



The provision of recreation services for youth at risk with special reference to AIDS orphans

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B.A. Hons.

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FOREWORD

The completion of this study was made possible through the help and support of family, friends and colleagues. I would like to express my sincere appreciation, especially to the following:

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The opinions expressed in this study and the conclusions drawn are those of the author and are not in any way attributed to the above-mentioned persons.

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May 2010

DECLARATION

The co-authors of the two articles which form part of this dissertation, Prof. Charlé du P Meyer (supervisor), Mr. J. Theron Weilbach (co-supervisor) and Dr. Marie M. Steyn (assistant supervisor) hereby grant the candidate, Mrs. Cornelia M. Schreck, permission to include the two articles as part of a Master's dissertation. The contribution (advisory and supportive) of these three co-authors was kept within reasonable limits, thereby enabling the candidate to submit this dissertation for examination purposes. The dissertation therefore serves as fulfilment of the requirements for the *Master of Arts in Recreation Science* degree in Recreation within the School of Biokinetics, Recreation and Sport Science in the Faculty of Health Science at the Potchefstroom Campus of the North-West University.

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SUMMARY

HIV/AIDS is a growing pandemic – not only in South Africa, but also globally. Worldwide there are currently more than 40 million people living with HIV/AIDS (UNAIDS, 2006:8). The increasing number of HIV-infections also leads to an increase in the number of deaths related to HIV/AIDS. A result of the mortality rate is the increasing number of children who are orphaned. It is projected by Dorrington *et al.* (2006:25) that, in South Africa, nearly 2.2 million children will be orphaned as a result of AIDS by 2015. The death of a parent, especially due to AIDS, is a very traumatic and stressful event. Exposure to such an event is a main factor leading to risk behaviour (Anon, 2002:2). AIDS is endangering the future of youth in South Africa.

Recreation programmes can play a changing role in managing the effects the AIDS pandemic has on AIDS orphans (Brown & Lourie, 2000:86). Recreation programmes can help improve the health of these youths and assist in solving the emotional, social and psychological problems they face. Numerous research findings supported this notion that recreation participation can be beneficial on a personal, social, environmental and economic level (Tesnear, 2004:78; Bloemhoff, 2006:1-11; Meyer, 2007:97; Louw, 2008:138). The purpose of this study was firstly, to determine the necessity for recreation programmes for AIDS orphans based on the perspectives of the staff working with these youths and those of the youths themselves. Secondly, to determine the benefits associated with recreation participation for AIDS orphans according to the perspectives of the staff working with these youths and the youths themselves.

A qualitative research design was used for the collection of the data in this study. Thanda After-School Programme was used as a case study. The participants were recruited purposively to form a non-probability sample. The sample size (n=17) was determined through data saturation. The sample was divided into two groups, staff at Thanda ASP (n=9) and students at Thanda ASP (n=8). Data gathering was done by

means of a semi-structure interview with each of the participants as well as analysis of personal documents written by the participants. Data analysis was done by means of the following steps: planning for recording data; data collection and preliminary analysis; organising the data; reading and writing memos; generating categories, themes and patterns; coding the data; testing; and representing.

Through the process of data analysis two main categories were identified, namely the necessity for recreation programmes for AIDS orphans and the benefits of recreation programmes for AIDS orphans. The necessity was accentuated by both the staff and the students of Thanda ASP. Both highlighted this through their responses to the question as to why they are involved in Thanda ASP as well as the reason for the students' risk behaviour before their involvement in the programme. Health, emotional, social and psychological improvement were the key themes that emerged with regard to the benefits to ADIS orphans as a result of recreation participation. These benefits were stated by the majority of staff members as well as students at Thanda ASP and it was also echoed in the journals written by the students. The participants, staff and students alike, strongly emphasised the improvement of the youths' future perspectives and improvement of life skills. The results from this study compare positively with what is stated in the literature and with previous research. Based on these results, recreation programmes for AIDS orphans can be regarded as beneficial to and thus essential for the improvement of quality of life.

Key words: recreation, leisure, adventure, youth, at-risk, adolescence, HIV, AIDS, recreation participation, benefits

HIV/VIGS is 'n toenemende probleem – nie alleen in Suid Afrika nie, maar wêreldwyd. Daar is tans meer as 40 miljoen mense regoor die wêreld wat HIV-positief is (UNAIDS, 2006:8). As'n gevolg van die groot aantal HIV-positiewe mense is daar'n geweldige toename in die aantal mense wat weens die virus sterf. Hierdie sterftes lei weer tot miljoene kinders wat wees gelaat word as gevolg daarvan. Dorrington *et al.* (2006:25) voorspel dat daar teen 2015, ongeveer 2.2 miljoen weeskinders in Suid-Afrika sal wees as gevolg van VIGS. Die dood van 'n ouer, veral as gevolg van VIGS, is'n uiters traumatiese en stresvolle gebeurtenis. Blootstelling aan so 'n gebeurtenis is een van die hooffaktore wat lei tot hoërisiko-gedrag by die jeug (ANON, 2002:2). VIGS is 'n bedreiging vir die toekoms van die jeug van Suid Afrika.

Rekreasieprogramme kan 'n verandering meebring ten opsigte van die effek wat die VIGS-pandemie op VIGS-wesies het (Brown & Lourie, 2000:86). Rekreasieprogramme kan help om die gesondheid van die jeug te verbeter en die emosionele, sosiale en psigologiese probleme wat hulle ondervind, op te los. Verskeie studies ondersteun die beginsel dat rekreasiedeelnemers voordelig kan wees op 'n persoonlike, sosiale, omgewings- en ekonomiese vlak (Tesnear, 2004:78; Bloemhoff, 2006:1-11; Meyer, 2007:97; Louw, 2008:138). Die doel van die studie was eerstens om die noodsaaklikheid van rekreasieprogramme vir VIGS-wesies aan die hand van persepsies van die personeel wat met die jeug werk en ook van dié van die jeug self, te bepaal. Tweedens was die doel om die voordele wat VIGS-wesies uit rekreasieprogramme kan trek, te bepaal aan die hand van die persepsies van die personeel wat met die jeugdiges werk asook van dié van die jeugdiges self.

'n Kwalitatiewe navorsingsontwerp is gebruik as riglyn vir die studie. Die deelnemers is gekies deur middel van doelbewuste nieraarskynlikheidsteekproefneming. Thanda After-School Programme is as 'n gevallestudie gebruik. Die steekproef (n=17) is deur middel van dataversadiging bepaal. Die steekproef is in twee groepe verdeel, naamlik personeel van Thanda ASP (n=9) enersyds en studente by Thanda

ASP (n=8) andersyds. Data is ingesamel met behulp van semi-gestruktureerde onderhoude met elk van die deelnemers asook deur middel van die ontleding van persoonlike dokumente van die deelnemers. Data-analise is gedoen deur die volgende stappe te volg: beplanning vir die opneem van data; data-insameling en eerste analise; organisasie van data; lees en skryf van notas; ontwikkeling van kategorieë, temas en patrone; kodering van data, toetsing en verslaglewering.

Twee hoofkategorieë, naamlik die noodsaaklikheid van rekreasieprogramme en ook die voordele van rekreasie programme vir VIGS-wesies is tydens die analise van die data geïdentifiseer. Die noodsaaklikheid van rekreasieprogramme is deur die personeel sowel as die jeug wat by Thanda ASP betrokke is, beklemtoon. Beide groepe het die noodsaaklikheid beklemtoon deur hul terugvoer rakende die redes vir hul betrokkenheid by Thanda ASP en die jeugdige se risikogedrag voor hul betrokkenheid by Thanda ASP. Gesondheids-, emosionele, sosiale en psigologiese verbetering was die sleuteltemas rakende die voordele van deelname aan rekreasie programme. Hierdie voordele is deur sowel die meeste personeellede as die studente van Thanda ASP genoem, en het ook prominent in die joernale van die studente voorgekom. Al die deelnemers het sterk klem gelê op die verbetering van die studente se toekomspektief en lewensvaardighede. Die resultate van die studie korreleer positief met wat in die literatuur genoem word en ook deur wat ander navorsers bevind het. Gebaseer op die resultate van die studie, kan die aanname gemaak word dat rekreasieprogramme voordelig is vir VIGS-wesies en ook noodsaaklik is ter verbetering van hul lewensgehalte.

Sleutel terme: rekreasie, vrytydsbesteding, blootgestelde jeug, adolessensie, HIV, VIGS, rekreasiedeelname, voordele

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PROBLEM STATEMENT AND PURPOSES OF THE STUDY

1.1 PROBLEM STATEMENT

1.2 AIM AND OBJECTIVES

1.3 HYPOTHESES

1.4 STRUCTURE OF THE DISSERTATION

1.5 REFERENCES

1.1 PROBLEM STATEMENT

Every child and adolescent, no matter who or where from, has the right to life, survival and development, which includes the right to education, recreation and leisure (WLRA, 2001:203). Recreation participation seems to be such an accessible commodity, everyone has access to some kind of leisure time activity, be it sports, arts, crafts or outdoor activities and adventure.

HIV¹/AIDS² is a growing pandemic – not only in South Africa, but globally as well. Worldwide there are currently more than 40 million people living with HIV/AIDS (UNAIDS, 2006:8). According to Dorrington *et al.* (2006:2), projections indicate that nearly 5.4 million South Africans are infected, which is just over 11 percent of the total population. Of this 11 percent, 19 percent ($\pm$ 1 million) are between ages 15 and 24 – youth (Dorrington *et al.*, 2006:8). The increasing number of HIV-

1 HIV – Human Immune Deficiency Virus

2 AIDS – Acquired Immune Deficiency Syndrome

infections leads to an increase in the number of deaths related to HIV/AIDS as well. The cumulative AIDS deaths in the country are estimated at 2.2 million (Dorrington *et al.*, 2006:8). A result of the mortality rate is the increasing number of children who are orphaned. Currently, it is estimated that 1.2 million AIDS orphans live in South Africa, and it is projected by Dorrington *et al.* (2006:25) that, by 2015, this number will grow to nearly 2.2 million. A large percentage of these orphans are adolescents (WHO, 2004:1). It is clear that there are millions of youths in South Africa who are either infected with or affected by the AIDS pandemic, and most of the time these youths have no control over their situation, which puts them in jeopardy of sustaining psychological, sociological, emotional and physiological damages (WLRA, 2001:201).

Prinsloo (2003:278) states that the effects of AIDS are one of the many causes of poverty, and that poverty in turn is an important factor that can lead to risk behaviour. Poor youth are faced with limited opportunities and resources. As seen in the statistics, the AIDS pandemic is the cause of a vast number of youth to be orphaned. As a result they become the head of their household; this in turn causes the lack of adult supervision, attention and guidance, which leads to a breakdown of authority and discipline (Prinsloo, 2003:281). DiClemente *et al.* (2001:2) agree on the importance of parental monitoring and on how the lack of it can lead to more risk-taking behaviour. The death of a parent, especially because of AIDS, is a very traumatic and stressful event that scars an adolescent. Exposure to such an event is a main factor leading to risk behaviour (Anon, 2002:2). AIDS is endangering the future of youth in South Africa, and little is being done to prevent this.

To define the concept of “at-risk youth” is a very daunting task, as every researcher working in the field of youth has their own definition. Conner (2002:1) defines at-risk youth as “(c)hildren and teenagers who have problem behaviours, difficulty in school, may be using drugs, or are involved with kids who are in trouble and have conflicted relationships with their parents.” An increasing number of youth are considered to be ‘at risk’. Projections note that up to 50 percent of the world’s youth population are at risk (Sprouse *et al.*, 2005:16). Of the 6 billion people on earth, 1 billion between ages 15 and 24 years are considered to be youth (Maree & Prinsloo, 2004:4). According

to the mid-year population estimates of 2009 (Statistics SA, 2009:9) 10 135 200 adolescents in South Africa fall within the age group 15-24 years. This figure represents 20.5 percent of the total population of South Africa.

McCready (1997:1-2) states that the term “at risk” refers to any youth that are involved in negative events or that are in danger of negative future events. Thus it does not necessarily only refer to the youth’s current situations, but also to possible future situations when the youth have the opportunity to become involved in such events. McCready (1997:2) also states that they are seen as youth who are “socially disabled”, having problems with family, friends and school. Rosol (2000:2) adds that television and the media play a very prominent role in the forming of at-risk youth, taking into consideration what they see each day as the norm – violence, sex, abuse, immorality and so forth. Conner’s (2002:2) explanation of the three main factors leading to risk behaviour in youth is a good summary of research done in this field. These are:

- Behavioural factors: including manipulative, dishonest, avoidant, oppositional, defiant, antisocial, self-harming, threatening, destructive and violent behaviour;
- Social factors: for instance family violence, divorce conflict, being unsupervised, friendships with unsupervised youth or youth involved in criminal activities and poor living conditions;
- Medical and biological factors: including neurological problems, perceptual and intellectual deficits, hormonal disorders, seizure disorders and also HIV/AIDS.

For purposes of this study, the definition of Jennings (quoted by Prinsloo, 2003:277) will be used in which at-risk youth in South Africa is defined as “(t)hose people who – to different extents – see themselves as having little or no future, who are alienated from their families or job or school, who are out of touch with, or hostile to, the changes taking place in South Africa, who have been victims of abuse and/or violence, who have a poor self-image, or who are not involved in any organisation or structure.”

Leisure is the key to health, wellness, life satisfaction, happiness and quality of life (Edginton *et al.*, 2004:9; Stumbo & Peterson, 2004:5). Leisure or leisure time can be seen as free time. According to Edginton *et al.* (2004:6-9), it is a “multidimensional construct in which one is relatively free from constraints, has a feeling of positive effect, is motivated by internal forces and has a sense of perceived freedom.” Stumbo and Peterson (2004:5) add that it reflects behaviours that are enjoyable in themselves. Recreation can be regarded as activities (physical, mental, social or emotional) pursued during leisure with its involvement totally voluntarily and internally motivated to achieve personal satisfaction (Edginton *et al.*, 2004:11). Edginton *et al.* (2006:56) add that it is pleasurable and has socially redeeming qualities, meaning the activities must result in constructive, positive and socially acceptable behaviour. Edginton *et al.* (2004:212) explain that recreation includes a wide range of programme areas such as the arts, literature, aquatics, sports, games, outdoor recreation, social recreation, wellness, life skills and education. All of these activities are presented in different programme formats, which include competitive, drop-in, class, club, special event, workshop, interest groups and outreach formats (Edginton *et al.*, 2004:274). For purposes of this study, recreation specifies any activities offered during after school hours, which result in constructive and socially acceptable behaviour that can lead to wellness, life satisfaction and a better quality of life.

Recreation participation provides interaction with adults and peers, creating beneficial relationships with others (Cross, 2002:248; Holman & McAvoy, 2005:324), help with community integration (WLRA, 2001:204), gives a sense of control and helps in developing one’s self-esteem, self-worth and competence (McCreedy, 1997:4-5; WLRA, 2001:204; Cross, 2002:248; Holman & McAvoy, 2005:324). Participation in recreational activities teaches commitment and sportsmanship, provides the necessary skills to manage one’s free time (McCreedy, 1997:4-5) and contributes to achieving personal goals (Holman & McAvoy, 2005:324). By participating in recreation programmes, youth are provided with a place of care and belonging (Cross, 2002:248). McCreedy (1997:5) sees it as that “(e)ffective recreation activities can help at-risk youth become a positive, valuable resource for the community and the future.”

Numerous research findings support the above statements on the benefits of recreation activities, especially for at-risk youth. West and Crompton (2001:113-140) wrote a review article on 16 studies done on recreation programmes for at-risk youth. The article offers qualified support that recreation programmes improves risk behaviour, especially the youth's self-concept and recidivism rates. The programmes used in the study varied in duration. The shortest programme was three days and the longest one reviewed ran for an average of 14 months. Cross (2002:247-254) did a five-day rock-climbing intervention study on 34 at-risk youth about their perceptions of alienation and personal control, and in both these constructs participants showed improvement after the recreation programme. A longitudinal wilderness-enhanced, multivariate intervention program study was done by Brand (2001:40-49). It consisted of a wilderness experience that included bushwalking, abseiling and canoeing that were isomorphic framed, a metaphor for life, followed by a lengthy intervention program involving cognitive restructuring and behaviour modification. The results of the study indicated the success of recreation programmes in changing subjects' commitment to school, self-esteem, locus of control and influence of the parents and peer group – all being factors that contribute to at-risk behaviour. Bloemhoff (2006:1-11) did research in South Africa on 46 at-risk adolescent boys confined to a rehabilitation centre. All these boys experienced behavioural or emotional problems. Results of the study showed that the experiential group who participated in a ropes course increased highly significantly in their protective factors, which included high control against deviant behaviour, positive attitudes towards the future, value on achievement, ability to work with others, ability to work out conflicts and a sense of acceptance.

Witt and Crompton (1996:3-362) evaluate in their book "Recreation Programs that work for at-risk youth" main programmes in the USA and the rest of the world that focus on at-risk youth. They reviewed different types of programmes ranging from after-school programmes, such as Y-MAP in Minneapolis which include sports, life skills, community involvement, to name but a few, to mentorship programmes (Youthline), internship programmes (in Phoenix, Arizona) and summer camps across the USA. Nowadays there are numerous summer camps in the USA that focus not only on at-risk youth, but especially on youth affected by or infected with HIV/AIDS

(www.thebody.com). The present study was unable to trace any research done in South Africa on the influence of recreation programmes on youth infected with and affected by HIV/AIDS.

Therefore the purpose of this study is to answer the following research questions:

- What is the necessity of recreational services for at-risk youth, with the focus on AIDS orphans, in South Africa, according to the staff involved in these programmes and the youth themselves?
- What are the benefits associated with recreational services for at-risk youth, with the focus on AIDS orphans, according to the staff involved in these programmes and the youth themselves?

The significance of this study for the field of recreation and organisations working with AIDS orphans is firstly, that this study will contribute to understanding the extent of the challenges associated with AIDS among adolescents and the nature of existing recreation programmes for these youths. Secondly, it will provide insight into the possible necessity of these programmes for AIDS orphans that can assist in generating funding for these programmes. Thirdly, with this information, limitations can be identified to improve the quality of life of these AIDS orphans by developing better recreation intervention programmes.

1.2 AIM AND OBJECTIVES

The aim of this study is to determine the benefits and hence the necessity of recreational services for at-risk youth with the focus on AIDS orphans.

The objectives of this study are:

- 1.2.1 To determine the benefits and hence the necessity of recreational services for at-risk youth, especially AIDS orphans, according to the staff employed in the recreation programmes.

- 1.2.2 To determine the benefits and hence the necessity of recreational services for at-risk youth, especially AIDS orphans, according to the youth themselves.

1.3 HYPOTHESES

This study is based on the hypotheses that:

- 1.3.1 There will be a great need for recreational services for AIDS orphans; thus for at-risk youth, according to the staff employed in the recreation programmes.
- 1.3.2 There will be a great need for recreational services for AIDS orphans; thus for at-risk youth, according to the youth themselves.

1.4 STRUCTURE OF THE DISSERTATION

The dissertation will be submitted in article format and will be structured as follows:

- Chapter 1** will consist of the problem statement, objectives of the study and the hypotheses thereof. A source list is presented at the end of the chapter in accordance with the guidelines of the North-West University.
- Chapter 2** will be a review of literature applicable to this study: AIDS orphans, at-risk youth and recreation provision. This literature review will be used to construct the problem statement for each of the two articles (Chapters 4 and 5). A source list is presented at the end of the chapter in accordance with the guidelines of the North-West University.
- Chapter 3** will describe the research methodology of this study. A source list is presented at the end of the chapter in accordance with the guidelines of the North-West University.

- Chapter 4** will be a research article titled *AIDS orphans – where can they play? An analysis of the needs and benefits of recreation programmes: Staff perspectives*. This article will be submitted for publication in the “*African Journal for Physical, Health Education, Recreation and Dance*”. The article is hereby included in accordance with the specific guidelines of the journal. The instructions for authors are included as Appendix A.
- Chapter 5** will be a research article titled *The necessity for and benefits of recreation participation for AIDS orphans: Through the eyes of a child*. This article will be submitted for publication in the “*African Journal for Physical, Health Education, Recreation and Dance*”. The article is hereby included in accordance with the specific guidelines of the journal. The instructions for authors are included as Appendix A.
- Chapter 6** will consist of a brief summary of this study, followed by conclusions drawn from this study and the recommendations, limitations and implications for further studies on this topic. A source list is presented at the end of the chapter in accordance with the guidelines of the North-West University.

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AIDS ORPHANS, AT-RISK YOUTH AND RECREATION PROVISION: A LITERATURE REVIEW

2.1	INTRODUCTION
2.2	THE AIDS PANDEMIC
2.3	AT-RISK YOUTH
2.4	RECREATION PROVISION
2.5	SUMMARY
2.6	REFERENCES

2.1 INTRODUCTION

“In the past, people used to care for the orphans and loved them, but these days they are so many, and many people have died who could have assisted them, and therefore orphanhood is a common phenomenon, not strange. The few who are alive cannot support them.”

- A widow in her early fifties, Kenya (Nyambedha *et al.*, 2003:306).

Youth orphaned by AIDS have the same needs as any other children: food, shelter, health care, an education and a sense of belonging (Subbarao *et al.*, 2001:19). Or in terms of Maslow’s hierarchy of needs (see Figure 1): physiological, safety, love/belonging, esteem and self-actualization are universal needs of all human beings (Meyer *et al.*, 1997:462; Hurd *et al.*, 2008:26). With the high HIV prevalence rate of adults in South Africa, the AIDS orphans in our country are struggling simply to survive. Brown and Lourie (2000:86) explain that these youths have trouble

obtaining sufficient health care, housing, clothing and recreation. Through the recent media, a huge amount of attention is given to health, food and shelter (the bottom of Maslow's hierarchy of needs) – but their other needs – to play, to develop and to reach self-actualization, are rarely referred to. According to Maslow's hierarchy of needs, those other needs are essential for the positive functioning of an individual (Meyer *et al.*, 1997:474).

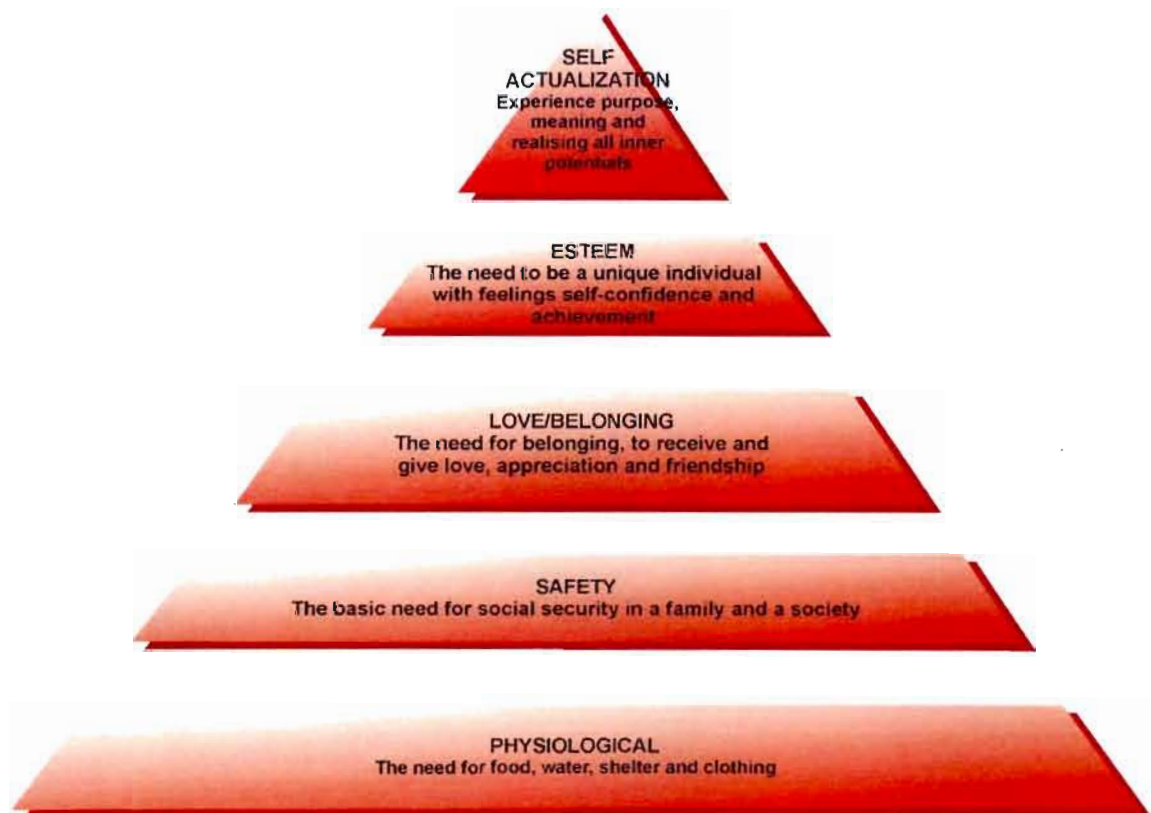


Figure 1: Maslow's hierarchy of needs (Meyer *et al.*, 1997:474)

Considering the purpose and objectives of this study, three main dimensions were explored and will be discussed. Firstly, the AIDS pandemic: it is a major cause, if not the number one contributing factor, for so many youth to turn to risk behaviour. Secondly, at-risk youth: what influences them and their behaviour, what are the consequences of their behaviour for themselves but also for the greater communities in which they reside, and the influence the AIDS pandemic is really having on them,

and lastly, the necessity of recreation provision for these youth and the benefits it can have of ensuring a brighter future for them.

