

A social group work empowerment
programme for male youth who are on
antiretroviral therapy

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**A social group work empowerment programme for
male youth who are on antiretroviral therapy**

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I dedicate this study to my late:
Father Mr. Joseph Mabo and
Sister Miss Ellen N. Mabo

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SUMMARY

Title: A social group work empowerment programme for male youths on antiretroviral therapy

Keywords: Antiretroviral therapy, empowerment, male, programme, social group work, youth.

The HIV and Aids pandemic not only has an impact on women but also on men. Young people in their early and late adolescent years, between the ages 12 and 24 years of age, find themselves in a period of exploration and experimentation that can enhance high-risk sexual behaviour. In research done in South Africa it was estimated that half of all young men and woman are sexually active by the age of 16. Unfortunately, we in South Africa live in an era where HIV and AIDS do not allow such behaviours and this situation makes male youths one of the most vulnerable groups in our society to be infected by the HI-virus.

This study focused on male youths on ARV therapy (ART). The antiretroviral therapy requires maximum adherence from the people living with HIV and AIDS. Adherence to antiretroviral therapy poses a great challenge to the youth, especially if they are unemployed and have families who depend on them for financial as well as emotional support.

The **aim** of this study was to evaluate the impact of a social group work empowerment programme on male youths undergoing ARV therapy.

To achieve the aim of this study the following **objectives** were set:

- *To investigate the needs of male youths on ARV therapy in a rural area.*

This objective was achieved by obtaining a theoretical perspective from the literature as well as undertaking empirical research by means of the interviewing process. According to these findings male youths on ARV therapy have many needs, such as the need for more information on ARV therapy, the role of the Departments of Health and Social Development, the role of social workers, and how to disclose their HIV status to people other than their family members.

- ***To determine the role of social group work in empowering male youths who are on antiretroviral therapy to cope with the illness and ARV therapy by means of a literature study.***

It was important for the researcher to do a literature study on social group work to enhance her knowledge and skills, because this is a method of social work that she not often implemented in practice.

- *To develop and implement a social group work programme for male youths on ARV therapy.*

The social group work empowerment programme for male youth on ARV therapy was implemented over nine group work sessions and tested on 10 respondents who were part of the needs assessment and were willing to be part of the group work programme in the rural area of the Motheo District. The programme consisted of nine group sessions with different topics discussed in each session for the empowerment of the target group. According to the group members, they acquired adequate skills to enable them to act properly in solving their problems. The programme impacted a lot on how they felt about themselves and the circumstances around them.

- *To evaluate the effectiveness of the social group work empowerment programme on male youths on ARV therapy.*

This objective was achieved in the sense that the general satisfaction of the young men had increased according to the Generalized Contentment Scale (GCS) of Perspective Training College. The measuring scale was utilized before the first session started, at the end of the fifth session (in the middle measurement phase), and at the end of the last session.

The findings from the research indicated that significant personal growth had taken place among the male youth on ARV therapy in a rural area. Scientifically proven research emerged from this study and proved that a well-designed social group work empowerment programme can enhance the social functioning and general contentment of the male youths on ARV therapy.

OPSOMMING

Titel: 'n Maatskaplike groepwerk-bemagtigingsprogram vir jeugdige mans op antiretrovirale terapie

Sleuteltermes: Antiretrovirale terapie, bemagtiging, manlik, program, jeugdige, maatskaplike groepwerk.

Die MIV- en Vigs pandemie het nie slegs 'n invloed op vroue nie, maar ook op mans. Jongmense in hul vroeë en latere adolessensie, tussen die ouderdomme van 12 en 24, ondergaan 'n fase van ontdekking en eksperimentering wat hoë-risiko seksuele gedrag kan verhoog. Navorsing in Suid-Afrika het beraam dat die helfte van alle jong mans en vrouens seksueel aktief is teen die tyd dat hulle 16 jaar oud is. In Suid-Afrika bevind ons ons egter in 'n era waar MIV en Vigs sulke gedrag riskant maak. Hierdie situasie beteken dat jeugdige mans een van die groepe in ons gemeenskap is wat die mees vatbaar vir die MI-virus is.

Hierdie studie het gefokus op jeugdige mans wat antiretrovirale terapie (ART) ondergaan. Antiretrovirale terapie vereis dat pasiënte die behandelingsvereistes baie streng nakom. Jeugdige sukkel geweldig met hierdie streng nakomingsvereistes, veral wanneer hulle werkloos is.

Die doelstelling van hierdie studie was om die effek van 'n maatskaplike groepwerk-bemagtigingsprogram op jeugdige mans, wat antiretrovirale terapie ondergaan, te ondersoek.

Die volgende doelwitte is uit die doelstelling saamgestel:

- *Om die behoeftes van jeugdige mans in 'n landelike gebied, wat antiretrovirale terapie ondergaan, te ondersoek*

Hierdie doelwit is bereik deur 'n teoretiese perspektief vanuit die literatuur te bekom sowel as om empiriese navorsing deur middel van onderhoude te onderneem. Dié bevindinge het aangetoon dat jeugdige mans op antiretrovirale terapie talle behoeftes het, bv. die behoefte aan meer inligting oor antiretrovirale terapie, die funksies van die Departemente van Gesondheid en Maatskaplike Ontwikkeling, die rol van maatskaplike

werkers, en hoe om hul MIV-status bekend te maak aan mense wat nie hul familie is nie.

- ***Om die rol van maatskaplike groepwerk deur middel van 'n literatuurstudie in die bemagtiging aan jeugdige mans om met die siekte en antiretrovirale terapie te deel, te bepaal.***

'n Literatuurstudie was vir die navorser noodsaaklik om te kon bepaal wat die rol van groepwerk aan jeugdige mans op antiretrovirale terapie is. Dit is baie noodsaaklik dat maatskaplike werkers in hul dienslewering deur middel van maatskaplike groepwerk aan jeugdige mans op antiretrovirale terapie, kennis sal dra van die teoretiese begroning van maatskaplike groepwerk asook van die probleme wat hierdie persone ervaar in hul maatskaplike funksionering.

- *Om 'n maatskaplike groepwerkprogram vir jeugdige mans op antiretrovirale terapie te ontwikkel en te implementeer.*

Die maatskaplike groepwerk-bemagtigingsprogram vir jeugdige mans op antiretrovirale terapie is oor nege groepwerkssessies aangebied aan 10 respondente wat deel van die behoeftebepaling was, en gewillig was om aan die groepwerkprogram in die landelike gebied van die Motheo Distrik deel te neem. Die program het uit nege sessies bestaan en 'n nuwe onderwerp is tydens elke sessie bespreek om die teikengroep te bemagtig. Die groeplede het aangedui dat hulle voldoende vaardighede aangeleer het om verstandige probleemoplossing toe te pas. Die program het 'n groot invloed gehad op hoe die groeplede oor hulself en hul omstandighede gevoel het.

- *Om die doeltreffendheid van die maatskaplike groepwerk-bemagtigingsprogram vir jeugdige mans wat antiretrovirale terapie ondergaan, te evalueer.*

Volgens die Algemene Tevredenheidskaal (Generalized Contentment Scale) van Perspektief Opleidingskollege is die doelstelling bereik, aangesien die algehele tevredenheid van die jong mans verhoog het. Die meetinstrument is voor die eerste sessie, aan die einde van die vyfde sessie (in die middel) en aan die einde van die laaste sessie gebruik.

Die navorsingsbevindinge het aangedui dat die jeugdige mans in 'n landelike gebied wat antiretrovirale terapie ondergaan, beduidende persoonlike groei ondergaan het. Die navorsing wat uit hierdie studie ontstaan het, het bewys dat deeglike beplande maatskaplike groepwerk-bemagtigingsprogram die maatskaplike funksionering en algehele tevredenheid van jeugdige mans op antiretrovirale terapie kan bevorder.

FOREWORD

The article format has been chosen in accordance with the regulation A12.2.2 for the PhD (SW) degree. **It is important to note that each article must form a functional unit. This implies that some of the data have to be repeated in different sections.**

The articles will comply with the requirements of the South African Journal titled *Social Work/Maatskaplike Werk*.

INSTRUCTIONS TO THE AUTHORS

SOCIAL WORK/MAATSKAPLIKE WERK

The Journal publishes articles, short communications, book reviews and commentary articles already published from the field of Social Work. Contributions may be written in English or Afrikaans. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style of presentation does not conform to the practice. Commentary on articles already published in the Journal must be submitted with appropriate captions, the name(s) and address(es) of the author(s) preferably not exceeding 5 pages. The whole manuscript plus one clear copy as well as a diskette, with all the text, preferably in MS Word (Word Perfect) or ACSII must be submitted. Manuscripts must be typed, double spaced on one side of the A4 paper only. Use the Harvard system for references. Short references in the text: when words – for – word quotations, facts or arguments from other sources are cited, the surname(s) must appear in parenthesis in the text, e.g. “...” (Berger, 1976:12). More details about sources referred to in the text should appear at the end of the manuscript under the caption “References”. The sources must be arranged alphabetically according to the surnames of the authors.

STATEMENT

I Xoliswa Patricia Bungane hereby state that this research report *A social group work empowerment programme for male youths on ARV therapy* is a product of my own work.

.....

XP Bungane

.....

Date

SECTION A

INTRODUCTION

1. PROBLEM STATEMENT

In 2005 about 5.54 million people were estimated to be living with HIV in South Africa, with 18.8% of the adult population (15-49 years) and about 12% of the general population affected, according to the Department of Health (SA, 2006:7). The statistics for male youths in the age group 15 to 19 years infected with HIV and AIDS during 2009 was 2.5% and 6.7% for females in the same age group. 5.1% of males between the ages 20-24 years were infected and 21.1% for their female counterparts (SA, 2010:3). The infection rate of male individuals, seem to be much lower compared to statistics for females. According to research done by the Human Research Council of South Africa (2009:63), a decline in HIV prevalence at national level has been observed among children aged 2-14 years from 5.6% in 2002 to 2.5% in 2008; and among youths aged between 15 and 24 from 10.3% in 2005 to 8.6% in 2008. According to data received from the Department of Health's National Antenatal Sentinel HIV and Syphilis Prevalence in South Africa 2009 (SA, 2010:1-2), the estimated HIV prevalence among antenatal clinic attendees was 29.4% nationally and in the Free State 39.5%. According to these statistics the infection rate in the Free State is 10% higher than the national statistics, which indicates that HIV and AIDS is still a huge problem in the Free State.

The youth in South Africa, according to the Department of Social Development (SA, 2003), live under very harsh social and economic conditions, where they are exposed to and are vulnerable to HIV infection, violence and child abuse. Given the poverty in some areas, there are few resources for recreation, which leads to the exploration of problematic alternatives such as drugs, alcohol and risky sexual activities. According to Van Rensburg-Bonthyzen *et al.* (2008:107), we should start by recognizing the disease for what it is, understanding the social impact it has on individuals as well as on communities.

In 2003 the South African cabinet announced that government would provide antiretroviral therapy (ART), which was the operational plan for comprehensive HIV and

AIDS care. While the rollout of ART has brought much excitement and hope to patients, it has also brought many new questions and challenges (Maskew *et al.*, 2007:853). Bekker *et al.* (2006:316) add that, although there is a wide range of different approaches to delivering ARV therapy services, there are few insights into the service-delivery models that can best maintain patient care and pragmatic outcomes. Van Rensburg-Bonthyzen *et al.* (2008:107) elaborate that ARV therapy entails lifelong treatment and intensive assessment, monitoring and support of patients. Kagee (2008:414) agrees that adherence plays an important role in determining quality of life in either positive or negative ways. As social and behavioural factors affect adherence behaviour, these variables are likely to affect influences on health care utilisation and, therefore, outcomes.

According to Merzel *et al.* (2008:977), highly active ARV therapy involving multiple drug combinations has been proven effective in controlling clinical disease progression and reducing mortality rates among populations. As a result, the rate of new infections among infants has declined dramatically and parents, infected children and youths are surviving for longer. Cederfjäll *et al.* (2002:609) support the view that ART has resulted in a considerable decline in morbidity and mortality among HIV-infected patients. Antiretroviral medication should be introduced to suppress viral replication before irreparable damage to the immune system occurs. The treatment is complex and strict adherence to the medication is vital.

According to Malangu (2008:499), many factors have been identified as being associated with less than optimal adherence; the types of adverse effects involved with a lower level of adherence is less in South Africa. McInerney *et al.* (2008:267) agree that insufficient adherence leads to the failure of viral suppression, HIV replication and the development of viral multiplications and medication resistance. Johnson and McLeod (2007:30) add that research has revealed that there is a lack of sufficient understanding regarding HIV and AIDS and adherence to the antiretroviral therapy. Although access to Highly Active Antiretroviral Treatment (HAART) in the South African public health sector is closely monitored, much remains unknown regarding the numbers of HIV positive individuals who receive medication outside the public sector.

Involvement of social workers during ART roll-out would be crucial and beneficial to the clients especially the targeted youth who seem to be the difficult population group. This

would help in persuading them to strictly adhere to the antiretroviral programme. According to Herbst and De la Porte (2006:67), shock and numbness are natural reactions when someone experiences loss and is diagnosed with a life-threatening illness like cancer or HIV. Potgieter (1998:28) elaborates that people's thinking process plays an important role in their lives. Many of their needs and concerns, as well as their problems can be traced back to limited perception, flaws in their thinking, their misconceptions or their narrow world view. Some problem conditions, on the other hand, are so threatening that they overshadow people's ability to think clearly and objectively, which can become an important barrier in the process of change. Problem conditions that affect people may be the result of their way of thinking in the larger system to which they belong. A problem can develop from limited information, faulty choices, fears, anxieties, and self-blame, which may all be the result of how they think about ARV treatment.

Researchers have noted that there is a tendency towards women having been aware of their HIV infection for a longer time than men. This may be explained by their belief that women are generally more concerned about their health than men. According to Straub *et al.* (2007:107) findings demonstrate that relatively inexpensive and feasible group intervention, important in these days of cost containment, can have a significant impact on high risk youth in alternative education and juvenile detention facilities.

Access to ARV therapy is another critical factor which poses as a challenge to the youth, especially in their attempts to access ARV therapy from public clinics and hospitals. This is due to the fear of stigmatisation that people living with HIV and AIDS experience. Padarath *et al.* (2006:99) suggest that, despite an abundance of information and messages on the prevention of HIV and on the reduction of high risk behaviour, the youth are still perceived as engaging in high risk behaviour with reluctance to use condoms. Pearlman *et al.* (2002:39) add that supervised training of adolescents to develop and deliver prevention messages to their peers is effective, because it increases adolescent peer leaders' confidence to participate meaningfully in community health HIV and AIDS prevention efforts.

Social workers play an important role as part of the multi-professional team in providing services to people on ARV therapy. Support groups for the affected families and the infected youth are necessary for effective and efficient roll-out of the ARV therapy.

According to Truckenova and Viney (2007:450), group work with adolescents continues to be a challenging and important area in which both counsellors and researchers should collaborate to advance the understanding and treatment of adolescents. Boulle and Coetzee (2006:245) argue that structured counselling is still encouraged but not mandatory, while home visits are reserved for patients with identified social problems.

