

- CHAPTER 6 -

**A LIFE SKILLS PROGRAMME FOR EARLY ADOLESCENT AIDS
ORPHANS**

The newly developed life skills programme is named:

AIDS orphans life skills programme

6.1 INTRODUCTION

South Africa has one of the most severe HIV/AIDS epidemics in the world. Children and young people are especially vulnerable to HIV infection for a host of social and economic reasons including poverty, sexual exploitation, violence and lack of access to information and prevention services. 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. Of particular concern is the impact of HIV/AIDS on AIDS orphans. 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).

Presently there are about 250 000 AIDS orphans in South Africa alone (Mesatywa, 2005: 1). This number is expected to rise to 1.5 million by 2010 (Avert, 2005: 1; UNAIDS, 2004: 1).

As already highlighted in the previous chapters, statistics do not capture the misery that HIV/AIDS can bring to children. AIDS orphans, the majority of whom are HIV-negative, are at enormous risk of growing up without adequate health care, food, education or emotional support (Robbins, 2004: 1; Avert 2004: 3; Deame, 2001: 2). The death of a parent pervades every aspect of a child's life from emotional well-being to physical security, mental development and overall health. According to Bartholet (2000: 13) it is not only the raw numbers that make this orphan crisis unlike any ever seen. Most of these children do not have AIDS but are in danger of slavery, dying of childhood diseases or being forced into prostitution to survive. The strain that these children endure, watching their parents die and then forced to forage for themselves could create a generation of horribly disaffected people (Avert, 2004: 3; Tracey, 2005: 1; UNAIDS, 2000: 2; UNICEF, 2003: 1; UNICEF, 2004: 1). WHO (2004: 1) states that large-scale and long-term efforts are needed to cope with these harsh new realities.

The context has brought about an increasing need and urgency for life skills programmes. According to Hoelson and Van Schalkwyk (2001: 246) local need for life skills programmes is associated with the gradual erosion of traditional systems of societies and the families. To equip the youth to adequately cope with challenges of modern societies life skills programmes can make a significant contribution. Within this context, the researcher endeavoured to craft a life skills programme specifically for early adolescents AIDS orphans to help them develop necessary skills that will improve their capacity to cope with problems they encounter. The researcher developed the programme based on the broad aim of the study which is:

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

The study was conducted in two phases, namely qualitative phase and the quantitative phase. The qualitative phase was conducted in order to explore the socio-emotional needs, problems of and life skills needed by AIDS orphans. Accordingly study objectives for the first phase 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; and
- To develop a life-skills programme for early adolescent AIDS orphans.

Based on an in-depth literature review and the information collected in the first phase of this study the programme was specifically developed for early adolescent AIDS orphans namely AIDS orphans life skills programme. In order to test the effectiveness of the developed life skills programme the researcher conducted the second phase of the study. Accordingly the objectives of the second phase included:

- a) To empirically test the effectiveness of the developed life skills programme for early adolescent AIDS orphans;
- b) To suggest practical recommendations for further utilisation of the newly developed life skills programme for early adolescent AIDS orphans.

The following hypothesis was thus formulated:

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.

Now that the origin AIDS orphan life skills programme has been dealt with, the next step is to examine what the programme entails.

6.2 AIDS ORPHANS LIFE SKILLS PROGRAMME

AIDS orphans life skills programme is a comprehensive educational programme, which promotes abilities for adaptive and positive behaviour that enable early adolescent AIDS orphans to deal effectively with the demands and challenges of everyday life. It includes all those skills that enable people to maximise their choices, to enhance their personal well-being and to improve their quality of life. Life skills enable the individuals to translate knowledge, attitudes and values into actual abilities i.e. “what to do and how to do it.” The objective of the programme is to help this group of people increase the probability of making good rather than poor choices in targeted skills. The point of departure is based on efforts to internalise an accepted life-style (primary prevention) and avoid dangerous behaviour.

The life style of people is influenced to a great deal by factors such as culture, values and socialization processes. Therefore whatever the nature of the problem, the solution, will be to purposefully employ a continuous positive preventive approach in order to stabilize or change the life styles of people. The programme creates opportunities for participants to practice life skills so they can make healthy and informed choices. AIDS orphans life skills programme help young people to acquire necessary tools to take charge and effectively manage their lives.

Life skills can be developed for children of all ages however, these skills should be appropriate both to people’s developmental tasks and to any special problems, challenges and transitions they may face. According to WHO (1997: 2) early adolescent years seem ideal to instil skills as a positive response since young people of this age group seem to be most vulnerable to behaviour-related health problems. The programme has been developed especially for AIDS orphans in their early adolescent years (11 – 14 years). It

provides them with a repertoire of life skills in a number of different areas. The programme deals with key topics that early adolescent AIDS orphans need to know about for example:

- A good sense of identity.
- The capacity to develop healthy relationships (communication and interpersonal skills).
- Assertiveness skills.
- Self-awareness and self-esteem.
- Coping and stress management skills.
- The ability to make informed and responsible decisions.
- Problem solving and conflict management skills.
- Independent, critical and creative thinking skills.
- Health living and knowledge about HIV/AIDS.

Furthermore, participants get opportunities to develop healthy values and practice important skills. In this programme a wide range of activities are included. These activities will encourage the participants to learn new knowledge and develop a range of skills at the same time. Some of the activities require participants to remember the right information, while others encourage them to think for themselves or write about their feelings.