2.2 THE AIDS PANDEMIC

2.2.1 HIV/AIDS statistics

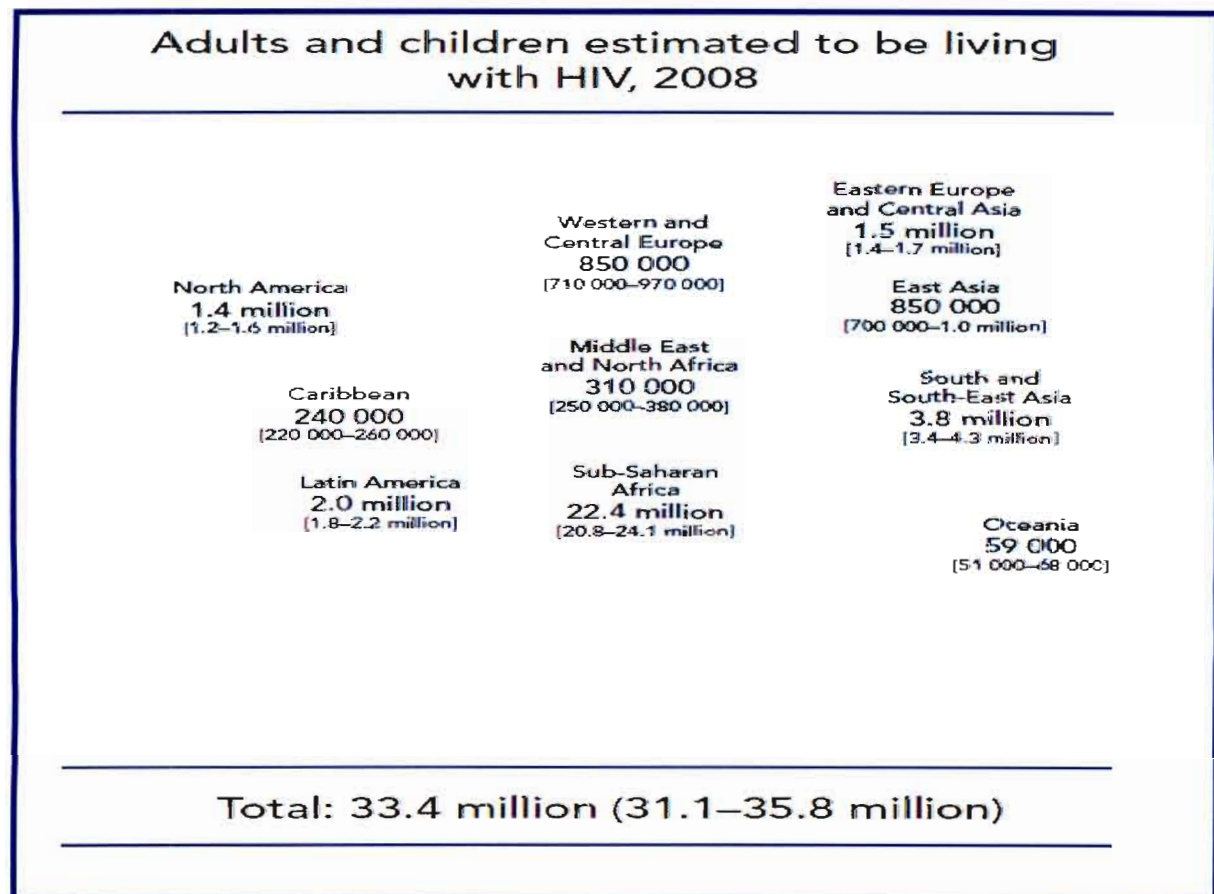


Figure 2: Global estimate of people living with AIDS in 2008
(UNAIDS, 2009:82)

The first case of AIDS was reported on 5 June 1981 (Mylykangas, 2007:20) in the United States of America. It was a young man. In 1985 cases were reported in every region in the world (UNAIDS, 2006:2). Today, 28 years later, AIDS is a pandemic of gigantic proportions. Globally there is an estimate of 33.4 million people living with AIDS (see Figure 2). In 2007 alone there were 2.5 million new infections,

which is more than six thousand eight hundred per day and more than 2.1 million deaths due to AIDS. This adds up to more than five thousand seven hundred per day. During 2008 new infections grew to 2.7 million but the deaths showed a slight decrease to 2 million (UNAIDS, 2007:1; UNAIDS, 2009:6). AIDS is the leading cause of death in sub-Saharan Africa, making sub-Saharan Africa the worst effected region in the world (UNAIDS, 2006:11; UNAIDS, 2009:21). Two thirds of all people living with AIDS are in sub-Saharan Africa, 68 percent of all new infection amongst adults, 91 percent among children and three quarters of all AIDS-related deaths occur in this region (UNAIDS, 2007:15; UNAIDS, 2009:21).

According to Dorrington *et al.* (2006:2), projections state that nearly 5.4 million South Africans were infected with HIV/AIDS by mid-2006, which is more than 11 percent of the total population. South Africa has the largest population of people living with HIV in the world (UNAIDS, 2009:27). That is 18.8 percent of all adults (15-49 years) and one in every three pregnant women (UNAIDS, 2006:17). The infection rate for youths (15-24 years) was 19 percent, with KwaZulu-Natal being the highest at 14 percent (Patel *et al.*, 2004:48) and for older men (50-54 years) 14 percent (Dorrington *et al.*, 2006:8; UNDAIDS, 2006:17). The HIV prevalence differs substantially within the provinces of South Africa with the highest percentage of 28.6 in KwaZulu-Natal, and the Northern Cape with only 1.1 percent (Dorrington *et al.*, 2006:28). The UNAIDS (2006:11,17) states that there is no evidence of a decline of the epidemic in South Africa.

2.2.2 AIDS orphans statistics

Before AIDS became such a pandemic it was estimated that only 2 percent of all children in Africa were orphaned. That number has now reached 15-17 percent in some African countries (Subbarao *et al.*, 2001:vii). It is estimated that more than 15 million children under the age of 18 have been orphaned by AIDS worldwide, and at least 50 percent of all these AIDS orphans are adolescents (Frederiksen & Kanabus, 2007:1-2). In sub-Saharan Africa 12 percent of all children are orphans and it is estimated that 14.1 million of these children have lost at least one parent to AIDS (Frederiksen & Kanabus, 2007:1; UNAIDS, 2009:21). Projections note that by

2010 there will be 20 million children orphaned due to AIDS in sub-Saharan Africa, which is 5.8 percent of all children, three times the number in 2001 (Subbarao *et al.*, 2001:6; UNAIDS, 2002:6). The pandemic is growing and affecting people in their most productive years. Therefore the number of orphans is expected to increase, while the number of healthy adults, able to care for them, is expected to decrease rapidly (Subbarao *et al.*, 2001:5). This can be better explained by a series of 'waves' (see Figure 3): the first wave (blue) – people newly infected, the second wave (green) – the total number of people infected, the third wave (purple) – the number of AIDS deaths and the last wave (red), the number of AIDS orphans (Bradshaw *et al.*, 2002:2).

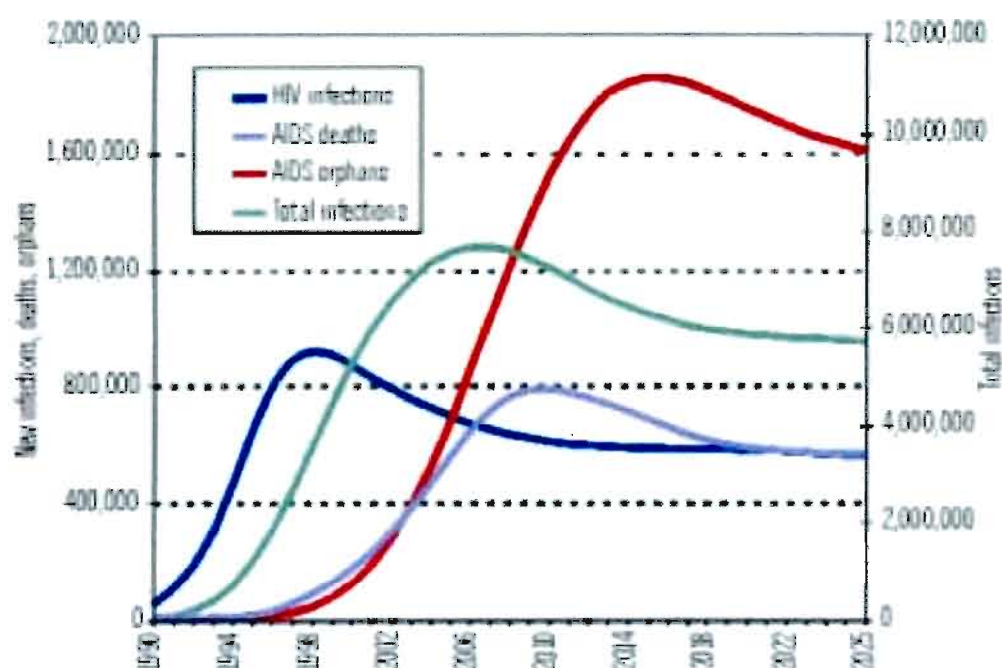


Figure 3: Waves of the AIDS epidemic in South Africa (Bradshaw *et al.*, 2002:2).

In 2005, 49 percent of all orphans (under the age of 18) in South Africa (1.2 million) were orphaned as a result of AIDS (Frederiksen & Kanabus, 2007:1). The number of orphans in South Africa is set to increase from 1.5 million (10 percent) in 2001 to 2.3 million (16 percent) in 2010 (UNAIDS, 2002:8) and peak in 2015 at roughly

3 million (Johnson & Dorrington, 2001:13). Johnson and Dorrington (2001:14) estimates that by 2015, 18 percent of all children under the age of 18 will have lost their mother, 28 percent will have lost their father, and 12 percent will have lost both their mother and father, developing an 'orphan generation', which is likely to have an immense impact on the society at large. South Africa's capacity to deal with the rising number of orphans due to AIDS is limited; therefore resulting in increases in juvenile crime, reduced levels of literacy and a heavier economic burden on the country (Johnson & Dorrington, 2001:11).

2.2.3 Problems faced by AIDS orphans

It is stated by Subbarao *et al.* (2001:10) and UNAIDS (2002:9) that girls are more disadvantaged than boys when they become orphaned. Some of the problems youths face when orphaned due to AIDS include emotional, social, educational, stigmatization and household problems (Subbarao *et al.*, 2001:9-11; Frederiksen & Kanabus, 2007:2-5). Each of these will be examined and discussed briefly.

2.2.3.1 Emotional impact

After losing a parent to AIDS, the youths are regularly forced to separate from their siblings – placed in new homes where large numbers are abused and exploited (Subbarao *et al.*, 2001:3; Frederiksen & Kanabus, 2007:3). This separation is a source of trauma that can make orphans feel even more isolated (Unicef, 2003:29). Research in rural Uganda has shown that levels of anxiety, depression and anger are significantly higher in AIDS orphans than in other children; the research also indicated that 12 percent of AIDS orphans as opposed to only 3 percent of other children rather wished to be dead (Frederiksen & Kanabus, 2007:2). Hysteria, crying, insomnia, nervousness, general emotional imbalance, grief, insecurity, fear concerning the future, isolation and low self-esteem are but a few of the psychosocial damages these youths endure (Johnson & Dorrington, 2001:27; Subbarao *et al.*, 2001:11; UNAIDS, 2002:9).

2.2.3.2 Household impact

A parent falling ill and dying has a tremendous impact on a household. Youths already start feeling the emotional impact when their parents turn ill with AIDS, they have to take care of them, watch them become worse and eventually dying (Johnson & Dorrington, 2001:27; Loening-Voysey, 2002:105; Frederiksen & Kanabus, 2007:2). All of a sudden youth have more obligations; they must look after their sick parents and their younger siblings, while trying to focus on their school work and recreational needs. The youth's access to basic necessities, namely shelter, food, clothing, health, education and recreation also diminish (Frederiksen & Kanabus, 2007:3). In a study done by Unicef (2003:14) it is reported that in Welkom, South Africa, the average monthly income for families where at least one person was HIV positive was less than half that of the non-affected households, hence having an immense impact on their financial state as well.

2.2.3.3 Education

AIDS is a sexually transmitted disease. When one parent falls ill with AIDS it is almost certain that in due time the other parent will also become ill and that they will eventually die (UNAIDS, 2002:7; Frederiksen & Kanabus, 2007:2). Having one or both parents sick puts an enormous financial strain on the family, usually forcing the children to quit school and start working to help support their family (Subbarao *et al.*, 2001:3,9; Frederiksen & Kanabus, 2007:3). More pressure is put on the youth to contribute financially and they are forced to beg, steal and drop out of school to earn a living (Subbarao *et al.*, 2001:3; Frederiksen & Kanabus, 2007:3). Orphans put into foster care are also the first to be denied education when the foster family struggles to support its own children and the orphans living with them (Johnson & Dorrington, 2001:27). Orphaned youth are also not receiving the life skills and practical knowledge normally passed on by their parents (Frederiksen & Kanabus, 2007:4). These youths are more likely to grow up in poverty and with health and social problems themselves because they do not receive the necessary education needed to overcome these problems (Frederiksen & Kanabus, 2007:4).

2.2.3.4 Stigmatization

In present-day society there is still a very strong stigma attached to HIV/AIDS, especially in terms of infection. When parents fall ill or die of AIDS, it is assumed that the children are also HIV positive, which is not always the case (Frederiksen & Kanabus, 2007:4). As it is explained by a 16 year old South African girl: *“They treat you badly. You don’t feel like walking in the street, they give you names. They whisper when you pass. They take it that when one person in the house is sick, all of you in that house are sick.”* (Unicef, 2003:29). Most AIDS orphans between ages 12 and 18 years are HIV negative, the reason being that those that were infected as a baby do not survive to adolescence, and the others are not yet infected as adults (Johnson & Dorrington, 2001:ii). Being stigmatized as being HIV positive, numerous AIDS orphans are denied schooling and health services and feel shame, fear and rejection (Subbarao *et al.*, 2001:4; Loening-Voysey, 2002:106; Frederiksen & Kanabus, 2007:4).

2.2.3.5 Social ramifications

When adolescents are orphaned they can become alienated from the community, and they then resort to crime, drug and alcohol abuse, sexual trafficking and child labour (Johnson & Dorrington, 2001:28; Subbarao *et al.*, 2001:11). The adolescents are more easily exploited and the girls sold into marriages to cover the foster families’ expenses (Johnson & Dorrington, 2001:27; Loening-Voysey, 2002:105). Even though most of these youths are still HIV negative, because of their situation and their way of living, they are so much more vulnerable to contracting the HI virus as well (UNAIDS, 2002:9).

2.2.4 **The way forward**

In 2001 the UN general assembly on AIDS held a special session where 189 nations signed a historic declaration that promised “innovative responses, coordinated efforts and accountability for progress against the epidemic” (UNAIDS, 2006:2). They announced the millennium development goal of halting and beginning to reverse the pandemic by 2015 (UNAIDS, 2006:2). Eight years later and only six more to go. Is

enough being done to reach this goal? Given the adverse effect on the youth, the community, the broader society and the world, addressing the needs of orphaned youths is to be regarded as an essential investment for South Africa's economic well-being and future political stability (Subbarao *et al.*, 2001:13).

The first and utmost important part is to stop new infections. By stopping new infections, the adult mortality rate will drop and fewer children will be left behind as orphans. At the end of 2005 a hundred and ninety thousand (less than 20 percent) of all HIV-infected South Africans were receiving ART³ (UNAIDS, 2006:9). By December 2008, 44 percent, which is roughly 3 million adults and children in sub-Saharan Africa, were receiving ART – almost half of all those that actually should (UNAIDS, 2009:27). During 2009 there were still roughly 1.6 million South Africans not yet receiving ART (Statistics SA, 2009:8). By making ART available to more people, the number of orphans will be reduced, since their parents, even though being HIV positive, will live longer, healthier lives (Johnson & Dorrington, 2001:11,28). Furthermore, by educating the nation regarding the transmission and dangers of HIV/AIDS, in the long run their sexual behaviour will become less risky and that will result in less youths being left behind as orphans (Johnson & Dorrington, 2001:24).

According to Johnson and Dorrington (2001:5), Subbarao *et al.* (2001:vii) and UNAIDS (2002:3), South Africa has not yet reached its peak with the orphan crisis. South Africa currently has one of the highest numbers of HIV positive adults in the world (UNAIDS, 2002:6). Thus in the next decade the number of orphans due to AIDS will also rise to some of the highest in the world and the majority of these orphans will be adolescents from poor socio-economic backgrounds (Johnson & Dorrington, 2001:31). Statistics SA (2009:8) reports that 43 percent of all deaths during 2009 were due to AIDS (see Table 1). Therefore it is essential that care be provided for all the children orphaned by AIDS and plans be put in place for all the millions that are still expected to be orphaned within the next twenty years. Collaboration is the key to this crisis, it cannot be done alone (Benson, 2000:60).

³ Antiretroviral therapy

Table 1: Births and deaths in South Africa for the period 2001-2009
(Statistics SA, 2009:8).

	Number of Births	Total number of deaths	AIDS deaths	Percentage AIDS deaths
2001	1 138 600	523 900	202 200	38,6
2002	1 132 500	562 400	236 900	42,1
2003	1 120 400	596 600	267 700	44,9
2004	1 109 200	626 200	293 900	46,9
2005	1 096 600	634 100	298 600	47,1
2006	1 083 900	628 600	289 800	46,1
2007	1 064 900	621 600	279 600	45,0
2008	1 049 300	602 800	257 500	42,7
2009	1 044 900	613 900	263 900	43,0

Recreation programmes with active strategies, such as problem solving, decision making, anger management, communication and help-seeking can play a changing role in managing the effects of this pandemic on the children left behind as orphans by improving their coping skills (Brown & Lourie, 2000:88) and in addition the greater community in which they reside. The contribution of recreation on minimizing the effect of the emotional, educational and the stigmatization impact will be discussed later in this chapter (2.4).

2.3 AT-RISK YOUTH

Childhood and adolescence is more than just a time before being considered an adult; it is supposed to be a happy and safe time in children's lives in which they need to grow, play and develop. The term 'Adolescence' is derived from the Latin word, "adolescere" meaning 'to grow up'; thus the development phase to adulthood (Gouws *et al.*, 2000:2). Children should be healthy and in school, be loved and

encouraged by their family and community. They must gradually take on the responsibilities of adulthood, safe from violence, abuse, exploitation and the threat of AIDS. Childhood is the foundation of hope for a better future, but in the world of today it is only an empty word and a broken promise (Bellamy, 2005:1,3). Millions of children and youths are losing out on their childhood, as seen in the discussion on the problems faced by AIDS orphans (2.2.3), and turning to other places and people to receive that security; thus putting them at risk. As a result of all of these risks today's youth are exposed to, it can be argued that AIDS orphans can be categorised as "at-risk youths". Consequently the dilemma of at-risk youths was thoroughly investigated – the influences, the behaviours and the pressures the AIDS pandemic is placing on them.

2.3.1 Youth

Forty percent of the world's 6 billion people are between ages 15 and 24 years (Maree & Prinsloo, 2001:4). According to the mid-year population estimates of 2009, of the 49.32 million South Africans, 10 135 200 are youths between ages 15 and 24 years. This figure represents 20.5 percent of the total population of South Africa (Statistics SA, 2009:9). Of that 20.5 percent, 83.7 percent are African; 7.8 percent Coloured; 2.2 percent Indian/Asian, 6.1 percent white; 50 percent male and 50 percent female (Statistics SA, 2009:9). Patel *et al.* (2004:16) state that KwaZulu-Natal has the largest youth population in South Africa with 21 percent, and Gauteng, second largest with 20 percent.

Edginton *et al.* (2004:104) state that human development can be divided into five stages - prenatal, infancy, childhood, adolescence and adulthood. The author further divide adolescence into three stages; early (12-15 years), middle-late (16-18 years) and emerging adulthood (19-23 years). For purposes of this study, when referring to youth, it would include middle-adolescence and emerging adulthood ($\pm$ 15-23 years of age), the reason being that this was the age bracket for most of the youth that participated in the research as well as the age groups mostly referred to as youth or adolescence in the literature (Gouws *et al.*, 2000:2; Prinsloo, 2003:283; Edginton *et al.*, 2004:104; Patel *et al.*, 2004:47).

Adolescence is a period characterized by development and change at a physical, cognitive, social, emotional, moral and religious level (Adams & Berzonsky, 2003:413-594). They are confronted by challenges to establish a sense of identity and autonomy (DiClemente *et al.*, 1996:1). Adolescents progress through transitional phases from schools as well as from school into the work environment. They face a number of problems and often find themselves confused and lost in these transitions. For these transitions and changes are not always successful and it can lead to behavioural problems such as drug use, eating disorders, low self-esteem, violence, depression and even suicide (Weston *et al.*, 1999:30; Gouws *et al.*, 2000:1-204; Rosol, 2000:2; Brand, 2001:40; DiClemente, 2001:1; Cross, 2002:247; Adams & Berzonsky, 2003:413-594). According to DiClemente *et al.* (1996:2) adolescent risk behaviour is becoming more problematic. The initiation of risk behaviour is occurring at progressively younger ages (smoking, drinking, using other drugs) resulting in the number of at-risk adolescents to increase drastically.

2.3.2 Influences, behaviour and consequences of at-risk youth

Adolescents described as being at risk have been thought of as youth from low socioeconomic backgrounds, from minority ethnic groups and always being involved with gangs and violence. This stereotype is inaccurate. A large amount of research has been done on how to determine whether or not youth are at risk. Cross (2002:248) states that virtually all adolescents feel alienated at some point in their lives, they lose their sense of belonging, which can force them into risk behaviour. All youth are vulnerable to risk, it is only the degree of the influences that differs (Lobo & Olson, 2000:6; Long, 2001:101; Henderson *et al.*, 2005:60).

Conner (2003:3) refers to warning signs that can indicate that an adolescent is becoming more at risk. These include changes in their routine and sleeping habits, joining a new group of friends that parents/guardians do not approve of, dramatic drop in school work, attendance and grades, deception and lying. More critical signs include dramatic disregard of self-care, abrupt changes in personality, attitude and emotional stability. Other behaviour common to at-risk youth includes

defensiveness, resistance, hostility, and it can even go as far as running away and getting into trouble with the law (Conner, 2003:1-2). Long (2001:101) also mentioned teenage pregnancy, joining gangs, using drugs and alcohol and delinquent acts as behaviour of at-risk youth.

Russell (1999:12), Weston *et al.* (1999:30), Liddle and Hogue (2000:265), DiClemente (2001:1) and Cross (2002:247) state that there are numerous influences that can lead to youth becoming at risk. Some of these include the youth's family (domestic violence, single parenting, no parent monitoring, neglect, abuse); peer groups (pressure to have sex, to use drugs, to be part of gangs); the youth's personality (emotional or behavioural or mental disorders); school (underachievers, slow learners, language impaired); politics (economically or socially disadvantaged) and health (unhealthy living conditions, unsafe sex, illness). When any of these areas become out of balance, the youth may become alienated, which can lead to risk behaviour (Cross, 2002:247-248).

DiClemente (2001:1363-1368) did a study on the influence of parental monitoring on youth's risk behaviour. It was found that less parental monitoring was associated with a spectrum of behavioural risk factors (Marijuana and alcohol use, antisocial behaviour, violence and risky sexual behaviour) and STDs⁴. A lack of control, supervision, attention and guidance results in the breakdown of authority and discipline that is essential for the normal behaviour of youth, which results in dysfunctional community structures and risk behaviour among the youth, and therefore also AIDS orphans (Liddle & Hogue, 2000:265; Prinsloo, 2003:281). Maree and Prinsloo (2001:5) and Prinsloo (2003:281) confirm this statement further by saying that a lack of a male identification figure is a cause of risk behaviour. Prinsloo (2003:279) furthermore explains that youth are stressed because of a lack of basic necessities, namely food, water, security, safety, appreciation and opportunities to develop their potential. All these distressing aspects combined with disempowered and uninvolved parents, de-motivated and unqualified teachers, indifferent learners and poorly equipped schools, lead to low self-esteem, a negative self-concept and

⁴ Sexually transmitted diseases

the youth experiencing school negatively, which in turn causes alienation and estrangement from society, forcing youth to turn to risk behaviour to survive (Prinsloo, 2003:282).