According to Jacobs *et al.* (2002:5) the social context of the group experience is valuable in many ways. Not only are maladaptive emotions and behaviours scrutinised and worked on, but members are also given the opportunity to discover how people honestly react to them over a period of weeks or months. Anderson (1997:30) elaborates that the small group is conceived from a human perspective which provides all-aiding respect for the individual's needs and potential for both autonomy and independence. This model views the human being as having inherent motivation and capacity to use the group as a mutual aid, to integrate individual freedom with social responsibility, and to develop the potential for both fulfilment and democratic social participation. Toseland and Rivas (2005:12) describe group work as a goal-oriented activity, which refers to planned, orderly worker activities carried out in the context of professional practice with people. This description suits the intervention model to be used for male youths who are on ARV therapy. Much research has been done on women but not much on men and especially young men on ARV therapy. According to Makahye (2008:313), the importance of gender at the centre of the HIV pandemic "*has often been interpreted as woman's issues and many HIV interventions have placed an even greater burden of responsibility on woman, with a tendency to overlook the constructive engagement of men. There is a general unwillingness on the part of men to regard HIV and AIDS as a problem that concerns them and there is general paucity of HIV and AIDS research and intervention programmes for men*".

2. RESEARCH QUESTIONS

This research study must answer the following questions:

- What are the needs and experiences of male youths while on antiretroviral therapy in a rural area?

- What is the role of social group work in empowering male youths who are on antiretroviral therapy to cope with the ARV therapy and their circumstances?
- What should the content of a social group work empowerment programme be to empower male youths on antiretroviral therapy a rural area to cope with the ARV therapy and their circumstances?
- What is the impact of the implementation of a social group work empowerment programme for male youths on antiretroviral therapy in a rural area?

3. AIM AND OBJECTIVES

Aim

The aim of this study was to evaluate the impact of a social group work empowerment programme for male youths on antiretroviral therapy in a rural area.

Objectives

The objectives towards achieving this aim were:

- To identify the needs and experiences of the male youths who are on antiretroviral therapy in a rural area.
- To determine the role of social group work in empowering male youths who are on antiretroviral therapy to cope with the ARV therapy and their circumstances by means of a literature study.
- To develop and implement a social group work programme to empower male youths who are on antiretroviral therapy in a rural area to cope with the therapy and their circumstances.
- To evaluate the impact of a social group work empowerment programme for the male youths who are on antiretroviral therapy to cope with the treatment and their circumstances in a rural area.

4. CENTRAL THEORETICAL STATEMENT

A social group work programme can play an important role in empowering male youths who are on antiretroviral therapy to cope with the therapy and their circumstances in the Motheo District.

5. DURATION OF THE STUDY

This study was initiated in 2009 with the research proposal. In the year 2009 the researcher conducted a literature study. The approval to conduct research at Motheo District was given by the Department of Social Development in the Free State Province (**Annexure 2**). The interview schedule (to be completed by the prospective respondents) for this study was submitted for approval to the Statistical Consultation Services of the North-West University, Potchefstroom Campus (**Annexure 3**).

Respondents were recruited from the register of Tshwarisanang Home-Based Care Organisation from December 2009 until the end of the end of March 2010. This organisation is one of the organisations which provide care and support services to the people who are living with HIV and AIDS and their affected families. This organisation was preferred because it had a larger numbers of male youths who were on ARV therapy. Interviews were conducted after the researcher had received permission from her supervisor at the North-West University, Potchefstroom Campus.

During April 2010, the researcher developed a social group work programme for male youths who were on ART. From the end of April until June 2010 a social group programme was implemented with 10 male youths who received antiretroviral therapy in Motheo District at Tshwarisanang Home-Based Care Organisation in Bloemfontein and who were willing to participate in the research during that period. Measurement was done with the group before the first session, at the end of the fifth group session and after the final session of the intervention.

6. PILOT STUDY

Strydom (2011c:237) indicates that “*although the researcher may plan his investigation very carefully and logically the practical situation will remain an unknown factor until it is entered*”. The pilot study can be viewed as “the dress rehearsal of the investigation”

and this study was similar to the researcher's planned investigation, though on a smaller scale (Strydom, 2011c:237). Lancoste *et al.* (2004:307), adds that if you are planning a large trial, especially a trial that will recruit from several different centres, a small-scale run-through of the full protocol will help you access the logistics of the study. According to Strydom (2011c:237), a pilot study – whether quantitative or qualitative – should consist of different aspects. The different aspects are the study of literature, experience of experts, feasibility of the study, and testing of the measuring instrument.

6.1 Study of the literature

According to Strydom (2011c:237), the prospective researcher can only hope to undertake meaningful research if he/she is fully up to date with all existing information on his/her prospective subject. The researcher undertook a meaningful investigation of all literature relating to ARV therapy, as well as material on the role of social group work as method of social work to empower people such as the male youths who receive ART.

6.2 The experiences of experts

Monette *et al.* (1998:93) as well as Strydom (2011c:238) point out that experts can be an excellent source of knowledge and the researcher should ensure that he/she approaches a representative number of experts whose experiences can be utilised. These experts should also be representative of all possible types of experiences.

For the purpose of this study the researcher consulted experts from the following institutions:

- Subject division Social Work at the North-West University, Potchefstroom Campus: Dr. AA Roux.
- The Senior Manager of the HIV and AIDS Directorate of the Department of Health, Free State Province, Mrs. S Hugo and ex-MEC, Mr. ST Belot.
- The manager of the HIV and AIDS sub-directorate of the Department of Social Development, Mrs. D Monare.

- The members of the HIV and AIDS forum at Motheo District.

6.3 Feasibility of the study

According to Strydom (2011c:239-240), it is important to obtain an overview of the actual situation in which the investigation will be executed. The pilot study can alert a prospective researcher to possible unforeseen problems that may emerge during the main investigation. The researcher was the coordinator of HIV and AIDS in the Motheo District; therefore she had access to the information which was needed to assess the actual, practical situation of where the investigation was to be executed.

6.4 Testing of the measuring instruments

According to Lancoste *et al.* (2004:307), testing is especially important for forms that patients have to complete themselves, and for data-collection forms used by several different people. Strydom (2011c:242) adds that when the specific measuring instruments such as own scales, assessment scales and standardised scales have been tested carefully during a pilot study, no or fewer problems should be experienced during the main study. For the purposes of this study the researcher tested the questionnaires with the sample obtained from the register of clients who were undergoing ART. Two male youths who were utilised as preliminary sample interviewees completed the self-compiled interview schedule (**Annexure 3**) with open and closed questions, as well as the standardized Comprehensive Personal Assessment Scale (CPFI) and the Generalized Contentment Scale (GCS) of Perspective Training College (**Annexure 4**). It was decided on the Generalised Contentment Scale because the Comprehensive Personal Assessment Scale was too difficult for the two males to complete. Modifications were made to the self-compiled interview schedule and were sent to the Statistical Department of the Potchefstroom Campus of the North-West University. As soon as this was done, the researcher started with the interviews.

7. RESEARCH METHODOLOGY

The method of research was a literature study and empirical research. The intervention research model was used (Strydom, 2003:76). Authors such as De Vos and Strydom (2011:475) and Neuman (2006:26) see intervention research as an applied action

undertaken by a social worker or other helping agent, usually in concert with a client or other affected party, to enhance or maintain the functioning and wellbeing of an individual, family, group, community or population such as the male youths in the Motheo District who were receiving antiretroviral therapy.

7.1 Literature study

A literature study is aimed “*at contributing towards a clearer understanding of the nature and meaning of the problem that has been identified*” (Fouché & Delport, 2005:123). The central focus of this study was on the effect of ART on male youths. An investigation of the existing literature revealed that there was insufficient research and even less research pertaining to the emotions and needs of male youths on ART in the South African context. The same applied to the role of a social group work programme in empowering these youths to cope with their situation.

Databases used: NEXUS; Scholarly and other journals; Social Science Index; Social Work Abstracts, and government documents.

7.2 Empirical research

The focus of this study was to investigate the needs of male youths undergoing ARV therapy. In this study the Developmental and Utilization Model was used (DR&U model) (Grinnell, 1981:590-591; Strydom, 1999:152-153). According to Strydom (2003:151), this model has a specific intervention mission and is directed at providing more clarity and possible solutions to a practical problem. The two main phases of the DR&U model are developmental and utilization research. The model is divided into five phases, namely: analysis, development, evaluation, diffusion, and acceptance (Delport, 2007:5). Three of these phases were implemented in this research namely analysis, development and evaluation.

The needs assessment was done in phase one and the development, implementation and evaluation of the social group work programme for male youth on antiretroviral therapy in phases two and three.

7.2.1 Phase 1: Analysis Phase

Quantitative data analysis implies, amongst others, the techniques by which researchers convert data to a numerical form and subject it to statistical analysis (Babbie 2004:552; Fouché & Bartley, 2011:249). Analysis “*is thus a way of sharpening our instruments of understanding and analysis before the research project begins*” (Du Toit, 2005:426).

- **Research design**

According to Yegidis and Weinbach (1996:89) and Mouton (2001:55), research design refers to a plan or blue print of the way that a researcher intends to conduct the research. According to Fouché and De Vos (2011:105), the goals of research are either basic or applied. Neuman (2002:23) states that basic research provides a foundation for knowledge and understanding. Applied research, however, is aimed at solving specific policy problems of helping practitioners accomplish tasks. It is focused on solving problems in practice. The researcher therefore used applied research, because the social group work programme had the purpose of empowering male youths on ARV therapy to deal with social problems in their environment.

Applied research can be either descriptive or explorative. Exploratory research is conducted in order to gain insight into a situation, phenomenon, community or individual. According to Fouché and De Vos (2011:95), explorative research is used when there is a lack of information on a specific topic, as in this study. Fouché and De Vos (2011:96) assert that descriptive research describes the behaviour, thoughts or feelings of a particular group or subject. The researcher should be able to enter the day-to-day life of the young man, and place herself in his shoes. Applied research was utilized with a descriptive design.

The research approach in this phase was quantitative. The reason for the choice of the quantitative approach is that it is an appropriate method to collect data through interviewing schedules with open and closed-ended questions that will determine the specific needs of male youths on ARV therapy. These findings enabled the researcher to address the needs by means of a social group work programme.

Reid and Smith (1981:87-89) point out that in the quantitative approach, the researcher's role is that of an objective observer; studies are focused on specific questions of hypothesis that ideally remain constant throughout the investigation. Data collection procedures and types of measurements are constructed ahead of the study and applied in a standardised manner.

- **Participants**

The purposive sampling paradigm was used in this research. The purposive technique is based entirely on the judgement of the researcher "*in that a sample is composed of elements that contain the most characteristic, representative or typical attributes of the population that serve the purpose of the study best*" (Strydom, 2011a:232). Fifty households in the Motheo District were identified that included:

- male youths between the ages of 18 and 25 years;
- who were undergoing ARV therapy;
- who could read and write English and
- who were willing to participate in the research.

Only 23 of these male youths were willing to participate in the research because of the stigmatisation of people who are HIV-positive.

- **Measuring instrument**

According to Neuman (1997:30), gathering data for research is divided into two categories, namely qualitative and quantitative. For the purpose of this research, a reconnaissance survey was firstly done: this phase identified households with male youths on ARV treatment in the Motheo District. During this survey 23 male youths between the ages of 18 and 25 years were willing to be part of the research, as already discussed. The researcher completed the interview schedule herself with each of the 23 males in her office individually, to explore the circumstances, needs and experiences of these males while on ARV therapy in the Motheo District. The self-designed interview schedule with open and closed-ended questions was pre-tested and revisited

before the final use. Open-ended questions gave the respondents the opportunity to express their views on the issues being investigated.

- **Research procedure**

- Permission was obtained from the Department of Social Development where the researcher was employed as a district coordinator for the HIV and AIDS sub-directorate.
- Written permission was obtained from the male youths on ARV therapy in the Motheo District (**Annexure 6**).
- The respondents were interviewed individually by the researcher herself in her office, using the schedules.
- After all the information was received the social group work programme was designed.

- **Data analysis**

For the purpose of this study the data was quantitatively analysed in terms of categories. Data was transformed into statistically accessible forms of counting procedures (McKendrick, 1990:275). The self-designed interview schedule with open and closed-ended questions was analysed by the Statistical Consultations Services of the North-West University, Potchefstroom Campus. The open-ended questions were analysed manually.

- **Ethical aspects**

According to Strydom (2005a:57), ethics is a set of moral principles which is suggested by an individual or a group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct toward experimental subjects and respondents, employers, sponsors, other researchers, assistants and students. The following ethical aspects as defined by Mitchell and Jolley (2001:138-139), Monette *et al.* (2005:53-61) and Strydom (2005a:56-63), were taken into consideration during this phase of the research:

➤ **Avoidance of harm to respondents**

The researcher ensured that the respondents were not exposed to any harmful activities or circumstances. The researcher also ensured that the research did not impact negatively on the male youths who were on ARV therapy. The researcher offered debriefing after the interview if required.

➤ **Informed consent**

The participants gave their consent to participate in the research. All the aspects of the research were explained to the male youths. Their participation was voluntary. They could withdraw from the research if they wished to do so. All 23 male youths completed this phase of the research and gave their full participation.

➤ **Anonymity and confidentiality**

The researcher ensured that privacy and confidentiality was maintained. For example, the names of the respondents were not written on the research questionnaire forms. The confidentiality principle was explained to the respondents and they were informed that all the discussions which took place during the interviews would be confidential. The researcher is a registered social worker and bound to confidentiality by a code of ethics as stipulated by South African Council for Social Service Professions (Babbie, 2004:63-72; Van Zyl-Edeling & Pretorius, 2005 107-113).

The research was approved by the ethical committee of the North-West University, Potchefstroom Campus (Ethical approval number: NWU-00051-07-S1). This research is part of a AUTHER research project with the title “The use of ARV and quality of life: an African study” under the leadership of Prof Minrie Greeff (Annexure 1).

7.2.2 Phases 2 and 3 Development, implementation and evaluation

- **Single-system design**

In this phase of the research the single-system design was used. According to authors such as Royse (2004:71) and Strydom (2011b:159-160), the term single-system/subject design is the genus term denoting the study of a single subject on a repetitive basis and

linking research to practice. This subject can be an individual, a family, a group, an organisation or a community (Barker, 2003:399; Thyer, 1993:95).

- **Participants**

Because all 23 male youths on ARV therapy in phase one wanted to be part of the group work programme, the researcher used the purposive sampling method (Strydom, 2005b:202). Ten male youths on antiretroviral therapy, who could read and write English and who were willing and able to attend the group sessions at that stage, formed part of the group. The information on the group work programme was given to the other respondents at a later stage.

- **Measuring Instruments**

It was decided to use only one standardised scale of Hudson (1992) from Perspective Training College namely the GCS (Generalized Contentment Scale) (**Annexure 4**). The scale could measure “the way you feel about your life and surroundings”. This scale was not too difficult for the youth males to complete. This measuring scale was used on 3 different occasions.

A self-structured questionnaire with open and closed-ended questions was also used to evaluate the success of the social group work programme (**Annexure 5**).

- **Programme**

A social group work programme was developed and designed. The information used for this programme was obtained from data received from the schedules completed with the 23 male youth on ARV therapy in the rural area.