The programme does not aim at telling people how to live their lives, but it focuses on giving early adolescent AIDS orphans accurate information and opportunities to develop skills and positive values. This will help them to make responsible and healthy choices for their lives.

The programme is primarily designed for social workers involved in the field of HIV/AIDS. Social workers are called to work with individuals, families, groups, organizations and communities to address concerns that limit their social functioning. The focus of social work is on the improvement of the social functioning of people in

interaction with their environment (Zastrow, 2000: 48). The social worker sees these people as having potential and believes in their ability to grow and develop. Education is often the most appropriate strategy when assisting people enhance their quality of life. Appropriate knowledge and skills are often all that is needed to affect change. Within an educational framework social workers can use a variety of training intervention-assisting clients with specific problems.

According to Nelson-Jones (1993: 227) life skills training most often implies running structured groups of limited duration to train participants in one or more specific skills. Overall, social workers are in a strong position to teach life skills because of their skills training and knowledge. Social work practitioners use skills to help meet the needs of their clients. A social worker is a multiskilled professional. Their group work knowledge enables them to lead groups with skill. The primary social work roles assumed in empowerment practice are teacher/trainer, resource consultant and awareness raiser. The social worker applies these group leadership skills to clients, to empower them to stand for themselves (Gutierrez, Parsons & Cox, 1998: 13; Zastrow, 2000: 67).

Life skills education has its roots on empowerment approach. Empowerment practice on the other hand draws from social work. It incorporates the basic values of the social work profession. The social workers professional commitment to client self-determination and self-actualization plays a significant role in life skills. Furthermore, clients and workers must effectively engage in the creation of an environment compatible with human needs; that is congruent with the practice of social work. The goal of social work practice asserts that social workers are obliged to help groups at risk increase their personal, interpersonal and socioeconomic strength by improving their life circumstances (Gutierrez, Parsons & Cox, 1998: 5-6; Zastrow, 2000: 59).

A comprehensive discussion of the relevance of social work in life skills is beyond the scope of this chapter (See chapter 5, for a detailed discussion of the role of social workers in life skills education). In the next section the rationale for the development of the programme is briefly reviewed.

6.3 THE RATIONALE FOR THE DEVELOPMENT OF AIDS ORPHANS LIFE SKILLS PROGRAMME

The underlying rationale for the development of this programme is that the absence of basic knowledge and life skills contribute to the vulnerability and exploitation of people, especially young people with regard to social and health problems. As mentioned in the previous chapters, 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. The strengthening of these skills will help these young people to develop effective skills for use across a range of settings, both now and in the future (Anderson & Okoro, 2000: 1- 2; Brack & Hill, 2000: 3-4; Gladding, 1997: 101; Potgieter, 2004: 217).

According to Grodny (1994: 133) the needs of adolescents who are surviving parental death from AIDS have not received sufficient programmatic attention. Programmes to empower these children are generally limited hence these young orphans usually grow up in communities blighted by drug use, poverty, and violence. Anderson and Okoro (2000: 2) note that the only solution will be to purposefully employ a continuous positive preventive approach in order to stabilise or change the life-styles of the youth. Although these children may seem invisible, the multiple traumas they have faced and their vulnerability make it imperative that programmes be developed that attend to their needs.

AIDS orphans life skills programme aims to offer early adolescent AIDS orphans necessary assistance that will enable them to survive and take part in their future. It has the potential to provide self-empowerment. According to Hopson and Scally (1981) in Hoelson and Van Schalkwyk (2001: 251) becoming self-empowered requires personal awareness, knowledge of own goals and acquisition of relevant life skills.

Next is the discussion of methods of delivering AIDS orphans life skills education. Each method focuses on the basic principles that can be applied when working with adolescents.

6.4 METHODS USED IN AIDS ORPHANS LIFE SKILLS PROGRAMME

In the AIDS orphans life skills programme, early adolescent AIDS orphans are actively involved in a dynamic teaching and learning process. The methods used to facilitate this active involvement include working in small groups, brainstorming, and role-play. These methods to teach life skills are based on experiential learning (learning through active participation) rather than didactic teaching. The teaching of skills is both theoretical and practical. It is intended to equip the learner with new or improved abilities. It is based on the principle that people learn best when they are actively involved in their lessons. According to WHO (1994: 2) life skills acquisition requires opportunities for practice and application of skills being taught. AIDS orphans life skills programme therefore employs activities at the end of every session. These activities provide systematic opportunities for participants to learn practices and demonstrate a range of knowledge, skills, values and attitudes. The activities to be used are viewed as relevant to topics to be discussed. The aim is that the participants will immediately identify with the activities employed and recognise their own life experiences reflected in the activities.

According to Potgieter (2004: 217) the development of life skills programme should take note of requirements for learning life skills. In the following section the requirements for learning life skills are discussed.

6.5 REQUIREMENTS FOR LEARNING LIFE SKILLS IN AIDS ORPHANS LIFE SKILLS PROGRAMME

As already mentioned in the previous chapter the acquisition of life skills requires a structured process of learning and there are certain requirements that have to be met. In

the context of this AIDS Orphan Life Skills Programme the following requirements namely a supportive relationship; learning from example; instruction and self-instruction; information and opportunity as well as learning from consequences have to be adhered to.