During this entire progression of problems, an adolescent may end up abused, assaulted, addicted, raped, arrested or traumatized in a variety of other ways (Conner, 2003:3). The financial implications for a community and the country as a whole is substantial due to the high costs associated with interdiction and institutionalization of at-risk youth (Gottfredson *et al.*, 1996:259; Liddle & Hogue, 2000:265). Furthermore, the impact of the behaviour of these youths is immense on the families and communities in which they reside (Liddle & Hogue, 2000:265). It is clear that risk behaviour in adolescents has immediate health and life quality consequences, but this type of behaviour also poses a threat to them later in their lives. It is strongly linked to poor job performance and dissatisfaction, problems with family and social relationships and economic instability (DiClemente *et al.*, 1996:2). In most cases a crisis such as this takes time to become critical and life threatening (Conner, 2003:4). According to DiClemente *et al.* (2001:1368) other forms of monitoring can also provide benefits to youth. Recreation programmes bare one example that can provide additional resources and extend parental monitoring. This possibility will be discussed at a later stage (see 2.4).

2.3.3 At-risk youth and AIDS

It is clear that young people are at the centre of the AIDS pandemic in terms of impact, transmission and vulnerability, but also have the potential to make a change (WHO, 2004:1). Being infected with or affected by HIV/AIDS is a traumatic and stressful event that scares the psyche of youth (see Figure 4) – the greater the stress and trauma, the greater the probability of the youth turning to risk behaviour (Anon, 2002:2). In turn, the more at-risk youth become, the greater the possibility of becoming infected with HIV (Patel *et al.*, 2004:50-52).

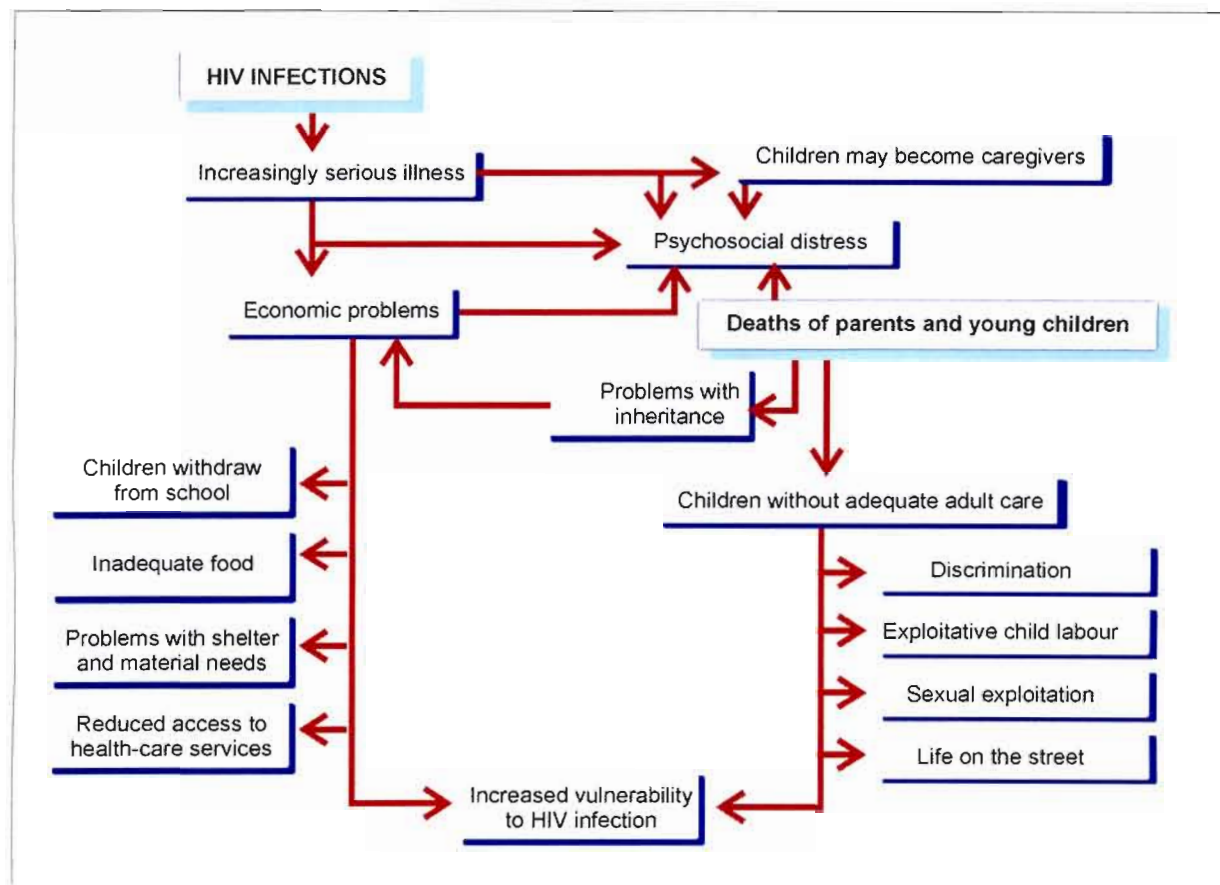


Figure 4: Challenges facing children and families affected by HIV/AIDS (Bellamy, 2005:73).

This statement is supported by an assessment done by the International Labour Organization (Bellamy, 2005:74). It was reported that in Zambia, 71 percent of the adolescents working as prostitutes are orphans, in Tanzania 38 percent of the adolescents working in the mines are orphaned and three quarters of all youth working as domestic workers in Ethiopia are orphans, all of them with no opportunity regarding education and recreation (Bellamy, 2005:74). A study done in Addis Ababa, Ethiopia, on the working and living conditions of domestic child labourers documented that more than three quarters of them were orphans and that they worked on average more than 11 hours per day, seven days a week. They had no means for recreation and leisure and were not allowed to play with the children of their employer (Unicef, 2003:28). HIV deprives youth of their rights; they work at the expense of education, rest, play and recreation (Bellamy, 2005:69).

It is clear from the above-mentioned that AIDS orphans are at a tremendous risk of becoming involved in risk behaviour, and that these types of behaviour will have a negative effect on their quality of life. The Search Institute identified eight developmental assets adolescents need to be able to thrive and to develop to their full potential, namely support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies and positive identity (Benson, 2000:57), and recreation participation can provide all of these. DiClemente (2001:1368) stated that other forms of support are needed to take care of these orphans. It is also clear from this statement of Lightfoot and Rotheram-Borus (2000:129) that recreation programs can play a significant role: "Programs with adolescents must begin to focus on the needs for cross-sector coordination and the organizations of a comprehensive set of services. Only once such networks have been established, can adolescents at risk be expected to maintain their behaviour, as their paths take them through different life situations."

The contribution of recreation programmes on minimizing the effect of all the above-mentioned problems, negative influences and behaviours of AIDS orphans will subsequently be discussed.

2.4 RECREATION PROVISION

"Therefore as I said before, our children from the earliest years must take part in all the more lawful forms of play, for if they are not surrounded by such an atmosphere they can never grow up to be well-conducted and virtuous citizens."

- Socrates 420 B.C (Bullock, 2001:227).

Thousands of years ago a well-known philosopher, Socrates, identified that play, or in today's terms, recreation, is of the utmost importance for youth to ensure they grow up as moral, honourable and well-behaved individuals. Why is it then that today, centuries later, there are still millions of youth that do not have access to recreation programmes and activities (Lobo & Niepoth, 2005:70)?

A comprehensive argument regarding recreation provision will subsequently be set to further highlight the importance of recreation provision for youth. Firstly, the different components that define recreation provision will be looked into with a view to ensure clarity for the reader. Secondly, a brief history is given regarding the development of recreation programmes. Thirdly, the benefits associated with recreation participation are discussed at length and lastly, the author studies the effect of recreation participation on AIDS orphans in particular.

2.4.1 Leisure, Recreation and Therapeutic Recreation: An explanation

To understand the link between recreation, at-risk youth and AIDS, the basic concepts of recreation provision, leisure, recreation and therapeutic recreation must first be understood.

2.4.1.1 Recreation provision

Recreation provision can be defined in terms of activities, resources (including finances, facilities, equipment and staff) and support services (such as maintenance, organizing, development, programme planning and marketing) according to Meyer (1988:35). Gumede (2003:13) explains recreation provision as the supply of recreation facilities; thus also recreation activities for the community. The author further names the following characteristics of recreation provision: the availability of a safe place; a skilled recreation manager; and a selection of recreation programmes which take into consideration the needs of the community (Gumede, 2003:13).

For purposes of this study, recreation provision will be defined as any individual or organisation that provides safe recreation facilities and activities by making use of support services and resources to members of a community, or a specific target group within a community.

2.4.1.2 Leisure

“Leisure is one of life’s greatest gifts – an important dimension influencing the quality of an individual’s life. Finding satisfaction within one’s leisure experience promotes a

greater sense of well-being and increases one's sense of self-worth. For society as a whole, leisure provides an ideal medium for the transmission of historical, social and cultural values that promote desired norms, social orientations and customs" quoted by Edginton *et al.* (2004:2).

The most popular definition of leisure or leisure time is that of 'free time', time that is not spent by vegetative functions (eat, sleep etc.) or work-related functions (Meyer, 1988:23). According to Priest (1999:112), for an experience to qualify as leisure it must be entered into voluntarily, be intrinsically motivated and of its own merit. Edginton *et al.* (2004:6-9) defines leisure as a "multidimensional construct in which one is relatively free from constraints, has a feeling of positive effect, is motivated by internal forces and has a sense of perceived freedom." Stumbo and Peterson (2004:5) add that it reflects behaviours that are enjoyable in themselves. Edginton *et al.* (2006:5,36) state that leisure can be viewed as a central focus in life that helps an individual to define his/her self and to bring balance into their life. Leisure is the key to health, wellness, life satisfaction, happiness and fulfilment in one's life, and then as a result, quality of life (Edginton *et al.*, 2004:9; Stumbo & Peterson, 2004:5; Edginton *et al.*, 2006:3).

It is difficult to define the difference between leisure and recreation, for their meanings vary from individual to individual and from culture to culture (Edginton *et al.*, 2006:35). For purposes of this study, Meyer' (1988:27) explanation will be used, namely that leisure can be seen as discretionary time, wherein an individual is involved in an activity, out of his own free will; he is thus intrinsically motivated. He experiences the time as valuable and enjoyable.

2.4.1.3 Recreation

The root of the word *recreation* is derived from two Latin words; the first, "recreatio", meaning "to refresh" and the second, "recreare", which means "to restore" (Edginton *et al.*, 2006:56). Recreation can be regarded as activities (physical, mental, social or emotional), engaged in briefly or in a sustained way, pursued during leisure with its involvement totally voluntarily and internally motivated to achieve personal satisfaction (Edginton *et al.*, 2004:11). Edginton *et al.* (2006:56) add that it

is pleasurable and has socially redeeming qualities, meaning the activities must result in constructive, positive and socially acceptable behaviour and contribute to the development of society. Edginton *et al.* (2004:177) explain that recreation activities can be classified into different programme areas. Some of these program areas include arts (visual, performing, new), literary, aquatics, sport and games, outdoor recreation, social recreation, self-improvement and education, wellness, hobbies, travel and volunteer services. Activities in these programme areas can be offered in a variety of formats (Edginton *et al.*, 2004:274-305). The format in which an activity is organized will have a huge impact on the satisfaction of the participants and the benefits of that particular activity. Programme formats include competitive, drop-in or free, class, club, special event, workshop, interest group and outreach (Edginton *et al.*, 2004:179).

Priest and Gass (2005:23) explain that recreation programmes have different applications, depending on the outcomes that need to be achieved (see Figure 5). At the lower end of the continuum are simple recreational programmes; these programmes are aimed at having fun, learning new activities and just becoming reenergized. Furthermore, there are educational recreation programmes of which the main emphasis is on understanding and enriching the knowledge about certain concepts. Development recreation programmes are aimed rather at improving functional behaviours and training people to behave in new and different ways. Here transfer of learning to real-life situations as well as follow-up programmes is very important (Priest & Gass, 2005:23). At the highest section of the continuum are therapeutic recreation programmes directed at changing dysfunctional behaviour patterns and learning new strategies for coping with life's challenges.

For purposes of this study, recreation will be defined as those activities (in any of the recreation programme areas, in any of the programme formats) that take place after school hours and on weekends. The activities must have a general positive impact on the participant, resulting in constructive and socially acceptable behaviour and the improvement of their overall wellness and quality of life, which in the broader sense will then also have a positive impact on the community in which they reside; hence developmental and therapeutic recreation programmes that fall within the higher

section of the continuum of recreation programme applications, as explained by Priest and Gass (2005:23).

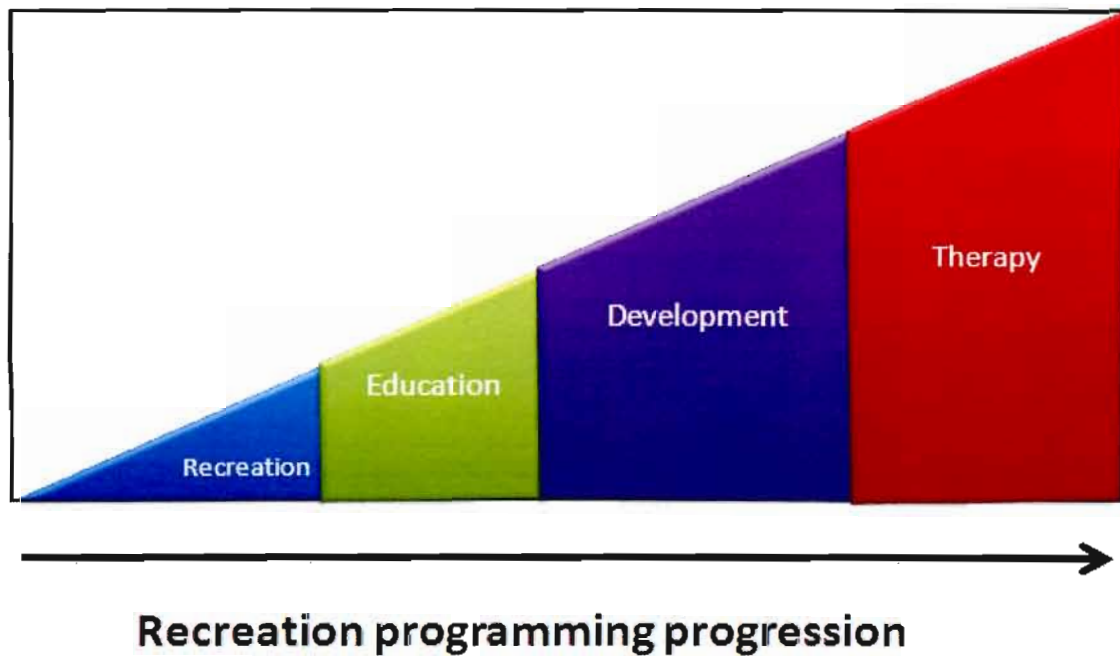


Figure 5: Recreation programming applications (Priest & Gass, 2005:23).

2.4.1.4 Therapeutic Recreation

Robertson and Long (2008:4) define therapeutic recreation as “purposeful utilization or enhancement of leisure as a way of maximizing a person’s overall health, well-being, or quality of life.” The authors identified two criteria to determine whether an activity or intervention can be considered therapeutic recreation: firstly, the outcomes must be grounded in a leisure context and secondly, the intervention must be purposeful; thus focused on specific, pre-established outcomes (Robertson & Long, 2008:5-6). Therapeutic recreation helps people cope with their problems, to be themselves in difficult situations and to experiment with new behaviours in a safe and supported environment (Daly & Kunstler, 2006:178). According to Stumbo and Peterson (1998:82) the ultimate goal of therapeutic recreation is “leisure lifestyle – improved independent and satisfying leisure functioning”. This is explained by the leisure ability model first developed by Peterson and Gunn in 1984 (in Stumbo & Peterson, 1998:82; Daly & Kunstler, 2006:184; Williams, 2008:68). The model

divides therapeutic recreation into three sections: functional intervention, which is correcting physical, mental, emotional and social discrepancy that constrain participation in leisure; leisure education, which includes leisure awareness, social skills, leisure activity skills and leisure resources; and recreation participation, which can be explained as structured activities that allow the client to practise newly acquired skills (Stumbo & Peterson, 1998:86-88). A vast range of modalities can be used to fulfil this above-mentioned purpose, namely sports, arts, fitness, games, crafts, social activities, outdoor recreation, aquatics, leisure and adult education, horticulture, volunteerism, animal programmes, aromatherapy and tai chi, to name but a few (Daly & Kunstler, 2006:179; Williams, 2008:71). To be able to achieve these outcomes, the following therapeutic process must be adhered to, according to Daly and Kunstler (2006:188) as well as Long (2008:80): *assessment* – gathering and synthesizing information concerning the clients and their environment; *planning* – developing the client's programme, including what activities to use; *implementation* – putting the programme into action; and client participation in the selected activities and *evaluation* – formative, to make immediate changes and summative, to assess whether the goals were attained. It is therefore clear that programmes for at-risk youth, and more particularly AIDS orphans, need to be approached from a therapeutic recreation perspective.

2.4.2 Recreation programmes

The first notion of leisure or leisure time can be found as far back as in the prehistoric societies. They had little free time due to their struggle for survival, but the free time they had was used for ritualization and ceremonial activities (Edginton *et al.*, 2006:72; Kennedy *et al.*, 2006:18). Play prepared their children for their responsibilities as adults through games that focused on war, hunting and the use of farm tools. Leisure time was also used to provide pleasure and entertainment by means of storytelling, chants and dancing, to name but a few (Edginton *et al.*, 2006:72; Kennedy *et al.*, 2006:18). In Ancient Greece (1200-500 B.C.) they believed in the 'Athenian ideal' which was a combination of soldier, artist, statesman and philosopher – developing all areas was highly valued. The only way a person could achieve this 'Athenian ideal' was by having enough time

free from everyday activities to pursue the range of necessary activities. Therefore leisure was very important in Greek society (Edginton *et al.*, 2006:74; Kennedy *et al.*, 2006:19). It was also the Greek philosopher Plato, and his student, Aristotle, that wrote about the importance of constructive leisure activities (recreation) for a happy and fulfilled life (Kennedy *et al.*, 2006:19; McLean, 2006:39-41).

Recreation organizations emerged during the late 1800s all around the United States. The organizations were deeply concerned about the welfare of especially children and youth, and the lack of healthy exercise and play opportunities and facilities for them (Edginton *et al.*, 2006:87). The first recreation centre was established in 1889 in Chicago, USA, namely The Hull House. The centre offered programmes in sports, crafts, cooking, citizenship training, dancing, theatre, music and photography. The Hull House also offered after-school programmes with an average of a thousand participants per week (Edginton *et al.*, 2006:103). The Hull House was the predecessor of the modern recreation centres found across the world today that offer a holistic service to the youth (Long, 2001:101; Everett *et al.*, 2002:38).

Meyer (1988:58-84) explored the history of recreation development in South Africa. The author states that certain recreation facilities were already established during 1925 in South Africa, which included various sport fields, parks and children's play areas. In 1946 the first holiday programmes were presented to children during their winter school holidays in Johannesburg. By 1960 nine large and 12 smaller recreation centres in the greater Johannesburg offered a variety of recreation activities from judo, fencing and boxing to arts and craft classes. Nowadays there are hundreds of recreation centres in South Africa. According to the official Johannesburg website (Visser, 2010), there are 98 recreation facilities in Johannesburg alone which they manage, not counting all the privately owned and operated recreation programmes.

Recreation programmes that specifically focus on at-risk youth started in the late 1800s across America due to the concern about the welfare of the youth with little or no opportunities for recreation due to the negative social conditions (Edginton *et al.*, 2006:102). In 1886 the playground movement was formed in Boston

Sand Garden and Steward Park in New York City to meet the needs of these youths (Edginton *et al.*, 2006:99; Kennedy *et al.*, 2006:25). Already in the early 1900s, outdoor recreation was used as treatment for at-risk youth at Camp Ahmek (Davis-Berman & Berman, 1999:366). For years, recreation has played a vital role in the lives of at-risk youth with programmes such as boy scouts and girl scouts, summer camps, youth service organisations and community recreation centres (Long, 2001:101; Edginton *et al.*, 2006:101-104). Recreation programmes challenges youth mentally, emotionally, socially and physically. It has the potential of creating long-term change, development and growth; it provides the youths with skills needed to overcome everyday risks and challenges (Green *et al.*, 2000:77).

Recreation programmes can take on many forms, such as after-school programmes (ASP), youth and recreation centres, outdoor education, wilderness expeditions and many more, but for these programmes to be successful and effective the following six components need to be adhered to, as pointed out by Peterson *et al.* (2004:2):

1. Successful programmes are informed by program theory that provides guidance on programme development, implementation, evaluation and sustainability.
2. Successful programmes involve participants and their families in meaningful ways.
3. Successful programmes must be comprehensive to meet the multiple needs of individuals, families and communities.
4. Successful programmes create supportive environments for children, youths and families.
5. Effective programmes promote resiliency in individuals, families and communities.
6. Working collaboratively with individuals and/or organizations can enhance programme success and thus more effectively support the needs of children, youths, families and communities.

With regard to outdoor and adventure recreation Priest and Gass (2005:22) refer to the ten hallmarks of good adventure programmes: experiential, dramatic, novel, consequential, metaphoric, transferable, structured, voluntary, concrete and holistic. These hallmarks are relevant to all recreation programmes to ensure their success. Ten guidelines for planning recreation programmes, especially for at-risk youth, and consequently AIDS orphans, have been developed by Allen *et al.* (1998:82-86) through intensive research on the topic:

1. Plan your programmes based on anticipated outcomes and impacts; thus what you wish to achieve with the programme.
2. Focus on building resiliency in participants.
3. Plan the programme and activities well ahead of time. Without advanced planning a purposive programme cannot be designed.
4. Encourage and allow participants to be involved in the planning process, this fosters commitment through ownership.
5. Involve parents or guardians in as many ways as possible.
6. Understand that recreation programmes can be adapted to real-life issues and that recreation can be developmental, rather than simply diversionary.
7. Identify and use those “teachable moments” to ensure transfer of learning.
8. Conduct a programme evaluation as a general part of the programming process.
9. Impacts may be found where you least expect them.
10. Use the following programming principles daily: provide opportunities to feel competent by providing consistent opportunities to successfully accomplish tasks; provide opportunities to develop a close bond with at least one adult who gives needed attention and support; provide opportunities to socialize with peers and adults who can serve as role models; provide opportunities to be helpful to others; create opportunities

for problem solving and group decision making; create opportunities to deal with setbacks, provide a high degree of participant responsibility; provide consistent encouragement and discipline without criticism; and provide unconditional support and universal acceptance (Allen *et al.*, 1998:85-86).

These components and guidelines must be borne in mind and be adhered to when developing developmental and therapeutic recreation programmes for at-risk youth and AIDS orphans to ensure success.

2.4.3 Benefits of participation in recreation programmes

A benefit can be defined as “a thing that one gains from something; an advantage that something gives” (Hornby, 1998:100). Edginton *et al.* (2004:13) describe a benefit in terms of leisure and recreation as an improved condition or desired change of state. The authors state that a long-standing goal of all society is the pursuit of happiness, freedom and the enjoyment of life, which all are benefits that can be derived from participation in recreation. Throughout history, the benefits of recreation participation have been studied. Some of the first records of the benefits of leisure and recreation were recorded by Plato and Aristotle more than 2000 years ago (Hunt, 1999:115-120; McLean, 2006:39-41). Just after the Second World War, in 1941, Kurt Hahn, the father of adventure recreation, documented fitness, initiative and enterprise, memory and imagination, skill and care, self-discipline and compassion as the key benefits that can be attained through adventure recreation programmes. Outward Bound, one of the leading adventure organizations in the world, was also founded on the grounds of these changes that can be instilled in the youth through adventure and outdoor recreation programmes (Miner, 1999:55-63; Richards, 1999:67-70; Priest & Gass, 2005:29).

Nowadays, the benefits of recreation participation are broadly recorded, and each author that reports the benefits has a different way of categorizing them. Fifteen broad benefits of recreation participation are mentioned by Edginton *et al.* (2004:18-20), namely personal development, social bonding, physical development,

stimulation, fantasy and escape, nostalgia and reflection, independence and freedom, reduction of sensory overload, risk opportunities, sense of achievement, exploration, values clarification and problem solving, spiritual and mental health and also aesthetic appreciation. Stumbo and Peterson (2004:6) as well as Russel and Jamieson (2008:5) separated the benefits into only three major categories, namely physical, psychological or emotional and social. The most generally used method for classifying the benefits is that of Driver (1998:27): personal; social; economic and environmental. For purposes of this study, the classification of Driver will be used, for it is the most inclusive. The benefits of recreation participation, with an emphasis on the personal and social benefits, will subsequently be discussed.