- **Procedure**

- Written permission was obtained from the male youth undergoing ARV treatment in the rural area (**Annexure 6**).
- The information used for the social group work programme was obtained from the targeted group members. Different topics were discussed in each subsequent session.

- Before the first group session took place the group members completed the measuring scale of Perspective Training College. The same measurement was repeated during the middle phase at the end of the fifth session, as well as after the last group session. The evaluation of these measuring scales was done by Perspective Training College.
- The social group work programme was implemented and evaluated by means of a self-administered questionnaire with open and closed-ended questions by the group members in the group.

- **Ethical aspects**

Ethical permission was obtained from the Ethical Committee of the North-West University, Potchefstroom Campus (**Ethical approval number: NWU-00051-07-S1**).

Ethical issues are discussed by different authors such as Mitchell and Jolley (2001:138-139) and Strydom (2005a:57-67). The following ethical measures were followed during this research:

- The standardised measuring scale was completed anonymously and conditions of privacy were maintained (Rubin & Babbie, 2005:78). The aspect of confidentiality was negotiated with the respondents and they gave their full cooperation.
- All the information on the group sessions was kept in a safe and lockable space in the office. The sessions took place at a private venue. All the information provided by the respondents was kept confidential.
- It was ensured that the findings did not impact negatively on the adolescents. According to Strydom (2005a:58-59) subjects can be harmed in a physical and/or emotional manner. One can accept that harm to respondents in the social sciences will mainly be of an emotional nature.
- The researcher is a registered social worker with the South African Council for Social Service Professions and is obliged to change the nature of the research rather than expose the respondents to the faintest possibility of emotional harm of which she may be aware of.

- Informed consent was obtained from the respondents (Rubin & Babbie, 2005:77). According to Strydom (2005a:59) all possible and adequate information must be given such as the goal, the procedures, advantages, disadvantages, dangers and the credibility of the researcher. The adolescents in this research were well informed about the goal of the study.
- Debriefing was made available to all the participants during the group sessions.
- **Data analysis**
- Data of the Generalised Contentment Scale (GCS) was processed by a computer program of Perspective Training College.
- The questionnaire with both open and closed-ended questions (to determine the success of the social group work programme for the male youths on ARV therapy was processed by the researcher herself under the guidance of her supervisors, Dr AA Roux and Prof C Strydom (**Annexure 5**).

8. LIMITATIONS OF THE STUDY

- The District Manager took time to grant permission for the researcher to conduct the research in his district. Management was not very supportive of the researcher as they made it almost impossible to conduct research in any of the funded organisations. The good relationship formed with the organisations assisted in obtaining the cooperation of the participants in the study.
- The immediate supervisors were always suspicious that the researcher would practice her research assignments when visiting the organisation for work-related site visits.
- It was difficult to get youth males on ARV therapy to be part of the research because of the stigmatisation of these people in a community such as the rural area.
- During group sessions the participants and management of the community-based organisation, which was selected for the purposes of the research,

expected that the researcher would provide them with food even though the purposes of the research were explained.

- The understanding of the respondents posed one of the greatest challenges because they refused to write their names on the Generalized Contentment Scale designed by the Perspective Training College: they considered it in breach of the confidentiality they were promised. The researcher had to respect their wish as they insisted and gave a letter of the alphabet to each member.
- The respondents' physical conditions played a role during the group sessions. Group members were sometimes not feeling well and this had an impact on their interaction in the group.

9. DEFINITION OF CONCEPTS

- **AIDS**

AIDS stands for Acquired Immunodeficiency Syndrome (Strydom, 2002:18). Any HIV-infected individual with a CD4+ T-cell count of below 200 cell/mm has AIDS by definition, regardless of the presence of symptoms or opportunistic diseases (Evian, 2006:31). AIDS is not a specific disease. AIDS is a collection of several conditions that occur as a result of damage the virus causes to our immune system. People do not die of AIDS but of opportunistic disease.

- **ARV therapy**

Antiretroviral (ARV) can be describe according to the Medical Dictionary (2012) as an agent or process effective against a retrovirus for example a drug to treat HIV. According to the NCI Dictionary (2012) antiretroviral therapy (ART) can be describe as treatment with drugs that inhibit the ability of the human immunodeficiency virus (HIV) or the types of retroviruses to multiply in the body.

According to Sabin *et al.* (2003:87), four classes of antiretroviral (ARV) drugs are currently licensed for the treatment of HIV. While it is difficult to identify a specific drug, a combination has proven the most effective. It is generally accepted that ARV-naïve patients starting treatment for the first time should receive highly active antiretroviral therapy (HAART) including one or more protease inhibitor (PIS) or nucleoside reverse

transcriptase (NNRT), in combination with two or more nucleoside transcriptase inhibitors (NRTIS). Letende *et al.* (2008:65) note that because of inhibition, HIV replication in the CNS (central nervous system) is probably critical in treating patients who have HIV-associated neurocognitive disorders. ARV therapy strategies that account for CNS penetration should be considered in consensus with treatment guidelines and clinical studies.

- **Empowerment**

Gutierrez *et al.* (1998:1) describe empowerment as a philosophy, approach, or method of practice that provides a way to rethink social work practice and to achieve needs and social change, personally and politically, in ways that meet human needs. Askheim (2008:229) adds that the goals of empowerment raise new challenges for social work professions: instead of being in an authoritative position the professional should behave like a partner and advocate on the users' terms. Zastrow (2001:36) feels that when social workers engage in empowerment-focused practice, they seek to develop the "capacity of clients to understand their environment, make choices, take responsibility for those choices, and influence their life situations through organising and advocacy". Empowerment according to Zastrow (2010:72), "is a process of helping individuals, families, groups, organisations, and communities increase their personal, interpersonal, socioeconomic, and political strength and influence through improving their circumstances". This definition takes hands with the aim and objectives of this study to develop and evaluate a social group work programme for male youths on ARV therapy to cope with the treatment and their circumstances. The strength perspective is related to the concept of empowerment and is "useful across the life cycle and throughout the assessment, intervention, and evaluation stages of the helping process" (Zastrow, 2010:52). According to Smith and Siegal (Austad, 2009:351), empowerment is a process by which powerless peoples assume the skills, knowledge, power and authority to gain control over their lives. This means that the person takes responsibility for coping, adapting to adversity, recovering from illness and becoming a survivor.

Empowerment is one of the key values of social group work to help group members "feel good about themselves and to enable them to use their abilities to help themselves and to make a difference in their communities" (Toseland & Rivas, 2012:7). According to Crago (2006:110), no matter what the status of the group or its contents, participants

in a group experience the feeling of not being alone. Social group work is one of the methods in social work by which people affected and infected with HIV and AIDS, such as the male youths on ARV therapy in the Motheo District, can be empowered to help themselves, cope with the illness and become a survivor (Becker,2005:107-112; Corey & Corey, 2002:356-360; Delpont, 2007:219; Roux, 2002:303-304; Sito, 2008:172-173). In treatment groups such as the therapy-, educational-, support- growth- or self-help groups, empowerment means according to Toseland and Rivas (2012:101), helping group members to see the possibilities of growth and change. The social worker should emphasize the group members' choices, their strengths and abilities to change and to overcome adverse living conditions. Through empowerment the social worker "should provide new frames of reference and new ways of thinking about growth and change as opportunities for members and those they love" (Toseland & Rivas, 2012:101).

- **HIV**

According to Schneider *et al.* (2008:1), since the beginning of the Immune Deficiency Virus (HIV) epidemic, case definitions for HIV infection and Acquired Immune Deficiency Syndrome (AIDS) have undergone several revisions to respond to diagnostic and therapeutic advances and to improve standardisation and comparability of surveillance data regarding persons in all stages of HIV. Meintjies *et al.* (1995:288) argue that the extensions of the definition in Europe to also include recurrent pneumonia, pulmonary tuberculosis and invasive cervical neoplasia, strongly increased the number of persons diagnosed with AIDS but will hardly influence the AIDS incidence among homosexual men.

- **Needs**

According to Deci and Ryan (2000:227-228), the concept of needs was once widely employed in empirical psychology to organize the study of motivation. Although variously defined as the physiological or psychological levels and innate or learned, the concept needs specified the content of motivation of behaviours such as curious exploration, investigatory manipulation, vigorous play, and other spontaneous activities that had apparent ties to the dynamics of drive reduction.

- **Programme**

Farlex (2011:1) defines a programme as the listing of the order of events and other pertinent information for a public presentation. For the purposes of his study a social group work programme may be defined as the listing of the order of events and other pertinent information in offering a unique way of helping male youths on ART and their families cope with the challenges which affect their social behaviour and their life events within their communities.

- **Social group work**

Toseland and Rivas (2009:12), define group work as a goal-directed activity, which refers to planned, orderly worker activities carried out in the context of professional practice with people. Goal-directed activity has many purposes. According to Zastrow (2001:47), group therapy “*is aimed at facilitating the social, behavioural, and emotional adjustment of individuals through the group process*”.

- **Youth**

According to Wikipedia Free Encyclopaedia (2011:1), youth refers to a time in life that is neither childhood nor adulthood, but rather somewhere in between. According to the New Dictionary of Social Work (1995:36) in terms of the Criminal Procedure Act 51 of 1977, youth or juvenile is considered between the ages 18-21 years. For the purpose of this study youth refers to the population group from 18 to 25 years of age.

10. PRESENTATION OF THE REPORT

SECTION A

Section A in this study gives a brief overview of the research report which includes the problem formulation, objectives, central theoretical argument as well as research methodology and procedures that were utilised during the entire research process.

SECTION B

ARTICLE 1

Article 1 of this research focused on comparing the existing literature and the needs of male youth on ARV therapy in a rural area.

ARTICLE 2

This article focused on highlighting the role of social group work in service delivery for male youths on ARV therapy with the purpose of developing the relevant intervention.

ARTICLE 3

The focus of this article was to describe the social group work empowerment programme for male youth on ARV therapy in a rural area.

ARTICLE 4

This article focused on assessing the success of the social group work programme which was developed for male youths on ARV therapy. The results obtained from the measuring scale and the questionnaires are discussed in this article.

SECTION C

This section contains the conclusions and recommendations to this research.

SECTION D

In this section the consolidated list of references is presented.

SECTION E

The annexure to this research is presented and explained.

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SECTION B

ARTICLE 1

THE NEEDS OF MALE YOUTH ON ANTIRETROVIRAL THERAPY

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SUMMARY

Most families are headed by grandparents because the parents of their grandchildren are either too ill to take care of the children or because the parents are deceased. This situation cannot be prevented or controlled because male youths are still a difficult population group to deal with due to insufficient life skills. The lack of accurate statistics on male youths infected with the HI-virus indicates that this population group is not always willing to make use of the opportunity for free voluntary HIV counselling and testing as offered by government.

The antiretroviral therapy programmes require maximum adherence from people living with HIV and AIDS. Adherence to antiretroviral therapy poses a great challenge to the youth, especially if they are unemployed and have families who depend on them for financial as well as emotional support. In this article the focus will be on the needs of male youths who are on antiretroviral therapy in order to compile a social group work programme to address their particular challenges.

1.1 INTRODUCTION

According to UNAIDS (2010a) an estimated 5,6 million people were living with HIV and AIDS in 2009 and an estimated 310,000 South Africans died of AIDS in the same year. From 2008 to 2009 there was a slight decrease in HIV prevalence among young

women aged 15-19 years and a slight increase in prevalence among those aged 30-34 years (Avert, 2011a:1).

HIV testing is vitally important in order to access treatment and knowledge of one's positive status. This can lead to behaviour aimed at protecting other people from infection (Avert, 2011a:5). The National Strategic Plan of the government (SA, 2007) aimed for one quarter of all people to have been tested every year by 2011. According to UNAIDS, almost 7 million South Africans aged 15 years and over received HIV testing and counselling in 2009 (UNAIDS, 2010b).

Those who took an HIV test and know their results are more likely to have a higher level of education, be employed, and have accurate information on HIV and an improved perception of the risk factors (Avert, 2011a). During the Tutu Tester tours in Cape Town, many of the patients told people that they prefer not going to public clinics for HIV testing because they were afraid of being seen by people they know (Anon, 2011a). Against this background, the researcher wants to explore the needs of men on ARV therapy so that a group work programme can be composed to enhance the social functioning of these men.

1.2 PROBLEM STATEMENT

According to Abdool Karim *et al.* (2008:31), "*Africa bears the brunt of the HIV epidemic and it is Southern Africa that has the highest burden of disease on the continent*". In November 2010, Statistics South Africa published the report "Mortality and causes of death in South Africa", 2008. According to this report, the annual deaths rose from 93% between 1997 and 2006. Among those aged 25-49 years, the rise was 173% in the same nine-year period (Avert, 2011a:4). To stop this situation, people have to take ARV therapy if they want to live longer. According to Ndinga-Muvumba (2008:13), "*lifetime provision of universal HIV medication requires human and financial resources, infrastructure development in the health, education and social sectors, as well as political leadership*".

One of the foremost concepts of ARV therapy is the ability of people living with HIV and AIDS to maintain near-perfect adherence in the long term. Both patients and health care providers face significant challenges with respect to adherence to ARV therapy. In order to achieve the goals of antiretroviral therapy (ART), such as undetectable levels

of the virus in the blood, patients are required to maintain more than a 90-95% adherence (Spies, 2007:3). According to Wood (2005:514), local South African pilot sites reported high levels of adherence compared to those achieved in the developed world. Insufficient adherence leads to the failure of viral suppression, HIV replication, and the development of viral multiplication and medication resistance.

The pandemic scale of HIV prevalence is attributed to environmental factors including poverty, ignorance and other significant environmental health threats such as inadequate sanitation and water supplies, and poor housing. This is confirmed by the fact that more than 90% of people living with HIV and AIDS are from developing countries. Forces such as urbanization, levels of scientific and technological development, and globalization may be the origin of these environmental health problems (Fundani Skills Development, 2007:91).

Promoting adherence involves recognizing the ongoing nature of situational factors that impede the ability to maintain the medication regimen (Merzel *et al.*, 2008:984). Examining the social support available to vulnerable youth will help identify the conditions which promote or hinder their psychosocial well-being and enrich our understanding of community care-giving practices (Thurman *et al.*, 2006:220). Age development stages are particularly important. Younger children have specific needs that include love and affection, stable care, active feeding, a stimulating environment, access to preventive and curative health services and protection from injury. The loss or chronic illness of a primary caregiver has consequences for a young child in the long term (Richter *et al.*, 2006:23).

Shock and numbness are natural reactions when someone experiences loss and is diagnosed with a life-threatening illness like cancer or HIV (Herbst & De La Porte, 2006:67). It is for this reason that the researcher believes that active involvement of the social workers in the processes of ART roll-out would be beneficial for patients in terms of adherence to ARV therapy. The social work profession has different methods of delivering services, such as empowering clients to be more functional in their environment.

Being diagnosed with HIV does not only upset the emotions of the infected, but it also affects the whole family. The fear of disclosure stems from the fear of the unknown,

fearing not knowing how other families will react if they find out about their HIV status. Stigmatization, conflict and tension exist in families. However there is a noticeable mind shift in communities regarding the acceptance of people living with HIV and AIDS. Although tension and conflict are normal occurrences in any human relationship, family and friends are also potential sources of help and comfort, of recognition and rewards, and of good feelings and pleasurable experience (Ross, 1996:106).

