A SOCIAL WORK PROGRAMME FOR POVERTY STRICKEN FAMILIES IN RURAL AREAS OF THE NORTHERN CAPE PROVINCE

MERCUTIO MOTSHEDI

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MERCUTIO MOTSHEDI

BSOC SC (SOCIAL WORK), MA (SOCIAL WORK)

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in

SOCIAL WORK

in the

FACULTY OF HEALTH SCIENCES

at the

NORTH - WEST UNIVERSITY

POTCHEFSTROOM CAMPUS

Promoter: Dr C C Wessels

Co-Promoter: Prof H Strydom

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"Ke go galaleditse mo lefatsheng, ke sweditse tiro e o e nneetseng gore ke e dire". Johane Kgaolo 17:4

"I have glorified you on the earth. I have finished the work which you have given Me to do" John 17:4

"Ek het U op die aarde verheerlik deur die werk te volbring wat U My gegee het om te doen" Johannes 17:4

TABLE OF CONTENTS

LIST OF GRAPHICAL REPRESENTATIONS

Tables

Bar Chart

SUMMARY

A SOCIAL WORK PROGRAMME FOR POVERTY STRICKEN FAMILIES IN RURAL AREAS OF THE NORTHERN CAPE PROVINCE

Keywords: Social group work, Poverty, Families, Rural, Programme, Empowerment.

The study was conducted in Heuningvlei community in the Kgalagadi District Municipality in the Northern Cape Province. This study was part of the "Tshwaragano Project" with the general aim of empowering the disadvantaged communities in rural areas.

The **aim** of this research was to develop and evaluate the effectiveness of a social group work empowerment programme for poverty stricken families in rural areas of the Northern Cape Province.

To achieve this aim, the following objectives needed to be attained:

- *To study the psycho-social effects of poverty on rural families.* This objective was achieved by means of a critical review and analysis of the relevant literature. It is therefore concluded that poverty is the most problematic social problem facing the South African society today. It is a global problem that troubles many families in South Africa and affects people both psychologically and socially.

- *To determine the fundamental causes of poverty on rural families and their strengths to survive.* This investigation indicated that poverty in the SADC region is reflected in the **low levels of income**, and high levels of human deprivation. **Unemployment** is also the greatest single cause of deep poverty in rural areas. These factors can be traced back to **education and illiteracy** of Heuningvlei community members. There is close association between poverty and lack of education. Poor or non existent of **agricultural practices** also bears reference to the alarming rates of poverty in rural areas.

- *To design and implement a social group work empowerment programme for poverty stricken rural families.* This programme was presented successfully over a stretch of eight group sessions to sixteen

community members and was exceptionally appropriate to improve their knowledge regarding poverty. They also received skills to start their own income generating projects. By means of this programme the members of the group also enhanced their social functioning

- *To evaluate the effectiveness of a social group work programme in empowering poverty stricken rural families.* The evaluation of the programme was done by means of a measuring scale instrument called Personal Multi-screening Inventory (PMSI) scale developed by the Perspective Training College in Potchefstroom. The results obtained through this evaluation indicated that a social group work empowerment programme had brought a significant change in the lives of the members. It was therefore concluded that the programme was successful and effective in the sense that members felt that there was a transition in their lives. Group members indicated that the Tshwaragano social group work empowerment programme provided a positive growth in their lives and it was a learning opportunity that shifted their thinking, for instance the discouragement of the feeling of "apathy" and dependence on the government.

In summary it can be stated that proof has emerged from this research that a scientifically founded, well-planned social group work empowerment programme can undoubtedly be applied to improve the social functioning of poverty stricken rural families.

OPSOMMING

'N MAATSKAPLIKE WERK PROGRAM VIR GESINNE IN ARMOEDE IN 'N LANDELIKE GEBIED VAN DIE NOORD KAAP PROVINSIE

Sleutelterme: Maatskaplike   Werk,   Armoede,   Gesinne,   Program, Bemagtiging.

Die ondersoek is onderneem in Heuningvlei gemeenskap wat deel is van die Kgalagadi Distrik Munisipaliteit in die Noord Kaap Provinsie. Die studie vorm deel van die "Tshwaragano Projek" met die doelstelling om gemeenskappe in landelike gebiede te bemagtig.

Die **doel** van hierdie studie was om die effektiwiteit van 'n maatskaplike groepwerk bemagtigingsprogram vir gesinne in armoede in landelikke gebiede in die Noord Kaap Provinsie, te evalueer.

Om hierdie doel te bereik moes die volgende doelwitte behaal word:

- *Om ondersoek in te stel na die psigo-sosiale gevolge van armoede op gesinne in die platteland.* Hierdie doelwit is bereik deur middel van 'n kritiese oorsig en analise van bestaande literatuur oor die onderwerp. Uit die laasgenoemde is tot die gevolgtrekking gekom dat armoede die mees problematiese sosiale probleem is wat die Suid-Afrikaanse gemeenskap in die gesig staar. Dit is ook 'n globale probleem wat talle Suid-Afrikaanse gesinne affekteer op 'n psigologiese- sowel as sosiale vlak.

- *Om die fundamentele gevolge van armoede op gesinne in die platteland te ondersoek asook hulle sterktes om te oorleef te ondersoek.* In die ondersoek is daar bevind dat armoede in dié streek die gevolg is van **lae vlakke van inkomste** en hoë vlakke van menlike depriviasie. **Werkloosheid** is een die grootste enkele oorsake van armoede in landelike gebiede. **Opvoeding en ongeletterdheid** van gemeenskapslede is van die faktore wat hiertoe bydrae. Daar is ook 'n korrelasie tussen armoede en die gebrek aan opvoeding. **Swak landbou praktyke** dra ook by tot die hoë vlakke van armoede in die landelike gebiede.

- *Om 'n maatskaplike groepwerk-bemagtigingsprogram vir gesinne in armoede in landelike gebiede saam te stel en te evalueer.* Hierdie program is met sukses oor agt groepbyeenkomste heen aangebied aan sestien gemeenskapslede en was by uitstek geskik om hulle kennis rakende armoede te verbeter. Hulle het ook vaardighede ontvang om 'n eie inkomste genererende projek te begin. Deur middel van hierdie program kon die groeplede ook hulle sosiale vaardighede verhoog.

- *Om die effektiwiteit van 'n maatskaplike groepwerk bemagtigingsprogram om gesinne wat in armoede lewe in 'n landelike gebied te evalueer.* Die evaluering van die program is gedoen aan die hand van 'n meetinstrument "Personal Multi-screening Inventory (PMSI) wat ontwikkel is deur Perspektief Opleidingskollege (2000). Die resultate wat deur hierdie evaluering verky is, het daarop gedui dat die maatskaplike groepwerk-bemagtigingsprogram 'n beduidende verskil meegebring het vir die gesinne wat in armoede lewe. Daar kan dus die gevolgtrekking gemaak word dat die program suksesvol en effektief was om 'n verandering in die lewe van mense te maak. Die groeplede het aangedui dat die Tshwaragano maatskaplike groepwerk-bemagtigingsprogram bygedrae het tot positiewe groei in hulle lewens en dat die leerervaring 'n verandering in denke te weeg gebring het, soos byvoorbeeld die gevoel van 'apatie' en die afhanklikheid van die Staat.

Samevattend kan gestel word dat daar uit hierdie navorsing bewys gelewer is dat 'n wetenskaplik gefundeerde, goed beplande maatskaplike groepwerk-bemagtigingsprogram onteenseglik aangewend kan word om gesinne se psigo-sosiale funksionering te verhoog in landelike gebiede.

FOREWORD

This manuscript is presented in an article format in accordance with Rules A.11.5.3 and A.11.5.4 that are set out in the calendar of the North-West University: Potchefstroom Campus. The context and technical requirements of the accredited professional journals *Social Work Practitioner-Researcher/Maatskaplike Werk Navorser/Praktisyn, Social Work/Maatskaplike Werk* were used as basis to formulate the articles..

SECTION A

ORIENTATION TO THE RESEARCH

1. INTRODUCTION

Poverty in South Africa is a subject of great concern, and is central to the development programmes of the government and other non governmental bodies. A report on poverty reveals that 71% of the poor population in South Africa lives in rural communities (Msindisi, 2000:5). This intriguing figure indicates that the rate of poverty in the rural communities of South Africa is alarming and leaves much to be desired. However, it should be noted that South Africa is a diverse country with different racial groups, which are historically placed in different geographical areas. The most vulnerable group affected by poverty in these communities is women and children (Msindisi, 2000:5).

Too many rural people, the environment and natural resources are key to their livelihood, and land, agriculture and livestock are often seen as the backbone of development. However the rural households face a number of challenges, including macro-economic policies that result in higher food and transport prices, retrenchment, chronic illness which increased expenditure on medical bills and funerals, poor agricultural practices and environmental degradation and isolation from support services.

2. PROBLEM STATEMENT

According to Gray (1998:142) poverty has been a major concern in South Africa for many centuries. The poverty rates are higher in rural areas (70%) than in urban areas (28.5%). The concept 'poverty' means different things to different people. It is viewed according to one's experience of life and the standard of living. It involves a judgement of basic human needs and is measured in terms of the resources required to maintain health and physical efficiency. It is also linked to many factors like race, gender, language and place of residence. Poverty is the lack of enough income and resources to live adequately by community standards (World Book Encyclopaedia, 1990:365). According to the White Paper for Social Welfare (1997) poverty can be defined as the inability to attain a minimal standard measured in terms of basic consumption need or the income required satisfying members of the family. Blackburn (1996:9) identified the following key definitions of poverty:

Families are in poverty when their incomes are insufficient to obtain the minimum necessities for the maintenance of physical efficiency. Individuals, families and groups are said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities, which are customary or at least widely encouraged or approved in societies to which they belong. People are beset by poverty when resources are so small as to exclude them from the minimum acceptable way of life.

Many families in South Africa are troubled by poverty, crime and AIDS. They face challenges that cause distress, including unemployment, illness and changing demands of the society they are living in (Barnett & Blaikie; 1992:34; Wessels, 2003:61). Poverty is a widespread problem throughout South Africa affecting most Africans. Women and children, people with special needs and those living in rural areas, are most at risk. The White Paper for Social Welfare (1997) estimates that 50% of the population of South Africa is rural.

Poverty is often accompanied by additional social problems, such as family disintegration, substance abuse, adults and children in conflict with the law and AIDS to mention few. It is the combination of economic, social and emotional deprivation which increases the vulnerability of poor individuals and families (Skweyiya, 2000).

Poverty is often accompanied by low levels of literacy and lack of capacity to access economic and social resources. Education is one of the most important factors determining employment and thus income. There is a close association between poverty and a lack of education. Illiteracy varies from 27% in metropolitan areas to 50% in rural areas. The majority of people living in nine provinces in South Africa are impoverished (White Paper for Social Welfare, 1997). Poverty causes sufferings among millions of people; many of the poor cannot buy food, shelter, and clothing and medical care that they need. Poverty causes malnutrition and poor health. Thousands of South African children are dying of malnutrition and associated diseases. Those who live in poverty are more likely to contract communicable diseases than those whose economic situation is improved.

Poverty also produces feelings of frustrations, hopelessness and loss of dignity and self–respect. According to Lauen (1998:243) the quality of life for the poor can be characterized as pervasive-deprivation, that is, the poor get less of everything that is valued in our societies. The link to poverty and AIDS is undisputed (Uys & Cameron, 2004:161). According to Evian (2000:21) and Roux (2002:55) this trend is linked to a number of social factors that contribute to HIV and AIDS infection including lack of access to health and social services, poverty, labour migration, rapid urbanization, unemployment, poor education, illiteracy, sex work and overcrowding. HIV and AIDS tend to attack disadvantaged and poor communities sooner and more severely than in other communities. Furthermore, the context within which people live, it dramatically influences their vulnerability to cope with AIDS.

According to the White paper for Social Welfare (1997), the Northern Cape Province is less developed and poorest than the rest of South Africa, when one looks at its demographic profile. It is a predominantly rural province in nature. The unemployment rate is slightly higher as compared to the national unemployment rate. This could be attributed to the retrenchment processes that are taking place in various labour markets, especially the mining industry, which is the main source of employment in the province. Lack of job opportunities despite being literate also account for a higher rate of unemployment.

Schenck (2002:17) also points out that people living in rural areas are the poorest of the poor and the 'unseen' and 'voiceless' people. It is also the researchers' opinion that the government programmes on poverty alleviation and community empowerment programmes are not sufficiently addressing poverty, especially in rural areas. This necessitates the development of a social group work empowerment programme. Tshwaragano Empowerment programme was therefore developed with the aim of empowering and supporting disadvantaged poverty stricken rural families of Heuningvlei Community with relevant knowledge, skills and insight regarding their poor social circumstances to enable them to enhance their social functioning. The researcher is familiar with the social group work method of social work practice and is of the opinion that this method can help the social workers to

4

empower poverty-stricken rural families. Community empowerment is possible if social work practitioners link both the economic and the social capitals of communities in their community work interventions (Sherraden & Ninacs, 1998:1). Group work is also remedial in nature, as the subjects share pain and coping skills. Group members support one another for the better and more than one person will benefit in the group, unlike in individual cases. Groups focus on strengths, helping to search for and use human potential. Group can become a self-help instrument enabling people to take action to improve their life situations.

According to Skidmore (1997:5) all social work activities include the following three main goals; prevention of dysfunctional coping mechanisms, restoration of the impaired capacities and the provision of social resources. Taking these goals into account, a social group work provides various positive values as follows:

- It offers room for mutual support, solidarity, symbiotic striving and social interaction.

- Provides a sense of belongingness, participation and cohesiveness can be achieved.

- Universalization take place, simulating real life, reinforcing acceptance of own problems, pain and disfigurement.

- In groups relationships can be supported and caring is made manifest.

- Groups instil hope in members.

- Knowledge and skills are gained and shared, leading to the establishment of values and norms.

- A group provides opportunity for growth and change.

- Groups allow members to come up with useful suggestions and ideas towards solving their problems.

- Feedback mechanisms are provided.

- Behaviour rehearsals and reinforcement can take place.

- Groups provide opportunities for identity development and altruism by taking an overview of one's life and making adaptations and changes.

- Catharsis and corrective emotional experiences are supplied (Corey & Corey, 2002:301-302; Fatout, 1992;4; Getzel, 1994:188; Henry,1992:2; Herbst, 2002:113; Linesch,1988:134; Rose, 1998: 16-19).

It is based on the afore-mentioned background that the following research questions were formulated.

- What are the psycho-social effects of poverty on rural families?

- What are the fundamental causes of poverty on rural families and what are families' strengths to survive?

- Which programme activities must be included in a social group work empowerment programme for poverty stricken rural families?

- Can the presentation of a social group work empowerment programme be effective in empowering poverty stricken rural families?

3.   AIM AND OBJECTIVES

3.1   AIM

To develop and evaluate a social group work empowerment programme for poverty-stricken families in rural areas.

3.2 OBJECTIVES

- To study the psycho-social effects of poverty on rural families.

- To determine the fundamental causes of poverty on rural families and their strengths to survive.

- To design and implement a social group work empowerment programme for poverty stricken rural families.

- To evaluate the effectiveness of a social group work programme in empowering poverty stricken rural families.

4. CENTRAL THEORETICAL ASSUMPTION

Families have strengths and abilities to better their living conditions. They have the capacity for growth and change and to adapt. With the development and implementation of relevant social group work empowerment programmes, rural families can be supported and empowered to enhance their social functioning.

5. RESEARCH METHODOLOGY

Research methodology includes a description of the specific techniques to be employed, the specific measuring instruments to be utilized and the specific series of activities to be conducted in making the measurements (De Vos et al., 2005:118). The research methodology of this study consisted of the literature study and empirical research.

5.1. LITERATURE STUDY

According to Royse (2004:40), a literature review helps to relate the research problem to the existing theory. Grinnell (2001:434) states that a literature review supports and interacts with the frame-work by introducing and conceptually defining the key variables that are the subject of the study. The core focus of the study was to determine the psycho-social effects of poverty on rural families and how does it impede their strengths to survive. The study also focused on the fundamental causes of poverty on rural families and the design and implementation of a social group work intervention programmes for poverty stricken rural families. There are a considerable number of books and publications of poverty on rural families both nationally and internationally however much has not been studied or rather there is no contemporary studies on specific psycho-social effects of poverty on rural families. There is also insufficient contemporary data existing regarding specific causes of poverty in the context of rural families and their strengths to survive. There is also little data with regard to social group work empowerment programmes to empower poverty-stricken families in rural areas. It was on this stance that the researcher deems it fit to undertake a study of this nature.

Databases utilized included the: systematic library, South African social work journals, social work abstracts and/or articles, internet, research reports, &

monographs and social sciences indexes, academic search premier, Eric Nexus database, EBSCOHOST, related dissertations and thesis, sociology and social work books.

5.2   EMPIRICAL RESEARCH

5.2.1 THE DEVELOPMENTAL RESEARCH AND UTILIZATION MODEL

For the purpose of this study the researcher used the Developmental Research and Utilization model (Grinnell, 1981:593). The DR & U Model was used as the overall research model for the objective of this study (Strydom, 2003:151-158). This model was implemented within a mixed methodological design model (De Vos, Strydom, Fouche & Delport., 2005:359-362; Geyer, 2006:117). The researcher used the Concurrent triangulation mixed method design (Creswell, 2009:213). Mixed-method studies are those that combine the qualitative and quantitative approaches into the research methodology of a single study or multi-phased study. Most of these mixed-method studies used triangulation as a way of combining the quantitative and qualitative approaches. According to Creswell (1994:174) the concept triangulation is based on the assumption that any bias inherent in a particular data source, investigator and method would be neutralised when used in conjunction with other data sources, investigators and methods. Methodological triangulation denotes the use of multiple methods to study a single topic, for example combining quantitative and qualitative methods in a single study (Padgett, 1998:97). In order to achieve the five phases of this model, a survey was conducted in order to assess the needs of the families in Heuningvlei. From the literature studies and survey, a programme was developed and implemented.

PHASE 1:   The Analysis Phase

Analysis, the first phase in this model, embraces the relevant activities that necessarily precede the developmental effort itself. Analysis implies amongst others the identification of the problem and the consideration of existing social technology (e.g. a social group-work empowerment programme) (Geyer, 2006:118).

For the purpose of this study in this phase, a survey was conducted often called needs assessment (Royse, 2004:177). This type of research could be viewed as one of the oldest forms of social research and is defined by Schuerman (1983:86) as: 'research aimed at documenting the needs of people living within a particular community or other geographical region or needs of a particular subgroup within a region". This type of research usually involves interviews or questionnaires and the aim is to determine what the need for potential program is (Grinnell & Williams, 1990:251). It is therefore the researcher's opinion that without thorough needs assessment research, it will be difficult or impossible, to do intervention.

Data was collected by means of a personal completed schedule. The schedule contained closed and open-ended questions. This provides the researcher with a set of pre-determined questions that were used as an instrument to engage the participant and designate the narrative terrain (Holstein & Gubrium, 1995:76). One comprehensive measuring instrument was used for the whole project, but for purposes of this research, only relevant information was extracted from the data. The information obtained here was discussed in detail in article one and two respectively. It is further against the afore-said background that the researcher found that there is no scientific or rather empirical study undertaken on the social group work empowerment programmes for poverty stricken rural families. Based on the findings of the analysis phase the researcher developed a social group work empowerment programme and identify different programme activities relevant to the empowerment of poverty stricken rural families of Heuningvlei community.

PHASE 2: The Development Phase

The development phase, the second phase in the DR & U model, is central because it is here that the interventional innovation is created. The management of relevant data in the new technological subject/topic is the steps within this phase. (Geyer, 2006:118; Strydom, 2003:157). Following the findings of the needs assessment in the first phase and the recommendations made, a social group-work empowerment programme was developed. The name of the programme was 'Tshwaragano Empowerment Programme'. The major aim of this programme is to support and empower poverty stricken rural

families of Heuningvlei community in particular, with relevant knowledge, skills and insight regarding how they can deal with their poor social circumstances. Information on different social problems, such as HIV and Aids, domestic violence, substance abuse were shared with members and basic life skills were taught (Communication, Self-esteem/self knowledge/awareness, problem-solving, assertiveness, conflict resolution). Issues on community development were also given special attention in this programme. The contents of this programme are discussed in detail in the article three which also indicate the schematic presentation of the programme. The programme consisted of sixteen members with a marathon of eight sessions.

PHASE 3:   Evaluation Phase

In this phase the new product is subjected to a preliminary field implementation in order to study its provisional results (Strydom, 2003:157; Geyer, 2006:121). Much of the evaluation phase is embraced in evaluation research. However, unlike some evaluative research in which the evaluation component turns out to be an end in itself, disembodied from earlier development and subsequent events, the evaluation activities in the DR & U model are an integral part of a research-innovation process, which begins with the phases that generate social technology. The process employs evaluation to appraise and, if appropriate, revise the innovation, and continues on to utilization in the forms of diffusion and adoption (Grinnell, 1981:602).

During this phase, the effectiveness of a social group work empowerment programme for poverty stricken rural families in Heuningvlei community was evaluated. Evaluation is a very important aspect of intervention research. According to De Vos, Strydom, Fouche, & Delport, (2002:374) the aim of evaluation is to determine or assess the value of something. Patton (2002:10) defines programme evaluation as the systematic collection of information about the activities, characteristics and outcomes of programmes to make judgements about the programme, improve its effectiveness and/or inform decisions about future programming. In measuring the effectiveness of the programme on the social functioning of the people, the researcher used Personal Multi-screening Inventory (PMSI) scale, developed by the Perspective Training College in Potchefstroom. The effectiveness of the

programme was mainly evaluated by both quantitative and qualitative measurements. The programme was also evaluated using self developed evaluation questionnaire. The latter was only completed after the programme intervention.

PHASE 4: The Diffusion Phase

According to Grinnell (1981:604) after the innovation has been evaluated and found to be worthy of use, information concerning its nature and applicability it should be prepared and disseminated. In the case of this study, the researcher presented the first article at the 34th Biennial congress of the International Association of Schools of Social Work, 2008 in Durban. Since the study is in the article format, articles will be submitted for review and publication to accredited journals in the social work discipline.

PHASE 5: The Adoption Phase

Grinnell (1981:604) further indicated that implementation by users consist of the use in social work practice of such contributions as new practice methods, program changes in the case of new service programs, and legislative enactment and administrative follow-through in the case of welfare policy. According to Grinnell (1981:604) the goal here is to have the innovation broadly used by large numbers of those who are potentially the primary consumers. In the context of this study, the researcher recommended "Tshwaragano Empowerment Programme" for use to the provincial Department of Social Development, for social workers to use it as a yardstick in empowering poverty stricken rural families.

5.2.2 RESEARCH DESIGN

Mouton (2001:55) defines research design as a plan or blue-print of how you intend conducting the research. Research design is a plan which includes every aspect of a proposed research study from the conceptualization of the problem right through to the dissemination of findings (Grinnell, 2005:547).

The researcher used descriptive and explorative designs on the account of the descriptive and qualitative nature of the study. According to Nottel (1990:25) descriptive design is a way of finding out what the facts are in

relation to a particular problem. According to Behr (1990:90) descriptive design is concerned with the conditions that exist, beliefs and attitudes that are held, and processes that are going, trends that are developing. Similarly, Grinnell (2001:301) says the purpose of descriptive research design is to obtain data about a problem. Exploratory studies are also appropriate for more persistent phenomena. According to Bless and Higson-Smith (2005:154) the purpose of the exploratory research is to explore a certain phenomenon with the primary aim of formulating more specific research questions relating to that phenomenon.

With regard to the study reported here, the researcher explored and described the psycho-social effects of poverty on rural families, the fundamental causes of poverty on rural families and their strengths to survive and the explanations from the findings of the social group work empowerment programme discussions. In regards to the programme development and evaluation the researcher, made use of the five phases of the Developmental Research and Utilization Model (Grinnell, 1981:593). Firstly a needs assessment by way of a survey procedure was conducted in order to ascertain the needs of the people. In the second phase based on the findings and recommendations of the first phase, Tshwaragano Empowerment social group-work programme was developed and implemented. During the third phase, the effectiveness of the programme was evaluated using Personal Multi-screening Inventory (PMSI) scale, developed by the Perspective Training College in Potchefstroom. The effectiveness of the programme was mainly evaluated by both quantitative and qualitative measurements. The other tool used was a self-developed evaluation questionnaire. However, the latter was completed once after the programme intervention. In the fourth phase, the researcher presented the first article at an international conference. Finally in the fifth phase the researcher recommended the implementation of Tshwaragano Empowerment Programme by the social workers in their interventions to empower and support poverty stricken rural families. Recommendations were made to the Provincial Department of Social Development.

5.2.3 SAMPLE

According to Rubin and Babbie (2005:241) sampling is the process of selecting observations. It can also be defined as a small portion of a total set of objects, events, or persons who together comprises the subject of the study. The participants of the study were heads of households from Heuningvlei Village in the Kgalagadi district Municipality of the Northern Cape Province. According to Bless and Higson-Smith (2000:85) a population refers to the set of elements that the research focuses upon and to which the obtained results should be generalized. A population is the totality of persons, events, organizational units, case records or other sampling units with which the research problem is concerned. The sampling size of the study was two hundred and fifty four (254) households, thus one participant per household. Unfortunately, due to the extreme weather conditions only two hundred and thirty (230) respondents participated in the study. Due to the topic under study, probability sampling was used. In probability sampling the chance of selecting a particular individual are known and can be calculated (Gravetter & Forzano, 2003:118). This technique basically selects a random sample from a list that contains the names of everyone in the population of study interest (Rubin & Babbie, 2005:244). Systematic random sampling was used to elicit data from the respondents (De Vos et al., 2005:205). The researcher included every fifth household in the row/street. The first house in the row/street served as the starting point.

The researcher also conducted or implemented a social group work empowerment programme with sixteen members of the Heuningvlei community. The name of the programme was 'Tshwaragano empowerment programme'. The programme consisted of a marathon of eight sessions and different programme activities were employed to support and empower poverty stricken rural families to enhance their social functioning. The programme was also evaluated to measure the effectiveness and the impact it had on the general social functioning of group members. The programme was evaluated using the Personal Multi-screening Inventory (PMSI) scale, developed by the Perspective Training College in Potchefstroom. The measuring scale (PMSI) was handed to members before and after the

programme intervention with the aim of measuring the social functioning of the members before and after the intervention programme to determine the effectiveness of the programme. The programme was also evaluated by means of a self-developed evaluation questionnaires.

5.2.4 MEASURING INSTRUMENTS

For purposes of this study, in the first phase a survey was conducted, often called needs assessment (Royse, 2004:177). Data was collected by means of a personal completed schedule. The schedule contained closed and open ended questions. This provides the researcher with a set of pre-determined questions that might be used as an instrument to engage the participant and designate the narrative terrain (Holstein & Gubrium, 1995:76). One comprehensive measuring instrument was used for the whole project, but for purposes of this research, only relevant information was extracted from the data. The Statistical Consultation Services of the Potchefstroom Campus, North-West University helped with the validity and reliability of the data. Both the qualitative and quantitative research paradigms were utilized in this part of the study. The dominant –less-dominant model was utilized. According to Creswell (1994:173-190) this means that the researcher presents the study within a single, dominant paradigm with one small component of the overall study drawn from the alternative paradigm. In this study the questionnaire was both quantitative as well as qualitative in nature. In this study the quantitative approach was dominant with a small component of qualitative data. The researcher also administered in the third phase the Personal Multi-screening Inventory (PMSI) scale, developed by the Perspective Training College in Potchefstroom to sixteen members of 'Tshwaragano Empowerment programme'. Self developed evaluation questionnaire was also administered to programme participants.

5.2.5 RESEARCH PROCEDURE

- The researcher obtained permission from the Chief of Heuningvlei and his tribal council to undertake research in their Village/community.

- In 2006 a need assessment by way of a survey procedure was conducted in Heuningvlei community to determine the needs of the community and to plan proper intervention.

- The respondents or participants of the study during needs assessment survey were mainly heads of the households in the Heuningvlei Community.

- Since rural communities are mostly of low educational background, the researcher prepared the participants in explaining to them the nature and the rationale of the study.

- Though the schedule was compiled in English, the interviews were conducted using the language of the respondents that is 'Tswana' to allow free interaction and openness of members.

- The schedule was tested with people not included in the sample to maximize the level of reliability and validity of the instrument.

- Every household received a 2kg packet of soya meal after completing the schedule, as token of appreciation for participating in the needs assessment survey.

- Based on the findings and recommendations of the needs assessment phase conducted in 2006 a social group work empowerment programme was developed to support and empower poverty stricken rural families in Heuningvlei community.

- The researcher also requested permission from Chief Bareki to convene a meeting with members of the community so that the researcher can socially market his intentions of implementing a social group work empowerment programme.

- During the community meeting, the potential members showing keen interests were registered to participate in the programme.

- The selection of programme participants was solely based on volunteerism with the view of sustainability.

- The programme participants were a fairly good representation of the whole community in that all the eleven sub areas (dikgoro) of Heuningvlei community were represented.

- The researcher informed members that the development of the empowerment programme is a follow-up process of the needs assessment survey conducted in 2006.

- The researcher briefed the potential members about the general aim and the rationale of the programme and indicated that it is part of his study.

- The programme was administered to sixteen participants in eight sessions.

- The researcher also requested a venue for group sessions at ST. Getrude Catholic Church COE, Heuningvlei. Fr. Reginald Tarimo A.J wholeheartedly endorsed and approved the requisition.

- The programme was administered from the 1st September until the 5th September 2008 and all the programme activities were covered in this period.

- The researcher used the Personal Multi-screening Inventory (PMSI) scale, developed by the Perspective Training College in Potchefstroom to sixteen members of 'Tshwaragano Empowerment programme'. The measuring scale was administered before the programme intervention and after the intervention simply to determine the effectiveness of the programme.

- The self developed evaluation questionnaires were also administered to programme participants during programme termination to determine the effectiveness and impact of the programme.

- The study leader, Dr Wessels also invited Dr Retha van der Walt from the school of Environmental Sciences and Development, North West University (Potchefstroom Campus) to present about "Morogo Research Programme" to enable members to start their own food gardening as part of the 'Tshwaragano Empowerment Programme".

- Portia and Gadifele also from Women in Partnership against HIV and AIDS (WIPA) in Potchefstroom were also invited to teach members of the community how to make shoes for income generating purposes with the view of empowering them as part of the programme.

5.2.6 DATA ANALYSIS

Quantitative data analysis was based on the content analysis and it was carried out by members of the Statistical Consultation Services of the Potchefstroom Campus of the North-West University and qualitative data was analysed by hand into themes by the researcher. Data were transformed into statistical accessible forms by counting procedure. Both the qualitative and quantitative research paradigms were utilized in this part of the study. The dominant –less-dominant model was utilized. According to Creswell (1994:173-190) this means that the researcher presents the study within a single, dominant paradigm with one small component of the overall study drawn from the alternative paradigm. Data from the Personal Multi-screening Inventory (PMSI) scale was analysed by the researcher using a computer programme developed by the Perspective Training College in Potchefstroom. The data obtained from the self developed evaluation questionnaires were verbally recorded by the researcher in specific themes and sub-themes (Creswell, 2009).

5.2.7 ETHICAL ASPECTS

The Ethics Committee of the North-West University, Potchefstroom Campus approved the study and was registered as Tshwaragano Project number **06k07.**

For researchers in the social sciences, the ethical issues are pervasive and complex, since that should not be obtained at the expenses of other human beings.(De Vos et al., 2005:56-67). Different authors such as Mitchell and Jolley (2001:138-139), Monette, Sullivan & De Jong (1998:53-61) and De Vos et al. (2005:56-67).

In the study reported here the following specific ethical aspects were adhered to:

- **Harm to respondents**

In order to protect respondents against any harm, sensitivity towards emotionality and physical comfort were maintained (De Vos et al., 2005: 57-66). The respondents' rights to withdraw from the programme were respected.

- **Informed Consent**

In the study the issue of informed consent was treated with its utmost importance. Permission was sought from the Chief to conduct research in his village and the research participants to complete the schedule (Rubin & Babbie, 2005:77). All members participating in the study signed a consent form provided **(See appendix 2).**

- **Violation of privacy**

In this study the researcher respected each respondent's rights to privacy by ensuring that the schedule was completed in the exclusion of their homes (De Vos et al., 2005:61).

- **Voluntary participation**

In the case of this study the participants were regarded as volunteers, thus they were not forced to participate in the study. According to Creswell (2003:64) the respondents knew that they had a choice to participate and could withdraw at any stage.

- **Confidentiality and Anonymity**

Confidentiality was considered with the aim of protecting the privacy of the respondents. All the information provided was treated with strict confidentiality and maintained as such. Anonymity was also emphasized, thus no identification particulars of the respondents were required (Rubin & Babbie, 2005:78). Confidentiality was also maintained by carefully explaining the general aim of the study and procedures to be followed, for instance the use of a portable tape recorder and research assistants.

6. DESCRIPTION OF KEY CONCEPTS

6.1 PROGRAMME

For Lombard (1991:115), every programme has procedures that are to be followed which are made up of specific activities that are arranged to meet certain goals. A programme or programme activity is "a medium through which the functioning of members can be assessed in areas such as interpersonal skills, ability to perform daily living activities, motor co-ordination, attention span and the ability to work cooperatively" (Toseland & Rivas, 2005:259).

In the context of this study, programme can therefore be understood to be procedure of activities accompanied with time –frames to achieve set goals or objectives.

6.2 EMPOWERMENT

Hepworth and Larsen (1993:495) describe empowerment of the client system as follows "...enabling (them) to gain the capacity to interact with the environment in ways that enhance their need gratification, well-being and satisfaction and is closely linked to competence, self-esteem, support systems and belief that individual actions or actions in concert with others can lead to improvement in one's life situation". Potgieter (1998:9) define empowerment as "...a process that requires close partnerships between client systems and helpers and it is based on the strong belief in the strengths and potential of client systems to improve their live situations".

In the context of this study empowerment will mean "...people must be assisted to recognise their potential and strengths, they must take initiative and ownership and control of their own developments to ensure sustainability. Empowerment will also mean people having power to making informed decisions and relevant choices. Empowerment will also imply having access to resources and opportunities to use them optimally in given community. It is a process of increasing personal, interpersonal, or political power so that individuals can take action to improve their life situations.

6.3   POVERTY

According to Patel (2005:240) poverty is defined "...as an interlocking and multi-dimensional phenomenon caused by a lack of multiple resources such as employment, food, housing, land as well as infrastructure such as employment, food, assets (housing, land), basic infrastructure such as (water, transport, energy), health care and literacy". In the case of this study poverty can be understood to be the inability of people to meet basic needs in a given community.

6.4   RURAL

According to Childs and Melton (2000:96) the word rural emphasize, agricultural and social patterns that are more personal and informal, such as simplicity of life style, slow social change and little social differentiation. Therefore rural can be understood to be less a developed area in the country characterized by lack of infrastructure, social resources and poor service delivery.

6.5   FAMILY

According to Zastrow (2007:380) a family is a social institution with many functions. The family should provide emotional support and nurturance needed by its members. It should also provide economic support to the children in particular and it has the responsibility of transmitting culture to children. Family should be the most intimate group to which people belong; it is regarded as the individual's source of strength, love, protection and safety.

In the context of this study, family can therefore be understood as a social institution characterized of love, care, protection and support. It is a group of people who are usually related to each other and who live together. It is a foundation on which societies are built.

7.   PROBLEMS ENCOUNTERED DURING THE COURSE OF THE STUDY

- During the needs assessment survey the researcher experienced extreme weather conditions which ultimately affected the sample size of the study.

- The community (Heuningvlei) under study is very far from the residential place of the researcher, which denied the researcher an opportunity to make a follow-up to the programme implemented or to clarify some information with the respondents.

- Poor infrastructure such as extremely bad grovel road that gives way to the community. It was not easy to drive to the community if the need may be.

- The programme was compiled in English therefore, it was not always user friendly, in that the researcher had to present it in their language of understanding based on their educational background.

- The Personal Multi Screening Inventory measuring scale used was very complex, lengthy and difficult for the respondents to contextualise and respond to the questions easily.

- It is also the researcher's opinion that the Personal Multi Screening Inventory measuring scale questions did not clearly correspond or rather tally with the general aim and objectives of the study.

- It was time consuming to administer the measuring scale to programme participants as it took considerable amount of time to complete them.

- The same questionnaires were completed in the beginning and during termination, it therefore seemed monotonous to the respondents.

8. CHOICE OF STRUCTURE OF RESEARCH REPORT

The research report comprises of the following sections:

Section A: Orientation to the study

This section gives a general overview of the research study. These include problem statement, research aim and objectives, central theoretical argument as well as the research methodology of the study and research procedures of this study.

Section B (comprises of four articles)

Article 1: The psycho-social effects of poverty on rural families: A case of Heuningvlei community in the Northern Cape Province.

Article 2: The causes of rural poverty and strengths of families to survive: A case of Heuningvlei community in the Northern Cape Province.

Article 3: A social group work empowerment programme for poverty stricken families in rural areas of the Northern Cape Province.

Article 4: Evaluation of the effectiveness of social group work empowerment programme for poverty stricken rural families in the Northern Cape Province.

Section C: Summary, conclusions and recommendations.

Section D: Annexures

Section E: Consolidated Bibliography

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SECTION B

ARTICLE ONE

THE PSYCHO-SOCIAL EFFECTS OF POVERTY ON RURAL FAMILIES: A CASE STUDY OF HEUNINGVLEI COMMUNITY IN THE NORTHERN CAPE PROVINCE

MM Motshedi is a PhD student and a Lecturer at the Department of Social Work, School of Social Sciences in the Social Work Division at the North-West University (Mafikeng Campus)

CC Wessels (PhD) is a Senior Lecturer at the School of Psychosocial Behavioural Sciences in the Social Work Division, at the North–West University (Potchefstroom Campus)

H Strydom (PhD) is a Professor and head of the Social Work Division, School of Psychosocial Behavioural Sciences in the Social Work Division at the North-West University (Potchefstroom Campus)

Keywords: Poverty, Rural, Family, Psycho-Social

ABSTRACT

The aim of this article is to study the psycho-social effects of poverty on rural families of Heuningvlei community in the Northern Cape Province. The objective of this article was achieved by means of a critical review and analysis of the relevant literature. It is therefore concluded that it is clear that poverty is the most problematic social problem facing the South African society today. It trouble many families in South Africa and affect people psychologically and socially. Poverty is a devastating phenomenon that affects a person's total being and has a multi-dimensional impact on the development processes of South Africans. The major problems that affect the psycho-social functioning of Heuningvlei community as a result of poverty include amongst others the following: unemployment, depression, family breakdown, alcohol and drug abuse, financial problems, HIV and Aids. In many families they suffer from ill health as result of malnutrition, tuberculosis, HIV and Aids and other concomitant factors.

1. INTRODUCTION

Poverty is one of the most problematic social problems facing the South African society today. Gray (1998:142) points out that poverty have been a

major concern in South Africa for many centuries. It is a subject of great concern and it is central to the development programme of the government and other non-governmental bodies. Almost half of the South African population lives in poverty, of which most dwell in deep rural areas (Knight, 2004:1). They face challenges that cause distress, including unemployment, illness and changing demands of the societies they live in (Barnett & Blaikie, 2003:61). Poverty is often accompanied by additional social problems such as family disintegration, substance abuse, adults and children in conflict with the law and HIV and Aids, to mention but a few.