2.4.3.1 Personal benefits

O'Sullivan (2006:9) states that this category is inclusive of the many different means by which a person's life can be enhanced as a result of recreation participation. The broad benefits include a full and meaningful life, balance between work and play, life satisfaction and quality of life (O'Sullivan, 2006:9). Driver (in Parr *et al.*, 2006:360) sub-divided the personal benefits of recreation participation into physiological and psychological benefits.

Better coordination, neuropsychological functioning, balance, body tone, stamina and functioning of the immune system; motor development and improvement; muscular strength; increased circulation and respiratory capacity; higher energy levels; reduced spinal problems and alcohol and tobacco use; prevention of strokes, hypertension, cholesterol and obesity - all of which lead to an increased life expectancy (Russel & Jamieson, 2008:6) - are physiological benefits that are recorded for recreation participation (Parr *et al.*, 2006:360). Edginton (2004:18) also states that being fit and feeling better about your body, helps building a better overall image of yourself. Physical activity has numerous physical effects on the cardiovascular, respiratory, musculoskeletal, metabolic, endocrine and immune systems that lead to health benefits such as reduced risks of premature mortality, heart disease, cancer, high blood pressure and diabetes mellitus (Stumbo & Peterson, 2004:6-8; Russel & Jamieson, 2008:6). Results from research done by Du Toit and Van der Merwe (2006:61) on the effect of physical activity on the gross

and perceptual motor skills of 28 HIV-infected and -affected pre-primary school children showed significant improvement in these skills, compared to the control group that showed no statistical improvement. The experimental group was exposed to a physical activity programme that consisted of 12 lessons lasting thirty minutes each, focusing on gross and perceptual motor activities, including balance, co-ordination, spatial orientation and body awareness.

During recreation participation, opportunities for mental health maintenance, personal development, growth, appreciation and satisfaction are infinite (Parr *et al.*, 2006:360). Recreation participation leads to a holistic sense of wellness, stress management and prevention, reduction of depression, anxiety and anger and as a result positive changes in mood and emotion, and the ability to perform daily tasks (Stumbo & Peterson, 2004:11; Parr *et al.*, 2006:360). Various authors, including the WLRA,⁵ argue that participation in recreation activities can improve self-confidence, -reliance, -competence, -assurance, -exploration, -identification -fulfilment, -expression, -gratification, -efficacy, and -actualization (WLRA, 2001:202; Stumbo & Peterson, 2004:11; Parr *et al.*, 2006:360; Russel & Jamieson, 2008:5). Furthermore, Parr *et al.* (2006:360) list independence, humility, leadership, creativity, adaptability, communication, decision-making, problem solving, tolerance, responsibility and balanced competitiveness as skills that can be acquired and developed through recreation programmes. It results in higher levels of social support, perceived freedom, intrinsic motivation and hence improved quality of life and life satisfaction (Stumbo & Peterson, 2004:6-8,11; Parr *et al.*, 2006:360; Russel & Jamieson, 2008:6).

A variety of research has been done to support the statements above regarding the personal benefits of recreation participation, especially for youth. In 2000, Paxton & McAvoy (2000:202-206) did research on 68 students taking part in a 21-day wilderness programme, researching the influence of the programme on their self-efficacy, which included leadership, interpersonal skills, competence and acceptance of failure. The authors reported a significant increase in the participants' self-efficacy

⁵ World Leisure and Recreation Association

from pre-test through post-test, and even an increase from post-test to six months follow-up. Interviews conducted with the participants one year after the programme indicated that their increased self-efficacy was transferred to their daily lives. Cross (2002:247-254) found that a five-day intensive rock-climbing experience, irrespective of gender, ethnicity or family composition, had a significantly positive influence on at-risk youth feelings of alienation (powerlessness, normlessness, and social isolation), and perceptions of control; thus feeling less alienated and more personally in control of their lives. A study done by McLeod and Allen-Craig (2007:41-49) evaluated the effectiveness of an experiential learning and outdoor education school programme on the life effectiveness skills (those skills that assist in dealing with challenges and expectations of home, school, work and community life which they can use throughout life), of boys between 13 and 15 years of age. The results showed a significantly higher score in overall life effectiveness skills, which included time management, social competence, achievement motivation, intellectual flexibility, task leadership, emotional control, active initiative and self-confidence in the boys who attended the outdoor educational programme.

A variety of research has been done in South Africa relating to the personal benefits of recreation. Tesnear (2004:78) explored the comprehensive positive functioning of 28 youths (17-19 years) in a ten-month adventure-based post-matric year, who participated in an adventure-based experiential learning programme. The components explored included positive functioning (satisfaction and future perspective); self-perception (lack of self-worth, isolation, responsibility for others, and lack of assertiveness); trauma dynamics (frustration, mistrust and stigma); and decision making (independence and responsibility). All these above-mentioned components showed an improvement after the programme. Research was done on the same population by Meyer (2007:97) to determine the effect of an adventure-based experiential learning programme on the self-perception of these youths. The following components of self-perception were explored: inner security, feelings of guilt, lack of self-worth, anxiety, responsibility for others and lack of assertiveness. All these above-mentioned components also showed an improvement after the programme as well as in the retention test done five weeks later. A study was done by Bloemhoff (2006:1-11) on 46 adolescent boys confined to a rehabilitation centre

which showed that a recreational intervention programme (ropes course) can have a significant impact on the improvement of the youths' resiliency; their capacity to overcome the risks they are exposed to, and avoid negative outcomes such as delinquency and behavioural problems. Louw (2008:138) did a study on twenty black boys and twenty black girls that participated in a five-day adventure-based experiential learning programme in the Vredefort Dome in the North West Province to develop their life as well as personal effectiveness. The study showed positive results in the intra-group components – time management, social skills and task oriented leadership.

2.4.3.2 Social benefits

According to Stumbo and Peterson (2004:12) and Russel and Jamieson (2008:7), recreation plays a very important role in the development of social skills and exchanges. A social support network is vital to an individual's health, wellness and quality of life. During recreational activities participants develop, practise and apply social interaction skills, develop and use social support networks, create and nurture relationships with significant others and can improve familial relationships (Stumbo & Peterson, 2004:13). Coping resources for dealing with AIDS are also reported by Sausser *et al.* (2000:40) as a social benefit from recreation participation. Driver (In Parr *et al.*, 2006:361) mentions the following social benefits: community satisfaction, involvement, integration and pride; cultural awareness, identity and continuity; reduced social alienation; social and family bonding, cohesion, cooperation, support, sharing and mobility; conflict resolution; nurturance and tolerance of others as well as prevention of social problems in at-risk youth. Recreation activities also expose the youth to role models, fellowship and safe gathering places. These benefits are branded by the many opportunities for accomplishment and gratification gained by interacting with others. These programmes can be enriching to individuals, groups and society as a whole (WLRA, 2001:202; O'Sullivan, 2006:10). In a study done by Holman and McAvoy (2005:324) on 193 participants on a wilderness trip indicated that developing relationships with others was a main outcome of the trip. The study done by Louw (2008:166) on the personal and life effectiveness of black youth in South Africa by

participating in an adventure-based experiential learning programme showed a significant short and long-term effect on their social abilities; social effectiveness, cooperative teamwork, and leadership.

2.4.3.3 Economic Benefits

The economic benefits of recreation are usually seen to be the more important ones in the world of today; therefore more recognized (O'Sullivan, 2006:12). Reduced health costs, decrease in vandalism and crime, less stress, increased productivity, less work absenteeism, decreased job turnover, enhanced land value, increased tourism, and local and regional economic growth (O'Sullivan, 2006:13; Parr *et al.*, 2006:362) are some of the major economic benefits gained from recreation provision and participation.

2.4.3.4 Environmental Benefits

Maintenance of physical facilities, stewardship and preservation, improved relationships with the natural world, understanding of human dependency on the natural world, environmental ethics, environmental protection and venues for physical activity (O'Sullivan, 2006:13; Parr *et al.*, 2006:362) are all environmental benefits that address the critical role of the environment in bringing forth quality of life. Hogan (2002:2) emphasises these benefits with his explanation of how students in his outdoor recreation programme at the University of South Australia became more aware of their natural environment after a bush camp they had attended. Another main outcome reported by Holman and McAvoy (2005:324) of their study was awareness of and appreciation for nature and the wilderness.

2.4.3.5 Recapitulation

Copious research has been done and articles written on the benefits and successes of recreation programmes for at-risk youth. Recreation has been identified as an important factor in improving life skills, and the lack of it has been identified as a reason for juvenile crime and risk behaviour (Everett *et al.*, 2002:38). Increased understanding of themselves, developing relationships with others, learning new

skills, reduced recidivism, positive changes in self-concept, increased ability to overcome challenges, leadership development, enhanced decision-making and communication skills, trust, a sense of belonging and improved mental strength are all benefits of adventure or outdoor recreation programmes (West & Crompton, 2001:113-140; Cross, 2002:249; Long *et al.*, 2003:83; Holman & McAvoy, 2005:427; McLeod & Allen-Craig, 2007:42). These and other benefits, such as positive interaction with adults, community integration, development of one's self-esteem and so forth, have also been stated true of other recreational activities such as sports, hobbies, art etc. (WLA, 2001:204). An important line can be drawn between the recreation programmes that were recorded as successful. The outcomes achieved during the programmes are still useful to the participants after completion of the programme; thus the learning was transferable (Paxton & McAvoy, 2000:202-206; Holman & McAvoy, 2005:427; McLeod & Allen-Craig, 2007:46). The only way to ensure that the benefits of these programmes last is to ensure that they are transferable to everyday situations (Haas & Sibthorp, 2004:24).

Although not mentioned by Driver (1998:27) entertainment and fun also indeed contribute to an important benefit of recreational activities (Long *et al.*, 2003:83). The activities are seen as enjoyable; therefore they serve as a "hook" to get youth involved in these programmes (Sprouse *et al.*, 2005:16).

2.4.4 Recreation, youth at risk and AIDS

Although abundant information could be traced pertaining to recreation and the positive influence it has on at-risk youth (Paxton & McAvoy, 2000:202-206; West & Crompton, 2001:113-140; Cross, 2002:249; Long *et al.*, 2003:83; Holman & McAvoy, 2005:427; McLeod & Allen-Craig, 2007:42), and the positive influence it can have on people living with AIDS (Bacha *et al.*, 1999:303-306; Sausser *et al.*, 2000:38-56; Caroleo, 2001:155-169; Myllykangas, 2007:20-22), little could be traced regarding the impact it has on AIDS orphans specifically, and even less within a South African context.

It is stated by Sausser *et al.* (2000:38-56) that participation in recreational activities is beneficial to people with AIDS, and AIDS orphans the like, to develop coping skills to

cope with negative life events, instil hope and achieve satisfaction. Bacha *et al.* (1999:303) did a study on HIV-positive children between ages nine and 12 years. The author reported that after the programme, which included a variety of recreational activities such as art, music and light exercises, there was improvement in the social alienation and loneliness the children had formerly experienced. An ethnographic study was done by Caroleo (2001:155-169) examining the impact of a therapeutic recreation programme on people living with AIDS. Participants were free to attend any of the following programmes: education programmes that included leisure and nutrition counselling and HIV/AIDS awareness; different art programmes such as drawing, music lessons sculpting, drama, poetry writing, crafts, sewing, theatre tickets etc; fitness classes; cooking classes; and bingo. Data were collected through in-depth interviews with each of the participants. The researcher found that being diagnosed with AIDS can lead to isolation from peers and family, and to stress, anxiety, depression, loneliness and helplessness, which is also true for AIDS orphans. It is also stated that an AIDS diagnosis, or being left behind as an AIDS orphan, leads to a general neglect of recreational activities and when people neglect their leisure needs, it has a negative influence on their ability to survive. Participants reported the following benefits of the therapeutic recreation programme: it fulfilled their basic needs; it reduced stress and helped with anxiety attacks; it developed relationships and a sense of community; it provided them with a purpose in life; and it offered a safe place to be with likeminded people (Caroleo, 2001:156).

An initiative known as the “Universitas” programme was started by the International Labour Organization in conjunction with the United Nations and International Olympic Committee to develop ways to reach the U.N. Millennium Development Goals through recreational sport. Its main goal is to use the many positive aspects of sport and recreation to bring about social change and development and a less obvious way of fighting the AIDS pandemic (Sowell, 2005:2). A large number of recreation programmes are available to youth infected with and affected by AIDS, including AIDS orphans in the USA and in some parts of Europe, mostly provided by therapeutic recreation specialists (Lord, 2000:39). A large number of these programmes are in the form of summer camps during school holidays and on weekends. Attendance of most of these programmes is free of charge

(www.campamerikids.org; www.boggycreek.org; www.dreamcatcher.org; www.camplareel.org; www.campoasis.com; www.barretstown.org). One such programme is The Safe Haven Project for children aged 7-17 who are HIV positive. The project has two one-week camp sessions, one in Massachusetts, USA, and one in Maryland, USA. The project focuses on creating an environment free from the stigma associated with HIV/AIDS where the youth can participate in a variety of recreation activities that centre on fun and skill building (Garfield, 2005:1-5). Tanda After-School Programme (ASP) in KwaZulu-Natal, South Africa, provides recreation programmes for children from primary school up to the end of high school, during the afternoons. As gathered through personal communication with Larken (2008), the programmes consist of art, computers, various sports, homework assistance and life skills development. Very few other programmes could be found in South Africa, as is also stated by Du Toit and Van der Merwe (2006:56). Brown and Lourie (2000:90) also point out that further research is necessary to determine the quality of life and other psychological concerns of youth affected by the AIDS pandemic; thus how recreation can improve their lives.

2.5 SUMMARY

As is evident from the discussion, there are numerous benefits to be gained through recreation participation; thus by knowing the needs of AIDS orphans, the appropriate recreation programmes can be developed and presented to these youths to provide them with the relevant benefits that will result in better overall wellness, life satisfaction and quality of life.

According to the convention of the rights of the child it is stated that all children have the same rights, regardless of their circumstances (Bellamy, 2005:5). Article six of the convention states that all children have a right to survival and development, and article 31 the right to rest, leisure, play and recreation (Bellamy 2005:4,11).

The entire world, including South Africa, is doing a tremendous amount of work to fight this AIDS pandemic – funding for medical services, housing, food and prevention campaigns, but other support services are not that freely available (Bacha *et al.*, 1999:303). It is widely known that the huge number of youth infected

with and affected by the AIDS pandemic have special needs but very little is being done to provide for these youths' developmental, educational and recreational needs (Bacha *et al.*, 1999:303). Still very little research is available concerning the impact of recreation provision on the AIDS pandemic (Lord, 2000:38) and even less on the impact it can have on AIDS orphans, and none could be found regarding studies undertaken in South Africa.

The information outlined in this chapter will be used in Chapter 4 and 5 as part of the research articles. In the following chapter the research methodology of the study will be examined in full.

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WHO **see** WORLD HEALTH ORGANIZATION (WHO)

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RESEARCH METHODOLOGY

3.1 INTRODUCTION

3.2 RESEARCH DESIGN

3.3 RESEARCH METHOD

3.4 TRUSTWORTHINESS

3.5 ETHICAL ASPECTS

3.6 SUMMARY

3.7 REFERENCES

3.1 INTRODUCTION

The purpose of this chapter is to give a thorough explanation of the research methodology used during the study as well as to motivate the researcher's reasons for deciding on this specific research methodology. Firstly, the research design will be explained, where after the method, including the literature review, population, procedure, analysis and data verification will be discussed. Furthermore, the trustworthiness of the study will be looked into in detail, and lastly the ethical considerations that formed part of the study will be discussed.

3.2 RESEARCH DESIGN

A qualitative research design was used for the study. Qualitative data gives insight into the context and setting and the participants' frame of reference. It includes attention to dynamic processes and not to static categories (Gerson &

Horowitz, 2002:199; Marshall & Rossman, 2006:54). For that reason it will increase the researcher's understanding of the views held by those involved with AIDS orphans and by the orphans themselves. This approach is the key to developing effective recreation intervention programmes for these orphans.

Research design or designs can be defined as "(t)he option available to qualitative researchers to study certain phenomena according to certain 'formulas' suitable for their specific research goal" (Fouché, 2005:268). According to Fouché (2005:268), the nature of qualitative research design is not so much consulting a list of available designs and picking one; it has more to do with developing one's own design as one goes along, using some of the available strategies as a guideline.

3.3 RESEARCH METHODS

A detailed description of the literature review, populations, data procedures, and data analysis will be discussed below.

3.3.1 Literature review

According to Fouché and Delport (2005:123), an in-depth review of the related literature is compulsory to contribute towards an enhanced understanding of the nature and meaning of the research problem; it lays the foundation for good research. Having done a literature review demonstrates that the researcher is knowledgeable about related research and it serves to establish credibility (Fouché & Delport, 2005:124). The literature review related to this study was done in the following manner:

3.3.1.1 Sources of literature

The following data bases and search engines were used to gather information for this study:

EbscoHost;

ERIC;

PsycInfo;

SportsDiscuss;

Emerald insight;

Academic Search Premier;

Health Source;

Social Science Index;

Further literature searches were conducted on the Internet as well as in related library books, dissertations and theses. Keywords used in the search include recreation services, leisure provision, HIV/AIDS, AIDS orphans and at-risk youth.

3.3.2 Population

Sampling can be described as taking any portion of a population as representative of that population. However, the findings of a study can only be generalized when what was observed in the sample, would also be observed in any other group from the same population (Strydom, 2005:192). In qualitative research the sample size is dependent on the purpose of the study, usefulness, credibility and saturation and not on a set of rules or calculations (Strydom & Delport, 2005b:328; Marshall & Rossman, 2006:63). Sampling used in qualitative research is much less structured than in quantitative research (Strydom & Delport, 2005b:327). *Purposive, non-probability* sampling was used for this study, since the population size and members of the population were unknown to the researcher (Strydom, 2005:201).

3.3.2.1 Purposive sampling

Purposive sampling was used for the reason that a particular case was chosen that illustrated features important to the study (Strydom & Delport, 2005b:328). Thanda After-School Program (Thanda ASP) in Umtwalume, KwaZulu-Natal, South Africa, was used for the case study. Thanda ASP is a programme for AIDS orphans and

other vulnerable youth that provides recreational services in the afternoons to these youths. This programme offers a variety of programmes areas to the youth; there is one for all the younger children and then five different programme areas for the high school youth in which they can participate, namely computers, art, soccer, netball or basketball. They stay with a programme for the entire year but Fridays are open days when they can attend any of the other programmes. The reason Thanda ASP was chosen for the case study is twofold: firstly, it represents a typical case of recreational services offered to youth infected with and affected by AIDS, and secondly, it was the only programme the researcher could trace in South Africa that provides these specific recreational services to AIDS-affected youth.

Interviews were conducted with three different groups within Thanda ASP. Firstly, two elite interviews (see 3.3.3.1) were conducted with the director as well as the managing and programme directors. Six interviews were conducted with staff members of Thanda ASP from which four were American volunteers and two local staff members who were employed full-time, three male and three female, together they presented the different programmes offered. Eight interviews were conducted with students taking part in the Thanda ASP programme – five were male and three female. Three were from the computer programme, two from the arts programme and the other three from the sport programmes; soccer, basketball and netball. The students from each programme were randomly selected. The gathering of information through the interviews continued until a point of saturation was reached, i.e. when the same information was being repeated and no more new information was being added to the research (Strydom & Delport, 2005b:330).

3.3.3 Data procedure

Data procedure or data collection refers to the methods used to gather the relevant information from the research population within the chosen research design. The researcher must be guided by the purpose of the research when choosing the most effective method (Greeff, 2005:286). An *instrumental case study* was used for purposes of this study. A case study can be seen as an exploration or in-depth analysis of a system bounded by time and/or place. The case may be a process,

activity, event, programme, a period of time or individuals (Fouché, 2005:272). Fouché (2005:272) defines the purpose of an instrumental case study as being to gain a better understanding of a social issue, to gain knowledge about this issue; thus to gain greater knowledge about the benefits of and necessity for recreation programmes for AIDS orphans. The scientific benefit of this case study is that it will generally provide an understanding of similar organisations (Berg, 2004:259).

The exploration of the case took place through in-depth data collection methods. The methods used were individual, semi-structured interviews, to gain a detailed picture of the participants' perceptions of the benefits of and necessity for recreation programmes (Greeff, 2005:296; Marshall & Rossman, 2006:102) and to review and analyse personal documents written by the participants. Using a combination of methods makes it easier for the researcher to cross-check and validate the findings (Strydom & Delport, 2005a:314).

3.3.3.1 Interviews:

The managing director of Thanda ASP was contacted telephonically to ensure that the organisation was willing to participate in the research. A date and time was arranged to conduct the interviews in Umtwalume, KZN, at the Thanda ASP site. Research states that it is better to conduct interviews at the participants' "place of business". This helps the participants to feel more at ease, being in familiar surroundings, and it also gives the researcher a better understanding of the situation being studied (Naumes & Naumes, 1999:49). The purpose of the study was explained to all participants, where after they, or if a minor, their legal guardian, signed a letter of informed consent (the letter was available in Zulu as well), agreeing to being interviewed and allowing the researcher to have access to personal documents (see Appendix B).

An elite interview is referred to by Gillham (2000:63) as an interview with someone in a position of authority, someone who can give a comprehensive grasp of what you are researching. Marshall and Rossman (2006:105) refer to it as a specialized interview with individuals in an organisation who are influential and well-informed. Elite interviews are usually unstructured and hold the following benefits: the

interviewee can help you develop the questions you need to ask, because they know more about the topic than you do and they can also help with information on relevant documents and who would be best to interview (Gillham, 2000:64). Therefore two elite interviews were conducted with the executive director and the managing and programme director of Thanda ASP before commencing with any of the other interviews. Information gathered during these elite interviews helped in setting up an interviewing schedule and giving information on documentation relevant to the study that could be studied.

Data was collected by using semi-structured individual interviews regarding the staff and students' perceptions of the necessity for and benefits of recreational services. According to Gillham (2000:65), semi-structured interviews can be seen as one of the best ways of collecting data in a case study, due to its flexibility. Interviews were conducted in a setting where participants were at ease, with the minimum of interruptions. An estimated 20 to 50 minutes were allocated per interview. Participants were informed that, should the researcher deem it necessary, they could be called for a second interview to verify information. Participants were able to withdraw from the study at any stage should they so wish. The interviews were guided (not dictated) by a schedule (see Appendix C) of predetermined open-ended questions (Greeff, 2005:296). All interviews were recorded with the permission of the participant and thereafter transcribed, together with the field notes taken during the interview (see Appendix D for an example). Data was collected until a saturation point was reached. Saturation point is reached when no new information is provided, and a redundancy of previously collected data exists (Gerson & Horowitz, 2002:212; Strydom & Delport, 2005b:330).

3.3.3.2 Document study:

Strydom and Delport (2005a:314) refer to document study as a method of data collection, explaining that it denotes the analysis of any written documents, personal or official, that contain information concerning the research being done. The analysis of personal and official documents can be very useful; it provides a holistic perspective of the research participants, portraying their values and beliefs, and it can help to validate the information gathered during the interviews (Strydom &

Delport, 2005a:316; Marshall & Rossman, 2006:107). Journals written by the students attending Thanda ASP, along with the Thanda ASP's project plan, were studied to assist in validating the findings (see Appendix E for an example).

3.3.4 Data analysis

De Vos (2005:333) defines qualitative data analysis as the transforming of data into findings; reducing the volume by determining what is significant, bringing order, structure and meaning to the collected data. The process of data analysis for the study was done according to the guidelines prescribed by De Vos (2005:334-339): planning for recording data; data collection and preliminary analysis; organising the data; reading and writing memos; generating categories, themes and patterns; coding the data; testing; and representing.

3.3.4.1 Planning for recording of data

The way the data would be collected was planned in advance. Bearing in mind the setting and the participants, the researcher made sure that the interviews did not intrude on the daily functioning of Thanda ASP. During the planning phase the researcher obtained permission to use Thanda ASP as case study and to make use of interviews that would be recorded. Plans were put into place for all material to be indexed (interviews, field notes, transcripts), and labelled with the date, time and the informant. Copies would also be made of all the interviews and the originals would be locked away for safekeeping (Wengraf, 2001:208; De Vos, 2005:334-335). Permission was also obtained from the North-West University's Ethics Committee.

3.3.4.2 Data collection and preliminary analysis

According to De Vos (2005:335), data analysis in qualitative research is twofold: The first is data analysis at the research site during data collection and the second, after all data have been collected. De Vos (2005:335) argues that data collection and data analysis go hand in hand to ensure that one builds a coherent interpretation of the data. Therefore the researcher already started analysing the data while still at Thanda ASP so that initial concepts from the elite interviews could assist in

developing understanding of the population and in guiding further interviews. Ideas or themes that emerged while still at Thanda ASP were also recorded as part of the field notes.