Care and support is very important for terminally ill patients. According to Maskew *et al.* (2007:853), patients who do not return for follow-ups at clinics that provide comprehensive HIV and AIDS care, require special attention. This is particularly true where resources are limited. It is for this reason that the Department of Social Development policy makers encourage care and support services within the communities.

Research has shown that barriers to adherence to HIV and AIDS treatment include lack of sufficient food and money to collect treatment from the local clinics, and lack of available transport for frail patients to attend their appointments with the clinic staff. People living with HIV and AIDS have to make too many difficult trips to health facilities. Once they arrive, they have to endure even more obstacles: poor treatment by health facility staff, inability to apply without a 13 digit bar-coded identity, long delays between application and receiving treatment, and extensive waiting lists.

According to Reyneke (2009:7), in order to empower the youth, it is recommended that they are exposed to life skills programmes that focus, among other things, on the development of adaptability, interpersonal skills, and functioning within a group as well as the improvement of problem-solving skills and general good values. The diagnosis of HIV and the circumstances that are required regarding treatment with antiretroviral therapy is a complex and probably stressful situation to live with (Cederfjäll *et al.*, 2002:610). The researcher believes that the latter becomes particularly difficult for young individuals because they still lack life skills to deal with such circumstances. Potgieter (1998:27) adds that social work deals with needs and problems that people experience in their efforts to cope with the demands of their environment and emphasizes the idea of *ubuntu* – namely that people will always need others to realize their humanity and individual potential.

Social group work as method of social work was selected for the purpose of this research. According to Becker (2005:7), group work has a great deal to offer in South Africa today. When we work together in small, large or medium-sized groups, we can enhance the quality of life of a nation in a number of ways. Group work can, according to Becker (2005:7), "...be used as a treatment modality to support and treat individuals in a group; and, in a broader context, as a task modality, it can be an instrument for community action". According to Toseland and Rivas (2009:12), members in the group can "identify themselves as members, to engage in interaction, and change thoughts and feelings among themselves through verbal, nonverbal, and written communication processes". It is important to remember that groups do not exist in a vacuum but they exist in relation to their community too.

When considering this information many questions come to mind. However, the question posed by this study is: *What are the needs and experiences of male youth while on ARV therapy?*

1.3 AIM AND OBJECTIVE OF THE RESEARCH

The aim of this study was to evaluate the impact of a social group work empowerment programme for male youths who are on antiretroviral therapy a rural area.

One objective was set to achieve this aim and it also forms the focus of this article:

- To identify the needs and experiences of male youths who are on antiretroviral therapy a rural area.

1.4 RESEARCH METHODOLOGY

The intervention research model was used in this research (Strydom, 2003:76). Authors such as De Vos and Strydom (2011:475) and Neuman (2006:26) see intervention research studies as applied action undertaken by a social worker or other agent to enhance or maintain the functioning and wellbeing of an individual, family, group, community or population such as the male youth in a rural area who are receiving antiretroviral therapy.

- **Empirical Research**

The focus of the study as well as this article was to investigate the needs of male youths on ART. In this research study the Developmental Research and Utilization model (DR&U model) was used (Grinnell, 1981:590-591; Strydom, 1999:152-153). The two main phases of the DR&U model are developmental and utilization research. These two stages are divided in five phases namely analysis, development, evaluation, diffusion and adoption (Delport, 2007:5). Three of the five phases were implemented in this study namely analysis, development and evaluation.

The needs assessment (analysis) was done in phase one and the planning, development and evaluation of the social group work programme for male youth on ARV therapy in phases two and three.

1.4.1 Phase 1: Analysis (Needs assessment)

Quantitative data analysis implies amongst others the techniques by which researchers convert data to a numerical form and subject it to statistical analysis (Babbie 2004:552; Fouché & Bartley, 2011:249). Analysis *“is thus a way of sharpening our instruments of understanding and analysis before the research project begins”* (Du Toit, 2005:426).

- **Design**

According to Yegidis and Weinbach (1996:89) and Mouton (2001:55), a research design refers to a plan or blueprint of the way a researcher intends to conduct the research. According to Fouché (2002:108), the goals of research are either basic or applied.

Neuman (2000:23) states that basic research provides a foundation for knowledge and understanding. Applied research, however, is aimed at solving specific policy problems of helping practitioners accomplish tasks. It is focused on solving problems in practice. The researcher therefore used applied research because the social group work programme would be aimed at male youths on ART, and would empower them to deal with problems in their natural environment.

Applied research can be either descriptive or explorative. Exploratory research is conducted in order to gain insight into a situation, phenomenon, community or

individual. Explorative research is used when there is a lack of information on a specific topic, as in this study (Fouché, 2002:109).

Leary (1991:17) asserts that descriptive research describes the behaviour, thoughts or feelings of a particular group or subject. The researcher should be able to enter the day-to-day life of a young man, and place herself in his shoes. Therefore applied research was utilized with a descriptive and explorative design.

The research approach in this phase was quantitative. This approach was chosen because it was ideal for data-collections by means of schedules. These schedules were designed to determine the specific physical and emotional needs of young men on ART. These findings would enable the researcher to address the needs by means of a social group work programme.

Reid and Smith (1981:87-89) point out that in the quantitative approach the researcher's role is that of an objective observer, and studies are focused on specific questions or hypotheses that ideally remain constant throughout the investigation. Data collection procedures and types of measurement are constructed ahead of the study and applied in a standardized manner.

- **Participants**

The purposive sampling paradigm was used in this research. The purposive technique is based entirely on the judgement of the researcher *“in that a sample is composed of elements that contain the most characteristic, representative or typical attributes of the population that serve the purpose of the study best”* (Strydom, 2011a:232). Fifty households in the Motheo District were identified that included male youths between the ages of 18 and 25 years who were undergoing ARV therapy. Only 23 young men from the 50 households were willing to be part of this research.

The young men were interviewed in a semi-structured, one-to-one interview. The researcher conducted the interviews herself in either English or Sotho. According to Greeff (2005:296), *“researchers use semi-structured interviews in order to gain a detailed picture of a participant’s beliefs about or perceptions or accounts of, a particular topic”*.

- **Measuring instrument**

According to Neuman (1997:30), gathering data for research is divided into two categories, namely qualitative and quantitative. For the purpose of this research, a reconnaissance survey was done during the first phase to identify households in the Motheo District with male youths on ARV therapy. During this survey 23 male youths between the ages of 18 and 25 years were willing to be part of the research as already discussed. The researcher completed the interview schedule herself with each of the 23 males individually in her office. The interviews were conducted to explore the circumstances, needs and experiences of these young men. The self-designed interview schedule with open and closed-ended questions was pre-tested and revisited before the final use. Open-ended questions gave the respondents the opportunity to express their views on the issues being investigated.

- **Procedure**

- Permission was obtained from the Department of Social Development where the researcher was employed as a district coordinator for the HIV and AIDS sub-directorate.
- Written permission was obtained from all participants to the study (**Annexure 6**).
- The respondents were interviewed individually by the researcher herself in her office using the schedules.
- After all the information was received the social group work programme was designed.

- **Data analyses**

For the purpose of this study the data was quantitatively analysed in terms of categories. Data was transformed into statistically accessible forms of counting procedures (McKendrick, 1990:275). The self-designed interview schedule with open and close-ended questions was analysed by the Statistical Consultations Services of the North-West University, Potchefstroom Campus. The open-ended questions were analysed manually.

- **Ethical issues**

According to Strydom (2005a:57), ethics is a set of moral principles which is suggested by an individual or a group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct toward experimental subjects and respondents, employers, sponsors, other researchers, assistants and students. The following ethical aspects, as defined by Mitchell and Jolley (2001:138-139), Monette *et al.* (2005:53-61) and Strydom (2005a:56-63), were taken into consideration during this phase of the research:

- **Avoidance of harm to respondents**

The researcher ensured that the respondents were not exposed to any harmful activities or circumstances. The researcher also ensured that the research did not impact negatively on the male youths on ARV therapy. Debriefing was provided by the researcher as necessary after the interview.

- **Informed consent**

The participants gave their consent to participate in the research. All aspects of the research were explained to the group members. Their participation was voluntary. They could withdraw from the research if they wished to do so. All 23 male youths completed this phase of the research and they gave their full participation.

- **Anonymity and confidentiality**

The researcher ensured that privacy and confidentiality was maintained. For example the names of respondents were not written on the research questionnaire forms. The confidentiality principle was explained to the respondents and they were informed that all the discussions which took place during the interview were confidential. The researcher is a registered social worker and bound to confidentiality by the code of ethics as stipulated by The South African Council for Social Service Professions (Babbie, 2004:63-72; Van Zyl-Edeling & Pretorius, 2005:107-113).

The research was approved by the ethical committee **NWU-00051-07-S1**).

1.5 RESEARCH RESULTS

Twenty three (23) young men on ARV therapy took part in the needs assessment and all of them were from the Motheo District in the Free State. The average age of these men was 21 years.

1.5.1 Personal information

1.5.1.1 Home language of respondents

The home languages of the respondents were the following:

Table 1.1: Home language

Language	F	%
Sesotho	9	39.15
Setswana	8	34.78
Isixhosa	2	8.68
English	0	0
Afrikaans	4	17.39
N	23	100

Most of the respondents, 9 (39.13%) were either Sesotho or 8 (34.78%) Tswana-speaking men, 4 (17.39%) were Afrikaans-speaking and 2 (8.68) were Xhosa-speaking. In the Motheo district Sotho or Tswana are the two languages most of the residents speak.

1.5.1.2 Marital status

The marital statuses of the respondents were:

Table 1.2: Marital status

Status	F	%
Married	1	4.36
Divorced	0	0
Widow	4	17.39
Living together	13	56.52
Single	5	25.71
Total	23	100

It was interesting to observe how important it was for these males to stay married or to live with their cohabitating partners even after they found out about their partners HIV infection. Even the 4 (17.3%) respondents who were widowers, stayed with their partners while still living with them. The 5 (21.74%) single respondents considered themselves to be still very young to be married. However, they were considering getting married when they were much older and had money.

There is a remarkable change in men's behaviour towards women. Mandla Majola (Peacock *et al.*, 2008:95) described his motivation for supporting the development of the Treatment Action Campaign (TAC) structure for men against violence and especially to woman as follows: "*We must condemn the violence that men do....We should also involve the youth*". If men can start being faithful to one partner and stop violence against women such as their partners, the bad impact of HIV and AIDS on the community can be decreased.

1.5.1.3 Grade passed in school

Table 1.3: Highest school grade

Grade	f	%
Lower than grade 7	4	17.40
Grade 7	4	17.40
Grade 8	2	8.68
Grade 9	2	8.68
Grade 10	4	17.40
Grade 11	4	17.40
Grade 12	3	13.04
N	23	100

The relevance of levels of school grades passed in this study is to assist the researcher in communicating properly with the respondents and assess their level of understanding of the issues relating to adherence.

On the question of what educational level they had passed, 4 (17.40%) of the respondents indicated that they passed grades lower than grade 7. This explained why these respondents were unable to tell what kind of treatment they were receiving. Only 3 (13.04%) indicated that they had passed grade 12.

Lower education levels impacted upon the ability of other respondents to get jobs where they could earn better salaries. Research done by Roux (2002:79) confirms this research by stating that 70% of HIV-infected people were without jobs because of lower levels of school grades passed.

1.5.1.4 Employment status of the respondents

Upon the question of whether they were employed, 9 (39.13%) respondents answered “yes” and 14 (60.87%) “no”. The nine who were employed had the following occupations: 2 (8.68%) were clerks, 2 (8.68%) were cleaners at the Department of Social Development and 5 (25.71%) were community care-givers employed by the Home Community-Based organizations. The involvement of these youths in the Home Community-Based organization fulfilled multiple roles of providing employment, helping

these young men with entrepreneurial skills, and making them responsible for educating their communities about new developments relating to HIV and AIDS. Unfortunately, there is not much entrepreneurship and little support for these businesses (SA, 2003:44).

The core issues around economic development are the high rate of unemployment and low levels of income in households affected by HIV and AIDS (Roux, 2002; Sito, 2008). According to research done by Kotze *et al.* (2001:73-74) in the North-West Province, only 42% of HIV-infected people in the research group were employed. They came to the conclusion that HIV AND AIDS severely affects young black and poverty-stricken populations in South Africa.

1.5.1.5 Number of children of the respondents

In answer to the question of how many children they had, 4 (17.40%) respondents indicated that they did not have children, 14 (60.86%) indicated that they had only one child, 2 (8.68%) had 4 children each and 3 (10.04%) had three children each. Surprisingly, respondents who had more than one child had borne children even after they had found out about their HIV status. The researcher could not place enough emphasis on the facts relating to mother-to-child transmission of the HI-virus (Coovadia, 2008:183). Nine (39.13%) respondents admitted that they did not immediately go for HIV tests after their partners had tested HIV positive. 14 (60.87%) respondents had their HIV tests done after their partners tested HIV positive.

1.5.1.6 Housing conditions

When asked about the type of house they lived in, 17 (73.92%) indicated that they lived in a brick house built in terms of the low-cost housing scheme and 3 (13.04%) stayed in a shack. Three (13.04%) lived in brick houses with their relatives in middle-class areas of Bloemfontein. In research done by Roux (2002: 71), it was discovered that people infected by HIV and AIDS live either in shacks or low-income houses. This situation again caused many problems not only for the infected but also the affected (Kotze *et al.*, 2001:76).

1.5.1.7 People living with

To the question of who they were sharing a house with, the following answers were received:

Table 1.4: People living with

Living with	F	%
Wife	1	4.36
Partner	13	56.52
Own children	4	17.40
Parents	5	21.72
N	23	100

Only 1 (4.36%) respondent lived with his wife and his child who, according to him, were supportive. 13 (56.52) respondents lived with their partners, and 4 (17.40%) also lived with their children. Only 5 (21.72%) lived with their parents.

The care and support of family members and relatives was assessed to investigate the involvement of these family members in the lives of the young men in the ARV treatment programme. Adherence is a major concern as resistance to taking the medicine aids in progression of the disease and, eventually, death. The physical functioning and quality of life of the patient is also negatively affected because of resistance to taking the medicine (McInerney *et al.* 2008:266). Care and support of families, relatives and friends have a positive influence on the patient's quality of life in terms of adherence to their treatment, as loved-ones encourage the sufferer to undergo treatment (Forrester, 2006:131; Roux, 2002:101; Sito, 2008:108).

1.5.1.8 Average income of respondents

In the group assessed, the average monthly income per household was R892-17 per month. Only two people received disability grants. According to them, the grant helped a great deal towards meeting their needs. The respondents who received disability grants also received child support grants for their children. These grants were used for basic material needs such as food, clothing, and attending the ARV clinic.

Many researchers experienced that people infected and affected by HIV and AIDS live in poverty (Delpont, 2007; Motshedi, 2009; Roux, 2002; Sito, 2008; Wessels, 2003). The worst poverty is to be found in rural areas (Strydom *et al.*, 2010:175). The researcher believes that the financial status of respondents and availability of resources are contributing factors which can positively or negatively influence adherence to ARV therapy. Maskew *et al.* (2007:853) agree that the most common reason for not adhering to treatment is lack of finances to pay for aspects like transport to the clinics and hospitals.