The aim of this article is to explore and describe the psycho-social effects of poverty on rural families.

2. PROBLEM STATEMENT

May (1998:40) mentions that almost half of the South African population lives in poverty, of which most dwell in rural areas. Women and children, people with special needs (the elderly and people with disabilities) and those living in rural areas, are most at risk (White Paper for Social Welfare, 1997). Msindisi (2000:05) sites a recent report on poverty that reveals that 71% of the poor population in South Africa lives in rural communities. This intriguing figure indicates that the rate of poverty in the rural communities of South Africa is alarming and leaves much to be desired.

Skweyiya (2000) notes that poverty is often accompanied by additional social problems such as family disintegration, substance abuse, adults and children in conflict with the law, and HIV and Aids, to mention but a few. There is also both a direct and indirect relationship between poverty and HIV and Aids. Poverty, HIV and Aids remain major concerns in South Africa. Poverty also often goes hand in hand with low levels of literacy and a lack of capacity to access economic and social resources.

It is impossible to ignore the stark reality of poverty and the daily struggle of a large number of South Africans to survive Oliver (2005:211) remarks. Nowhere is poverty more prevalent than in rural communities where it is an every-day occurrence in most households (Anon, 2001).

The following question is formulated from the preliminary information:

What are the psycho-social effects of poverty on rural families?

3.   AIM AND OBJECTIVES

3.1   AIM

The aim of this article is to explore and describe the psycho-social effects of poverty on rural families with special reference to Heuningvlei village in the Kgalagadi district, Northern Cape Province.

3.2   OBJECTIVE

The following objective of the study was explored:

- To study the psycho-social effects of poverty on rural families by means of literature and empirical research.

4.   BASIC THEORETICAL STATEMENT

Many families in South Africa are troubled by poverty and face challenges that have psycho-social effects on the families.

5.   RESEARCH METHODOLOGY

Research methodology includes a description of the specific techniques to be employed, the specific measuring instruments to be utilized and the specific series of activities to be conducted in making the measurements (De Vos et al., 2005:118). The research methodology of this study consists of a literature study and empirical research.

5.1   LITERATURE STUDY

Royse (2004:40) says that a literature review assists in relating the research problem to the existing theory. Grinnell (2001:434) states that a literature review interacts with and supports the framework by introducing and conceptually defining the key variables that are the subject of the study.

In the literature review a study was made on the psycho-social implications (effects) of poverty for rural families. There is a considerable amount of books/web literature/journals and publications on poverty within rural families, both nationally and internationally. However, there are very few contemporary studies or insufficient data on the specific psycho-social effects of poverty on

rural families or communities. Little is also studied on the degree to which poverty prevails in rural areas or communities. It was on this note that the researcher deemed it fit to conduct a study of this nature. The databases that were consulted involve a systematic library search, South African Journals, Sociology and Social Work books, Social Work abstracts, Social Sciences Indexes, the Eric Nexus database, dissertation abstracts, EBSCOhost and the internet.

5.2   EMPIRICAL STUDY

For purposes of this study the researcher used the Developmental Research and Utilization Model (Grinnell, 1981:593). Analysis, the first phase in the Developmental Research and Utilization Model (Grinnell, , 1981:593), embraces the relevant activities that necessarily precede the developmental effort itself. Analysis implies amongst others the identification of the problem and the consideration of existing social technology (e.g. social group-work empowerment programme) (Geyer, 2006:118).

For the purpose of this study in this phase, a survey was conducted often called needs assessment (Royse, 2004:177). This type of research could be viewed as one of the oldest forms of social research and is defined by Schuerman (1983:86) as: 'research aimed at documenting the needs of people living within a particular community or other geographical region or needs of a particular subgroup within a region". This type of research usually involves interviews or questionnaires and the aim is to determine what the need for potential program is (Grinnell & Williams, 1990:251). It is therefore the researcher's opinion that without through needs assessment research, it will be difficult or impossible, to do intervention.

Data was collected by means of a personal completed schedule. The schedule contained closed and open ended questions. Only the close-ended questions (quantitative data) will be discussed in this article. The open-ended questions (qualitative data) will be discussed in article 2. One comprehensive measuring instrument was used for the whole project, but for purposes of this research only relevant information was extracted from the data. Based on the findings of the analysis phase the researcher developed a social group work

empowerment programme and also identify different programme activities that were relevant to the empowerment of rural families of Heuningvlei community.

5.2.1 RESEARCH DESIGN

Mouton (2001:55) defines research design as a plan or blueprint of how one intends to conduct the research. Research design is a plan which includes every aspect of a proposed research study from the conceptualization of the problem right through to the dissemination of findings (Grinnell, 2005:547).

The researcher used the descriptive design on account of the descriptive and qualitative nature of the study. Marais and Mouton (1991:19) are of opinion that the purpose of the descriptive design is to describe a particular phenomenon, situation, or event. According to Nottel (1990:25), a descriptive design is a way of determining what the facts are in relation to a particular problem. This part of the study was also of explorative nature. With regard to the study reported here, the researcher explored and described the psycho-social effects of poverty on deep rural families.

5.2.2 SAMPLE

Sampling is the process of selecting observations (Rubin & Babbie, 2005:241). A sample can also be defined as a small portion of a total set of objects, events, or persons which together comprise the subject of the study. The sample was drawn from Heuningvlei Village in the Kgalagadi District of the Northern Cape Province. Bless and Higson-Smith (2000:85) explained that a population refers to the set of elements that the research focuses on and to which the obtained results should be generalized. McBurney (2001:248) refers to the population as the sampling frame. A population is the totality of persons, events, organization units, case records or other sampling units with which the research problem is concerned.

The researcher used systematic sampling to elicit data from a total of two hundred and thirty households from Heuningvlei village; thus one participant per household (De Vos et al., 2002:205). The participants of the study were heads of households from Heuningvlei Village in the Kgalagadi district Municipality of the Northern Cape Province. Systematic random sampling was used to elicit data from the respondents (De Vos et al., 2005:205). The

researcher included every fifth household in the row/street. The first house in the row/street served as the starting point. The sampling size of the study was two hundred and fifty four (254) households, thus one participant per household, however due to the extreme weather conditions only two hundred and thirty (230) respondents participated in the study.

5.2.3 MEASURING INSTRUMENT

Both the qualitative and quantitative research paradigms were utilized in this study. The dominant-less-dominant model was used. It means that the researcher presents the study within a single, dominant paradigm with one small component of the overall study drawn from the alternative paradigm. In this study the questionnaire was both quantitative and qualitative (Creswell, 1994:173-190). For purposes of this study, the quantitative approach was dominant with a small component of qualitative data. In this article, only the quantitative data will be discussed.

The researcher used personal interviews to collect data in this study. A schedule with both open- and closed-ended questions was used to collect data.

5.2.4 RESEARCH PROCEDURE

- The researcher obtained permission from the Chief of Heuningvlei and his tribal council to undertake research in the Village.

- The participants of the study were heads of the households in Heuningvlei community.

- Since rural communities are mostly of low educational background, the researcher prepared the participants in explaining to them the nature and rationale of the study. Though the schedule was compiled in English, the interviews were conducted using the language of the respondents which was "Tswana".

- The schedule was tested with people not included in the sample to maximize the level of reliability and validity of the instrument.

- As a token of appreciation for participating in the study, every household received a 2 kg packet of Soya meal after having completed the schedule.

5.2.5 ETHICAL ASPECTS

The Ethical committee of the North–West University (Potchefstroom Campus) approved Tshwaragano Project (06k07). Regarding the study reported here, the following ethical aspects were adhered to:

- **Harm to respondents**

De Vos et al. (2005:58) hold that the researcher must, within reasonable limits, protect subjects against any form of physical discomfort which may emerge from the research projects. In order to protect respondents against any harm, sensitivity towards emotional and physical comfort was maintained. The cultural customs of the respondents were respected at all times (De Vos et al., 2005:57-68).

- **Violation of privacy**

The respondents' right to privacy was well respected and maintained. The questionnaire schedules were completed at the exclusion of their homes.

- **Voluntary consent**

The respondents' voluntary consent was sought. In accordance with the directions of Creswell (2003:64), the respondents knew that they had a choice to participate and could withdraw at any stage. The respondents' rights to withdraw from the interview were respected.

- **Confidentiality**

Confidentiality and anonymity were strictly abided by. This was achieved by critically explaining the general aim of the study and procedures to be used such as helping them to complete the questionnaires.

5.2.6 DATA ANALYSIS

The questionnaire of this study had both quantitative and qualitative questions. Only the quantitative data will be discussed in this article. Quantitative data analysis was based on the content analysis and it was carried out by members of the Statistical Consultation Services of the Potchefstroom Campus of the North-West University.

6. DESCRIPTION OF KEY CONCEPTS

6.1 PSYCHO-SOCIAL

Psycho-social refers to feelings, attitudes and behaviours of persons in their relationships with others. The term also refers to the social condition or situations which influence human well-being (Northen, 1995:09). The New Dictionary of Social Work, (1995:50) refers to psycho-social as a multiple and complex transactions pertaining to the social functioning of individuals or to the social and organisational functioning of larger social systems which are affected by, among others, personality disorders, inadequate role performance and life transitions involving developmental changes, crises as well as communication and relationship difficulties.

In the context of this study the psycho-social effects of poverty on rural families would refer to both the psychological and social implications of poverty on rural families that affect the normal functioning of families.

6.2 POVERTY

Patel (2005:240) defines poverty as "... an interlocking and multi-dimensional phenomenon caused by a lack of multiple resources such as employment, food, housing and land as well as infrastructure such as employment, food, assets (housing, land), basic infrastructure (such as water, transport, and energy), health care and literacy". In the case of this study, poverty can be understood to be the inability of people to meet their basic needs in a given community.

6.3 RURAL

Rural emphasises agricultural and social patterns that are more personal and informal, such as simplicity of life style, slow social change and little social differentiation, say Childs and Melton (2000:96). Therefore rural can be understood to be a less developed area in the country characterized by lack of infrastructure and social resources, and poor service delivery.

6.4 FAMILY

A family is a social institution with many functions. The family provides emotional support and nurturance needed by its members. It also provides

economic support to the children in particular and it has the responsibility of transmitting culture to children. Family is the most intimate group to which people belong; it is regarded as the individual's source of strength, love, protection and safety (Zastrow, 2007:380).

In the context of this study, family can therefore be understood to be a social institution characterized by love, care, protection and support. It is a group of individuals who are usually related to one another and who live together. It is a foundation on which societies are built.

7. DISCUSSION OF RESULTS

In this section the following key issues will receive attention, namely demographic information including age category of the respondents, gender and marital status. This section will further give an exposition of the living conditions of the respondents, including housing, drinking water and sanitation and electricity. Other issues involve unemployment, health, HIV and Aids, literacy and education, and violence, abuse and neglect.

7.1 DEMOGRAPHIC INFORMATION

- ### AGE CATEGORY

TABLE 1:   AGE OF HEAD OF HOUSEHOLD

YEARS	NUMBER	%
21-30	44	19,21
31-40	50	21,83
41-50	63	27,51
51-60	43	18,78
Above 60	29	12,66
Total	229	100

Frequency missing = 1

The age of an individual determines his/her needs, aspirations and experiences. The majority of the respondents who are the heads of the households in Heuningvlei village are those between ages 31 and 50 years. This clearly indicates that most of the respondents have reached adulthood, which necessitates some responsibilities in their lives. Only 44 (19,21%) of the respondents were below the age of 30 years, and it is the researcher's opinion that these are people who are believed to be actively participating in the mainstream economic activities of the country.

- ### GENDER

The majority of the respondents, 180 of the 230 respondents (78,26%) were women. According to the White Paper on Social Welfare (1997) women, children, the elderly and those who are disabled are the vulnerable groups in rural communities who are always trapped in poverty, while men are out in cities searching for employment opportunities. Rural women in South Africa are most often responsible for child care, accessing resources for power, fetching water, preparing food and caring for the sick and the elderly. Most of

the men in this village had gone to cities to search for employment opportunities. Most men were said to be working in the Mining industries of either Rustenburg, or the KOSH towns – Klerksdorp, Orkney, Stilfontein and Hartebeesfontein in the neighbouring North-West Province. Some men were reported to be searching for employment opportunities in the big towns of the province, for instance Kuruman and Kimberley. It was noted that an extended period elapses before they can come home. This also further renders family members vulnerable to poverty. Other men were said to be herding their livestocks during the day and come back by the evening, who account for 49 of the 230 respondents (21,30%).

- **MARITAL STATUS**

If one looks at the marital status of the respondents, it is worth noting that 54 of the 230 respondents (23,48%) indicated that they are married and 111 of the 230 (48,26%) indicated that they were never married. Poverty affects heads of households who are single more than it affects their married counterparts. Most single parents, especially women in rural areas, are more prone to live in poverty. The way we understand a family and its functions in the 21st century has changed, since the world around families has changed. Saleebey (2002:264) argues that "...the nuclear, modern family, clearly has lost the statistical and moral dominance it once had. But, if it is in decline there has arisen no other singular structure to supplant it".

7.2   LIVING CONDITIONS

- **HOUSING**

In 1993, the backlog in respect of housing in South Africa was estimated to be in the region of one and a half million units, of which 24% represented the needs of the African population (South African Institute of Race Relations (SAIRR), 1994:323). In a 1995 publication of the South African Institute for Race Relations the backlog for informal houses rose to 4.5 million units, of which nearly 3 million were located in rural areas (South African Institute for Race Relations (SAIRR), 1995:319).

The majority of the respondents in Heuningvlei community 120 of the 230 respondents (52,17%) indicated that they live in the traditional huts or in mud

houses. The houses gave a neat appearance compared to the shacks in the area. Some of the houses are poorly roofed and they leak during heavy rainfall. The other problem with regard to housing in this village is overcrowding in homes due to the insufficient number of rooms in the house compared to the number of people living in the house. More than 50 of the 230 respondents, thus (21,74%) indicated that there are between four and eight people in their households but they only have one or two rooms for sleeping. From the figures indicated it is clear that there is a problem of overcrowding in the majority of the households in Heuningvlei. This is not an ideal situation, because there is very little privacy in homes, and members of the opposite sex are obliged to share rooms. Inadequate and inferior housing is one of the major problems experienced by blacks in both urban and rural areas. Overcrowding conditions often increase the incidence of infectious diseases, which are caused by multiple use of washing and toilet facilities, problems of food storage, poor health and ventilation systems. Poor housing can also lead to feelings of despair, apathy and shame; it is also associated with family disorganization and breakdown, violence and poor educational performance by school-going children.

- **DRINKING WATER AND SANITATION**

More than 70% of South Africa's population is dependent on groundwater and 13% of the water used comes from underground sources. It is estimated that 12 million people lack access to adequate clean water supplies, and that 21 million do not have access to acceptable sanitation facilities (Potgieter, 2006:67).

In this study the majority of the respondents 220 (95:74%) of the 230 and 216 (93,91%) of the 230 respondents indicated that they use public taps for water and boreholes/underground water and that they have pit latrines respectively; thus there are no sanitation facilities in the village. The public taps are not within walking distance, which should be within a radius of 400 meters from their homes. These taps are also not always functional, since it is indicated by the community members that they occasionally experience a period of a month without tap water. This is clearly due to poor service delivery in rural areas and an indication of how these areas are marginalized, overlooked,

ignored, neglected, abandoned, to mention but a few. These figures in Heuningvlei village correlate with and complement other areas in South Africa; approximately 3.5 million people in South Africa have no access to clean running water while 15 million people have no access to sanitation (Potgieter, 2006:67-68).

Potgieter (2006:67) reports that 80% of the world's diseases and sicknesses, for instance cholera, diarrhoea and typhus are due to poor water supply and insufficiency or non-existence of sanitation facilities. Just as important as the supply of clean water, is the availability and standard of sanitation in a community. Inadequate sanitation is one of the major factors contributing to the spread of infectious diseases. Over 95% of people living in rural and peri-urban communities of South Africa do not have adequate sanitation (Potgieter, 2006:67-68).

- **ELECTRICITY**

South African Institute for Race Relations (SAIRR) (1994:350) reported that, in 1993, Eskom estimated that more than 60% of South Africa's population (23 million people) had no access to domestic electricity. Booysens (1997:46) states that 30% of the South African population still depends on firewood as their main source of energy with obvious implications for the country's natural timber resources.

In Heuningvlei community 161 (70%) of the 230 respondents/households have electricity. Of these households that have electricity, only 112 (48,70%) of the 230 respondents use electricity for cooking. Almost 90 (39,13%) of the 230 respondents indicated that they make use of wood and cow dung to cook, although they have electricity. This is simply because the inhabitants do not have money to buy enough electricity for lighting and cooking. In the long run there will not be enough wood for all the households, with obvious impact on the environment.

7.3 UNEMPLOYMENT

Lack of employment is a significant contributor and/or indicator of poverty and a broad definition of employment would include 30% of economically active South Africans. Poverty and unemployment are closely correlated: 55% of

people from poor households are unemployed, compared to 14% of those from non-poor households (May, 2000:14). Unemployment rates tend to be highest among Africans, in rural areas, among women and the youth, and among those with no previous work experience. Ninety three percent (93%) of the unemployed poor are Africans, 56% are female, 70% are below the age of 35, and 58% are from rural areas. Poor households are characterized by a lack of wage income, either as a result of unemployment or of low-paying jobs, and typically rely on multiple sources of income, which helps reduce risk (May, 1998:56). The rural unemployed usually move to urban areas out of desperation and are then faced with a far worse situation, namely violence and crime.

According to the ANC reconstruction and development programme (1995:4) poverty and employment status are closely linked; most of the poor do not have jobs and those who do, work for low wages, often far away from their families. This makes the poor very dependent on pensions and remittances; hence, they are vulnerable.

In this study the majority of the respondents 134 (58.26%) of the 230 indicated that they are unemployed, while 52 (22,61%) of the 230 indicated that they are pensioners. Only 44 (19,13%) of the 230 households have someone who is employed and obviously have low-paying jobs. Unemployment in South Africa has increased from approximately 30% to 40% between 1995 and 2002. The main source of income of these households 177 (77,55%) of the 230 households is social assistance grants from government. Some of the respondents receive more than one type of grant. Sixty one (61%) of these grants is Child Support Grants, 12% is Disability Grants, 2% is Foster Care Grants and 25% is Old Age Grants. The amounts of the grants paid out for the year 2006 are Old Age Grant R820, Disability Grant R820, Child Support Grant R190 and Foster Care Grant R580.

This is a great concern in that almost the entire community of Heuningvlei is dependent on the social assistance grants. Nearly 5.1 million people in South Africa receive Social Assistance Grants or pensions for survival (Oliver, 2005:46). The sustainability of this is questionable. Unemployment is a major

factor which exacerbates poverty in rural areas hence dependence of people on social assistance grants.

7.4 HEALTH

In this respect, the following key issues, namely malnutrition, food, health care and HIV and Aids will be deliberated on, as they appear to be clear symptoms or indicators of poverty.

- **MALNUTRITION**

May (2000:19) advocates that malnutrition is not to be equated simply to lack of food, or regarded as a medical problem; it is the outcome of complex inter-related social, economic, political and other processes. Where malnutrition does not cause death, it impacts on the quality of life and opportunities of those affected, and on their ability to earn adequate income. Immediate causes of malnutrition include inadequate dietary intake and diseases. Underlying causes are related to household food insecurity, inadequate maternal and childcare, and inadequate access to basic health services and a healthy environment. Poverty is thus a basic cause of malnutrition. Poverty and malnutrition are intimately linked; in fact, they can form a cycle where one leads to the other in an ever-worsening spiral of misery. A poor family is unable to feed itself adequately. Early loss of breadwinners through illness leads to further poverty in many families.

Where there is lack of food, people tend to be ill because their body defence mechanisms are not there to protect them against diseases. Malnutrition leads to decreased resistance of tissues to infection, and a less efficient immune system. According to the World Health Organization (1998:20), nutrition is a fundamental pillar of human life, health and development across the entire lifespan. From the earliest stages of foetal development, at birth, through infancy, childhood, adolescence, and on into adulthood and old age, proper food and good nutrition are essential for survival, physical growth, mental development, performance and productivity, health and well-being. Hunger and malnutrition remain among the most devastating problems facing the majority of the world's poor and needy, and continue to dominate the health of the world's poorest nations.

- **FOOD**

In Heuningvlei only 30(13,04%) of the 230 households indicated that they have small vegetable gardens. This small percentage could be expected, since the people have no money to buy seeds and there is also a shortage of water in the community. It is unfortunate that the majority do not have vegetable plots as that could help to provide them with fresh vegetables and fruits, as well as generate income by selling their products in the community and neighbouring villages.

It is very disturbing and a great concern that 140 (60,87%) of the 230 respondents indicated that they often go to bed hungry, while 65 (28,26%) of the 230 respondents reported that they occasionally go to bed hungry and 15 (6,52%) of the 230 respondents reported that they seldom go hungry. Only 10 (4,35%) of the 230 respondents was of opinion that they never go hungry. This is a clear indication that poverty is a major problem in this community; thus malnutrition. There are no poverty alleviation programmes in the community. It was evident that the majority of the respondents 220 (95,74%) of the 230 have no food security.

The majority of the respondents 220 (95,74%) of the 230 further indicated that their daily diet comprised mainly of soft porridge, bread, rice, cabbage, tea, and coffee, which obviously impacts on their nutritional standing. It is therefore clear from the respondents' data that food insecurity is a problem in Heuningvlei community which results in malnutrition. Very few respondents 10 (4,35%) of the 230 respondents indicated that they include meat, poultry, vegetables or fruits in their diet.

- **HEALTH CARE**

Some of the indicators of health and standard of living are infant mortality rate and malnutrition. The availability of health care facilities is determined by the economic strength of the people. Poor people lack proper health care facilities compared to their well-to-do counterparts, and this contributes to the health status of the poor people. If facilities were available equitably, most health problems would be minimized (May, 2000:104). Health promotion and early diagnosis, therefore applying preventive measures, usually is the

function of health care facilities, but if the latter is absent, most of the diseases will develop without them being noticed. Health and sustainable development are intimately inter-connected. Both insufficient and inappropriate development can lead to severe health problems.

Addressing primary health care is integral to the achievement of sustainable development. Health care is one of the determinants of health. A range of other factors, including housing, access to safe drinking water, sanitation and so on, impact on the health status of the people. Sanitation and water, in particular, are arguably more important determinants of health, particularly if the country is keen to emphasize prevention rather than cure (May, 2000:104). Similarly Roger (1998:49) states that access to basic services such as health care impact directly on the quality of life. May (2000:35) reports that the following are the health problems related to poverty: tuberculosis, diarrhoea, fever and HIV/Aids, to mention but a few.

The statistics of the Department of Health (1997) indicate that tuberculosis is a serious public health problem with a strong association with poverty. Those who are poor and live or work in over-crowded and unhealthy conditions are more likely to become ill with tuberculosis. In this study, 80 (34,78%) of the 230 respondents suffer from ill health such as tuberculosis, HIV and Aids, malnutrition to mention a few. The community has only one health centre (clinic) serving over 700 households. The clinic operates from 08h00 -16h00 and the staff are said to be not professionally trained. They only use the services of nursing assistants (staff nurses) and volunteers. The clinic is not accessible to other areas of the community and they did not benefit from it, seeing that it is very far from where they live. It is not centrally located. Occasionally, when there is an emergency, they hire people who own donkey carts to transport them to the clinic. There are no mobile clinics available as a supplement of services of the clinic. On occasions when there were serious illnesses that needed the doctor's attention, people had to go as far as Kuruman, Vryburg and Kimberley. There are no medical surgeries or hospitals in the village. Health care is a serious problem in this community, which calls for immediate intervention.

7.5   HIV AND AIDS

HIV and Aids as a health priority is also linked to poverty as much as tuberculosis. May (1998:111) stresses that the combination of poverty and natural disasters, violence, social chaos and the disempowered status of most rural people form a fertile environment for the transmission of HIV infections. Poverty increases the risk of HIV infections because people resort to prostitution to earn a living and other risky sexual behaviour. Conversely, the illness increases the risk of a household or individual becoming impoverished. Beyond the individual and household, HIV and Aids lower the general level of health in communities in which it is prevalent because of its close relationship with other communicable and poverty-related diseases. Uys and Cameron (2004:161) point out that the link between poverty and Aids is undisputed. HIV and Aids tend to attack disadvantaged and poor communities sooner and more severely than other communities. Furthermore, the contexts in which people live dramatically influence their vulnerability to HIV infection and their ability to cope with Aids.

The levels of HIV infection in South Africa is around 23% for the country as a whole, with the highest infection rates being detected in KwaZulu-Natal, Mpumalanga and the Free-state. The level of infection in the Northern-Cape Province has increased from 9,9% to 10,1% between 1998 and 1999 (Anon, 2004: 07).

In the Northern Cape Province HIV and Aids prevalence is standing at 18.5% according to Ante-natal clinic survey of 2005 (Statistics SA). It is further challenged by severe poverty, a huge surface area housing a scattered community, and limited human resources. Heuningvlei village in Kgalagadi district is no exception in this regard. This is evidenced by a number of the respondents 159 (69,13%) of the 230 respondents who indicated that there is an urgent need for HIV and Aids counselling in the village. This clearly indicates that the majority of people living in this village are infected and affected by this pandemic. Very high levels of HIV infection are found in the population category between 20 and 29 years of age, accounting for more than 115 (50%) respondents. This is the age category that is likely to play an important role in the economic activities and development in the next 15 to 20

years. The high levels of infection will thus clearly impact negatively in this regard.

7.6 LITERACY AND EDUCATION

TABLE 2: HIGHEST LEVEL OF EDUCATION OF HEAD OF HOUSEHOLD

Grade	Number	%
None	59	26,22
1-7	98	43,56
8-10	36	16,00
11-12	32	14,22
Total	225	100,00

Frequency missing = 5

The majority of the respondents 98 (42,61%) and 59 (25,72%) indicated that they either had no formal education or they only have primary education respectively. It is estimated that 7.5 million people over the age of 15 years were illiterate or severely undereducated in South Africa in 1994 (Potgieter, 2006:68). According to the Green Paper on Population Policy (1995) as cited in (Potgieter, 2006:68) an estimated 50% of the rural population was illiterate, compared to 38% in urban areas. Bernstein and Gray (1997:114) confirmed that illiteracy is much higher in rural areas of South Africa and point out that it plays an important role in poverty and low level of entrepreneurship. In responding to a question on the causes of poverty, 171(74.35%) of the 230 respondents said that a low level of education is one of the causes of poverty. It is evident that the level of education plays an important role in obtaining employment. In a community such as Heuningvlei it is important for people to acquire the necessary training and skills to enable them to generate their own income.

However, many constraints block black people from improving their educational level. For instance, the unequal distribution of educational services and low quality curricula are well-known impediments to the education of black South Africans. The problem is further propounded by the low-income status of the African parents, because this makes them to augment the low quality of education offered to their children at school or to afford private education. They cannot, for example, provide stimulating learning environments for their children at home, because they are unable to afford books and educational toys. Due to illiteracy, parental involvement in the form of homework supervision and helping with school matters simply is an unaffordable luxury.

Of great concern is that rural schools carry the bulk (70%) of the African school children. The problems pertinent to rural education are abundant and varied, ranging from poor school buildings, lack of teaching aids; long distances the children need to walk to school, general poverty and malnutrition. It is therefore not surprising that there is a high illiteracy and dropout rate among Black families in South Africa.

Households with poorly educated household heads have a far higher incidence of poverty than those with better educated households heads (Whiteford, Posel & Kelatwang, 1995:8). 164 (71,30%) of the 230 respondents also indicated that there are limited educational opportunities in their community.

7.7 VIOLENCE, ABUSE AND NEGLECT

Poverty, unemployment and malnutrition are major factors that contribute towards the neglect and abuse of children. Many children who are continuously exposed to violence and crime eventually take to the streets in an effort to escape the negative impact of their environment. In their struggle for survival, street children are often exposed to elements of crime and violence once more, or become sexually exploited or involved in drug and alcohol abuse as a means of coping with the realities of their subculture (Potgieter; 1998:68). Patel (2005:182) mentions that crime and violence is inextricably linked to poverty, underdevelopment and the history of repression

and associated violence in South Africa. Marital conflict and domestic violence is rife because people blame each other for their poor circumstances. Crime is also high because people have to steal to eat (Tlhojane, 2006:21).

In this study (Heuningvlei) the most important problems experienced in the community as a result of poverty and unemployment are conflict in the home, physical violence, family breakdown, alcohol and substance abuse, crime, depression, financial problems and prostitution which results in unplanned pregnancies and the possibilities of being infected by sexually transmitted diseases, for instance HIV and AIDS.

The majority of the respondents 220 (95,65%) of the 230 respondents in Heuningvlei community indicated that, as a result of poverty and unemployment in families, incidences of conflict in homes and physical violence which result in family disorganization and possible breakdowns are increasing. Alcohol and substance abuse is also one of the common and pertinent problems in the community. The motivation for this is that the respondents use alcohol and substances to cope with and forget their circumstances for a while. Crime and gangsters in the community also create problems. Poverty is seen as a contributing factor to social disorganization, therefore unfavourable economic and social circumstances can lead to delinquent behaviour (Gibson-Cline, 2000:221).

While the wealthy tend to be victims of property crime, poor people (typically Africans and women) are at risk of personal crime. Poverty, high unemployment, and marginalization of men increase the risk of violence against women, and poorer women are often trapped in abusive relationships due to dependence on partners for food, shelter and money (May, 1998:21).

8. DISCUSSION

Almost half of the South African population lives in poverty of which most dwell in deep rural areas like Heuningvlei. Many families in deep rural areas in South Africa are troubled by poverty, crime and Aids, to mention but a few. They face situations that cause distress and hardship. Problems such as unemployment, ill health, marital conflict, violence, abuse and neglect, illiteracy and low levels of education and poor living conditions such as poor

housing, poor sanitation and lack of electricity have psycho-social implications for families.

The age category of the majority of the respondents 113 (49,13%) of the 230 respondents in this study ranged between 31 and 50 years and 180 (78,26%) of 230 respondents were women. This was largely because most men in Heuningvlei community were in search for better employment opportunities in the neighbouring cities. Fifty four (54) (23,48%) of the 230 respondents are married and 111 (48,26%) of the 230 respondents indicated that they were never married. Poverty is believed to be rifer in families with single parents as compared to families with both parents.

The basic living conditions in Heuningvlei community are pathetic and leave much to be desired when one looks at housing, drinking water, sanitation and electricity. The majority of the respondents 120 (52,17%) of the 230 in Heuningvlei community still live in traditional huts and mud houses. Inadequate and inferior housing is a major problem in this area. Almost the entire community of Heuningvlei use public taps to access water and some people use boreholes/underground water, which makes them susceptible and vulnerable to water-related diseases such as cholera (Bradley, 1987:80). They also use pit latrines because there are no sanitation facilities available in this village. These challenges poses health hazards to the community's well-being. In essence, 80 (34,78%) of the respondents in Heuningvlei community are suffering from ill health such as tuberculosis. In Heuningvlei, of the total population only 161 (70%) of respondents have electricity. However, only 112 (48,70%) of the 230 respondents use electricity for cooking only. This is largely because most of the households have no electrical appliances nor do they have the money to buy enough electricity units, which are a clear indication of poverty and the high rate of unemployment in the community.

It is clear that unemployment is a major factor exacerbating poverty in deep rural areas. One hundred and thirty four (58,26%) of the 230 respondents in Heuningvlei community are unemployed and they are entirely dependent on social assistance grants and remittances for a living. Types of grants mainly used are for instance Child support, Disability, Old age and Foster care

grants. This is not an ideal situation, which clearly bears testament to poverty and thus malnutrition.

The majority of the households in Heuningvlei suffer from malnutrition because of poor dietary intake and poor household food security. Lack of employment opportunities and other sources of income deny people to buy healthy dietary foods. As a result, this causes malnutrition in this community that affect the health and well-being of people negatively.

Eighty (34,78%) of the 230 respondents in this community suffer from ill health. Heuningvlei community is a large settlement area with over seven hundred households, but it has one health care centre (clinic) serving the entire community. There are no medical surgeries or hospitals within the village. Health care is a serious problem in this community, which calls for immediate intervention. This will help to address major health problems such as tuberculosis and HIV and Aids experienced in the community.

In the Northern Cape Province HIV and Aids prevalence is standing at 18,5% according to the ante-natal clinic survey of 2005 (Statistics SA, 2005). HIV and Aids in Heuningvlei are serious health problems. As a results of poverty in Heuningvlei community, people resort to prostitution and other risky sexual behaviours to earn money for a living, which renders them vulnerable to HIV and Aids and other infectious diseases. These can be attributed to lack of information, poor literacy and low levels of education of the community members.

The study found that in Heuningvlei community, the majority of the heads of households 98 (42,60%) of the 230 had no formal education and 59 (25,72%) they only have primary education. There are also limited educational opportunities in Heuningvlei community, and problems related to education in this community range from poor school buildings and long distances children walk to school. In these situations children are likely to drop out, which renders them vulnerable to violence, abuse and neglect.

Because of poverty and unemployment in families in Heuningvlei community there is an increased incidence of conflict in homes as well as physical violence, which results in family disorganization and possible family

breakdown. Alcohol and substance abuse is also one of the common and pertinent problems in the community. Crime and gangsters in the community also create problems. All these problems have psycho-social implications (effects) on the people of Heuningvlei community.

9. RECOMMENDATIONS

Families should be supported and their capability should be strengthened to meet the basic needs of their members (Patel, 2005:167). Therefore the following recommendations are made:

- For the well-being and happiness of these families, it is important that they be empowered and that their strength is accepted, enhanced and resuscitated. A study of this nature is significant in that it may contribute to better insight into the world families have to live in and survive today, and also contribute to looking into the structure and functioning of families in South Africa.

- Families must be seen in the light of their capabilities, potentials, talents, competencies, possibilities, visions, values and hopes. However, these may become dashed and distorted through circumstances, oppression and trauma.

- Families should be empowered to take full responsibility for the development in their communities and sustain such development. Families should take ownership and control of their lives.

- The communities should be empowered to become self-reliant and independent so as to discourage the dependency on the state, for example dependency on the social assistance grants.

- Poverty alleviation projects/programmes should be presented. Income generating projects should be identified and people in the community should be involved; thus community participation in their own development. Furthermore, they should promote ownership and control of their development; hence sustainability of development.

- Training programmes should be developed for the community as a way to curb the rate of unemployment within the community and to promote the employment opportunities for the community members.

- The community of Heuningvlei needs the services of full-time social workers to empower them to participate in the sustainable development of their community. Social workers will assist in enhancing the social functioning of people there, in promoting social change in the community and in improving the quality of lives of the community members.

- There is a need for multi-disciplinary and intersectional approaches to development of the Heuningvlei community. The heads of different state departments should visit the community more often to observe for themselves what the needs and problems of this community are. The government of the Northern Cape Province should urgently give attention to this matter. This community has long been neglected and overlooked in terms of development and service delivery.

10. SUMMARY

It is clear that poverty is the most problematic social problem facing the South African society today. It remains one of the greatest challenges facing Southern African Countries. It is a global problem that troubles many families in South Africa and mostly living in rural areas. Poverty causes distress, including unemployment, illness and changing demands of the society the people live in (Barnett & Blaikie, 2003:61).

Poverty is the major problem in Heuningvlei village, affecting people both psychologically and socially. The major social problems experienced in the community as a result of poverty are unemployment, conflict in homes, physical violence, family breakdown, alcohol and drug abuse, crime, depression, financial problems, prostitution and HIV and Aids. In many of the homes they suffer from ill health as a result of malnutrition and other health concomitant factors.

It can therefore be concluded that poverty in South Africa is linked to high unemployment, hunger and malnutrition, inability to pay for or lack of access to health care and basic services, disintegration of families, vulnerability, risk

of homelessness, and occasionally despair. The burden is also heavier on women than on men, and children are the victims (ANC, 1995:3).

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ARTICLE TWO

THE CAUSES OF RURAL POVERTY AND STRENGTHS OF FAMILIES TO SURVIVE: A CASE OF HEUNINGVLEI COMMUNITY IN THE NORTHERN CAPE PROVINCE

MM Motshedi is a PhD student and a Lecturer at the Department of Social Work, School of Social Sciences at the North-West University (Mafikeng Campus)

CC Wessels (PhD) is a Senior Lecturer at the Department of Social Work, School of Psychosocial Behavioural Sciences, at the North–West University (Potchefstroom Campus)

H Strydom (PhD) is a Professor and head of the Department of Social Work, School of Psychosocial Behavioural Sciences at the North-West University (Potchefstroom Campus)

ABSTRACT

The aim of this article was to explore and describe the specific causes of poverty on rural families as well as the families' strengths to survive. The objective of this article was also achieved by means of a critical review and analysis of literature as well as the empirical research following a qualitative approach in order to achieve a better understanding of their experiences and strengths.

1.   INTRODUCTION

The South African Institute for Race Relations (SAIRR) (1994:491) pointed that South Africa is experiencing a situation of escalating mass poverty. This is confirmed by Operation Hunger, which deals with the direct effects of poverty on a daily basis. This organization is of opinion that poverty has reached proportions far worse than those experienced during the economic depression of the 1930s (South African Institute for Race Relations, 1994:491). Poverty remains one of the greatest challenges of Southern African countries (Patel, 1995:52). The Development Bank of South Africa emphasises distinct differences between the rural and urban poor and postulates that the worst poverty is to be found in rural areas.

Poverty in Southern Africa is a consequence of economic, technical, environmental, social, political and exogenous factors (Patel, 1995:52). The low and unsustainable rates of economic growth in the wake of higher rates of population growth resulted in low incomes hence poverty. Often the poor lack adequate capital assets, which may be physical, financial, human, natural and social (Southern African Development Committee – SADC, 2003). Poverty is a devastating phenomenon that affects a person's total being and has a multi-dimensional impact on the development processes of South Africans (Potgieter, 1998:196).

Poverty, a lack of employment and access to social services, food insecurity, the fragmentation of the family and alienation from kinship and the community are some of the factors contributing to the declining quality of family life in South Africa. Family as basic unit of society should be recognized as playing a key role in the survival, protection and development of children. Families should be supported and their capability strengthened to meet the needs of their members (Patel, 2005:167).

This article aims at looking into specific causative factors of poverty in deep rural areas with special reference to Heuningvlei community in Kgalagadi District of the Northern Cape Province. The article further attempted to establish the strengths of these very same families – how they survive or cope in chronic/abject poverty in their area.

2. PROBLEM STATEMENT

Worldwide, rural communities are frequently economically depressed, have limited access to social, medical and legal services and lack employment opportunities, especially for high-level, well-paid employment (Maynard & Howley, 1997:2). Thabo Mbeki (2001) added to this that 'clearly, throughout our country, our rural areas are characterized by high levels of poverty, limited economic and employment opportunities, undeveloped infrastructure and limited services with marginalized communities economically dependent on urban areas. For decades, our rural communities were denied adequate education and our youth forced to abandon their homes and seek jobs in the cities.'

Poverty in South Africa is the most problematic social issue facing different societies today. According to Gray (1998:142), poverty has been a major concern in South Africa for centuries. Almost half of the South African population lives in poverty of who most dwell in rural areas (May, 1998:40). Poverty is a widespread problem throughout South Africa, affecting most Africans. Women and children, people with special needs and those living in rural areas, are most at risk (White Paper for Social Welfare, 1997). Seventy-one percent (71%) of the poor population in South Africa live in rural communities (Msindisi, 2000:05). Poverty rates are higher in rural areas (70%) than in urban areas (28,5%). The circumstances of the poor in the rural areas are worsening in absolute and relative terms due to a legacy of unequal access, of control and of distribution of resources.