3.3.4.3 Organising the data

This, according to De Vos (2005:336), is the first step of analysing away from the site. It is the stage at which the researcher transcribes all the interviews, types all field notes and makes sure everything is labelled and copied and the master copy is stored in a place of safekeeping. A transcript is a written version of an interview with as many extra notes as needed (Wengraf, 2001:212). The researcher transcribed each interview together with its field notes to ensure all relevant information conveyed was included in the analysis.

3.3.4.4 Reading and writing memos

Once all the interviews had been transcribed, the researcher continued analysing the data by reading each of the interviews numerous times. While reading each of the interviews, the researcher made memos in the margins of the transcripts regarding possible themes and other important points being made and emphasised by each participant. Memos are short phrases and ideas that occur to the reader whilst reading (Wengraf, 2001:211; De Vos, 2005:337).

3.3.4.5 Generating categories, themes and patterns

The process of classifying means taking the information apart and searching for categories, themes and patterns (Strydom & Delport, 2005b:338). The researcher identified a few basic themes that were evident in all or most of the interviews; thus breaking down the data into small manageable sets, which were then used to write the articles (see Appendix F).

3.3.4.6 Coding the data

Strydom and Delport (2005b:338) describe coding as the formal representation of analytic thinking. This is where the researcher applied a coding scheme to the

themes that were identified in the previous phase. Codes were created by using numbers, and abbreviations of key words.

3.3.4.7 Testing

Whilst the researcher was busy coding and developing themes, the data were constantly evaluated for usefulness, centrality and credibility. To accomplish this, the data were evaluated against the available literature as well as against the documents written by the participants.

3.3.4.8 Representing

In the final phase, all the findings, together with what was found in the literature, were combined to produce two articles and to accept the formulated hypotheses.

3.3.5 Data verification

The verification of data was done through peer evaluation, literature control, document analysis and member checking. Literature control was done to verify the data from previous research done on the topic (3.3.1). A thorough study was undertaken on all the available documents (3.3.3.2) to ensure that what the participants said in their interviews concurs with what is written in the documents. The last method used was peer evaluation, where all the transcripts, together with the themes and codes, were presented to another researcher to evaluate that the themes generated were accurate and sufficient.

3.4 TRUSTWORTHINESS

To evaluate the trustworthiness or “truth value” of qualitative research; thus of this research project, the following four issues were addressed: credibility, transferability, dependability and confirmability (De Vos, 2005:346-347; Marshall & Rossman, 2006:201-203).

3.4.1 Credibility

Credibility demonstrates that the inquiry was conducted in such a manner that it ensured that the subject was accurately identified and described, true to reality (De Vos, 2005:346). According to Marshall and Rossman (2005:201) an in-depth description showing the complexities of processes and relations will be so rooted with data derived from the setting that it is realistic, thus being credible and valid. To ensure credibility during this research, a literature control and cross-validation with a fellow-coder were used.

3.4.2 Transferability

As stated by Marshall and Rossman (2006:201-202), transferability or generalisability can be seen as two concepts: the first being the ability to generalize the findings regarding a particular sample to the population from which the sample was drawn, and the second, when another researcher wishes to apply the findings regarding a population to a second population presumed to be similar enough to the first. According to De Vos (2005:346) and Marshall and Rossman (2006:201), the responsibility of the second application rests more with the researcher who wishes to demonstrate it, than with the original researcher. Even though transferability can be seen as problematic in qualitative research, it can be enhanced by triangulating multiple data sources, i.e. using more than one source of data to bear on a single point (De Vos, 2005:346; Marshall and Rossman, 2006:201). In this study, data from different sources (interviews and documents) were used to corroborate and illuminate the research, thus making it more transferable to the research population.

3.4.3 Dependability

Dependability refers to the stability of data over time and over conditions. According to Marshall and Rossman (2006:204), "qualitative research [does] not claim to be repeatable; the researcher purposely avoids controlling the research conditions and concentrates on recording the complexity of situational contexts and interrelations as they occur naturally". The researcher's goal of discovering this complexity by altering research strategies within a flexible research design, moreover, cannot be replicated

by future researchers nor should they attempt to do so. It is also stated by De Vos (2005:347) as being problematic.

3.4.4 Confirmability

Confirmability is asking the question whether the findings of the study could be confirmed by another. Do the data help confirm the general findings? Are they thus transparent? (De Vos, 2005:347). It shows the way in which the data, interpretations and findings are solemnly the result of what was found during the research – they are not the opinions of the researcher herself (Marshall & Rossman, 2006:203). To increase the confirmability of this research, all raw data, interview transcripts, field notes, interview schedules and memos used during data analysis were available for auditing and were verified by fellow-researchers.

3.5 ETHICAL ASPECTS

During the research project, protection of the participants' human rights was priority at all times. Permission was obtained from both the Ethics Committee of the North-West University (NWU-0022-08-S1), and the Executive Director of Thanda ASP before commencing with the research project (see Appendix G). Participants were fully informed in advance about the purpose of the research project and were given a free choice as to whether or not they wished to participate in the research. If they decided to participate in the study they had to sign a letter of informed consent and the legal guardians of those who were minors had to sign the letter on their behalf. The participant could withdraw from the study at any stage, should they so wish, with no questions asked and no form of discrimination. All interviews were recorded on tape, only after permission had been obtained from participants for later use by the researcher. The participants were informed that all information would be dealt with anonymously and confidentially and that only the researcher and fellow-coder would have access to them. The researcher was objective at all times during the interviews and while recording and analysing data, and none of the original data was altered. If any of the participants would have liked to have had access to the transcript of their interview, permission was granted thereto. A copy of the articles produced by the

research was sent to Thanda ASP which they were free to use for any purposes they found relevant.

3.6 SUMMARY

For purposes of this research a qualitative research design was used with non-probability sampling. An instrumental case study, with in-depth data collection methods (individual, semi-structured interviews and the reviewing and analysing of personal documents) was used. The researcher population comprised staff and students of Thanda ASP. The researcher made sure of the study's trustworthiness by ensuring credibility, transferability, dependability and confirmability. All ethical aspects were adhered to. The information outlined in this chapter will be used in Chapters 4 and 5 as part of the research articles.

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**AIDS ORPHANS – WHERE CAN THEY PLAY?
AN ANALYSIS OF THE NEEDS AND BENEFITS OF RECREATION
PROGRAMMES: STAFF PERSPECTIVES**

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This article has been submitted for consideration in the African Journal for Physical, Health Education, Recreation and Dance (AJPHERD). The article is hereby included in accordance with the specific guidelines of the journal. These guidelines are presented in Appendix A (Guidelines for Authors).

AIDS ORPHANS - WHERE CAN THEY PLAY? AN ANALYSIS OF THE NEEDS AND BENEFITS OF RECREATION PROGRAMMES: STAFF PERSPECTIVES

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ABSTRACT

Projections note that by 2010 in sub-Saharan Africa, there will be 20 million children orphaned due to AIDS. South Africa's capacity to deal with the rising number of orphans due to AIDS is limited; therefore resulting in increases in risk behaviour and juvenile crime. Recreation programmes can play a changing role in managing the effects of this pandemic on AIDS orphans. The purpose of the study was to determine the benefits of and hence the necessity for recreation programmes for AIDS orphans. A qualitative research design was used. The sample comprised staff at Thanda ASP (n=9). The group of participants were divided into two sections; the first being management (n=3), the second, staff member of Thanda ASP (n=6). The exploration of the case took place through in-depth data collection methods using elite and individual, semi-structured interviews. The process resulted in the densification of two overarching categories, namely the necessity of recreation programmes for AIDS orphans, and the benefits of this recreation programme for AIDS orphans. Two main themes emerged that accentuated the need, namely why Thanda ASP was developed as well as what risk behaviour youth presented before the development of the programme. The majority of participants stated that recreation programmes can ensure health, emotional, social and psychological benefits to these youths. The results from this study compare favourably with what is stated in the literature. Based on these results recreation programmes for AIDS orphans can be regarded as beneficial and thus essential.

Key words: recreation; leisure; HIV/AIDS; AIDS orphans; at-risk youth

INTRODUCTION

With the high HIV prevalence rate of adults in South Africa at 18.8 percent (UNAIDS, 2006), the AIDS orphans in the country are struggling simply to survive as they have difficulty in accessing sufficient health care, housing, clothing and recreation (Brown & Lourie, 2000). Although recreation participation seems to be such an accessible commodity, almost everybody has access to some kind of recreation activity, be it sport, art, crafts, hobbies or outdoor activities and adventure, the question can be posed: what about the vulnerable youth in South Africa? Do those affected by the AIDS pandemic have access to these activities? Can recreation participation be described as essential for AIDS-affected youth? If so, do the staff working with these youths understand the importance of providing recreation activities? It is crucial that staff working with these youths on a daily basis and understand their needs be aware of what benefits recreation participation can offer.

Globally there is an estimate of 33.4 million people living with AIDS (UNAIDS, 2009). Projections note that by 2010 there will be 20 million children orphaned due to AIDS in sub-Saharan Africa, which is 5.8 percent of all children (UNAIDS, 2002). South Africa's capacity to deal with the rising number of orphans due to AIDS is limited; therefore resulting in increases in risk behaviour, juvenile crime, and as a result, placing a heavier economic burden on the country (Johnson & Dorrington, 2001). It is essential that care be provided to all the children orphaned by AIDS and that plans be put in place for all the millions that are still to come.

With 19 percent of all infection among South Africans found in youth 15-24 years of age (Dorrington, Johnson, Brandsaw & Daniel, 2006), it is clear that they are at the centre of the AIDS pandemic in terms of impact and vulnerability, but that they also have the potential of making a change by altering their behaviour (WHO, 2004). Some of the problems these youths face include emotional, social, educational, stigmatization and household problems (Subbarao, Mattimore & Plangemann, 2001; Frederiksen & Kanabus, 2007). These problems in turn, increase the probability of youth turning to risk behaviour. Consequently it can be argued that AIDS orphans can be categorised as "at-risk youth" (Anon, 2002). According to Conner (2003), defensiveness, resistance, hostility and getting into trouble with the law, are all forms

of behaviour that are common to at-risk youth. Long (2001) adds to this list teenage pregnancy, joining gangs, using drugs and alcohol and delinquent acts. It is clear that risk behaviour in youth has immediate health and life-quality consequences (DiClemente, Hansen & Ponton, 1996). AIDS deprives youth of their rights; they end up working at the expense of their education, rest, play and recreation (Bellamy, 2005).

Meyer (1988) points out that leisure can be seen as discretionary time, wherein an individual is involved in an activity, intrinsically motivated. The participant experiences the time as valuable and enjoyable, whereas recreation can be regarded as activities pursued during leisure, aimed at achieving personal satisfaction, as well as resulting in constructive, positive and socially acceptable behaviour, and consequently contributing to the development of society (Edginton, Degraaf, Dieser & Edginton, 2006). Programmes for at-risk youth, and more particularly AIDS orphans, need to be approached more intensively; thus from a Therapeutic Recreation perspective. Therapeutic Recreation is directed towards changing dysfunctional behavioural patterns and learning new strategies for coping with life's challenges, maximizing a person's overall health, well-being and quality of life (Priest & Gass, 2005; Robertson & Long, 2008).

Recreation programmes can play a changing role in managing the effects this pandemic has on AIDS orphans (Brown & Lourie, 2000). Physiological, safety, love/belonging, esteem and self-actualization are universal needs of all human beings, according to Maslow's hierarchy of needs (Meyer, Moore & Viljoen, 1997). A tremendous amount of work is being done by the world and South Africa to fight the AIDS pandemic through funding for medical services, housing, food and prevention campaigns – the bottom of Maslow's hierarchy of needs. However, very little is being done to provide for these youths' developmental, educational and recreational needs (Bacha, Pomeroy & Gilbert, 1999), which are, according to Maslow's hierarchy of needs, essential for the positive functioning and self-actualisation of an individual (Meyer *et al.*, 1997). Driver (1998) categorised the benefits obtained through recreation participation as personal (physiological and psychological), social, economic and environmental. Recreation participation gives a sense of control and

helps in developing one's self-esteem, self-worth and competence (McCready 1997; WLRA, 2001; Cross 2002; Holman & McAvoy, 2005), it teaches commitment and sportsmanship, provides the necessary skills to manage one's free time (McCready, 1997) and contributes to achieving personal goals (Holman & McAvoy, 2005). Recreation assists in developing coping skills to manage negative life events, instils hope and achieves satisfaction (Sausser, Dattilo & Kivel, 2000) – all of which are personal benefits. Socially, recreation participation provides interaction with adults and peers, creates beneficial relationships with others (Cross, 2002; Holman & McAvoy, 2005) and helps with community integration (WLRA, 2001). By participating in recreation programmes, youth are provided with an environment of care and belonging (Cross, 2002). Recreation participation can help youth affected by AIDS to become a positive, valuable resource for their communities and the future of the country (McCready, 1997).

Abundant research has been done regarding the benefits of recreation for at-risk youth (Paxton & McAvoy, 2000; Tesnear, 2004; Bloemhoff, 2006; Meyer, 2007; Louw, 2008). Paxton and McAvoy (2000) reported a significant increase in participants' self-efficacy following their participation in a 21-day wilderness programme. Tesnear (2004) explored the comprehensive positive functioning of youth that participated in an adventure-based experiential learning programme. The author reported improvement in the positive functioning (satisfaction and future perspective); self-perception (lack of self-worth, isolation, responsibility for others, and lack of assertiveness); trauma dynamics (frustration, mistrust and stigma); and decision making (independence and responsibility) of the participants after the programme. Research done by Bloemhoff (2006) showed that a recreation programme (ropes course) can have a significant effect on the improvement of the youth's resiliency; their capacity to overcome risks and their avoidance of behavioural problems. Meyer (2007) determined the effect of an adventure-based experiential learning programme on the self-perception of youth. The following components were explored: inner security, feelings of guilt, lack of self-worth, anxiety, responsibility for others and lack of assertiveness. All these above-mentioned components also showed improvement after the programme as well as in the retention test done five weeks later. Louw (2008) did a study on black youth that participated in an

adventure-based experiential learning programme to develop their life effectiveness, and personal effectiveness. Positive results were reported regarding time management, social skills and task oriented leadership as well as a positive effect on their social abilities; social effectiveness, cooperative teamwork, and leadership.

There is still very little research available on the impact of recreation provision on the AIDS pandemic (Lord, 2000) and even less on the impact it can have on AIDS orphans. Very few recreation programmes that focus on AIDS-affected youth could be traced in South Africa, as also stated by Du Toit and Van der Merwe (2006). The researcher could not trace any documentation regarding research done in South Africa. Brown and Lourie (2000) also state that further research is necessary to determine the quality of life and other psychological concerns of youth affected by the AIDS pandemic; thus how recreation can improve their lives. From the above statements it is clear that more research is needed to understand the need for recreation programmes but also the benefits of such programmes, in particular for AIDS-affected youth in a South African context. It is critical that staff working with these youths should also be aware of what benefits recreation participation can offer to ensure full employment of such programmes.

Therefore the aim of the article is to investigate the benefits of and hence the need for recreation programmes for AIDS-affected youth; thus AIDS orphans as described by staff already involved in these programmes, in a South African setting. The results from this study will firstly add knowledge to the scientific world of research regarding the needs and benefits of recreation provision. Secondly, it will contribute to understanding the extent of the challenges associated with AIDS among youth as well as the nature of existing recreation programmes for them. Thirdly, this information will assist in developing more and better recreation programmes and in generating funding for these programmes.

RESEARCH METHODS

Design

A qualitative research design was used for the study, as it gives insight into the context, setting and the participants' frames of reference (Marshall & Rossman, 2006). For that reason it increased the researcher's understanding of the views held by those involved with AIDS orphans. For purposes of this study, an instrumental case study was used to gain more knowledge concerning the benefits of and necessity for recreation programmes for AIDS orphans (Fouché, 2005). The exploration of the case took place through in-depth data collection methods using individual, semi-structured interviews.

Participants

Thanda After-School Programme (ASP) in Umtwalume, KwaZulu-Natal, South Africa, was used for the case study. Thanda ASP is a programme for youth affected by AIDS that provides recreational services in the afternoons. The programme offers a variety of programme areas in which they can participate; computers, art, soccer, netball and basketball. Thanda ASP was chosen for the case study as it represents a typical case of recreational services offered to youth affected by AIDS in South Africa.

The sample of this study comprised a heterogeneous group of staff at Thanda ASP (n=9). The group of participants were divided into two groups; the first being management (n=3), which consisted of the director, managing director and programme director, being one male and two female participants. The second group of participants were staff members of Thanda ASP (n=6). The group consisted of three female and three male participants of which four were American volunteers and two full-time employed local staff members. The level of heterogeneity is comparable congruent with the demographics of the staff at Thanda ASP and representative of the different programme areas offered by Thanda ASP.

Data collection

Permission was obtained from both the Ethics Committee of the North-West University (NWU-0022-08-S1) and the executive director of Thanda ASP before commencing with the research project (see Appendix G). Two elite interviews were conducted with the executive director and the managing and programme directors of Thanda ASP before commencing with any of the other interviews. Information gathered during these elite interviews helped in setting up an interview schedule for the staff interviews (see Appendix C).

Data was collected by using semi-structured individual interviews regarding the staff's perceptions of the necessity for and benefits of recreation programmes. Interviews were conducted in a setting where participants were at ease, with the minimum of interruptions. An estimated period of 20 to 50 minutes was allocated per interview. Participants were able to withdraw from the study at any stage should they wish to do so. The interviews were guided – not dictated – by a schedule of predetermined open-ended questions (Greeff, 2005). All interviews were recorded with the permission of the participant and thereafter transcribed together with the field notes taken during the interview (see Appendix D). Data was collected until a saturation point was reached; hence no new information was provided, and a redundancy of previously collected data existed (Strydom & Delport, 2005).

Analysis

The process of data analysis for the study was done according to the guidelines prescribed by De Vos (2005): planning for recording data, data collection and preliminary analyses, organising the data, reading and writing memos, generating categories, themes and patterns, coding the data, testing and representing. The verification of data was done by peer evaluation and literature control. To evaluate the trustworthiness of qualitative research; thus of this research project, the following four issues were addressed: credibility, transferability, dependability and confirmability (De Vos, 2005; Marshall & Rossman, 2006).

RESULTS AND DISCUSSION

Coding of the material was facilitated by the available literature. The researcher acknowledged her position and made every effort to eliminate her biases from the analysis. The process resulted in the densification of two overarching categories; firstly, ***the necessity of recreation programmes for AIDS-affected youth; thus AIDS orphans***, and secondly, ***the benefits of this recreation programme for AIDS-affected youth; thus AIDS orphans***. The categories 'future of programmes' and 'limitations' were disregarded in the process of theme cluster formulation. The decision to disregard these categories was twofold: firstly, it only contributed marginally to the coded body of categories and secondly, it was deemed irrelevant to the research and beyond the scope of this article. Each of these overarching categories will be discussed by means of statements made by the participants and relevant literature to support these statements. Letters (A-I) will be used to identify participants in the discussion that follows.

The necessity of recreation programmes for AIDS-affected youth; thus AIDS orphans

Two themes emerged emphasizing the necessity for recreation programmes for AIDS-affected youth; thus AIDS orphans: *reasons for involvement in Thanda ASP* and *youth behaviour and recreation provision*. Both of these themes are subsequently discussed.

Reasons for involvement in Thanda ASP

Analysis of the question as to why Thanda ASP was developed, revealed that it was mainly as a result of inadequate care for AIDS orphans in South Africa “...through her intensive research that she did at university that she did there wasn't any adequate method of care for these orphans you know, you know... ...while if the neighbours are gonna take them [AIDS orphans] in or grandmothers taking them in what, where's the point, what... where's the gap, what can we do to address all the things that are not being addressed for these kids” (H). This is also echoed by G: “...uhm some sort of care for orphans, uhm... who potentially are cared for at home by grandmother but are maybe missing certain elements of care, uhm maybe have somewhere to sleep, maybe have food but don't have other elements...” Another emphasis was on providing a

holistic programme “*uhm... so we have quite a holistic approach uhm...*” (G). A further prominent point made was providing them with a safe environment where they can have fun while learning as it is elucidated in the following statements: “*they [Thanda ASP] provide uhm... a safe place to be in the afternoons they provide that they could look forward to, you know they provide them that they will have something exciting to learn and improve in and do well in*” (G). “*...so if you can find a way for them to be enjoying themselves and learning at the same time and that is the whole goal*” (I).

It is clear from the above statements that there is a need for a safe environment for these youths, a place where they can have fun while learning. Caroleo (2001) stated that recreation programmes provide just that, “a safe place to be with likeminded people.” Cross (2002) confirmed that participation in recreation programmes provides youth with a place of care and belonging. Stumbo and Peterson (2004) as well as Edginton *et al.* (2006) define recreation activities as pleasurable, as enjoyable in themselves; thus the perfect way to learn in a ‘fun’ and ‘exciting’ way. Lightfoot and Rotheram-Borus (2000) stated that “programs with adolescents must begin to focus on the needs for cross-sector coordination and the organization of a comprehensive set of services” this reverberates the reasons given by G and H for the need for holistic programmes that address the “gaps” in care for these youths. Unicef (2003) and Frederiksen and Kanabus (2007) found in their research that AIDS-affected youth’s access to recreation diminishes and that other forms of support are needed to care for these orphans (DiClemente, Wingood, Crosby, Sionean, Cobb, Harrington, Hook & Oh, 2001). Benson (2000) too stated that collaboration is the key to this crisis.

The majority of the participants’ reasons for working/volunteering at Thanda ASP were the opportunity to work with youth and to assist in their development. They saw development as indispensable – a huge necessity. This is fittingly stated by E “*Well, really what make me come and work here is because I love working with children, yeah I love kids because I always believe the future of South Africa lies within the kids. If we don’t develop the kids, our youth, then South Africa is nothing.*” This need for development and upliftment was also echoed by F “*...it is seeing another person going up, that is what I would like to see in a person, you know, going up.*”

It is apparent from the above statements that there is a tremendous necessity for programmes for youth affected by AIDS; thus AIDS orphans that focus on development. Frederiksen and Kanabus (2007) affirmed that youth orphaned do not receive the life skills and practical knowledge normally passed on by their parents, and that these youths are more likely to grow up in poverty and with health and social problems themselves because they do not receive the necessary education needed to overcome these problems. Recreation has been identified by Everett, Chadwell and McChesney (2002) as an important factor in the improvement of life skills, and the lack of it has been identified as a reason for juvenile crime and at risk behaviour.

Youth behaviour and recreation provision

As demonstrated previously, participants expressed, and literature substantiated, that it is essential that recreation programmes be provided to AIDS-affected youth. Questions to the participants relating to the behaviour of these youths prior to their involvement in Thanda ASP just accentuated this pressing need. The majority commented on the “dead time” as it is described by H. *“Yeah, hanging out, sniffing glue, eating a lot of sugar cane I think, yeah a lot of wondering around...”* (I). E expressed more delinquent behaviours: *“...there are like actually one girl who was very, very bad... ‘cause she has got a child yeah, but she has given up on life...”* H and I also mention alcohol abuse, *“a lot of drinking...”* The key reason expressed by the participants for these behaviours was the lack of recreation opportunities *“kids get bored, they get empty, I mean they are going to go and steal, not because they want to steal but because they have nothing to do. We need to provide some excitement you know...”* (G). H also emphasised this need: *“Something to put their energy into... to have a child that has, you know great potential but have no outlet for their energy, because then they, you know, get frustrated or you know feel desperate at all, that’s when things you know can start going badly and they can start getting into things that aren’t so positive, so play just give them an outlet for their energies, it is really important just to have them involved in doing something...uhm... not too much time on their hands.”*

The above-mentioned accounts clearly indicate the risk behaviours of these AIDS-affected youths. There are abundant references in the literature as to what denotes at-risk behaviour (Weston, Tinsley & O’dell, 1999; Gouws, Kruger & Burger, 2000; Rosol, 2000; Brand, 2001; DiClemente *et al.*, 2001; Cross, 2002; Adams &

Berzonsky, 2003). Long (2001) explicitly lists teenage pregnancy, alcohol use and delinquent acts as behaviour of at-risk youth. Johnson and Dorrington (2001), Subbarao *et al.* (2001), Prinsloo (2003) and Frederiksen and Kanabus (2007) all indicated that the effects of AIDS can lead to these risk behaviours. The literature strongly supports the accounts of the participants that at-risk youth, and thus AIDS-affected youth, do not have sufficient access to recreation services (Brown & Lourie, 2000; Prinsloo, 2003; Bellamy, 2005; Lobo & Niepoth, 2005; Frederiksen & Kanabus, 2007). It is therefore clear that there is a great necessity for recreation programmes for AIDS orphans to keep them from risk behaviours and to provide them with the skills needed to manage their free time (McCready 1997).