- **A supportive relationship:** Early adolescent AIDS orphans require a supportive relationship when they engage in the process of learning. This is based on the notion that people of all ages are the happiest and most effective when they feel that standing behind them is a person who will come to their aid should difficulties arise. This is particularly true when it comes to AIDS orphans life skills development, for it is the relationship that enables people to risk trial-and error methods of learning and provides them with the security that is needed for the process. According to Potgieter (2004: 217) reassuring or supporting behavior is intended to encourage and tell others that that we believe in them. Making changes can be difficult, hence people feel supported when knowing that someone is on their side

- **Learning from example:** Potgieter (2004: 217) notes that experience is one of the best teachers, especially in the case of life skills development. People learn through living and doing. They learn from the examples set by others and from the behaviors they demonstrate around them. Learning from example is a major way in which early adolescent AIDS orphans will acquire life skills strengths and weaknesses in AIDS orphans life skills programme.

- **Instruction and self-instruction:** According to Nelson-Jones (1994: 20) while helpers can encourage clients to do their own work, clients often require instruction as well. AIDS orphans life skills programme is considered important in instilling life skills to early adolescent AIDS orphans. Instruction within life skills takes place as early adolescent AIDS orphans rework and practice the original concepts and skills.

- **Information and opportunity:** Information is regarded as an important source of power. People need adequate and reliable information to develop life skills. In addition people need opportunities to test out and develop life skills. These opportunities need to be in line with their maturation and state of readiness. Lack of information and opportunities give rise to struggles and contribute to levels of mistrust in relations. AIDS orphans life skills programme intends to keep participants informed and to be actively involved in the programme.

- **Learning from consequences:** People acquire skills with learning from rewarding or unrewarding consequences. Providing positive rewards such as praise or approval increases the probability of skill development. According to Nelson-Jones (1993: 14) and Nelson-Jones (1995: 365) if they are offered appropriately children can develop necessary skills needed to improve their well-being. AIDS orphans life skills programme places much emphasis on acquiring skills through provision of positive rewards.

In the following section the content of AIDS orphans life skills programme is presented. The context of the programme, existing of ten sessions, is based on an in-depth literature review as well as interviews conducted with AIDS orphans, caregivers and social workers. The results of the interviews are presented in Chapter 7.

6.6 THE CONTENT OF AIDS ORPHANS LIFE SKILLS PROGRAMME

AIDS orphans life skills programmes consists of two interrelated dimensions namely, academic and practical. The academic dimension includes knowledge regarding specific life skills. The practical focuses on direct acquisition of life skills. As already highlighted, in this programme a wide range of activities are included. These activities will encourage the participants to learn new knowledge and develop a range of skills at the same time.

AIDS orphans life skills programme for early adolescents AIDS orphans consists of ten sessions. For the sake of easy comparison Table 8 gives a summary of each session according to topic and goal.

Table 8: AIDS orphans life skills programme – Programme sessions according to topic and goal

Session	Topic	Goal
Session 1	A good sense of identity and self esteem	Improvement of self-concept
Session 2	Communication skills. ‘Basic verbal and non-verbal communication skills’.	The capacity to develop healthy relationships through acquiring communication skills.
Session 3	Assertiveness skills. “Assertive communication in the face of peer pressure”.	The capacity to develop healthy relationships through acquiring assertiveness skills.
Session 4	Self awareness “Learning about me as a special person”.	Personal growth through knowledge and understanding of self
Session 5	Coping and stress management	Development of abilities to

Session	Topic	Goal
	skills. “Identifying sources of stress and methods for coping in stressful situations”.	cope with emotions and manage stress.
Sessions 6	Decision making skills. “Learning basic steps for decision making”.	Development of abilities to make informed and responsible decisions
Session 7	Problem solving skills. “Basic steps for problem solving”.	Development of abilities to solve problems.
Session 8	Conflict management skills “Conflict resolution”.	Development of abilities to manage conflict.
Session 9	Independent, critical and creative thinking skills “Learning the basic processes in critical and creative thinking	Development of capacities to think critically and creatively.
Session 10	Maintaining a healthy life style	Development and maintenance of a healthy life style.

Instilling life skills is based on an educational theoretical framework. Life skills education most often implies running structured groups of limited duration to train participants in one or more specific skills (Nelson-Jones, 1995: 356; Nelson-Jones, 1993:227). As highlighted in Table 8 AIDS orphans life skills programme comprises of ten sessions which aims at personal and social skills development in targeted areas (See Appendix 8 for a detailed discussion of the AIDS orphans life skills programme).

Following is a brief description of each session.

6.6.1 Description of sessions and activities to be used in each session of the AIDS orphans life skills programme

6.6.1.1 Session one: A good sense of identity and self esteem

One of the most fascinating aspects of development through adolescence years is the way in which the individual evolves a sense of self and self in relation to others in the social environment. The development of an identity seems to be a universal requirement for adolescence. It includes congruence between a personal view of himself and how others view him. It involves a sense of continuity between ones' past, current identity and future life plans. The process of identity development implies that adolescents need to define who they are, what is important to them, and what directions they have to take in life. Of great importance for a young person is to know himself and to realize that he/she is a unique human being (Anderson & Okoro, 2000: 23-24; Geldard & Geldard, 2002: 27; Gillis, 1994: 79; Stewart et al, 1996: 182).

