- CHAPTER 1 -

GENERAL INTRODUCTION

1.1   INTRODUCTION

HIV/AIDS is currently an epidemic disease that has become a global problem and has profound social, economic and demographic effects. As the world enters the third decade of the AIDS epidemic, the evidence of its impact is undeniable. According to estimates from the AIDS Epidemic Update (2004: 1), 37.2 million adults and 2.2 million children were living with HIV at the end of 2004. During 2004, some 4.9 million people became infected with HIV and the year also saw 3.1 million deaths from AIDS – a high global total since AIDS was discovered (Avert, 2005: 1).

Around half of the people who acquire HIV become infected before they turn 25 and typically die before their 35th birthday (Avert, 2005: 1; Whiteside & Sunter, 2000: 37).   This age factor makes AIDS uniquely threatening to children. The impact of HIV/AIDS on children is seen most dramatically in the wave of AIDS orphans that has now grown to 15 million worldwide (UNICEF, 2005: 3). The AIDS pandemic has developed new family structures across the globe, especially in Africa where many children have lost a mother or father or in some cases both parents to AIDS. By the end of 2004, the epidemic left behind 15 million AIDS orphans worldwide (AIDS Epidemic Update: 2004: 3; Avert, 2005: 1).

According to Africa's Child (2005: 1), Frost (2005: 1), Robbins (2004: 1) and The Report on the Global AIDS Epidemic (2004: 1) the worst orphan crisis is in sub-Saharan Africa, where 12 million children have lost one or both parents to AIDS. These numbers are projected to increase since millions more children currently live with sick and dying parents. By 2010, this number is expected to climb to more than 18 million. By the end of this decade it would take 80, 000 orphanages, holding 500 orphans each, just to house the children orphaned by AIDS (Network for Good, 2002: 1).

In South Africa it is estimated that one in five young South Africans is HIV positive (UN International Regional Information Network, 2005: 1).   According to UNAIDS figures released in July 2004, about 5.3 million HIV positive people live in South Africa with a possible range of between 4.4 million and 6.2 million (Medical News Today, 2005: 1). Forty-four per cent of deaths in South Africa last year (2004) were caused by HIV/AIDS according to projections from the country's Medical Research Council (World Bank, 2005: 1). In addition, the Medical Research Council stated that the number of people dying of AIDS-related illnesses in South Africa is at least three times the number suggested by official figures (AIDS Journal, 2005 in Business Africa, 2005: 1).

Particularly disturbing are indications of progressive increase of HIV infection in South Africa. The World Health organisation predicts that seven million South Africans will have died of HIV/AIDS-related illnesses within the next five years (Bridgland, 2003:1). This will produce a large number of children orphaned by AIDS. AIDS orphans are thus expected to rise in this country. For example, Avert (2005: 1) and UNAIDS (2004: 1) estimate that in 2010, there will be 1.5 million children orphaned as a result of AIDS in South Africa alone.

The present reality of the increase in mortality rate as a result of HIV/AIDS presents a growing problem in South Africa. Government is facing the challenge of dealing with those debilitated by HIV/AIDS and the numbers of AIDS orphans. The shrinking resources and rather unstable socio-economic climate in South Africa highlights the urgency of a comprehensive life-skills programme for early adolescent AIDS orphans. The pandemic has caused the collapse of the extended family and the loss of knowledge traditions that usually passed on to children by their parents. Additionally, children in such situations grow under impoverished conditions, are abused, exploited, stigmatised and have poor self-esteem. The consequence of this is that AIDS orphans are often socially isolated and deprived of basic social services such as education. Most will grow up without adequate parental supervision, guidance, and discipline (Bartholet, 2000: 13; Deame, 2001: 1-2; Frost, 2005: 1; Tjaranda, 2005: 1; UNICEF, 2005: 3; Report on the Global AIDS Epidemic, 2004: 5; Van Dyk, 2001: 334).

According to research conducted by UN Integrated Regional Information Network (2005: 2) a lack of information about the disease, low levels self-esteem and the loss of family members prompted risk-taking behaviours amongst the youth. Furthermore, Anderson and Okoro (2000:25) note that there is a growing recognition that with changes in many families and lifestyles many young people are not sufficiently equipped with life skills to help them deal with increased demands and stresses they experience. A Human Sciences Research Council study into the needs of children in child-headed household found in December 2002, that these children lacked not only the basics like food, clothing and shelter, but also the guidance, support and love generally offered by parents (Garson, 2003: 1).   Prof Arvin Bhana, director of the HSRC Child, Youth and Family Development Unit mentions that it is important to reach children early, when they are still young to prevent them from becoming a risk group (UN Integrated Regional Information Network, 2005: 1).

Children are often ignored in development processes and interventions (Eade, 2000: 60). WHO (1997: 16) describes early adolescents as a group of children that seem to be most vulnerable to behaviour–related health problems. They seem to lack the support required to acquire and reinforce life skills. As these problems are becoming more serious, it has become necessary to find new ways of preventing them. To safeguard people against the onslaught of health and social pathologies, focus should be on efforts to internalise accepted life style or to change the life styles of people (Anderson & Okoro, 2000: 36).

According to WHO (1997: 2) life skills education is a comprehensive educational system, which promotes abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday 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." It is therefore clear that this study will fit in the developmental paradigm of social work. For this study life skills include all those skills that will enable AIDS orphans to maximise their choices, to enhance their personal well-being and to improve their quality of life. The basis of this programme is that early adolescents get assistance in taking charge of their own future instead of being a drain on the community. They are empowered to handle their future, improve their livelihoods and become able agents of their own change. The importance of

adequate socialisation of life skills during early adolescent years cannot be overemphasised. During these years the adolescent should be equipped with life skills that will stand him or her in good stead for the rest of his or her life.

1.2   <u>RATIONALE FOR THE STUDY</u>

The rationale for undertaking research should be honourable and professional. Anderson (2003: 3) notes that the research should not be taken for personal gain such as prestige or receiving research funds but it must be done and motivated to help people as part of the social worker's professional service.

The researcher has chosen to study this particular topic following the concern over the reported statistics on HIV infection and increasing number of AIDS orphans in South Africa. According to Nicholas, Grassly and Timeaus (2002: 1) the death of large numbers of young and middle-aged adults from AIDS produces a parallel rise in the number of orphaned children. South Africa presently has a high proportion of orphans due to history of displacement and poverty. With escalating statistics of AIDS orphans and the youth's vulnerability and risk proneness with regard to being infected with HIV/AIDS themselves the need for this study is highlighted. This fact, as well as the present rather unstable socio-economic climate in South Africa creates a great pressure for cost-effective innovative positive preventive educational programmes for people especially the youth (Anderson & Okoro, 2000: 3).

Another reason for the choice of study is that the research is inspired by real life experiences. The researcher has had first hand experience with the effects brought about by HIV/AIDS. Knowing close and personal (blood) orphans create great pressure for the researcher to develop, implement and evaluate a life skills programme specifically for AIDS orphans. This study is a concrete investment in the lives of AIDS orphans as they are part of the major proportion (the youth) of the South African population and represent the future.

Further, motivation of the study is the limited extend of South African based research regarding the needs of AIDS orphans. The research will enable the researcher to

develop relevant local literature for the South African nation in general. Literature that is home-grown will lead to more realistic planning and understanding of AIDS orphans in the context of the South African environment.

There is social policy implication with the rise in the number of children orphaned by AIDS. Thus, there is a need to study the AIDS orphan's situation in Africa so as to come up with a clear picture of their survival and coping strategies.   The consideration of their situation will help in coming up with other possible solutions to address their needs.

Lastly the very nature of professional Social Work requires that the researcher undertake research, gathering data that can help answer questions about various aspects of society. Through this research the knowledge base of Social Work can be extended and a basis provided for future or further study.

1.3 PROBLEM FORMULATION

The initial phase of any research project involves transforming an interesting research idea into a feasible, researchable research problem (Mouton, 2001: 48). This phase of research is known as problem formulation. According to Bless and Higson-Smith (2000: 26) the formulation of a problem introduces the necessity of identifying clearly all the concepts used and determining the variables and their relationship. Without an identified research problem important enough to investigate, there would be no need to conduct research. Furthermore, Terre Blanche and Durrheim (1999:18) note that to be practical the identified research problem has to be clearly stated with explicit parameters.

Whiteside and Sunter (2000: 95) note that South Africa's population is young; 54 per cent are below 25 years of age. As already mentioned AIDS primarily kills young and middle aged adults during their productive years. The death of a large number of young and middle-aged adults from AIDS is producing a parallel rise in the number of orphaned children. This age factor makes AIDS uniquely threatening to the bringing-

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up of children. The death of the most economically active people implies that many children are being left orphaned and homeless as HIV/AIDS sweeps this age group.

According to Viva Network (The AIDS Topical Forum Effects, 2003: 1), every 50 seconds a child becomes infected with HIV and another dies from an AIDS related illness worldwide. More than 1600 children are infected with HIV everyday and 1.4 million children are living with HIV/AIDS. In 2004, an estimated 640, 000 children aged 14 or younger became infected with HIV and in 2003 over 90% of newly infected children were babies born to HIV positive women (Avert, 2005: 1). By the end of 2004 an estimated 15 million children – around 80% of these orphans in Africa – lost their mother or both parents to AIDS. As already highlighted it is estimated that in 2010, there will be 1.5 million children orphaned as a result of AIDS in South Africa alone (Avert, 2005: 1; UNAIDS, 2004: 1; UNICEF, 2005: 2).

According to a Report on the Global AIDS Epidemic published by UNAIDS (2004: 1) at the end of 2003, there were, for example, an estimated 1.8 million orphans living in Nigeria, 650,000 in Kenya and 980,000 in Zimbabwe. These numbers will increase as the epidemic develops. It has been estimated that the number of children orphaned by AIDS will rise dramatically in the next 10-20 years, especially in Southern Africa. This implies that the number of AIDS orphans will rise dramatically over the coming years.