1.5.2 Respondents' relationships

A person affected with the HI-virus usually experiences stigmatization. Stigmatization has been a pervasive dimension of HIV and AIDS since the onset of the pandemic. By forcing the pandemic out of sight, HIV and AIDS-related stigma and discrimination obstructs the prevention and treatment of the illness (Frohlich, 2008:354). This results in rejection, isolation and low levels of support (Drower, 2005:106). Stigmatization negatively influences the infected person's relationships with family, friends and colleagues. In research done by Roux (2002:99-101), 64% of respondents did not tell their family about their HIV infection, 45% did not tell their partners, and 67% kept their colleagues in the dark. The reason why they did not tell these people was because of the fear of stigmatization and rejection from these people.

When respondents were asked who knew about their HIV status, 23 (100%) indicated family members. Out of 23 (100%), only 8 (35.78%) respondents told a brother or sister, 6 (28.58%) respondents told their mothers (because they were raised in mother-headed households), 5 (22.70%) respondents told both their parents and their siblings, and 3 (13.04) respondents informed their siblings, parents, and children who were 7 to 9 years of age. Only 16 (71.48%) respondents did not tell their children because they were too young to understand and they wanted to protect them. According to the respondents the decision to tell the family members was based on their assumption that the family members would support them and eventually be responsible for paying the burial costs when they die.

Only 3 (13.04%) told their colleagues and 13 (56.52%) their partners. Those who decided to tell their colleagues had good relationships with these individuals. The

colleagues had already accepted their HIV status. When one compares these results with the results of Roux (2002), one can come to the conclusion that people infected with the HI-virus are still afraid to tell their partners and colleagues of their status.

When asked how their HIV status had changed their relationships with these people, the following answers were received:

Table 1.5: Relationships

Relationship	Good	Average	Bad	N
Family	20	1	2	23
Colleagues	3			3
Partners		13		13

The relationships that the respondents had before they knew about their HIV status changed after they announced that they were living with HIV. 20 (86.95%) respondents reported that the relations between themselves and family members became more caring and more supportive towards them. One reported that the relationship between him and his family is only average. Two (8.68%) reported that they had never had good relationships with their relatives. They had lost their biological parents early on in their lives. Their close relatives who had always been their care-givers distanced themselves from the respondents due to the HIV status. The relationships of 13 (56.52%) respondents changed with their partners after they disclosed their HIV status. Only 3 (13.04%) respondents had told some of their colleagues and these relationships were good. The reason for these good relationships was that the colleagues were also HIV positive.

Roux (2002:236) and Sito (2008:109) consider it very important that HIV-infected people, like the male youths on ARV therapy, should fill their lives with people who will support them and not reject them. Becker (2005:55-56) indicates that families are an endless resource for our understanding on how to live in the world. With the support of their families, young men on ARV therapy can adjust well when they receive love, support and acceptance by people like their families and colleagues. According to Frohlich (2008:355), fear of stigma can produce extreme anxiety about sharing one's HIV status with others and non-disclosure of the HIV status is extremely common.

1.5.2.1 Sense of belonging

Sense of belonging mostly comes from families and blood relatives. Generally speaking, it is this relationship that is most enduring and dependable of all human bonds (SA, 2003:13).

Nineteen (82.60%) of the respondents felt that they have and will always belong to their families even though they are HIV-positive. 2 (8.70%) felt that this was mostly true, and 2 (8.70%) only occasionally experienced a feeling of belonging.

The reasons why they felt that they did not always belong were the following:

- They did not always feel welcome at the homes of relatives.
- Their families did not seem to care for them when they were sick.
- They did not get any form of assistance from their relatives.

1.5.2.2 Trust

The researcher believes that good relationships are based on trust and the ability to communicate with people one has relationship with. Van Heerden (2006:30) adds that, as human beings, we always live in relation to others, whether they are relatives, friends, acquaintances or strangers. To relate to a person, we need to communicate in order to establish some sort of understanding about intentions, meaning, activities or whatever the case may be. Strong relationships are based on trust.

Upon the question of whether they thought their families trusted them, 8 (34.78%) said “always”. 11 (47.82%) answered “mostly”, 3 (13:04) said “somewhat”, and 1 (4.34%) answered “no”. The reasons for these answers were the following:

- The 19 respondents who believed that their families trusted them “always” and “mostly” were those who had an open relationship with their families. This implies trust that they would share with them their most personal information.
- Respondents felt that they were not always trusted by their families because they were not always informed about things that happened in their families.

- One of the respondents had a bad relationship with his family because of rejection.

1.5.2.3 Social work intervention

When asked whether they wanted the social worker to help them improve their relationships with their family members, 2 (8.70%) said “yes”, 6 (26.08%) did not know and 15 (65.22%) said “no”. This leads one to conclude that the families of these respondents’ relationships with their families are to a great extent good. According to Corey and Corey (2002:355-356) and Roux (2002:236), family members play a very important role in providing in the basic needs of the HIV-infected family member. Van Manen-Rojnik (2006:1) adds that we work in the field of care provision for children and the youth and we usually do this out of positive emotions. We may have, for instance, the wish to help children overcome stress and trauma and stimulate them to fully develop their potential. We might be aware that somewhere during the process we will be confronted with violent situations in some form, whether it be through confrontation with the pasts or backgrounds of the children and youth we work with, or with delinquent behaviour their acting-out as in reaction to these situations. Bowen (2011:1) elaborates that families and other social groups tremendously affect how people think, feel and act, but individuals vary in their susceptibility to a “group think”, and groups vary in the amount of pressure they can exert for conformity.

On the question of who they considered as their support system, 20(86.95%) said that they considered their family, priest, nurses and community care-givers to be their support system. 3 (13.05%) said that they considered their partners, nurses, friends and their community care-givers to be their support systems. The community care-givers were described as good and committed providers of support to the patients living with HIV/AIDS. According to Uys and Cameron (2004:5), home-based care has many benefits: care-givers allow the HIV-infected person and the family time to come to grips with the illness, and the care is more personalized.

1.5.3 ARV therapy and services

Respondents were asked for how long they had been receiving ARV therapy. The following answers were given:

Table 1.6: Duration on ART

Months	f	%
3-6	5	21.74
7-10	7	30.44
11-13	4	17.39
18	1	4.35
28	1	4.35
36	2	8.69
More than 36 months	3	13.04
N	23	100

Only 3 (13.04%) respondents had been on ARV therapy for longer than 36 months. The researcher believes that it is important for this study to find out how long ago each responded started with the ARV therapy, as this indicates the level of commitment to adherence these young men illustrate once they start their ARV therapy. According to McIneyrey *et al.* (2008:266), adherence to antiretroviral therapy is essential for treatment outcomes in HIV-infected individuals. Spies (2007:63) adds that the use of the appropriate potent combination of three different drugs as well as prophylactic intervention to prevent opportunistic infections, are the best opportunity to live a long and healthy life. The length of the period since patients were first introduced to ARV therapy also provides the patients with an opportunity to learn and understand the importance of adhering to the treatment for their own benefit. Learning more about the advantages of the treatment motivates patients to stick to the programme.

When asked whom they receive therapy from, all 23 (100%) respondents indicated that they received therapy from the community care-givers at the home community-based organizations. The home and community-based care and support programmes remain some of the best alternative ways of providing care and support to people infected and affected by HIV and AIDS. This includes orphans and vulnerable children and child-headed households, including persons living with other diseases (SA, 2010:9). According to Ziady (2004:133), infection control is the “*primary responsibilities of all health care workers, whether they work in hospitals, in-patient clinics, or the home-based health care setting*”.

Respondents were asked whether they took their medication as prescribed? All 23 (100%) of the respondents answered “yes” although the researcher knew that some of them did not take their medication as prescribed according to the staff at the clinic. When questioned about what they knew about antiretroviral therapy, all the respondents answered “not much”. They only knew that the medicine would help to prevent the illness from getting worse. All 23 (100%) respondents answered “yes” to the question of whether they would prefer the social worker to provide more information about ARV therapy.

The researcher explained to them that the social worker takes into consideration both the developmental stages of the illness as well as the needs of the person (Potgieter, 1998:27). The purpose of social work is to promote and restore the mutually beneficial interaction between the individuals and society in order to improve the quality of life for everyone (Du Bois & Miley, 2008:10).

According to Zastrow (2010:51-52), social work practice has four main goals, namely: to enhance the problem-solving, coping and developmental capacities of people; to link people with systems that provide them with resources, services, and opportunities; to promote the effectiveness and human operation of systems that provide people with resources and services; and to promote human and community well-being. According to Spies (2007:63-64), the management of HIV is supported by many pillars such as lifestyle changes, treatment and prevention of opportunistic infections and antiretroviral therapy.

Because of the complicated nature of HIV and AIDS and the chronic nature of the treatment it is important to make use of multidisciplinary teamwork and the collaboration between various disciplines, more than ever before. According to Simchowit (2004:2), South Africa’s social security system, which currently provides no unemployment benefits to almost one third of the population; only those judged too sick to work are supposed to be given a small subsidy in the form of a disability grant that serves as the only source of income for entire families.

1.5.4 Community home-based care services

The respondents were asked whether there were Home Community-Based Care organizations in their areas? All 23 (100%) respondents answered “yes”. 22 (95.65%)

indicated that they used these services “always” and 1 (4.35%) “mostly”. Only one (4.35%) respondent had problems to go to the clinic to receive his medication. The reason for this was because physically he was too weak to collect the medication himself. According to Mohammad and Gikonyo (2005:2), community home based care programmes emphasize psychosocial support to PLWHA (People Living with HIV and AIDS) and their families, and deliver these services primarily through volunteer networks in the community along with programme staff.

Participants were asked to what extent they felt that clinic staff were friendly towards their HIV-infected patients, 18 (78.26%) answered “always” and only 5 (21.74%) answered “mostly”. When the respondents were requested to motivate their answers, they indicated that clinic staff members were always willing and ready to give assistance and information about available resources. Palitza (2011:1) suggests that some donor funded ARV programme in South Africa has already proven that ARV therapy managed by nurse, work.

1.5.5 Social work services

When asked whether a social worker provides services to them, all 23 (100%) of the respondents answered “no”. The researcher believes that this response was motivated by the fact that the pre-test and post-test counselling as well as the ARV therapy team do not have social workers to render social work services as part of this team.

All 23 (100%) of the respondents answered “nothing” in response to the question of what kind of services they wanted from the social worker. The reasons for this was because the ARV therapy sites do not have social workers and when they apply for their disability grants officials from SASSA assist them with the grant applications.

The answers received from the respondents indicated their lack of understanding in terms of services rendered by social workers. From this research it was obvious that, although they did not receive any services from the social worker, there was a need for services as reflected in Table 7:

Table 1.7: Contact with social worker

Fr	F	%
Once per week	2	8.69
Once per month	17	73.91
Once per year	4	17.40
N	23	100

How did they think they could benefit from the services of the social worker? 2 (8.69%) said “to a great extent”, 17(73.91%) said “to some extent” and 4 (17.40) said “not at all”. The motivation they gave for their answers were the following: The 2 (8.69%) who responded that social workers could assist them to a great extent had already experienced the benefits of social work services; 17 (73.91%) indicated that social workers should be more visible in communities and at the clinics, and that they should educate the community about their services. The 4 (17.40%) who indicated that they did not think that they could benefit from these services were those who thought that social workers could only provide clients with foster care grants.

A lot has to be done in this community to improve social work services to young men on ART. The social worker’s role is down-played by the Department of Health. Professional counselling is the speciality of social workers and psychologists. The Department of Social Development (SA, 2003:9) agreed with this statement when they declared that VCT had to be a choice and had to be confidential. Everyone should be provided with HIV and AIDS information and tested only when consent is given after adequate counselling.

Would they attend group work sessions to enhance their quality of life while on ARV therapy? To this question all 23 (100%) respondents answered “yes”. These group sessions should provide information on ARV therapy and explain how the social worker could assist them. The respondents were encouraged to attend the support groups at ARV clinics. According to the respondents, they received food and clothes from the ARV clinic after attending the support group. In the researcher’s experience of holding community networking meetings, community members and other stakeholders in the community think that the Department of Social Development is only about providing social security services such as issuing food parcels.

1.6 OBSERVATIONS OF THE RESEARCHER

The researcher was introduced to the respondents by the care-givers. The care-givers of Tshwarisanang community home based care were requested to seek permission from the clients for the initial contact with respondents. This was done to ensure the clients that confidentiality was crucial for the purpose of this study. It helped the researcher in gaining the full trust of the respondents.

- **Openness**

The respondents responded easily to personal questions like their age, jobs, and level of education. This enabled the researcher to probe into more personal information. Terreblanche *et al.* (2006:11) agrees that when we start asking questions about phenomena like domestic violence, unemployment or sexual deviance and proceed to answer them from within our own paradigms, we have already intervened simply by flagging them as social facts worthy of study.

As already discussed, these youth males were not ready to discuss their status and therapy in the beginning of the research because of the stigmatisation in the community. It was only during the needs assessment and especially during the group sessions that they discussed all their issues about their illness and treatment.

- **Cooperation**

The respondents were very cooperative. All 23(100%) respondents were willing to be part of the group which was formed as part of the research study. It is the responsibility of the social worker to take full advantage of these opportunities to expose their capabilities and skills. Lewin (2010:34) explains that the effectiveness of the techniques used for the improvement of intergroup relations, without being able to offer suggestions for other techniques have proven to be effective.

- **Emotions**

The respondents participating in the survey were in denial when talking about emotions and relationships with others, including their families. Research has indicated that people living with HIV and AIDS suffer negative effects because of stigmatization. They feel victimized from time to time and when that happens they will blame others for their

negative experiences. Researchers need to examine more closely the fields in which stigmatization occurs. Only by understanding more about such processes will it be possible to develop the kinds of programmes and interventions that will be successful in preventing HIV/AIDS-related stigma and the negative consequences to which it gives rise (Aggleton *et al.*, 2003:14.)

- **Circumstances of the respondents**

According to Venable *et al.* (2000:473) misinformation and fear also contribute to the persistence of HIV stigma. More than 50% of the respondents represented male youths who are less educated and not so well informed. This did not indicate stigmatization as being a major problem in the living circumstances. Poverty seemed to be their main concern. Low levels of education seemed to be the contributing factor which led to unemployment.

The researcher also observed that, due to the low level of education, the respondents were not very sure about what ARV therapy is and how to use the medicine. One respondent did not know what kind of treatment he was taking. The respondents who had not been on ARV therapy for very long, complained about the side-effects of these tablets. The level of education made respondents more sensitive to how they were treated by officials. The positive attitudes of the clinic nurses motivated them to attend the clinic. Social workers should actively and positively market their services so that communities will know what they are about.

1.7 RECOMMENDATIONS

- Awareness campaigns should put more emphasis on peer education among male youths to ensure that the intended message is well-received by the target group
- Social workers have to be added as members of treatment teams at ARV clinics
- The high-ranking official in the Department of Social Development and the South African government must be educated about the social work profession to ensure the correct utilization of social work services

- Social work professional bodies and social workers must market this profession to the communities as well as to other professionals to ensure correct referral systems
- Policy makers for HIV and AIDS at the Department of Social Development's national office must have clear implementation guidelines for the coordinators of HIV/AIDS programmes at district and local levels.