Having high self-esteem means that an individual likes himself or herself (Baron & Byrne, 2003: 171). These children have a greater capacity to be creative and are more likely to assume active roles in social groups. They are less likely to be burdened by self-doubt, fear and ambivalence. They are also more likely to move more directly and realistically towards personal goals (Geldard & Geldard, 2002: 27-28). Children with poor self-esteem feel helpless and inferior, incapable of improving their situation. They

strive for social approval by behaving in ways which are over-compliant, or by pretending to be self-confident when they are not. They are struggling to feel good about themselves therefore they easily discouraged in whatever they do. If this situation is allowed to remain unchecked it becomes extremely difficult to reverse and may lead to severe emotional problems in later life (Geldard & Geldard, 2002: 210; Gillis, 1994: 80; Thompson & Rudolph, 2000: 153).

The development of self-esteem is viewed as critical for AIDS orphans. According to UNAIDS (2004: 4) and Robbins (2004: 1) without the protective environment of their homes, orphaned children face increased risk of violence, exploitation and abuse. They may be ill-treated by their guardians, and dispossessed of their inheritance and property. Such extensive environmental change can deprive children of the feelings of security and comfort they derive from familiar routines and settings. Doka (1994: 36) notes that these children, given their environment, may experience developmental or behavioural problems such as poor self-esteem. They may find it difficult to trust or to bond with adults. The development of self-esteem will help early adolescent AIDS orphans to see themselves differently i.e. to view themselves as special and unique. According to Hoelson and Van Niekerk, Van Eeden and Botha (2001: 73) when people value themselves highly, they will have necessary confidence to accomplish goals. AIDS orphans will maintain high levels of self-esteem as they nurture positive attitude in respect to themselves.

Aspects to be covered in this session include: self-concept, self-esteem and identity development. The adolescent has the task of forming personal identity which is unique and individual. To develop success identity, a person must experience both love and worth. Worth comes through accomplishing tasks and achieving success in the accomplishment of those tasks.

The activity to be used in this session is as follows:

- **Activity 1**

Having a positive self-image is important for building confidence. The activity is based on a good sense of identity and self esteem. The theme of the activity is the “uniqueness of me”

- The facilitator will ask the children to write their names on a large sheet, and to say what it means and how they feel about themselves and their names.
- In pairs, the children discuss their characteristics e.g. physical characteristics, skills, achievements, and also things they would like to be able to do.
- The group is then asked to mention how does the image make them feel about themselves.
- Finally the children are asked whether they enjoyed the activity, and what they have learnt about themselves. They are asked to finish the statement: “Something I discovered about myself which makes me feel good is.....”
- The children are then told the importance of having a good sense of identity, self-concept and self-esteem.

6.6.1.2 Session two: Communication skills

Every system depends upon communication for its survival. Communication is the basis for all human interaction. Effective communication is essential for good relationships. Although it is impossible not to communicate, since all behavior is communication, basic communication skills are often not so easily acquired. Young people who have poor communication skills are unlikely to have the ability to stand up for themselves and to assert their rights. In situations involving peers or adults, this lack of communication skills can result in feelings of helplessness and powerlessness (Cleary, 2004: 7; Geldard & Geldard, 2002: 228; Johnson & Johnson, 2003: 137; Potgieter, 2004: 228).

This session is based on the assumption that learning to communicate effectively helps early adolescents AIDS orphans to build positive relationships with others and it also boosts their self-esteem. According to Hoelson and Van Schalkwyk (2001: 260) people are not born with the ability to communicate effectively. The nature of their early childhood and current environment has a major influence on their ability to express feelings thoughts and other aspects of themselves. Avert (2004: 7), UNAIDS (2004: 3) as well as Van Dyk (2001: 334-335) note that parents' deaths deprive AIDS orphans the learning and values they need to become socially knowledgeable and productive adults. Many suffer social isolation. They must grapple with the stigma and discrimination so often associated with AIDS, causing a low level of communication proficiency and lack of confidence in expressing themselves. Self-confidence and communication are interdependent to such an extent that difficulties or problems in the one area will affect the other (Hoelson & Van Schalkwyk, 2001: 253). It therefore of paramount importance that AIDS orphans be equipped with a wider range and depth of communication skills if they are to live effectively and creatively.

Aspects to be covered in this session include; communication as a process; verbal and non-verbal communication; levels of communication; basic sending and receiving skills. Communication skills have been shown by researchers to be effective in developing helping relationships and assisting people in improving their lives. These skills generate understanding, spread information and are the means for achieving problem solving. These skills can be improved through training and practice (Anstey, 2002: 179; Cleary, 2004: 2; Hill & O'Brien, 1999: 4; Potgieter, 2004: 78).

The activity to be utilised in this session is presented below:

- **Activity 2**

Strong relationships involve good communication skills. The focus of the activity is building good relationship through communication skills.

- As an introduction, the group engages in an activity in which one group member whispers a message to another, and this is then whispered from person to person until it has gone around the whole class. At the end, the group compare the final message to the original, to see if it has changed.
- The group is then asked to define communication, and under what conditions effective communication is said to have taken place.
- The facilitator then tells the group that communication can be verbal and non verbal.
- Three members are given cards with the words “anger”, “nervous” and “happy”. Each member uses non-verbal behaviour to communicate the emotion on the card. The rest of the group takes turns to guess the emotion that is being expressed.
- The group is then asked to give example s of misunderstanding in communication that they have experienced, and to think about how it might have been avoided.