Poverty, HIV and Aids remain major concerns in South Africa. It is the combination of economic, social and emotional deprivation which increases the vulnerability of poor individuals and families. Poverty is often accompanied by low levels of literacy and a lack of capacity to access economic and social resources. Education is also one of the most important factors determining employment and thus income. In rural communities, educational underachievement is a key component of the cycle of disadvantage.

Looking at families from a strength perspective, the social worker will spend little time trying to understand what caused the problem and rather focus on identifying or uncovering strengths and create a mindset to look at positives. A shift in paradigm from a pathological orientation to a strengths and resilience focus allows for a different way of thinking about clients. It provides a framework for uncovering strengths and the power within clients. This paradigm shift allows the social workers' new and creative ways to work with families that honour their skills, competencies and talents as opposed to their deficits. These strengths include survivor's pride, hope for the future, the ability to understand another's needs and perspectives and the ability to identify and make choices concerning individual and family goals. Considering the devastating impact of poverty on rural families, it is imperative

that an understanding of families' strengths in dealing with the psycho-social challenges of poverty that they face on a daily basis needs to be developed.

Strengths exist in rural communities; the non-economic strengths which are usually hidden behind the tendency to view rural areas in terms of what they do not have. Despite the 'dust and deprivation' that rural communities experience, there is evidence of people helping one another and sharing resources. Central to this is to recognize rural areas for their liveliness and strengths and not only define them in terms of their economic or material resources (Anon, 2005:08).

It is against the afore-mentioned background that the following research question was developed:

- What are the fundamental causes of poverty in the context of rural families?

- What are the families' strengths to survive?

3. AIM AND OBJECTIVE

3.1 AIM

To explore and describe, the specific causes of poverty in the context of rural families as well as the families' strengths to survive.

3.2 OBJECTIVES

- To study the fundamental causes of poverty in the context of rural families.

- To explore and describe the families' strengths to survive.

4. BASIC THEORETICAL STATEMENT

Poverty is a multi-dimensional and multi-causal phenomenon that affects the total being of human development. However, it is believed that families have strengths and abilities to better their living conditions. They have the capacity for growth and change, and to adapt.

5. RESEARCH METHODOLOGY

Neuman (2003:68) says methodology refers to the techniques a particular discipline uses to manipulate data and acquire knowledge. The research methodology of this study consists of a literature study and empirical research.

5.1. LITERATURE STUDY

Royse (2004:40) points out that literature review assists in relating the research problem to the existing theory. Smit (1995:22) states that a researcher is able to plan a project in a meaningful and scientifically valid manner, only if he has made a thorough study of the literature relevant to the research theme.

The database utilized for a systematic library search was South African Journals, Sociology and Social Work books, Social Work abstracts and Social Sciences Indexes, EBSCOhost, and the internet. Literature review was conducted throughout the entire study. The topics that were critically explored and analysed in the literature review included specific causes of poverty in rural areas and the families' strengths and capabilities to resist their circumstances in order to survive.

There are a number of books/web literature/journals and publications regarding poverty on rural families both nationally and internationally but little or insufficient data exists regarding specific causes of poverty in the context of rural families. It was also difficult to access data regarding families' strengths and capabilities they need in order to resist poverty circumstances in rural areas.

5.2 EMPIRICAL STUDY

For purposes of this study the researcher used the Developmental Research and Utilization Model (Grinnell, 1981:356). Analysis, the first phase in the Developmental Research and Utilization Model (Grinnell, 1981:593), embraces the relevant activities that necessarily precede the developmental effort itself. Analysis implies amongst others the identification of the problem

and the consideration of existing social technology (e.g. a social group-work empowerment programme) (Geyer, 2006:118).

For the purpose of this study the first phase was divided in two articles. Data was collected by means of a personal completed schedule. The schedule contained closed and open ended questions. Only the open-ended questions (qualitative data) will be discussed in this article. The close-ended questions (quantitative data) were discussed in article 1. One comprehensive measuring instrument was used for the whole project, but for purposes of this research only relevant information was extracted from the data. Based on the findings of the analysis phase the researcher developed a social group work empowerment programme and also identify different programme activities that were relevant to the empowerment of rural families of Heuningvlei community.

With regard to the study reported here the researcher followed a qualitative approach because he attempted to explore and describe the specific causes of poverty in the context of rural families and their strengths to resist and survive their poor circumstances.

5.2.1 RESEARCH DESIGN

Grinnell (2001:547) defines a research design as a plan which includes every aspect of a proposed research study from the conceptualization of the problem right through to the dissemination of findings.

The research design used was the descriptive design based on the descriptive and qualitative nature of the study. Nottel (1990:25) circumscribes a descriptive design as a way of determining what the facts are in relation to a particular problem. In part of this study explorative research design was also used on the account of the explorative and qualitative nature of the study.

5.2.2 SAMPLE

Rubin and Babbie (2005:241) point out that sampling is the process of selecting observations. A sample comprises elements of the population considered for actual inclusion in the study or it can be viewed as a subset of measurement drawn from a population we are interested in. The sample of this study was drawn from Heuningvlei Village in the Kgalagadi district. The

sample size was mainly determined by data saturation. A systematic random sampling was employed to select research participants (De Vos et al., 2002:205).

The sample of the study should have been 254 households however unfortunately due to extreme weather conditions only 230 schedules were completed. However, because of the precision with which the randomness was built in, the statistician, Mrs. Wilma Breytenbach of the Statistical Consultation Services did not consider it a major problem. This means that the sample was a fairly good representation of the entire study population.

5.2.3 MEASURING INSTRUMENT

For purposes of this study, a survey, often called a needs assessment (Royse, 2004:177) was conducted. Data was collected by means of a personally completed schedule. The schedule contained closed- and open-ended questions. Only the open-ended questions will be discussed in this article. This provides the researcher with a set of pre-determined questions that might be used as an instrument to engage the participant and designate the narrative terrain (Holstein & Gubrium, 1995:76).

5.2.4 RESEARCH PROCEDURE

This research forms part of the Tshwaragano project number 06k07. During December 2005 the project leader visited the identified rural area where the empirical research was undertaken. Permission to conduct the research was obtained from the tribal Chief, Mr Bareki. The team of researchers compiled the schedule in English, and it was pilot-tested. The schedule was tested with people not included in the sample to maximize the level of reliability and validity of the instrument.

5.2.5 ETHICAL ISSUES

The Ethics Committee of the North-West University, Potchefstroom Campus, approved the study and was registered as Tshwaragano Project number **06k07.**

In the study reported here, the following specific ethical aspects were adhered to:

- **Harm to respondents**

In order to protect respondents against any harm, sensitivity was maintained towards emotionality and physical comfort (De Vos et al., 2005: 57-66).

- **Informed Consent**

In the study the issue of informed consent was treated with the utmost care. Consent was sought from the research participants to complete the schedule (Rubin & Babbie, 2005:77). The researcher gave all the participants a consent form to sign and acknowledge their willingness to participate in the study. (See appendix 2).

- **Violation of privacy**

In this study the researcher respected each respondent's rights to privacy by ensuring that the schedule was completed in the exclusion of their homes (De Vos et al., 2005:61).

- **Voluntary participation**

In the case of this study the participants were regarded as volunteers, thus they were not forced to participate in the study. In accordance with the directions of Creswell (2003:64) the respondents knew that they had a choice to participate and could withdraw at any stage.

- **Confidentiality and Anonymity**

Confidentiality was considered with the aim of protecting the privacy of the respondents. All the information provided was treated with strict confidentiality and maintained as such. Anonymity was also emphasized; thus no identification particulars of the respondents were required (Rubin & Babbie, 2005:78).

5.2.6 DATA ANALYSIS

The programme SAS System for Windows Release 9.2 TS Level 1MO was used to process and analyse the quantitative data (SAS Institute, 2008). The assistance of the Statistical Consultation Services of the North-West University was harnessed to process and analyse the data by making use of

the programme. The researcher himself analysed the qualitative questions manually into themes.

6.   DESCRIPTION OF KEY CONCEPTS

6.1   POVERTY

Poverty, as May (1998:03) puts it in simple terms, refers to the denial of people, of their choices and opportunities for them to live a tolerable life. This encompasses lack of basics for survival, e.g. food, clothing, shelter, medical care, education and employment.

Poverty can therefore be understood to be the inability of people in a given society to satisfy their basic needs.

6.2   RURAL

Rural can be used to describe the unique problematic nature of development in rural or country areas. Hence a rural area is an area which suffers a backlog compared to cities. Rurality highlights 'isolation, vulnerability, lack of opportunity. It also represents 'a sense of community and commitment to traditional values' (Anon, 2005:12).

6.3.   RURAL COMMUNITIES

Rural communities are backward and still retain their traditional relationships. Toennies called them gemeinschaft to mean they are characterized by kinship, friendship and commitment to land (Chambers & McBeth, 1992:22-23). To Mamburu (2000:12), rural communities are those environments that are less developed than the other areas within a given society.

Rural area refers to a geographical area situated far away from large urban settlements and towns, which is inhabited by rural people.

6.4   FAMILY

Zastrow (2007:380) explains that a family is a social institution with many functions. The family provides emotional support and nurturance needed by its members. The family also provides economic support to the children in particular and it has the responsibility of transmitting culture to children.

Family is the most intimate group to which people belong; it is regarded as the individual's source of strength, love, protection and safety.

6.5 STRENGTHS

Seen from the strength perspective, it is assumed that strengths are inherent in humanity itself. Strengths refers to individual and environmental characteristics (or attributes) and challenging situations and broader characteristics of the overall environment that a person employs in order to adapt and cope optimally within a specific context (McQuaide & Ehrenreich, 1997:204). Related concepts are 'protective factor' and 'assets'. Both are probabilistic concepts associated with adaptive outcomes, but are not deterministic at the individual level; in the field of social work the term strength is used (Gilgun, 1999:451). Another related term is resilience, a term used to describe an individual who adapts to extraordinary circumstances, achieving positive and unexpected outcomes in the face of adversity.

From the definitions above, strengths can be understood to be those factors that help families to survive difficult circumstances and that make them resilient.

7. THE CAUSES OF POVERTY IN THE CONTEXT OF RURAL FAMILIES

In this section the following key issues will receive attention, namely poverty and income, unemployment, education and illiteracy, agricultural skills and food security (production) and basic health care.

7.1 POVERTY AND INCOME

Patel (2005:51) accentuates that poverty remains one of the greatest challenges facing Southern African countries. The poverty situation in the region is reflected in low levels of income and high levels of human deprivation. Approximately 70% of the population in the region lives below the international poverty line of USS2 per day. Approximately 40% of the region's population, or 76 million people, live in extreme poverty and have incomes of less than the international poverty line of USS1 per day (Southern African Development Committee – SADC, 2003).

According to the Human Development Report (2003:70)(UNDP), the growing income and wealth inequality, if not properly addressed in any given context, impedes sustainable development by contributing to a rise of poverty, distorting the utilization of society's productive resources, frustrating the growth potential of a country and jeopardizing the sustainability of its environmental well-being. South Africa is no exception when the rich get richer and the poor get poorer. Racially unbalanced income distribution in South Africa is a highly contentious issue that needs urgent attention.

The findings of Tshwaragano Project revealed that indeed, low income is also one factor that exacerbates poverty in rural areas and in Heuningvlei community in particular. The majority of respondents 145 (63,04%) of the 230 respondents indicated that low income has detrimental impact in the cycle of disadvantage. This was substantiated by the fact that the main source of income of the majority of Heuningvlei households is social grants. One hundred and seventy seven (77,55%) of the 230 households are directly depending on various social grants from the government for a living. One hundred and thirty four (58,26%) of the 230 households indicated that they are neither employed nor receive any social assistance from the state. They indicated that there are no employment opportunities in their area; subsequently they do not have the necessary skills 155 (67,41%) of the 230, needed in the corporate market which subjects them to lengthy unemployment or low-paying jobs. Only 44 (19,13%) of the 230 households are said to have someone within the household employed and obviously earning a small income. It is of great concern that a vast majority of the households in Heuningvlei community are dependent on social grants for their daily living. The sustainability of this is questionable and it is not an ideal situation which necessitates an intervention in the form of empowerment programmes.

7.2   POVERTY AND UNEMPLOYMENT

Among South Africa's grave socio-economic problems, unemployment is one of the most serious and intractable. Unemployment is the greatest single cause of deep poverty and underlines or contributes to a wide range of other socio-economic ills. Poverty and employment status are closely linked: most of the poor do not have jobs and those who do, work for low wages – often far

from their families. This makes the poor very dependent on pensions and remittances; hence they are vulnerable (ANC, 1995:4).

Unemployment statistics in South Africa are rife: 41% of people are not economically active, thus they are considered to be unemployed. The vast majority of poor people in our communities, who are unemployed, lack essential vocational and entrepreneurial skills for them to be economically viable. As unemployment invariably results in poverty, the two aspects cannot be separated. "Unemployment is a significant contributor to poverty" (Human Development Report; 1998:23) (UNDP).

Unemployment rates tend to be highest among Africans, in rural areas, among women and the youth, which is due to lack of employment opportunities and appropriate training skills. Ninety three percent (93%) of the unemployed poor are Africans, 56% are female, 70% are youths, and 58% are from rural areas.

In the findings of this study (Tshwaragano Project) it is evident that poverty and unemployment are closely correlated and that it is mostly a rural phenomenon. Unemployment is the most serious and intractable problem and is the greatest single cause of deep poverty in rural areas such as Heuningvlei. The majority of the respondents, 182 (79,13%) and 220 (95,74%) of the 230 respondents indicated that lengthy unemployment and lack of job opportunities respectively are the greatest causes of poverty in their community. This clearly signifies the urgent need for the designing and implementation of socio-economic empowerment programmes in this community.

7.3 POVERTY, EDUCATION AND ILLITERACY

According to the Human Development report (1998:9) "there is a very strong correlation between the level of education and standard of living; the poverty rates among people with no education is 69%, compared with 54% among those with primary education, 24% among those with secondary education, and 3% among those with tertiary education." Education is one of the most important factors determining employment and thus income. The lack of education, employment opportunities and access to services has deprived

many people of their dignity and their ability to care for themselves. There is a close association between poverty and lack of education. Educational attainment indicates a very strong correlation with the standard of living. May, Woolard and Klassen (2000:36) argue that 'a better education at the individual level offers the possibility of a better income and at the aggregated level; a better-educated population leads to higher economic growth'. The acquisition of a minimum education level greatly raises a person's skills and capacity to enter the employment market; it raises a sense of potency and ability to relate to the outside world, as well as the general self-confidence and sense of dignity. Access to basic education is crucial in empowering the poor in their struggle against exploitation and poverty.

In addition, the study revealed that low levels of education as well as illiteracy in Heuningvlei community are also major factors maintaining the vicious cycle of poverty in the community. This was evidenced by the majority of the 230 households, 173 (75,21%) and 165 (71,73%) who indicated that indeed low levels of education as well as illiteracy contribute respectively to the ever-lasting poverty in their community. In Heuningvlei community the majority of the respondents 98 (42,61%) and 59 (25,72%) had no formal education or only have primary education, respectively. The state of affairs in Heuningvlei community with regard to education and literacy fully correlate with the findings of the Human Development report (1998:09). It is clear that the level of education plays a pivotal role in people's ability to secure employment and thus improve their quality of life. Access to basic education is crucial in empowering the poor in their struggle against exploitation and poverty.

7.4 POVERTY, AGRICULTURAL SKILLS AND FOOD PRODUCTION

Rural areas are particularly adversely affected by poverty and underdevelopment. Agriculture in particular is indicated as a key issue in fighting poverty in the developing world. Agriculture and other natural resource-based activities provide the basis for many livelihoods. May (2000:05) remarks that food insecurity is one of the most prominent indicators of poverty. Kotze (1999:26) indicates a strong correlation between poverty and hunger, and further notes that hunger is primarily a result of poverty.

People who rely on products they produce for household food consumption (subsistence farmers) often go through cycles of relative abundance but also scarcity. For many families that rely on subsistence production for survival, the period immediately prior to harvest is a hungry period." During these periods of scarcity many families lack sufficient resources to meet their minimal nutritional needs.

Environmental degradation: Throughout the developing world, the poor often rely on natural resources to meet their basic needs through agricultural production and gathering resources essential for household maintenance, such as water, firewood, and wild plants for consumption and medicine. Thus the depletion and contamination of water sources directly threatens the livelihoods of those who depend on them. People are not receptive to environmental issues when their basic needs are not met. Desperately poor people may exhaust natural resources in order to satisfy basic survival needs (Potgieter, 1998:198).

South African commercial agriculture has followed a more capital-intensive growth path than should have been the case and significant agricultural resources lie unused in the former homeland areas, as is the case in the Northern Cape Province. Both these phenomena have affected the income-earning potential of rural people. The entrepreneurial abilities and skills of African farmers are suppressed, first in the rural areas in general by their exclusion from commercial land market, and secondly in the former homeland areas where commercially viable farming became, by definition, almost impossible. Employment opportunities in commercial agriculture were (and still are) largely limited to unskilled workers and thus poorly paid, and more than half of the total employment in commercial agriculture is of a seasonal and temporary nature only. Furthermore, this growth path has meant that upstream and downstream industries related to agriculture were stunted and urban-based; thus depriving rural people of further opportunities (Anon., 2000b).

Rural people generally do not have access to natural resources to support their subsistence. More than 85% of the countryside is settled by commercial farmers, and the population pressure in the former homeland areas has

depleted the natural resource base to an extent that only a few communities can provide for their subsistence needs in this way (Anon., 2000b).

The findings of the study revealed that only 30 (13,04%) of 230 households indicated that they have food gardens (subsistence farms). This small percentage could be attributed to the fact that the majority of the heads of the households are unemployed and thus they did not have money to buy seeds and necessary equipments for subsistence farming.

Lack of education can also be considered in this regard; had the majority of households in Heuningvlei community had better education, they would have been able to liaise with relevant government departments such as the Department of Agriculture and non-governmental organisations for assistance. There is also lack of sufficient water in the area, which makes it practically impossible for the community members to embark on subsistence or homestead farming for a living. It was found that 140 (60,87%) of the 230 respondents indicated that they often go to bed hungry, while 65 (28,26%) of the 230 reported that they occasionally go to bed hungry and 15 (6,52%) of the 230 reported that they seldom go hungry. Only 10 (4,35%) of the 230 respondents were of the opinion that they never go hungry. Taking these figures into cognizance, it is very disturbing, and this clearly gives an indication of the plight of poverty in this community. The respondents mentioned that their daily diet mainly consisted of soft porridge, bread, rice, cabbage, which is their staple food, and tea and coffee. It is thus clear from their comments that they do not maintain a healthy diet; consequently malnutrition is a problem in the community.

One can deduce that if the majority of the households in Heuningvlei community had food gardens it would help them to provide for their family members as well as to generate income by selling their products. Training of community members on gardening skills and other income generating skills will be beneficial to the community as a whole.

7.5   POVERTY AND BASIC HEALTH CARE

Health and food insecurity presents a further challenge to the SADC region. Debilitating diseases such as cholera, HIV and Aids, malaria and tuberculosis

are impacting negatively on the welfare of the people (Patel, 2005:52). The availability of health care facilities is determined by the economic strength of the people. Poor people lack proper health care facilities compared to their well-to-do counterparts, and this contributes to the poor health status of the impoverished people. If facilities were available equitably, most health problems would be minimized. Health promotion and early diagnosis, therefore applying preventive measures, usually is the function of health care facilities, but if the latter is absent most of the diseases will develop without them being noticed (May, 1998:104).

Access to basic services such as health care impacts directly on the quality of life. Available statistics of the Department of Health (1997) suggested that tuberculosis is a serious public health problem with a strong association with poverty. May (1998:35) states that the following are some of the health problems related to poverty: tuberculosis, diarrhoea, fever and Aids. Poverty is considered to be a dominant factor in ill health. Poverty and ill health are characterized by an interrelated dynamic, resulting in a vicious cycle. Being poor also means being subjected to poor health (Mathole, 2005:57).

Poverty is likely to deepen as the Aids epidemic takes its course, with households being caught up in a vicious cycle of poverty, HIV and Aids (Booysen, 2002:1). South Africa has one of the highest HIV prevalence rates in the world. It is understandable, therefore, that the HIV and Aids pandemic is considered to be one of the most important factors that has been impacting on social integration in general and family life in particular in South Africa during the past decade (Smit, 2007:161-178). It is the family, as the basic social unit of society, which will largely bear the brunt of the possible catastrophic impact of HIV and Aids in the decade to come. The family in South Africa has always been viewed as an adaptive and vibrant institution. It is this resilient nature of the family that made it possible for this institution to respond creatively to challenges in the past such as colonialism, apartheid policies, political turmoil, large-scale urbanization, and economic difficulty (Patel, 1995:01).

Human Development Report (2003:7) states that "many studies have clearly demonstrated that HIV and Aids contribute to the rise of poverty, and that poverty reduces the ability of the poor living with HIV and Aids to cope with

the disease. Moreover, Aids generates new poverty as people lose employment and housing tenure. Household incomes drop due to loss of wage earners and rising spending, particularly on medical care and funerals." HIV and Aids creates other health problems, because those who are infected become more vulnerable to other opportunistic infections. Thus HIV and Aids compound poverty. HIV and Aids is a universal strategic issue that poses extensive challenges to rural development in South Africa. The HIV and Aids challenge is particularly significant because it impacts on a range of developmental factors, including economic stability and long-term sustainability. Furthermore, there are generally more limited resources available in rural areas (such as HIV and Aids education and health care) and there is a concentration of poverty, which increases the vulnerability of the households (Anon, 2000a). Primary health care is often inadequate in marginalized communities. HIV and Aids have implications for the access to social and economic resources, which may intensify the vulnerability of individual family members as well as the family as a social unit. HIV and Aids affects not only the infected individual, but the entire household.

In the case of Heuningvlei community in Northern Cape Province, 80 (34.78%) of the 230 respondents indicated that ill health is a contributing factor to the vicious cycle of poverty in their area. They indicated that they do not have sufficient and accessible health facilities. They only have one clinic which caters for almost 700 households in the village. The clinic is also understaffed. People further indicated that they do not have money to consult professional medical practitioners who are also not available in the community; instead, they make use of local traditional healers. One other factor that contributes to the ever-breaking cycle of poverty in Heuningvlei community is the fact that there is a high fertility rate in the community which attributes to the high population growth. This is indicated by 120 (52,17%) of the 230 respondents in the study. This is the case, even if there are no sufficient health facilities, which basically makes people susceptible and vulnerable to contract infectious diseases such as HIV and Aids, tuberculosis and diarrhoea, to mention but a few. High levels of morbidity and infant mortality are often the result of poor nutrition and inadequate health care. In

South Africa, Aids has compounded these problems. It is quite clear that poverty and ill health are characterized by an interrelated dynamics, resulting in a vicious cycle.

It is on the basis of the afore-mentioned background that the strengths of the rural families to cope or survive with their poor social circumstances were explored and subsequently discussed. The strength perspective of Saleebey (2002) is used as a frame of reference in this article to understand the strengths of families to survive their poor circumstances.

8.   STRENGTHS PERSPECTIVE IN THE FAMILY CONTEXT

From the strengths perspective it is assumed that strengths are inherent in humanity itself. Saleebey (2002, 1-11) states that the human spirit has innate wisdom, people have inherent capacity for transformation, an inborn facility of body and mind to regenerate and resist, the capacity for health and healing , and the capacity to know what is right. Saleebey (2002:11) refers to it as 'a natural state of affairs'. The strengths perspective was developed in reaction to peoples' and societies' enslavement by the pathology paradigm whereby people's social regard and status are determined by psycho-pathological labels (Saleebey, 2002:4). The strengths perspective emphasizes that, in the midst of human pain and suffering, there are locked up strengths, potentials and possibilities. Humanity is not necessarily less than it could have been owing to problems and disease, because humanity has strengths with which it can survive problems and diseases; yes even rise above them (Saleebey, 2002:1-7). According to the strengths perspective, strengths are also found within the environment.

There is no single formula for family success. Families have different styles, depending on their structure, membership, cultural influences, ethnic heritage and a host of other environmental variables. Families representing many structures and lifestyles can function competently. The nature of its interactions, and the support each member gives to and receives from his/her family, defines its health. Factors contributing to family satisfaction and resilience include appreciation and affection, commitment, positive

communication; time together, spiritual well-being and the ability to cope with stress and crises.

The families in Heuningvlei community, who were the subjects under study, were requested to describe themselves, the purpose being to establish how they perceive their families. This served as framework for identifying the strengths of these families. They described their families under the following themes and, where appropriate, verbal quotes are cited to enrich the findings:

8.1 CLOSE, LOVING AND CARING

Although families of Heuningvlei community are very poor most of them care for one another. They suffer because there is a lack of development in their community such as social and economic development. Even though this is the situation in this village, families stand together and united. This might also be one of the strengths that have helped them to survive all these years. Caring for each other is the most basic form of civic participation. We learn to care in families, and we enlarge our communities of concern as we mature. Families must be permitted and assisted in caring for their members (Saleebey, 2002:17). Patel (1995:25) defines social support as 'the subjective feelings, attitudes, and perceptions of being loved, esteemed, and cared for and being trusted and trusting others'. It is this milieu of care and nurturance that keeps many families alive, despite their social circumstances of living in poverty.

To enrich the findings of the study, the verbal accounts of some family members on how they live in their families are reflected:

"My family is united and we support each other."

"My family is good, we can share if we have food."

"Close family, stands up together in difficult times"

It can therefore be concluded that the majority of households in Heuningvlei village are resilient and able to survive the poor social circumstances in their community because family members are close to one another; they love and care for one another. This makes them strong and they stand in solidarity in any given social circumstance. It is then obvious that closeness, loving and

caring of family members in Heuningvlei is the fundamental strengths and pillars that keep them resilient in their poor social circumstances.

8.2   SPIRITUALITY AND RELIGION

Religion and spirituality played an important role in the lives of some individuals and families in making sense of and coping with life directly affected by abject poverty. Strong families share a belief in something greater than themselves. Sharing religious values and beliefs gives families purpose to their existence and help them to unite on family goals. Some respondents showed confidence and refuge in their religious and spiritual beliefs in the following manner:

"We believe in God"

"Going to church and praying" (thus they regard church as place to be and where they are the happiest people).

"Being there for each other and caring for each other"

It can therefore be concluded that the majority of the respondents believe that their families draw strength from God to survive the plight of poverty. It is then proper to indicate that spirituality and religion seem to be one of the strengths of families in Heuningvlei to cope with the reality of poverty in their community.

8.3   OPEN COMMUNICATION

The majority of the respondents 220 (95,74%) of the 230 in Heuningvlei village indicated that a strength of their families is that they communicate their feelings; they are able to share their sorrows and needs, happiness, hopes, dreams and fears among themselves. To them this makes a strong family, regardless of their poor living conditions. Factors contributing to family satisfaction and resilience include, amongst other things, positive communication. Strong families are those in which each member contributes to the overall functioning of the family, and in return, receives the benefits of family membership. Miley, O'Melia & Du Bois (2001:211), state that, in order to accomplish this balance, families require the strength to clearly understand goals, effective communication among members, distributed power, appropriate decision-making procedures, conflict-resolution skills and

cohesiveness. A family benefits from members' abilities to articulate feelings and demonstrate empathy.

Some verbal quotes from the families are reflected to enrich and supplement the findings:

"We talk about our problems openly, thus we do not hide anything from one another"

"We support each other emotionally and socially but not financially".

The researcher supposes that the latter may be as a result of the fact that the majority of family members were neither employed nor involved in any economic activities.

"We still hope things will get better."

Even though the majority of the respondents are living under unfavourable social circumstances of poverty, ill health and malnutrition, to mention but a few, they still have hope that their situation will improve despite the number of years they have remained in the same situation. The researcher can therefore deduce that communication is a fundamental tool or strength for the survival of every family in Heuningvlei community and it serves as a basis for interpersonal relations of family members. Heuningvlei households survive the misery of their poor social circumstances because of their communication pattern.

8.4 WORKING TOGETHER/TOGETHERNESS

The majority of the families 220 (95,74%) of the 230 in Heuningvlei community believe that a strong family is the one that makes decisions, solves their problems and does family work together. A family is a network of care and integral social resource in society. Family members in this area (Heuningvlei) hold on to the family structures and family relations. There is no single formula for a family success. Families have different styles, depending on their structure, membership, cultural influences, ethnic heritage and a host of other environmental variables. The nature of its interactions and the support each member gives to and receives from his/her family defines its health. Factors contributing to family satisfaction and resilience include, amongst

others, 'time together'. Some verbal accounts from the families are reflected to enrich the findings of the study:

"We share together and work together"

"We do not give up, even when it is difficult"

"Working together and being there for one another"

In respect of the study reported here, the researcher can therefore draw the conclusion that the other strength of the families in Heuningvlei community is 'unity'. This conclusion is drawn based on the philosophy 'unity is the power'. The element of unity is solidarity. In social work practice it is believed that a unified approach can deal more successfully with problems than a fragmented approach.

8.5   COMMITMENT

Members of strong families are committed to the family and value the things that make their family special. Families have traditions, rituals and the combined capabilities of family members. They are able to be there for one another in good times and in bad times. Some verbal quotes from the families are reflected to enrich the findings of the study:

"We support each during difficult times"

"We are a very close family and always assist each other whenever there is a need"

"We really love and care for one another"

It can therefore be concluded that the majority of the households in Heuningvlei community believe that their family members resist and survive the poor social circumstances in their community because of their commitment to their families. They ensure that there is protection, support, care and love in families.

8.6   COMMUNITY AND FAMILY TIES

Strong families are connected to others in the community. They are closely involved with extended families and friends, schools, churches and local organizations. The African family in South Africa has traditionally drawn on

the strengths of the extended family. Barolsky (2003:16) is of opinion that qualities associated with the extended family such as strong kinship network relationships, economic and emotional support, and a set of obligations that reaches beyond the nuclear family unit have made it possible for many families in South Africa to survive in a milieu characterized by poverty and socio-political difficulty. A community's strengths include an appreciation of its diverse population, shared community values and standards, timely and deliberate response to community problems and needs, and availability of resources.

From the data collected it was clear that many individuals rely on the support of the extended family. It is a network of care and undoubtedly an invaluable source of support to many family members whose lives are intertwined with poverty. Despite reports on the communities that marginalize and ostracise individuals and families living in poverty in rural areas, community involvement in the eradication of poverty seems to be a more positive approach or strength of the families to have survived all these years. Families in Heuningvlei also share the strength of other systems in which they are embedded, such as the extended family and their neighbours. The families gave some verbal accounts, which enriched the findings of the study:

"We teach our children to have respect for the family and the community"

"Our aunt keeps the family together"

"Mother in the family is the pillar and strength"

The researcher can therefore deduce that families in Heuningvlei community share the strengths of other systems in which they are embedded, such as the extended family and their neighbours in the community, which make them strong and resilient in the poor social circumstances in their community.

8.7 ENCOURAGEMENT

Members of strong families feel that they really belong in their family. They accept their situation and try to build one another's self-esteem. Some verbal quotes from the families are reflected to enrich the findings:

"We accepted our situation"

"We do household chores and look after our sheep and give them water"

"We trust each other and have a good relationship"

The social worker should take these strengths and develop programmes that can strengthen families so that they can cope in their daily lives. He/she should also use them to address psycho-social problems that might occur. Although these families are very poor they show their caring, love, support and commitment to one another. This might be the reason for their survival all these years, given their poor social circumstances.

9.   DISCUSSION

The study found that a low income level is one factor exacerbating poverty in rural communities such as Heuningvlei community. This problem can be attributed to the high rate of unemployment in South Africa, and in Heuningvlei community in particular.

Unemployment is the greatest single cause of poverty, and this makes the rural families very dependent on social assistance grants and remittances; hence they are vulnerable. Unemployment is mostly a rural phenomenon, attributable to lengthy unemployment and lack of job opportunities in rural communities. These problems can be traced back to poor education and illiteracy of rural community members.

There is a close association between poverty and lack of education. In Heuningvlei community, low levels of education and illiteracy are also major factors maintaining the vicious cycle of poverty. Educational attainment indicates a very strong correlation with the standard of living.

People of Heuningvlei community cannot even depend on agriculture for living because they do not have money to buy seeds and other necessary agricultural equipment. There is also a lack of running water to allow people to cultivate subsistence gardens. These circumstances clearly render people susceptible to non-nutritional dietary intake, which results in malnutrition and ill health.

In Heuningvlei community ill-health is a contributing factor in maintaining the vicious cycle of poverty in their area. HIV and Aids and tuberculosis are the

major debilitating diseases in the community. However, the community has only one clinic serving more than 700 households, which is not an ideal situation. Insufficient, rather non-existent, health care facilities in the community is indeed of major concern.

In the midst of pain and suffering, rural families can rise above and overcome these challenges. Families in Heuningvlei community survive their poor social circumstances because of their closeness and loving and caring predisposition. This is their fundamental strength which makes them resilient. They have traditions, rituals, and combined capabilities that make families resilient.

Spirituality and religion also is the strength of families in Heuningvlei to cope and resist in the midst of pain and suffering due to poverty in their community. They believe that their families draw strength from God to survive the plight of poverty.

Factors contributing to family satisfaction and resilience include, amongst other things, positive communication. Families in Heuningvlei openly communicate their feelings, thus they share their sorrows and needs, happiness, hopes, dreams and fears among themselves. As a result, this makes them strong and resilient.

Open communication allows family members to work together. Families in Heuningvlei community believe that a strong family is one that makes decisions, solves it problems and does family work together. Solidarity and unity are strengths of families in Heuningvlei community that have enabled them to survive all these years. Families in Heuningvlei are also committed to family matters. To be resilient, strong families are connected to other social systems in the community and extended families.

10.   RECOMMENDATIONS

The following recommendations can be suggested, based on the findings of this study:

- For the well-being and happiness of these families, it is important that they should be empowered and that their strengths be accepted, enhanced and resuscitated.

- A study of this nature is significant in that it may contribute to better insight into the world in which families have to live and survive today, and also contribute to looking into the structure and functioning of families in the South African context.

- Families must be seen in the light of their capabilities, potentials, talents, competencies, possibilities, visions, values and hopes. However, these may become dashed and distorted through circumstances, oppression and trauma. The social workers should apply the empowering approach and work from the strength perspective.

- Families should be empowered to take full responsibility for the developments in their communities and sustain such developments.

- The communities should be empowered to become self-reliant and independent so as to discourage the dependency on the state, for instance the dependency on the social assistance grants.

- Poverty alleviation projects/programmes should be presented. Income-generating projects should be identified and people in the community should be involved; thus the participation of the community in their own development promotes ownership of and control over their development; hence sustainability of development.

- Training programmes should be developed for the community as a way to curb the rate of unemployment in the community and promote the employment opportunities for the community members.

- The community of Heuningvlei needs the services of full time social workers to empower them to participate in the sustainable development of their community. Social workers will assist in enhancing the social functioning of people there and in promoting social change in the community – to improve the quality of lives of the community members.

- There is a need for multi-disciplinary and inter-sectoral approaches to the development of the Heuningvlei community. The heads of different state departments should visit the community more often to observe for themselves what the needs and problems of this community are. The government of the Northern Cape Province should urgently give attention to this matter. This community has long been neglected and overlooked in terms of development and service delivery.

11. SUMMARY

Poverty is a multi-dimensional and multi-causal phenomenon that impinges the entire spectrum of human development. It is important to recognize that rural communities, through their experiences, knowledge and understanding of rural life, have potential to shape a better future for themselves. Perhaps most importantly this is linked to an emerging attitude of assertiveness of the communities concerning their knowledge, views and decisions vis-à-vis those of outsiders. The strength-based approach assists in unleashing the potential communities have, to critically analyse their own situations, find meaningful solutions and to unlock new possibilities for action.

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ARTICLE THREE

A SOCIAL GROUP WORK EMPOWERMENT PROGRAMME FOR POVERTY STRICKEN FAMILIES

MM Motshedi is a PhD student and a Lecturer at the Department of Social Work, in the School of Social Sciences at the North-West University: (Mafikeng Campus).

CC Wessels is a Senior Lecturer at the Department of Social work in the School of Psychosocial Behavioural Sciences, at the North-West University: (Potchefstroom Campus).

H Strydom is the Subject Head of the Department of Social Work, in the School of Psychosocial Behavioural Sciences at the North-West University: (Potchefstroom Campus).

ABSTRACT

The aim of this article is to develop a social group–work empowerment programme to empower and support poverty stricken rural families in Heuningvlei community in the Northern Cape Province. The programme was developed in response to the findings of the needs assessment survey conducted and the literature studies with regard to the study reported here. The researcher used the group-work method of social work practice to empower and support poverty stricken rural families in Heuningvlei community with diverse knowledge and skills to enable them to enhance their social functioning. The programme was presented to sixteen members of the community selected on the basis of their keen interests in the programme. The programme was presented in a marathon of eight sessions. The suggested recommendations are provided.

1. INTRODUCTION

Poverty in South Africa is the most problematic social problem facing the different societies today. According to Gray (1998:142), poverty has been a major concern in South Africa for much of the past and present century. Almost half of the South African population lives in poverty and most of these

people dwell in rural areas (May, 1998:40). Poverty is a widespread problem throughout South Africa, affecting most Africans. Women and children, people with special needs and those living in rural areas are most at risk (White paper for Social Welfare, 1997). In South Africa, 71% of the poor population live in rural communities (Msindisi, 2000:05). Poverty is more pervasive in rural areas, particularly in the former homelands. The majority (65%) of the poor are found in rural areas and 78% of those likely to be chronically poor are found in rural areas (Anon 2004). Ashley and Maxwell (2001:395) point out that "...poverty is not only widespread in rural areas, but most poverty is rural". The circumstances of the poor in the rural areas are worsening in absolute and relative terms due to a legacy of unequal access, control and distribution of resources.

The researcher therefore developed a social group work empowerment programme for poverty stricken rural families with specific reference to Heuningvlei community in the Kgalagadi district in the Northern Cape Province.

2.   PROBLEM STATEMENT

Rural communities in South Africa were not sustainable empowered. This is why they have lowered socio-economic and political backgrounds, the lack of necessary infrastructures such as roads, electrification, sanitation, recreational facilities, etc, and they have become poorer, more dependent and more apathetic than those ones which have received sustainable empowerment (Mamburu, 2004:02). This is also the researcher's opinion that the government programmes on poverty alleviation and community empowerment and development seem to be non existent or they are not meeting the needs of people especially in rural areas.

Community empowerment programmes are intended to improve the socio-economic and political standing of communities which are backward, rural, and powerless and experience decline. Poverty alleviation programmes are intended to improve the poor living conditions of rural communities. They are programmes that require the involvement of the local leadership in improving their own communities with their minimum reliance from outsiders.

Scott, Cochran and Voth (1988:58) maintain that through community empowerment programmes, rural communities are afforded opportunities to assess their needs, prepare business plans and implement the projects that are designed to improve their conditions.

Anyanwu (1988:11) argues that community empowerment programmes are not necessarily conducted to improve things like roads, schools, community halls and water supply in communities, "but principally the changes that have taken place in people themselves." It is vital importance to mention that community empowerment programmes address community conditions through enhancing the wider participation.

