDS, and through role-plays, equip the youth to negotiate safer sexual practices.

- Further investigation can be made into the influence of culture in dealing with HIV risk factors and in the South African context because this could enhance our understanding of cultural differences when dealing with HIV, sexual practices and youth risk factors. Research in the South African context regarding gender differences in dealing with HIV and youth risk factors could also be beneficial.

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[1] These are official racial classifications used in South Africa and not the authors' demarcation.