6.6.1.3 Session three: Assertiveness skills

Steinberg (2003: 90) notes that sometimes problems are created in relationships with friends, family or work colleagues because people lack the communication skills needed to express emotions, needs, and opinions assertively. People may choose to bury them or unleash them uncontrollably. Assertiveness skills are utilized to assist individuals who are unduly hesitant about expressing their wants or feelings, or in standing up for their personal rights. Verderber (1990) in Steinberg (2003:90) defines assertiveness as “verbalizing your position on an issue for purposes of achieving a specific goal.” The specific goal is for the person to express himself in such a way that he hurt neither himself nor others. Assertiveness training aims at teaching clients to stand up for their rights (Anderson & Okoro, 2000: 24, Zastrow, 2000: 477).

According to UNICEF (1998: iii) in Africa, orphaned children have relatively few legal or customary rights to property or to decision making about their future, unless the parent has made specific provision for them in the will. Van Dyk (2001: 334) points out that after the parent’s death, children often loose their rights to the family land, property and

house. 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. UNAIDS (1997: 15) state that many AIDS orphans are not aware of their rights and to pursue these rights needs skills and self-confidence that these children lack.

Assertiveness training in AIDS orphans life skills programme is designed to help participants realize, feel and act on the assumption that they have the right to be themselves and express their feelings freely. Once assertiveness skills have been acquired it should significantly increase the learners' self-esteem and self-efficacy and decrease loneliness, social awkwardness and social phobia.

Aspects to be covered in this session include the following: understanding the differences between assertiveness, non-assertiveness and aggression; building self-confidence and esteem; ways of asserting oneself.

The activity for session three is as follows:

- **Activity 3**

The focus of the activity is assertiveness training.

- It is not easy to know what to say when someone is putting pressure on you. Below are two situations where assertiveness and non-assertiveness behaviours are demonstrated:
- A situation is role-played in front of the group who are asked to look for verbal and non-verbal cues for lack of assertiveness. A friend trying to get another friend (friend 1) to smoke drugs. The friend does not want too, but doesn't know how to say no afraid of loosing friendship. He ends up agreeing and being arrested for illegal possession of drugs.

- In another situation a boyfriend pressurises a girlfriend to have sex. Although the girl is aware that if she says no she might lose the boyfriend she finally says 'no'.
- The group is asked to discuss about the two responses
- They then compare the reactions.
- The group is given the opportunity to think of other situations in which they want to say 'no' to something. They then work out what they would say.

6.6.1.4 Session Four: Self-awareness

Self-awareness includes peoples' recognition of themselves, their character, identity, cultural perspectives, goals, motivations, needs, values, feelings, strengths and weaknesses as well as desires and dislikes. Developing self-awareness helps people to recognize when they are stressed or feel under pressure. Furthermore, it is viewed as a prerequisite for effective communication and interpersonal relations, as well as for developing empathy for others. The individual who has self-awareness is aware of the realities of life and feel responsible for self, others, and the well being of society (Brack & Hill, 2000: 10; Corey & Corey, 2002: 32; Doyle, 1992: 113).

According to Stewart et al (1996: 170) self-awareness also implies knowledge of past experiences. Before people can properly know themselves as they are today, they need to look at their past. The way people see themselves today is certainly the result of past experiences and influences. The past should be viewed as a learning experience. By looking at the past events, enables people to focus on their weakness and recognize strengths in themselves. The main important point is that people should reinforce (build) those strengths that make them feel good about life. Whenever people feel despondent about themselves, they should recall their strengths hence their ego will be boosted (Stewart et al, 1996: 170).

Knowledge of self allows AIDS orphans to deal more successfully with the life demands. According to Van Niekerk, Van Eeden and Botha (2001: 72) adolescents who are aware

of their strengths and weaknesses (including abilities, aptitudes, values and personality traits) are better able to arrive at realistic and informed career choices than their unformed counterparts. In similar vein, the better they know themselves, the better able they are to develop a philosophy of life, define moral values and in the process pursue a healthy life style. The greater levels of self-awareness, the better able people are to make informed choices.

Topics to be discussed here include: Knowledge of self, strengths and limitations; knowledge of past and personal experiences; as well as personal expectations. The activity to be used is presented below:

- **Activity 4**

Being a teenager means that the body is changing so are the feelings. Learning to understand self can help teenagers cope better with life. This activity is based on self-awareness

- The members of the group are asked to imagine to be looking for friends. To do that they must advertise in a local newspaper. In the advert they are supposed to mention the kind of person they are. The only guide is that they should be honest with themselves.
- Afterwards they are given the opportunity to share their advert with the whole group.
- The group is then asked whether they have enjoyed the activity, and what they have learnt about themselves.
- Finally the facilitator explains the importance of self-awareness.

6.6.1.5 Session five: Coping with stress and emotions

The focus of this session is on coping with stress and emotions. Coping with emotions involves recognizing your emotions and others emotions, being aware of how emotions

influence behavior, and being able to respond to emotions appropriately. Intense emotions, like anger or sorrow can have negative effects on a persons' health if a person does not react appropriately (Brack & Hill, 2000: 10).

There is no one response to AIDS orphans who often observe one or both of their parents succumb to AIDS. The death of a parent is certainly a profound psychological and social crisis for a child, especially when the parent dies from AIDS. These children exhibit emotional and behavioural disturbances. The process of losing parents to HIV/AIDS for the children often includes the pain and the shame of the stigma and the fear that the disease carries in most of the societies. They may personally experience the stigma of AIDS related illness, as they are teased by classmates or ostracised by peers and other parents. 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. The child's suffering is often compounded by being separated from his or her siblings (Avert, 2004: 5; Doka, 1994: 35; UNICEF, 2003: 2; UNICEF, 2004: 1).