The design of an appropriate programme in responding to the plight of poverty in rural areas needs one to have a total comprehension of this phenomenon, its complex nature, causative factors and subsequently its detrimental psycho-social effects on the whole spectrum of human development. One should also take into cognizance the strengths that rural families have to survive all these years, given their poor circumstances. Poverty is a problem that cannot be addressed or dealt with solely. Hence it necessitates multi-faceted and multi-disciplinary approach at all levels of interventions with social workers spearheading the process. The researcher therefore developed a social group-work empowerment programme for poverty stricken rural families with specific reference to Heuningvlei community in the Kgalagadi district in the Northern Cape Province. The researcher was the leader of the group under the supervision and guidance of the promoter.

3. RESEARCH QUESTIONS

Which programme activities must be included in a social group work empowerment programme to empower poverty stricken rural families?

4. AIM AND OBJECTIVE

AIM

To support and empower poverty stricken rural families in Heuningvlei community with relevant knowledge, skills and insight with the view of enabling them to enhance their social functioning.

OBJECTIVE

To design and implement a social group work empowerment programme for poverty stricken rural families.

5. SOCIAL GROUP WORK

The researcher used social group-work as a method of social work practice for this programme. Social group work can be defined as a goal-directed activity with small groups aimed at meeting socio-emotional needs and accomplishing tasks. This activity is directed to individual members of a group and to the group as whole within a system of service delivery (Toseland & Rivas, 2005:12). In other words group work is a method used by a researcher to apply the group process, mutual relationships and programme media in such a way that a group of community members can be supported and empowered in order to enhance their social functioning. In this instance the families of Heuningvlei community need to be supported and empowered with relevant knowledge, skills and insight to enable them to improve the quality of their lives.

Social group work is further defined by The New Dictionary of Social Work (1995:48) as a method in social work whereby the individual and group objectives are realized within the group context by purposefully applying the group work process. Barker (1991:218) adds to this definition that social group work also involves activities designed to achieve certain common goals in the group. In this instance Tshwaragano Empowerment programme comprises of different programme activities aimed at empowering poverty stricken rural families.

5.1 WHY SOCIAL GROUP WORK PROGRAMME?

The researcher used this method because of, the commonality of members' problems in the context of their communities; a culture of common identity will be created among the group members. Group work is also remedial in nature, as the subjects share pain and coping skills. Group members support one another for the better and more than one person will benefit in the group, unlike in individual cases. Groups focus on strengths, helping to search for

and use human potential. A group can become a self-help instrument enabling people to take action to improve their life situations.

5.2   VALUES OF SOCIAL GROUP WORK

In general, all social work activities include the following three main goals (Skidmore, 1997:05).

- Prevention of dysfunctional coping mechanisms

- Restoration of the impaired capacities

- Provision of social resources

Taking these goals into account, social group work provides various positive values as follows:

- It offers room for mutual support, solidarity, symbiotic striving and social interaction.

- Provides a sense of belongingness, participation and cohesiveness can be achieved.

- Universalization take place, simulating real life, reinforcing acceptance of own problems, pain and disfigurement.

- In groups relationships can be supported and caring is made manifest.

- Groups instil hope in members.

- Knowledge and skills are gained and shared, leading to the establishment of values and norms.

- Groups provide opportunity for growth and change.

- Groups allow members to come up with useful suggestions and ideas towards solving their problems.

- Feedback mechanisms are provided.

- Behaviour rehearsals and reinforcement can take place.

- Groups provide opportunities for identity development and altruism by taking an overview of one's life and making adaptations and changes.

- · Catharsis and corrective emotional experiences are supplied. (Corey & Corey, 2002:301-302; Fatout, 1992;4; Getzel, 1994:188; Henry,1992:2; Herbst, 2002:113; Linesch,1988:134; Rose, 1998: 16-19;).

5.3 THE OBJECTIVES OF TSHWARAGANO EMPOWERMENT PROGRAMME

The empowerment of families will cultivate the development of:

- A positive self-esteem of people, with knowledge of self (self-awareness).

- Assertiveness – members will have self-assertion and be confident of themselves.

- Discouragement of the feeling of "apathy".

- Members making informed and well-considered decisions about their own lives and take necessary actions and responsibilities.

- Meaningful mutual relationships and social networks to support one another.

- Effective communication on matters affecting their social functioning

- Problem-solving and negotiating skills.

- Life skills in general that are seen as essential and that do not come naturally but need to be learned such as self awareness, self knowledge and problem solving and decision making etc.

5.4 THE SOCIAL GROUP WORK PROCESS

Social group work consists of a process with different phases or stages. It consists of six phases from the preparation phase to the post group phase. Each phase involves certain objectives and actions. A brief description of each phase is provided to enhance better understanding and contextualization of the group work process.

5.4.1 THE BEGINNING/PRE-GROUP PHASE

This phase involves the identification and motivation of group members to participate in a group. It serves as an orientation for both the group worker

and the group members. In this stage it is important to establish commitment of group members.

5.4.2 THE INITIAL PHASE

The primary focus of this stage is to initiate group cohesion by making observation, overcoming uncertainties, building relationships and motivating group members to take responsibility for the objectives of the group.

5.4.3 THE TRANSITION PHASE

This stage, as its name describes, involve the transition between the initial uncertainties and actual involvement. At this stage, members start to take responsibility for the group.

5.4.4 THE WORKING PHASE

In this stage cohesion, intimacy, participation, interaction and commitment are the main focus areas. The setting of a climate that will facilitate and support the above-mentioned focus areas, are of utmost importance in this phase. This is very important stage in which growth will take place.

5.4.5 THE FINAL STAGE/TERMINATION PHASE

This stage is a critical part of the group process, involving group members' separation from the group and reintegration into their normal daily activities. Usually evaluation of the group will also take place during this stage.

5.4.6 THE POST GROUP PHASE

Activities of this group stage include assessment, measurement, evaluation and individual follow-ups where necessary. (Corey & Corey, 1987:228-237; Du Preez, 1989:142-147; Herbst, 2002:119-120; Toseland & Rivas, 1998:147- 180;)

5.5 PROCEDURE FOR SELECTING PROGRAMME ACTIVITIES

Programme activities are "...a medium through which the functioning of members can be assessed in areas such as interpersonal skills, ability to perform daily living activities, motor coordination, attention span and ability to work cooperatively" (Toseland & Rivas, 2005:259). Programme activities can

therefore be seen as any strategy with relevant procedures associated with a time-frame to accomplish a particular objective.

Toseland and Rivas (2005:261) indicate the procedure for selecting programme activities as follows:

- Specify program activities that are consistent with group purposes and goals.

- Specify the objectives of the program activity.

- Specify program activities that can be performed, given available facilities, resources and the time available.

- List potentially relevant program activities based on the members' Interests and motivation, age, skill level, physical and mental state and attention span.

- Classify program activities according to:

  ➢ Characteristics of the activity, e.g. length, structure etc.

  ➢ Physical requirements of the activity, e.g. fine motor.

  ➢ Co-ordination, strengths.

  ➢ Social requirements of the activity, e.g. interactional verbal and social skills.

  ➢ Psychological requirements of the activity, e.g. expression of feelings, thoughts, motives.

  ➢ Cognitive requirements of the activity, e.g. orientation to time, place and person.

- Select the program activity that is best suited to achieve the objectives specified.

For the Tshwaragano Empowerment Programme, the group worker selected appropriate programme activities based on the findings and recommendations of the survey on the needs assessment of the people of Heuningvlei Community. The needs of group members should correspond or rather match with the potential programme activities. All the activities employed assisted in

achieving the overall aim of the programme. Choosing appropriate programme activities requires a careful assessment of the needs of group members (Roux, 2002:186; Toseland & Rivas, 2005:259). In selecting members for the social group work empowerment programme the researcher took into account the relevant programme activities, the members' willingness to participate in the programme, their needs, age, physical and mental or psychological state and their level of literacy as well as their concentration span.

5.6 METHODS OF TEACHING UTILISED IN PROGRAMME IMPLEMENTATION

There are many teaching methods or strategies to promote and facilitate learning, including the following:

5.6.1 GROUP DISCUSSION

The New Dictionary of Social Work (1995:28) describes the term group discussion as: 'Purposeful discussion under the guidance of a social worker in which all the members of the group are involved in order to promote their social functioning'. This method is useful when group members feel comfortable with one another and individuals are not hesitant to speak. Group discussion exposes members of the group to the beliefs, values and practices of others. One of the best ways to encourage group discussion is through problem posing and problem solving (World Health Organisation, 2000:9/4). In this instance you give group members a case study or a scenario to analyse and discuss it. In Tshwaragano project most of the topics and activities were discussed in groups. Members were engaged in different discussions in every session to ensure effective learning and understanding of all learning activities.

5.6.2 GROUP PARTICIPATION

It is evident that people learn best when they participate in the learning rather than being passive observers. Reinforced learning leading to behavioural change is best accomplished through the active participation of the learner (World Health Organisation, 2000:9/5). The ultimate goal of this process is to

empower members so that they can take charge of their lives both inside and outside the group. Workers actually show their belief in members' strengths (Toseland & Rivas, 2005:264/5). Group participation was one of the set ground rules of Tshwaragano project, thus member's participation was compulsory. This enforced that every member has the equal opportunity and freedom to participate in all respects.

5.6.3 VISUAL AIDS

Posters, photographs, pictures, overhead projection, slide presentations, videos and works of art, all can be powerful educational tools. Discussions can follow the use of such aids. For example, the group can be asked what the visual aid meant to them, what they liked or disliked about it, and what was disturbing or helpful (World Health Organisation, 2000:9/5). Different posters were used, for instance, posters on domestic violence, HIV and AIDS, substance abuse to mention but few. Members were asked of their critical analysis of the posters and to better understand the topic of the session. The idea being to stimulate their thinking, "thinking out of the box". Data projector and videos were also used for easy learning and to further deepen the understanding of group members on different topics.

5.6.4 LEARNING AIDS

Flip charts, fact sheets, flash cards, wall charts, drawing done by the group or others, diagram, tables, and graphs provide clear and easy access to information. These aids can be used to promote group discussion. For example, questions such as 'what does this drawing tell you?' or 'What is missing from this information?' promotes discussion. In the Tswaragano project, flip charts and fact sheet/exam pads were used to allow members of the group to make group presentations and other activities during the sessions.

5.6.5 STORY TELLING AND SHARING ONE'S EXPERIENCES

These can be an effective method of learning. People like to hear about the experiences of others, and often find that they can relate to these experiences better than trying to grasp facts that seem to have little relevance for them. Fictional stories are also helpful in sharing important messages (World Health

Organisation, 2000:9/6). In here the group leader shared with members the story of young boy and his mother who made the ends meat for living after the death of his father.

5.6.6 ROLE-PLAY AND SIMULATION

Role-playing is a technique in social work whereby reality is simulated to enable the group members to develop insight, learn skills, cope with feelings and to practice, interpret and modify modes of behaviour (New Dictionary of social work, 1995:55). For Barker (1997:329) this term refers to a rehearsal of behaviours that can be useful in a subsequent situation to fulfil some activities. For instance in this aspect the members role-played the importance of communication in the family and community contexts respectively.

The group was composed of heads of the family households of Heuningvlei Community, who were willing to participate in the group. The leader of the group was the researcher under the supervision and guidance of the promoter. It was heterogeneous group in nature in that it included both female and male participants with different needs and problems. Most of the group members were at their middle and adulthood stages respectively.

To give an overall picture or overview of the Tshwaragano Empowerment Programme, a summary of the topics, programme media/activities and content of each session is provided in the following schematic presentation.

6. THE SCHEMATIC PRESENTATION OF TSHWARAGANO PREVENTION PROGRAMME

TABLE 3: NAME OF THE PROGRAMME: TSHWARAGANO (TOGETHERNESS)

	Session(s) Topic	Program Contents	Program Activities
1.	Orientation	Introduction (getting to know one another) Completion of the pre-questionnaire measuring scale. Purpose of the programme. Signing the consent forms. Establishing ground rules of the group.	• Ice breaking • Group discussion • Goal formulation • Contracting • Completing a pre-measuring scale(PMSI)
2.	The importance of values and self-esteem	Human rights and worth (dignity). Educational talk on the "feeling of apathy"	• Ice breaking • Group discussion • Educational talks
3.	Important life skills Communication skills	Definition of communication The effectiveness of communication. Verbal and Non-verbal cues of communication. Active listening.	• Ice breaking • Group discussion. • Exercise: communication patterns
	Self-awareness	Self-knowledge	• Group discussion • Exercise
	Problem-solving skills	Problem solving process	• Group discussion • Exercise
	Conflict resolution and negotiation skills	How to resolve conflict?	• Group discussion • Educational talk/role-play • Exercise

		Assertiveness training	Assertive, aggressive and non-assertive.	• Group discussion • Role-play
4.		Substance abuse	• Description of drugs • Legal and illegal drugs • Categories of drugs • Reasons for using drugs • Effects of drug usage/abuse	• Ice breaking • Group discussion • Poster and video • Exercise
5.		Domestic violence	• Domestic violence • Who are often most victims of domestic violence? • Types of domestic violence • Causes of domestic violence. • Effects of domestic violence	• Ice breaking • Group discussion • Posters and video • Exercise
6.		HIV and Aids	• HIV and Aids • Diseases associated with HIV and Aids. • Modes of transmission • Sexual decision making and the possible consequences.	• Ice-breaking • Posters • Group discussion • Exercise: Role-playing • Quiz • Video
7.		Empowering People	What is Community empowerment, community development? Community development and empowerment programmes Income generating projects.	• Gardening project. • Shoe making
8.		Conclusion and evaluation	Completing the post-questionnaire and evaluating the entire programme with regard to the impact it has made on the lives of members.	• Group discussion, Commitment and sustainability

		Lastly, summary and termination.	

SESSION 1: ORIENTATION

Objectives of the session

- To get members to know one another.

- To facilitate the discovery of a common ground towards achieving a common goal.

- To identify different roles and responsibilities of each member in the group.

- To draw up and sign a contract for the group and each member.

- To complete a pre-measuring scale (Personal Multi Screening Inventory Scale)

Programme Media

Ice breaking

Group discussion

Contract/consent forms

Completion of the Personal Multi-Screening Inventory (PMSI) pre-questionnaire measuring scale.

Flip chart and board markers

A box of matches to demonstrate the importance of teamwork over and above group-work.

Content of the session

The researcher or group leader warmly welcomed each member in the group and acknowledged the fact that members voluntarily agreed to participate in the programme. A round robin technique was used to allow members to introduce one after the other (Toseland & Rivas, 2001:192).

The group members were requested to indicate their expectations regarding the group (see attached expectation form, appendix 4). The following were some of the common expectations of the group members:

"To learn different skills and knowledge that will enable me do things for myself and teach other members of the community".

"Looking forward to shape our futures".

"Learn interpersonal relations skills and other life skills such as problem solving and help to get us from bad thing like criminal's offence or abuse".

"To grow up this project to decrease poverty in our village".

"To better my life, to learn different skills like shoe making and gardening".

"To reduce the rate of unemployment in our community".

The duration of the group was eight sessions conducted in five days. The group worker also informed group members about the name of the group "Tshwaragano" and the rationale for the selection of this name.

The researcher explained that the word 'Tshwaragano' in Setswana translation literally means 'togetherness'. The researcher further explained the name of the group/programme with the slogan or theme that says 'together we can' 'Mmogo re tla kgona'. Members were allowed to deliberate on the name, and this served as frame of reference for the discussions. However, members undoubtedly agreed with the name of the programme.

The researcher also informed members about the purpose of the group. Toseland and Rivas (2005:14) define the term purpose as the general aim of a group. The purpose of the programme was to support and empower group members in this programme with relevant knowledge and skills on how they can deal with their social circumstances.

Of great importance also during this phase was the establishment of the therapeutic working relationship towards achieving a common goal. Once a working relationship had been established, the researcher, together with the group members, draw up a contract so as to establish different roles and responsibilities of each member and the researcher; thus what is expected of

each participant (Toseland & Rivas, 2001:2008) (see attached appendix 3 contract form).

Generally, written contracts specify ground rules for participation that do not change during the life of the group. The following ground rules were established and agreed upon:

- *Respect of one another (The value of individualization in the group so that each member's unique concerns are addressed).*

- *Confidentiality and honesty, punctuality in all sessions was emphasized.*

- *Freedom of participation and communication was compulsory.*

- *Co-operation and mutual decision making.*

- *Switching off cell phones during sessions.*

- *Raising hand whenever one has an input or contribution to make.*

- *Up and down movements in the class strictly restricted to avoid unnecessary disruptions.*

Members were also requested to sign the consent forms so as to ascertain their voluntary participation in the programme (see attached appendix 2: consent form). The group members were further given time to complete the Personal Multi-Screening Inventory Scale measuring their living circumstances before the programme intervention (see attached appendix 1).

Evaluation of the session

During this session members were not free enough or rather they were withdrawn, despite the fact that the majority of members came from the same village. This can be attributed to the natural anxiety people may experience during this phase of the group and most probably not knowing what to expect in the entire programme.

SESSION 2: THE IMPORTANCE OF VALUES AND SELF-ESTEEM

Session two comprises three topics that will be discussed separately: Human rights and the 'feeling of apathy', Self-esteem and Self-assertiveness.

Objectives of the session

- To help group members to re-establish their sense of worth and inherent dignity as total human beings.

- To provide a psychologically sensitive educational talk on "feeling of apathy" that will generate insight among the group members to stop feeling helpless, feeling hopeless and feeling guilty and ashamed of themselves and rather enhance the self-esteem of members which can form the basis for self-assertive behaviour and self-discovery.

- Group members must develop a positive, healthy and realistic self-esteem.

Content of the session

Human rights and the feeling of 'apathy'

In this session the group leader or the researcher helped members to re-establish their sense of worth and inherent dignity as all other human-beings. Social work believes in the dignity and worth of all people and that they should be treated with respect and understanding, regardless of their individual or collective characteristics or status. The concern is for the whole person to be seen as worthy of leading an as full as possible and rewarding life. Our belief in the worth and dignity of the individual is operationalised by the principle of Individualisation (Potgieter, 2006:40).

In this session the group leader/researcher discussed with the members the importance of respect and dignity (human rights). He pointed out that everyone wishes to be respected and treated with dignity, irrespective of his/her socio-economic background. This happens by simply acknowledging the potential and capabilities of members by involving/engaging them in the solution of their problems, e.g.: 'What do you think we can do to alleviate poverty in your community? '

Dignity is also enhanced by becoming self-reliant and self-sufficient and by becoming able to organize oneself (Swanepoel & De Beer, 2007:27). In the context of this programme all developments must be humanistic and holistic by nature in the sense that both the abstract (dignity, emotions, respect etc)

and physical needs (food, clothing, shelter etc) of members should be addressed.

The group leader/researcher also provided members with psychologically sensitive educational talk on the feeling of 'apathy'. The objective is to help community members to discourage feeling helpless, hopeless, guilty and ashamed of themselve. According to Swanepoel and De Beer (2007:13), this is known as the psychological make-up of people. The feeling of "apathy" consists of the attitude people display towards life around them. Poor people who spend their time in a battle for survival often feel 'apathy' towards people or institutions trying to persuade them to 'do something'.

Lack of self-esteem is another psychological characteristic of people caught up in a poverty trap. They often believe that they lack the ability to 'do something'; hence they become dependent on aid from government or Non-governmental organizations for assistance (Swanepoel & De Beer, 2007:9). Having experienced negative situations in the past, people are often distrustful of strangers and even people they know who might come up with new ideas. The psychological environment of the poor is strongly influenced by experiences in the past.

Self-esteem

Ice breaker

Members tell one another of themselves (for example if we are talking about Mercutio, who is Mercutio), what does he like and dislike, and what are his best skills, talents etc. In breaking the ice the leader started the activity.

Content of the Session

The group worker introduced the topic of the session 'Self-Esteem'.

The following aspects of self-esteem were discussed in the context of this session: Self-esteem is the image one has of oneself. Self-esteem is the belief that you are a worthwhile individual. Related concepts are self-efficacy, which means seeing yourself as capable of accomplishing what you set out to do, and self-respect, which means that you approve morally of the way you are living your life (Van Heerden, 2005:61-62).

- **Characteristics of a person with a low self-esteem** *(Activity)*

The following factors were used to **stimulate the discussions:**

Having your genuine feelings and emotions understood (e.g. feelings of jealousy, competitiveness and anger), having choices, being listened to and understood, are accepted, respected and being loved and having a sense of purpose.

- **Topic on the characteristics of a person with a healthy or positive self-esteem** *(Activity)*

The following aspects were attributed, to **stimulate the discussions** in the group: rejection, needs not being met, name calling, ridicule and humiliation (labelling), being ignored or resented, not being listened to, prejudice and discrimination.

- **Discuss in groups ways to improve your self-esteem** *(Activity)*.

One successful way of developing self-esteem and self-efficacy is to succeed at something. That is why it is important to set individual goals. As you achieve these goals you will experience a sense of accomplishment and ability to decide on the direction you would like to go. You will feel encouraged to set and achieve more goals, with a greater hope of success (Van Heerden, 2005:62).

Assertiveness training

Objectives of the session:

- To differentiate between assertive, aggressive and non-assertive behaviour.

- To determine to what extent people are assertive and can stand on their personal rights and make informed choices and decisions regarding their lives.

Content of the session

- **What is assertiveness?**

Assertiveness means standing up for yourself and what you believe is right. One can only be truly assertive (as opposed to aggressive) if one has a relatively good self-esteem. A good self-esteem would mean that you are comfortable with who you are, you appreciate your own strengths, you believe in yourself and you are therefore willing to speak out and state your own opinion about things. Assertiveness does not equate to aggressiveness. It is important to understand the difference (Van Heerden, 2005:65).

During the beginning of the session the group leader afforded members an opportunity to discuss the extent to which each feels assertive. Rakos (1991:130) says that in doing so the group leader will be implementing the response refinement technique of self evaluation.

The group worker also discussed self-assertive behaviour as the integral component of assertiveness. A person with self-assertive behaviour makes his own choices, he has self-respect, self-confidence, self-determination, while he protects his own rights and reaches his goals through negotiations (Strydom, 2002:221).

To differentiate between assertive, aggressive and non-assertive behaviour, the group leader used the following information (Strydom, 2002: 221-223):

Passive behaviour: the person cannot decide for himself, feels inadequate, anxious, guilty, frustrated and angry, is ignored and manipulated by others, does not want to hurt others, while other people violate his rights and reach their goals at his expense.

Aggressive behaviour: The person decides for others, he always wants to win, belittles others, is manipulative, aggressive, while he insists on his rights and reaches his goals at the expense of others

Self-assertive behaviour: the person makes his own choices; he has self-respect, self-confidence, self-determination, while he protects his own rights and reaches his goals through negotiations.

In other words, assertive expression is neither indirect nor passive, which would violate a person's rights and preferences, nor is it aggressive, which would violate the rights and preferences of others. Rather, assertive expression involves active, direct communication which shows respect for

both the person's own dignity and that of the other people involved (Cournoyer, 2005:38).

To **illustrate** the **difference** between being **assertive** and being **aggressive** the following examples were cited:

The scenario: somebody is making a very controversial statement in your presence.

An **assertive response** could be: *Oh, I don't really think so; I don't feel the same about it.*

An **aggressive response** would be: *What on earth is this nonsense, where are you getting your facts.*

"For young persons like us, **assertiveness** often means choosing to stay sober when your friends want us to drink. It is sticking to your resolution to abstain from sex until you are married despite your boyfriend's asking you to prove that you love him". Contrary to this, assertive is being strong and standing up for what you believe to be right or what is important to you.

In conclusion, assertiveness is about self-confidence, which means having a positive attitude towards yourself and others. It means being honest with yourself and others; and it is about respecting yourself and others (Anderson & Okoro, 2005:16).

Evaluation of the session

The session was slightly emotional especially when the issue of the "feeling of apathy" was dealt with. Most members felt that they are stuck with these feelings; hence depriving them of human development. However, these emotional states were later overcome by dealing with other issues that served as instrumental tools to human development such as self-esteem, self-awareness and assertive behaviour.

SESSION 3: IMPORTANT LIFE SKILLS TO EMPOWER GROUP MEMBERS.

COMMUNICATION SKILLS

Objectives of the session

To educate members of the group on the importance of communication skills which can be used as a tool to express and address their needs and problems in their families and in a given community.

Content of the Session

This session focused on the following integral components of communication:

- What is communication?

- Fundamentals of communication: Verbal and Non-verbal communication.

- Active/effective listening

- Problems and Barriers to effective communication.

The group worker introduced the topic by posing the question, what is your understanding of **communication?**

The majority of the group members 13 of the 16 members, defined communication as the conversation between two people. Others further explained communication as a two-way process, in the sense that it involves the sender and the receiver of the message.

The appropriateness of these responses could be attributed to the fact that the majority of the group members had completed or had passed grade 12.

To further deepen their understanding of what communication is, the group leader gave the group members the background to communication and its definitions. Communication is a process that is essential for the survival of most species and it forms the core of every relationship.

Communication is an ongoing, dynamic and ever-changing series of events, each of which affects and is affected by all the others. It involves the change of ideas and perspectives based on values, beliefs, needs, assumptions, cultural, spiritual and family backgrounds, as well as past and present

thoughts, feelings and behaviour of both the speaker and the audience (Potgieter, 2006:78).

During the session, it was established how best group members express themselves with regard to their emotions, opinions and suggestions etc. The latter were discussed in group context so as to identify members' ability to communicate and subsequently learn acceptable ways of communicating from other members. In teaching members effective communication skills, focus rather was on the fundamentals of communication, listening skills and improving communication skills.

Fundamentals of communication

Non verbal communication

The group worker informed members that non-verbal communication should not be taken for granted. Some research estimated that more weight is given to non-verbal form of communication, that the assumed meaning once picked up, cannot be easily assessed (Trevithick, 2000:55). This simply implies that verbal and non-verbal communication should be equated with one another and be taken seriously to prevent misunderstanding in communications. Members were informed that non-verbal communication is an important part of all messages, involving all our senses, and is also the foundation on which human relationships are built (Potgieter, 2006:83). Our verbal communication is usually accompanied by non-verbal acoustic signs which shape the intonation and give colour to the words we are using. Our facial expressions indicate our moods and feelings, such as happiness, anger, fear and/or anxiety. Blushing, perspiration, tears and dry lips all tell a story. Our faces are truly our windows on the world and our expressions are the most important things that we are wearing (Kadushin; 1990:285).

Verbal Communication

"Let every man be quick to hear, slow to speak, slow to take offence and to get angry." (James 1:19.) All behaviour is always communicated. Secondly in dealing with listening as a skill, the researcher took a strong position to emphasise the critical importance of listening as a skill in all communicative situations.

114

Active Listening

Listening is a component of communication. It leads to the understanding of facts and ideas (Van Heerden, 2005:153). Active listening means being "present psychologically, socially and emotionally". Listening is not a passive activity, but a skill that requires the active involvement of the listener.

To improve group members' communication skills, the group worker educated them on Gottman's (1994:224) four suggestions, namely calm down, speak non-defensively, validate your partner and over-learn. This was because most families living in poor conditions usually experience violence in the homes, resulting from blaming one another for their situation and/or the excessive use of substances such as alcohol that also instigates the violence in families. In respect of the *first suggestion, namely calm down*, the group worker taught group members that it is counter productive to try to resolve a problem while one is upset.

The *second suggestion, speak non-defensively*, emphasizes that group members should not always blame their partners or other parties but also identify what caused them to act in such a manner. This means understanding a partner/ another party by exploring one's personal motives.

The *third one, namely validating your partner/other party*, places more emphasis on responding to the emotional state of your partner and can be expressed by apologizing and acknowledging the feelings of your mate and taking responsibility for making the other person upset or worried.

With the *fourth suggestion, over-learning*, the group worker must let members know that methods for improving communication skills is an on-going thing or it is a strategy that involves continually working on improving the relationship and trying new ways of communicating and sharing with one's partner.

The effective ways of communication

The best way of talking

- Match the other person's language mode.
- Do not communicate in a tone of voice that is monotonous, dramatic, high-pitched, too loud or too soft.

- Try to project a positive attitude and avoid criticism.

- Focus on the problem not on the person.

Barriers to effective communication

Generally speaking, most problems in communication erupt because speaker and listener are disqualifying each other as persons or as possible sources of information (Potgieter, 2006:86-89). These problems are:

- Sending double messages simultaneously that are contradictory by nature and content.

- Sending of ambiguous messages.

- Abusive talk that includes judging and criticizing, sarcasm, blaming, humiliation and belittling others.

- Coercive behaviour that uses threats, bullying, nagging, yelling to intimidate the other.

- Topic avoidance that switches from subject to subject and pretends not to hear the other.

- Personal avoidance tactics such as sulking, ignoring, turning a cold shoulder or talking through the other person.

Evaluation of session

This session was very communicative. It really tallied the topic of the session. There was a high level of participation in sharing of experiences and deliberating on different issues. The group leader at this stage mainly facilitated the group discussions (processes) and was no longer the central focus. After this session members were impatiently looking forward to the subsequent sessions.

In this session also the following topics will be discussed separately which include self-exploration/self-awareness, self-knowledge, problem solving and conflict resolution skills.

Objectives of the session

To educate group members on different life skills that will enable them to maximize their own choices, to enhance their personal well-being and to improve their quality of life.

The following life skills were explored and discussed in different group sessions:

SELF AWARENESS

Objective of this Session

To enhance group members' perceptions of themselves as competent and capable human beings, responsible for their own development.

Content of the Session

The group leader allows members to identify and outline their strengths and weaknesses and discusses them. Knowledge of our strengths and weaknesses not only show us what kind of people we are, but help us to improve our life by realizing whether we are making all the use we can of our strengths. Increasing their self-awareness means understanding the way in which they see themselves in relation to how others see them, they begin to understand the way in which they approach their problems and deal with it. By focusing on their strengths rather than their weaknesses the group leader influenced members' decision making in their own development.

Community development principle of 'participation', is emphasise in a radical view that even the poorest of the poor have to be involved in the decision making, since it is their democratic rights to do so (Swanepoel & De Beer 2007:28). According to Rooth (1995:32), self-exploration and self-development is facilitated by programmes which focus on the development of a positive self-image.

SELF KNOWLEDGE

Objective of the session

The objective of this session was to enhance group members' perceptions of themselves as competent and capable beings, and responsible for their own development.

Content of the session

Group members should establish and gain self-knowledge through retrospective and introspective examinations of themselves. Increasing members' self-awareness means understanding the way in which they see themselves in relation to how others see them and begin to understand the way in which they should approach problems or conflict situations in their families and the community at large. During this session group members further established their capabilities and potential.

The group worker writes on the flip chart responses from the members about the salient reasons of knowing yourselves as individuals. The reasons are then discussed in the group as a whole. The following were alluded to as the likely responses of members:

- *It would help you to know your strengths and weaknesses.*

- *It would help you make your decisions and choices appropriately and accordingly.*

- *It would help you know what you want in life.*

- *Help you to stand for your rights*

The following example was followed:

Let the group members discuss their current relationships within their families and the entire community.

Our likes and dislikes

The Group leader requested the group members to complete the following open-ended sentences on a sheet of paper, regarding their likes

I would be the happiest person when...

What I enjoy most about my family...

My dream is to..

I like to visit..

I like reading..

What I like doing during the weekends................................

The group leader also asked members to complete the following sentences concerning their dislikes:

I get very angry if...

I am hurting if ....

I do not like doing...

I do not like to be...

I hate it if...

PROBLEM SOLVING

Objectives of the Session

- To help members to apply the problem-solving technique that may facilitate generalization, which will teach group members to develop new solutions to novel circumstances or situations.

Content of the Session

Every day of our lives we are faced with having to solve problems of some kind. Problem solving is a process of resolving unsettled matters or finding an answer to a difficulty. The researcher used a basic process of problem solving (Van Heerden, 2005:54) involving:

Recognising the problem

The first step is to decide whether there indeed is a problem and perhaps the first question to ask yourself would be: is there a problem? There is no need to worry about something that never happens. People often waste a lot of time and energy on worrying about something that is not happening to them, or that will never happen to them. There are two sides to recognizing the

problem. Firstly, some people do not acknowledge that they are faced with a problem or decision to make; therefore never make decisions or solve problems. As soon as you acknowledge that there is a problem, you have a choice as to what you want to do about it. Secondly, some people search for problems continuously, and even create problems for themselves.

Defining the problem

This is where people often struggle. These questions will assist you in defining a problem better. Ask for input from others with regard to these questions as well:

- What can you see that causes you to think there is a problem?

- Where is it happening? In which area(s) of your life? In which relationship(s)?

- How is it happening?

- When is it happening?

- With whom is it happening? (Do not jump to who is causing the problem)

- Why is it happening?

- It is also important to understand your role in the problem. How have you contributed to its existence and how do you engage with or react to it?

Generating possibilities

A common difficulty at this stage is the defeatist notion: 'I can't find any good solutions, nothing will work'. The idea is to create as many approaches as possible without being concerned as to whether it will work, or be approved or criticized. Brainstorm and write down as many different alternatives as you can imagine. This is not the time to be judgmental; just write them down as you hear them. Think where you could find more information about possible alternatives.

Decision Making (Selecting optimal potential solution)

Never regret the decision. It was the right thing to do at that time. Sort through and carefully consider each of your alternatives. There are two aspects to consider: firstly, the facts about each choice and secondly, how

you feel about the future implications of each choice/the likely impact of each choice.

Implementation and evaluation of the solution

Now is the time to get started. Once you have made your decision, get moving on it. You always have the option of changing your mind in the future if you so wish. No decision is set in stone. How will one know the problem is being solved? It is important to monitor the process. Be sure to review your decision at specified points along the way.

In this instance the researcher will be empowering group members with fundamental problem-solving skills that will enable them to deal with and address their problems in their families and communities appropriately and accordingly.

Conflict resolution and negotiation skills

Objective of the session:

- To help group members to learn relevant ways and salient skills to deal amicably with negative feelings and behaviours in the context of their families and communities respectively so as to make a meaningful contribution to the promotion of social change.

Content of the session

The group leader introduced the topic of the session by posing a question to group members as to what their understanding of the word 'conflict' is. The majority of the group members indicated that 'conflict occurs when two people are disagreeing on something, arguing on a particular issue, shouting and swearing at each other, when there is a fight about something between people. With regard to the inferences made here, it is clear that people think of conflict only in a negative way. However, the group worker explained conflict in the following manner.

Understanding conflict

Among the many challenges we face throughout our lives, we will experience or encounter conflict on numerous occasions. Since we find ourselves in

constant interaction with other people and as long as we establish or maintain relationships, we will sooner or later have to deal with conflict. It is inevitable (Van Heerden, 2005:45).

Conflict occurs when two or more values, perspectives and opinions are contradictory by nature and have not yet been aligned or agreed on (Van Heerden, 2005:46). The reason why conflict has such a bad name for itself is because of the emotional aspects that go along with it.

Source of conflict

Du Plooy-Cilliers and Olivier (2001:76) point out the following possible issues that invite conflict into our relationships.

Communication – misunderstanding, personal ideas.

Structure – leadership styles (bureaucracy), inequalities, marginalization etc.

Personal factors – Individual idiosyncrasies such as beliefs, personal values etc.

Conflict resolution process

Van Heerden (2005:47-49) points out that the primary conflict resolution process to reach an agreement includes:

Problem recognition: Call all the parties into a room to encourage them to discuss the conflict.

Problem definition: Listen alternatively to both sides of the stories to ensure that the problem is understood properly.

Commitment: Both parties should be prepared to resolve the problem.

Highlight pleasing and non-pleasing behaviours

Negotiation: The two parties exchange and negotiate specific behaviour to satisfy their own needs.

Contracting: A contract of this nature should be drawn up and signed by both parties.

Follow-up: New contracts are drawn up weekly.

Evaluation of the session

The majority of the group members during these sessions strongly reflected the importance of life skills in their lives. They indicated a number of scenarios/cases where they felt that, if they had knowledge of such life skills, the situations could have been avoided or dealt with accordingly.

SESSION 4: SUBSTANCE ABUSE

Objective of the session:

- To concretize and sensitize group members regarding the detrimental effects of substance abuse on the optimum social functioning of people in families and social change in general in the community context.

Content of the session

What is a drug?

A drug is any synthetic (produced by chemical procedures – man-made) or natural chemical substances (produced by nature – not artificial or man-made) which, when taken, brings about change in the body or mind or in both. In other words, it changes our feelings, thoughts and behaviour (Anderson & Okoro, 2005:47).

What is drug abuse?

Drug abuse is defined as acquiring drugs illegally and using them excessively, too much over too long a period, for other than medical purposes (Van Heerden, 2005:102). It can therefore be deduced that drug abuse is the excessive use of substances which ultimately hamper the optimum functioning of the body.

Distinction between legal and illegal drugs

Legal drugs are those of which usage is permissible by law, i.e. socially acceptable. These drugs include, amongst others, alcohol beverages, nicotine, over-the-counter substances (appetite suppressants, cough medicines etc) as well as prescription drugs. Drugs and especially the so-called legal drugs become an increasingly common part of our everyday life-style and also, consequently, drug abuse has become a major public health

and social issue. Illegal drugs (lawfully unacceptable drugs, based on the dangers they constitute, include a wide variety such as marijuana (dagga), crystal-meths (tik/choef), ecstasy, mandrax, cocaine, LSD, morphine, heroin etc (Anderson & Okoro, 2005:47).

Categories of drugs

Drugs which affect the nervous system can be classified into three major categories: depressants, stimulants and hallucinogens.

Depressants: Depressants are drugs that slow down the activity of the central nervous system depressing body functions (Van Heerden, 2005:105). Some examples are tranquillizers, heroin, alcohol, solvents, barbiturates, cannabis (cannabis is also included in the hallucinogen category).

Hallucinogens: A hallucinogen is a drug that changes the mental state involving distortions of reality and hallucinations. Hallucinogens alter thinking and feeling patterns and create euphoria (Van Heerden, 2005:106). Examples are Cannabis or Marijuana, psychedelics.

Stimulants: Stimulants increase nervous activity by speeding up the messages along the nerves and therefore speeding up body functions. Stimulants are those drugs that stimulate, activate or enhance performance (Van Heerden, 2005:105). For example, there is an increase in breathing, heart rate and blood pressure. Examples are amphetamines, cocaine, nicotine and caffeine.

Reason for using drugs

There are many reasons why people use drugs and why they are probable drug abusers. Anderson and Okoro (2005:48) points out the following more obvious reasons why people abuse drugs:

- Availability and access to drugs;
- Experimental use, including curiosity;
- Social recreational use among friends to share an experience or enhance interaction;
- Peer pressure to conform to group behaviour;

- Circumstantial situational use restricted to specific pressing circumstances, e.g. taking drugs to cope with daily poor circumstances;

- Inadequate parent-child relationship; and

- Compulsive use/abuse after having been introduced to drugs.

Effects of drug usage/abuse

Anderson and Okoro (2005:449-50) remarks that drug abuse is not only a threat to people, but also a source of concern to their families and a burden to society. By abusing drugs people destroy themselves physically and mentally. Diseases such as Aids and other sexually transmitted infections are also associated with the misuse of drugs. The following are some of the effects of drug abuse, and are of importance:

Individual effects: Common ailments are brain damage; heart diseases; strokes; cancer of the throat, mouth and lung; diabetes; emphysema; pancreas and cirrhosis of the liver; loss of fertility; and interference with the immune system.