The consequences of the escalation of AIDS orphans are serious for the children and society at large. Children orphaned by AIDS have been shown to be more vulnerable than children orphaned in other ways. The death of parents means the child is likely to suffer from: loss of family and identity, psychological distress, increased malnutrition, illness and loss of health care, increased for labour, fewer opportunities for schooling and education, loss of inheritance, forced migration, homelessness, vagrancy, starvation and exposure to HIV infection (Avert, 2005: 1; Robbins, 2004: 2; UNAIDS, 2004: 5).

According to Van Dyk (2001: 334) after the parents' death, children often lose their rights to the family land or house. Relatives move in and often exploit the children by taking possession of their property and by not providing any support for them.

Because these children no longer have access to education, and because they lack work skills and family support of any kind, they often end up living on the streets. Some studies have shown that death rates among AIDS orphans are 2.5 to 3.5 times higher than those for non-orphans (HIV Infant Care Programme, 2000: 1).

If the child is not directly infected with AIDS the infection of a parent can be equally as devastating. The loss of a parent is hard enough for any child to bear, but this damage is made worse if the bread- winner dies. The family is left with no form of income or outside support. This leads to many children taking on the role of adults because a generation has disappeared. Many are growing old before their years, looking after younger siblings, working to earn money and sometimes living on the streets, assuming responsibilities that no child should have to deal with (Tracey, 2005: 2; UNAIDS, 2004: 5; UNICEF, 2005: 2). According to Frost (2005: 1) and Viva Network (The Topical Forum Effects, 2003: 2) already there are households headed by children as young as 9 years old. With a disrupted or non-existent education, children have very little chance of earning money.

These children can't go through normal development. According to Bosely (2002: 1) the very fabric of society is disappearing and family structures are crumbling as a result of AIDS. HIV/AIDS has caused orphans crises. In some societies the stigma of AIDS is so intense that parents can make little preparation for their children's futures. Mothers are reluctant to seek out someone else to look after their children even members of their own family, if it means revealing she has HIV. Children also have to cope with the stigma of their parents having died of AIDS and the suspicion that they may be HIV positive themselves. They often bear the brunt of discrimination and ostracisation from the community because of the stigma and are vulnerable to harassment, violence and sexual abuse (Garson, 2003: 1; UNAIDS, 2004: 5).

The traditional pattern of caring for orphans in many societies is for the children to be taken into the families of relatives (Hubley, 1995: 76; UNAIDS, 2004: 3). However, as the AIDS epidemic develops, families can find it increasingly difficult to take in orphans unless help is provided (Robbins, 2004: 2; UNAIDS, 2004: 3; Van Dyk, 2001: 334-335). Many African governments simply cannot cope. Their health budgets are eaten up by adults dying of AIDS, and lack the infrastructure and

resources to care for millions of children. And there are many more AIDS orphans on the way. South Africa which is one of the countries with the highest number of people living with HIV in the world will have to cope with a large number of children orphaned by AIDS by the end of the decade.

According to Whiteside and Sunter (2000: 80) South Africa currently has a high proportion of children who are not continuously cared for by either parent or relatives. This is due to the history of poverty, apartheid and the migrant labour system. The epidemic inserts itself into this already fragile family environment, and one of its worst consequences is the creation of AIDS orphans. With increasing number of children orphaned by AIDS an urgent action is needed to tackle the escalating crises.

Suffice is to say that many health and social problems are constantly on the increase in South Africa. According to Anderson and Okoro (2000: 1) measures to combat these problems (e.g. AIDS education programmes, awareness programmes, community as well as residential care) have proved unsuccessful. Possible reasons for the failure of programmes are amongst the others the following: the tendency to mainly concentrate on curative and rehabilitative measures instead of primary preventive efforts, concentration on short-term programmes hoping for miracle results. What is not realised is that social and health pathologies are the consequence of a specific life style, which demands a more holistic approach. The mode of living is influenced by factors such as culture, values, and socialization.

Therefore, whatever the nature of the problem, it is the product of a specific life-style that causes concern.   Absence of basic knowledge and life skills contribute to the vulnerability and exploitation of AIDS orphans. Anderson and Okoro (2000: 2) note that the only solution will be to purposefully employ a continuous positive preventive approach in order to stabilize or change the life-styles of the youth.

Life skills teaching promote the learning of abilities that contribute to positive health behaviour, positive interpersonal relationships and mental well-being. According to Anderson and Okoro (2000: 26) life skills to adolescents also include prevention of drug abuse, child abuse, infection with HIV and teenage pregnancy. Furthermore, this

learning should occur at a young age, before negative patterns of behaviour have been established.

According to WHO (1997: 16) life skills can be developed for all ages of children and adolescents. Experience gained in other countries where life skills programmes have been successfully developed and implemented suggests 6-16 years as an important age ranging for life skills learning. Pre adolescent and 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.

A life Skills education programme increases children's knowledge of the systems and structures of the body and focuses on its wonder and beauty as a human machine (Anderson & Okoro, 2000: 7).   It focuses on coping skills, self-awareness, interpersonal relationship skills, refusal skill etc. to help children to say "No" to another person and walk away unscathed and with dignity. Furthermore, such programmes examine friendships, for children to identify both positive and negative influences of friends and the importance of making decisions independently.

Effective acquisition, and application of life skills can influence the way people feel about themselves and others, and equally will influence the way they are perceived by others.   Life skills contribute to a person's perceptions of self-efficacy, self-confidence and self esteem (WHO, 1997: 16-17). Life skills therefore play an important role in the promotion of mental well-being. The promotion of mental well-being contributes to people's motivation to look after themselves and others, hence the prevention of health and behaviour problems.

Life skills programmes are viewed as important to AIDS orphans. These children in most cases live without basic human rights and dignity (Van Dyk, 2001: 335). Furthermore, these children have gone through a traumatic experience of watching their parents succumb to the disease. As already mentioned, their loss is exacerbated by prejudice and social exclusion. The ability of life skills programmes to assist AIDS orphans to cope is seen as critical.

Presently, in South Africa, the Department of Education has taken more interest in promoting life skills. As early as 1995, a policy framework for education and training set the trend that all forms of education should include the teaching of generic life skills in schools (Brack, 2000: 16). Although the teaching of generic life skills has been incorporated in the education system of this country there are many children such as school-drop outs, orphans and street children who can not be reached by the formal educational system (Van Dyk, 2001: 9). In this regard it is also important to note at this stage it seems that there are also no life skills programmes specifically designed for AIDS orphans in this country.

According to Hepworth and Larsen (1993: 454) children who are deprived of life skills experience a variety of personal and interpersonal difficulties. Deficiencies in life skills contribute to low self-esteem, loneliness and strained relationships. This condition also handicaps the development of satisfying interpersonal relationships as well as the effectiveness of role performance. Based on what has been mentioned it is clear that there is a need for life-skills programmes for AIDS orphans. Education and information are fundamental human rights, and young people may not be denied the basic information and skills they need to protect themselves. The point of departure is based on efforts to internalise an accepted life-style (primary prevention) or to change the life-styles of people. Consequently the focus of this study was directed at the development and empirical testing of a life skills programme for AIDS orphans.

1.4   GOAL AND OBJECTIVES OF THE STUDY

1.4.1   GOAL

According to Fouché (2002: 107) the term goal, aim and purpose are often used interchangeably. The term implies "an end toward which effort or ambition is directed" (Webster's third international dictionary, 1993). Terre Blanche and Durrheim (1999: 55) also state that the research aims should be brief and concrete.

> **The broad aim of this study is to develop and empirically test the effectiveness of a life-skills programme for early adolescent AIDS orphans.**

1.4.2 <u>OBJECTIVES</u>

Anderson (2003: 13) states that sensible and successful implementation of the research findings can only take place in terms of clearly defined objectives. They enable the researcher to establish the specific type of data to be collected and the hypothesis to be investigated. The objectives of a research study therefore serve as guidelines to the research collection of data. The objectives of the proposed study are:

a) 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;

b) To explore and identify the nature and prevalence of socio-emotional needs and problems of early adolescent AIDS orphans;

c) To explore and identify the life skills which AIDS orphans, in their early adolescent phase need to improve their coping capabilities;

d) To develop a life-skills programme for early adolescent AIDS orphans;

e) To empirically test the effectiveness of the developed life skills programme for early adolescent AIDS orphans; and

f) To suggest practical recommendations for further utilisation of the newly developed life skills programme for early adolescent AIDS orphans.

1.5 <u>RESEARCH QUESTIONS AND HYPOTHESIS</u>

According to Fouché (2002: 106) it is important to formulate a research question when a study is qualitative and a hypothesis when a study is quantitative. Reid and Smith as quoted by De Vos (1998: 116) note that often in social work research, not enough is known about a phenomenon to be studied to justify the formulation of a

hypothesis. What is more, there may not even be sufficient knowledge to identify and define relevant variables. Before a hypothesis can thus be formulated and tested, it may be necessary to explore and describe the phenomenon of interest.

The focus of this research study was two-folded using a combination of quantitative and qualitative methods. The first phase of the study was qualitative and explorative in nature. The aim of the researcher was to have a broader understanding of the phenomenon HIV/AIDS, the socio-emotional needs and problems of and life skills needed by early adolescent AIDS orphans in South Africa. The focus of the second phase was to develop a life skills programme for early adolescent AIDS orphans, based on the information collected in the first phase of the study and then to empirically test the effectiveness of the newly developed life skills programme.

1.5.1 <u>RESEARCH QUESTIONS</u>

Research questions are a set of defined questions that a researcher wants to explore, setting priorities and focuses of attention, thus excluding a range of unstudied topics. Research questions direct the literature review, the framework of study, data collection and the analysis (Potter, 2002: 46). According to Morse (1994: 226) the wording of the question determines the focus and scope of study.