In addition the illness and loss of a parent is very traumatic for a child and lack of consistent nurture can have serious developmental effects. Orphaned children are more likely to suffer damage to their emotional development. The emotional suffering of the children usually begins with their parents' distress and progressive illness. This intensifies as HIV/AIDS cause drastic changes in family structure resulting in a heavy economic toll, requiring children to become caretakers and breadwinners (Avert, 2004: 5; Doka, 1994: 40; Chachkes & Jennings, 1994: 80; Hope, 1999: 98; UNICEF, 2003: 2; UNICEF, 2004: 1).

Eventually the children suffer the death of their parent(s) and the emotional trauma that results. This experience can lead to serious psychological problems such as post-traumatic stress syndrome, aggression, alcohol and drug abuse. Many experience anger; guilt; loss and abandonment, fear of death and fear for their futures (UNAIDS, 2004: 3). According to UNICEF (2003: 2) and UNAIDS (2004: 3) depression and alienation become common. Children have also been known to have suicidal ideation after the

death of a parent. This ideation is clearly and identification with the parent who has died from AIDS. The children have to adjust to a new situation, with little or no support at all (UNICEF, 2003: 2).

According to Doka (1994: 38) it is critical that the child have support. Coping and stress-management skills are important since they provide a platform for discussing feelings of sadness, disillusionment, dissatisfaction, alienation, anger, guilt and disbelief. Coping with stress is about recognizing the sources of stress, recognizing how these affect a person, and acting in ways that help to reduce levels of stress (Amanat & Beck, 1994: 258; Baron & Byrne, 2003: 542; WHO, 1997: 2).

Discussions in AIDS orphans life skill programme include the following aspects: Importance of identifying sources of stress, ways of reducing sources of stress (proactive or constructive coping strategies) and ways to solve or ameliorate stressful conditions. The session is based on the assumption that knowledge provides a sense of control, rather than ignorance and the unpredictability.

The activity that will be used in this session is as follows:

- **Activity 5**

Coping with feelings and stress is a challenge that all people face. There are many ways of coping with difficult feelings and stress. Some are constructive whereas others are destructive. The activity is based on ways of coping with stress and the theme is “Thinking Positive”.

- Participants are asked to think about a stressful situation they were once in, and which they would like to cope with better if that situation came up again. They are asked to imagine the situation with eyes closed, and to remain calm.
- They are then asked to think of a time when they did well in that kind of a situation and how good they felt to have coped.

- Finally they are asked to think how they might improve on the way they handled the situation in the future and rehearse this in their mind, before slowly opening their eyes.
- The participants are then introduced to the value of saying positive things to themselves during a stressful situation
- They are encouraged to cope by talking to themselves through a situation by keeping calm and positive, focusing on what is going well, and to praise themselves after the situation for the things they did well however big or small.

6.6.1.6 Session Six: Decision-making skills

According to Geldard and Geldard (1999: 178), Potgieter (2004: 220) as well as Swart (2000: 358-362) the decision-making process involves a systematically working through a series of steps. The focus of this session is helping participants make good decisions by giving them the skills to deal with the present concern, and also to deal effectively with future problems. Stages of decision making include: define the problem, examine the possible choices and the consequences of each choice, select the best choice, act on your decision and evaluate your decision. Young people are made aware that every decision made has consequences, and they must accept the responsibility for the consequences of the decisions made (Tsatsi, 2001: 39). Basically the main thrust of all helping interventions is to assist client to make better choices by developing rational decision-making skills.

The need for effective decision-making is an ongoing process throughout the life span of an individual and it is also something that everyone must do every day. The ability to make good decisions helps to prevent problem conditions. Mastering decision making skills enables young people achieve a sense of control over their lives by making sound and responsible choices (Doyle, 1992: 83; Johnson & Johnson, 2003: 299; Nelson-Jones, 1994: 274; Potgieter, 2004: 224).

This session is based on the assumption that learning the decision-making process helps early adolescent AIDS orphans anticipate problems, minimize the probability of acting impulsively, and lessens the anxiety and tension often associated with crises and indecisiveness. As highlighted in the previous chapters some children live on their own at a young age as result of their parents dying from AIDS. 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 engaging in criminal activity, sexual exploitation, and eventually becoming infected with HIV. Failure to make sound choices results in stress and coping problems for the child.

In helping early adolescent AIDS orphans to make decisions, decision-making skills are vital. Learning to make decisions is an important task of adolescence. It enables adolescents to make good decisions that will help them to establish their identity and independence. Furthermore, it helps them to deal constructively with decisions about their lives. These children become autonomous and are able to resist negative influences around them (Doyle, 1992: 79-80; Couch, Felstehausen & Patsy, 1997: 25; Tsatsi, 2001: 39).

Following is a presentation of the activity that will be used in this session.

- **Activity 6**

Big changes are taking place during adolescence. All teenagers are faced with the challenge of making decisions about the future. Learning decision-making skills can help them make good decisions that will define their future. This activity is based on making decisions step by step and theme is “Choosing right”.

- The participants are asked to explore advantages and disadvantages of different ways of making decisions such as by impulse; procrastinating, by not deciding; by letting others make decision for them; by evaluating all choices then deciding.