Foetal alcohol syndrome: malformations in infants born to women abusing drugs. Child abuse and neglect is a common occurrence in cases where parents/guardians abuse drugs. Other innocent victims: children killed by drunken drivers, motor accidents in general, crime and violence etc.

Evaluation of the session

This session was also more practical in the sense that there was noticeable participation of members as they indicated that the topic really forms part of their daily life. Members indicated that this is indeed the problem in their respective families and communities which hampers their optimum functioning.

SESSION 5:   DOMESTIC VIOLENCE

Objective of the session

This session was aimed at sensitizing group members regarding the plight of domestic violence in our different families and communities and how they can deal with/address it.

What is domestic violence?

Spouse or partner abuse is commonly termed domestic violence. While it is a crime that is perpetrated by both genders it is a crime of which the victims primarily are women and often children. Victims are found among male/female relationships, married or not. Though the act of violence takes place within households, privately, its effects have far reaching consequences in society (Anderson & Okoro, 2005:171).

Why women are most often victims?

Anderson and Okoro (2005:171-172) explains that the position of South African women has changed in terms of constitutional and policy changes which ensure Gender Equality and Equity. However, most of the women's conditions seem to have remained the same in terms of powerlessness influenced inter alia by:

Negative traditional practices: In certain cultures these include forced and early marriage initiation as well as polygamy; preference of boy children over girl children; and the issue of bride price (Lobola) which in certain instances commodities women.

Legal illiteracy: Most women appear ill-informed about laws and policies meant to protect them including lack of knowledge concerning their human and women rights.

Socialization process: The very women tend to socialize their children the way they were socialized, which is bringing up boys to be aggressive while girls are encouraged to be submissive. A vicious circle is thus set in motion and it entrenches gender division of opportunities and resources.

Poverty: Past political, social and economic order disempowered women in ways that will take generations to reverse. In other words, poverty in South Africa still has a 'female face'. In order to cope as caregivers they are occasionally forced to remain in extremely violent relationships.

Types of domestic violence

Domestic violence may take different forms of:

Physical abuse

Kemshal and Pritchard (2002:150) indicate that the most familiar form of abuse men inflict on their female partners, is physical violence. Kicking, biting, hitting, pushing, choking and assault with weapons are behaviours most often associated with physical domestic violence.

Emotional and/or Psychological Abuse

This form of violence has the power to destroy the victims' self-esteem over time. Although not as visible as physical violence, its scars are traumatic and long lasting. It usually takes the form of intimidation, yelling, name calling, ignoring, keeping the children from the victim, isolating the victim from family and friends and threatening the victim (Kemshal & Pritchard, 2002:152).

Sexual Abuse

Sexual abuse is a form of abuse whereby sex is used to hurt, degrade, dominate, humiliate and gain power over the victim. Forced sexual activity and sexual sadism are forms of sexual domestic abuse (Gelles & Cornell, 1990:89-90).

Economic Abuse

This type of abuse entails denying or limiting a victim's access to money. Other forms might be falsely accusing the victim of stealing money or preventing the victim from being employed so that she should not have an income – thus having to rely and be dependent on the very perpetrator (Anderson & Okoro, 2005:173).

Causes of domestic violence

Gelles and Cornell (1990:91) indicated that, although there are multiple causes, the following may be precipitating factors of domestic violence:

- There is a high association between alcohol and violent acts among family members.

- Abusive males often come from violent homes. Witnessing inter-parental aggression is a significant background factor for batterers. Abusers themselves suffered emotional deprivation as children and grow up being hostile themselves and unable to establish trust.

- Domestic violence includes financial, employment, housing and interpersonal problems and parental social isolation.

- Frequency of marital and sexual difficulties exacerbates parents' feelings of frustration, resulting in violence.

- Job dissatisfaction and work stress have always been associated with marital violence.

- Personality traits and abnormalities such as a low self-esteem or being a psychopath can also be prime factors responsible for domestic violence.

Effects of domestic violence

Heery (2001:78) lists the following effects of domestic violence on women:

On women: They may become unassertive, shy, reserved, frigid and masochistic. Male violence denies women their freedom and autonomy which make them distrustful of men and they may even experience conflict about heterosexuality. Their worth is undermined and their privacy taken away from them.

The effects of domestic violence on children: About 80% of children in homes with domestic violence witness the act every time it occurs. It is a form of emotional violence on its own. In other words, the severity of parent abuse parallels the severity of child abuse. Emotional effects of children within violent homes may include low self-esteem, impaired impulse control, separation difficulties and problems establishing trust. Even though emotional abuse is not easy to detect like in the case of physical abuse, it is nevertheless more painful and also destructive to the psychological well-being of the child. Psychological effects are learning and social problems, attachment problems, depression and aggressive behaviour. Often lack of protection of the child may result in unexplained delays in development, bully-type of behaviour, running away from home, delinquent behaviour, truancy, major mental illnesses and hyperactivity. Children who are exposed to domestic violence are more likely to exhibit aggressive behaviour because aggression is modelled in the home as a means of controlling others' behaviours.

Evaluation of the session

During this session members were emotionally moved, which supposedly can be due to the sensitive nature of the topic. Members indicated that this is the problem that has hounded their families and community for ages, and of course it is instigated by the abuse of alcohol by members of the community and respective families.

SESSION 6: HIV AND AIDS

Objective of the session

- To sensitize group members regarding the important facts pertaining to HIV and Aids.

Contents of the session

By now most people are well informed about HIV and Aids. There is no question as to whether South Africa has a severe HIV and Aids epidemic. It is estimated that there are 40 million people living with HIV globally, of which 4, 3 -6, 6 million are living in South Africa (Soul City Institute of Health and Development Communications, 2007).

Van Heerden (2005:90) points out that **Aids** is an **acronym** for acquired immune deficiency syndrome.

Acquired means to gain possession of something.

Immune means the resistance of the body against diseases

Deficiency means inadequate in amount or degree of insufficient antibodies to defend the body against infections.

Syndrome refers to a group of signs and symptoms that collectively indicate or characterize a disease, psychological disorder or other abnormal condition. (Soul City Institute of Health and Development Communications, 2007).

What is the difference between HIV and Aids?

Many people think being HIV positive means you have Aids. However, HIV infection and Aids are not identical.

HIV is the virus that infects the white cells of the body and eventually renders the persons' immune system deficient.

Anderson and Okoro (2005:35) points out that, Aids refers to a subset of illnesses which may occur after infection with the virus. It is the collection of diseases that are 'acquired' from HIV once the immune system is no longer able to protect the victim from illness (Soul City Institute of Health and Development Communications, 2007).

Which subset of illnesses (diseases) do people usually develop with Aids? (Activity for the group)

Pneumonia: a lung infection caused by a parasite. These diseases are the most serious of the Aids-related opportunistic infections.

Tuberculosis: it is the most common opportunistic disease related to Aids.

How is HIV transmitted? (Group discussion activity)

The following ways in which transmission can occur was alluded to in the group discussions:

- Sexual intercourse (both anal and vaginal)

- Sharing needles and syringes.

- From an infected mother before or during birth by means of breast feeding.

- Blood transfusions.

Anderson and Okoro (2005:36) further indicate ways in which the virus responsible for Aids cannot be spread scientific evidence:

- It is not air-borne.

- It is not spread by casual contact, e.g. living in the same house with an infected person, kissing, sharing the same linen, cups or bathroom.

- It is not transmitted by insects, e.g. mosquitoes.

Is HIV and Aids the only sexually transmitted disease to be afraid of? (Activity for group discussion)

There are a number of other sexually transmitted diseases, known as sexually transmitted infections (STI's), which can be passed on by sexual contact.

What are the most common sexually transmitted infections?

The most common STI's are syphilis, gonorrhoea, venereal warts, herpes genitals, virginities and public lice. These diseases are serious, dangerous and often incurable (Soul City Institute of Health and Development Communications booklet, 2007).

What are the common signs? (Group discussion activity)

- Constant urge to urinate.

- Pain or itching while urinating.

- Pain and itching in the area around the penis, vagina or anus.

- Painful sex.

- Rashes, sores, blisters and warts on or around the penis or vagina.

- Fever.

- Swollen glands.

What can be done to prevent HIV and Aids? (Group discussions activity)

The following responses were alluded to in the group discussions.

- Know all the facts about the disease.

- Make responsible decisions about sexual behaviour.

- Avoid sexual activity in which sexual fluids are exchanged.

- Avoid alcohol or drug usage which may affect the user's self-control and individuality.

- Do not inject drugs or share needles and syringes.

Can one identify whether or not a person is HIV positive?

The infected person may look completely healthy and create no suspicion of being infected.

How do you know that you have the disease?

A person can only confirm with an HIV antibody test whether he or she is infected, what we recently referred to as voluntary counselling and testing (VCT).

Evaluation of the session

This session was also extremely emotional, supposedly also based on the sensitivity of the topic of the session. This session allows members an opportunity of emotional catharsis. They talked about their own experiences and shared the pains and coping mechanisms. Members indicated that HIV and Aids is the integral disease of their lives. They further said that there is a need for a positive attitude and enhanced sexual responsibilities and prevention programmes in their community.

SESSION 7: EMPOWERING PEOPLE

Objective of the session

- To improve the socio-economic standing of Heuningvlei community through harnessing resources in socio-economic empowerment programmes.

- To improve the quality of life and social functioning or well-being of group members through poverty alleviation programmes.

Content of Session

Community Empowerment

Community empowerment is defined by Potgieter (2006:216) as a "process of increasing personal, interpersonal and collective power which allows individuals, families, groups and communities to maximize their quality of life. Community empowerment programmes are intended to improve the socio-economic and political standing of communities which are backward, powerless and experience decline. They are programmes that require the involvement of the local leadership in improving their communities with the minimum reliance on outsiders. Mamburu (2000:81) maintains that, through community empowerment programmes, rural communities are afforded opportunities to assess their needs, prepare business plans and implement the projects that are designed to improve their conditions. Anyanwu (1988:81)

argues that community empowerment programmes are not necessarily conducted to improve things like roads, schools, community halls and water supply in communities, "but principally the changes that have taken place in people themselves." It is of vital importance to mention that community empowerment programmes address community conditions through enhancing the wider participation.

Rural livelihoods through promoting sustainable food security for vulnerable households

The current food crisis in Southern Africa highlights the vulnerability of rural households, and the importance of promoting food security based on long-term goals such as improved institutional capacity (at household level and above) and sustainable management of natural resources. The focus is on homestead food production, with low reliance on external inputs and promotion of sound environmental practices that promote productivity. A homestead garden is the land or premises occupied and usually owned by a family, adjacent to the family home and over which the family has complete control. Its area is small, but it is often used for growing vegetables, some staples and fruit trees. Homestead vegetables and other crops are important in providing a nutritious diet that can promote positive living with chronic illness, and can provide a surplus for sale and income generation.

Community-based Service Delivery

The question is how can key services be delivered to poor people? The long-term sustainability of livelihoods depends on the provision of services by both government and non-state actors. Currently, and In spite of the move towards the decentralization of the country, few services reach rural people.

Community-based Projects

In his research findings, Mokate (2004:143) arrived at the conclusion that community-driven development projects are a useful tool towards poverty alleviation in South Africa. The quest to develop an empowerment programme for Heuningvlei community in the Kgalagadi district is viewed within the framework of community development. Community members were urged to start and engage themselves in community projects such as *income*

generating projects like the one of shoe making and also poverty alleviation projects such as gardening to improve their quality of life.

Community Development

Community development is the intervention strategy most suited to alleviate poverty in South Africa. There is the importance of linking social development to economic objectives. The need is emphasized for social service practitioners to move away from small-scale, isolated local development initiatives focusing only on non-material issues (such as participation, people-involvement and enhancing community strengths) towards income-generating programmes which will empower people both socially and economically (Gray, 1998:56).

It is a process and method aimed at enhancing the capacity of communities to respond to their own needs and improve their capacity for development, through community mobilisation, strength-based approaches and empowerment programmes (Integrated service delivery model: towards improved social services).

Community development is perceived as a complex system of processes made up of two essential elements; namely –

- The participation of people themselves in efforts to improve their level of living, developing a sense of ownership of the process, taking initiative and contributing meaningfully to joint planning, decision making and implementation, and

- The mobilisation and provision of resources, and the creation of access to opportunities that encourage initiative, self-help and initiatives for mutual benefit.

Community development is a method of intervention which emphasizes the involvement of people within localized communities in proposing, planning and promoting development priorities for their own communities. Community development refers to a participatory problem-solving process which empowers the participants. Social work has tended to emphasise non-material community resources such as the power and combined strengths of

collective action. However it is necessary to link social and political empowerment to economic development. New community development models stress the importance of economic growth linked to income-generating programmes and small business development in local communities (Gray, 1998:56-58).

Entrepreneurial community development aims at keeping resources within communities, where the community itself generates the products its consumers need. Community bakeries, especially in rural areas for example, can supply bread to residents at a much lower price than bread produced by large urban-based bakeries with high overheads and heavy transport costs. Locally grown produce, such as fruit, vegetables and nuts, can be processed and bottled within communities at an affordable price. Block-making and home-building projects not only provide houses, but also generate jobs. Hence community development harnesses the collective, cooperative capacity of communities to empower people socially, politically and economically. True empowerment comes with economic independence (Gray, 1998:59).

According to Gray (1998:67) the skills the researcher can employ in this session are: *Finance and fund-raising skills* (Budgeting) where the researcher assists the group members in being money wise, raising money, obtaining support, acquiring knowledge of fundraising policies, bookkeeping and reading balance sheets. *Networking and interpersonal relations*, in the sense that members should learn to network and interact with other role-players involved in the development of the community and project sustainability, for instance one would network with Community development officers in assisting with the business plans and agricultural and/or Extension officers in assisting with vegetable gardens, poultry farming etcetera.

In this session the researcher as per Gray (1998:67) invited professional person in the area of agriculture to make a presentation to group members and practically show them how best they can do gardening. Dr Retha Van Der Walt of the School of Environmental Science and Development of the North West University was invited.

She taught group members all the processes of gardening or subsistence farming through her Research Programme on "Morogo".

Members were also equipped with shoe making skills. In this regard the researcher also invited people with special skills and expertise on shoe making. The researcher invited two women from a Non Governmental Organisation called Women in Partnership against HIV and Aids (WIPA) in Ikageng/Potchefstroom. Shoe making is also their income generating project.

Subsequent to this the researcher also taught group members on how to be "money wise", thus the aspects of financial accountability and budgeting were discussed. The researcher also in this session taught members on the issues of community development that involves: community based projects, community empowerment programmes, rural livehoods through promoting sustainable food security for vulnerable households and community based service delivery.

Evaluation of the session

Members in this session were exceptionally excited about the skills they had acquired, namely gardening skills, shoe making, and being money wise were at the centre of the session. Members indicated that these skills would help them in enhancing the standard of their lives.

SESSION 8:   CONCLUSION AND EVALUATION

This stage is a critical part of the group process, involving group members' separation from the group and reintegration into their normal daily activities. Usually evaluation of the group will also take place during this stage. During this ending phase the researcher continued to explore the feelings of dependence, independence and inter-dependence of the group members. Once the group members are ready to plan for the future, the termination process of the group begin. Group members were then given the Personal Multi Screening Inventory (PMSI) measuring scale to complete with the aim of assessing the impact of the empowerment programme and whether the researcher had achieved his goal. The self developed questionnaire were also handed out to the programme participants to allow them to evaluate the effectiveness of the programme.

7. RECOMMENDATIONS

- Taking into consideration the psycho-social implications of poverty on rural families, it is important that preventative social work empowerment programmes should be developed to support and empower poverty-stricken rural families. The rural communities should be empowered to become self-reliant and independent and take responsibility for their own development.

- The programme was compiled from specific theoretical frameworks which made it more scientific and well structured. Reference was made from Toseland and Rivas (2005:259).

- Poverty alleviation programmes should be presented to help in reducing the scourge of poverty in rural families, for instance subsistence farming (homestead gardening).

- Income generating projects that are sustainable should be initiated and local people in the community should be involved as the main role-players, for instance the shoe making project launched as part of the programme.

- Promotion and facilitation of the establishment of cooperatives integrated empowerment programmes, which build the capacity of the poor to achieve self-reliance.

- Promotion of access to opportunities and resources and embark on socio-economic programmes.

- HIV and Aids prevention programmes should be presented in Heuningvlei community to help in preventing the ever increasing spread of the disease in the community.

- There is a need for long-term empowerment programmes to change the people's attitudes in the community, the "feeling of apathy". Social Workers from the Department of Social Development should start taking responsibility for initiating these programmes.

- There is also a need for an integrated service delivery in Heuningvlei community. Local Government and Social Development departments should in particular collaborate in speeding up service delivery in this

community. Liaison with social workers on issues relating to specific individuals and families in the community thereby promoting the integrated approach; liaison with all relevant role players e.g. departments, NGOs, local community structures, faith-based organisations and stakeholders to facilitate inter-sectoral collaboration and to establish partnerships to ensure the sustainability of development actions within the community and finally the provision of direct support to communities.

- This social group work empowerment programme could be incorporated with existing community development programmes, if there are any, to ensure solidarity and maximize service delivery.

- Social work practitioners and researchers have an important role to play in advancing family strengths research. They are well positioned to contribute to family strengths research, especially in the areas of articulating a broad and inclusive definition of family structure and family strengths; building on practice experience to document the processes and relationships that characterize strong families; and conducting the policy and program evaluation studies to document the effectiveness of specific interventions for families.

8.   SUMMARY

The literature review confirmed that poverty in South Africa is the most problematic social problem facing different societies today. Statistics also confirm that almost half of the South African population lives in poverty, and most of these people dwell in rural areas. Poverty is not only widespread in rural areas but most poverty is rural. It is central to the development programmes of the government and other non governmental bodies. Rural communities in South Africa were not sustainable empowered. Sustainable development is ensured by successful community empowerment. It is achieved through the enhancement of the capacity of communities to actively take control of their own development. It is the researcher's opinion that the governmental community development and empowerment programmes are not addressing poverty in rural areas such as Heuningvlei or rather they are non existent. Poverty is also always accompanied by a considerable number

of social problems; hence the importance of 'Tshwaragano Empowerment Programme'. The goal of this programme was to empower and support rural people of Heuningvlei community with relevant knowledge, skills and insight to enable them to enhance their living conditions. According to Schwerin (1995:56), a community empowerment programme has the aim "to increase your capacity to define, analyse, and act on your own problems."

Information on different social problems, such as HIV and Aids, domestic violence and substance abuse were shared with members, and basic pivotal life skills were taught (communication, self-esteem/self-knowledge/self-awareness, problem-solving, assertiveness, conflict resolution). Issues on community development, community empowerment programmes, community based projects and service delivery was also given attention in this programme.

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ARTICLE FOUR

EVALUATION OF THE EFFECTIVENESS OF A SOCIAL GROUP WORK EMPOWERMENT PROGRAMME FOR POVERTY STRICKEN RURAL FAMILIES IN THE NORTHERN CAPE PROVINCE

MM Motshedi is a PhD student and a Lecturer at the Department of Social Work, School of Social Sciences at the North-West University (Mafikeng Campus)

CC Wessels (PhD) is a Senior Lecturer at the School of Psychosocial Behavioural Sciences in the Social Work Division, at the North–West University (Potchefstroom Campus)

H Strydom (PhD) is a Professor and head of the Social Work Division, School of Psychosocial Behavioural Sciences at the North-West University (Potchefstroom Campus)

ABSTRACT

The general aim of this article is to determine the effectiveness and the impact that the developed social group work empowerment programme had on the lives of people in Heuningvlei community. The question is, does the implementation of the Tshwaragano Empowerment Programme, rendered or secured any positive outcomes or not?

The effectiveness of the programme was mainly evaluated by both quantitative and qualitative measurements. The measuring scale used to measure the effectiveness of the programme was called Personal Multi-Screening Inventory obtained from the Perspective Training College in Potchefstroom. The programme was also evaluated by means of a self developed questionnaires, however the latter instrument was only completed upon termination of the programme.

1.   INTRODUCTION

This article aims to evaluate the effectiveness of the social group work empowerment programme for poverty stricken rural families. Evaluation is a very important aspect of intervention research. Rossi and Freeman (1993:5)

define evaluation research as 'the systematic application of social research procedures for assessing the conceptualization, design, implementation, and utility of social intervention programmes.

2. PROBLEM STATEMENT

Poverty is a subject of great concern and it is central to the development programme of the government and other non-governmental bodies. Community empowerment programmes are intended to improve the socio-economic and political standing of communities which are backward, rural, powerless and experience decline. Poverty alleviation programmes are intended to improve the poor living conditions of rural communities. Much energy has been invested towards the development of the poor rural areas with less promising achievement, and yet these rural communities are still regarded as backward and under-developed. Why is it so? (Mamburu, 2000: 1).

It is also the researchers' opinion that the government programmes on poverty alleviation and community empowerment are not sufficiently addressing the problem, especially in rural areas. This is simply because there is no monitoring and evaluation of the programmes after implementation. Community empowerment and poverty alleviation programmes were implemented in order to address the socio-economic conditions of rural communities however their effectiveness and impact on these communities were not evaluated. Evaluation studies on the effectiveness of the community empowerment and poverty alleviation programmes had not yet been conducted and it is against this background that the researcher deemed it fit to undertake this study.

According to De Vos et al. (2002:374) the aim of evaluation is to determine or assess the value of something. Patton (2002:10) defines programme evaluation as the systematic collection of information about the activities, characteristics and outcomes of programmes to make judgements about the programme, improve its effectiveness and/or inform decisions about future programming. In a well-known text on evaluation research, Leonard Rutman states that 'programme evaluation entails the use of scientific methods to

measure the implementation and outcomes of programs for decision-making purposes. According to Babbie and Mouton (2001:335) "Programme is taken to refer to any intervention or set of activities mounted to achieve external objectives, that is, to meet some recognised social need or solve an identified problem".

The following question is formulated from the preliminary information:

- Can the presentation of a social group work empowerment programme be effective in empowering poverty stricken rural families?

3. AIM AND OBJECTIVE

AIM

The aim of this article is to evaluate the effectiveness of a social group work programme in empowering poverty stricken rural families with special reference to Heuningvlei community in the Kgalagadi district, Northern Cape Province.

OBJECTIVE

To evaluate the effectiveness of a social group work programme in empowering poverty stricken rural families.

4. BASIC THEORETICAL STATEMENT

Many families in South Africa are troubled by poverty and face challenges that have psycho-social effects on the families. A social group work programme will empower poverty stricken rural families and improve their quality of life.

5. RESEARCH METHODOLOGY

The research methodology of this research included a literature study and empirical research.

5.1 LITERATURE STUDY

Royse (2004:40) says that literature review assists in relating the research problem to the existing theory. Grinnell (2001:434) states that a literature review interacts with and supports the framework by introducing and conceptually defining the key variables that are the subject of the study.

In the literature review a study was made on the psycho-social implications (effects) of poverty for rural families and available programmes to enhance their quality of life. There is a considerable amount of books/web literature/journals and publications on poverty within rural families, both nationally and internationally. However, there are very few programmes available on specific psycho-social issues. It was on this note that the researcher deemed it fit to conduct a study of this nature. The databases that were consulted involve a systematic library search, South African Journals, Sociology and Social Work books, Social Work abstracts, Social Sciences Indexes, the Eric Nexus database, dissertation abstracts, EBSCOhost and the internet.

5.2. EMPIRICAL RESEARCH

For the purpose of this study the researcher used the Developmental Research and Utilization model (Grinnell, 1981:593-602). The DR & U Model was used as the overall research model for the objective of this study (Strydom, 2003:151-158). The researcher also made use of the first two phases of the developmental research model. The first two phases were discussed in articles 2 and 3. The third phase, the evaluation phase will be discussed in this article.

In this phase the new product is subjected to a preliminary field implementation in order to study its provisional results (Geyer, 2006:121; Strydom, 2003:157). Much of the evaluation phase is embraced in evaluation research. However, unlike some evaluative research in which the evaluation component turns out to be an end in itself, disembodied from earlier development and subsequent events, the evaluation activities in the DR&U model are an integral part of a research-innovation process which begins with the phases that generate social technology. The process employs evaluation to appraise and, if appropriate, revise the innovation, and continues on to utilization in the forms of diffusion and adoption (Grinnell, 1981:602).

5.3 RESEARCH DESIGN

During this study the descriptive and explorative research designs were used based on the qualitative and descriptive nature of the study undertaken. .

According to Nottel (1990:25) descriptive design is a way of finding out what the facts are in relation to a particular problem. According to Bless and Higson-Smith (2000:154), the purpose of the exploratory research is to explore a certain phenomenon with the primary aim of formulating more specific research questions relating to that phenomenon. Exploratory studies are also appropriate for more persistent phenomena

5.4 MEASURING INSTRUMENT

In measuring the effectiveness of the programme on the social functioning of the people, the researcher used Personal Multi-screening Inventory (PMSI) scale, developed by the Perspective Training College in Potchefstroom. The PMSI scale was administered by the researcher to the group members in two phases, that is before intervention **(Before)** and after intervention **(After).** The effectiveness of the programme was mainly evaluated by both quantitative and qualitative measurements. The researcher also made use of a self developed questionnaires to evaluate the effectiveness of the Tshwaragno empowerment programme. A questionnaire was designed containing closed and open-ended questions to evaluate the social group work empowerment programme during termination of the group (Roux, 2002:344-345; Strydom, 2002:405-406; Toseland & Rivas, 2001:406-421) (appendix 7).

5.5 RESEARCH PROCEDURE

The procedures followed were:

- The researcher visited Heuningvlei Community a month before the implementation of the programme and the participants were selected on the basis of their keen interest and volunteerism to participate in the social group work empowerment programme.

- The social group work empowerment programme was implemented and evaluated.

- Data was processed.

5.6 DATA ANALYSIS

Data of the the Personal Multi-Screening Inventory (PMSI) scale were processed by a computer program of Perspective Training College. The

schedule with open-ended questions to determine the success of the social group work empowering programme for poverty stricken rural families was processed by the researcher. Data were transformed into statistically accessible forms by counting procedures, and supervised by the promoter Dr CC Wessels and Dr J Delport. The researcher himself analysed the qualitative questions manually into themes.

5.7   ETHICAL ASPECTS

The Ethical committee of the North–West University (Potchefstroom Campus) approved Tshwaragano Project (nr. 06k07). Regarding the study reported here, the following ethical aspects were adhered to:

- **Harm to respondents**

De Vos et al. (2005:58) hold that the researcher must, within reasonable limits, protect subjects against any form of physical discomfort which may emerge from the research projects. In order to protect respondents against any harm, sensitivity towards emotional and physical comfort was maintained.

- **Violation of privacy**

The respondents' right to privacy was well respected and maintained.

- **Voluntary consent**

The respondents' voluntary consent was sought. In accordance with the directions of Creswell (2003:64), the respondents knew that they had a choice to participate and could withdraw at any stage. The respondents' right to withdraw from the interview was respected.

- **Confidentiality**

Confidentiality and anonymity were strictly abided by. This was achieved by critically explaining the general aim of the study and procedures to be used such as helping them to complete the questionnaires.

The cultural customs of the respondents were respected at all times (De Vos et al., 2005:57-68).

6. THE NATURE OF PROGRAMME EVALUATION AND MEASURING

Evaluation is a very important aspect of developmental research. According to De Vos et al. (2002:374) the aim of evaluation is to determine or assess the value of something. For Babbie and Mouton (2001:336) since the advent of evaluation studies, evaluations have been commissioned for purposes of programme management, improvement and refinement, financial accountability, on public demand, to meet accreditation requirements, for purposes of quality assurance and control, and various other reasons. Patton (2002:10) defines programme evaluation as the systematic collection of information about the activities, characteristics and outcomes of programmes to make judgements about the programme, improve its effectiveness and/or inform decisions about future programming. Rossi, Lipsey & Freeman (2004:16) define programme evaluation as the use of social research methods to systematically investigate the effectiveness of social intervention programmes in ways that are adapted to their political and organisational environments and are designed to inform social action to improve social conditions. The need for programme evaluation is undiminished in the current era and may even be expected to grow. Indeed, contemporary concern over the allocation of scarce resources make it more essential than ever to evaluate the effectiveness of social interventions. The main types of concern addressed by evaluations and the associated methods are (Rossi, et al., 2004:62):

- The need for services (needs assessment)

- The conceptualization and design of the programme (assessment of programme theory)

- The implementation of a programme (assessment of programme process, also called process evaluation or programme monitoring)

- The programme's outcomes (impact assessment)

- The programme's efficiency (efficiency assessment)

For Babbie and Mouton (2001:337) since the advent of evaluation studies, evaluations have been commissioned for purposes of programme management, improvement and refinement, financial accountability, on public demand, to meet accreditation requirements, for purposes of quality assurance and control, and various other reasons. In the case of this study the researcher employed empowerment evaluation. According to Fetterman (2001:1) it is defined as the use of evaluation concepts, techniques and findings to foster improvement and self determination. It employs both qualitative and quantitative methodologies. Although it can be applied to individuals, organisations, communities, and societies or cultures, the focus is usually on programmes. Empowerment evaluation is necessarily a collaborative activity, not an individual pursuit. An evaluator does not and cannot empower anyone; people empower themselves, often with assistance and coaching. Empowerment evaluation can create an environment that is conducive to empowerment and self determination. The process is fundamentally democratic in the sense that it invites (if not demands) participation, examining issues of concern to the entire community in an open forum (Fetterman, 2001:6).

Through programme evaluation, social workers attempt to answer the question, is this programme accomplishing its goals (Du Bois & Miley, 2005:221-222). According to Toseland and Rivas (2005:390) there are several benefits of evaluation for social workers' who do group work:

- Evaluation can satisfy the social worker's curiosity and professional concerns about effects of specific interventions they perform while working with a group.

- Evaluation can help the social worker in improving his/her leadership skills.

- The social worker can assess the progress of group members and determine whether the group and programme are accomplishing agreed on purposes.

- Evaluations allow group members to express their satisfaction and dissatisfaction with the group.

- Social workers can gather knowledge that can be shared with others who are using social group work as a method for similar purposes and similar situations.

- Social workers can systematize and make the covert hypothesis-generating and hypothesis-testing processes they routinely engage in as they practice.

- Evaluation can examine the cost-effectiveness of group work services.

With this dynamics in mind the researcher assessed the effectiveness and the impact that the programme made with regard to the general aim which was empowering poverty stricken rural families. Did the programme achieve its objectives and goals? The researcher used instruments that allow the programme members to evaluate the whole programme experience and how it has benefited them as well as how it can be improved for the use by other people. This evaluation will inform social work practice in the sense that social workers will utilize the information and knowledge gathered in this programme in their interventions with poverty stricken rural families.

7. VALIDITY AND RELIABILITY OF THE MEASURING INSTRUMENT

According to Delport (2005:166) to obtain valid and reliable data one must ensure before the implementation of the study, that the measurement procedures and the instruments to be used have acceptable levels of reliability and validity.

The Personal Multi-Screening Inventory (PMSI) scale (appendix 5) was used in pre and post testing. It is a standardized scale that can be used in social work practice. The scale was designed to improve the quality of life of group members by evaluating their present functioning and making recommendations for the future. This scale can only be used with the permission obtained from the Perspective Training College in Potchefstroom: South Africa.

One of the encouraging innovations in measurement for single system evaluation in clinical practice has been the development of a set of

153

standardized scales by Hudson (Bloom, Fischer & Orme, 1999:217). The PMSI scale was administered by the researcher to the group members in two phases, that is before intervention **(A1 Before)** and after intervention **(A1 After)**. Most of these questionnaires were designed specifically for single-system evaluation to monitor and evaluate the magnitude (extent, degree, intensity) of a client's problem through periodic administration of the same questionnaires to the client, (Bloom et al., 1999:217).

7.1.   THE RELIABILITY OF THE MEASURING INSTRUMENT

In the abstract sense, reliability is a matter of whether a particular technique, applied repeatedly to the same object, would yield the same result each time. Thus reliability has to do with the amount of random error in a measurement.

The more reliable the measure, the less random error in it (Rubin & Babbie, 2005:182). According to Delport (2005:162) reliability implies the following: A reliability of a measurement procedure is the stability or consistency of the measurement. This means it is a measuring instrument which is reliable to the extent that an independent administration of the instrument will yield similar results. Strydom (2003:215) points out that one must also strive for the highest possible way of reliability.

7.2.   THE VALIDITY OF THE MEASURING INSTRUMENT

According to Rubin and Babbie (2005:184) in a conventional usage, the term validity refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration. All the undimensional scales have reliabilities of 90 or higher and good content, construct and discriminant validity (Hudson & Faul, 1997:60-61).

The General Contentment Scales scores ranges from 0-100% and the following values are used to interpret the scores:

- A score of more than 35% shows a need for improvement

- A score between 25% and 35% indicates a warning that an area needs attention

- A score below 25% is in the recommended range

154

The **(PMSI)** used considered four major aspects of the general contentment of the programme participants, that is; self perception, the positive/negative psycho-social functioning of individuals, interpersonal relationships and the emotional functioning of programme participants. The (PMIS) was presented in two phases thus, **before** and **after** the programme intervention.

8. RESULTS AND INTERPRETATION OF (PMSI) SCALE (QUANTITATIVE DATA)

The results of the measuring instrument used, (PMSI) as well as data from a self-developed evaluation questionnaire were presented. No identification of the group members need to be provided, if they are used in this report, it is with their permission. The programme consisted of members who were willing to participate in the study and probably because they want to bring social change in their lives and their community in particular. The results for the group as a whole will be discussed since the researcher wants to determine the impact of the empowerment programme on the group as a whole.

8.1 SELF PERCEPTION

Self Perception

Recomended Range	Warning	Needs Attention		Needs Urgent Attention

0	20	25	75	100
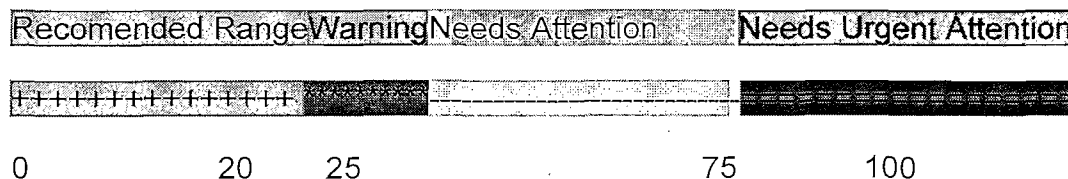
BAR GRAPH 1: BEFORE AND AFTER MEASUREMNT OF SELF PERCEPTION

Measurement of Self perception (PMSI)
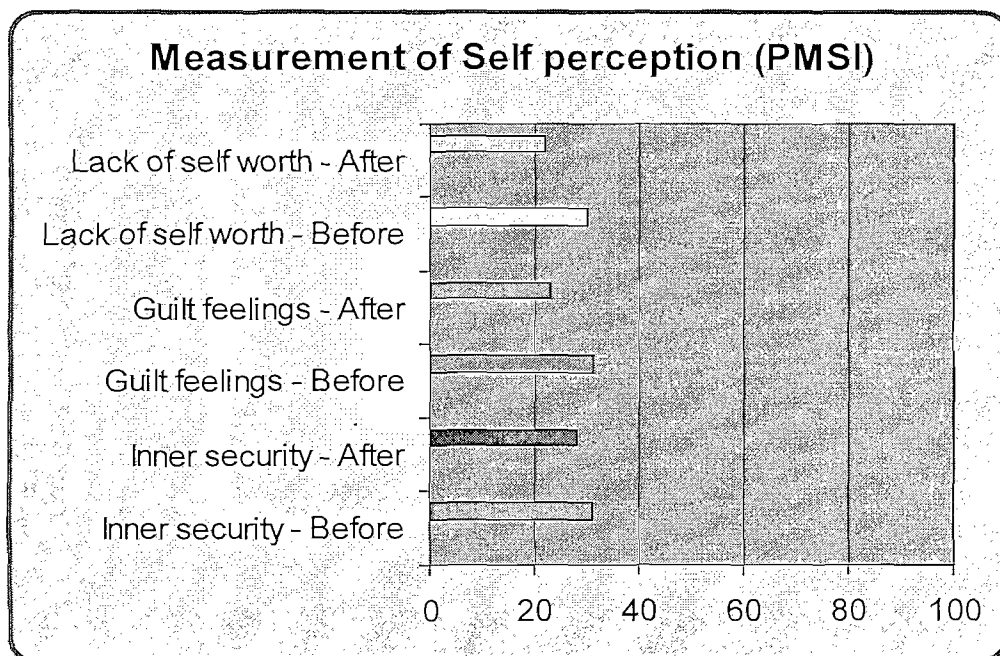
(The bar graph must be read from bottom to top)

This bar graph focuses on the self-perception of the group participants of Tshwaragano empowerment programme. The significant areas of self perception considered included the lack of inner security, guilt feelings and self worth. During the first measuring of the group members' self perception, the measuring instrument revealed that the lack of inner security of the whole group was 29% and after the empowerment Programme it was 26%. The groups feelings of guilt, before the programme was presented was 29% and after the programme was presented 22%. Their self worth was before the programme was presented 28% and after the programme 21%. All the before scores fall in the area that indicates a need for attention. This is an indication that there is a need for empowerment programmes in the community of Heuningvlei. According to Sciangula and Morry (2009:145) it is important to know that one's self esteem can influence an individual's self-perceptions. "Individuals with low self-esteem have an overall history of feeling rejected in their relationships with others, whereas high self-esteem individuals have a history of feeling accepted" (Sciangula & Morry, 2009:145). According to Baumester, Campbell, Krueger & Vohs, (2003: 14) "...people with a high self-

156

esteem report higher degrees of happiness, despite the presence of stress or other circumstances...they have less depression more optimism and fewer physical symptoms."

During the post measuring scale of the group's self-perception the lack of self worth of the group and the feeling of guilt fall in the area that indicates a warning and therefore still need some attention. The feeling of inner insecurity falls in the area that needs attention. This is an indication that if you want to help the people in Heuningvlei community to help themselve one should really work hard on their self perception and give specifically attention to their self-esteem. However if one looks into the results of the first measuring instrument, comparatively there was proportional transition in the self perception of the group. Therefore it could be appropriate to say that the Tshwaragano Empowerment Programme was effective and resourceful in helping the group to enhance their self perception although it still needs attention. The programme had reasonably and positively enhanced the self perception of the group participants in such a way that they started to do introspection with the view of improving their social functioning. These results can also be attributed to the complex nature of the measuring instrument used and the inability of the group members to understand and rationalise the questions. The low educational background of the group participants can also be alluded to as a contributing factor.