1.8 CONCLUSION

After HIV has entered a household or community, the type and severity of its effects on people, mediated by various institutional structures, processes, and programmes, will determine whether the household adapts. These strategies will differ in terms of resistance to HIV or resilience to AIDS on households (Gillespie, 2006:6). Piot *et al.* (2007:314) add that understanding both upstream and downstream intersections between AIDS and poverty is critical in understanding local and global epidemiological patterns. Such understanding, in turn, is vital to the development and implementation of effective strategies to prevent and treat HIV.

Because of the complicated nature of HIV and AIDS and the chronic nature of the treatment, it is important to make use of the multidisciplinary teamwork and collaboration between various disciplines. According to Simchowitz (2004:2), South Africa's social security system, which currently provides no unemployment benefits for almost one third of the population, only caters for those judged too sick to work. Such individuals are supposed to be given a small subsidy in the form of a disability grant that serves as the only source of income for entire families.

From the needs assessment it was clear that a lot has to be done in this community to improve social work services to young men on ARV therapy. The social worker's role is down-played by the Department of Health. Professional counselling is the speciality of social workers and psychologists. The Department of Social Development (SA, 2003:9) reinforced this statement when they declared that VCT had to be a choice and had to be confidential.

Community-based organizations play a positive and effective role in the lives of people living with HIV and AIDS in the communities. Rajabiun (2001:6) suggests that involving

community leaders, health workers, educators, household members and persons living with HIV and AIDS in both the gathering and analysis of the information and designing an intervention that will be beneficial to all members of the community.

From the needs assessment it was clear to the researcher that by means of a social group work programme the group members need more information on how to handle different relationships, to know what the role of the social worker and the Department of Social Development entails as well as the role of the Department of Health and the policy on ARV therapy. Although the respondents experienced the services of the clinics as good, they did not use the services of the clinics and home based care organisations as they should have. Because all respondents are from disadvantage communities, and most of them did not work, the researcher decided to include a session on healthy life style as well as a session on the dangers of substance abuse in relation to HIV and AIDS and ARV therapy.

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ARTICLE 2

THE ROLE OF SOCIAL GROUP WORK IN EMPOWERING MALE YOUTHS TO COPE WITH THE ILLNESS AND THE ARV THERAPY

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SUMMARY

This article seeks to highlight the role of social group work in service delivery to male youths on ARV therapy. For the purpose of this study it is important to clarify the role of social group work as a method to encourage social behavioural change among the male youths undergoing ARV therapy. These youths are considered to be the future leaders and that much is still expected from them by society as a whole. The life-span of youths living with HIV is cause for concern to society and government structures.

The researcher believes that social group work is a suitable method to motivate and mobilize the inner potential of HIV-positive male youths living in difficult circumstances and undergoing ARV therapy. It is emotionally difficult and challenging for anyone who has to live with a life-threatening disease which requires constant adherence to medication in order to achieve any quality of life. The focus of this article is on exploring the role of social group work in service delivery to young men on ARV therapy in South Africa by means of a literature study.

2.1 INTRODUCTION

This article seeks to give an overview of the role the social group work delivery model plays for male youths on ARV therapy. Social group work as method of social work is a useful empowerment tool utilized by social workers. According to Becker (2005:108), social group work “has a particular contribution to make in addressing the various

challenges presented by HIV/AIDS". This method of social work provides a structure around which a worker can build relationships. Activities in social group work were beneficial to the researcher as it created opportunities to turn the group into a team for the purpose of implementing the objectives of the study. Weil *et al.* (1991:40) state that what makes group work a social work method is the ownership of its history and its particular constellation of theory, purpose, methods, and values, bound within a social work frame of reference; and the assumption of responsibility for the continuing development and use of the concept.

According to Zastrow (2001:2), social work practice in groups is not a new phenomenon. The ideological roots of social group work can be traced almost directly to the settlement houses, informal self-help recreational organizations (YMCA, YWCA), Jewish centres, all of which developed during the first three decades of this century (Capuzzi & Gross, 2010:4-5). It was during this period that many social workers found the group-based method of intervention effective and efficient for confronting a variety of personal social problems. In South Africa the "Suid-Afrikaanse Vrouefederasie" (SAVF) started with needle-work classes ("naaldwerkklassie") in the early 1900s. Because of the success of these classes and after a visit Professor Jannie Pieterse made to the United States, the University of Pretoria started teaching social group work (Du Preez, 1995: 44-47; Strydom, 1976: 108-109).

It is crucial that the social worker adheres to the ethical codes governing the profession. Rosenberg and Bosch (2007:5) add that in non-voluntary settings particularly, practitioners must be careful not to victimize members of oppressed groups by encouraging the sharing of difficult personal experiences which could educate dominant culture listeners but exploit the speakers. Social workers must insure that intergroup dialogue adheres to the two core values outlined in the standards for social work with groups.

This social group work empowerment programme model sought to holistically empower male youths on ARV therapy. Anderson and Van Yasevi (1998:13) highlights the importance of the holistic concept of self-reliance in the nutrition programme, starting from self-recognition of the problem, self-planning and problem solving while self-monitoring the system in development programmes. Studies indicate that the physician who provides information, instructions and motivation to the patients significantly

contribute to the overall adjustment to the health-care setting (Sanders & Suls, 1982:177).

The social worker needs to ensure that the client is always empowered to make informed decisions, because his/her choices affect other people around them. Raynor *et al.* (2001:57) add that the heuristic model suggests that decision-making is determined, reflexive, locally optimal at best and based on a limited rationality. It is argued that social workers engage in reflexive understanding and not determined or certainty-based decision-making processes that are based on objective evidence.

Research has shown that one of the problems the multidisciplinary health team encounters with antiretroviral treatment is the burden of responsibility to ensure that the patient adheres to therapy. According to Spies (2007:4), the potential of a patient to become resistant to antiretroviral medication should always be remembered. Well-informed patients are continuously educated about the challenges involved in ARV therapy.

According to Boris (2006:584), HIV and AIDS have already produced millions of orphans in Africa and the peak of the orphan epidemic has not even been reached. Therefore, all role players, especially in the health and social sectors, have to take hands in delivering services to affected and infected people such as young men on ARV therapy.

2.2 PROBLEM STATEMENT

The high prevalence of HIV in South Africa requires role players to come up with a service delivery model that will effectively and efficiently influence social behaviour change among male youths in the Motheo District. This study seeks to highlight the role of social group work in service delivery to male youths on ARV therapy in the Motheo district, Bloemfontein.

Research indicates that adherence to the requirements of ARV medicine continues to be a major barrier to successful treatment with highly active antiretroviral therapy (HAART) (Anon, 2011c:1) for HIV-infected individuals. HIV-infected adolescents and young adults face a lifetime of treatment with HAART. Often, individuals who struggle to commit to HAART face multiple obstacles that impact on the success of any single

modality intervention. McCauley (2004:1) argues that to date there are no studies about the youth in the developing world to determine whether undergoing voluntary HIV testing and counselling reduces their high-risk behaviours. According to Ware *et al.* (2009:1), helpers expect adherence and make their expectations known, creating a responsibility on the part of patients. Patients adhere to promote good will on the part of the helpers; thereby ensuring help will be available when future needs arise.

Reyneke (2009:47) supports this idea of targeting the youth and indicates that one of the most effective ways in which the community can be empowered is to target the youth of that community through upliftment projects that include life-skills programmes. Potgieter (1998:27) adds that social functioning becomes visible in the way we fulfil our roles, as well as in the manner in which we succeed in satisfying our own basic needs and those of people who are dependent on us.

The partner or spouse of the patient who is about to commence ARV therapy should undergo pre-ARV counselling in a similar way to that of the patient. According to Mellins *et al.* (2006:432), standardized assessments of mental health identified very high rates of psychiatric disorders, primarily in the anxiety and behavioural domains, in a sample of youth with prenatal HIV infection. Mental health interventions should be integrated into medical care to help members of highly vulnerable populations to optimize their health and wellbeing. It is a useful idea to include the spouse or partner in the initial pre-ART session. This could be useful in preventing re-infection of partners by each other especial with the drug resistant virus. Counsellors should also ensure that the patients pay attention to what is said to them. The inclusion of both partners could also serve to provide emotional support. Mostly when people find themselves trapped in difficult situations they tend to feel helpless and lose their sense of meaning in life.

The people who are most vulnerable to HIV infection in South Africa are “*the poor, women, young adults, adolescents and children*” (Drower, 2005:105). People living with HIV and AIDS such as the young men on ARV therapy, are faced with a “*series of psychosocial tasks including: maintaining a meaningful quality of life, retaining intimacy, coping with disfigurement and loss of function, confronting existential and spiritual issues, and planning for the survival of family and friends*” (Ross, 2001:22).

Besides all these tasks, people on ARV therapy have to cope with the side effects of ARV drugs such as change in bowel movements, skin rashes, headaches, abdominal pain and nausea (Evian, 2006:88-90). It is mostly the duty of the health professionals and the social workers to help these infected people cope with the disease. Preventative programmes are to a great extent the answer to making a bigger impact by reaching a wider target group (Anon, 2011a). In social work, the social worker focuses on the strengths and resources of the client, such as the young men on ARV therapy, “to help them resolve their difficulties” (Zastrow, 2010:52). To empower these young men on ARV therapy, social group work is one of the social work methods the social worker can use in service delivery.

A social group work empowerment programme is chosen with the aim of effecting the required social behavioural changes among male youths on ARV therapy. Reyneke (2009:47) is of the opinion that, when focus is placed on the identification and mobilization of that inner potential possessed by youths living in difficult circumstances as well as the development of their emotional skills, they become more effective in the world they live in. Empowerment programmes are necessary for contribution towards improving quality of life for people living with HIV and AIDS, who require terminal care and support services. According to Toseland and Rivas (2009:262), programme activities as part of the empowerment programme can be used to involve and empower group members such as the youth male who are on ARV therapy. It was necessary for the researcher to do a literature study on the role of social group work in empowering young males on ARV therapy to cope with their circumstances. She did not have much experience in applying social group work as a method of social work in practice, and therefore needed to gain knowledge in this regard.

2.3 RESEARCH QUESTION

- What is the role of social group work in empowering male youths who are on antiretroviral therapy to cope with the treatment and their circumstances?

2.4 AIM AND OBJECTIVE OF THE RESEARCH

The aim of this study was to evaluate the impact of a social group work empowering programme for male youths who are on antiretroviral therapy to cope with the treatment and their circumstances.

- One of the objectives of the research as well as the focus of the article was to determine the role of social group work by means of a literature study in empowering male youth who are on antiretroviral therapy to cope with the treatment and their circumstances.

2.5 RESEARCH METHODOLOGY

The method of research in this article was a literature review. One of the purposes of a literature study is to assure reviewers that the researcher understands the current issues related to the topic of the research (Grinnell & Unrau, 2005:242). According to Fink (2005:3), literature review is “*a synthetic, explicit and reproducible method for identifying, evaluating and synthesizing the existing body of completed and recorded work produced by researchers, scholars and practitioners*”. A thorough literature review enables a researcher to demonstrate a familiarity with knowledge of the topic as well as knowledge of the most recent theories, definitions and key concepts regarding the field of study (Fouché & Delport, 2011b:135). According to Grinnell and Unrau (2005:47-54) Rubin and Babbie (2005:122) and Fouché and Delport (2011b:137), resources of literature can be reduced to:

- Standard reference material such as abstracts, bibliographies and indexes.
- Computer-accessible databases where most university libraries such as the North-West University can help with extensive access to different databases or systems.
- Internet access where information available is voluminous and comprehensive. A disadvantage of the Internet is “that there are no hard and fast rules or procedures on how the network should function or how to access specific information” (Fouché & Delport, 2011b:138).

- Scholarly books that are referred to as books based on research and or contain research or a collection of research articles.
- Articles in professional journals such as the journal Social Work/Maatskaplike Werk.
- Personal interviews with authorities such as the medical staff at the clinics.
- Research reports, dissertations and monographs where not only the results of the research are described but also the methodology utilised in the research.
- Presentations at conferences, symposia and workshops.
- Public documents and records of public gatherings.
- Newspaper, magazines and periodicals.
- Radio and television broadcasts.

In this research the researcher mostly consulted standard reference materials, scholarly books, articles in professional journals, research dissertations and reports, computer-accessible databases and public documents such as the documents of the different Government Departments.

The central focus of this research article was to determine the basic role of social group work as an empowerment method in social service delivery to male youth on ARV therapy. Much has been investigated on the subject of HIV and AIDS, but not much research has been done on the role of social group work as empowerment tool in service delivery to people infected or affected by HIV and AIDS and especially young men on ARV therapy.

2.6 DEFINITIONS OF SOCIAL GROUP WORK

According to Kelly (2011:1), social group work can be defined as any two or more people in social interaction who share expectations and responsibilities to the group who share a unifying characteristic or sense of purpose. According to Zastrow (2010:45-46), group work “*seeks to facilitate the intellectual, emotional, and social development of individuals through group activities*” and the aim of group therapy is to

facilitate the social, behavioural, and emotional adjustment of individuals through the social group work process. For the purpose of this article social group work will be defined as a small group of individuals who share common social problems impacting on their health. This structure is aimed at enhancing positivity on their peer group in their society.

Smith (2008:1) states that working with groups is often presented as a good way of dividing work and increasing productivity. It can be argued that it allows for the utilization of the different skills, knowledge and experiences that people have. According to Toseland and Rivas (2005:41), groups are social systems made up of people in interaction.

2.7 VALUES AND ETHICS OF SOCIAL GROUP WORK

While values are the implicit beliefs about what people consider to be good, ethics relates to what people consider correct or right (Du Bois & Milley, 2006:112). Values and ethics in social group work are based on social work values and its code of ethics. These values are “influenced by a system of personal and professional values” (Toseland & Rivas, 2009:6). A value may be described as a desirable ideal towards which people in society are striving and it is based on beliefs about people and life conditions in. Values develop over time out of the personal experiences of individuals, families, and communities and provide guidelines and directions for action (Potgieter, 1998:38).

Brektt and Maynard (2005:297) argue that values and ethics do not exist simply at the fringes of social work, but are at the heart of social practice. This is because social work often deals with deeply personal and painful issues, mental illness, disability, the personal care of old people, and the safety of children. The practice of social work has the potential to challenge deep-seated values on many subjects that most people do not even think about. Joyner and Payne (2002:297) add that for the consumer, groups, and society at large, research has shown that good ethics is good business. Mertens and Ginsberg (2008:492) elaborate that ethical dilemmas and challenges arise in social research by virtue of concerns about the human beings who are involved in and affected by its processes and results. Social work research stands in deep water in

terms of ethical concerns because of the nature of the populations with whom they typically work, and the sensitive nature of the issues they address.