- The facilitator then tells the group that the last way – evaluating different aspects of the situation is the best process.
- The decision making process is then presented.
- The group then is allowed to go through the model for example decision-making dilemma in small groups. Then the participants compare how the different groups handled the same dilemma.
- The group is then given the opportunity to evaluate the whole process.

6.6.1.7 Session Seven: Problem-solving skills

A problem is any unsatisfactory or undesirable condition that needs to be corrected. All people experience problems. Problem-solving skills enable people to deal constructively with problems in their lives. Significant problems that are left unresolved can cause mental stress and give rise to accompanying physical strain. Problem solving is described as a step-by-step method of dealing with problems by following a formal reasoning process. In this process, problems are identified and a series of decisions are made to improve the situation (Hepworth & Larsen, 1993: 446; Potgieter, 2004: 220-222; Swart, 2000: 356).

This session is based on the assumption that without adequate information, people tend to go for quick solutions that address the symptoms rather the real issue. According to Webb (1996: 4) like all children, AIDS orphans need to acquire the cultural values and behavioural norms necessary for their integration into society. But because of lack of supervision, neglect from relatives and community may result in early marriage especially for girls, child prostitution to meet basic needs and drug as well as alcohol abuse. Kalumba (1997: 6) notes that these children respond more to peer pressure to turn into delinquent behaviour for survival. It is therefore of utmost importance early adolescent AIDS should be taught problem solving skills. According to Potgieter (2004: 224) knowledge of the problem-solving skills does not guarantee a life free from problems, but it offers people the chance to face life concerns directly and openly while it also alleviates many negative consequences.

The focus of the session is on the problem-solving process which includes the following: Identifying the problem and establishing goals; generating alternative solutions; choosing the best alternative; developing a plan; implementation; and follow up to evaluate how the solution(s) worked. Mastering the process requires persistence and determination and the willingness to repeat and practice until mastery is achieved.

The activity to be used in this session is highlighted below:

- **Activity 7**

No matter how good a relationship is, it will run into difficulties from time to time. The lesson is based on problem solving with activities designed to help participants work through each step. The theme of the activity is – ‘solving problems fair’

- Participants are asked to work in a group of two.
- They are then asked to choose any problem they know of that needs to be solved.
- They are advised to use ideas from the problem solving process discussed in the session to solve the problem.

6.6.1.8 Session Eight: Conflict-Management skills

Conflict is part of life of all systems. It is both natural and inevitable in interpersonal relationships. The closer the ties between people, and the more frequent their contact, the greater the chances of getting irritable and annoyed with one another. Conflict exists in a relationship when parties believe that their aspirations cannot be achieved simultaneously, or perceives a divergence in their values, needs and interests. Members of a system cannot come to an agreement about the events, rules, goals, behaviors, task performances or the decision making that affect their lives together. Therefore, they employ their power in an effort to defeat change each other to protect or further their

interests in the interaction. However, because there is conflict, it does not necessarily mean that the relationship is doomed; if positively managed conflict can produce remarkably positive results (Anstey, 2002: 6; Clearly, 2004: 51; Potgieter, 2004: 233).

From the above it becomes clear that no one is immune to conflict. When people cannot reach some sort of reconciliatory arrangement on how to deal with a particular situation further tension and conflict may result into violence. Violence may include destructive behaviour such as the use of great physical force or intimidation, which at times is unlawfully exercised (Bezuidenhout & Dietrich, 2004: 72). Therefore the importance of conflict-management skills cannot be overemphasized. This is true for AIDS orphans who are likely to engage in antisocial activities because of peer pressure.

This session covers the following aspects: sources of conflict; constructive and destructive conflict and strategies of managing conflict. The activity to be used in this session is described below:

- **Activity 8**

Everybody argues sometimes, and in a good relationship both partners try to solve their conflicts peacefully. The activity is based on conflict management.

- The group is asked to think about important ways of solving a conflict. It can be with a friend, family member or neighbour.
- They then discuss advantages of making use of such means.
- The group is asked to rate how satisfied they are with the different ways of resolving a conflict
- Conclude the activity by writing out a summary statement about the importance of resolving conflict.

6.6.1.9 Session Nine: Critical and creative thinking skills

The focus of this session is both on critical thinking and creative thinking. According to Brack and Hill (2000: 10) critical thinking skills are abilities to analyze information and experiences in an objective manner. Thinking skills can help people to think before they act (Nelson-Jones, 1994: 248). Creative thinking on the other hand involves divergent thinking, flexibility, originality, the consideration of remote possibilities and the ability to consider a variety of solutions to the same problem. The ability to be spontaneously creative, approaching situation with fresh ideas is important to adolescents. Creative thinking helps them to respond adaptively and with flexibility to the situations of their daily lives (Brack & Hill, 2000: 9-10; Geldard & Geldard, 1999: 6).

This session is based on the notion that early adolescent AIDS orphans need to develop the ability to think logically and to use their capacity for logical thinking to make judgments and decisions for themselves. Knowledge and application of critical and creative thinking skills will empower AIDS orphans towards growth and development. To make these skills a permanent part of the learner's lifestyle requires that these skills be incorporated into problem-solving, decision-making and interpersonal skills (Hoelson & Van Schalkwyk, 2001: 254).

Aspects that are covered in this session include: the importance of owning responsibility for choosing; using coping self-talk; choosing realistic personal rules; explaining cause accurately; predict realistically; assessing threats and dangers accurately; setting realistic goals; using visualizing skills; realistic decision-making; preventing and managing problems.