8.2 RELATIONSHIPS

Relationships

Recomended Range	Warning	Needs Attention	Needs Urgent Attention

+++++++++++++++++	*********	------------------	==================

0   20   25   75   100
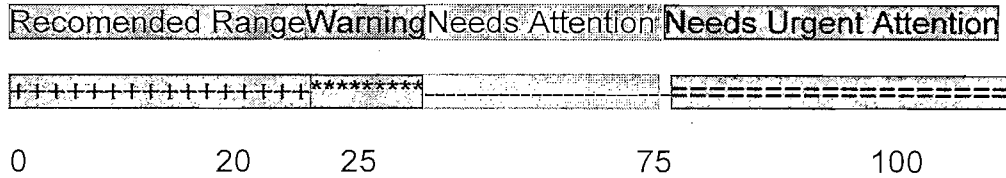
BAR GRAPH 2: BEFORE AND AFTER MEASUREMENT OF RELATIONSHIPS

Measurement of Relationships (PMSI)
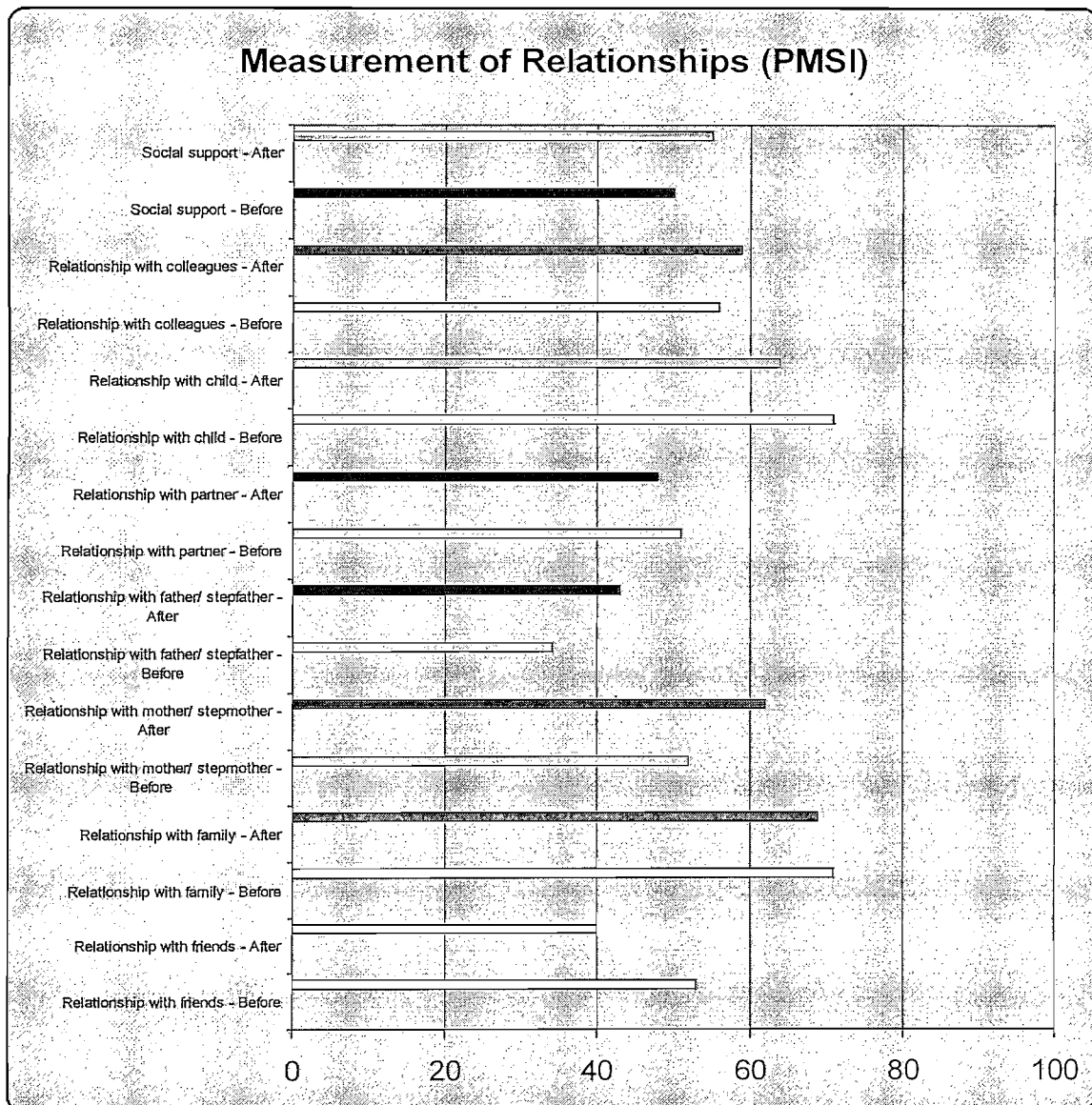
(The bar graph must be read from bottom to top)

This bar graph focuses on the relationship aspect of the group, thus how does group participants of Tshwaragano empowerment programme relate with the significant others. As human beings we always live in relation to others, whether they are relatives, friends, acquaintances or strangers. According to Saleebey (2006:5) strong families are connected to others in the community. Caring relationships convey loving support that is the message of being there for a person, message of trust, of unconditional love.

During the first measuring scale prior the empowerment programme the results revealed that the social support system of the group was 50% and after the empowerment programme it was 55%. Saleebey (2006:6) indicated that receiving support from and contributing to extended family, neighbourhood, and community, results in a sense of belongingness as well as accountability to others.

The relationship of the group members with their colleagues was 57% before the programme intervention and after the empowerment programme it was 59%. Their relationship with the children was 70% before the empowerment programme and after the programme intervention it was 63%. Parent-child relationships/interactions can affect children's behavior over and above the influence of socio-economic and demographic factors, such as income, family structure and parent education. Children want adults to be available, thus to have time to show interest, to do things and talk with them. They learn how to deal with change through examples of the adults in their lives. The relationship with their partners was 50% before the empowerment programme and it was 48% after the empowerment programme.

The relationship with the father/stepfather was 35% prior the intervention programme and it was then 42% during the post programme measuring scale. The relationship with the mother/stepmother was 54% before the implementation of the empowerment programme and it was 61%. Their relationship with their families was 70% in the first measuring scale prior to empowerment programme implementation and in the post programme implementation the results revealed that it was still 70%. According to Saleebey (2006:09) resiliency is strengthened in families that plan time together. Strong families are committed to the family and value the things that

make their family special. Finally the relationship of the group members with their friends was 55% in the results of the first measuring scale prior to empowerment programme implementation and it was 40% after the empowerment programme.

All the results fall in the area that indicates the need for improvement, except for the results focusing on the relationship of the group members with their families which fall in the recommended area. It is an indication that if one want to help the people of Heuningvlei to help themselves it is important that you take into cognizance their interpersonal relations. Of great importance is their relationships with their families and significant others. Social workers must initiate social group work empowerment programmes in order to help build good interpersonal relations of people.

On this account it can therefore be concluded that the intervention programme was fairly effective and helpful to the group in promoting their social relationships with their families including their children and other social support systems available to them. These results can be attributed to the inability of the group participants to contextualize and rationalize the questions of the measuring scale being as a result of their educational background. The complex nature of the scale also made it difficult for the members to comprehend and respond easily to the questions. However in the self developed evaluation questionnaires the group expressed their satisfaction about the whole programme experience and personally indicated that the programme was insightful and it has to some extent transformed their lives for the better. The latter tool was also used to evaluate the effectiveness of Tshwaragano Empowerment Programme, which was only completed upon termination of the programme.

8.3   POSITIVE/NEGATIVE PSYCHO-SOCIAL FUNCTIONING

Positive

Recomended Range	Warning	Needs Attention	Needs Urgent Attention
0 20	25	75	100

Negative

	Needs Attention	Needs Urgent Attention	Warning	Recomended Range
	75	100	25	20

BAR GRAPH 3: BEFORE AND AFTER MEASUREMNT OF POSITIVE/NEGATIVE PSYCHO SOCIAL FUNCTIONING

Measurement of Positive/ Negative Psycho-social Functioning (PMSI)
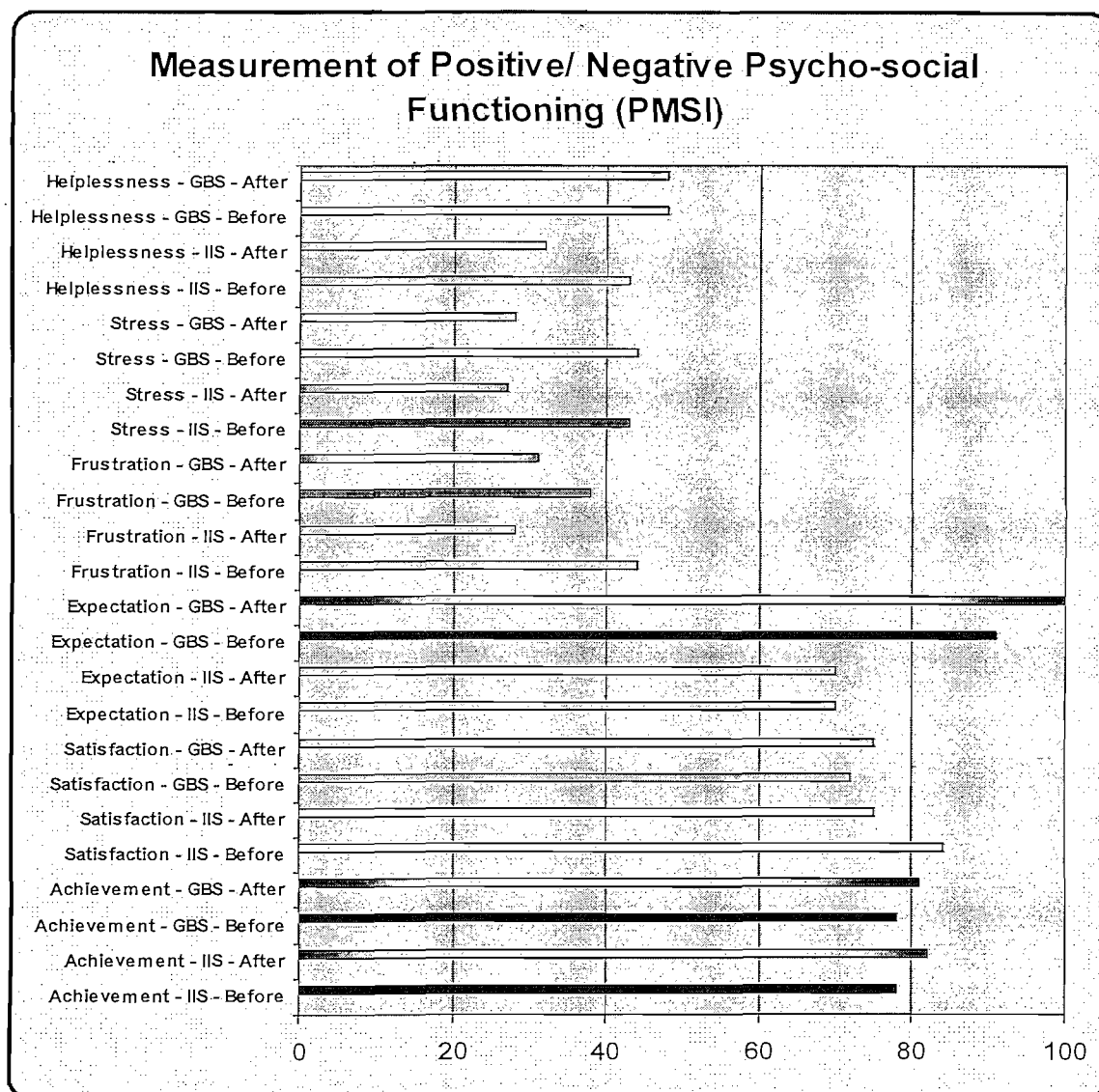
(The bar graph must be read from bottom to top)

The bar graph 3 above indicates the positive and negative psycho-social functioning of the group participants of Tshwaragano empowerment programme. The term psycho-social refers to feelings, attitudes and behaviors

of persons in their relationships with others. It also refers to the social condition or situations which influence human well-being (Northen,1995:9). The New Dictionary of Social Work (1995:50) refers to psycho-social as a multiple and complex transactions pertaining to the social functioning of individuals or to the social and organizational functioning of larger social systems which are affected by, among others, personality disorders, inadequate role performance and life transitions involving developmental changes, crises as well as communication and relationship difficulties.

During the pre measuring scale it was found that the feeling of helplessness of the group (GBS) was 47% and (IIS) was 43%. During the post programme intervention the results of the measuring scale revealed that the feeling of helplessness of the group participants (GBS) was 47% and the (IIS) was 31%. In the context of this study the feeling of helplessness refers to the feeling of powerlessness, hopeless, quilt and ashamed of oneselve. According to Swanepoel and De Beer (2006:7) helplessness render people vulnerable especially people living in poverty conditions. People who see themselves as helpless are generally more stressed than those who believe they have some control over events. The stress feeling (GBS) was 44% and stress (IIS) was 43% prior the empowerment programme. During the post programme implementation, the stress (GBS) of the group was 27% and the stress (IIS) was 26%. According to Van Heerden (2005:66) stress is the word we use to describe our emotional and physical reactions to situations that seem threatening in some way.

Prior to the empowerment programme the feeling of frustration of programme participants (GBS) was 37% and frustration (IIS) was 43%. After the intervention of the programme the feeling of frustration (GBS) was 30% and the frustration (IIS) was 27%. The expectation (GBS) of the group was 90% and the expectation (IIS) was 69% in the results of the first measuring scale. In the results of the second measuring scale, which was after the empowerment programme the feeling of expectation (GBS) was 99% and the (IIS) was 69%. The satisfaction (GBS) was 71% and (IIS) of the group was at 83% during the results of the first measuring scale prior to empowerment programme implementation. In the post programme results the satisfaction

(GBS) and (IIS) of the respondents were 74% respectively. In the context of this study satisfaction is described as positive feeling of the individual towards himself, his environment and life situations. It is the way one feels about one's life and surroundings. According to the Oxford Encyclopedic English Dictionary (1991:282) satisfaction can be defined as a "contentment state" and "freedom from worry". Finally the feeling of the achievement (GBS) and (IIS) of the group was 78% respectively during the results of the first measuring scale before the empowerment programme. After the empowerment programme the results of the measuring scale revealed that the feeling of achievement (GBS) and (IIS) of the respondents were 80% and 81% respectively. According to Northen (1995:9) most importantly the positive change in psycho-social functioning of individuals, changes in their families, groups and changes in the conditions in their environment to lessen obstacles and provide opportunities for satisfying social living.

When one looks at the results of the pre-measuring scale compared to the results of the post measuring scale it is worth noting that the intervention programme had an impact on the general social functioning of the group. Even though some scores still fall in the areas that indicate the need for improvement and those that require urgent attention, there was a slight improvement in the social functioning of the group as whole. These results can be attested to the complex and difficult nature of the measuring scale used. The poor educational background of the programme participants also contributed to these results because members were not able to establish an understanding of the questions. Members of the group however, also verbally expressed their contentment about the programme and indicated that the programme was very helpful towards their general social functioning.

8.4   EMOTIONAL FUNCTIONING

Emotional Functioning

Recomended RangeWarningNeeds Attention Needs Urgent Attention

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+ + + + + + + + + + + + + + ********    ===================
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0	20	25	75	100
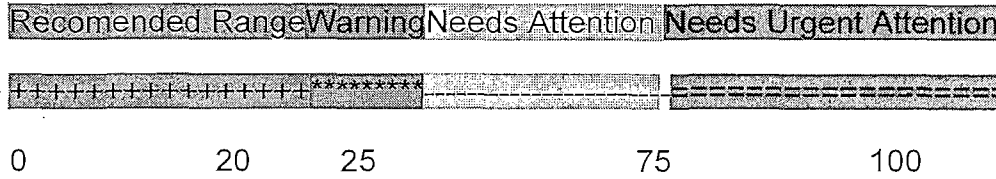
BAR GRAPH 4:   BEFORE   AND   AFTER   MEASUREMENT   OF EMOTIONAL FUNCTIONING

Measurement of Emotional Functioning (PMSI)
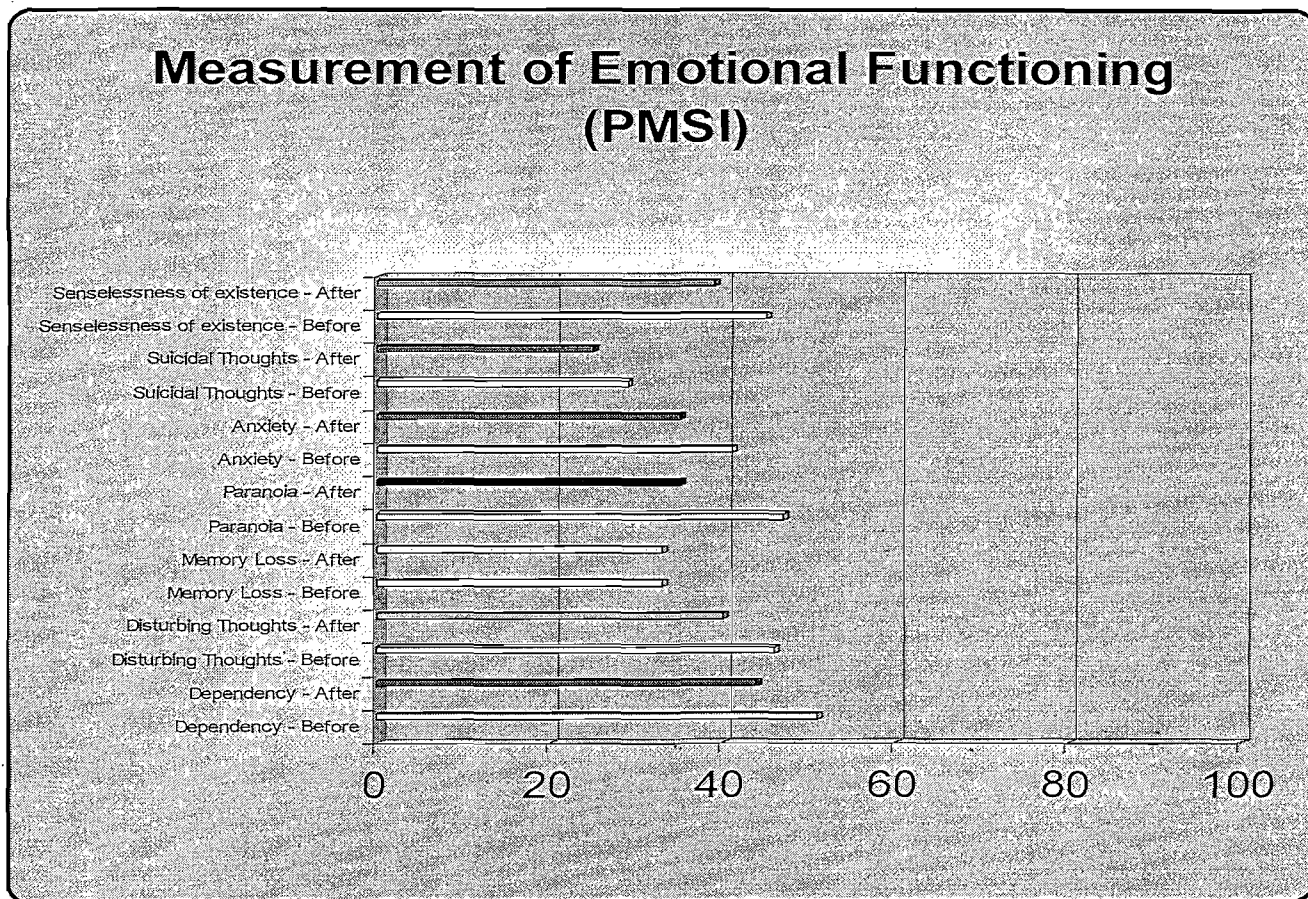
(The bar graph must be read from bottom to top)

This bar graph focuses on the different aspects of the emotional functioning of the group participants of Tshwaragano empowerment programme that include senselessness of existence, suicidal thoughts, anxiety, paranoia, memory loss, disturbing thoughts and dependency. In the context of this study emotional functioning refers to the emotional well being of all members. The emotions could range from sadness, feelings of worthlessness, hopelessness,

failure, and disappointment to pessimism etc. (Van Heerden, 2005:31). The measuring scale results prior to the implementation of the empowerment programme revealed that the group's feeling of senselessness of existence was 45% and the suicidal thoughts were 30%. After the empowerment programme the group's feeling of senselessness of existence was 38% and the suicidal thoughts were 25%.

The group's feeling of anxiety was 40% and the feeling of paranoia was 48% before the empowerment programme was implemented. After the implementation of the empowerment programme the feeling of anxiety of the group was 36% and the feeling of paranoia was also 36%. The group's feeling of memory loss was 32% prior to the empowerment programme and the disturbing thoughts were 45% and in the final instance the feeling of dependency was 50%. After the programme implementation the memory loss of the group was 32% and the disturbing thoughts were 39%. In the final instance the feeling of dependency was 42%.

Even though all the areas of emotional functioning still fall in the area that indicates a need for improvement there was a slight change in the results when one compare the results of the before and after programme implementation. This is a clear indication that people of Heuningvlei suffer from the emotional discomfort. In order to help these people social workers must focus in redeveloping the emotional stability of these people. It can therefore be concluded that it is through interventions such as social group work empowerment programme that the emotions of members about their lives can be improved.

These results can also be attested to the complex nature of the measuring instrument used which limited the understanding and rationalising questions of the group. Reference can also be drawn from the low educational level of the group. It is therefore against this background that the researcher concluded that the intervention programme was effective and helpful to the group. Upon termination the group also verbally expressed their general contentment of the whole programme indicating how the programme empowered them with regard to the emotional functioning, with the emphasis on the discouragement on the feeling of "apathy". There was a general contentment of the

respondents and the group as whole with regard to their emotional functioning. The empowerment programme was effective and resourceful.

9. SELF DEVELOPED QUESTIONAIRE (QUALITATIVE DATA)

The group members completed the self developed evaluation questionnaire (appendix 7) to evaluate the "Tshwaragano Empowerment Programme" which was a social group work empowerment programme. The evaluation will enable the researcher to obtain valuable feedback about the effectiveness of the programme. The evaluation questionnaire was only completed upon termination of the group/programme. The verbal expressions of the group members were recorded by the researcher. The programme participants were asked to evaluate the programme according to four questions and the following are some of their evaluation expressions.

Question 1: Have you learned something specific from the programme. YES/NO. Please motivate your answer.

All the programme participants answered Yes, to this questions, which simply indicate that the programme was effective and instrumental to the participants in enhancing their social functioning and improving their contentment about life in general. The motivations provided to this answer included the following direct expressions of members:

- *"We have learned about the important values such as to discourage or do away with the feeling of 'apathy',*

- *"We have developed a positive self-esteem of myself".* Members expressed that before they participate in this programme, they were looking down on themselves considering their poor living conditions.

- *"We have learned important life skills such communication skills, self knowledge/awareness, assertiveness, self esteem, problem solving and conflict management".*

- *"We have also learned about different social problems such as HIV and Aids, Domestic Violence and substance abuse".*

166

- *"We have learned how to make shoes for income generating purposes and gardening skills to start our own homestead gardens to feed our families"*

Question 2: Did you see any growth or development or change in your life in general? Motivate your answer.

All the group members expressed that there is an observable evidence of growth or development or change in their lives in general since the intervention of 'Tshwaragano Empowerment Programme'. Members also in this question made reference to different things that they have learned during the course of the programme. The following expressions were recorded:

"We can now make our own decisions".

"We are able to solve our problems through good means of communication"

"We know ourselves, who we are, our potential and capabilities"

"We are happy of who we are"

"I really feel like a new person altogether".

Members indicated that the programme has changed their thinking patterns about life in general in that they now have different approach to life as compared to their lives before they participated in the programme. All the members acknowledged and appreciated that there was a significant transition in their lives as result of the intervention programme. Members expressions were recorded as follows:

"We are happy about this programme".

"We are going to improve our living circumstances".

"The programme was so helpful and valuable".

"It is now our responsibility to change our lives".

Members could not hide their happiness as it was clear that they were contended about the programme. This qualified Tshwaragano social group work empowerment programme as an effective empowerment tool. It is with no doubt to claim the effectiveness of this programme.

Question 3: Which topic(s) of the programme did you find most interesting? Motivate your answer.

In response to this question members did not indicate specific topics of their interest per se however inferences were made to all the topics of the programme. All the group members expressed gratitude and appreciated the nature of topics and programme activities that were selected for the purpose of this programme. Members indicated that the topics that were selected were relevant to their own life situations and experiences. All the topics were developmental oriented, which include 'the important values such as self-esteem, assertiveness, self awareness/knowledge, important life skills such as communication, problem solving, conflict management and finally topics on different social problems such as HIV and Aids, domestic violence and substance abuse. The members indicated that the programme has sensitized and conscientized them about their living circumstances.

The researcher can therefore deduce that with relevant topics and programme activities employed such as discussions and role plays, Tshwaragano social group work empowerment programme has met all the intended aims and goals.

Question 4: Was there anything whatsoever that you did not like in/about the programme and maybe why?

In response to this answer all the programme participants indicated that there was nothing whatsoever that they did not like about the programme. The following expressions of the responded were recorded:

"The programme was good on its own but it was no nice when talking other people laugh or whispering".

"The programme was excellent except that it was not easy to share one's experience in group".

However there will always be group dynamics like sub-groups and group behaviours that may impact negatively or positively on the development of the programme.

Question 5: Do you think that this programme can also be helpful to other people experiencing other social pathologies such as HIV and Aids, domestic violence, substance abuse? Please substantiate your answer.

The responses of the group members to this question were 100% "Yes". The motivation of the programme participants was that Tshwaragano Empowerment Programme is appropriate across all the spheres of life. The following expressions were recorded:

"The programme can help anyone in the community".

"It can also be used for abused women and children".

"The programme can help victims of HIV and Aids".

It can be helpful to people affected and infected with HIV and Aids, the victims of domestic violence and to people using and abusing substances. The empowerment nature of the programme can be very effective and helpful to the people. Groups are remedial in nature where members will be able to support one another and learn how to deal with their problems. The programme was also recommendable to be used with other existing programmes in communities.

The researcher can therefore conclude that the programme participants' evaluation of the whole Tshwaraganang Empowerment Programme was very positive and effective. The members indicated that the whole programme was valuable to their life situations and experiences. The following verbal quotes were recorded:

"My life has changed so much".

"I know that I must now stand for myself and for what I believe is right".

"The programme helped us to believe in ourselves".

The general aim of the programme was to empower and support poverty stricken rural families with special reference to Heuningvlei community. The researcher has no doubt that the latter was completely achieved.

10. RECOMMENDATIONS

It is recommended that the programme should be employed to cover a fairly good representation of the entire community so that the outcome or the effectiveness of the programme can be generalized to the entire community.

It is further recommended that there is a need for further research in social group work empowerment programme to address other social pathologies, for example HIV and Aids, domestic violence, substance abuse to mention but a few.

The social group work empowerment programmes such as Tshwaragano Empowerment Programme can be applied across all spheres of life or settlement areas both rural and urban areas.

Tshwaragano social group work empowerment programme was also recommended to the Provincial Department of Social Development for use by social workers in their interventions with poverty stricken rural families.

11. SUMMARY

The objective of this article has a special attention on the evaluation of the Tshwaragano empowerment programme. The general aim was to assess the effectiveness and the impact that the empowerment programme had on the general contentment of people in Heuningvlei community. The question is, does the implementation of the programme, rendered or secured any positive outcomes or not? The study made use of Personal Multi-Screening Inventory scale to measure the effectiveness of the intervention programme. The scale was very complex and difficult for the respondents to contexualise and respond to the questions easily. A self developed evaluation questionnaire was also used to assess the general impact and effectiveness of the Tshwaragano empowerment programme. The latter instrument was only used or completed upon programme termination.

Group members indicated that the social group work empowerment programme provided a positive growth in their lives and it was a learning opportunity that shifted the thinking of members, for instance the

discouragement of the feeling of "apathy" and dependence on the state/government. The programme was more developmental oriented.

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SECTION C

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

1. INTRODUCTION

The essence of this chapter is to present the overall summary of the whole study, draw some conclusions with regard to the findings of study and of course make recommendations regarding the value of this research in social work practice and education as well as further empirical research on this particular area of study.

2. SUMMARY

2.1 Aim of the research

The **aim** of this study was to develop and evaluate a social group work empowerment programme for poverty-stricken families in rural areas.

2.2 Objectives of the research

The objectives of the research were the following:

- To study the psycho-social effects of poverty on rural families.

- To determine the fundamental causes of poverty on rural families and their strengths to survive.

- To design and implement a social group work empowerment programme for poverty stricken rural families.

- To evaluate the effectiveness of a social group work programme in empowering poverty stricken rural families.

Conclusions regarding aim and objectives of the study

The **aim** of this study was achieved. A social group work empowerment programme for poverty stricken families in rural areas was successful and effective in empowering and supporting these families to enhance their social functioning. Families were equipped with relevant knowledge and skills to deal and cope with their social circumstances, with the goal of enforcing independence on families and charge them with the responsibility to change these circumstances. They were also taught on important life skills in general such as: The importance of communications, problem solving, assertiveness, self esteem, to mention but few. Members were also taught gardening and shoe making skills with the view of empowering them.

The **objectives** of the study were obtained in the following fashion:

- The study on the psycho-social effects of poverty on rural families was achieved through critical review and analysis of relevant literature and the empirical findings.

- The determination of the fundamental causes of poverty on rural families and their strengths to survive was also obtained through an extensive review and analysis of relevant literature as well as the empirical research following a qualitative approach in order to promote better understanding of their experiences and strengths.

- Based on the findings of the needs assessment or survey, a social group work empowerment programme was designed and implemented to support and empower poverty stricken rural families to deal and cope with their social circumstances so as to enhance their social functioning.

- The social group work empowerment programme was evaluated by means of the Personal Multi-Screening Inventory (PMSI) scale of Perspective Training College, to determine/measure the effectiveness of the programme in empowering poverty stricken rural families. The programme was also evaluated by means of the self-developed questionnaires even though the latter instrument was only completed upon termination.

2.3. Central theoretical argument

Families have strengths and abilities to better their living conditions. They have the capacity for growth and change and to adapt. With the development and implementation of relevant social group work empowerment programmes, rural families can be supported and empowered to enhance their social functioning.

Conclusion regarding central theoretical argument

This research confirmed through literature analysis and empirical findings that families have strengths and abilities to better their living conditions. They have the capacity for growth and change and to adapt. It is further confirmed

that, with the design or development and implementation of relevant social group work empowerment programme, rural families can be supported and empowered to enhance their social functioning. Thus, Tshwaragano social group work empowerment programme played a significant role in empowering and supporting poverty stricken rural families.

3.   EMPIRICAL RESEARCH

Article 1:   The psycho-social effects of poverty on rural families: A case of Heuningvlei community in the Northern Cape Province. The aim of this article is to determine the psycho-social effects of poverty on rural families of Heuningvlei community in the Northern Cape Province.   The objective of this article was achieved by means of a critical review and analysis of the relevant literature.   It is therefore concluded that it is clear that poverty is the most problematic social problem facing the South African society today.   It remains one of the greatest challenges facing Southern African Countries. It is a global problem that troubles many families in South Africa that affects people both psychologically and socially.

Article 2:   The causes of rural poverty and strengths of families to survive: A case of Heuningvlei community in the Northern Cape Province. The second objective of the study was to explore and describe the specific causes of poverty on rural families as well as the families' strengths to survive.   The objective of this article was also achieved by means of a critical review and analysis of literature as well as the empirical research following a qualitative approach in order to promote better understanding of the family experiences and their strengths to survive given their poor social conditions.

Article 3:   A social group work empowerment programme for poverty stricken families in rural areas of the Northern Cape Province. The development of the social group–work empowerment programme aimed to empower and support poverty stricken rural families in Heuningvlei community. The programme was developed in response to the findings of the needs assessment survey conducted and the literature studies with regard to the study reported here. The researcher used group-work method of social work practice to empower and support poverty stricken rural families in

Heuningvlei community with diverse knowledge and skills so as to enhance their social functioning. Relevant programme activities were used to enhance the social functioning of poverty stricken rural families. The programme was administered to 16 members of the Heuningvlei community in eight sessions.

Article 4: Evaluation of the effectiveness of social group work empowerment programme for poverty stricken rural families in the Northern Cape Province. The general aim of this article is to determine the effectiveness and the impact that the social group work intervention programme had on the lives of people in Heuningvlei community. The question is, does the implementation of the Tswaragano Empowerment Programme reached the intended aim or not? The evaluation of the programme was done by means of a measuring scale instrument called Personal Multi-screening Inventory (PMSI) scale developed by the Perspective Training College in Potchefstroom. During the orientation phase of the programme the researcher handed-out the measuring scales and during the termination phase. The reason here was to measure the general contentment of life of group members before (pre-questionnaire) and after or at the end of the programme (post-questionnaire). It is in this case then that the researcher conducted comparative analysis to determine the effectiveness and the impact of the programme on the lives of members. A self developed questionnaire was also used and it was only completed once after the programme intervention. The findings and interpretations for this measuring scale are provided in this article.

4. CONCLUSIONS

4.1. Conclusions regarding the psycho social effects of poverty on rural families (Article 1)

The first objective of the research was to explore and describe the psycho-social effects of poverty on rural families. This objective was achieved by means of a critical review and analysis of the relevant literature. In the literature review a study was made on the psycho-social effects of poverty for rural families. There is a considerable amount of books/web literature/journals and publications on poverty within rural families, both nationally and

179

internationally. However, there are very few contemporary studies or insufficient data on the specific psycho-social effects of poverty on rural families or communities. It was on this note that the researcher deemed it fit to conduct a study of this nature.

It is therefore concluded that it is clear that poverty is the most problematic social problem facing the South African society today. It remains one of the greatest challenges facing Southern African Countries. It is a global problem that troubles many families in South Africa. Poverty causes distress, including unemployment, illness and changing demands of the society the people live in (Barnett & Blaikie, 2003:61). Poverty is the major problem in Heuningvlei village, affecting people both psychologically and socially. The major social problems experienced in the community as a result of poverty are unemployment, conflict in homes, physical violence, family breakdown, alcohol and drug abuse, crime, depression, financial problems, prostitution and HIV and Aids. In many of the homes they suffer from ill health as a result of malnutrition and other concomitant factors.

It can further be concluded that poverty in South Africa is linked to high unemployment, hunger and malnutrition, inability to pay for or lack of access to health care and basic services, disintegration of families, vulnerability, risk of homelessness, and occasionally despair. The burden is also heavier on women than on men, and children are the victims (ANC, 1995:3). The highest concentration of poverty in South Africa occurs in rural areas. Poverty is not only widespread in rural areas, but most poverty is rural.

4.2. Conclusions regarding the fundamental causes of poverty on rural families' and their strengths to survive (Article 2)

The second objective of the research was to explore and describe the specific causes of poverty on rural families as well as the families' strengths to survive. This objective was two-folded in the sense that it firstly want to explore and describe the specific causes of poverty on rural families and subsequently it focuses on the exploration and description of families' strengths and abilities to survive their poor circumstances. This objective was achieved by means of a critical review and analysis of literature as well as the empirical research

following a qualitative approach in order to promote better understanding of their experiences and different strengths. There are a number of books/web literature/journals and publications regarding poverty on rural families both nationally and internationally but little or insufficient data exists regarding specific fundamental causes of poverty in the context of rural families. It was also practically impossible to access data regarding families' strengths and capabilities they need in order to resist poverty circumstances.

The following specific causes of poverty on rural families were referred to:

Poverty in the region and the Southern African Development Communities (SADC) in particular are reflected in the **low levels of income**, and high levels of human deprivation. **Unemployment** is also the greatest single cause of deep poverty in rural areas. These factors can be traced back to **education and illiteracy** of community members. There is close association between poverty and lack of education. Poor or non existent of **agricultural practices** also bears reference to the alarming rates of poverty in rural areas.

It can therefore be concluded that poverty is a multi-dimensional and multi-causal phenomenon that impinges the entire spectrum of human development. It is important to recognize that rural communities, through their experiences, knowledge and understanding of rural life, have potentials to shape a better future for themselves. Perhaps most importantly this is linked to an emerging attitude of assertiveness of the communities concerning their knowledge, views and decisions vis-à-vis those of outsiders. The strength-based approach assists in unleashing the potential communities have, to critically analyse their own situations, find meaningful solutions and to unlock new possibilities for action.

The strengths perspective of Saleebey (2002) was used as a frame of reference in understanding the strengths of rural families, thus what makes them so resilient over years whilst living in poor conditions. Looking at families from a strength perspective, the social worker will spend little time trying to understand what caused the problem and rather focus on identifying or uncovering strengths and create a mindset to look at positives. A shift in paradigm from a pathological orientation to a strengths and resilience focus

allows for a different way of thinking about clients. It provides a framework for uncovering strengths and the power within clients. This paradigm shift allows the social workers' new and creative ways to work with families that honour their skills, competencies and talents as opposed to their deficits. These strengths include survivor's pride, hope for the future, the ability to understand another's needs and perspectives and the ability to identify and make choices concerning individual and family goals. Considering the devastating impact of poverty on rural families, it is imperative that an understanding of families' strengths in dealing with the psycho-social challenges of poverty that they face on a daily basis needs to be developed.

The following themes were utilized as framework of identifying the strengths of families in Heuningvlei community.

- **Closeness, loving and caring**

In the midst of pains and sufferings rural families can rise and overcome these challenges. They have traditions, rituals, and the combined capabilities of the family members that make them resilient in their circumstances.

- **Spirituality and religion** also seem to be the strength of families in Heuningvlei to cope and resist the reality of poverty in their community. They believe this is the strength from God.

- **Positive communication** is also factors contributing to family satisfaction and resilience. Family members openly communicate their feelings; they share their sorrows and needs, happiness, hopes, dreams and fears.

- **Work together,** families in Heuningvlei believe that a strong family is the one that makes decisions, solve their problems and do family work together.

- **Solidarity and unity** are strengths of families in Heuningvlei community which allows members of the family to **commit** themselves to family matters.

- Strong and resilient families are connected to other social systems in the **community and extended families.**

4.3. Conclusions regarding the design and implementation of a social group work empowerment programme for poverty stricken rural families (Article 3)

The third objective of the research was to develop a social group work empowerment programme for poverty stricken rural families of the Northern Cape Province.

The programme was developed specifically for Heuningvlei community in the Kgalagdi district Municipality, in the Northern Cape Province. The suggested programme was named "Tshwaragano" the Tswana word for "togetherness". The development of a social group work empowerment programme to empower and support poverty stricken rural families was developed in response to the findings and recommendations of the needs assessment survey.

The researcher used the group work method of social work to empower poverty stricken rural families in Heuningvlei with diverse relevant knowledge, skills and insight on how they can enhance their social functioning. The group was treatment oriented since members were sharing the same pain and coping mechanisms. The goal of a treatment group is to foster mutual aid, to help members cope with stressful events, and to revitalize and enhance members' coping abilities so that they can effectively adapt to and cope with future stressful life events like living in poverty (Toseland & Rivas, 2005:25). The procedures for selecting programme activities were executed in accordance with the framework of Toseland and Rivas (2005:259).

The researcher developed an empowerment programme with a marathon of eight sessions with twelve topics to cover. A detailed presentation and discussion of the programme was handled in chapter four (4). The programme was presented in the form of a group work manual, consisting of an introduction and orientation of the programme, the purpose or the rationale of the programme, the aims and objectives of each session, the materials and equipments, discussion topics and instructions given.

The major aim of this programme was to support and empower rural family members in the Heuningvlei community in particular, with relevant

knowledge, skills and insight regarding their poor social circumstances. It was envisaged that the empowerment of family members will cultivate the development of the following:

- A positive self-esteem of people, with knowledge of self (self-awareness).

- Assertiveness, members will have self-assertion and be confident of themselves.

- Discouragement of the feeling of "apathy".

- Members making informed and well considered decisions about their own lives and take necessary actions and responsibilities.

- Meaningful mutual relationships and social networks to support one another.