Key values of social group work, according to Toseland and Rivas (2009:7-8) and Du Bois and Miley (2006:126-127), are:

- Respect and dignity: In this group all the young men on ARV therapy were treated with respect and dignity no matter how devalued and stigmatized they may have been by family members, friends and the community.
- Acceptance: The researcher conveys acceptance by expressing her genuine concern, listen receptively and by acknowledging these youths' point of view.
- Solidarity and mutual aid: By solidarity and mutual aid group members were helped to develop their skills and to satisfy their needs. Through these values, they could heal.
- Empowerment: The group empowered these young males on ARV therapy to use their abilities so that they could help themselves at the end.
- Individualization: The researcher affirmed the young men's individualities and recognized and appreciated their unique individual differences.
- Understanding, respect, and camaraderie: These values helped these young men to fight ignorance, misunderstanding, and prejudice among those from diverse backgrounds.

2.8 SOCIAL GROUP WORK AS A METHOD IN EMPOWERING PEOPLE

Jacobs *et al.* (2002:5) maintain that commitment to working on a specific concern often has more strength when made in a group setting. Although such commitments are often made in one-to-one situations (counsellor-client, nurse-patient, supervisor-supervisee), the motivation to honour them seems to be stronger when they are made to a number of people. Hepworth *et al.* (2006:5) state that social work practitioners help clients move towards specific objectives. The means of accomplishing these objectives, however, varies depending on the unique circumstances of each client. Even so, all social workers share common goals that constitute the purpose and objective of the profession. Toseland and Rivas (2005:66) added that the first step in intervening on an interaction platform is for the social worker to be aware that, whenever people are together in groups, they are communicating. Even if they are not

communicating verbally, their non-verbal behaviours communicate intended messages. According to Perkins and Zimmerman (1995:569), the empowerment theory, research, and intervention link individual wellbeing with the larger social and political environment. Theoretically, the construct connects mental health to mutual help and the struggle to create a responsive community.

Social group work emphasizes the situational context of behavioural change. This method of social work uses small group interaction such as the group of young men on ARV therapy “*as a vehicle for social change*” (Du Bois and Miley, 2010:38). The focus of social group work includes enrichment, education, and social reform and uses the interplay of the different personalities in the group to achieve cooperative group action that addresses common goals.

For the purpose of this study the empowerment model was used as an intervention strategy to address the identified research problem. According to Lee (2001:5), empowerment of minority groups and individuals living on the margins of society is an incremental process, not an absolute outcome. Moreover, the empowerment of minority groups can frequently be reduced to token representation of individuals who are acceptable to the dominant group. Dominelli (2002:4) agrees that social workers have the responsibility to challenge this grotesque image of poor people and, besides bringing to public attention the strength of those who battle to transcend social exclusion, empower those who are engulfed by the weight of circumstances in which they are embedded. Promoting social justice and human development in an unequal world provides the *raison d'être* of social work practice, and is the key to discharging society's contract in assisting vulnerable people.

Barker according to Zastrow (2010:52), defines empowerment as “*the process of helping individuals, families, groups and communities to increase their personal, interpersonal, socioeconomic and political strength and to develop influence toward improving their circumstances*”. The strength perspective is closely related to the concept of empowerment and according to Saleebey (Zastrow, 2010:53-54), five principles guide the strength perspective namely:

- Every individual, group, family and community has strengths. It is the social worker to believe in their strengths and guide them to “*begin the climbed toward transformation and growth*” (Zastrow, 2010:52).
- Trauma, abuse, illness and struggle may be injurious, but they may also be sources of challenge and opportunities like in the case of people infected and affected by HIV and AIDS as well as the young men on ARV therapy.
- Assume that you do not know the upper limits of the capacity for people to grow and change means that social workers need to hold high their expectations of clients such as people infected and affected by HIV and AIDS or on ARV therapy and form alliances with their vision’s hopes, and values.
- Social workers best serve their clients by collaborating with them. A social worker “*is best seen as a collaborator or consultant to a client than when seen as an expert or professional*” (Zastrow, 2010:52).
- Every environment is full of resources. For the people on ARV therapy their environment has resources such as individuals, groups, associations and institutions that have something that they need.

With empowerment in social group work according to Adams (Becker, 2005:111), the helper (social worker) does not hand over power but facilitate people such as people on ARV therapy to claim their own power. Either by their medical status or by association, people affected and infected by HIV and AIDS, are members of a stigmatised group and are related to in a way that disempowered them. Social workers working from an empowerment perspective by means of social group work should according to Gutierrez (Becker, 2010:11-122):

- Utilise interventions strategies that build self-esteem and a positive sense of self-worth and facilitate members such as the young men on ARV therapy to gain control over their lives.
- Be comfortable with sharing and letting go the power vested in the social worker as professional.

- Provide information and educational material that challenges the member's perceptions of themselves as well as facilitate the members to critical thinking about their circumstances which have contributed to their present situation.
- Assist members to identify resources within themselves and their communities which may be mobilised to address the issues at hand.

With empowerment or the opportunity-development model according to Egan (2010:70), the client or group members ask four fundamental questions for themselves namely:

- What is going on? What are the problems, issues or concerns I should be working on?
- What do I need? What changes would make me happier?
- How do I get there? What plan do I need that will get me there?
- How do I make it happen? "How do I turn planning and goal setting into the kind of action that leads to the solutions...?"

With the three questions the group members get their current picture, their preferred picture, the actions the group members need to take to create a better future and the broad and specific actions they must take to produce the changes they want.

During the research the researcher assembled a group of individuals who were experiencing problems while on ARV therapy. According to Becker (2005:108), social group work has a great deal to offer to people infected and affected by HIV and AIDS in South Africa. Social group work helps individuals to help each other and aims to meet the social and emotional needs of group members (Toseland & Rivas, 2009:12). Social workers as professionals are guided by the set of rules and regulations created to hold social workers accountable for their actions in service delivery and by means of social group work empower individuals to answer the four questions of the opportunity-development model as described by Egan (2010:70).

Du Bois and Miley (2006:112) add that, while values are the implicit or explicit beliefs in what people consider virtuous, ethics relates to what people consider right. Ethics

generate standards that direct conduct. According to Potgieter (1998:45), the general approach to a code of ethics is based on the following:

- Every human being has a unique value and potential, irrespective of origin, ethnicity, sex, age, and belief, socio-economic and legal status.
- Each individual has the right to the fulfilment of his or her innate and acquired skills. The social worker has the responsibility to devote his or her professional knowledge and skills scientifically for the benefit of each individual, group, community and humankind.
- The social worker has a primary obligation to render a service professionally.
- The social worker shall recognize and take into account his or her personal and professional limitations.

There is a strong belief that behaviour change will have a positive influence on minimizing the spread of HIV as well as have a positive influence on adherence to antiretroviral therapy. There is also a belief that, through effective empowerment methods, there is the potential for effecting behaviour change on the target group. By developing respect for and tolerance of differences in religious, class, or racial affiliation, members acclimatize to a group norm that emphasizes inclusion and justice (Becker 2005:18).

2.9 ADVANTAGES AND DISADVANTAGES OF SOCIAL GROUP WORK

According to Becker (2005:17), the helping professions attempt to bridge the gap between individuals and their society. Group work uses the power of the collective to assist the individual. Social group work, like other intervention methods that involve people's emotions, is subject to scrutiny. Social group work has different advantages and disadvantages as indicated by Becker (2005:17-18) and Toseland and Rivas (2009:17-19).

2.9.1 Advantages of social group work

2.9.1.1 Sense of belonging

Group members such as the young male on ARV therapy can easily identify with each other because they share a common interest. For this reason they can discuss even those private experiences of their lives. Providing help and support is therapeutic for members who share experiences and knowledge with each other. According to Sito (2008:66), for people affected but also infected by HIV and AIDS to live positive and also full lives, it is important that their sense of worth is maintained and that they are provided with knowledge and skills and challenge the sense of disempowerment which the course of the disease may precipitate.

2.9.1.2 Shared common interests

Becker (2005:17-18) agrees that benefits of social group work include the experience of commonality, where similar interests and goals can be shared in the group such as the group with male youth on ARV therapy. The problem-solving potential of the group enables these members to exchange ideas.

2.9.1.3 Members learn from each other

The increased quantity of information available in groups can be beneficial for generating alternative action plans, for problem solving, and for making decisions (Toseland & Rivas, 2009:18). Group members who have only received ARV therapy for a short time have the opportunity to learn more about the therapy, and the side effects of the therapy from group members who receive therapy for a longer period.

2.9.1.4 Support for each other

When the male youth on ARV therapy have identified common interests among each other they can be more productive and supportive of each other. Martine (2006:35) adds that as a group they share responsibility for the work.

2.9.1.5 They learn to reflect on their abilities

Group members are also allowed the freedom to come with answers that reflect their own thinking. Hadler (2005:1) agrees that when goals are shared it gives common

purpose to the group and individual members can gain a feeling of self-determination and recognition through their contribution. Individuals such as the young male on ARV therapy who have contributed to finding a solution feel a greater commitment to its successful implementation.

2.9.1.6 Group work intervention assists more than one individual at a time

Brahn and Kleiner (1996:30) argues that groups are everywhere in our society and learning more about them and how to better apply them can enhance the quality of each person's life. The Centre for the Study of Higher Education (2000:1), adds that once a workable model of group work is in place and the necessary planning has occurred, group assessment may reduce some of the tasks of assessment and grading, provided that assessing individual contributors to the product or process is limited.

2.9.2 Disadvantages of social group work

Jacobs *et al.* (2002:19) add that individuals who do not want to be or are not ready to be in a group can disrupt it or be harmed because group pressure may cause them to take disclose personal details before they are ready. The facilitator needs to be a knowledgeable and organized person otherwise the group members will lose confidence in the whole project.

According to Murray *et al.* (1999:537), inequality both between and within populations is a major public concern that demands attention. In conducting social group work sessions there are people who have strong personalities and tend to dominate during group sessions. For the purposes of this study such strengths were identified and guided so that positive results could be achieved. Fook (2002:47) agrees that people do not fit easily into powerful groupings. According to Toseland and Rivas (2009:19), group intervention tend to be more effective than individual intervention when dealing with problems, such as ARV therapy, with known solutions rather than with problems with no clear right or wrong answers.

2.10 PLANNING MODEL FOR SOCIAL GROUP WORK

The planning is the most important phase of a social group work project because it leads to well-organized activities as well as a prepared facilitator and successful group

projects (Roux, 2002:152). The New Dictionary of Social Work (1995:45) defines planning as a component of the management process which includes activities to determine the policy, objectives, and work procedures of a welfare agency in advance. This includes a process for determining social work assistance in consultation with the client. Planning marks the beginning of the social worker's involvement in the group endeavour (Toseland & Rivas, 2009:151).

Although planning is one of the keys to success in most activities, people find all sorts of reasons not to do it (Adirondack, 1998:63). Roux (2006:6) adds that often the planning of a group is the stumbling block and not the handling thereof. The problems that could occur as a result of poor planning are many and could fluctuate between groups that terminate too quickly, groups where the attendance is sporadic and irregular, groups that are experienced as unsuccessful by both the members and the social worker, and groups that undermine the self-confidence of the social worker.

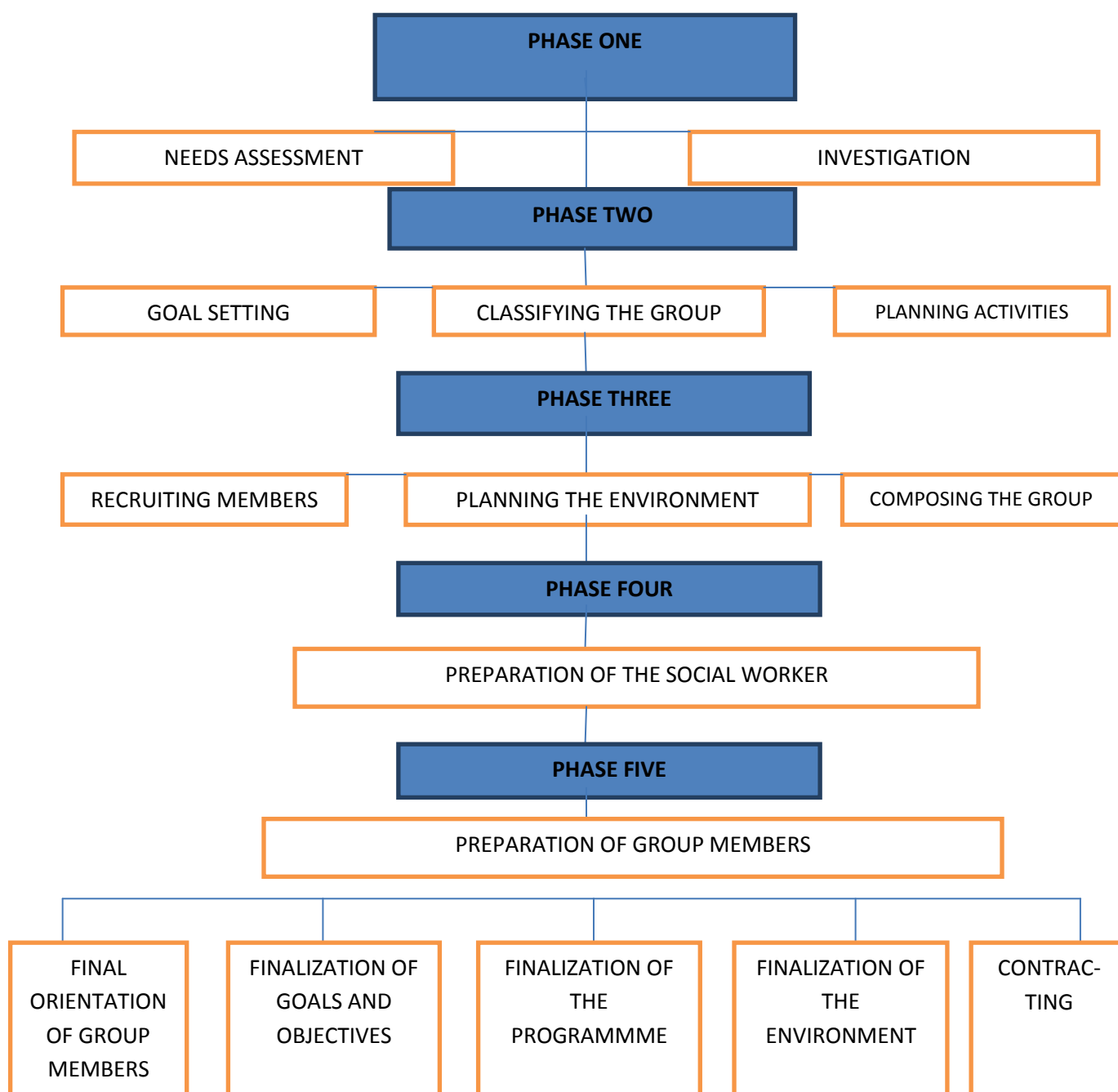
To enhance the quality of service delivery aimed at addressing the needs of male youths on ARV therapy, the planning embraced not only the physical but also emotional expectations of these men infected with the HI-virus. When planning a group, the group facilitator should already have clear expectations of the group which could lead to clearer aims and better structure (Roux, 2002:3). To achieve this goal it is crucial to divide the stages of planning into two crucial stages – the preparation and implementation stages.