Based on the fact that the first part of the study was qualitative and explorative in nature. It was guided by the following research questions:

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

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

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The researcher continued by moving from this exploratory part of the study, organised around the above-mentioned research questions, to more definite, hypothesis-testing research (i.e. the second phase of the research study).

1.5.2   <u>HYPOTHESIS</u>

Anderson (2003: 14) describes a hypothesis as a statement about the relationship between two variables, which implies that its truth can be tested. It attempts to explain or to predict a phenomenon. Babbie and Mouton (2001: 643) as well as Mouton and Marais (1990: 137) define the term hypothesis as statement that specifies an assumed relationship between two or more phenomena or variables. According to Bailey (1987: 41) and Potter (2002: 50) a hypothesis is a preposition that is tested in testable terms and predicts the relation between two or more variables. It provides the researcher with a guide as to how the original hunch might be tested. This simply means that a hypothesis is a tentative and testable statement that predicts what we expect to find about the way variables are related. Bless and Higson-Smith (2000: 33) note that when a hypothesis is not supported by empirical evidence it should be rejected.

The study therefore adopted the following hypothesis:

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

1.6   <u>RESEARCH APPROACH</u>

According to Fouché and Delport (2002: 78) there are two main recognised research approaches, namely the quantitative approach and the qualitative approach. In his attempt to differentiate between quantitative and qualitative approaches Dabs (1982) as quoted by Berg (2001: 2) indicates that the notion of quality is essential to the nature of things. It refers to the what, how, when and where of a thing – its essence.

On the other hand, quantity is elementally an amount of something. Qualitative research thus refers to the meanings, concepts, definitions, characteristics, metaphors, symbols and descriptions of things. The primary goal of qualitative studies is to describe and understand human behaviour (Babbie & Mouton, 2001: 270).   In contrast, quantitative research refers to counts and measures of things.   The quantitative researcher believes that the best way of measuring the properties of phenomena is through assigning numbers to the perceived qualities of things (Babbie & Mouton, 2001: 49).

Fouché and Delport (2002: 78) state that the quantitative approach is based on positivism, which takes scientific explanation to be nomothetic (i.e. based on universal laws). It is aimed at measuring the social world, to test hypothesis and to predict and control social behaviour. It relies strongly on measurement to compare different variables (Bless & Higson-Smith, 2000:37). In contrast the qualitative approach is anti-positivistic, meaning that it is interpretative, is idiographic and holistic in nature. It is aimed at understanding social life and the meaning that people attach to everyday life (Fouché & Delport, 2002: 78). In other words, qualitative research uses qualifying words or descriptions to record aspects of the world.

Fouché and Delport (2002: 81) mention that most authors prefer using a combination of quantitative and qualitative research approaches. Creswell (1994) as mentioned by De Vos (2002: 364) states that using both paradigms in a single study could be expensive, time-consuming and lengthy. However, Mouton and Marais (1990: 169) are of the opinion that the phenomena that are investigated in the social sciences are so enmeshed that a single approach can most certainly not succeed in encompassing human beings in their full complexity. According to De Vos (2002: 364) by adopting the point of view of convergence and complementarity's the researcher might be in a position to understand more about the human nature and social reality. Based on the complexity of the problem, for this study, the combined qualitative-and quantitative approach was selected.

According to Creswell (1994) as mentioned by De Vos (2002: 365-366) there are three models of combining qualitative and quantitative approaches namely, the two-phase model, the dominant-less-dominant model and the mixed methodology design

model. For this study the two-phase model was used. The researcher commenced with a qualitative phase of the study then followed by a quantitative phase of the study. She undertook a qualitative study to gain a holistic understanding of the phenomenon HIV/AIDS, the socio-emotional needs and problems of and life skills needed by early adolescent AIDS orphans. She then proceeded to the second phase where she primarily developed a life-skill programme for early adolescent AIDS orphans based on the information collected in the first phase of the study, and empirically test the effectiveness of the newly developed programme.

The two-phase model was used because it was necessary to first explore qualitatively the phenomenon of AIDS orphans in more depth. The specific nature of their socio-emotional needs and problems has not been fully documented.   The qualitative phase of the study enabled the researcher to come up with comprehensive information for the second phase namely to create and test quantitatively an innovative life skill programme targeting early adolescent AIDS orphans.

1.7   TYPE OF RESEARCH

In the context of applied research the type of research conducted in this study was **intervention research.**

Rothman and Thomas (1994: 4) describe intervention research as an integrative perspective for human service research. De Vos (2002: 396) defines intervention research as "studies carried out for the purpose of conceiving, creating and testing innovative human services approaches to prevent or ameliorate problems, or to maintain quality of life." The new Dictionary of Social Work (1995: 35) defines intervention research as "Research directed at the establishment of procedures for designing, testing, evaluating and refining techniques and instruments with a view to intervention in social problems in communities and groups." According to Babbie and Mouton (2001: 88) these interventions are programmatic in nature are structured in such a way that their successful implementation would lead to clearly identifiable outcomes and benefits. Typically this would include various kinds of courses and programmes: training, educational, awareness and skill development.

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1.7.1   TYPE OF INTERVENTION RESEARCH

According to Rothman and Thomas (1994: 4) there are three types of intervention research i.e.

- ➢ Empirical research to extend knowledge of human behaviour relating to human service intervention (referred to as Intervention Knowledge Development – KD);

- ➢ The means by which findings from intervention knowledge development research may be linked to and utilised in practical application (referred to as Intervention Knowledge Utilisation – KU); and

- ➢ Research directed towards developing innovative intervention (referred to as Intervention Design and Development – D&D).

In the light of the study's focus, it is clear that the type of intervention research relevant for this study was Intervention Design and Development (D&D). This type of research was relevant for this particular study because it is a problem-solving process seeking an effective intervention programme for the promotion of life skills for early adolescent AIDS orphans. In view of the fact that the AIDS orphan situation is a crises for the whole nation innovative preventative positive educational programmes for children orphaned by AIDS are pivotal. According to WHO (1997: 15) the promotion of mental well-being contributes to the adolescents' motivation to look after themselves and others. The prevention of mental disorders and the prevention of health and behaviour problems are essential.

1.7.2   THE PROCESS OF INTERVENTION RESEARCH

According to Rothman and Thomas (1994: 9) there are six main phases in the Intervention Design and Development Model namely:

- ➢ Problem analysis and project planning;
- ➢ Information gathering and synthesis;
- ➢ Design;
- ➢ Early development and pilot testing;
- ➢ Evaluation and advanced development; and
- ➢ Dissemination.

Each of the above-mentioned phases comprises a series of steps. It is important to mention at this stage that although performed in a stepwise sequence, some or many of the activities associated with each phase will continue after the introduction of the next phase. According to Rothman and Thomas (1994: 9) there is sometimes looping back to earlier phases, as difficulties are encountered or new information is obtained.

A detailed explanation of the Intervention Design and Development Model according to the different phases and steps, as proposed for application in this study is presented in the following paragraphs.

1.7.3   APPLICATION OF THE INTERVENTION DESIGN AND DEVELOPMENT MODEL IN THIS STUDY

1.7.3.1   PROBLEM ANALYSIS AND PROJECT PLANNING

According to Fawcett, Suarez-Balcazar, White, Paine, Blanchard and Embree in Rothman and Thomas (1994: 28) this phase comprises of the following steps:

- ➢ Identifying and involving clients;
- ➢ Gaining entry to and cooperation from settings;
- ➢ Identifying concerns of the population;
- ➢ Analysing identified concerns; and
- ➢ Setting goals and objectives.

- **IDENTIFYING AND INVOLVING CLIENTS**

This step involves choosing a population with whom to collaborate. According to Fawcett et al. (1994: 28-30) research that addresses the critical strengths and problems of important constituencies has a greater chance of receiving support from the target population, professional community and general public. Key informants in this study included AIDS orphans, caregivers and social workers. AIDS orphans were respondents in the first and second phase of the study and other abovementioned key informants were used as experts in the first phase of the study.

- **GAINING ENTRY AND CO-OPERATION FROM SETTINGS**

De Vos (2002: 399) notes that key informants can assist researchers to gain access to a particular setting. Initial contacts were made with primary and secondary schools, social workers and social welfare agencies explaining the purpose and process of the research. By working together with those who can facilitate access to the respondents the researcher gained the cooperation and support necessary to conduct the research. These contacts enabled the researcher to identify possible respondents i.e. AIDS orphans.

The following activities were undertaken:

- ➤ A written letter of approval from the Department of Education in the North-West Province was obtained. (See Appendix 1). Accordingly two schools were supportive and accommodating to the study.

- ➤ A written letter of approval from the Department of Social Services, Arts, Sports and Culture was obtained (See Appendix 2). Accordingly social workers in various welfare offices were supportive and participated in the first part of the research. The social workers also helped in identifying caregivers who participated in the study.

- **INDENTIFYING CONCERNS OF THE POPULATION**

According to De Vos (2002: 402) once they have access to the setting; applied researchers must attempt to understand the issues of importance to the population. To understand issues of importance in the first phase of the study (qualitative phase) ad hoc meetings were arranged with social workers and caregivers. Both the caregivers and social workers were satisfied with the format and contents of the semi-structured interviews with a schedule.

The researcher further held ad hoc meetings with school principals, caregivers and AIDS orphans who would participate in the qualitative and quantitative phase of the study. The purpose of these meetings was to brief the attendants about the research project and then provide them with the opportunity to refuse or agree to participate in the project. These meetings were held prior to the commencement of the project; hence both AIDS orphans who would be participants in the qualitative and quantitative phase were invited.

The main concerns which were raised during these ad hoc meetings were the language to be used in the study as well as the time slot that would be convenient for learners (respondents) since the study was accommodated at schools. It was agreed that for the first part of the study (qualitative phase), interviews with caregivers and AIDS orphans will be conducted in Setswana and for the second part of the study (quantitative phase) questionnaires will be translated in Setswana because the respondents' language is Setswana. It was further agreed that the researcher meet learners (respondents) after school or during break times for the project.