- Effective communication on matters affecting their social functioning.

- Problem solving and negotiating skills.

- Life skills in general which are seen as essential and which do not come naturally but need to be learned.

In essence it can be concluded that this programme strived to empower rural family members with knowledge and skills on dealing and coping with their poor circumstances, with the goal of enforcing independence on families and charge them with the responsibility of changing their own social circumstances. People should be assisted to unlock and unleash their potentials and capabilities. The strengths of families to survive the abject poverty conditions in their areas need to be supported and resuscitated. Families should further be assisted to recognize their potentials and strengths and use available resources to change their social circumstances, so as to enhance their social functioning.

4.4 Conclusions regarding the evaluation of a social group work empowerment programme in poverty stricken rural families (Article 4)

This objective of the research has a special attention on the evaluation of the Tshwaragano empowerment programme. The general aim was to determine

the effectiveness and the impact that the programme had on the lives of people in Heuningvlei community. The question is, does the implementation of the programme, rendered or secured any positive outcomes or not?

The evaluation of the programme was done by group members by means of completing the measuring scale instrument. During the orientation phase of the programme the researcher handed-out the measuring scale questionnaires and subsequently during the termination phase. The reason here was to measure the general contentment of life of group members before (pre-questionnaire) and after or at the end of the programme (post-questionnaire). It is in this case then that the researcher conducted comparative analysis to determine the effectiveness and the impact of the programme on the lives of members. The effectiveness of the programme was mainly evaluated by both quantitative and qualitative measurements. The measuring scale used to measure the effectiveness of the programme was called Personal Multi-Screening Inventory obtained from the Perspective Training College in Potchefstroom. The programme was also evaluated by means of a self developed questionnaires, however the latter instrument was only completed upon termination. It is also in this chapter where, the contents and results of the programme were discussed.

Members of the group acknowledged with great thanks and confirm the valuable contribution that the programme has made on their general lives. They indicated that the programme was very insightful and thought-provoking exercise. Members were also contended by the choice of topics handled as they indicated beyond any reasonable doubt that they did not have any idea or information on such topics. There were diverse topics ranging from personal development issues, such as 'self-esteem/knowledge/awareness, the feeling of apathy, different life skills including communication skills, problem-solving and Conflict resolution skills, HIV and Aids, domestic violence and substance abuse, and lastly empowerment programmes, such as gardening and shoe making were rendered. All these topics were discussed in relation to the central problem statement of the circle of poverty in rural areas.

It can therefore be concluded that the programme was very successful and effective in the sense that members felt that there was a transition in their

lives. Group members indicated that the Tshwaragano social group work empowerment programme provided a positive growth in their lives and it was a learning opportunity that shifted their thinking, for instance the discouragement of the feeling of "apathy" and dependence on the government. The programme was developmental oriented.

5. RECOMMENDATIONS

5.1. Recommendations regarding the psycho social effects of poverty on rural families (Article 1)

Families should be supported and their capability should be strengthened to meet the basic needs of their members (Patel, 2005:167). Therefore the following recommendations are made:

- For the well-being and happiness of these families, it is important that they should be empowered and that their strength be accepted, enhanced, and resuscitated. A study of this nature is significant in that it may contribute to the better insight into the world where families have to live in and survive today, and also look into the structure and functioning of families in South Africa.

- Families must be seen in the light of their capabilities, potentials, talents, competencies, possibilities, visions, values and hopes; however these may become dashed and distorted through circumstances, oppression and trauma.

- Families should be empowered to take full responsibility for the developments in their communities and sustain such developments. Families should take ownership and control of their lives.

- The communities should be empowered to become self-reliant and independent, so as to discourage the dependency on the state, for example, dependency on the social assistance grants.

- Poverty alleviation projects/programmes should be presented. Income generating projects should be identified and people in the community should be involved, thus community participation in their own

developments and promote ownership and control of their developments, hence sustainability of developments.

- Training programmes should be developed for the community as a way to curb the rate of unemployment in the community and promote the employment opportunities for the community members.

- The community of Heuningvlei needs the services of full time social workers to empower them to participate in the sustainable development of their community. Social workers will help with the enhancement of the social functioning of people there, and promote social change in the community and to improve the quality of lives of the community members.

- There is a need for multi-disciplinary and inter-sectoral approaches to development of the Heuningvlei community. The heads of different government departments should visit the community more often to observe for themselves what are the needs and problems of this community. The government of the Northern Cape Province should urgently give attention to this matter. This community has long been neglected and overlooked in terms of the developments and service delivery.

5.2. Recommendations regarding the fundamental causes of poverty on rural families and their strengths to survive (Article 2)

The following recommendations were suggested, based on the findings of this study:

- For the well-being and happiness of these families, it is important that they should be empowered and that their strength be accepted, enhanced and resuscitated.

- A study of this nature is significant in that it may contribute to better insight into the world in which families have to live and survive today, and also contribute to looking into the structure and functioning of families in the South African context.

- Families must be seen in the light of their capabilities, potentials, talents, competencies, possibilities, visions, values and hopes. However, these may become dashed and distorted through circumstances, oppression and trauma. The social workers should apply the empowering approach and work from the strength perspective.

- Families should be empowered to take full responsibility for the developments in their communities and sustain such developments.

- The communities should be empowered to become self-reliant and independent so as to discourage the dependency on the state, e.g. dependency on the social assistance grants.

- Poverty alleviation projects/programmes should be presented. Income-generating projects should be identified and people in the community should be involved; thus the participation of the community in their own development promotes ownership of and control over their development; hence sustainability of development.

- Training programmes should be developed for the community as a way to curb the rate of unemployment in the community and promote the employment opportunities for the community members.

- The community of Heuningvlei needs the services of full time social workers to empower them to participate in the sustainable development of their community. Social workers will assist in enhancing the social functioning of people there and in promoting social change in the community – to improve the quality of lives of the community members.

- There is a need for multi-disciplinary and inter-sectoral approaches to development of the Heuningvlei community. The heads of different state departments should visit the community more often to observe for themselves what the needs and problems of this community are. The government of the Northern Cape Province should urgently give attention to this matter. This community has long been neglected and overlooked in terms of development and service delivery.

5.3. Recommendations regarding the design and implementation of a social group work empowerment programme for poverty stricken rural families (Article 3)

- It is recommended that 'Tshwaragano Empowerment programme" could be incorporated or integrated with existing community development programmes in the community, if there is any in existent.

- This programme can be used in different groups or communities irrespective of their socio-economic standing but to further enhance the social functioning of people.

- It can be utilized in groups or communities with social problems other than poverty, for instance it can be also be utilized for people living with HIV and Aids, domestic violence, to mention but a few.

- This programme should also provide a framework or a comprehensive guide to relevant resources that will be handy for rural communities to utilise for their survival.

- The programme should be well structured and compiled from a specific theoretical angle so as to claim its scientific nature.

5.4. Recommendations regarding the evaluation of a social group work empowerment programme in empowering poverty stricken rural families (Article 4)

- It is recommended that the programme should be employed to cover a fairly good representation of the entire community so that the outcome or the effectiveness of the programme can be generalized to the entire community and further claim representivity.

- It is further recommended that there is a need for further research in social group work empowerment programme to address other social pathologies, for example HIV and Aids, domestic violence, substance abuse to mention but a few.

- There is also a need to conduct research to establish already existing programmes in the community so as to establish their effectives and

consider the possibility of consolidating or incorporating these programmes with envisaged goal of improving the living conditions of rural families.

- The social group work empowerment programmes such as Tshwaragano Empowerment programme can be applied across all the spheres of life or settlement areas both rural and urban.

  - Tshwaragano social group work empowerment programme was also recommended to the Provincial Department of Social Development for use by social workers in their interventions with poverty stricken rural families.

6. FINAL REMARKS

It is worth noting that the social group work method is integral in the social work profession and/or practice. It is a method in which a social worker intervenes at the group context. Social group work is advantageous in that more than one client can benefit from the services of a social worker. In the light of ever increasing rate of poverty in the world especially in rural areas, social workers can embark on social group work empowerment programmes to support and empower poverty stricken rural families. In the case of this study social group work was effective and instrumental in supporting and empowering poverty stricken families.

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APPENDICES

SECTION F

APPENDIX 1
Schedule to ascertain the psycho-social circumstances of poverty stricken families in rural areas, the impact of HIV and Aids, the relationship between unemployment and HIV and Aids and family strengths.

e number

TSHWARAGANO PROJECT
SECTION A: DEMOGRAPHIC DETAILS AND INFORMATION ON THE PSYCHO-SOCIAL CIRCUMSTANCES OF POVERTY STRICKEN FAMILIES IN RURAL AREAS.

1. Age in years

21 – 30		1
31 – 40		2
41 – 50		3
51 – 60		4
Above 60		5

2. Gender

Male		1
Female		2

3. Marital status

Married		1
Never married		2
Divorced		3
Widowed		4
Separated		5
Live together		6

4. Highest level of education

None		1
Primary, Gr 1 – 7		2
Secondary, Gr 8,9,10		3
Secondary, Gr 11 & 12		4

LANGUAGE
5. Home language of respondent

Tswana		1
English		2
Afrikaans		3
Other		4

6. Can you read and understand a letter or newspaper in your home language?

Easily		1
With difficulty		2
Not at all		3

CLINIC
7. Name of clinic..
8. How long does it take you to get to the clinic? .... minutes
9. How do you get to the clinic?

Taxi		1
Own car		2
Walk		3
Bicycle		4

10. If you are sick, what kind of health services do you use? Yes/NO

		Yes		No	
10.1	Traditional healer		1		2
10.2	Clinic		1		2
10.3	Hospital		1		2
10.4	Other, (specify)				

11. Do you have any knowledge of home based care?

Yes		1
No		2

12. If you answered yes, tell me more about it.

_____

_____

_____

13. If you answered no, do you want to learn about it?

Yes		1
No		2

HOUSING

14. What type of house do you live in?

Traditional hut		1
Mokuku		2
Brick house		3
Other		4

15. What is the main source of drinking water for members of your household? (Choose only one)

Own piped water (tap)		1
Piped water in yard		2
Public tap (share water)		3
Water carrier/tanker		4
Borehole/well		5
Dam/river/stream/spring		6
Rain-water tank		7
Other / Remarks:		8

16. How long does it take you to get the water and come back? .... minutes

17. What kind of toilet facility does your household have?

Flush toilet (own)		1
Flush toilet (share)		2
Bucket latrine		3
Pit latrine		4
No facility/Bush/Field		5
Other / Remarks:		6

18. What does your household use for cooking and heating? Record all mentioned.

			Yes		No	
18.1	Electricity			1		2
18.2	Gas			1		2
18.3	Paraffin			1		2
18.4	Wood			1		2
18.5	Coal			1		2
18.6	Animal dung			1		2
18.7	Other / Remarks:					

19. How many people are in your household   .... people
20. How many rooms are in your household?   .... rooms

21. How many rooms in your household are used for sleeping?   .... rooms

22. Do you or someone in the household belong to a feeding scheme

Yes		1
No		2

23. If yes, how many of the people in this household belong to a feeding scheme?

               .... people

24. Do you have a food garden? If answer is NO ask reason

Yes		1
No		2

25. Would you say that the people here often, sometimes, seldom or never go hungry? Mark the answer.

Never		1
Seldom		2
Sometimes		3
Often		4

26. What did you and the others in this household eat yesterday? Probe for answer. Write down what the person tells you.

Morning:	
Afternoon	
Night	
Other	

27. Does your household have one or more of the following:

		Yes		No	
27.1	Electricity		1		2
27.2	Radio		1		2
27.3	Television		1		2
27.4	Telephone (land-phone)		1		2
27.5	Cell-phone		1		2
27.6	Refrigerator		1		2
27.7	Washing machine		1		2

27.8	Personal computer		1		2

28. Does any member of your household own one or more of the following:

		Yes		No	
28.1	Car		1		2
28.2	Motorcycle		1		2
28.3	Bicycle		1		2
28.4	Donkey/horse		1		2
28.5	Sheep/cattle		1		2

29. What is the job description of the main breadwinner?

Professional		1
Own business		2
Services		3
Clerical		4
Artisan (trained)		5
Labourer		6
Unemployed		7
Housewife		8
Pensioner		9
Other: (specify)		10

30. How far is the main breadwinner from his place of work

Not applicable		1
Less than one kilometre		2
One to three kilometres		3
More than three kilometres		4

31. What mode of transport are you using?

		Yes		No	
31.1	Taxi		1		2
31.2	Bus		1		2
31.3	Train		1		2
31.4	Bicycle		1		2
31.5	Car		1		2
31.6	Walk		1		2
31.7	Other (specify):				

32. Do you receive any maintenance for any of your children?

	Yes		1
	No		2

33. Number of children for whom maintenance is received................................

34. Is maintenance paid on a regular basis?

Yes		1
No		2
Not applicable		3

35. Does anyone in the household receive any grant from social services?

Yes		1
No		2

36. If you answered yes, what kinds of grant? Yes/NO

		Yes		No	
36.1	Child grant		1		2
36.2	Disability grant		1		2
36.3	Foster care grant		1		2
36.4	Old age pension		1		2

37. What do you consider to be the causes of the family living in poverty?

		Yes		No	
37.1	High fertility rate		1		2
37.2	Low income		1		2
37.3	Lengthy unemployment		1		2
37.4	Low educational level		1		2
37.5	No job opportunities		1		2
37.6	Other (specify)				

38. What are the effects of poverty on you family?

		Yes		No	
38.1	Health effects		1		2
38.2	Malnutrition		1		2
38.3	Unhealthy accommodation		1		2
38.4	Family members driven to crime		1		2
38.5	Children tend to go to the streets		1		2
38.6	Excessive substance abuse		1		2
38.7	Family disorganisation		1		2
38.8	Low self-esteem		1		2
38.9	Limited educational opportunities for children		1		2
38.10	Suicide tendencies		1		2
38.11	Chronic depression		1		2
38.12	Other (specify):				

39. What is your total monthly household income? ....
(To the nearest R100)

40. How does your family survive if there is no income?

_____

41. Do you have any idea of a project that you can start to generate extra income?

Yes		1
No		2

42. If yes, tell me more.

_____

_____

43.   Have you tried anything before?

Yes		1
No		2

44.   If yes, tell me more about it.

_____

45.   Tell me also about the problems you experience.

_____

46.   Do you have a budget?

Yes		1
No		2

47.   Do you think that a monthly income is security against poverty?

Yes		1
No		2

48.   Explain

_____

_____

_____

49.   Do you share your accommodation with another family?

Yes		1
No		2

GENERAL HEALTH INFORMATION OF THE HOUSEHOLD MEMBERS

50.   Has any person in the household been bedridden the last six months?

Yes		1
No		2

51.   If you answered yes, tell me more about it.

_____

52.   Is any person in the household terminally ill?

Yes		1
No		2

53.   If yes, specify who is taking mainly care of the terminally ill person.

Mother		1
Grandmother		2
Aunt		3
Friend		4
Child		5
Other (Specify)		

54.   Has anyone in the household have high blood pressure?

Yes		1
No		2

55.   Has anyone in the household had a stroke in the last 12 months?

Yes		1
No		2

56.   Does anyone in the household have diabetes?

Yes		1
No		2

57.   Does anyone in the household have Asthma?

Yes		1
No		2

58.   Does anyone in the household have cancer?

Yes		1
No		2

59.   Does anyone in the household use chronic medication?

Yes		1
No		2

60.   Has anyone in the household been diagnosed with HIV?

Yes		1
No		2

61.   Has anyone in the household died in the past 12 months?

Yes		1
No		2

62.   How many people in your household have died in the past 12 months?.................

63.   If anyone died in your householf, what was the cause of death? Yes/No

63.1	Pneumonia	Yes		No	
63.2	Cancer		1		2
63.3	AIDS		1		2
63.4	TB		1		2
63.5	Accident		1		2
63.6	Don't know		1		2
63.6	Other, specify				

64.   Have you ever heard about the disease called HIV/AIDS?

Yes		1
No		2

65.   Do you know what HIV/AIDS is?

Yes		1
No		2

66.   In the last 12 months with how many men/women other than husband/wife did you have sex? ....

67. Have you ever had an HIV/AIDS test done?

Yes		1
No		2

68. Do you know where to go for an HIV test?

Yes		1
No		2

69. From whom do you get information on HIV/AIDS?

		Yes		No	
69.1	Friends		1		2
69.2	Parents		1		2
69.3	TV		1		2
69.4	Radio		1		2
69.5	Newspapers		1		2
69.6	Magazines		1		2
69.7	Clinic sister/Doctor		1		2
69.8	Religious leaders		1		2
69.9	Politicians		1		2
69.10	Teacher		1		2

70. Do you trust the information that you get?

Yes		1
No		2

71. From whom would you mainly prefer to get correct information on HIV/AIDS?

Clinic		1
Hospital		2
Religious leader		3
Social worker		4

72. Do you know any organisations/NGO, etc. that provides information/lectures on HIV/AIDS?

Yes		1
No		2

73. If yes, ask for the names.

74. Do you know people who have HIV/AIDS?

Yes		1
No		2

75. If yes, which of these people?

		Yes		No	
75.1	Your children		1		2
75.2	Your grandchildren		1		2
75.3	Your spouse		1		2
75.4	Other family members		1		2

75.5	Your friends		1		2
75.6	People in the community		1		2

SECTION B: THE IMPACT OF HIV AND AIDS

IMPACT ON CHILDREN WHOSE PARENTS HAVE HIV/AIDS

THE EFFECTS ON CHILDREN

76.   What are the effects of HIV and Aids on children when their parents have HIV and AIDS?

	Effects	Yes		No	
76.1	Trauma		1		2
76.2	Depression		1		2
76.3	Caring for younger siblings		1		2
76.4	Additional domestic chores		1		2
76.5	Generating income		1		2
76.6	Receiving less care from parents		1		2
76.7	Nursing ill parents		1		2

FEELINGS OF CHILDREN

77   What do you think are the feelings/emotions of these children when they hear that their parents had HIV/AIDS

	Feelings/Emotions	Yes		No	
77.1	Afraid		1		2
77.2	Anger		1		2
77.3	Sadness		1		2
77.4	Rejection		1		2
77.5	Despondent/neutral		1		2
77.6	Ashamed		1		2
77.7	Shocked		1		2
77.8	Other emotions, specify:				

NEEDS OF THE CHILDREN

78   Which of the following needs do these children experience?

	Need	Yes		No	
78.1	Financial care		1		2
78.2	Physical care		1		2
78.3	Support from family		1		2
78.4	Support from friends		1		2
78.5	Support from community		1		2
78.6	Support from church		1		2
78.7	Support from school		1		2

79   What financial problems could these children have?

PROBLEMS OF CHILDREN

80   Do you think that they will have any of the following problems?

	Problem	Yes		No	
80.1	Behavioural problems		1		2

80.2	Alcohol or drug abuse		1		2
80.3	Discipline problems		1		2
80.4	Learning problems		1		2
80.5	Emotional problems		1		2
80.6	Development problems		1		2
80.7	Health problems		1		2

DISCRIMINATION

81 Do you think that these children experience discrimination against them?

Yes		1
No		2

82 Who discriminates against them?

	Institution	Yes		No	
82.1	Family		1		2
82.2	Friends		1		2
82.3	The church		1		2
82.4	The school		1		2
82.5	The community		1		2
82.6	The hospital/clinic		1		2
82.7	Other, specify:				

83 In what way do they discriminate against them?

DEATH OF PARENTS

84 If both parents die, what is the best way to care for these children?

	Placement	Yes		No	
84.1	Foster care with grandmother/-father		1		2
84.2	Foster care with family		1		2
84.3	Foster care with non-family		1		2
84.4	Children's Home		1		2
84.5	Care for themselves		1		2

STRATEGIES TO CARE FOR CHILDREN

85 What help do these children receive at the moment?

86 What do you think could be done to help these children?

87 What means of social work support do they need?

Means		Yes		No	
87.1	Regular visits		1		2
87.2	HIV/AIDS counselling		1		2
87.3	Helping to receive grants		1		2
87.4	Providing information on resources		1		2

SECTION C: THE RELATIONSHIP BETWEEN UNEMPLOYMENT AND HIV/AIDS

KNOWLEDGE ON HIV/AIDS

88   How can a person become infected with HIV?

		Yes		No	
88.1	When you share a meal		1		2
88.2	When you share drug needles		1		2
88.3	Having unprotected sex		1		2
88.4	An infected mother can pass the virus to her child		1		2
88.5	When an HIV-infected person coughs on you		1		2
88.6	When you donate blood		1		2
88.7	Through a blood transfusion		1		2
88.8	An affected mother can pass the virus to her child before birth		1		2
88.9	An affected mother can pass the virus to her child during birth		1		2
88.10	An affected mother can pass the virus to her child through breast feeding		1		2
88.11	When sharing a toilet		1		2
88.12	Mosquitos		1		2

89   Do you think that HIV/AIDS is a problem in your community?

Yes		1
No		2

90   Are you afraid of being infected with HIV/AIDS?

Yes		1
No		2

91   What is your attitude towards people living with HIV/AIDS?

		Yes		No	
91.1	I feel sorry for them		1		2
91.2	I treat them the same as others		1		2
91.3	I do not want to mix with them		1		2
91.4	They must leave our community		1		2

FACTS ON UNEMPLOYMENT

92   Is unemployment a problem in you community?

Yes		1
No		2

93   Which of the following factors lead to unemployment?

	Factors	Yes		No	
93.1	Lack of education		1		2
93.2	Illiteracy		1		2
93.3	Lack of skills		1		2
93.4	Ill health		1		2
93.5	Too old		1		2

93.6	Too lazy		1		2
93.7	Few job opportunities		1		2
93.8	Others, specify:				

94 Which of the following problems exist as a result of unemployment?

	Means	Yes		No	
94.1	Conflict in the home		1		2
94.2	Physical violence		1		2
94.3	Family breakdown		1		2
94.4	Alcohol and drug abuse		1		2
94.5	Crime		1		2
94.6	Depression		1		2
94.7	Gangs		1		2
94.8	Lack of self-esteem		1		2
94.9	Financial problems		1		2
94.10	Prostitution		1		2

STRATEGIES TO COMBAT THE PROBLEM OF UNEMPLOYMENT

95 What can the individual do about being unemployed?

96 What can the community do about unemployment?

97 Which of the following services could be rendered by the social worker to address unemployment?

	Type of service	Yes		No	
97.1	Provide material assistance		1		2
97.2	Give advice		1		2
97.3	Provide marriage guidance		1		2
97.4	Refer people to resources		1		2
97.5	Help them to obtain pensions and grants		1		2
97.6	Start projects like sewing, groups, market gardens		1		2
97.7	Start clubs for children and youth		1		2
97.8	Teach people skills		1		2

HAPPINESS

98 Are you happy/satisfied with your life at present?

Yes		1
No		2

99 In which of the following areas do you experience happiness/satisfaction?

	Areas	Yes		No	
99.1	Relationship with spouse		1		2
99.2	Relationship with children		1		2
99.3	Relationship with friends		1		2
99.4	Church		1		2
99.5	School		1		2

99.6	Municipality		1		2
99.7	Financial affairs		1		2
99.8	State of health		1		2

100   What can you do to be happy in all the areas?

101   How do you cope in unhappy/difficult times?

SPIRITUAL NEEDS

102   Do you belong to a church?

Yes		1
No		2

103   If yes what is the name of your church?

Protestant		1
Catholic		2
Pentecostal		3
Zionist		4
Seventh Day Adventist		5
Other, specify		6

HABBITS AND LIFE STYLES

104   Have you or any of the other members of your family smoked some of the following?

		Yes		No	
104.1	Cigarettes		1		2
104.2	Tobacco		1		2
104.3	Snuff		1		2
104.4	Chewing tobacco		1		2
104.5	Dagga		1		2

105   Does any person in the household drink alcohol?

Yes		1
No		2

106   Does any person in the household make beer?

Yes		1
No		2

107   If answered yes, how many bottles a week?

1		1
2		2
3		3
4		4
More		5

108   If answered yes, where do the persons in the household drink their alcohol? Yes/No

		Yes		Ni		
108.1	Own house	Yes		Ni		1
108.2	Shebeen		1		2	2

| 108.3 | Club | | 1 | | 2 | 3 |
| 108.4 | Friend's house | | 1 | | 2 | 4 |

109   Do anyone in the household do exercise?

Yes		1
No		2

110   If answered yes, what exercise?

		Yes		No	
110.1	Jogging		1		2
110.2	Cycling		1		2
110.3	Walking		1		2
110.4	Other, specify				

111   Does anyone in the household participate in any sport activities?

Yes		1
No		2

112   If yes, in which of the following?

		Yes		No		1
112.1	Netball		1		2	
112.2	Hockey		1		2	2
112.3	Rugby		1		2	3
112.4	Soccer		1		2	4
112.5	Cricket		1		2	5
112.6	Tennis		1		2	6
112.7	Volleyball		1		2	7

SECTION D: FAMILY STRENGTHS

113   Describe your family in 3 sentences.

_____

114   What do you see as your family's strengths?

_____

115   Do you think these strengths help you to survive?

Yes		1
No		2

116   Tell me more about it.

_____

117   If you can change any thing about your family, what would it be?

_____

118   How does your family survive in spite of unemployment and poverty?

_____

_____

119   As a family, can you communicate easily and well?

Yes		1
No		2

120   If no, what do you consider as the problem?

_____

107.   Do you as a family share your feelings, hopes, dreams, fears, joys, sorrows and needs?

Yes		1
No		2

108.   If no, why not?

109.   Do you as a family have a need or connection to the past?

Yes		1
No		2

110.   If yes, why?

_____

111.   If no, why not?

112.   Do the older family members still tell favourite family stories to the younger family members?

Yes		1
No		2

113.   If no, why not?

114.   If yes, tell me about it.

115.   Do you keep the family traditions alive?

Yes		1
No		2

116.   If no, why not?

_____

117.   If yes, what positive things can you tell me?

118.   What makes your family members laugh?

119.   Can your family find humour even in some grim realities and emotion-packed challenges of daily life?

Yes		1
No		2

120.   If yes, tell me about it.

_____

121.   If there is a problem in the house, how do you as a family solve the problem?

_____

122.   Do you teach your children problem-solving skills?

| Yes | | 1 |
| No | | 2 |

123.   If no, why not?

_____

_____

124.   If yes, how?

_____

125.   Do you think that you as a family can meet the challenges of life?

| Yes | | 1 |
| No | | 2 |

126.   If yes, tell me more.

127.   How do you feel about the future of your family?

_____

128.   How do you feel about the future of your community?

129.   How do you feel about the future of South Africa?

_____

130.   Do you as a family share time and activities together?

| Yes | | 1 |
| No | | 2 |

131.   If yes, tell me more about it.

_____

132.   If no, why not?

_____

133.   Does the family create daily routines?

| Yes | | 1 |
| No | | 2 |

134.   If yes, what influence does it have on your family life?

_____

135.   If no, why not?

_____

136. Tell me about the values you have in your family.

_____

137. Will you describe your family as people with optimism or positive thinking?

Yes		1
No		2

138. If no, why not?

_____

139. Can your family feel hopeful during times of negative situations?

Yes		1
No		2

140. If no, why not?

141. If yes, tell me more about it.

142. What is your attitude towards your life?

Positive		1
Negative		2

143. If you answer is negative, motivate why.

144. Is it difficult to talk about your relationship/marriage?

Yes		1
No		2

145. If you answered yes, what particular difficulties are you experiencing now?

_____

146. Will your family offer you support during a time of crisis?

Yes		1
No		2

147. If yes, indicate how.

_____

148. What do you think are your strengths in your marriage/relationship?

_____

149. Which skills do you need training in? Yes/No

		Yes		No	
149.1	Conflict skills		1		2
149.2	Communication skills		1		2
149.3	Bargaining skills		1		2
149.4	Parenthood skills		1		2
149.5	Other, specify				

Thank you for taking part in this survey. If you have any questions we are willing to answer them now if it is possible.

How do you feel about this visit?

| **INTERVIEWERS OBSERVATIONS** |
| Comments about the respondents |
| |
| Comments on specific questions |
| |
| |
| Any other comments |
| |
| |

APPENDIX 2

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

POTCHEFSTROOMCAMPUS

TSHWARAGANO PROJECT

INFORMED CONSENT FORM

I, the undersigned..................................... ....(full names)
Read/listened to the information on the project and I declare that I understand
the information. I had the opportunity to discuss aspects of the project with the
project leader and I declare that I participate in the project as a volunteer. I
hereby give my consent to be a subject in this project.

I indemnify the University, also any employee or student of the University, of
any liability against myself, which may arise during the course of the project.

I will not submit any claims against the University regarding personal
detrimental effects due to the project, due to negligence by the University, its
employees or students, or any other subjects.

....

(Signature of the subject)

Signed at... .on ..,......

Witnesses

1. ....

2. ....

Signed at... ...on...

224

APPENDIX 3

TSHWARAGANO GROUP CONTRACT FORM

As a group member I agree to:

* ★ Attend all the group sessions, from the beginning until termination.

* ★ Arrive on time for each group session.

* ★ Maintaining the issue of confidentiality that is, refraining from repeating anything that is said during group sessions to anyone outside of the group meeting.

* ★ Complete any readings, exercises, any other work that I agree to in the group.

* ★ Participate in exercises, role plays, demonstrations, and other simulations conducted during group meetings.

As a group leader I agree to:

* ★ Be prepared for all the session.

* ★ Begin and end all group sessions on time.

* ★ Provide refreshments and program material needed for each session

* ★ Discuss the group only with my colleagues at work and not outside of the work context.

* ★ Evaluate each group session to ensure that the group is helping all members to resolve their problems and is personally satisfying to all group members.

* ★ Provide members with appropriate agency and community resources to help them resolve their problems.

Group member	Date
Group Leader	Date

APPENDIX 4

EXPECTATIONS FORM

What are your expectations about 'Tshwaragano Empowerment Programme'?

What do you expect to gain in this programme/why did you want to participate in this programme?

Do you have any comments or suggestions improvement of the programme.

Your participation in this programme is highly appreciated and welcomed.
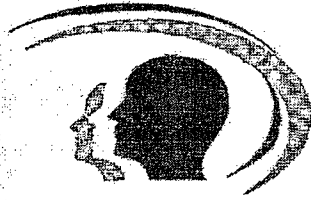
Perspective Training College

Perspektief Opleidingskollege

Potchefstroom,
South Africa:

PO Box 20842 Posbus
Noordbrug, Potchefstroom, 2522

7 Grietjie Street / Straat 7
Dasslerand, Potchefstroom, 2531

Tel +27 18 297 3716
Faks +27 18 297 4775

E-mail / E-pos:
perspektief@lantic.net

Besoek ons webwerf:
Visit our website:

www.perspektief.co.za

Maatskappy
(ingelyf kragtens artikel 21)

2005/013629/08

Personal Multi-Screening Inventory (PMSI)

Persoonlike Multi-Sifting Inventaris (PMSI)

Questionnaire / Vraelys

Comprehensive Personal Assessment

Omvattende Persoonlike Assessering

Personal Multi-Screening Inventory (PMSI)

Persoonlike Multi-Sifting Inventaris (PMSI)

About your PMSI Profile

Oor u PMSI Profiel

Confidentiality
We want you to know that the personal information you share will remain just that, personal. Your confidentially will be respected.

Vertroulikheid
Ons wil hê u moet weet dat die persoonlike inligting wat u met ons deel persoonlik bly. U vertroulikheid sal beskerm word.

Purpose
The PMSI is designed to improve the quality of your life by evaluating your present functioning and making recommendations for the future. For the report to be accurate, all questions need to be answered to the best of your ability.

Doel
Die PMSI is ontwerp om kwaliteit van u lewe te verhoog deur u huidige funksionering te evalueer en aanbevelings vir die toekoms te maak. Vir die verslae om akkuraat te wees moet al die vrae na die beste van u vermoë beantwoord word.

A few Suggestions
Answer the questions as quickly and as honestly possible. Do not speculate too long before you answer. This is not a test and there are no right or wrong answers. The first answer that comes to mind is usually the correct one.

'n Paar Voorstelle
Antwoord die vrae so vinnig en eerlik moontlik. Moenie te lank oor 'n antwoord dink nie. Dit is nie 'n toets nie en daar is geen regte of verkeerde antwoorde nie. Die eerste antwoord wat in u gedagtes opkom, is normaalweg die korrekte een.

Procedure
- Mark the relevant number on the answer sheet, by encircle the number.
- Check to be sure you have answered every question.
- If a specific question is not applicable, please encircle the X on the answer sheet.

Prosedure
- Merk die relevante nommer op die antwoordblad, deur die nommer te omkring.
- Maak seker u het elke vraag geantwoord.
- Indien 'n spesifieke vraag nie op u van toepassing is nie, omsirkel die X op die antwoordblad.

Example

Voorbeeld

NOOIT	SOMS	HELFTE VAN DIE TYD	DIKWELS	ALTYD
①	②	③	④	⑤
NEVER	SOMETIMES	HALF THE TIME	OFTEN	ALWAYS

I am full of life

Ek is vol lewe

If your answer is *often*, encircle *4*
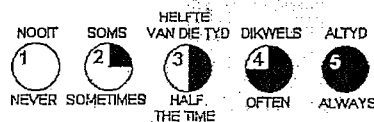
Indien u antwoord *dikwels* is, trek 'n sirkel om *4*.

1 2 3 ④ 5

PMSI-2

Personal Multi-Screening Inventory (PMSI)
Persoonlike Multi-Sifting Inventaris (PMSI)

Questionnaire / Vraelys

Mark the relevant item on the answer sheet, using the following numerical scale:	Merk die betrokke item op die antwoordblad deur die volgende skaal te gebruik:

	HELFTE		
NOOIT	SOMS	VAN DIE TYD	DIKWELS	ALTYD

(1) (2) (3) (4) (5)

NEVER SOMETIMES HALF THE TIME OFTEN ALWAYS

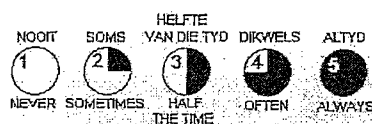| English	#	Afrikaans
I feel rejected.	1	Ek voel verwerp.
I maintain the belief that things will turn out fine.	2	Ek behou geloof dat dinge goed sal afloop.
I act in a tense way.	3	Ek tree gespanne op.
I feel frustrated.	4	Ek voel gefrustreerd.
I have willpower.	5	Ek het wilskrag.
I get head aches and/or other aches as a result of tension.	6	Ek kry hoof- en/of ander pyne as gevolg van spanning.
I am hopeful about my future.	7	Ek is hoopvol oor my toekoms.
I feel as tense as a tightly coiled spring.	8	Ek voel so gespanne soos 'n opgewende veer.
I have stopped laughing.	9	Ek het opgehou om te lag.
I feel life is unfair.	10	Ek voel die lewe is onregverdig.
I avoid people.	11	Ek vermy mense.
I feel people demand too much from me.	12	Ek voel daar word te veel eise aan my gestel.
I take action to solve my problems.	13	Ek neem aksie om my probleme op te los.
I feel panicky.	14	Ek voel paniekerig.
I find it difficult to get started.	15	Ek sukkel om aan die gang te kom.
I find it difficult to keep up the pace.	16	Dit is vir my moeilik om die pas vol te hou.
I feel powerless to do anything about my circumstances.	17	Ek voel magteloos om iets aan my omstandighede te doen.
I act in a listless way.	18	Ek tree lusteloos (sonder energie) op.
I feel satisfied with the standard of my life.	19	Ek voel tevrede met die standaard van my lewe.
I act without any purpose.	20	Ek tree doelloos op.
I become entangled in arguments.	21	Ek raak in argumente betrokke.
I take control of my problems.	22	Ek neem beheer van my probleme.
I act panicky when I experience stress.	23	Ek tree paniekerig op wanneer ek spanning ervaar.
I create an unpleasant atmosphere when I feel frustrated.	24	Ek skep 'n onaangename atmosfeer wanneer ek gefrustreerd voel.
I show my frustrations to others.	25	Ek wys my frustrasies aan ander.
I feel good about the course my life is taking at present.	26	Ek voel goed oor die huidige verloop van my lewe.
I am downhearted.	27	Ek is terneergedruk.
I feel irritated.	28	Ek voel geïrriteerd.

PMSI-3
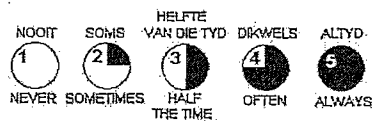
I get what I want by making others feel too threatened to oppose me.	29	Ek kry my sin deur ander mense te bedreig te laat voel om my teen te staan.
I socialise with others.	30	Ek verkeer sosiaal met ander.
I feel cheerful.	31	Ek voel opgewek.
I become embittered.	32	Ek raak verbitterd.
I only do the minimum.	33	Ek doen net die minimum.
I feel angry.	34	Ek voel kwaad.
I act disordered when I experience stress.	35	Ek tree verward op wanneer ek spanning ervaar.
I encourage others because I believe things will turn out well.	36	Ek praat ander moed in want ek glo alles sal goed gaan.
I manage life with a smile.	37	Ek hanteer die lewe met 'n glimlag.
I am goal oriented.	38	Ek is doelgerig.
It is important to me to work hard.	39	Dit is vir my belangrik om hard te werk.
I feel satisfied with my present accomplishments.	40	Ek voel tevrede met dit wat ek tans bereik.
People can see from my actions that I am afraid.	41	Mense kan uit my optrede sien dat ek bang is.
I feel prevented from reaching my objectives.	42	Ek voel verhinder om my doelwitte te bereik.
I achieve little.	43	Ek bereik min.
I act unproductively.	44	Ek tree onproduktief op.
I feel down-in-the-dumps.	45	Ek voel neerslagtig.
I complete what I set out to do.	46	Ek maak klaar met dit waarmee ek begin.
I hurt others feelings before they can hurt me.	47	Ek maak ander se gevoelens seer voor hulle dit dalk aan my doen.
I behave in a nervous manner.	48	Ek tree senuweeagtig op.
I enjoy my relationships.	49	Ek geniet my verhoudings.
I plan events in such a way that life is a joy to me.	50	Ek beplan my lewe só, dat ek dit geniet.
I manage life from a negative point of view.	51	Ek hanteer die lewe vanuit 'n negatiewe gesindheid.
I am successful.	52	Ek is suksesvol.
I act without enthusiasm.	53	Ek tree sonder entoesiasme op.
I keep calm by remaining positive.	54	Ek behou kalmte deur positief te bly.
I take initiative when things need to be done.	55	Ek neem inisiatief wanneer dinge gedoen moet word.
Stress gives me muscular tension.	56	My spiere trek saam as gevolg van spanning.
I feel overstressed.	57	Ek voel oorspanne.
My behaviour towards others shows that I have faith in them.	58	My gedrag teenoor ander wys dat ek in hulle glo.
I act with uncertainty.	59	Ek tree onseker op.
I worry.	60	Ek bekommer my.
I have a high energy level.	61	Ek het baie energie.