The benefits of recreation programmes for AIDS-affected youth; thus AIDS orphans

Four themes, namely *health benefits*, *emotional benefits*, *social relationships*, and *psychological benefits*, emerged, stipulating the benefits of recreation programmes. The social and psychological benefits were pertinent in this study; therefore the health and emotional benefits will be discussed briefly and thereafter the remaining two benefits will be examined in detail.

Health benefits

The health benefits referred to by the participants were mainly as a result of the sport programme areas some of the youth participated in, “*Yeah, yeah like they are always exercising so they are more active right now yeah. I think it helps them*” (E). Another health benefit mentioned by E is health education: “*We talk about any issue that comes up like yeah, HIV/AIDS, teenage pregnancy, crime, drugs...*” In 1941 Kurt Hahn documented fitness as a key benefit that can be attained through adventure recreation programmes (Priest & Gass, 2005). Multiple references have since been documented (Edginton, Hudson, Dieser, Edginton, 2004; Stumbo & Peterson, 2004; Parr, Havitz & Kaczynski, 2006; Russel & Jamieson, 2008). Du Toit and Van der Merwe (2006) reported significant improvement in the gross and perceptual motor skills of HIV-infected and -affected pre-primary children that were exposed to a physical activity programme.

Emotional benefits

According to Stumbo and Peterson (2004) and Parr *et al.* (2006), recreation participation leads to the reduction of depression, anxiety and anger and as a result, positive changes in mood and emotion. Caroleo (2001) reported reduced stress levels and less anxiety attacks after a recreation programme for people infected with HIV/AIDS. Positive feelings were reported to be a vital benefit by most of the participants: *"So, yeah they are happy about Thanda, they are happy"* (F). *"I think the general level of enthusiasm and empowerment has raised a lot..."* (G).

Social relationships

Three sub-themes emerged within the social relationships theme: relationships with friends, with teachers and with the larger community. Respect emerged as an overarching benefit as seen in the following; relationships with friends: *"Yeah, well right now they [Thanda ASP students] treat each other with respect, yeah"* (E); relationships with their teachers: *"but they respect me and they do what I ask them to do..."* (E), and the community: *"the elders of the community have sent, you know have sent messages to us saying thank you for teaching our kids respect"* (G). Although the researcher could not find direct links within the existing literature with regard to respect being a product of recreation programmes, the broader theme was well represented. According to Priest and Gass (2005), Kurt Hahn documented compassion as a key benefit. Edginton *et al.* (2006) added that recreation has socially redeeming qualities, meaning constructive, positive and socially acceptable behaviours and contributions to the development of society.

It is apparent from the statements made by the staff that the Thanda ASP youth's social relationships have shown remarkable improvement, *"I mean the way they, our basketball team, runs now, it is much easier than it was in the beginning. It is like right at the beginning I try to do anything with them and there is like a lot of fighting about anything and now it is like good and easy"* (A). The youth have formed close bonds and strong support networks *"they are very tight knit and they have been together for ten months now and they are very close like and they help each other out... they can almost be accountability partners for each other through the school projects and they can motivate each other and they all are aware of each other's*

goals and they can all pull together so..." (C). D explained "I think they trust people that they are in Thanda with, even their high school peers." Thanda ASP provides the youth with role models "they [the staff] can become friends [with the students], then they go back to being a teacher, a mentor and a friend to the children...", whom they can trust "...it makes a job very hard to balance those three but that way they can relate to the kids and the kids learn to trust them and respect them" (G). E explained how Thanda ASP also advanced the youth's relationship with the larger community: "Yes, it [Thanda ASP] teaches them how to behave with other people, how to behave in the community, how to help other people if they need your help."

Abundant research has been documented concerning the influence of recreation programmes on participants' social well-being; improvement in the participants' perceptions of alienation after a rock-climbing intervention (Cross, 2002); developing relationships with others during a wilderness trip (Holman & McAvoy, 2005); and significant short and long-term improvement on the personal and life effectiveness including their social abilities; social effectiveness, cooperative teamwork, and leadership of black youth in South Africa after participating in an adventure-based experiential learning programme (Louw, 2008). More, particularly Bacha *et al.* (1999) reported that after a recreation programme for HIV-positive children, the participants showed positive change in the social alienation and loneliness they experienced. It was also found by Caroleo (2001) that a recreation programme for AIDS-infected people assisted in developing relationships and a sense of community.

Psychological benefits

Building on the theme of the benefits of recreation programmes, the psychological benefits emerged as the most prominent theme mentioned by all of the participants. Within the literature it is also identified as a major category within recreation benefits (Stumbo & Peterson, 2004; Russel & Jamieson 2008). Academic participation and improvement, development of life skills, self-improvement and future perspective all emerged as sub-themes.

It is clear that Thanda ASP has an influence on the students' academic participation "...yes, they are more at school, they are more at school..." (F). A substantiates this further "I mean we have heard from the teachers that the learners are being far more active in class... that they

are getting involved in the classroom as well.” This improved school attendance resulted in the improvement of their grades “*but I think we are expecting a sixty percent pass rate in matric, and last year only 18 or 16 out of eighty passed so it is a big increase, but I think like I feel that the kids will do it*” (C), and improvement of their language skills “*their English has gotten a lot better too..*” (C), which is essential for survival today. According to McCready (1997), Brand (2001) and O’Sullivan (2006), participation in recreation programmes can lead to higher school commitment and as a result, less absenteeism. Holman and McAvoy (2005) stated that it contributes to achieving personal goals, which Bloemhoff (2006) confirmed through research on at-risk adolescent boys who participated in a ropes course. Results indicated increased value on achievement.

Frederiksen and Kanabus (2007) mention that orphaned youth are not receiving the life skills and practical knowledge normally passed on by their parents and it is therefore essential that it be provided to them through other means. Everett *et al.* (2002) explain that recreation participation has been identified as an important factor in improving these life skills. It is evident from the literature that recreation can indeed develop participants’ life skills (Bloemhoff, 2006; Parr *et al.*, 2006; Louw, 2008). Although there was consensus among all participants that the programme teaches life skills: “*... it is not just how much it’s learning Microsoft Word and learning how to you know go through documents on a computer it is like teaching them so much more than that, it is like life lessons through a computer*” (C), opinions surrounding what life skills did, differed across participants. Some of the specific life skills that were referred to included: morals: “*we started off kinda like with talking about morals and stuff you get from sports you know, like perseverance and teamwork, you know also the sort of things and like trust and respect...*” (A), C further illustrated “*at Thanda they are not afraid to say no, it is not cool. For them it was like we know we can’t go anywhere in life if we do that [delinquent behaviour] stuff...*”; ways of thinking: “*... getting them to think abstractly like... uhm, critical think a little bit more*” (D); goal setting: “*... what I am going to have them do eventually is have them pick one goal that they want to focus on achieving and like map out how specifically as possible they are going to achieve this goal and then actually going in and achieve this goal*” (C); and self-discipline: “*...and they are learning discipline as well through it*” (C).

Low self-esteem and –worth is one of the most referred to psychological problems of at-risk youth and AIDS orphans alike (Johnson & Dorrington, 2001;

Subbarao *et al.*, 2001; UNAIDS, 2002). Probably one of the most documented benefits of recreation participation is the positive influence it has on a person's self-perception and self-confidence (Stumbo & Peterson, 2004; Holman & McAvoy, 2005; Parr *et al.*, 2006; Russel & Jamieson, 2008). The following components of self-perception were explored by Meyer (2007): inner security, feelings of guilt, lack of self-worth, anxiety, responsibility for others and lack of assertiveness to determine the effect of an adventure-based experiential learning programme on the self-perception of youth. All of these above-mentioned components showed an improvement after the programme as well as in the retention test done five weeks later. These benefits were also universally emphasised by the participants. **B** described: *"they feel a lot more confident, like when we started out, the kids like they did not, the kids did not feel confident."* **G** explained how the programme helped in improving the youth's self-perception: *"they [recreation activities] are vehicles for teaching them certain uhm... characteristics, they are vehicles for getting them to believe in themselves, that they can do what they want to do."*

Even though not particularly asked about the influence of Thanda ASP on the future perspective of the youth, the following statements clearly indicated that it had a remarkable effect. *"...but she has given up on life, but since Thanda she has come to me and she told me her problems..."* (**E**); *"cause like now the children they have a vision, they have got ambition which they didn't have before Thanda"* (**E**); *"the kids here like have this strong desire to succeed... but the best thing is just really working with the kids and seeing their drive and determination"* (**C**). **B** distinctly indicates the difference between the youth at Thanda ASP and those that are not, *"we have seen that when we started classes [matric help] with some kids that haven't been in Thanda and they just were not interested, they just like didn't care, this is in the matric programme, so, and the Thanda kids are like way more motivated."* UNAIDS (2002) verified that insecurity and fear concerning the future are problems AIDS-affected youth face. Bloemhoff (2006) confirmed participation in recreation programmes can increase participants' positive attitudes towards the future. More in particular, reported by Sausser *et al.* (2000) and Caroleo (2001), was that recreation participation instilled hope and provided a purpose in life for AIDS-affected persons.

CONCLUSION

What emerged from this study is firstly, that there is a great necessity for recreation programmes for youth affected by AIDS and therefore also AIDS orphans as stated by the staff involved in such a programme. Two main themes emerged that accentuated this need, namely: why Thanda ASP was developed, as well as what risk behaviour youth presented prior to the development of the programme. These themes compared favourably with what is stated in the literature. Recreation programmes are needed to ensure improvement of life skills for these youths as well as to prevent them from turning to risk behaviour. Secondly, as stated by the majority of participants, recreation programmes can ensure health, emotional, social and psychological benefits to these youths. The limitation of the present study is that a single context was used and therefore the results cannot necessarily be generalized to the larger population of AIDS orphans. It is suggested that further research be done concerning the needs and benefits of recreation programmes by looking at the perspectives of the youth themselves.

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THE NECESSITY FOR AND BENEFITS OF RECREATION PARTICIPATION FOR AIDS ORPHANS: THROUGH THE EYES OF A CHILD

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THE NECESSITY FOR AND BENEFITS OF RECREATION PARTICIPATION FOR AIDS ORPHANS: THROUGH THE EYES OF A CHILD

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ABSTRACT

There are millions of youth in South Africa that have been left behind as orphans as a result of the AIDS pandemic; thus turning to risk behaviour to survive. These risk behaviours have a negative effect on their quality of life. To aggravate the problem further, most of these youths do not have access to recreation programmes and activities. Evidence of youth at risk receiving the benefits of recreation participation is available in the literature. The purpose of the study is to determine the benefits of and hence the necessity for recreation programmes for specifically AIDS orphans within a South African context, seen from the youths' perspectives. A qualitative research design was used. The sample comprised students at Thanda ASP (n=8), representative of the different programme areas offered by Thanda ASP. Three were from the computer programme, two from the arts programme and the other three from the sport programmes; soccer, basketball and netball. The exploration of the case took place by means of in-depth data collection methods using individual, semi-structured interviews and document analysis. The process resulted in two overarching categories: the necessity for recreation programmes for AIDS orphans, and the benefits of this recreation programme for AID orphans. The necessity was accentuated by the reasons why students attend Thanda ASP as well as by what risk behaviours they presented before participating in the programme. The participants stated that the recreation programme ensured health, emotional, social and psychological benefits to them, which therefore resulted in a better quality of life. The results from this study compare favourably with what is stated in the literature. Based on these results, recreation programmes for AIDS orphans can be seen as beneficial and thus necessary.

Key words: recreation; leisure; HIV/AIDS; AIDS orphans; at-risk youth

INTRODUCTION

"Therefore, as I said before, our children from the earliest years must take part in all the more lawful forms of play, for if they are not surrounded by such an atmosphere they can never grow up to be well-conducted and virtuous citizens"

Socrates 420 B.C (Bullock, 2001).

This was stated thousands of years ago; recreation is of utmost importance to youth to ensure they grow up as moral, honourable and well-behaved individuals. Why is it then that today, despite the importance of recreation participation, millions of at-risk youth still do not have access to recreation programmes and activities (Lobo & Niepoth, 2005)?

Globally there is an estimate of 33.4 million people living with AIDS (UNAIDS, 2009). South Africa has the largest population of people living with HIV in the world (UNAIDS, 2009). The infection rate for youth (15-24 years) is at 19 percent, and the highest of all nine provinces, KwaZulu-Natal at 14 percent (Patel, Nayoo & Loffell, 2004). A result of the pandemic is the increasing number of children who are orphaned. According to UNAIDS (2002), South Africa has not yet reached its peak with the orphan crisis. The number of orphans is set to increase from 1.5 million in 2001, to 2.3 million in 2010 (UNAIDS, 2002), and peak in 2015 at roughly 3 million (Johnson & Dorrington, 2001), leaving behind an 'orphan generation' that is likely to have an immense impact on the society at large. South Africa's capacity to deal with the rising number of orphans as a result of AIDS is limited; therefore resulting in increases in risk behaviour and juvenile crime (Johnson & Dorrington, 2001).

Most of the time these youths have no control over their situation, putting them in jeopardy of sustaining psychological, sociological, emotional and physiological damages (WLRA, 2001) as well as education, stigmatization and household problems (Frederiksen & Kanabus, 2007). All these distressing aspects combined with disempowered and uninvolved parents and indifferent learners, lead to low self-esteem and a negative self-concept, which in turn causes alienation and estrangement from society, leading youth to turn to risk behaviour in an attempt to survive (Prinsloo, 2003). AIDS orphans are at a tremendous risk of getting involved

in risk behaviour, and these risk behaviours will have a negative effect on their quality of life. The term “at-risk” refers not only to youth involved in negative events but also to those in danger of negative future events; therefore also to possible future situations in which the youth have the opportunity to become involved in such events (McCready, 1997). For this reason it is essential that care be provided for all the children orphaned by AIDS and plans be put in place for all the millions that are still to come.

There is an abundance of evidence in the literature regarding the benefits of recreation programmes for these youths (Edginton, Hudson, Dieser & Edginton, 2004; Stumbo & Peterson, 2004; Parr, Havitz & Kaczynski, 2006). Recreation participation can provide the eight developmental assets identified by The Search Institute, namely support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies and positive identity needed by youth to be able to thrive and develop to their full potential (Benson, 2000). Recreation participation has also been identified as an important factor in the prevention of juvenile crime and risk behaviour (Everett, Chadwell & McChesney, 2002). Driver (1998) categorised these and other recreation participation benefits as follows: personal (physiological and psychological); social; economic and environmental. Personal benefits are inclusive of the many different ways in which a person’s life can be enhanced as a result of recreation participation. The broad benefits include a full and meaningful life, balance between work and play, life satisfaction and quality of life (O’Sullivan, 2006). During recreational activities participants develop, practice and apply social interaction skills, develop and use social support networks, create and nurture relationships with significant others and improve familial relationships – all of which are social benefits (Stumbo & Peterson, 2004). According to O’Sullivan (2006), the economic benefits of recreation are usually seen to be the more important benefits nowadays and therefore more recognized. These benefits include a decrease in vandalism and crime, less stress, less school absenteeism, and local and regional economic growth (O’Sullivan, 2006; Parr *et al.*, 2006). Lastly, stewardship and preservation, improved relationships with the natural world, an understanding of human dependency on the natural world, environmental ethics, environmental protection, and venues for physical activity

(O'Sullivan, 2006; Parr *et al.*, 2006) are all environmental benefits that address the critical role of the environment in quality of life.

A variety of research has been done in support of the above-mentioned statements regarding the benefits of recreation participation, especially for youth. Tesnear (2004) explored the personal benefits by looking into the comprehensive positive functioning of youths (17-19 years) that participated in an adventure-based experiential learning programme. The components explored included positive functioning, self-perception, trauma dynamics, and decision making, all of which showed improvement. Bloemhoff (2006) did research in South Africa on at-risk adolescent boys confined to a rehabilitation centre. Results of the study showed that the experiential group that participated in a ropes course increased highly significantly in their protective factors, which included high control against deviant behaviour, positive attitudes towards the future, value on achievement, ability to work with others, ability to work out conflicts, and a sense of acceptance. A study done by Louw (2008) on the personal and life effectiveness of black youth in South Africa by participating in an adventure-based experiential learning programme showed a significant short and long-term effect on their social abilities, social effectiveness, cooperative teamwork, and leadership – all being social benefits. Looking at the environmental benefits, Holman and McAvoy (2005) reported awareness of and appreciation for nature and the wilderness as a main outcome of a wilderness trip in which 193 youths participated.

Previous research furthermore supports the belief that recreation is beneficial to AIDS-affected persons. Bacha, Pomeroy and Gilbert (1999) did a study on the effect of a recreation programme on HIV positive children. The author reported improvement in the social alienation and loneliness the children experienced. An ethnographic study by Caroleo (2001) examined the impact of a recreation programme on people living with AIDS. Participants reported that the recreation programme fulfilled their basic needs, it reduced their stress levels and helped with anxiety attacks, it helped with the development of relationships and supplied a sense of community, it also provided them with a purpose in life and a safe place to be with likeminded people. Results from research done by Du Toit and Van der Merwe

(2006) on the effect of physical activity on the gross and perceptual motor skills of HIV-infected and -affected pre-primary children, showed significant improvement in these skills. However, the question would be: Are these benefits relevant to AIDS-affected youth in a South African context?

No research could be traced that exclusively looked into the influence of recreation programmes on youth affected by the AIDS pandemic in South Africa. Du Toit and Van der Merwe (2006) also pointed out that very few recreation programmes are available for AIDS-affected youth. Brown and Lourie (2000) also state that further research is necessary to determine the quality of life and other psychological concerns of youth affected by the AIDS pandemic, and to establish how recreation can improve these youths' lives. For this reason this topic was further explored. The purpose of this article thus is to examine the necessity for as well as the benefits associated with recreation programmes for AIDS-affected youth, and more specifically viewed from the perspectives of South African youth that are affected by the AIDS pandemic and that form part of Thanda After-School Programme (ASP) in Kwa-Zulu Natal, South Africa.

The significance of this study for the field of recreation and for organisations working with AIDS orphans firstly, is that it will contribute to understanding the extent of the challenges associated with AIDS among youth and the nature of existing recreation programmes in South Africa. Secondly, it will provide insight into the possible necessity of these programmes for AIDS orphans that can assist in generating funding for these programmes. Thirdly, with this information at hand, limitations concerning the improvement of the quality of life of these AIDS orphans can be identified; thus resulting in enhanced recreation programmes.

RESEARCH METHODS

Design

A qualitative research design was used for the study, giving insight into the context, the setting and the participants' frames of reference (Marshall & Rossman, 2006). It

therefore increased the researcher's understanding of the views held by the youth themselves on the necessity for and benefits of recreation programmes. An *instrumental case study* was used to gain a better understanding of the topic (Fouché, 2005). The exploration of the case took place through in-depth data collection methods using individual, semi-structured interviews (Marshall & Rossman, 2006), and reviewing and analysing personal documents written by the participants. By using a combination of methods it was easier for the researcher to cross-check and validate the findings (Strydom & Delport, 2005a).

Participants

Thanda ASP in Umtwalume, KwaZulu-Natal, South Africa, was used for the case study. Thanda ASP provides recreation programmes to the youth of the community during the afternoons after school hours. They offer the following recreation programme areas; computers, art and sport. The sample of this study comprised a heterogeneous group of students at Thanda ASP (n=8). The group consisted of three female and five male participants, between ages 14 and 22 years. Three from the computer programme, two from the arts programme and the other three from the sport programmes, namely soccer, basketball and netball. The students from each programme were randomly selected. The level of heterogeneity is congruent with the demographics of the students at Thanda ASP and representative of the different programme areas offered by Thanda ASP.

Data collection

Data was collected using semi-structured individual interviews regarding students' perceptions of the necessity and benefits of recreation programmes as well as analysis of personal documents. Interviews were conducted in a setting where participants were at ease, with the minimum of interruptions. An estimated period of 20 to 50 minutes was allocated per interview. Participants were able to withdraw from the study at any stage should they wish to do so. The interviews were guided, and not dictated, by a schedule of predetermined open-ended questions (see Appendix C) (Greeff, 2005). All interviews were recorded with the permission of

the participant and thereafter transcribed, together with the field notes taken during the interview (see Appendix D). Data was collected until saturation point was reached; thus until no new information was provided, and a redundancy of previously collected data existed (Strydom & Delport, 2005b).

Journals written by the students attending Thanda ASP were studied to help validate findings (see Appendix E). The analysis of personal and official documents can be very useful. It provides a holistic perspective of the research participants, portraying their values and beliefs (Marshall & Rossman, 2006). During the research project, the protection of the participants' human rights received priority attention at all times. Permission was obtained from both the Ethics Committee of the North-West University (NWU-0022-08-S1) and the Executive Director of Thanda ASP before commencing with the research project (see Appendix G). Letters of informed consent were signed by both the participants and their legal guardians (see Appendix B).

Analysis

The process of data analysis for the study was done in accordance with the guidelines prescribed by De Vos (2005): planning for recording data, data collection and preliminary analyses, organising the data, reading and writing memos, generating categories, themes and patterns, coding the data, testing and representing. The verification of data was done by literature control, document analysis and peer evaluation. Literature control was done to verify the data from previous research done on the topic. A thorough study was done on all the available documents to ensure that what the participants said in their interviews concurs with what is written in the documents. The final method used was peer evaluation, where the themes and codes were presented to another researcher to ensure that the themes generated were accurate and sufficient. To evaluate the trustworthiness of the research project, credibility, transferability, dependability and confirmability were addressed (De Vos, 2005).

RESULTS AND DISCUSSION

The focus of the discussion will be on the relation between current literature and the perceptions of the participants. Through the process of data analysis, two overarching categories came to the fore. Firstly, ***the necessity for recreation programmes for AIDS-affected youth; thus AIDS orphans***, and secondly, ***the benefits of recreation participation for AIDS-affected youth; thus AIDS orphans***. The category of 'future of programmes' was disregarded in the process of data organising and generating of categories. The decision to disregard this category was twofold. Firstly, it only contributed marginally to the coded body of categories and secondly, it was deemed irrelevant to the research and beyond the scope of this article. Each of these overarching categories will be discussed by means of statements made by the participants during the interviews, by statements made in their journals, and by relevant literature to support these statements. Numbers (1-8) will be used to identify participants in the discussion that follows.

The necessity for recreation programmes for AIDS-affected youth; thus AIDS orphans

The main category is supported by two themes, namely *reasons for involvement in Thanda ASP* and *youth behaviour and recreation participation*. Each of these themes with its relevant sub-themes will subsequently be discussed.

Reasons for involvement in Thanda ASP

Adolescence is a period characterized by development and change at physical, cognitive, social, emotional and moral level (Adams & Berzonsky, 2003). Combine this with being orphaned due to AIDS and it became clear why AIDS orphans experience emotional, social and huge educational problems (Frederiksen & Kanabus, 2007). As a result they often find themselves confused and lost in these transitions (Cross, 2002). When asked why the participants applied for Thanda ASP, this confusion is apparent as it is so vividly explained by 1; Thanda ASP gave him his metaphoric "other shoe": *"I was a lot like looking for answers in my life... I was just like a guy, a young boy sitting at home, looking at other kids playing but you were having one shoe and walking on one foot but there were thorns where the other kids were playing and then one [Thanda ASP] called*

me and said here is another shoe you come and let's play." Another reason given by the majority of the participants was the need for learning *"...but we learn many things and that is what I like because I like to learn, I like to learn and that is why"* (2). Frederiksen and Kanabus (2007) stated that orphaned youth do not receive the life skills and practical knowledge normally passed on by their parents and are therefore more likely to grow up in poverty and with health and social problems themselves because they do not receive the necessary education needed to overcome these problems. The authors further state that, all of a sudden, they have more obligations while trying to focus on their school work and recreational needs; thus not having enough opportunities for learning (Subbarao, Mattimore & Plangemann, 2001).

Furthermore, the participants made their perceptions clear as to why certain youth are not part of Thanda ASP; *"yeah most of those live far from this area..."* (1); *"...because of space..."* (4); another explanation was because of the stigmatization as described by 4: *"Some of, of other people who are at school they quit to Thanda. I think because of stereotype, of because they are not good."* In today's society there is still a very strong stigma connected to HIV/AIDS. When parents fall ill or die of AIDS, it is assumed that the children are also HIV positive, which is not always the case (Frederiksen & Kanabus, 2007). Being stigmatized as being HIV positive, numerous AIDS orphans are denied schooling and feel shame, fear and rejection (Frederiksen & Kanabus, 2007). It is also stated by Caroleo (2001) that an AIDS diagnosis, or being left behind as an AIDS orphan, leads to general neglect of recreation activities and when a person's leisure needs are neglected, it has a negative influence on such an individual's ability to survive.