- **ANALYSING CONCERNS AND PROBLEMS IDENTIFIED**

This step involves analysing conditions that people label as community problems. De Vos (2002: 403) views the step as the critical aspect of this phase. It is a follow-up of what transpired in the previous step of identifying concerns of the population. Based on identified concerns during this stage, the researcher translated the interview

schedule that would be used in the first phase of the study into Setswana (See Appendix 3) and then proceeded to translate the questionnaire in Setswana in preparation of the second phase of the study as agreed in the ad hoc meetings held with the role players (See Appendix 4).

- **SETTING GOAL AND OBJECTIVES**

Goal and objectives setting is regarded as the last step in this phase. Stating goal and objectives clarifies the proposed ends and means of intervention research project (De Vos, 2002: 404). The study goal and objectives were explained thoroughly to participants (social workers, caregivers and AIDS orphans) before commencement of both the first and second phases of the research project (See goal and objectives of study, section 1.4).

1.7.3.2 INFORMATION GATHERING AND SYNTHESIS

The second phase of the D&D model assists the researcher in discovering what others have done to understand and address the problem. According to De Vos (2002: 405) the outcome of this phase is a list of functional elements that can be incorporated in the design of the intervention. Information gathering and synthesis comprises of the following steps:

> ➢ Using existing information sources;
> ➢ Studying natural examples; and
> ➢ Identifying functional elements of successful models.

These steps are briefly discussed as follows:

- **USING EXISTING INFORMATION SOURCES**

This step encapsulates various sources the researcher used to collect information. In this study the researcher used literature review and respondents in the first phase of

the study i.e. social workers, caregivers and AIDS orphans to collect information as enunciated below:

Literature review: According to Babbie (1992: 11) review of literature can be defined as a systematic identification, location and analysis of documents containing information related to the research problem. In general terms, however, a literature review is a critical summary and assessment of the range of existing material dealing with knowledge and understanding in a given field. Its purpose is to locate the research project, to form its context or background and to provide insights into previous work. The review of literature contributes to a clearer understanding of the nature and meaning of the identified problem by enabling a person to be familiar with resources material that exists in which the problem falls (Blaxter, Hughes & Tight, 2000: 110). An in-depth literature study of the phenomena HIV/AIDS and AIDS orphans, the characteristics, socio-emotional needs and problems of early adolescents as well as life skills for early adolescents was undertaken.

Social workers, caregivers and AIDS orphans: The researcher used semi-structured interviews with a schedule to collect qualitative data regarding the socio-emotional needs and problems of as well as life skills needed by early adolescent AIDS orphans.

- **STUDYING NATURAL EXAMPLES**

According to De Vos (2002: 406) interviews with people who have actually experienced the problem such as the clients or those with knowledge about it such as service providers, can provide insights into which interventions might or might not succeed and the variables that might affect success. Studying unsuccessful programmes and practices may be particularly valuable since non-examples help us to understand methods and contextual features that may be critical to successes (Fawcett et al., 1994: 32-33).

In this study the researcher contacted social workers and welfare organisations to gain information on possible successes and failures of life skills programmes targeting

early adolescent AIDS orphans. The researcher discovered that there are presently no lifeskills programmes targeting early adolescent AIDS orphans.

- **IDENTIFYING FUNCTIONAL ELEMENTS TO SUCCESSFUL MODELS**

This step involves analysing the critical features of life skills programmes that have previously addressed the problem in question. By studying successful and unsuccessful programmes that have attempted to address the problem, the researcher will identify potential useful elements of intervention. The information gained is instrumental to the development of new interventions (Fawcett et al., 1994: 33). As already highlighted earlier the researcher discovered that there are presently no lifeskills programmes targeting early adolescent AIDS orphans.

1.7.3.3 DESIGN

The two main important tasks of the researcher during this phase are designing an observational system and specifying procedural elements of the intervention (De Vos, 2002: 407).

- **DESIGNING AN OBSERVATIONAL SYSTEM**

During this stage focus is on designing an observational system, which assists the researcher in observing events related to the phenomenon naturalistically. Furthermore, the researcher has the task of developing a method system for discovering the extent of the problem and detecting effects following intervention (De Vos, 2002: 408).

The researcher developed an observational system by using two social workers with practical and research experience to assist in the critical evaluation of the designed prototype. The practitioners helped the researcher in specifying what needs to be changed or emphasised in the prototype life skills programme. Hence the social workers served as feedback for refining the prototype life skills programme.

The following social workers participated in this stage of the study:

> ➢ Thapelo Tawana: Chief Social Worker (Department of Social Services, Arts, Sports and Culture in the North-West Province).
> ➢ Petronella Thekisho: Senior Social Worker (Department of Social Services, Arts, Sports and Culture in the North-West Province).

- **SPECIFYING PROCEDURAL ELEMENTS OF THE INTERVENTION**

De Vos (2002: 409) states that by observing the problem and studying naturally occurring innovations and other prototypes, the researcher can identify procedural elements for use in the intervention. These elements often become part of the final product of the research.

During this stage the researcher specified guidelines and procedures to be used in the life skills programme for early adolescent AIDS orphans. The guidelines and procedures are described in the presentation of the life skills programme (See Chapter 6).

1.7.3.4 EARLY DEVELOPMENT AND PILOT TESTING

This phase includes the important operations of developing preliminary intervention, conducting a pilot test and applying design criteria to the preliminary intervention concept (De Vos, 2002: 410).

- **DEVELOPING A PROTOTYPE OR PRELIMINARY INTERVENTION**

Piloting is a process whereby the researcher tries out the research techniques and methods which are in his mind, see how well they work in practice, and if necessary modify the plans accordingly (Blaxter, Hughes & Tight, 2000: 121). According to Bless and Higson-Smith (2000: 155) a pilot study is conducted prior to the larger piece of the study to "determine whether the methodology, sampling, instruments and analysis are adequate and appropriate". Pilot tests assist to determine the

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effectiveness of the intervention. Pilot tests allow the researcher to determine the community likely response to the actual programme when it is implemented.

The researcher designed a prototype of a life skills programme for early adolescent AIDS orphans for pilot testing during this stage.

- **CONDUCTING A PILOT TEST**

According to De Vos (2002: 410-411) pilot tests are executed in settings convenient for the researchers and should be similar to the ones in which intervention will be used.

In this study the researcher identified four AIDS orphans from Rustenburg, who were not included in the main study, to participate in pilot testing the life skills programme and the questionnaire that will be used to test the effectiveness of the programme. The identified AIDS orphans experienced no problem with either the programme or the questionnaire.

• **APPLYING DESIGN CRITERIA TO THE PRELIMINARY INTERVENTION CONCEPT**

Applying design criteria to the preliminary intervention concept is regarded as the last step of the design phase. It involves specifying guidelines and values for intervention research. Fawcett et al. (1994: 37) note that these guidelines help to guide the design of interventions that are subjected to pilot testing and formal evaluation. For the implementation and evaluation of the life skills programme the researcher used the following criteria:

For this study validation of the qualitative research was executed against Guba's model of truthfulness, which applies the following criteria to the assessment of qualitative data, i.e. truth-value, applicability, consistency and neutrality (Compare De Vos, 1998: 348). This assessment is discussed below:

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➢ **Truth-value**

The aim of truth-value is to determine whether the researcher has established confidence in the truth of the finding for the subjects or informants and the context in which the study was undertaken. It demonstrates how confident the researcher is with the truth of the findings (De Vos, 1998: 349).

The researcher considers the first phase of the study to be credible as interviews were conducted with AIDS orphans and people who are directly in contact with AIDS orphans i.e. social workers and caregivers.   Information obtained from the respondents regarding needs and problems experienced by AIDS orphans is the same as information collected with literature review (See chapter 3).

➢ **Applicability**

De Vos (1998: 349) describes applicability as the degree to which the findings can be applied to other context and settings or with other groups. It implies that the researcher should be able to generalize qualitative findings to other settings and other populations. In this study this criterion is met since information obtained from the respondents i.e. AIDS orphans, social workers and caregivers is transferable into context outside the study situation.

➢ **Consistency**

According to De Vos (1998: 350) consistency refers to the extent to which repeated administration of a measure will provide the same data or the extent to which a measure administered once, but by different people, produces equivalent results. This criterion was met in this study because the same interview schedule was used in three different groups of people i.e. AIDS orphans, caregivers and social workers and it produces equivalent results.

➢ **Neutrality**

The fourth criterion of trustworthiness is neutrality. This implies the freedom from bias in the research procedures and results. This captures the traditional concept of objectivity. Linchon and Guba (1985) as mentioned by De Vos (2002: 352) mention that with this criterion there is a need to ask whether the findings of the study could be confirmed by another. In this study this criterion was met as information obtained confirm the general findings conducted in other countries regarding the needs and problems of AIDS orphans (See Chapter 3).

In summary, the four criteria as set in Guba's model are satisfied. It can thus be said that the trustworthiness of this study has been established.

1.7.3.5 EVALUATION AND ADVANCED DEVELOPMENT

According to De Vos (2002: 412) this phase comprises of four steps namely:

➢ Selecting an experimental design;
➢ Collecting and analysing data;
➢ Replicating the intervention under field conditions; and
➢ Refining the intervention.

• **SELECTING AN EXPERIMENTAL DESIGN**

Experimental designs are very important in intervention research. According to De Vos (2002: 412) experimental designs whether single subject or between group designs assist in demonstrating causal relationships between the intervention and the behaviours as well as related conditions targeted for change. Breakwell, Hammond and Fife-Schaw (1998: 59) state that the selection of a particular design rests on the nature of the research as well as pragmatic concerns.