- **Activity**

The theme of the activity is “Do your own think”

- The facilitator provides examples which contrast critical thinking.
- The facilitator then introduces the critical thinking steps.
- The facilitator then uses one of the examples given earlier to go through the critical thinking steps.
- Then the participants work in pairs to show their use of critical thinking steps.
- Thereafter the facilitator asks the participants to consider why it is so important to understand and use critical thinking in making decisions and to think about areas in their lives when these skills can be applied.

6.6.1.10 Session Ten: Maintaining a healthy life style

The focus here is to maintain a healthy life style. Attention is given to those matters, which are important to maintain and develop a healthy body such as nutrition, rest, constructive leisure time activities and safe living in general. In this regard teenagers need basic knowledge and insight of substances and circumstances, which can and will harm the normal functioning of the body and retard development. The more important destructive factors that are identified as those that need special attention are amongst others substance abuse, child abuse, illness and disease with emphasis on HIV/AIDS.

The extraordinary challenge and difficulties that these 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. Maintaining a healthy life style is important for all people, but particularly for young people. A healthy productive generation of adolescents today will ensure that South Africa has the healthy generation of adults needed in the 21st century.

- **Activity 10**

Many people are destroyed because of lack of knowledge. When you don't know, it is easy to get fooled with wrong information or to make choices that you regret later. The activity is based on healthy living and the theme is "Thinking wisely".

- The group is asked to think about behaviour that reflects healthy living. As a group they then decide ten rules of healthy living.
- The group is encouraged to stick to rules of healthy living and are encouraged that although it is not easy to change the way we behave, practice make perfect and now it is a good time to start.

In the following section preparation for a life skill lesson is discussed:

6.7 PLANNING FOR A LIFE SKILL LESSON

Planning include identifying the target, developing a code of conduct for life skills lessons, preparing activities, the researcher's role and thinking about how learning will be assessed.

6.7.1 Defining the target group

As highlighted in the first chapter (Chapter 1, page 42) the target group is:

- Population: AIDS orphans who have lost parent/s to AIDS;
- Development phase: Early adolescence (11-14 years old);
- Permanent residence: North West Province (Mafikeng and Rustenburg);
- Population group: Black;
- Language: Fluent in Setswana.

6.7.2 A code of conduct for the life skills class

It is important that there are agreed upon rules of behaviour. Everyone needs to feel respected and comfortable to participate in the group. Before the programme starts, the facilitator and participants will draw up a code of conduct or a set of rules for behaviour

within the group. The facilitator will then write the rules on the board or as a poster to put up on the walls. There should be rules for both the facilitator and the participants.

6.7.3 Activities

It is important to introduce or to end the life skill course by using activities. The activities are a good way to break the ice and get to know the participants better and they provide opportunities for participants to learn, practice and demonstrate a range of knowledge and skills.

Hoelson and Van Schalkwyk (2001: 255) note that learners can be encouraged to engage in the following activities in any life skill programme:

- **Introduction:** Participants each receive a nametag and are encouraged to introduce themselves to the group stating their name, age, affiliation, and some unique identifying aspect about themselves. The identifying aspect could be a favourite activity, an animal or object in nature they identify with or a key role they perceive for themselves.
- **Group rules:** Participants take turns listing rules of behaviour they would like to see implemented in the group and briefly explaining the consequences of the rule for the group process.
- **Group picture:** On a large piece of paper using markers, each member participates in making a picture of the group. Participants need to decide on a theme and assign each other roles for completing the picture. This process introduces the participants to the idea of negotiation and it promotes bonding.

6.7.4 The researcher's role

Schilling (1977) as mentioned by De Vos (2002: 396) sees an intervention as an action undertaken by a social worker or other helping agent, usually in concert with a client or other affected party, to enhance or maintain the functioning and well-being of an individual, family, group, community or population. The researcher's roles are therefore identified as a contributing partner, knowledge creator and disseminator in this study.

6.7.5 Assessment

An important point about this programme is that a facilitator needs to think about what they want participants to achieve. The facilitators will assess participants through questioning at the end of the programme.

The researcher will utilise a self-constructed group administered questionnaire to collect quantitative data before and after implementation of the life skills programme (pretest and posttest).

6.8 MINIMUM CRITERIA FOR IMPLEMENTING AIDS ORPHANS LIFE SKILLS PROGRAMME

The criterion to be used is as follows:

- The teaching of life skills requires a learning environment in which the facilitator can organise active and experiential learning activities.
- The life skills teaching should have continuity and sequence over time, i.e. life skills lessons should, to some extent, relate to and build upon previous lessons.
- The facilitator should be sensitive to the capabilities and understanding of those taking part in life skills programme, and be able to adapt life skills lessons accordingly.

- The life skills activities should ideally, be led by a facilitator.

6.9 CONCLUSION

In brief, the reviewed chapter suggests the planning and design of a comprehensive AIDS orphans life skills programme, for early-adolescent AIDS orphans (11 – 14 years old) in North-West Province. The underlying rationale of the programme is based on the notion that the absence of basic knowledge and life skills contribute to the vulnerability and exploitation of people, especially young people with regard to social and health problems. AIDS orphans life skills programme empowers children to make good rather than bad choices in life.

In Chapter 6 the empirical findings and research results with regard to (a) the qualitative data (interviews with AIDS orphans, social workers and caregivers on the socio-emotional needs of AIDS orphans) and (b) quantitative data (the implementation and evaluation of the developed life skills programme) will be given.