Youth behaviour and recreation participation

Johnson and Dorrington (2001) stated that South Africa does not have the capacity to deal with the rising number of AIDS orphans and as an effect it is resulting in increased risk behaviour and juvenile crime. This is confirmed by the statements made by the youth concerning their behaviour prior to Thanda ASP, *"they just come back from school, walk around, walk around and do nothing; some of them are addicted to alcohol or drugs"* (1). 2 further explains: *"just hanging around doing crime here, just people going to drugs..."* Recreation programmes can play a changing role in managing the effects of

this pandemic on the youth (Brown & Lourie, 2000; DiClemente, Wingood, Crosby, Sionean, Cobb, Harrington, Hook & Oh, 2001). This argument is strongly supported by a journal entry of one of the participants: *"Thanda makes me forget the things that can destroy my life, like the use of drugs and alcohol."* It is also evident from the statement made by 7: *"Just because people they use to go home from after school, saunghtering around the community and commit something very wrong. Now they go straight to Thanda... doing different things there is no time to stand in rows planning crime."*

From a journaling topic given to the participants regarding what they would like to change in their community; the pressing need for recreation facilities and programmes strongly came to the fore. *"Our youth is totally ignored when it comes to skills development and recreation. They lack sports programmes, sport fields, art programmes, libraries and poetry"*; another entry: *"we need libraries and I think the cause of a higher percentage of criminals is, there are no libraries, there is no enough grounds so the youth they have nothing to do so they involve themselves in influenced by the peer pressure."* This notion was also brought forth by a majority of the participants during the interviews as can be seen in the following accounts made: *"Nothing, no sport, no activities. I just went home..."* (7), and: *"No, there is not other activities after school if we go, cause it before Thanda"* (6). Through the responses it is actively evident that there is a great necessity for recreation programmes for these youth. This need for recreation programmes is echoed by the statement made by Lobo and Niepoth (2005) that there are still millions of at-risk youth that do not have access to recreation programmes.

The benefits of recreation participation for AIDS-affected youth; thus AIDS orphans

The participants' perceptions of the benefits of recreation participation as main category are supported by four themes, and nine further sub-themes (See Appendix F). These sub-themes, as contributing to the whole, accentuate the notion that recreation participation is beneficial to AIDS-affected youth. This multidimensional concept is discussed in reference to the findings of the study.

Health benefit

The participants' perceptions of the health benefits of Thanda ASP were reflected in their journal entries: *"Before Thanda came I didn't attend sport, when we started the sport it help me so much because my body get exercised."* This was also indicated during the interviews: *"I like to make football or soccer 'cause now I like to exercise to looking after myself"* (3). Results from research done by Du Toit and Van der Merwe (2006) showed significant improvement in gross and perceptual motor skills of AIDS-infected and -affected children exposed to a physical activity programme. Edginton *et al.* (2004) also state that being fit and feeling better about one's body helps building a better overall image of oneself. An additional health benefit referred to, was health education as described by 7: *"Okay they usually explain such things like diseases, HIV and ADIS, teenage pregnant, rape, crime so many things. They help us."*

Social relationships

Caroleo (2001) established that being diagnosed with AIDS can lead to isolation from peers and family, to depression and to loneliness. This has also been found true for AIDS orphans (UNAIDS, 2002). One of the participants elaborated on this in his journal: *"Sometimes when I am at home, I become ill because of loneliness, but that all gone now because I am the basketball player."* Friendship was one of the dimensions that was emphasised as being an important benefit in all the participants' responses. This importance is evident in the following statement by 4: *"There is, I don't know how can I say this but there is this, Thanda, we as learners, yeah there is a solidarity that I can't explain, it is difficult to say. There is a co-operation that is had, so it is a friendship, good friendship."* 5 explained how Thanda helped improve her social skills, *"before I am afraid of talking to like that male, I am so afraid you know, but now I am able to just you know talking, just like we are humans we just talk. Now I am good at it, they're like friends."* Better relationships with their teachers; thus adults were also reported; *"yeah, yes it [development] is because of my teacher, I am proud, I am very proud of her so I really love her and appreciate what this thing of Thanda"* (4). The participants' sense of community has evolved as well since they became part of the programme. This is evident from the following journal entry: *"If you are living with other people you must think about them, don't think about you only just think about others, because person help person that help him/her. Don't be afraid to help others because those people you help will help you."*

At-risk youth, and therefore AIDS orphans, have been known to be 'socially disabled' (McCready, 1997); thus displaying anti-social behaviour, experiencing problems with family, friends and school, and having feelings of isolation (McCready, 1997; UNAIDS, 2002; Unicef, 2003). There is strong support in the literature for the social benefits of recreation participation. According to Russel and Jamieson (2008), recreation plays a very important role in the development of social skills and exchanges. During recreation activities participants develop, practise and apply social interaction skills, develop and use social support networks, create and nurture relationships with significant others and improve familial relationships (Stumbo & Peterson, 2004). Coping resources for dealing with AIDS are also reported by Sausser, Dattilo and Kivel (2000) as a result of their improved relationships. The WLRA (2001) reported that recreation participation helps with community integration.

Emotional benefit

Through the responses, increased positive feelings came to the fore as a definite benefit of the programme as it is so fittingly stated by 1: *"From last year I lost my mom, December and this year earlier I still feeling quite... I was not sure am I alright or am I going down, where do I go from this. But Thanda just came and make me feel like okay my mom is gone from me but I will make it and carry on with my life and as it is the best idea I have ever made in my life that is Thanda."* Edginton *et al.* (2004) define recreation as 'having a feeling of positive effect', and Stumbo and Peterson (2004) state that it is the key to happiness and quality of life. It is clear from the participants' responses and journal entries that the programme is doing just that: *"I'm so very happy"; "we play nett [netball], we enjoy it you play you forget your problems and stop stress yourself about your problems."* Research by Caroleo (2001) as well by McLeod and Allen-Craig (2007) too indicated emotional control and reduced stress levels; thus more positive feelings as a result of recreation participation.

Psychological benefit

One of the developmental assets identified by The Search Institute, which youth need to be able to thrive and develop to their full potential, was commitment to school and education (Benson, 2000). Brand (2001) along with Bloemhoff (2006)

established through their research that recreation participation can change subjects' commitment to school and assist them in placing value on their achievements. The participants elaborated on this benefit during the interviews; "...at March examination I fail it but June I start attending class and I tell teacher that something and something I don't understand, she help me with all and then on June examination I passed" (6), as well as in their journals: "I would like to teach the youth of my community about how much education is important in life."

Frederiksen and Kanabus (2007) reported that orphaned youth usually do not receive the life skills and practical knowledge needed to survive, that are normally passed on by parents. From the statements made by 2: "I think Thanda programme is good, [it] teach us how to live life...", and by 7: "they teach us a lot, it can be about personal life, how to commit yourself with people, how to behave as a young person and how life is...", it is apparent that life skills and practical knowledge can be taught through recreation programmes (Parr *et al.*, 2006). Various life skills the participants have learned since being part of Thanda ASP were mentioned during the interviews and were echoed in their journals. These same life skills were also mentioned in the literature as products of recreation participation. Some of these include *responsibility*, *self-discipline* (Priest & Gass, 2005), *problem solving* (Edginton *et al.*, 2004), *communication*, *respect* (Parr *et al.*, 2006), *goal setting* (Tesnear, 2004) and *approaching skills* (Stumbo & Peterson, 2004).

UNAIDS (2002) refers to fear concerning the future as one of the psychological damages AIDS-affected youth have to endure – they see themselves as having little or no future (Prinsloo, 2003). Frederiksen and Kanabus (2007) indicated that 12 percent of AIDS orphans, as opposed to only 3 percent of other children, rather wished to be dead. Research by Caroleo (2001), Tesnear (2004) and Bloemhoff (2006) pointed to the positive effect of recreation participation on future perceptive. 7 confirmed this: "yes that's what I am striving for, I am striving for a bursary maybe but I must study hard." This positivity concerning the future was also evident in the participants' journals; "Thanda give me future, because Thanda teach me..."

CONCLUSION

In conclusion, the research supports the notion that recreation programmes are beneficial to as well as necessary for AIDS-affected youth, and thus for AIDS orphans. Recreation programmes are needed, since not enough facilities and programmes are available to these youths, as was stated by the majority of the participants. The need was also evident from the accounts of the participants of their risk behaviour before the recreation programme, and how they have improved since Thanda ASP. The article strongly stipulated the improvement in risk behaviour since the participants started taking part in the recreation programme. Evidence of the health, social, emotional and psychological benefits of recreation participation was clearly declared by all of the participants; therefore testifying to how it has improved their quality of life. A limitation of the research was that the participants' fluency in English differed; thus making communication with some of them rather difficult. Further research is needed on the influence of each of the different programme areas within the recreation programme.

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SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 SUMMARY

6.2 CONCLUSIONS

6.3 RECOMMENDATIONS

6.4 REFERENCES

6.1 SUMMARY

For purposes of the study the provision of recreation services for youth at risk, with special reference to AIDS orphans, was investigated. The study aimed at determining the benefits of; hence the necessity for recreation programmes for AIDS-affected youth; thus AIDS orphans from the perspectives of the staff working with these youths and those of the youths themselves. A brief outline of the problem statement that served as foundation of the research questions and hypotheses of the study were discussed in Chapter 1.

The review of relevant literature (Chapter 2) introduced the theoretical foundations of AIDS orphans, at-risk youth and recreation provision. Firstly, the AIDS pandemic along with statistics and problems faced by AIDS orphans were analysed. Secondly, the concept of at-risk youth along with the influences, behaviour and consequences of these youths were discussed. This was followed by a section exploring the impact of the AIDS pandemic on at-risk youth. Lastly, and probably most importantly, attention was given to the concepts of Leisure, Recreation and Therapeutic Recreation. This section also highlighted the historic development of recreation programmes as well as the personal, social, environmental and economic benefits derived from recreation participation.

In Chapter 3 the research methodology of the study was explored in full. Firstly the qualitative research design was looked at. Thereafter the research methods were investigated, which included the literature review, population, data procedure, data analysis and data verification. This was followed by a section regarding the trustworthiness of the study, which included the credibility, transferability, dependability and confirmability. Lastly, attention was given to the ethical aspects of the study.

This dissertation was submitted in article format, as approved by the Senate of the North-West University and, therefore, two articles (Chapter 4 and 5) were included.

6.2 CONCLUSIONS

At-risk youth and, therefore, also AIDS orphans, are generally excluded from recreation programmes and services because of disruptive behaviour, hyperactivity, introversion (McCready, 1997:32) and the stigma associated with AIDS. More needs to be done to care for these AIDS orphans. A health-related service approach is not enough, as there is a lack of means for AIDS-affected youth to meet their needs of belonging, skills development, recreation and play. A multi-targeted approach is called for (DiClemente *et al.*, 1996:3; Prinsloo & Maree, 2001:5).

Effective recreation programmes can help at-risk youth; thus also AIDS orphans in becoming a positive, valuable resource for the community and the future by improving their life skills. Recreation programmes during leisure can be the answer to the AIDS orphan crisis the world is facing; by taking care of the recreational needs of AIDS orphans as well, and not only their need for health, food and shelter, there is the opportunity to help them develop into happy, successful individuals with a stronger sense of wellness and quality of life. By improving their well-being, the well-being of the communities in which they reside and that of the country as a whole can be improved.

The government of Lesotho led the way in 2007 when they approved a new policy to care for their growing population of orphans by aiming to provide free education, health services and sports and recreation facilities to these youths (IRIN, 2007:1). It

cannot be done alone, collaboration is the key; organisations must work together and rely on each other's strengths. Together we would be able to prevent this orphan generation from all ending up maltreated, exploited and eventually incarcerated (McCready, 1997:35).

The first article, titled "*AIDS orphans – where can they play? An analysis of the needs and benefits of recreation programmes: Staff perspectives*", indicated that there is a great need for recreation programmes for AIDS-affected youth according to staff working with these youths. The article further stipulated the staff perspectives of the benefits these youths can gain through participation in recreation programmes. Therefore, from these findings, the following hypothesis, as set out in Chapter 1, is accepted in full:

- **Hypothesis 1:** There will be a great need for recreational services for AIDS orphans; thus for at-risk youth, according to the staff employed in the recreation programmes.

The second article, titled "*The necessity for and benefits of recreation participation for AIDS orphans: Through the eyes of a child*", indicated that there is a great need for recreation programmes according the youth themselves. The article further stipulated the benefits these youth gain through participating in a recreation programme. As concluded from the findings in this article, the following hypothesis, as set out in Chapter 1, is accepted in full:

- **Hypothesis 2:** There will be a great need for recreational services for AIDS orphans; thus for at-risk youth, according to the youth themselves.

It was evident from the information gathered from both the AIDS- affected youth and the staff working with these youths that firstly, there is a tremendous need for recreation programmes for these youth. The perspectives regarding why there is a need, largely corresponded between the staff and the students; both groups focused on the need for development and learning opportunities. The students emphasised the lack of recreation programmes and of facilities.

Secondly, it became clear from the information gathered that the benefits that can be gained through the participation of recreation programmes are multiple. The staff saw the social, especially within the community, and psychological benefits as the most prominent. The students focused on the social benefits as well, but more on friendships, as well as the psychological benefits, with the emphasis on their positive future as a result of being part of Thanda ASP. Therefore it is clear that from both the staff and students' perspectives, although their specific focuses may be different, they see recreation participation as essential and also highly beneficial.

6.3 RECOMMENDATIONS

The results from this study emphasized the importance of research regarding the benefits of recreation programmes for specifically AIDS orphans in a South African context. Only through scientific research can the need and also the benefits of recreation programmes of AIDS orphans be justified.

It is recommended that future research should focus on:

- The different recreation programme areas regarding what recreation benefits can be linked with what specific recreation programme area.
- The development of recreation programmes, specifically for AIDS-affected youth, according to their specific needs and outcomes needed.
- The effect in terms of benefits of an exclusive recreation programme for AIDS orphans, as oppose to an inclusive recreation programme for AIDS orphans and other youths.

Certain shortcomings in this study were, however, indicated:

- The study was confined to a single context; therefore the findings cannot necessarily be generalized to the entire AIDS orphan population. This is reported as a general problem with qualitative research; therefore it is

suggested that further research should make use of quantitative studies to determine what benefits recreation participation offers AIDS orphans.

- Language difficulties experienced with some of the student participants were problematic. It is suggested that the services of an interpreter be used when collecting data by interviewing participants who are not fluent in the language used by the researcher.

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An abstract of 200-250 words is required with up to a maximum of 5 words provided below the abstract. Abstract must be typed on a separate page using single line spacing, with the purpose of the study, methods, major results and conclusions concisely presented. Abbreviations should either be defined or excluded.

Text:

Text should carry the following designated headings: Introduction, materials and methods, results, discussion, acknowledgement, references and appendices (if appropriate).

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Findings should be presented precisely and clearly. Tables and figures must be presented separately or at the end of the manuscript and their appropriate locations in the text indicated. The results section should not contain materials that are appropriate for presentation under the discussion section. Formulas, units and quantities should be expressed in the *systeme internationale* (SI) units. Colour printing of figures and tables is expensive and could be done upon request authors' expense.

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The discussion section should reflect only important aspects of the study and its major conclusions. Information presented in the results section should not be repeated under the discussion. Relevant references should be cited in order to justify the findings of the study. Overall, the discussion should be critical and tactfully written.

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For one or two authors; Kruger (2003) and Travill and Lloyd (1998). These references should be cited as follows when indicated at the end of a statement: (Kruger, 2003); (Travill & Lloyd, 1998). For three or more authors cited for the first time in the text; Monyeki, Brits, Mantsena and Toriola (2002) or when cited at the end of a statement as in the preceding example; (Monyeki, Brits, Mantsena & Toriola, 2002).

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Examples of journal references:

Journal references should include the surname and initials of the author(s), year of publication, title of paper, name of the journal in which the paper has been published, volume and number of journal issue and page numbers. For one author: McDonald, A.K. (1999). Youth sports in Africa: A review of programmes in selected countries. *International Journal of Youth Sports*, 1(4), 102-117.

For two authors: Johnson, A.G. & O'Kefee, L.M. (2003). Analysis of performance factors in provincial table tennis players. *Journal of Sport Performance*, 2(3), 12-31.

For multiple authors: Kemper, G.A., McPherson, A.B., Toledo, I. & Abdullah, I.I. (1996). Kinematic analysis of forehand smash in badminton. *Science of Racket Sports*, 24(2), 99-112.

Examples of book references:

Book references should specify the surname and initials of the author(s), year of publication of the book, title, edition, page numbers written in brackets, city where book was published and name of publishers. Chapter references should include the name(s) of the editor(s) and other specific information provided in the third example below:

For authored references: Amusa, L.O. & Toriola, A.L. (2003). *Foundations of Sport Science* (1st ed.) (pp. 39-45). Mokopane, South Africa: Dynasty Printers.

For edited references: Amusa, L.O. and Toriola, A.L. (Eds.) (2003). *Contemporary Issues in Physical Education and Sports* (2nd ed.) (pp. 20-24). Mokopane, South Africa: Dynasty Printers.

For chapter references in a book: Adams, L.L. & Neveling, I.A. (2004). Body fat characteristics of sumo wrestlers. In J.K. Manny and F.O. Boyd (Eds.), *Advances in Kinanthropometry* (pp. 21-29). Johannesburg, South Africa: The Publishers Company Ltd.

Example of electronic references:

Electronic sources should be easily accessible. Details of Internet website links should also be provided fully.

Consider the following example: Wilson, G.A. (1997). Does sport sponsorship have a direct effect on product sales? *The Cyber-Journal of Sport Marketing* (online), October, 1(4), at <http://www.cad.gu.au/cjism/wilson.html>. February 1997.

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APPENDIX B

LETTER OF INFORMED CONSENT

ENGLISH LETTER



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LETTER OF INFORMED CONSENT

for the research project titled:

THE PROVISION OF RECREATION SERVICES FOR YOUTH AT RISK WITH SPECIAL REFERENCE TO AIDS ORPHANS

You are invited to take part in the research project "The provision of recreation services for youth at risk with special reference to AIDS orphans". The research form part of a master's degree study at the North-West University, Potchefstroom Campus.

The purpose of this study is to determine what are the necessity and benefits of recreation programmes for AIDS orphans in South Africa? THANDA ASP has been identified as a programme that provides recreational programmes for youth orphaned by AIDS and therefore the researcher has decided to use THANDA ASP, its students and staff, as participants in the research project. To be able to take part in the study **you must be involved in THANDA ASP**, either as a student or as a

staff member. If you give your consent your name will be made available to the researcher and she may contact you for an interview. You'll be interviewed by the researcher about your **opinion** on the necessity and benefits of recreational programmes (like THANDA ASP), so there are no right or wrong answers it will be more like a conversation between you and the researcher about what you think! The interviews will be held at THANDA ASP, during the afternoon when you are at the programme. The interviews will last between 30 and 45 minutes, but it will be very relax and you will be able to take a break any time you need to.

The researcher **guarantee confidentiality**, your real name will not be use, you will be asked to pick your own pseudom (fake name) and that will be used when reporting the information gathered during the interview. No one except the researcher will have access to the original information gathered during the interviews.

What is in it for you and your community, why would you want to participate in a study like this?

- The information gathered during this study will contribute to understanding the extent of the challenges associated with AIDS among adolescents and the nature of existing recreation programmes.
- Secondly it will provide insight into the possible necessity of these programmes for AIDS orphans that can aid in generating funding for these programmes.
- Thirdly with this information limitations can be identified, to improve the quality of life of AIDS orphans by developing better intervention programmes.

When will these interviews take place?

Between **16 - 20 June 2008**, 14:00 – 17:00 in the afternoon at THANDA ASP. The researcher will make an appointment with you for an **hour** during that week for your interview.

It is important that you understand the following as well:

- Participation in the project is completely **voluntary** and no pressure may be placed on you to take part.
- It is possible that you may not derive any benefit personally from your participation in the project, although the knowledge that may be gained by means of the project may benefit your community and other youths affected by AIDS.
- You are **free to withdraw** from the project at any time, without stating reasons, and you will not be harmed by doing so. However, you are kindly requested not to withdraw from the project without careful consideration, since it may have a detrimental effect on the reliability of the project.

- By agreeing to take part in the project, you are also giving consent for the data that will be generated to be used by the researcher for scientific purposes as she sees fit, with the caveat that it will be **confidential** and that your name will not be linked to any of the data.
- You are encouraged to **ask the researcher any questions** you may have regarding the project and the related procedures at any stage. She will gladly answer your queries. She will also discuss the project with you in detail.
- If you are a **minor**, the written consent of your parent or legal guardian is required before you participate in this project, as well as your voluntary assent to take part.
- The project objectives are always secondary to your well-being and actions taken will always place your interests above those of the project.

If you need any help, feel uncertain or have any questions regarding the project, feel victimized or have any other complaints related to the project, or wish to terminate your participation to the project, please contact the researcher.

Yours sincerely
Cornelia Schreck

**THE PROVISION OF RECREATION SERVICES FOR YOUTH AT RISK WITH SPECIAL
REFERENCE TO AIDS ORPHANS**

CONSENT OF PARTICIPANT:

I, the undersigned _____
(full name & surname)

have read the information in connection with the project, and have heard the oral version thereof and I declare that I understand it. I was given the opportunity to discuss relevant aspects of the project with the researcher and I hereby declare that I am taking part in the project voluntarily.

Signed at _____

Signature of participant

Date

LEGAL PARENT / GUARDIAN:

For all research with participants under the age of 18 year, the written consent of the parent or legal guardian is required.

I, the undersigned _____
(full name & surname of parent / legal guardian)

the _____ (relationship) of the participant mentioned above, hereby give consent for him / her to take part in this project and hereby exempt the NWU, as well as any employee or student of the NWU, from any liability from any detrimental effect that may arise in the course of the project, unless such injury or damage is caused by the negligence of the NWU, its staff and / or its students. I further declare that I have read the information in connection with the project and I declare that I understand it. I was given the opportunity to discuss relevant aspects of the project with the researcher.

Signed at _____

Signature of legal parent /guardian

Date

UKUHLINZEKA NGEMIDLALO YOKUPHUMUZA UMQONDO ENTSHENI ESENGOZINI

Uyamemywa ukuba iqhaza ocwaningweni “ukuhlinzeka ngemidlalo yokuphumuza umqondo entsheni esengozini”. Ucwangingo luyingxenye yeziqo zemfundo ephakeme eNorth-West, ePotchefstroom.

Inhloso yalolu cwangingo ukuveza ukuthi yiziphi izidingo nensizakalo ngezinhlelo zemidlalo yokuphumuza umqondo nokunye entsheni yaseNingizimu Afrika? ITHANDA ASP isithathwe njengohlelo olunikezela izinhlobonhlobo zezinhlelo zokuphumuza umqondo entsheni. Ngalokho-ke umcwangingi umqume ukusebenzisa ITHANDA ASP, abafundi nabasebenzi abangaphansi kwayo, ekubeni babe ingxenye yalolu cwangingo. Ukuze ukwazi ukubamba iqhaza kulolu cwangingo **kumele ubandakanyeke kwiTHANDA ASP**, kungaba njengomfundi noma njengomsebenzi. Uma uvuma ukuba ingxenye igama lakho lizovezwa kumcwangingi futhi angakuthinta ukuba abenenqoxo nawe laphe eyobe ekubuza imibuzo ngenhloso yokuthola ulwazi kuwe. Uzobuzwa uyena umcwangingi, uzokubuza mayelana **nombono** wakho ngezidingo nensizakalo ngezinhlelo ezinjengo THANDA ASP, ngakho-ke azikho izimpendulo eziliqiniso nomo ezingasilo, lokhu kuyofana nenkulumonqoxo phakathi kwakho nomcwangingi ngemicabango yakho ngalezi zinhlelo ezinjengo THANDA ASP. Lezi zingxoxo zizothatha phakathi kwemizuzu engama-30 kuya kwengama-45, kodwa ziyobe zikhululekile ngoba uyokwazi ukuthatha ikhefu noma ingasiphi iskhathi.

Umcwangingi **uyakuqinisekisa** ukuthi igama lakho langempela angeke lisetshenziswe, uyocelwa ukuba uthathe noma usebenzise igama okungasilo elakho ngempela. Lelo gama lakho okungasilo langempela lityosetshenziswa ngenkathi sekuthukwa ulwazi olutholwe engxoxweni.

Yini enayo ngawe nangomphakathi wakho, kungani ufuna ukuba ingxenye yalolu cwangingo?

- Ulwazi olutholwa kulolu cwangingo luzonikezela ekuqondeni ububanzi bezinselelo zengculazi entsheni nasendalweni yobukhona kwenhlelo zokuziphumuza.
- Okwesibili zonikezela ukubona okucashile ekubalulekeni kokufuneka kwalezi zinhlelo entsheni nasezintandaneni futhi ingasiza ekutholweni kwezimali ezingasiza ekugcineni lezi zinhlelo zikhona.
- Okwesithathu, ngalolu lwazi kungenziwa ngcono izinga lempilo yentsha nezintandane ngokuthi kuthuthukiswe kangcono lezi zinhlelo.