For this study the researcher made use of a quasi-experimental design namely the comparison group pretest-posttest design. This quasi-experimental design has a built

in strategy of comparing pre-tests with post-tests. In this design although the two groups receive both the pre-test and the post-test at the same time only the first group (experimental group) receive treatment (Fouché & De Vos, 2002: 145).

In this study the quasi-experimental design was used to test the effectiveness of the developed life skills programme for AIDS orphans. This design was selected because it made it possible to determine how the independent variable (AIDS orphans' life skills programme) affected experimental group by comparison of pre-and post-test results. See section 1.8.2 for a detailed description of the specific design.

- **COLLECTING AND ANALYSING DATA**

This step involves continuous collection and analysis of data. According to De Vos (2002: 413) "ongoing graphing of the behaviour and related outcomes helps to determine when initial interventions should be implemented and whether supplemental procedures are necessary."

In order to identify the socio-emotional needs and problems of and life skills needed by early adolescent AIDS orphans, the researcher used semi-structured interviews with a schedule to collect qualitative data during the first phase of the research (See Appendix 5 for the English version of the semi-structured interview with a schedule). During the second phase, the researcher utilised a self-constructed group administered questionnaire to collect quantitative data before and after implementation of the life skills programme (pretest and posttest) (See Appendix 6 for the English version of the self-constructed group administered questionnaire). A full discussion of data analysis is presented in section 1.9.2.

1.7.3.6   <u>DISSEMINATION</u>

Dissemination is the last phase of the D&D model. Babbie and Mouton (2001: 527-528) state that researchers have a responsibility to report their research findings in full, open and timely fashion. According to De Vos (2002: 414) the following operations help to make the process of dissemination and adaptation more successful:

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➢ Preparing the product for dissemination;

➢ Identifying potential markets for the intervention;

➢ Creating demand for the intervention;

➢ Encouraging appropriate adaptation; and

➢ Providing technical support for adopters.

The last phase of the D & D is not formally part of this study. The researcher will only make recommendations for further utilisation of the life skills programme for early adolescent AIDS orphans as part of the research report.

1.8 <u>RESEARCH DESIGN</u>

Breakwell, Hammond and Fife-Schwa (1998: 21) are of the opinion that having identified the specific research questions, the researcher is then in a position to select possible research designs.   According to Mouton (1996: 107) a research design refers to a set of guidelines and instructions to be followed in addressing the research problem. Babbie and Mouton (2001: 647) define a research design as a plan or structured framework of how one intends conducting the research process in order to solve the research problem. The main function of a research design is to enable the researcher to anticipate what the appropriate research decisions should be as to maximise the validity of the eventual results. .

Mouton and Marais (1990: 32) point out that a research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose. It is a strategic framework for action that serves as a bridge between research questions and the implementation of the research. It allows the researcher to draw conclusions about the relationship between variables.

The researcher used a combination of research designs to achieve the objectives of the research project. The designs utilised in this research are the phenomenological

design for the qualitative phase and quasi-experimental comparison group pretest-posttest design for the quantitative phase.

1.8.1 PHENOMENOLOGICAL DESIGN

Exploratory studies are used to make preliminary investigations into relatively unknown areas of research. The goal that is pursued in exploratory research is the exploration of a relatively unknown research area. Exploratory research enables the researcher to have a broad understanding of a situation, phenomenon, community or person (Babbie & Mouton, 2001: 79; Bless & Higson-Smith, 2000: 41; Terre Blanche & Durrheim, 1999: 39).

In order to explore the socio-emotional needs and problems of and life skills needed by early adolescent AIDS orphans, a phenomenological design seemed appropriate. According to Fouché and Delport (2002: 268) "a phenomenological study is a study that attempts to understand people's perception, perspectives and understanding of a particular situation. The goal of this approach is to understand and interpret the meaning the subjects give to their every day lives".

The phenomenological design was used because in South Africa there is little information on children orphaned by AIDS. The specific nature of their needs and problems has not been fully documented. Therefore, the design is important because it enabled the researcher to explore and give insight to the phenomenon of AIDS orphans; the socio-emotional needs and problems of AIDS orphans; and the life skills needed by AIDS orphans. Focus was on the essence of the meaning that subjects give to their daily lives.

The researcher employed the phenomenological design to get answers for the following research questions:

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

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

1.8.2 COMPARISON GROUP PRETEST-POSTTEST DESIGN

In order to empirically test the effectiveness of the developed life skills programme the researcher used the quasi-experimental comparison group pretest-posttest design. This design is the equivalent of the classical experimental design, in that two groups (experimental and comparison groups) are used, as well as pre-and-post tests. However a randomised allocation of subject is lacking (De Vos, 1998: 79). In this design although the two groups receive both the pretest and the posttest at the same time only the first group (experimental group) receive treatment (Fouché & De Vos, 2002: 145).

According to Fouché and De Vos (2002: 146) the experimental and comparison groups formed under this design will probably not be equivalent, because members are not randomly assigned to them.

In this study a sample of 60 early adolescent AIDS orphans in Mafikeng and Rustenburg were purposively selected according to the following criteria:

➢ 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.

These respondents were then equally divided into two main groups, one of which became the experimental group (30 respondents) and the other the comparison group (30 respondents). Both groups were measured at the beginning of the study, i.e. before implementation of the life skill programme (pre-test). The experimental group was then equally divided in three groups of ten. According to WHO (1997: 10) the teaching of life skills is effective when conducted in small groups. Thereafter, the

experimental group was subjected to the intervention AIDS orphans' life skills programme.

Following the intervention both (comparison and experimental) groups were measured again (post-test). This enabled the researcher to measure the effectiveness of the intervention (AIDS orphans' life skills programme) by comparing the results of pre-and post-tests. Measurement occurred with the use of a self-constructed questionnaire that was administered in the group contexts.

This design was selected because it made it possible to determine how the independent variable (AIDS orphans' life skills programme) affected experimental group by comparison of pre-and post-test results. The study was also successfully implemented within the space of time of the project. The design enabled the researcher to reach the goal and previously mentioned objectives of the study.

The researcher utilised the quasi-experimental comparison group pretest-posttest design to test the research hypothesis of the study namely:

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

1.9   RESEARCH PROCEDURES

1.9.1   DATA COLLECTION

The collection of data is probably the most crucial phase in the implementation of a research project. According to Terre Blanche and Durrheim (1999: 45-46) it is the basic material with which researchers work. To draw valid conclusions from a research study, it is pivotal that the researcher has sound data to analyse and interpret. Researchers are expected to read, understand and critically analyse the writings of others (Blaxter, Hughes & Tight, 2000: 150).

There are different methods of collecting data in social research. Anderson (2003: 20) notes that data may be collected from questionnaires, interviews, observation of direct interaction and using available records such as case records and statistical data. In addition, literature review and experience surveys can be used to gather available data.

Based on the nature of the study data was collected in two phases.

- **FIRST PHASE (QUALITATIVE)**

The researcher used a **semi-structured interview with a schedule** to collect qualitative data regarding the socio-emotional needs and problems of as well as life skills needed by early adolescent AIDS orphans (See Appendices 3 & 5). The respondents were AIDS orphans and the main role players in AIDS issues namely social workers and care givers who are rendering services to orphans as they have the necessary information at their disposal.

In this qualitative phase the researcher interviewed 10 social workers and 10 caregivers from the major two cities of the North-West Province namely Rustenburg and Mafikeng. The social workers were all employees of the Department of Social Services, Arts, Sports and Culture in the North-West Province. The researcher also interviewed 20 AIDS orphans from Ledig one of the villages in Rustenburg (North-West Province). They were all selected from one of the primary schools there (See Chapter 7 - for summary of the interview with AIDS orphans, social workers and caregivers).

According to Berg (2001: 70) this type of interview involves the implementation of a number of predetermined question and/ or special topics. These questions are asked of each interviewee in a systematic and consistent order, but the interviewers are allowed freedom to degress i.e. to probe far beyond the answers to the prepared and structured questions. The schedule served as a guideline for the interviews and lead to systematic obtained data. The interviews with caregivers and AIDS orphans were conducted in Setswana (See Appendix 3) whereas interviews with social workers

were conducted in English (See Appendix 5). Accordingly the schedule ensured a high response rate and saved time and costs.

This type of data collection has been chosen because it enabled one to record the context of the interview and the non-verbal gestures of the respondents. May (1993: 74) states that there is a "visual-interactional component" between the interviewer and the interviewee. Due to the sensitive nature of the topic undertaken, there was a need to use the semi- structured interview schedule so as to secure the cooperation of the respondents and maintain a rapport with them. The National Association of Social Workers (NASW) Code of ethics (1995:164) specifies that the social worker engaged in research should ascertain that the consent of participants in the research is voluntary and informed, without any deprivation and punishment for refusal to participate.

According to Strydom (2002: 65) obtaining informed consent implies that all possible information on the goal of the study, the procedures that will be followed during investigation, the possible advantages, disadvantages and dangers to which respondents may be exposed may be rendered to potential subjects. No one should be forced to participate. Babbie and Mouton (2001: 520) notes that the researcher has the right to search for truth but not at the expense of the rights of individuals in society. See Section 12 for detailed discussion of ethical guidelines that were adhered to in this study.

- **SECOND PHASE (QUANTITATIVE)**

During the second phase of the study, quasi-experimental pretest-posttest design was used to evaluate the effectiveness of the programme.

The researcher made use of a **self-constructed group-administered questionnaire** to collect data from the 60 identified early adolescent AIDS orphans who were the sample in this study. The same questionnaire was used in the pre-test i.e. before implementation of the life skills programme, and post-test with both the experimental and comparison groups. According to Oppenheim (1992: 83) the group administered questionnaire is given to groups of respondents assembled together such as school

children or invited audience. Delport (2002: 174) notes that with group-administered questionnaires the respondents who are present in a group complete a questionnaire on their own without discussing it with other members of the group. As in the North-West Province Setswana is a predominantly spoken language amongst Blacks; the researcher administered the questionnaire using the local language.