PMSI-4
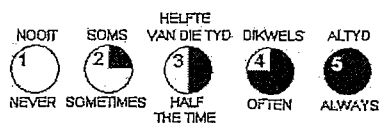
|		
I feel let down.	62	Ek voel in die steek gelaat.
I am satisfied with my relationships.	63	Ek is tevrede met my verhoudings.
I focus on the positive elements in others.	64	Ek fokus op die positiewe in mense.
It is important to me to encourage others.	65	Dit is vir my belangrik om ander aan te moedig.
I feel burned out.	66	Ek voel uitgebrand.
It is important to me to reach my planned objectives.	67	Dit is vir my belangrik om my beplande doelwitte te bereik.
I feel impatient.	68	Ek voel ongeduldig.
I am motivated.	69	Ek is gemotiveerd.
I act cheerfully.	70	Ek tree opgewek op.
I feel close to breaking point.	71	Ek voel naby aan breekpunt.
I experience peace of mind in my circumstances.	72	Ek het gemoedsrus oor my omstandighede.
I feel people misunderstand me.	73	Ek voel ander verstaan my verkeerd.
I am effective in what I do.	74	Ek is effektief in wat ek doen.
I feel happy.	75	Ek voel gelukkig.
I act in an unfriendly way when I feel frustrated.	76	Ek tree onvriendelik op wanneer ek gefrustreerd voel.
I help others to be successful.	77	Ek help ander om suksesvol te wees.
I do things properly.	78	Ek doen dinge deeglik.
I feel overburdened.	79	Ek voel oorlaai.
I think everyone is against me.	80	Ek dink almal is teen my.
I improve on previous attempts.	81	Ek verbeter op my vorige pogings.
I feel depressed.	82	Ek voel depressief.
I take time to relax.	83	Ek maak tyd om te ontspan.
I work hard.	84	Ek werk hard.
I take control over my circumstances.	85	Ek neem beheer van my omstandighede.
I am enthusiastic about what I do.	86	Ek is entoesiasties oor wat ek doen.
I scare people through my actions.	87	Ek maak mense bang deur my optrede.
I show others that I care for them.	88	Ek wys vir ander dat ek vir hulle omgee.
I experience life as meaningless.	89	Ek beleef die lewe as sinloos.
I create solutions by acting positively in difficult circumstances.	90	Ek skep oplossings deur positief te reageer op moeilike omstandighede.
I feel that there is too much pressure on me.	91	Ek voel daar is te veel druk op my.
I am optimistic about my future.	92	Ek is optimisties oor my toekoms.
I feel nervous.	93	Ek voel senuweeagtig.
I act with ease in my relationships.	94	Ek tree met gemak binne my verhoudings op.
I believe that things will turn out favourably.	95	Ek glo dat dinge ten goede sal uitwerk.

PMSI-5
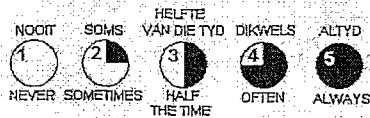
|		
I look forward to the future.	96	Ek sien uit na die toekoms.
I adapt to bad things that happen to me in a positive way.	97	Ek verwerk die slegte dinge wat met my gebeur op 'n positiewe manier.
I spend time on hobbies.	98	Ek spandeer tyd aan stokperdjies.
I do things that I enjoy.	99	Ek doen dinge wat vir my lekker is.
I wish I could just run away from it all.	100	Ek wens ek kan van alles af weghardloop.
I have perseverance.	101	Ek het deursettingsvermoë.
I communicate positive feelings towards others.	102	Ek kommunikeer positiewe gevoelens aan ander.
I feel like giving up.	103	Ek voel lus om moed op te gee.
I act calmly because all will be well.	104	Ek tree rustig op want alles sal goed gaan.
I feel joyful.	105	Ek voel vrolik.
I feel lonely.	106	Ek voel eensaam.
I refrain from participating in activities.	107	Ek weerhou my van enige deelname aan aktiwiteite.
I lose self-control when I become angry.	108	Ek verloor beheer wanneer ek kwaad word.
I am at ease in my relationships with others.	109	Ek is gemaklik in my verhoudings met ander.
I am friendly.	110	Ek is vriendelik.
I listen to others when they talk about their problems.	111	Ek luister na ander wanneer hulle oor hulle probleme praat.
I act moodily.	112	Ek tree buierig op.
I focus on the positive aspects in my circumstances.	113	Ek fokus op die positiewe aspekte in my omstandighede.
I have little hope for my future.	114	Ek het min hoop vir my toekoms.
I keep on working until I am satisfied.	115	Ek hou aan werk totdat ek tevrede is.
My thoughts are frightening to me.	116	My gedagtes maak my bang.
I find it difficult to get bad thoughts out of my mind.	117	Ek kry slegte gedagtes moeilik uit my kop.
I wake up at night feeling afraid.	118	Ek word snags wakker in 'n toestand van vrees.
I think about committing suicide.	119	Ek dink daaraan om selfmoord te pleeg.
People stare at me.	120	Mense staar my aan.
The only way to end my shame is to end my life.	121	Die enigste manier om my skaamte te verberg, is om my lewe te beëindig.
I find it difficult to handle problems without the support of something.	122	Dis vir my moeilik om probleme te hanteer sonder dat iets my ondersteun.
I forget important phone numbers.	123	Ek vergeet belangrike telefoonnommers.
I have frightening nightmares.	124	Ek het vreesaanjaende nagmerries.
People are trying to make me look foolish.	125	Mense probeer om 'n gek van my te maak.
I have difficulty remembering basic things.	126	Ek vind dit moeilik om basiese dinge te onthou.
I have disturbing thoughts.	127	Ek het ontstellende gedagtes.
Horrible thoughts rush into my mind.	128	Aaklige gedagtes kom by my op.

PMSI-6

232
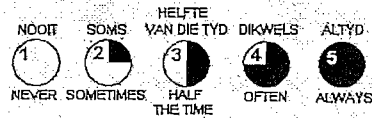
People who are supposed to be my friends are out to stab me in the back.	129	Mense, wat veronderstel is om my vriende te wees, is daarop uit om my in die rug te steek.
I break out in cold sweats.	130	Ek kry koue sweetaanvalle.
I think about ending my life.	131	Ek dink daaraan om 'n einde aan my lewe te maak.
I prefer something to support me when things go wrong.	132	Ek verkies dat iets my moet ondersteun wanneer dinge verkeerd loop.
Life is worthwhile.	133	Die lewe is die moeite werd.
I think I shall find peace when I take my own life.	134	Ek dink ek sal vrede vind wanneer ek my eie lewe neem.
I feel panic stricken.	135	Ek voel paniekbevange.
I can feel people watching me.	136	Ek kan aanvoel dat mense my dophou.
I help make the world a better place.	137	Ek help om van die wêreld 'n beter plek te maak.
I have ideas and thoughts that disturb me greatly.	138	Ek het idees en gedagtes wat my baie ontstel.
I experience anxiety.	139	Ek beleef angs.
People spy on me.	140	Mense hou my dop.
It is useless for me to continue living.	141	Dit is nutteloos om aan te hou lewe.
I find it difficult to keep up the pace without the help from something else.	142	Dis vir my moeilik om die pas vol te hou sonder die hulp van iets anders.
I forget where I put things that I use daily.	143	Ek vergeet waar ek dinge wat ek elke dag gebruik, neersit.
I have a dream for my life.	144	Ek het 'n droom vir my lewe.
Disturbing ideas come to me.	145	Ontstellende gedagtes kom by my op.
I overcome obstacles in my life.	146	Ek kom struikelblokke in my lewe te bowe.
I think about my final plans for ending my life.	147	Ek dink aan die finale planne om my lewe te neem.
I forget personal information.	148	Ek vergeet persoonlike inligting.
People talk about me behind my back.	149	Ander mense skinder van my.
People are "out to get me".	150	Mense is daarop uit om my te benadeel.
I make a difference in life.	151	Ek maak 'n verskil in die lewe.
Life is difficult to handle on my own.	152	Dis moeilik om die lewe op my eie te hanteer.
People are trying to hurt me.	153	Mense probeer my seermaak.
I have a purpose in life.	154	Ek het 'n doel in die lewe.
Everyone would be better off if I was dead.	155	Dit sal vir almal beter wees as ek dood is.
I like it when something helps me to handle pressure.	156	Ek hou daarvan wanneer iets my help om druk te hanteer.
I find it hard to manage life without the support of something else.	157	Dis vir my moeilik om die lewe te hanteer sonder die ondersteuning van iets anders.
I know why I live.	158	Ek weet hoekom ek lewe.
I have strange thoughts.	159	Ek het vreemde gedagtes.
People talk about me.	160	Mense praat oor my.

PMSI-7

233
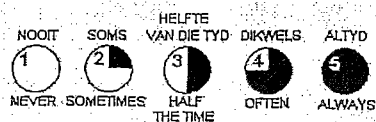
I forget important things about my work or school.	161	Ek vergeet belangrike dinge omtrent my werk of studies.
I think about horrible things.	162	Ek dink aan aaklige goed.
My life is over and I may as well end it.	163	My lewe is verby en ek kan dit net sowel beëindig.
I am dependent on the support of something else.	164	Ek is afhanklik van die ondersteuning van iets anders.
I need something to cope with life.	165	Ek het iets nodig om die lewe te kan hanteer.
I think about different ways that I could kill myself.	166	Ek dink aan verskillende maniere om myself dood te maak.
I find it difficult to remember more than one instruction.	167	Ek vind dit moeilik om meer as een opdrag te onthou.
I am stricken with a sense of paralysing fear.	168	Ek word platgeslaan deur 'n gevoel van verlammende vrees.
My memory seems to fail me.	169	Dit lyk asof my geheue my in die steek laat.
People try to cause me trouble.	170	Mense probeer my in die moeilikheid bring.
My agony is too great for me to continue living.	171	My lyding is te veel om aan te hou leef.
I worry about the horrible thoughts that I have.	172	Ek is bekommerd oor die aaklige gedagtes wat ek het.
I learn from my previous experiences.	173	Ek leer uit my vorige ervarings.
I become so afraid that I can hardly move.	174	Ek word só bang dat ek skaars kan beweeg.
I feel worthless.	175	Ek voel nikswerd.
I live with self-reproach.	176	Ek leef met selfverwyt.
I become scared.	177	Ek raak bang.
I am afraid of the future.	178	Ek is bang vir die toekoms.
I feel threatened by my current circumstances.	179	Ek voel bedreig deur my huidige omstandighede.
I am afraid to fail.	180	Ek is bang om te misluk.
I blame myself.	181	Ek veroordeel myself.
I find it difficult to accept myself.	182	Ek sukkel om myself te aanvaar.
I feel unimportant.	183	Ek voel onbelangrik.
I feel like a failure.	184	Ek voel soos 'n mislukking.
Everything is my fault.	185	Alles is my skuld.
I feel I deserve punishment.	186	Ek voel ek verdien straf.
I feel I am a hopeless person.	187	Ek voel ek is 'n hopelose mens.
I feel ashamed of myself.	188	Ek voel skaam vir myself.
I am afraid that I will be hurt emotionally.	189	Ek is bang ek gaan emosioneel seerkry.
I feel guilty.	190	Ek voel skuldig.
Feelings of guilt control my life.	191	Skuldgevoelens beheer my lewe.
I am afraid people will reject me.	192	Ek is bang mense sal my verwerp.
My circumstances make me feel uncertain.	193	My omstandighede laat my onseker voel.

PMSI-8
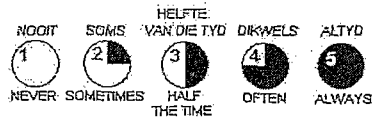
Interpersoonlike Funksionering / Interpersonal Functioning

Complete this section with regard to your interpersonal functioning. Mark the relevant item on the answer sheet, using the above-mentioned numerical scale:	Voltooi hierdie afdeling met betrekking tot u interpersoonlike funksionering. Merk die betrokke item op die antwoordblad deur die bostaande skaal te gebruik:

Verhouding met Vriende / Relationship with Friends

My friends and I do things together.	194	Ek en my vriende doen dinge saam.
I can be honest with my friends.	195	Ek kan eerlik wees met my vriende.
My friends bail me out when I am in trouble.	196	My vriende help my wanneer ek in die moeilikheid is.
My friends share their secrets with me.	197	My vriende deel hul geheime met my.
My friends and I have fun together.	198	Ek en my vriende het 'n lekker tyd saam.
I share my secrets with my friends.	199	Ek deel my geheime met my vriende.
I trust my friends.	200	Ek vertrou my vriende.

Verhouding met Gesin / Relationship with Family

Complete this scale if you are part of a family		Voltooi hierdie skaal indien jy deel van 'n gesin is.
I share my feelings with my family members.	201	Ek deel my gevoelens met my gesinslede.
I receive guidelines from my family members.	202	Ek ontvang leiding van my gesinslede.
Our family spends time together.	203	Ons gesin bring saam tyd deur.
I can by honest with my family members.	204	Ek kan eerlik wees met my gesinslede.
My family bails me out of trouble.	205	My gesin help my wanneer ek in die moeilikheid is.
I share my secrets with my family members.	206	Ek deel my geheime met my gesinslede.
I can share what happens to me with my family.	207	Ek kan vir my gesin vertel wat met my gebeur.

Verhouding met Ma (Stiefma) / Relationship with Mother (Stepmother)

I share my secrets with my mother/stepmother.	208	Ek deel my geheime met my ma/stiefma.
My mother/stepmother and I do things together.	209	Ek en my ma/stiefma doen dinge saam.
I spend time with my mother/stepmother.	210	Ek bring tyd saam met my ma/stiefma deur.
My mother/stepmother and I have fun together.	211	Ek en my ma/stiefma het 'n lekker tyd saam.
I share my feelings with my mother/stepmother.	212	Ek deel my gevoelens met my ma/stiefma.

Verhouding met Pa (Stiefpa) / Relationship with Father (Stepfather)

My father/stepfather and I do things together.	213	Ek en my pa/stiefpa doen dinge saam.
I spend time with my father/stepfather.	214	Ek bring tyd saam met my pa/stiefpa deur.
I share my secrets with my father/stepfather.	215	Ek deel my geheime met my pa/stiefpa.
I share my feelings with my father/stepfather.	216	Ek deel my gevoelens met my pa/stiefpa.
My father/stepfather and I have fun together.	217	Ek en my pa/stiefpa het 'n lekker tyd saam.

PMSI-9
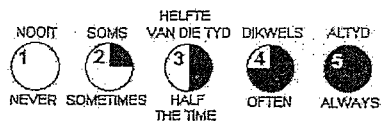
Verhouding met Maat / Relationship with Partner

Complete this scale if you are in a romantic relationship with someone.		Voltooi hierdie skaal indien jy in 'n romantiese verhouding met iemand staan:
My partner and I have fun together.	218	Ek en my maat het 'n lekker tyd saam.
I share my secrets with my partner.	219	Ek deel my geheime met my maat.
I can be honest with my partner.	220	Ek kan eerlik wees met my maat.
I share my feelings with my partner.	221	Ek deel my gevoelens met my maat.
My partner and I do things together.	222	Ek en my maat doen dinge saam.
I spend time with my partner.	223	Ek bring tyd saam met my maat deur.

Verhouding met Kind / Relationship with Child

| Complete this scale if you have children. Complete this scale either with regard to your children in general, or with regard to the child you have the worst relationship with.		Voltooi hierdie skaal indien jy kinders het. Voltooi die skaal met betrekking tot jou kinders in die algemeen, of met betrekking tot die kind met wie jy die slegste verhouding het.
I spend time with my children	224	Ek bring tyd deur saam met my kinders.
My children and I have fun together.	225	Ek en my kinders het 'n lekker tyd saam.
My children share their secrets with me.	226	My kinders deel hulle geheime met my.
My children strive to be like me.	227	My kinders wil graag soos ek wees.
My children and I do things together.	228	Ek en my kinders doen dinge saam.

Verhouding met Kollegas / Relationship with Colleagues

Complete this scale if you are currently employed		Voltooi hierdie skaal indien jy tans in 'n werksituasie staan.
My colleagues treat me with respect.	229	My kollegas behandel my met respek.
My colleagues criticize me.	230	My kollegas kritiseer my.
My colleagues irritate me.	231	My kollegas irriteer my.
I get along with my colleagues.	232	Ek kom met my kollegas oor die weg.
My colleagues make me feel part of the team.	233	My kollegas laat my deel van die span voel.
My colleagues talk behind my back.	234	My kollegas skinder van my.
My colleagues frustrate me.	235	My kollegas frustreer my.
My colleagues let me down.	236	My kollegas laat my in die steek.
My colleagues support me.	237	My kollegas ondersteun my.

Social Support / Sosiale Ondersteuning

I can rely on a special person for support.	238	Daar is 'n spesiale persoon op wie ek kan staatmaak vir ondersteuning.
There is a special person that respects me.	239	Daar is 'n spesiale persoon wat my respekteer.
There is a special person that cares for me.	240	Daar is 'n spesiale persoon wat vir my omgee.
I can count on a special person when things go wrong.	241	Ek kan op 'n spesiale persoon staatmaak wanneer dinge verkeerd loop.

PMSI-10
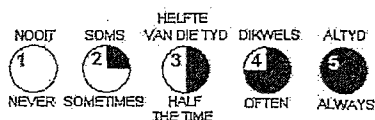
There is a special person who is around when I am in need.	242	Ek kan op 'n spesiale persoon staatmaak wanneer ek in die nood is.
I can talk about my problems with a special person.	243	Ek kan met 'n spesiale persoon oor my probleme praat.
There is a special person who understands my problems.	244	Daar is 'n spesiale persoon wat my probleme verstaan.
There is a special person who is always there for me.	245	Daar is 'n spesiale persoon wat altyd daar is vir my.
I have a special person who is a real source of comfort to me.	246	Daar is 'n spesiale persoon wat 'n werklike bron van gerusstelling vir my is.

Geestelike Funksionering / Spiritual Functioning

| Complete this section with regard to your spiritual functioning. Mark the relevant item on the answer sheet, using the above-mentioned numerical scale: | Voltooi hierdie afdeling met betrekking tot jou geestelike funksionering. Merk die betrokke item op die antwoordblad deur die bostaande skaal te gebruik: |

Verhouding met God / Relationship with God

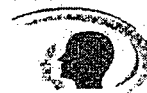| God is a reality to me. | 247 | God is vir my 'n werklikheid. |
I acknowledge God's guidance in my life.	248	Ek erken God se leiding in my lewe.
I have a personal relationship with God.	249	Ek het 'n persoonlike verhouding met God.
I am aware of God's guidance in my life.	250	Ek is bewus van God se leiding in my lewe.
I trust in God.	251	Ek vertrou op God.
I allow God to change me.	252	Ek laat God toe om my te verander.
God makes a difference in my life.	253	God maak 'n verskil in my lewe.
I feel safe with God.	254	Ek voel veilig by God.

Fisiese Funksionering / Physical Functioning

| Complete this section with regard to your physical functioning. Mark the relevant item on the answer sheet, using the above-mentioned numerical scale: | Voltooi hierdie afdeling met betrekking tot jou fisiese funksionering. Merk die betrokke item op die antwoordblad deur die bostaande skaal te gebruik: |

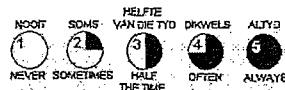| My sex life is exciting. | 255 | My sekslewe is opwindend. |
I am dissatisfied with the shape of my body.	256	Ek het 'n weersin in die vorm van my liggaam.
I am satisfied with the size of my body.	257	Ek is tevrede met die grootte van my liggaam.
Sex is a normal function of my relationship with my partner.	258	Seks is 'n normale deel van my verhouding met my maat.
I hate the way my body looks.	259	Ek haat my liggaam.
I am satisfied with the shape of my body.	260	Ek is tevrede met die vorm van my liggaam.
Sex with my partner is wonderful.	261	Seks met my maat is wonderlik.
I feel overweight.	262	Ek voel oorgewig.
I am dissatisfied with my body.	263	Ek is ontevrede met my liggaam.
I am satisfied with my weight.	264	Ek is tevrede met my gewig.
My partner is sexually pleased with me.	265	My maat is seksueel tevrede met my.

PMSI-11

237

APPENDIX 6

Personal Multi-Screening Inventory (PMSI)
Persoonlike Multi-Sifting Inventaris (PMSI)

Naam / Name: ....

Datum / Date: .... Ouderdom / Age: ....

Geslag / Gender: .... Huistaal / Home Language: ....

NOOIT	SOMS	HELFTE VAN DIE TYD	DIKWELS	ALTYD
(1)	(2)	(3)	(4)	(5)
NEVER	SOMETIMES	HALF THE TIME	OFTEN	ALWAYS

If a specific item is not applicable, please encircle the X on the answer sheet.
Indien 'n spesifieke item nie van toepassing is nie, omsirkel die X op die antwoordblad.

1.	1 2 3 4 5 X	54.	1 2 3 4 5 X	107.	1 2 3 4 5 X	160.	1 2 3 4 5 X	213. 1 2 3 4 5 X
2.	1 2 3 4 5 X	55.	1 2 3 4 5 X	108.	1 2 3 4 5 X	161.	1 2 3 4 5 X	214. 1 2 3 4 5 X
3.	1 2 3 4 5 X	56.	1 2 3 4 5 X	109.	1 2 3 4 5 X	162.	1 2 3 4 5 X	215. 1 2 3 4 5 X
4.	1 2 3 4 5 X	57.	1 2 3 4 5 X	110.	1 2 3 4 5 X	163.	1 2 3 4 5 X	216. 1 2 3 4 5 X
5.	1 2 3 4 5 X	58.	1 2 3 4 5 X	111.	1 2 3 4 5 X	164.	1 2 3 4 5 X	217. 1 2 3 4 5 X
6.	1 2 3 4 5 X	59.	1 2 3 4 5 X	112.	1 2 3 4 5 X	165.	1 2 3 4 5 X	218. 1 2 3 4 5 X
7.	1 2 3 4 5 X	60.	1 2 3 4 5 X	113.	1 2 3 4 5 X	166.	1 2 3 4 5 X	219. 1 2 3 4 5 X
8.	1 2 3 4 5 X	61.	1 2 3 4 5 X	114.	1 2 3 4 5 X	167.	1 2 3 4 5 X	220. 1 2 3 4 5 X
9.	1 2 3 4 5 X	62.	1 2 3 4 5 X	115.	1 2 3 4 5 X	168.	1 2 3 4 5 X	221. 1 2 3 4 5 X
10.	1 2 3 4 5 X	63.	1 2 3 4 5 X	116.	1 2 3 4 5 X	169.	1 2 3 4 5 X	222. 1 2 3 4 5 X
11.	1 2 3 4 5 X	64.	1 2 3 4 5 X	117.	1 2 3 4 5 X	170.	1 2 3 4 5 X	223. 1 2 3 4 5 X
12.	1 2 3 4 5 X	65.	1 2 3 4 5 X	118.	1 2 3 4 5 X	171.	1 2 3 4 5 X	224. 1 2 3 4 5 X
13.	1 2 3 4 5 X	66.	1 2 3 4 5 X	119.	1 2 3 4 5 X	172.	1 2 3 4 5 X	225. 1 2 3 4 5 X
14.	1 2 3 4 5 X	67.	1 2 3 4 5 X	120.	1 2 3 4 5 X	173.	1 2 3 4 5 X	226. 1 2 3 4 5 X
15.	1 2 3 4 5 X	68.	1 2 3 4 5 X	121.	1 2 3 4 5 X	174.	1 2 3 4 5 X	227. 1 2 3 4 5 X
16.	1 2 3 4 5 X	69.	1 2 3 4 5 X	122.	1 2 3 4 5 X	175.	1 2 3 4 5 X	228. 1 2 3 4 5 X
17.	1 2 3 4 5 X	70.	1 2 3 4 5 X	123.	1 2 3 4 5 X	176.	1 2 3 4 5 X	229. 1 2 3 4 5 X
18.	1 2 3 4 5 X	71.	1 2 3 4 5 X	124.	1 2 3 4 5 X	177.	1 2 3 4 5 X	230. 1 2 3 4 5 X
19.	1 2 3 4 5 X	72.	1 2 3 4 5 X	125.	1 2 3 4 5 X	178.	1 2 3 4 5 X	231. 1 2 3 4 5 X
20.	1 2 3 4 5 X	73.	1 2 3 4 5 X	126.	1 2 3 4 5 X	179.	1 2 3 4 5 X	232. 1 2 3 4 5 X
21.	1 2 3 4 5 X	74.	1 2 3 4 5 X	127.	1 2 3 4 5 X	180.	1 2 3 4 5 X	233. 1 2 3 4 5 X
22.	1 2 3 4 5 X	75.	1 2 3 4 5 X	128.	1 2 3 4 5 X	181.	1 2 3 4 5 X	234. 1 2 3 4 5 X
23.	1 2 3 4 5 X	76.	1 2 3 4 5 X	129.	1 2 3 4 5 X	182.	1 2 3 4 5 X	235. 1 2 3 4 5 X
24.	1 2 3 4 5 X	77.	1 2 3 4 5 X	130.	1 2 3 4 5 X	183.	1 2 3 4 5 X	236. 1 2 3 4 5 X
25.	1 2 3 4 5 X	78.	1 2 3 4 5 X	131.	1 2 3 4 5 X	184.	1 2 3 4 5 X	237. 1 2 3 4 5 X
26.	1 2 3 4 5 X	79.	1 2 3 4 5 X	132.	1 2 3 4 5 X	185.	1 2 3 4 5 X	238. 1 2 3 4 5 X
27.	1 2 3 4 5 X	80.	1 2 3 4 5 X	133.	1 2 3 4 5 X	186.	1 2 3 4 5 X	239. 1 2 3 4 5 X
28.	1 2 3 4 5 X	81.	1 2 3 4 5 X	134.	1 2 3 4 5 X	187.	1 2 3 4 5 X	240. 1 2 3 4 5 X
29.	1 2 3 4 5 X	82.	1 2 3 4 5 X	135.	1 2 3 4 5 X	188.	1 2 3 4 5 X	241. 1 2 3 4 5 X
30.	1 2 3 4 5 X	83.	1 2 3 4 5 X	136.	1 2 3 4 5 X	189.	1 2 3 4 5 X	242. 1 2 3 4 5 X
31.	1 2 3 4 5 X	84.	1 2 3 4 5 X	137.	1 2 3 4 5 X	190.	1 2 3 4 5 X	243. 1 2 3 4 5 X
32.	1 2 3 4 5 X	85.	1 2 3 4 5 X	138.	1 2 3 4 5 X	191.	1 2 3 4 5 X	244. 1 2 3 4 5 X
33.	1 2 3 4 5 X	86.	1 2 3 4 5 X	139.	1 2 3 4 5 X	192.	1 2 3 4 5 X	245. 1 2 3 4 5 X
34.	1 2 3 4 5 X	87.	1 2 3 4 5 X	140.	1 2 3 4 5 X	193.	1 2 3 4 5 X	246. 1 2 3 4 5 X
35.	1 2 3 4 5 X	88.	1 2 3 4 5 X	141.	1 2 3 4 5 X	194.	1 2 3 4 5 X	247. 1 2 3 4 5 X
36.	1 2 3 4 5 X	89.	1 2 3 4 5 X	142.	1 2 3 4 5 X	195.	1 2 3 4 5 X	248. 1 2 3 4 5 X
37.	1 2 3 4 5 X	90.	1 2 3 4 5 X	143.	1 2 3 4 5 X	196.	1 2 3 4 5 X	249. 1 2 3 4 5 X
38.	1 2 3 4 5 X	91.	1 2 3 4 5 X	144.	1 2 3 4 5 X	197.	1 2 3 4 5 X	250. 1 2 3 4 5 X
39.	1 2 3 4 5 X	92.	1 2 3 4 5 X	145.	1 2 3 4 5 X	198.	1 2 3 4 5 X	251. 1 2 3 4 5 X
40.	1 2 3 4 5 X	93.	1 2 3 4 5 X	146.	1 2 3 4 5 X	199.	1 2 3 4 5 X	252. 1 2 3 4 5 X
41.	1 2 3 4 5 X	94.	1 2 3 4 5 X	147.	1 2 3 4 5 X	200.	1 2 3 4 5 X	253. 1 2 3 4 5 X
42.	1 2 3 4 5 X	95.	1 2 3 4 5 X	148.	1 2 3 4 5 X	201.	1 2 3 4 5 X	254. 1 2 3 4 5 X
43.	1 2 3 4 5 X	96.	1 2 3 4 5 X	149.	1 2 3 4 5 X	202.	1 2 3 4 5 X	255. 1 2 3 4 5 X
44.	1 2 3 4 5 X	97.	1 2 3 4 5 X	150.	1 2 3 4 5 X	203.	1 2 3 4 5 X	256. 1 2 3 4 5 X
45.	1 2 3 4 5 X	98.	1 2 3 4 5 X	151.	1 2 3 4 5 X	204.	1 2 3 4 5 X	257. 1 2 3 4 5 X
46.	1 2 3 4 5 X	99.	1 2 3 4 5 X	152.	1 2 3 4 5 X	205.	1 2 3 4 5 X	258. 1 2 3 4 5 X
47.	1 2 3 4 5 X	100.	1 2 3 4 5 X	153.	1 2 3 4 5 X	206.	1 2 3 4 5 X	259. 1 2 3 4 5 X
48.	1 2 3 4 5 X	101.	1 2 3 4 5 X	154.	1 2 3 4 5 X	207.	1 2 3 4 5 X	260. 1 2 3 4 5 X
49.	1 2 3 4 5 X	102.	1 2 3 4 5 X	155.	1 2 3 4 5 X	208.	1 2 3 4 5 X	261. 1 2 3 4 5 X
50.	1 2 3 4 5 X	103.	1 2 3 4 5 X	156.	1 2 3 4 5 X	209.	1 2 3 4 5 X	262. 1 2 3 4 5 X
51.	1 2 3 4 5 X	104.	1 2 3 4 5 X	157.	1 2 3 4 5 X	210.	1 2 3 4 5 X	263. 1 2 3 4 5 X
52.	1 2 3 4 5 X	105.	1 2 3 4 5 X	158.	1 2 3 4 5 X	211.	1 2 3 4 5 X	264. 1 2 3 4 5 X
53.	1 2 3 4 5 X	106.	1 2 3 4 5 X	159.	1 2 3 4 5 X	212.	1 2 3 4 5 X	265. 1 2 3 4 5 X

APPENDIX 7

SELF DEVELOPED EVALUATION QUESTIONNAIRE OF THE

TSHWARAGANO EMPOWERMENT PROGRAMME

Even if at the end of the programme we did not meet all your expectations or goals, we sincerely hope that your attitudes and feelings towards life in general have improved.

Please respond with earnest honesty and objectivity to the following questionnaire that will allow the researcher to evaluate the effectiveness of the programme.

- Have you learn something special from this programme? Yes/No

  Please Motivate your answer

_____

_____

- Did you see any growth or development or change in your life in general?

  Please motivate your answer

- Which topic(s) of the programme did you find most interesting?

- Was there anything whatsoever that you did not like in/about the programme and maybe why?

_____

_____

- Do you think this programme can also be helpful to other people experiencing other social pathologies such as HIV and Aids, Domestic violence, Substance abuse etc. Please substantiate your answer.

_____

_____

Once more thank you for your patronage, co-operation and contribution to 'Tshwaragano Empowerment Programme' and my study in particular.

I sincerely hope that the programme had in one way or the other helped you to discover and unleash your potentials and capabilities and channel them in

the right directions. Please remember that 'strengths are inherent in humanity itself'.

"Together We Can" "Mmogo re tla kgona"

'Until we meet again', 'Tot siens', 'Go fitlhela re kopana gape'

Kind Regards

Mercutio Motshedi

ST. GETRUDE CATHOLIC CHURCH COE

PO. BOX 14
HEUNAA8611
KIMBERLY DIOCESE SOUTH AFRICA
TEL: 0537731592

5TH - SPT- 2008

NORTH WEST UNIVERSITY,
PROF; HERMAN STRYDAM,
POTCHEFSTROOM,
2520.

Dear, Sir:

Re: THE SKILLS RECEIVED FROM TSHWARAGANO PROJECT MEMBERS:

Greetings from Heuningvlei.

It is our pleasure to inform you that, the Community at large are very happy for the skills they obtained from the representatives of the above mentioned project. Within these few days, have done a lot beyond our expectation.

Dear, Sir . It is our desire to see to it that, those who attended the full course will make use of it for their own good and the good of the community. Also help the project founder to realize its aim.

Lastly we appreciate the simplicity of Dr. Wessels together with her group. Together we say , "They are welcomed again."
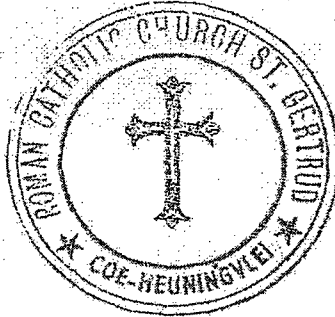
We implore God's blessings upon the group for a fruitful results from the project.

Yours fraternally, On behalf of the Community,

Fr. Reginald Tarimo A.J.

The Parish Priest Heuningvlei.

INSTRUCTIONS FOR AUTHORS

SOCIAL WORK. A PROFESSIONAL JOURNAL FOR THE SOCIAL WORKER! MAA TSKAPLIKE WERK. 'n V AKTYDSKRIF VIR DIE MAATSKAPLIKE WERKER

EDITORIAL POLICY/REDAKSIONELE BELEID

The Journal publishes articles, book reviews and commentary on articles already published from any field of social work. Contributions may be written in English or Afrikaans. All articles should include an abstract in English of not more than 100 words. All contributions will

- be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style or presentation does not conform to the Journal practice. Articles of fewer than 2,000 words or more than 10,000 words are normally not considered for publication. Two copies of the manuscript as well as a diskette with the text, preferably in MS Windows should be submitted. Manuscripts should be typed in 12 point Times Roman double-spaced on one side of A4 paper only. If possible the manuscript should be sent electronically to hsu@sun.ac.za. Use the Harvard system for references. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s) of the author(s), year of publication and page number(s) must appear in parenthesis in the

Die Tydskrif publiseer artikels, boekbesprekings en kommentaar op reeds gepubliseerde artikels uit enige gebied van die maatskaplike werk. Bydraes mag in Afrikaans of Engels geskryf word. Alle artikels moet vergesel wees van 'n Engelse opsomming van nie meer as 100 woorde nie. Alle bydraes moet krities deur ten minste twee keurders beoordeel word. Beoordeling is streng vertroulik. Manuskripte sal na outeurs teruggestuur word indien ingrypende hersiening vereis word, of indien die styl nie ooreenstem met die tydskrif se standaard nie. Artikels van minder as 2,000 woorde of meer as 10,000 woorde sal normaalweg nie oorweeg word vir publikasie. 'n Disket met die teks, verkieslik in MS Windows, moet twee kopieë van die manuskrip vergesel. Manuskripte moet in 12 pt "Times Roman" dubbelspasiëring slegs op een kant van 'n A4 bladsy getik word. Indien enigsins moontlik moet die manuskrip ook per e-pos versend word aan hsu@sun.ac.za. Verwysings moet volgens die Harvard-stelsel geskied. Verwysings in die teks: Wanneer woordelikse sitate, feite of argumente uit ander bronne gesiteer word, moet die van(ne) van die outeur(s), jaar van publikasie, en bladsynommers tussen hakies in die teks verskyn, bv. "..." (Berger, 1967:12). Meer

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NOTES FOR CONTRIBUTORS

Editorial scope

The *Social Work Practitioner-Researcher* is a refereed interdisciplinary journal for social workers and social service professionals concerned with the advancement of the theory and practice of social work and social development in Africa and in a changing global world. The purpose of the journal is to promote research and innovation in the practice of helping individuals, families, groups, organisations and communities to promote development' and human well-being in society. The journal is committed to the creation Of empowered, humane, just and democratic societies.

Manuscripts that would be appropriate are: (1) conceptual analyses and theoretical presentations, (2) literature reviews that provide new insights or new research questions, (3) manuscripts that report empirical work. Topics that will be considered include, but are not limited to, the following: lifespan, populations at risk, poverty, livelihoods, anti-discriminatory practice, welfare systems, development management, social security, social policy, human rights, community-based development, social development, comparative health, mental health, education, urban and rural development, civic service, voluntarism, civil society, social movements and social change.

As it is the intention of this journal to maintain a balance between theory and practice, contributors are encouraged to spell out the practical implications of their work for those involved in social work practice and the social services in the African context.

The reviewing process

Each manuscript is reviewed by the Editor and Assistant Editor. If it is judged suitable for this journal, it is sent to two reviewers for blind peer-review. Based on their recommendations, the editorial committee decides whether the manuscript should be accepted as is, revised or rejected. If a manuscript is published, the author or their institution will be invoiced for page fees at the

rate of R75,00 per page.

Presentation

1. Manuscripts should be submitted as electronic attachments to the journal administrator swjournal@uj.ac.za in Word format. All authors should be shown but the authors should not be identified anywhere in the article.

2. A *minimum length* of 3 500 words and a *maximum length* of 5 000 words (excluding

references). No footnotes, endnotes and annexures are allowed.

3. On a separate page, a *title* of not more than ten words should be provided. The author's full name and title, position, institutional affiliation and e-mail address should be supplied.

4. An *abstract* of 150 words plus up to six *keywords,* which encapsulate the principal topics of the paper, must be included. The abstract should summarise the key argument/s of the article and locate the article in its theoretical practice and context Please note that abstracts are not summaries of research studies. No sub-headings should be used in the abstract.

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. All *figures* (diagrams and line drawings) should be copied and pasted or saved and imported from the origination software into a blank Microsoft Word document and submitted electronically. Figures should be of clear quality, black and white, and numbered consecutively with arabic numerals. Supply succinct and clear captions for all figures.

. In the text of the paper the preferred position of all figures should be indicated by typing on a separate line the words "Place figure (No)".

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. The maximum width for diagrams, line drawings and tables, should not exceed 104mm for portrait and 164mm for landscape (with a maximum depth of 104mm).

7. References:

. References to other publications must be in modified Harvard style (see below) and checked for completeness, accuracy and consistency. Include all authors' names and initials and give any journal title in full.

. You should cite publications in the text: (Adams, 1997) or (Mbatha et al. 2005). At the end of the paper a reference list in alphabetical order should be supplied using the following style. Do not use indentation when formatting your references.

. If a direct quote is used in-text references should include name of author, date and page number. All other references should not include page numbers.

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. *Books:* Last name, Initials. (year). *Title of Book* Place of publication: Publisher.

Swanepoel, H. and De Beer, F. (1996). *Community Capacity Building Johannesburg:*

Thomson Publishing.

. *For book chapters:* Last name, Initials. (year). "Chapter Title" in Editor's last name,

Initials. (Ed.) *Title of Book* Place of publication: Publisher, Edition, pages .

Boult, B.E. (1998). "Adoption" in Bezuidenhout, F.J. (Ed.). *A Reader in Selected Social Issues* Pretoria: van Schaik Publishers, Second Edition, 41-52.

. *For journals:* Last name, Initials. (year). "Title of Article" *Journal name.* Volume(number):pages

Mda, C. J. (2004). "Population ageing and survival challenges in rural Ghana" *Journal of Social Development in Africa* 19(2):90-112.

. *For electronic sources:* If available online the full URL should be supplied at the end of the reference.

Louisiana State Board of Social Work Examiners. (1998). "Guidelines for Child Custody

Evaluations", http://www.labswe.org/child.htm

(Accessed on 23/08/2006).

8. *Content:*

. Manuscripts should contribute to knowledge development in social work, social welfare or related professions and the practice implications of the research should be spelled out. Sufficient and appropriate recent literature should be cited. Where the study is based on empirical research, the research design and methodology, results, discussion and conclusion should be addressed. All manuscripts should locate the issue within its social context and the conceptual and theoretical framework informing the study should be clearly outlined.

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