Zizokwenzeka nini lezi zingxoxo?

Phakathi **komhlaziyi-16 kuya kumhlazingama-20 kuJune 2008**, ngehora lesi-2 kuyakwelesi-5 ntambamae THANDA ASP. Umcwaningi uzonqumqa usuku nawe nehora lengxoxo phakathi kwalelo onto lezingxoxo.

Kubalulekile ukuba uqonde lokhu okulandelayo ngokunjalo:

- Ukhlanganyela kulokhu akusiyo impoqo futhi akekho oyokuphoga ukuba ubambe iqhaza.
- Kungenzeka ungasusi ulwazi noma umbono ngempilo yomunye umuntu, noma ngabe lolo lwazi lungasetshenziselwa inzuzo ethile nogmphakathi wakho.
- Akumele ugwazelwe ukuba ubambe iqhaza.
- **Ukhululekile ukuba ungahoxa** kulolu cwaningo noma ingasiphi isikhati, ngaphandle kokubeka izizathu, futhi angeke wenzakaliswe ngokwenza njalo. Noma kunjalo, uyacelwa ukuba ungahoxi ngaphandle kokuqhaohelisisa kahle umcabango wakho.
- Ngokuvuma ukukhlanganyela kulolu cwaningo, uyobe usunika imvume kumcwaningi yokusebenzisa imininingwane ayoyithola engxoxweni nawe, leyo mininingwane uyoyisebenzisela izinhloso ezithile zesayensi azibona zifanele. Ngalesi sixwayiso, lokhu kuyoba **imfihlo** futhi igama lakho angeke lihlanganiswe nanoma yimuphi wale mininingwane.
- Uyakhuthazwa ukuba **umbuze umcwaningi noma yimuphi umbuzo** ongaba nawo ngalolu cwaningo noma imibuzo ehlobene nenqubo mgomo yalolu cwaningo kunoma kuliphi ibanga. Uyokuphendula ngenkulu injabulo. Uyophinde axoxisane nawe kabanzi ngale project.
- Uma usayingane, imvume yomzali nama umqaphi osemthethweni iyadingeka ngaphambi kokuba uhlanhanyele kulolu cwaningo.
- Impokophelo yocwaningo ingeyesibili konke okuyokwenzeka kuyobe kubekwe ukunakwa kwakho phambili kunalokho kocwaningo.

Uma udinga usizo, uzuzwa ungabaza noma unemibuzo ngalolu cwaningo, uzuzwa uhluphekile/uhlukumezekile ngalolu cwaningo noma unezinkonondo ezihlobene nalolu cwaningo, noma ufisa ukumisa ukubamba kwakho iqhaza kulolu cwaningo, uyacelwa ukuba uchinte umcwaningi.

Ozithobato

Cornelia Schreck

UKUHLINZEKA NGEMIDLALO YOKUPHUMUZA UMQONDO ENTSHENI ESENGOZINI

IMVUME YOMHLANGANYELI:

Ngingu _____ osayinile ngezani
(igama eligcwele nesibingo)

Ngifudile futhi ngaluthola lonke ulwazi oluhlobene nalolu cwaningo, futhi ngikuzwile ukulandiswa / ukuchasiselwa. Futhi / ngakho ngiyavuma ngokugcwele ukuthi ngikuqonde konke. Nganikwa ithuba lokuxoxisana nomcwaningi ngokuhlobene nalolu cwaningo, ngalokho-ke ngiyavuma ukubamba iqhaza / ukuhlanganyela ngaphandle kokuphoqwa.

Yasayinwa mhlazi _____

Ukusayina komhlanganyeli

Usuku

UMZALI OSEMTHETHWENI / UMQAPHI:

Abahlanganyeli abangaphansi kweminyaka eyi-18, kudingeka imvume yomzali osemthethweni.

Ngingu _____ osayinile ngezani
(igama eligcwele nesibingo somzali / umqaphi osemthethweni)

_____ (ubuhlobo) nomtwana ongumhlanganyeli obhalwe ngaphezulu. Ngalokhu ngimnika imvume umtwana ukuba ahlanganyele / abambe iqhaza kulolu cwaningo, futhi ngalokhu ngiyayikhulula iNorth-West University (NWU), ngokunjalo nabaqashwa noma abafundi bayo kunima iyiphi imithelela eyingozi engaqhamuka ngesikhathi sokuqhubeka kocwaningo, ngaphandle-ke uma ubungozi budalwe ukunganaki / ubudedengu be (NWU), abasebenzi / abafundi bayo. Ngiyavuma ngokugcwele ukuthi ngifudile futhi ngaluthola lonke ulwazi oluhlobene nalolu cwaningo, futhi ngiyavuma ukuthi ngikuqonde konke. Nganikwa ithuba lokuxoxisana nomcwaningi ngezinto ezihlobene nalolu cwaningo.

Yasayinwa mhlazi _____

Ukusayina komzali osemthethweni noma

Usuku

SEMI-STRUCTURED INTERVIEW SCHEDULES

STAFF INTERVIEWS

Opening:

- Introduce self: *Cornelia Schreck*
- *"Please sit, how are you?"*

Introduction:

- Explain purpose of research:
 - To show the importance of these programmes*
 - More funding and more programmes*
- Explain reason for voice recording:
 - Anonymity*
 - Remember all the information*
 - Ask permission to use recorder – switch on and test!!!*
- *"Do you have any questions about what I just explained"*

Core:

1. Tell me what you do at THANDA?
 - Programmes involved in
 - A day at your programme?
 - What do you like most?
 - can you say something more about...
 - do you have further examples of...
 - have you experienced this yourself?
2. Why do you volunteer /work at the THANDA programme?
 - Get to benefits
3. How does participation in the THANDA program affect the students?
 - Physical (fitness, health)
 - Socially (friends, family, teachers)

- Emotionally (happy)
- Psychological (Academics, skills)

4. What other activities / services would you like to see at THANDA – why?
 - What prevent the implementation of these programmes?
 - What prevent other kids from attending THANDA?
 - What challenges do AIDS orphans have? (recreational)

Closing:

"Lastly just basic information:

- *your age?*
- *how long have you been involved with THANDA?*
- *how long do you plan to stay at THANDA?*
- *land of birth*
- *highest qualification*
- *"Thank you very much for your time , any question that you have?"*
- Switch off voice recorder

STUDENT INTERVIEWS

Opening:

- Introduce self: *Cornelia Schreck*
- *"Please sit, how are you?"*

Introduction:

- Explain purpose of research:
 - To show the importance of these programmes*
 - More funding and more programmes!*
- Explain reason for voice recording:
 - Anonymity*
 - Remember all the information*
 - Ask permission to use recorder – switch on and test!!!*
- *"Do you have any questions about what I just explained"*

Core:

1. Tell me what you do at THANDA?
 - Programmes involved in
 - A day at your programme?
 - What do you like most?
 - can you say something more about...

- do you have further examples of...
- have you experienced this yourself?

2. Why do you attend the THANDA programme?

- Get to benefits

3. What did you do in the afternoons before you came to THANDA?

- Activities (Physical)
- Friends (Socially)
- Relationship with parents / teachers (Emotionally)
- Psychological

4. What other activities / services would you like to see at THANDA – why?

- What other programmes would you like to do – why can't you?
- What prevent other kids from attending THANDA?

Closing:

"Lastly just basic information:

- your age?*
- your grade?*
- with whom to you live*

-"Thank you very much for your time , any question that you have?"

- Switch off voice recorder

APPENDIX D

TRANSCRIBED INTERVIEW : AN EXAMPLE

INTERVIEW WITH STAFF ART (D):

PLACE	WHO	WORDS
0M07S	Interviewer	I have told Mc and Th as well, this is totally anonymous, I won't be ...umm... using your name at all, it'll be employee of THANDA or volunteer at THANDA (TALKING IN THE BACKGROUND) so whatever you say I won't say Hb said that. Umm... I think I just going to start just tell me your day, you are the Art teacher?
0M33S	Respondent	Yes...
0M35S	I	Just tell me a day at THANDA, what you do?
0M36S	R	A day ...umm... well... umm... the whole day or from when the kids come?
0M42S	I	Umm... ja, you can tell me the whole day
0M44S	R	Okay ...umm... well I'll start at the beginning, so we get there at 10, it's Td and I... who work together to do art, she is a local staff member hired by THANDA and I...
0M54S	I	What's her name?
0M55S	R	Td...
0M56S	I	...was she umm... there on Monday?
0M57S	R	She was...
0M57S	I	Ja, I think I met her
0M59S	R	Yeah, yeah, (GIGGELS) she was there. So we work together, and we, in the mornings we usually think up of activities... and lesson plans... that we will do that week or the following week. Usually like the whole term is ...umm... have like a sort of theme and that's divided up in units and then lessons, so it's, it's fairly well thought out, an assemble of lessons and then, we do that in the morning and then break for lunch and then in the afternoon we get ready for the activity that day and the lesson plan that day. And then the students usually come in at about 3, and we sit down and give them food and feed them. (STILL TALKING IN THE BACKGROUND)
1M39S	I	So, they eat at the programme?
1M41S	R	They eat in the art room. Uhm all the art students eat together and then spent the whole afternoon together. And the way we divide our days up, is on Monday and Wednesday we do all academic work, all homework ...umm... and we just you know spent as much time as we can and helping them with their academics, you know whether it be it Maths or accounting and when they have questions that you know Th or I don't have the ability to answer, so you know we will have a sign-out sheet where they can like ...umm... sign put for a specific study... like you know maths-quadratic-equations (LAUGHTER) so like they can sign up and be very specific and then we go into the teacher research room and then one of

		us will go and learn, so that the following academic day, we can then teach them. So we try to work with them on that, on the academic aspect and then... on Tuesdays and Thursdays from 3 to 5 ...umm... we devote all our time to art projects and sometime just a one day lesson and sometimes it's like a two week long activity that they are taking their time to develop, like that...
2M51S	I	What type of art do you do?
2M52S	R	Umm... well... the first term we focused on umm... like basic drawing skills, and just getting the students use to drawing, you know because it is something that they've done a little bit, but they have never really, really explored their drawing talents and they're very use to copying things, you know so we were trying to break through that and get them to like ...umm... think in their imagination and then be able to draw things from life and ...umm... they also came with like a ...umm... like a expectation of like what made something good you know, you know like I don't know... just like they had a high expectation of the finished product, you know so we're trying to like loosen them up, getting them to think abstractly like ...umm... critical think a little bit more. So that was the first term. And this term it's been... all of the students have picked a personal theme that they are sticking to, so that they can really dive deeper into one subject, and so... for example like one of our students picked the theme of community, so every, every unit, and every project that we work on this term, ...umm... will relate to their community theme. So it's nice, 'cause then they can like pin point something and then they learn how to relate... different things, like with community they can do school and they can do church and they can do their family, so they have to think outside the box, like what constitute to their community and like how can we portray it, what can we say about it and things like that you know. So this term we've done photography, I know, they loved it, and we did painting... and some other projects that were a little bit like you know smaller. Getting everybody ready like art theory and like reading art and so...
4M49S	I	I love it as well, I... I had art history at university as well, I absolutely loved it, but then it started clashing with my other subjects (LAUGHTER)...it sucked. I really, really enjoyed it as well... But I saw also on Monday, with the cameras, they all... everybody with the cameras, they just want to take the pictures, they love...
5M15S	R	They really love it, they do... and we're trying to take advantage of that, you know probably like finding their interest and then really... direct our energy into like what they do and like to do and so...
5M30S	I	How many kids are there in the art programme?
5M31S	R	There... are... about... 20
5M34S	I	Big class... art
5M35S	R	It is a big class, ye. There were 22 but for varies reasons we lost 2, I think one moved and one I'm not sure...
5M44S	I	The age group?
5M46S	R	It is all high school, it's 8 tot 12 grade
5M52S	I	It sounds really, really good. I was looking at the programme... If I was a volunteer I think I would have liked the art programme. Not that I can draw or anything it is just (TALKING UNCLEAR)... They enjoy it, they are not used to doing as well... soccer they play at home, they are use to play, but I think some of the art is something totally different.
6M13S	R	Yeah, I think they are amazed with themselves, like if they look and see what they've created, you can see in their eyes, they had no idea that it was possible, it's like, it's the most rewarding part you know really.
6M26S	I	Then something else, why did you decide to come to THANDA? How did you end up, because it is quite a big step to become part of THANDA For how long are you here?
6M36S	R	Umm... I'll be here until October and November.

6M40S	I	That's a really long time, from February?
6M42S	R	From February, yeah. I will be a long time, but ...umm... you know I just graduated from university and I did my last semester abroad, and I had a lot of interaction with ...umm... like orphanages and vulnerable children, and I were just very like, I were just like visiting and observing for the most part, but really get a taste of what, what the need is in the world and so I came back and met a college friend, Sb, she's also here, she works with the...
7M14S	I	Yeah (TALK ABOUT SB – IRRELEVANT)
7M22S	R	(NOISE IN THE BACKGROUND) Umm... We went to college together, and we're good friends and she's been working with the jewellery sales of Thanda, for the last few years, and knows AL very well, and ...umm... they needed, you know they had this plan to do a art programme, but they haven't found any one yet, you know I thought this would be a great opportunity for myself, because it is like a organization that's just starting, I read through all their information and booklets, you know their strategies, and plans and were just like... You know I could see them working you know and it's just like a new way of thinking, like a new approach, very holistic, thinking about things that most organizations tend to look past and stuff like that. Just to be part of THANDA and what we do and to actually be a part of the start-up crew, like have a say, I could see it develop and grow and be part of that, so... I couldn't help it... (LAUGHTER)
8M17S	I	I think what you say about the holistic view as well, I think that's one of the big benefits; you can say that of THANDA. I think, they, you guys are giving them food, and they, you are focusing on making sure they are healthier, but it's more than that. It's not just a... and that is what interested me in the end as well, that somebody looking at the other things, I mean...
8M41S	R	Exactly what you are talking about...
8M43S	I	...and would you say THANDA is running now for a while ...umm 4 months, hay?
8M47S	R	4 almost 5 months, yeah, Uh...
8M50S	I	I know it's a very short time already, but can you see a difference in the children? Now you work with those 20 that you work with?
8M58S	R	AAA... YES! Definitely see the difference, just the way, like... when we first got here, they were all, I mean I don't know, just like newcomers, much more reserved and shy and you know not, they didn't want to speak out in class, or answer questions. And You know in the pass like month or so, you can see them with a smile on their face, eager to ask questions, even like have debates and discussions with their peers and just... they are just like happier you know like, they dance, and they sing and they just like... You know go off with like smiles on their faces and they joke with you. And then on the other half of that, like some of them do have like very... serious problems at home, and over the time like you see them come to you more often and like confide in you, and trust you. I think they trust people that they are in THANDA with, even their high school peers, and ja I have seen a difference and we have also heard from you know, neighbouring teachers like those that are in THANDA has been like, you know the change is enough for them to notice, so...
10M10S	I	Friends wise? Would you say socially ??? Because they are probably, they are all in the same school? So they knew each other before hand...
10M21S	R	Yeah, there's, there's 2 schools that are represented, one ...umm... is Unzemnaja but that is only because some of the people at Sacred Heart goes to Unzemnaja. THANDA... works primarily with Kati, but there are a couple Unzemnaja children, but ...umm... socially they seem... to like have a lot more confidence in themselves and... You know you can see them, like... you can hear them talking about like the negative, like people, like some people you know, sit around after school, get into trouble, and do bad things and we see them like making choices, umm.. and they tend to be making the right choices form what we can tell, you know and like just the fact that they are taking notice of people are doing, you

		know participating in negative activities and like...
11M10S	I	...if they were, they are not anymore right now.
11M13S	R	Right, yeah, and then you see, you see the THANDA kids like... you know partner up a little bit too you know, so they're making really good friends you know that they can share their interests with, you know...
11M25S	I	It's really good, amazing really what you guys are doing here. I hope we can get, it will get further funding that you can get satellite THANDA's out to the other communities. I think it is amazing that as well... So, when we got there on Monday, that little faces, how they all light up when the THANDA vehicles drive in, they were all like Yeaaaah... 'cause they, they're so happy and I think this, this time now with the rain and stuff is not very nice for them either 'cause they can't go to school, they can't come to the project... Umm... Something else, if you... what would you say is the biggest limitations at the moment that THANDA has in reaching the community and ...?
12M11S	R	Limitations? It's probably... the... umm... (LAUGHTER) This week it's the weather... ye, ye, this is very rare, this has never happened! You came on a bad week. Umm... you know in the beginning what was really hard was ...umm... the inability to take more kids, you know because, we want especially, we want to be able to like serve all of Khati, you know and it's really hard just you know have to be selective and do a application process when everyone really is in the same boat, like we don't know, how like to read an application to say this person is deserving you know. That was the hardest and like at the time really difficult that we couldn't just take everyone in, like you know. To really be able to influence the whole school and that whole part of the community so that they can help and support each other you know, 'cause they now have like a imbalance, little bit, so that was probably one of the hardest things, really. And time, time has been a little bit of a cruncher recently, in the winter months because of the sun goes down earlier, so ...umm... that's been hard, just working with the sun, but there is nothing really you know...
13M34S	I	I was thinking as you said to reach the whole community, you need more people, get more people... And I hope this research helps you in funding to get little Thanda's everywhere...
13M48S	R	Yeah, That would be nice. Yeah definitely. I think that is one of our hopes and goals you know, to really get this one, to kinda experiment with this one, get it straight, see what we succeed in, maybe what we can work on more and then hopefully, you know we'll inspire others to take... you know...
14M10S	I	Just some basic questions, if you don't mind? It is anonymous, just to help with the data. May I ask what is your age
14M19S	R	What's that
14M20S	I	Your age?
14M21S	R	24
14M22S	I	You did study before you started working?
14M27S	R	Right
14M29S	I	What did you study?
14M30S	R	I studied art and anthropology
14M31S	I	Ooo, ja in what university?
14M34S	R	What's that?
14M35S	I	Where did you study that?
14M36S	R	Aaa, in... at Ifaca (???) College that is in upstate NY, that is about 4 hours north from the city
14M44S	I	And you are originally from America?

14M46S	R	Umh, ye form Philadelphia, south of New York (LAUGHTER)
14M54S	I	Umm... thank you, ...umm.. I think that is it

PARTICIPANT JOURNAL ENTRY : AN EXAMPLE

My Journal.

Andile Cele.

My name is Andile and my surname is Cele. I live at KwaQwabe. I am 17 years old. I am a girl. I was born on 9 October 1997 at KwaQwabe. In 1997 I started the school at umsinzini JP School. I got to parent matter of father and five of sister of two brother in my family. On 2003 I live with my grandmother only family at home. My grandmother was love and support me my grandmother like mother because in my life I buy everything for me special women. On 2007 my grandmother died my heart is broken and my mind is affected in my life is not over save my life.

Before Thanda project are here I was go home early at 3h30. I have not homework and I have not playing the netball. After Thanda project get something like get homework English language only and English read very beautiful and clearly and if I not understanding the teacher in Thanda we help you to understanding so that we understood everything in English. English was very difficult to talk other person who are not understanding English even when I go many people use English. The English are important language. Thanda needed to help the child who are not understood English. I love English because the subject use English write something like Maths use English to understand and other subject they are use at school. I want to say THANK YOU Thanda project get many thing with THANDA I LOVE THANDA project.

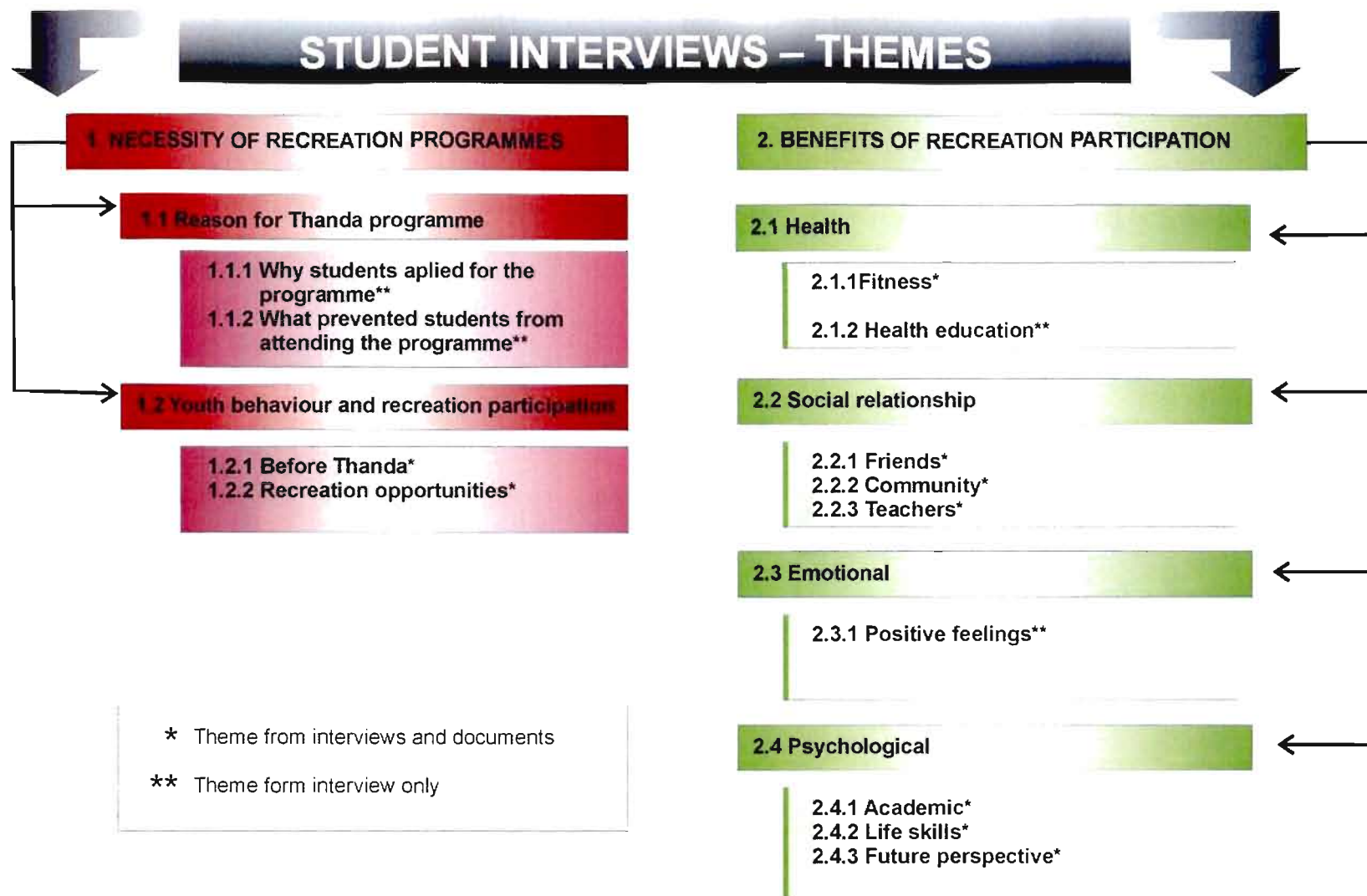
The difference between teacher of Thando and at school.
The teacher in Thando Mrs Mosipho good in English.
If reading English we get something we not understanding
and Mosipho help me to correct English. I love Mosipho.
Because we listen other person if we have problems
understanding other.

The teacher of school in
the teacher was good in English try better
English in child. the teacher at school not listen
other persons if we have problems are need you.
problems to understanding other.

APPENDIX F

DIAGRAMMES OF EMERGED THEMES





APPENDIX G

PERMISSION LETTERS

THE ETHICS COMMITTEE OF THE NORTH-WEST UNIVERSITY



NORTH-WEST UNIVERSITY
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22 Julie 2008

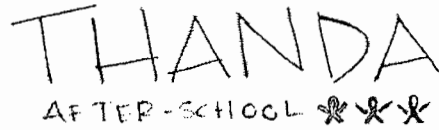
ETIEKAANSOEK: NWU-0022-08-S1 (C.DP. MEYER)

Die aansoeker het bevredigend op die vrae van die evalueerders geantwoord. Ek beveel etiese goedkeuring van hierdie projek aan.

Vriendelike groete

Prof. H.H. Vorster

THANDA AFTER SCHOOL PROGRAMME



16 March 2008

To whom it may concern,

This letter certifies that Thanda After-School gives permission for Cornelia Schreck to conduct research at the Thanda After-School Programme in Mtwalume, KwaZulu-Natal, South Africa. We have spoken with Cornelia regarding her research and we have reviewed her proposal.

She has permission to interview the students and staff involved in the Thanda After-School Programme, and other members of the community if necessary.

Please contact us with any further questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Angela Larkan", with a long horizontal flourish extending to the right.

Angela Larkan

Executive Director

Thanda After-School