The implementation of this procedure is illustrated in Table 1:

Table 1: Group administered questionnaire used with comparison group pretest-posttest design

Groups	First Tests	Intervention	Second Tests
Experimental group: Consisting of 30 AIDS orphans between the ages of 11 and 14	Pre-test	Intervention, i.e. AIDS orphans life skills programme	Post-test
Comparison group: Consisting of 30 AIDS orphans between the ages of 11 and 14	Pre-test		Post-test

By use of the group administered (self-constructed) questionnaire much time and costs were saved. The use of a suitable venue (a school classroom) and time slots (after-school) were negotiated with the School Side Managers involved in the study.

1.9.2   DATA ANALYSIS

Once data has been collected it needs to be assembled in some meaningful way. De Vos (2002: 339) define data analysis as a "process of bringing order, structure to the mass of collected data."   Data analysis enables the researcher to determine whether they provide the information needed in order to achieve the goal of the study.

1.9.2.1   DATA ANALYSIS (QUALITATIVE)

According to Berg (2001: 238) there are a number of procedures used by qualitative researchers to analyze data.   Analysis of qualitative data was done using the collaborative approach as discussed by (Berg, 2001: 239).

 ➢ Data should be collected and made into text, using transcripts and field notes.

Data was first analysed in the language in which the interviews were mainly conducted namely Setswana. Data was then made into text using transcripts.

 ➢ Codes should be analytically developed or inductively identified in the data and affixed to sets of notes or transcript pages.

The entire transcripts were given a code and the researcher read through all the transcripts to get a sense of the whole. The researcher continued to write down ideas as they came to mind while writing thoughts in the margin and identifying the major themes.

 ➢ Codes should be transformed into categoral labels and materials should be sorted by these categories, identifying similar phases, patterns, relationships and commonalities or disparities

The themes were put into major categories while at the same time identifying subcategories within major categories. During the process of analysis relationship between major and subcategories were also identified.

 ➢ Identified patterns should be considered in light of previous research and theories.

Data was analysed based on literature study. The goal was to verify these themes into theory (literature control) that offers an accurate, detailed interpretation of the study.

1.9.2.2   DATA ANALYSIS (QUANTITATIVE)

According to De Vos, Fouché and Venter (2002: 222-223) quantitative data can either be analysed manually or by a computer. Data from this study was analysed using computer application softwares, namely Microsoft Excel and Access. Information gathered from group-administered questionnaires was statistically analysed and then displayed by means of tables and graphic presentations. Univariate and where applicable, bi-variate distributions were used.

1.10 PILOT STUDY

One of the determinants for the successful implementation and completion of any research project is a pilot study. According to Strydom (2002: 210) a pilot study is an integral part of the research process. Its function is the exact formulation of the research problem and a tentative plan of the modus operandi and range of investigation. Breakwell, Hammond and Five-Schaw (1998: 27) mention that it is often useful to conduct pilot work to try out the methods and materials in advance of running the full-scale of the study itself. If the pilot survey uncovers many difficulties in the design programme has to be revised (Tabane, 2004: 12-13).

The New Dictionary of Social Work (1995:45) defines a pilot study as the process whereby the research design for a prospective survey is tested. Bless and Higson-Smith (2000: 155) define the pilot study as small study conducted prior to a larger piece of research to determine whether methodology, sampling and analysis are adequate and appropriate. Subsequently, the pilot study of this proposed research is discussed according to **feasibility of the study and pilot testing of semi-structured interview schedule and questionnaire.**

1.10.1 Feasibility of the study

According to Breakwell, Hammond and Five-Schaw (1998: 18) it is crucial when selecting a research topic to investigate the feasibility of a particular study. One

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should be as certain as possible that the project will work before investing large amounts of resources e.g. money, energy, time and materials. Bless and Higson-Smith (2000: 154) define a feasible study as a study designed to determine whether a particular strategy or intervention is likely to reach its stated objectives.

With reference to this study, the following can be stated:

➢ The proposed study was not difficult to conduct, since the researcher resides in the same province North-West Province and is familiar with children orphaned by AIDS.

➢ The researcher is presently involved in a church based project which focuses on people living with AIDS in Mafikeng region and are willing to co-operate in this endeavour.

➢ The fact that in North West Province Setswana is the predominantly used language amongst Blacks and the researcher is Tswana speaking ensured that there was no language barrier when collecting data.

➢ Due to the fact that the researcher used to be a Provincial member of AIDS Council (in North-West Province) enabled the researcher to have direct access to important documents relevant to the subject matter.

➢ The availability of respondents is foreseen not as a problem. The researcher gained access to the schools and welfare organisations after obtaining permission from the relevant governmental departments namely the Department of Education and Culture as well as the Department of Social Services Arts and Sport in the North West Province.

➢ The researcher was allocated funding by the University of North-West to the value of R10 000.

1.10.2   Pilot test of data collection instruments

To ensure that the research project was successful and effective the following were done:

1.10.2.1   Semi Structured Interview Schedule

To assess the suitability of the semi-structured interview a schedule was tested before the main investigation. This implies that interviews were arranged with four early adolescent AIDS orphans in Rustenburg. During these interviews a space was given for criticisms or comments on the interview schedule. These participants were automatically excluded from the sample in the main study.

Participants were satisfied with the ordering and length of the schedule. The only main comment was that it would be easier to participate if the interview was conducted in their local language i.e. Setswana. The interview was thus translated in Setswana.

The semi-structured interview schedule was also tested with two social workers from the Department of Social Services, Arts and Sports and two caregivers from Rustenburg who were not part of the main study. During these interviews space was specifically given for criticisms and/ or comments on the interview schedule. From this, it was clear that both social workers and caregivers were satisfied with the schedule as a whole.

1.10.2.2   Life skills programme and questionnaire

Life skills programme and questionnaire were pilot tested with four early adolescent AIDS orphans who were not be part of the study. Respondents were satisfied with both the questionnaire and life skills programme. No adaptations were necessary to be made.

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1.11   DESCRIPTION OF THE RESEARCH UNIVERSE, POPULATION, SAMPLE, DELIMITATION/BOUNDARY OF SAMPLE AND SAMPLING METHOD

1.11.1   Research Universe

Arkava and Lane (1983) in Strydom and Venter (2002: 198) define a universe as all potential subjects who possess the attributes in which the researcher is interested. The research universe of this study included all early adolescent AIDS orphans in South Africa. The research focuses on Black children (boys and girls) who have lost parent/s due to AIDS.

1.11.2   Research Population

Diamantopoulos and Schlegelmilch (1997: 10) define a population as "the totality of entities in which we have interest, i.e. the collection of individuals, objects or events about which we want to make inferences." Bless and Higson-Smith (2000: 85) describe the term as the "set of elements that the research focuses on and to which the obtained results should be obtained." According to Strydom and Venter (2002: 198) population refers to the totality of persons, events, organisation units, case records or other sampling units with which the research problem is concerned. It is the aggregation of elements from which the sample is actually selected (Babbie & Mouton, 2001: 174). For this study it is important to show a distinction between research population during the first phase and the second phase of the study.

Research population (Qualitative): The research population in the first part of the study included the following:

- ➢ Early adolescent AIDS orphans in the North-West Province.
- ➢ Care-givers in the North-West Province
- ➢ Social Workers in the North-West Province

Research population (Quantitative): The research population for the second phase of the study included all early adolescent AIDS orphans in the North-West Province.

1.11.3   Research sample

As the research population in itself is too large to study a sample was drawn.   A sample, therefore, is a part of a large population. It is usually selected to be representative of that population. A sample can be defined as subset of population selected to obtain information concerning the characteristics of the population (Hansen, Hurwitz & Madow, 1993: 2). Bless and Higson-Smith (2000: 156) define a sample as " The group of elements drawn from the population, which is considered to be representative of the population, and which is studied in order to acquire some knowledge about the entire population". A sample is thus a representative portion of the population concerned.

The research sample of both the first phase and the second phase of the study is presented below:

Research sample (Qualitative): For the first part of the study the sample included the following:

➢ 20 early adolescent AIDS orphans in the two cities of the North-West Province namely Mafikeng and Rustenburg.
➢ 10 social workers in the two cities of the North-West Province namely Mafikeng and Rustenburg.
➢ 10 caregivers in the two cities of the North-West Province namely Mafikeng and Rustenburg.

Research sample (Quantitative):   For this second part of the study a sample included 60 early adolescent AIDS orphans residing in two cities of the North-West Province namely Mafikeng and Rustenburg.

1.11.4   Sampling method

According to May (1993: 69) sampling provides a mechanism whereby we can make an estimate of a population characteristic and get a numerical measure of how good that estimate is. Reid and Smith (1981) as quoted by Strydom and Venter (2002: 199) are of the opinion that the major reason for sampling is feasibility.

As already highlighted for the first part of the study the sample included ten social workers, ten caregivers and twenty AIDS orphans. To identify AIDS orphans the researcher used the non-probability sampling method known as **purposive sampling** and to identify social workers as well as care givers the researcher used **accidental sampling.**

1.11.4.1   Purposive sampling

Purposive sampling is sometimes called judgemental sampling (Berg: 2001: 32; Anderson, 2003: 51; Babbie & Mouton, 2001: 166) or expert choice sampling (Anderson, 2003: 51).

According to Anderson (2003: 51) with purposive sampling the researcher select the cases to be included in the sample on the basis of his familiarity with the situation combined with his presumed expert judgement. In addition, Berg (2001: 32) mentions that when developing a purposive sample the researchers use their special knowledge or expertise about some group to select subjects who represent the population. This type of sampling is based entirely on the judgement of the researcher.

The purposive sampling method has been chosen for this study due to the sensitive nature of the study. Rezenti and Lee (1993: 4) observe, "Sensitive topics are those topics that social scientists generally regard as threatening in some way to those being studied". The stigmatisation and general beliefs surrounding AIDS makes it difficult for people to come out in the open and offer insight into the AIDS orphans problem.

Therefore contact, in the form of social workers, educators, and welfare organisations was made. These in turn help identify 20 AIDS orphans in the first phase of the study. The researcher and professionals mentioned above jointly identified 60 AIDS orphans who participated in the second phase of the study.   These respondents conform to the requirements stated in section 1.11.2 i.e.

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

1.11.4.2   <u>Accidental sampling</u>

According to Nachmias and Nachmias (1981) in Strydom and Venter (2002: 207) this type of sampling method is also known as convenient, availability or haphazard sampling. The respondents are usually the people who are most easily available to the researcher. It involves choosing the nearest and most convenient persons to act as respondents. The process is continued until the required sample size has been reached (Cozby, 2003: 132; Robson, 1994: 141; Strydom & Venter, 2002: 207).

The researcher identified ten social workers who have experience in working with AIDS orphans and ten caregivers who are involved in caring for AIDS orphans in Mafikeng and Rustenburg.

1.11.5   <u>Delimitation/Boundary of the research project</u>

To make the study feasible the following boundaries were selected:

➢ **<u>The setting</u>**

The study focused on one province in South Africa namely the North-West Province. This province is predominantly rural. Mining, particularly platinum and agriculture

form the basis of its economy. Its unemployment rate stands at 37, 9% and is the fourth highest in country in this regard. It has a socio-cultural environment that is in transition from an intact extended family system to a nuclear one brought by modernisation. The majority of the population in the North-West Province falls within the age group of 15-49 (The HIV/AIDS Strategy Department of Social Services, Arts, Culture and Sport, 2000). This unique characteristic of the province means that there is the possibility that many people are living with HIV/AIDS and many are susceptible to infection.

➢ **Permanent Residence**

The respondents are residing in Mafikeng and Rustenburg. The two cities were chosen since all have a township and are surrounded by many villages. Large parts of the areas are rural. Since North-West Province is semi urban-rural, the cities give a clear picture of the province.

➢ **Population group**

The research focus was on one-population group only i.e. Black early adolescent AIDS orphans.

➢ **Age group (11-14) years: Early adolescence**

The age group that was included is boys and girls between the ages of 11 – 14. The reason for this is to keep participants homogenous regarding their development phase. Furthermore this group is chosen because the researcher believes that at this age children have the ability to comprehend information hence they will be able to understand questions and be in position to react appropriately.

This is supported by WHO (1997: 16) which notes that given the role of life skills in the promotion of positive behaviour, it is worthwhile ensuring that life skills programmes are available in pre-adolescent or early adolescent years since young

people of this age group seem to be most vulnerable to behaviour related health problems.

> ## Language

The research was conducted in Setwana. All of the respondents were fluent in Setswana. According to Mogotsi (1996: 10) the North-West Province is primarily characterised by Setswana speaking people.

1.12 ETHICAL ISSUES

The fact that human beings are the objects of study in the social sciences, the researcher in planning research, needs to be aware of the agreements about what is proper and improper in scientific research. Therefore, ethical concerns are considered as an integral part of the planning and implementation of research. Researchers are responsible for designing and carrying out research both knowledgeably and ethically (Milley, O'Melia & Dubious, 2001: 402).

Beach (1996: 2) defines ethics as the discipline related to what is good and bad or right or wrong behaviour, including moral duty, and obligation, values and beliefs, and the use of critical thinking about human problems. Strydom (2002: 63) defines ethics as a "set of moral principles that are suggested by an individual or group, are subsequently widely accepted, and offer rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students."   The New Dictionary of Social Work (1995: 61) defines the term ethics as "Principles, standards and expectations resulting from accepted values and norms which determine the social worker's professional actions with or in the interest of the client."

According to Terre Blanche and Durrheim (1999: 65) the essential purpose of ethical research planning is to protect the welfare and the rights of research participants.
Breakwell, Hammond and Fife-Schaw (1998: 19) further state that ethical consideration plays an important role in assessing the feasibility to studying a

particular topic. Strydom (2002: 63) stated that ethical guidelines also serve as standards and the basis on which researchers evaluate their conduct.

Ethical considerations in research include issues such as confidentiality, informed consent, competence, reporting results etc. The following ethical considerations are addressed in this study:

1.12.1   Confidentiality

One of the most sensitive aspects of the research process from the perspective of the right and welfare of subjects is the matter of confidentiality (Beach, 1996: 26). All participants in research have the right to expect that the information that they provide will be treated confidentially. This is particularly the case in AIDS related research. Improper disclosure could have most serious consequences for research participants by threatening family and other relationships.

In the light of these, special precautions were taken to preserve confidentiality. Privacy was assured in this study since the respondent's responses were anonymous. Their identity was not displayed on their responses hence it will not be identified as theirs. Anonymity was assured by the use of a number system for comparison of the pre-test and post-test results.   Subjects in this study remained anonymous therefore it was acceptable to use tape recorders during the first part of the study (Interviews).

Furthermore, participants were given a clear explanation of how information about them will be handled, and no information may be disclosed without the subject's consent. Participants were also assured that the name of their schools will not be identified.

1.12.2   Harm to participants

According to Oppenheim (1992) the basic ethical principle governing data collection is that no harm should come to the respondents as a result of their participation in the research.   Therefore the researcher should protect participants from unwarranted

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physical or mental distress, harm, danger or deprivation. HIV/AIDS is still a sensitive issue especially in Black communities. In the light of this special precautions were taken to minimise harm to participants:

➢ Respondents were prepared through given information by the researcher prior to participation.

➢ If a respondent has been upset by some questions during data collection, the process was abandoned rather than risk upsetting the respondents.

➢ Respondents were then offered counselling by an identified social worker to deal with the harm. In this study the researcher was accompanied by two practicing social workers who were very helpful with counselling the children.

1.12.3   Informed Consent

Miley, O"Melia and Dubois (2001:402) state that this ethical principle emphasises that subjects should give their consent to participate only after researchers fully disclose the purpose of the research, what it entails, and its potential effects or consequences. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research. Williams et al., (1995) in Strydom (2002: 65) states that "obtaining informed consent implies that all possible or adequate information on the goal of the investigation, the procedures that will be followed during the investigation, the possible advantages, disadvantages and dangers to which respondents may be exposed, as well at the credibility of the researcher, be rendered to potential subject or their legal representatives".

Participants' written consent was sought in advance in this study (See Appendix 7 for the consent form). However, Beach (1996: 22) notes that obtaining consent from research subjects is just having them sign a consent form. The researcher assumed the responsibility for having subjects understand the nature of investigation including the

potential risk involved, as well as the purpose of the research and its expected outcome.

Potential respondents were informed that subjects that will participate in the second part of the study will be divided into the comparison and experimental groups. Although the experimental groups will be the only group that will participate in the newly developed life skill programme, arrangements were already made that after completion of the project the remaining group (i.e. the comparison group) will be given the opportunity to participate in the programme. This will assist in minimising possible emotional harm for being left out of the comparison group.

Since the early adolescents are still minors, direct consent was also obtained from caregivers, guardians of interested early adolescents.

1.12.4   <u>Voluntary participation</u>

According to this ethical principle, participants' involvement in research is strictly by their choice. Researchers never coerce respondents into participating (Miley, O"Melia & Dubois 2001:402). Beach (1996: 22) emphasises that subjects must understand from the beginning of the research that their participation is entirely voluntary, and that they have the right to refuse or withdraw from participation from the study at any time.

Identified respondents were briefed about the research project and then provided the opportunity to refuse or participate in the study.

1.12.5   <u>Collaboration with other role players</u>

According to Strydom (2002: 71) the researcher can sometimes involve colleagues in the research to assist in selecting a relevant problem, drawing the most suitable sampling frame, or even simply in deciding which research design would be most suitable. However, it is noted that whatever the involvement of collaborators a formal contract between participants is preferable.

Key collaborators in this study included caregivers, social workers and schools principals. These contacts enabled the researcher to identify possible respondents i.e. AIDS orphans. Furthermore, the researcher worked closely with two identified social workers with practical and research experience to assist in the critical evaluation of the designed prototype. The practitioners helped the researcher in specifying what needs to be changed or emphasised in the prototype life skills programme.   The practitioners also assisted the researcher by offering counselling to respondents if their participation becomes harmful.

1.12.6   Results of research

Miley, O"Melia and Dubois (2001:403) state that researchers are expected to report their findings accurately to avoid misrepresenting them. Furthermore, researchers are expected to conduct studies and report results impartially. According to Babbie and Mouton (2001: 528) unless research is made public, it is not possible for one's peers to evaluate and assess the quality of one's work.

The researcher's aim is to make a useful contribution to the society. The research results are made available in a form of an accurate research report.

1.13   LIMITATIONS OF THE STUDY

The following were viewed as limitations for this particular study:

➢ **Choice of research design:** A comparison group pretest-posttest design was used to gather quantitative data and realise the aim of the study. A longitudinal approach to the study, focusing on the internalisation of life skills over a time period however is seen as ideal and could lend itself to fundamental findings in social work practice.

➢ **Selection of respondents:** Respondents in this study were not randomly selected given the fact that a purposive sample of 60 respondents was employed. The findings therefore are inconclusive and cannot be generalised to the larger

population.   However, it is important to mention that the sample was representative according to specific characteristics (See section 1.11.2).

- ➢ **The need for more comprehensive services:** Although AIDS Orphans Life Skill Programme promotes abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life, it is important to mention that this programme is one of the methods of addressing the needs of the children. More comprehensive services are needed.

1.14   DEFINITIONS OF KEY CONCEPTS

The following definitions are relevant for this particular study:

1.14.1   Life skills

William (1990: 249) defines life skills as those skills needed to help a person to function in society as an independent adult. According to WHO (1997: 2) life skills are abilities and positive behaviour that enable individual to deal effectively with the demands and challenges of everyday life. Life skills therefore are components skills through which people assume personal responsibility for their lives. Anderson and Okoro (2000: 19) note that life skills are self-helping skills that enable people to help themselves. They are aimed at empowering people. Hopsons and Scally (1981) as quoted by the above-mentioned authors, state that life skills are personally responsible sequences of self-helping choices in specific skills areas conducive to mental wellness.

Life skills are thus skills, which enable people to make personal responsible choices. When people are being personally responsible they are able to make choices that maximise their happiness and fulfilment. Life skills are therefore concerned with independence in self-care, understanding of the environment and living with others.

1.14.2   Programme

O' Donnel and Weihrich in De Vos (1998: 367) describe a programme as "a complex of goals policies, procedures, rules, task assignments, steps to be taken, resources to be employed, and other elements necessary to carry out a given course of action;" Readers Digest Word Power Dictionary (2002: 772) defines the term programme as a "set of related measures or activities with a long-term aim." A programme is thus a plan or guideline to carry out a given course of action.

1.14.3   Life skills programme

Brack (2000: 5) defines life skills programme as activities aimed at empowering people to internalise a repertoire of life skills according to their developmental tasks and specific problems of living. According to WHO (1997: 1-2) life skills programmes are educational programmes designed to promote positive health behaviour by enabling individuals to deal effectively with the demands and challenges of every day life. The teaching of life skills is therefore practical and intended to equip the learner with new improved abilities.

For the purpose of this study the term life skills programme refers to a set of related activities aimed at enabling early adolescents to maximise their own choices, to enhance their personal well-being and to improve their quality of life. During this process adolescents should be equipped with life skills that will stand them in good stead for the rest of their lives.

1.14.4   AIDS

AIDS is the acronym for **Acquired Immune Deficiency Syndrome**. It is **acquired** because it is a disease that is not inherited. It is caused by **HIV**, which enters the body from the outside. **Immunity** refers to the body's natural ability to defend itself against infection and disease. **Deficiency** refers to the fact that the body's immune system has been destroyed so that it can no longer defend itself against passing

infections (Van Dyk 2001: 4). A syndrome refers to a range of different diseases, symptoms or condition (Evian, 1993: 268).

AIDS is therefore, defined by Van Dyk (2001: 5) as a syndrome of opportunistic diseases, infections and certain cancers – each or all of which has the ability to kill the person infected with HIV in the final stages of the disease. This means that the body loses the ability to fight against infections because the immune system is weakened. Evian (1993: 267) notes that AIDS is the late and most severe (final) stage of HIV and is characterised by signs and symptoms of severe immune-deficiency.   Soul City Lifeskills (2001: 112) concludes by stating that when people who are HIV positive cannot fight viruses or infections any more, they start to get sick often. When this happens, we say that they have AIDS.

AIDS often presents itself with life threatening diseases. It is a collection of infections or different diseases due to the compromised immune system in the body. The immune system in the body fails to fight these infections and therefore the body becomes prone to all illnesses.

1.14.5   <u>HIV</u>

HIV   stands for **Human immunodeficiency syndrome -** The virus that causes AIDS. This virus attacks the body's immune system and makes it so weak and ineffectual that it is unable to protect the body from both serious and common infections and pathogens (Van Dyk 2001: 423; The Public Health-Seattle & King County, 2001: 1). According to Evian (1993: 5-6) HIV is a retrovirus which enters and destroys important cells which control and support the immune system. As it does this, it slowly diminishes the immune system's ability to defend itself against attack from exterior pathogens. Thus HIV is viewed as the virus that causes AIDS.

For this study the Human Immunodeficiency Virus, which is commonly called HIV, is a virus that directly attacks certain human organs, such as the brain, heart, and kidneys, as well as the human immune system. Many of the problems experienced by people infected with HIV result from a failure of the immune system to protect them from certain opportunistic infections and cancers.

1.14.6   <u>Orphan</u>

Hope (1994: 94) defines an orphan as a child who is motherless or who has lost both parents. Saoke and Mutemi (1994: 3) suggest that an orphan is a child, not older than 18 who have lost either one or both parents. According to UNAIDS (1991:1) the term orphan is described as a child without parents, a child who is abandoned, and a child without financial, physical and emotional support…(UNAIDS: 1999: 1). The latest definition of an orphan by UNAIDS (2004: 2) is a child under the age of 18 who has had at least one parent die. Webster's 3rd New International Dictionary (1993: 1593) defines an orphan as any child deprived of both father and mother: a parentless child. According to the Concise Oxford Dictionary (1982: 721) an orphan is a child bereaved of parents.

Ruiz-Caseras (2003: 1-2) argues that the differences in orphan definition have programme and policy implications. It is therefore imperative that researchers explicitly state their own understanding to the usage of the term orphan. In this study the term orphan refers to any child bereaved of both father and mother; a parentless child.

1.14.7   <u>AIDS orphan</u>

The definition of AIDS orphan that is used by WHO and UNICEF is of a child who loses his/her mother before reaching the age of 15 years (Ruiz-Casares, 2003: 1). Before 2002, UNAIDS defined AIDS orphans as children who before the age of 15 have lost their mother to AIDS (Avert, 2003: 13). In 2002 UNAIDS changed the definition of AIDS to include children who before the age of 15 have lost either one or both parents to AIDS. The definition was reviewed because if one parent is infected with HIV, it is likely that the other will follow leaving the child parentless (Avert, 2003: 13). The recent definition of AIDS orphans by UNAIDS is children who before the age of 18 have lost either one or both parents to AIDS (UNAIDS, 2004: 10).

For the purpose of this study the term AIDS orphan refers to a child who before the age of 18 has lost parent/s due to AIDS.

1.14.8 <u>Adolescence</u>

According to Jaffe (1998: 19) the term adolescence literally means, "to grow into adulthood". The word adult comes from "adultus", the past participle of "adolescre", which means, "to grow up". Adolescence is defined as the developmental period between childhood and adulthood (A Student's Dictionary of Psychology, 1999: 6). Encyclopaedia of Psychology (1984: 21) describes adolescence as a period of transition from childhood to early adulthood entered at approximately 11-13 years of age and ending at 18-21 years of age. Sdorow and Rickabaugh (2002: 115) note that adolescence is characterised by a period of rapid physical changes known as puberty.

It is clear that the definition of the term adolescence can differ from researcher to researcher. The view that is taken in this study concurs with Jaffe (1998: 25) in that adolescence is the life period that begins with the onset of puberty and ending in adulthood, when an individual has taken several adult roles.

1.14.9 <u>Early adolescence</u>

A dictionary of Education (1981: 74) defines early adolescence as a "period at the beginning of adolescence, 11-16 years of age in which the individual develops mature sexual features and becomes capable of procreation."

For the purpose of this study, the term early adolescence is restricted to the age category 11-14 years of age. Early adolescence is thus the first development stage of adolescence, which is characterised by the onset of puberty.

1.14.10 <u>Need</u>

Johnson and Johnson (2003: 380) define a need as necessity for survival. According to Hull and Kurst – Ashman (2004: 159) a need usually refers to a lack of something,

which lack contributes to the discomfort of members of the group. In other words, needs involve what is missing. For the purpose of this study a need is a condition or situation in which, something necessary or desirable is required.

1.14.11   <u>Problem</u>

A New Dictionary of Social Work (1995: 1) defines a problem as a situation in which the social functioning of the individual, group or community is impeded by obstacles in the environment and/or that individual, group or community that prevent the meeting of BASIC NEEDS, the realisation of values and satisfactory role performance. According to Hull and Kurst – Ashman (2004: 159) a problem usually refers to the presence of something, which presence contributes to the discomfort of members of the group. In other words problems concern negative happenings already in existence. For this study a problem refers to a discrepancy or difference between an actual state of affairs and a desired state of affairs.

1.15   <u>CONTENTS OF RESEARCH REPORT</u>

The research report consists of eight chapters and the arrangement of chapters is as follows:

<u>CHAPTER ONE</u>

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

<u>CHAPTER TWO</u>

This chapter is dedicated to literature study focusing on HIV/AIDS. Literature concerning HIV/AIDS in general, global and in particular the South African situation

was discussed. Important issues such as nature of the disease, the background, and impact, the current status of the epidemic as well as the future of the epidemic were looked at. Statistics describing the relationship between HIV/AIDS and AIDS orphans were also described.

CHAPTER THREE

Chapter three explored literature regarding AIDS orphans in general, global and South Africa in particular. Grounding, description and explanation of the needs of AIDS orphans were presented to give a clear picture of challenges faced by these children. Problems of orphan-hood such as legal and ethical issues, socio-emotional issues, educational issues, financial issues and child-headed households were reviewed.

CHAPTER FOUR

The focus of Chapter 4 was adolescent as a life phase with specific emphasis on early adolescence. It described the nature of adolescence and the developmental processes which are involved. Furthermore, the chapter highlighted the characteristics of the stage and adolescents' risk behaviour in order to help understand the factors that motivate their behaviour. Focus was also on problems and challenges experienced by early adolescents.

CHAPTER FIVE

Chapter five gave a review of life skills with specific emphasis on early adolescents. It described the concept life skills in detail. In addition, theoretical perspectives were discussed in order to get a better understanding of how life skills enhance human capabilities i.e. physically, socially and psychologically. The importance of life skills to early adolescents was also outlined. The next sections described the process of life skills education as well as life skills helping.

CHAPTER SIX

Chapter six gave a presentation of the researcher's newly developed life skills programme for early adolescent AIDS orphans in North-West Province (AIDS orphans' life skills programme).

CHAPTER SEVEN

The focus of chapter seven was presentation of research methodology as well as analysis and interpretation of empirical findings. 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 and life skills needed by early adolescent AIDS orphans) and (b) quantitative data (the implementation and evaluation of the developed life skills programme) were given.

CHAPTER EIGHT

Chapter eight presents the main conclusions of the study and recommendations aimed at redressing the identified challenges.