The preparation stage includes identifying the values of the targeted group; identification of sample and required resources; discussions with the participants about the aims and objectives of the study; conditions of agreement, and time phases. Kurland and Salmon (1998:23) add that preparation by the worker prior to the first group meeting is one of the most neglected areas in the group work practice. Although it is clear that cursory attention to planning and preparation is a determining factor in problems and failures of a group, workers often limit their pre-meeting considerations to rather practical issues, such as meeting time and place and whether to serve refreshments.

Planning marks the beginning of the social worker's involvement in the group (Toseland & Rivas, 2005:153). During the planning process the social worker will according to

Corey and Corey (2002:98), spend time wisely by thinking about what kind of group he or she wants and by getting psychologically ready for the leadership roles and functions. Research shows that the way activities are performed according to the planning process will affect how fast and effectively the group moves towards achieving the goals (Garvin, 1997:50). It was very important for the researcher to do a literature study on the planning process because she did not use social group work as method very often in practice and she wants the project to be a success and did not wanted to waste time because of bad planning. For the purpose of this study the planning process was done in terms of a certain process discussed by Roux (2002:153). The steps in this planning process are:

Figure 2.1: Planning Process (Roux, 2002:153)



According to the abovementioned process, the researcher will discuss what happened during each phase of planning for the group of young men on ARV therapy.

2.10.1 Phase one

2.10.1.1 Needs assessment

Grant (2002:156) is of the opinion that reliance on formal needs assessment could render education an instrumental and narrow process rather than a creative, professional one. According to Toseland and Rivas (2005:64) one of the worker's most important tasks is to help groups develop dynamics that promote the satisfaction of member's social needs while facilitating the accomplishment of group tasks. Hepworth *et al.* (2006:5) add that social work practitioners help clients move toward specific objectives. The means of accomplishing those objectives, however, vary based on the unique circumstances of each client.

For the purpose of this study a needs assessment survey was conducted to enable the researcher to develop the social group work empowerment programme for the male youths on ARV therapy. Permission to conduct such a survey was obtained from the Department of Social Development and from the clients who completed the consent forms. Participants were selected purposefully from the list of patients at Tshwarisanang Home-Based Care Organization. Tshwarisanang Home-Based Care Organization is one of the community-based care organizations funded by the Department of Social Development to render care and support services to the people affected and infected with HIV and AIDS in the Motheo District. There were 23 young men on ARV therapy who were willing to be part of this needs assessment as already discussed.

2.10.1.2 Investigation

The common needs of the male youths on ARV therapy were investigated for the purposes of facilitating the group cohesion and to establish the participants' willingness to participate in the processes of the study (Sito, 2008:73). The following aspects were taken into consideration when doing the investigation:

- According to the needs assessment, this group was a necessity

- The researcher received consent to continue with the research and the group work project from the Department of Social Development (**Annexure 2**).
- There were enough resources in the community to help the researcher present some of the programme activities.

2.10.2 Phase two

2.10.2.1 Goal setting

According to Hepworth *et al.* (2006: 325), assessing whether a client is prepared to identify specific goals may begin with a summary of primary concerns. The goal and the tentative objectives of the social group work programme were explained to the participants in this research during the needs assessment to help them decide whether they are interested or not to attend the group sessions. The formulation of the goal and tentative objectives during this phase helped the researcher in determining the composition of the group because the respondents in the research knew what they could expect if they attend the group sessions (Roux, 2002:157).

2.10.2.2 Classifying the group

Classifying the group helps to minimize the confusion in relation to formed groups. According to Roux (2002:158), the social worker needs to be aware of the type of group, the objectives and structure, as well as the possible roles members could play in order to facilitate the group. Toseland and Rivas (2009:13) suggest that it is helpful to distinguish many kinds of groups that workers may be called to lead. The distinctions are made based on whether they are formed or natural groups, and whether they are treatment or task-oriented. Formed groups are those that come together through some outside influence or intervention, while natural groups come together spontaneously on the basis of occurring events, interpersonal attraction, or mutually perceived needs of the members. Formed groups are further classified according to the purposes for which they are organized.

For the purpose of this study the type of group was a treatment group. Toseland and Rivas (2009:20) elaborate that types of treatment groups are support, education, growth, therapy, socialization and self-help groups. Based on the needs of the male youth on ARV therapy, an educational group was formed with facets of support and

therapy to empower the participants to be able to cope with life challenges as HIV infected person on ARV therapy in a positive and effective manner. Becker (2005:16) adds that groups can be organized according to purpose, selection of members, type of leadership, focus of attention, and inherent ideology underlying the collective effort.

The group in this research was a closed group. It was decided on a closed group because the researcher began and ended the group work project with the same male youths on ARV therapy (Toseland & Rivas, 2009:168).

2.10.2.3 Planning programme activities

According to Zastrow (2009:49), the intellectual, emotional and social development of individuals may be furthered through group activities. For the purpose of this study, the researcher, when planning for the programme activities, took into consideration the educational levels of the participants as well as their physical state due to their ill health. Choosing the ice breakers were also planned to suit the physical strength of the group members. The duration of the social group work consisted of 9 sessions. According to the needs assessment, the programme activities focused on the importance of adherence and the role of the Department of Health; the role of the social worker and the Department of Social Development; mapping community services; alternative health care services; effects a healthy lifestyle of people on ARV therapy; effects of substance abuse on people who receive ARV therapy, and the value of good relationships.

2.10.3 Phase three

2.10.3.1 Recruiting members

Different authors confirm the importance of recruiting the best members for the group (Corey & Corey, 2002: 105; Roux, 2002:163-164; Toseland & Rivas, 2009:160). According to Welch *et al.* (2002: IV-1), having an idea of the type of people you want as members will make the whole process of recruitment easier. Within a social service agency, potential members can be identified from the caseloads of the social worker and colleagues. For the purpose of this study the researcher identified young males on ARV therapy from the register of the patients receiving care and support from Tshwarisanang Home-Based Care Organization. The needs and aspirations of the potential group members were identified during the needs assessment phase. The

degree to which the young men on ARV therapy wanted to make changes in their lives and how many were willing to participate for a certain period, were some of the factors when deciding who the group would consist of (Corey, & Corey, 2002:106).

2.10.3.2 Planning the environment

Planning the environment in this study included creating a favourable environment for the potential group member to gain knowledge which would empower him to be a functional member of the society (Corey & Corey, 2002:108-109; Roux (2002:166). Planning the environment will prepare the surroundings which the potential group members would be functioning in. This included finding a suitable venue which would be easily accessible and also safe, with all the resources required for the benefit of the potential group members.

The input of the potential group members was requested and the offices of Tshwarisanang were chosen as venue. This choice of venue was favoured because the place was familiar to the potential group members and it was nearer to the homes of the potential group members. This study aimed to provide knowledge to the potential group members. The researcher recruited potential group members from young, male individuals who received ARV therapy and were patients at the Tshwarisanang Home-Based Care organization in the Motheo district. The principle of homogeneity was also taken into consideration. They were all men about the same age (between 20 and 25 years), and from the same community (Toseland & Rivas, 2009:163). These members were selected from the respondents during the needs assessment stage.

The size of the potential group was 10 participants selected from the male youth who were receiving care and support services from Tshwarisanang Home-Based Community Care Organization. The diversities within the group were identified and addressed as they arose during the social group work sessions. The researcher's knowledge and skills as well as effective communication strategies were employed.

2.10.4 Phase four: Preparation by the social worker

Social workers do not always make an effort to practice social group work, therefore it is not always easy to prepare and conduct successful social groups. According to Sito

(2008:78), the preparation of the worker is very important. For the purposes of this study the researcher did the following in preparation for the social group work sessions:

- Conducted a survey that reflected the needs of individual members.
- The researcher did a thorough literature study on ARV therapy and social group work.
- She obtained permission from the Department of Social Development to conduct group work sessions in one of the organizations funded by the Department of Social Development, as well as consent forms from the potential group members.
- The researcher explained to the agency as well as the potential group members the goals and objectives of the group work project as well as the goal and objectives of this study.
- She organized the venue for the group sessions.
- She invited guest speakers and prepared them so they knew what the goals and objectives of the group were.
- Members were oriented about things to expect from group sessions.

2.10.5 Phase five: Preparation of the group members

The final preparation and orientation of group members can take place individually, before the first group meeting, during a meeting before the first session, or during the first or intake session (Roux, 2002:180; Toseland & Rivas, 2009:170). People cooperate better when they are fully aware of what is going on around them and what to expect. In preparation of the potential group members in this research, there was a meeting before the first session where they were requested to give inputs of what they would like to discuss and do in the group work sessions. To make them aware of what would happen during the sessions the following were discussed:

- The goal and objectives of the research.
- The programme and programme activities.
- The tentative goal and objectives of the social group work sessions.
- The expected outcomes.
- The expectations of the group members.
- Time frames

- The venue.
- The contract and what it should include.

During this meeting the group members also asked the researcher if it would be possible to discuss the role of spirituality when infected with the HI-virus.

The contract always has terms and conditions which both parties have to agree upon for it to be legitimate. All the parties should sign the written contract if they agree to its terms and conditions. Toseland and Rivas (2009:171-173) add that two forms of contracting takes place during the planning stage, namely contracting for group procedures and contracting for individual member's goals.

2.11 CONCLUSION

In this research it was clear that the people infected with the HI virus and especially also the young men on ARV therapy experienced a lot of difficulties, such as financial, education and housing problems. One of the foremost concepts of ARV therapy is the ability of these young men to maintain near-perfect adherence in the long term. Both patients and health care providers face significant challenges with respect to adherence to ARV therapy.

The role of social work and the multidisciplinary team in delivering services to young men undergoing ARV therapy was highlighted in this article. This was done with the purpose of addressing the lack of adherence to ARV therapy among young men. Failure to adhere to the conditions of antiretroviral therapy is the problem identified by government and major stakeholders in issues of health and social behaviour.

The role of social group work as an effective intervention approach to enhance the social functioning of people like these young men on ARV therapy was taken into account when deciding on what method was best suited to enhancing the social functioning of these men.

2.12 RECOMMENDATIONS

- Social workers have a major role to play, especially in providing empowerment programmes for people living with HIV and who are on ARV therapy. It is therefore recommended that the policy makers should start addressing this need.

- Social workers should start with social group work projects for HIV-infected people but also for people on ARV therapy.
- Social workers have to give a lot of attention to the planning of social group work projects. The planning process marks the beginning of the worker's involvement, and good planning determines the success of the project.
- If social workers are hampered with heavy caseloads, they should train auxiliary workers with the necessary knowledge and skills to implement group work services to HIV-infected people and especially to people on ARV therapy.
- The multidisciplinary team at the Home-Based Community Organization in the Motheo District have to take hands in delivering services to people affected by HIV and AIDS as well as people on ARV therapy.

In article three the development and implementation of the social group work programme for male youths on ARV therapy in a rural area will be discussed.

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ARTICLE 3

A SOCIAL GROUPWORK EMPOWERMENT PROGRAMME FOR MALE YOUTH ON ARV THERAPY

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SUMMARY

Research done by Bungane (Roux, *et al.*, 2010:45) illustrated the need for better services in dealing with the consequences of HIV and AIDS in rural areas in the Free State. With this need in mind, the researcher decided to do research on the empowerment of male youth on ARV therapy by means of a social group work programme. The aim of the social group work programme was to empower young men on ARV therapy to cope with the treatment and their daily circumstances.

The researcher has learned to incorporate the principles of empowerment into her group work programme to address individual behavioural issues in the group. The goal of empowerment in social group work is according to Toseland and Rivas (2012:2750, “to empower members so they can take charge of their lives both inside and outside the group”. The researcher’s practical experience in social group work as well as her belief in the group members, served as an advantage in performing this type of social group work programme. Clients need emotional healing in order to live in harmony with people around them.

The type of group in this research was mainly an education group with facets of therapy. The primary focus of learning theory is according to Toseland and Rivas (2012:60), on the behaviour of the individual rather than on the behaviour of the group. The psychodynamic theory, according to Toseland and Rivas (2012:60), has also been influential in furthering the understanding of how individuals behave, also in groups. In this study empowerment will entail empowering the members in the group through the

learning and psychodynamic theories. According to the psychodynamic theory, group members like the young males on ARV therapy act out unresolved conflicts from early life experiences in the group. The group then becomes a safe space for re-enactment of the family situation. The reason for this choice of theory is that people who were diagnosed with HIV are emotionally very sensitive to what others do and say. They tend to view themselves as victims, failing to take into consideration that most of the time they mirror their behaviour on others.

3.1 INTRODUCTION

According to the researcher men are viewed as physically strong by society at large. This creates high expectations towards male youths who are infected with HIV and are also unemployed. Those who are heads of their families are expected to assume their responsibilities as leaders of their families. For most men, living up to these expectations means that they must be able to provide financially for their families and that they must be physically, socially and mentally healthy.

According to Lord and Hutchison (1993:2), real powerlessness results from economic inequalities and oppressive control exercised by the system and other people. Being needy, unemployed, and ill may lead to low self-esteem and depression. This study seeks to find the relevant empowerment technique for male youths on ARV therapy. Wikipedia (2007:1) adds that common needs addressed by social work with groups include coping with major life transitions, the need to acquire information or skills, the need to improve social relationships, and the need to cope with illness and feelings of loss or loneliness.

According to Donaldson (2004:162), various models have been suggested to ensure that optimal empowerment is achieved at all levels. The elements common to all models include: individual empowerment through personal development, collective empowerment through validation of individual experiences, consciousness-raising, and social action.

The attitudes of communities towards HIV and AIDS have changed for the better. This was the direct result of social actions and campaigns against stigmatization of people infected with HIV and AIDS. According to Donaldson (2004:159), empowerment-oriented social action groups for oppressed populations, is one approach to social work

practice that brings together the core social work values of service and justice. Empowered individuals with positive attitudes will make people sit up and take notice. There are still those individuals who will still stigmatize those living with HIV and AIDS.

Empowerment programmes are funded by the South African government to ensure that children who are infected with and affected by HIV and AIDS are well cared for by their families and communities. Social workers have the responsibility of ensuring that lay people in the communities have the necessary information and the ability to know where their roles begin and end. It is not very clear whether social workers know what their role is when it comes to monitoring and evaluating the services of community-based organizations.

Cherry (2011:1) states that group therapy can help clients who feel alone, isolated or different by providing a peer group of individuals that are currently experiencing the same symptoms or who have recovered from a similar problem. Group members can also provide emotional support and a safe forum within which to practice new behaviours.

3.2 PROBLEM STATEMENT

According to Wood (2008:515), HIV and AIDS patients “*are chosen for initiation therapy on the basis of either the presence of clinical symptoms and/or clinical symptoms and/or laboratory immunological parameters*”. Patients with scores of below 350 CD4 T-cells/ml qualify for receiving antiretroviral therapy, but the “*decision to initiate treatment of asymptomatic patients is more complex and is based on the patient’s readiness to adhere to long-term therapy...*” (Wood, 2008:513).

The male youth undergoing antiretroviral treatment are emotionally traumatized. They have the burden of having to constantly plan for what they believe to be the short life-span they have left. They live in constant fear of death. According to Potgieter (1998:29), it is the function of the social worker to identify the needs and the problems that affect the social functioning of these people and to facilitate actions that might resolve or minimize these. The social work profession focuses on conditions that disturb the relationship between people and their environment; it tries to restore them to their previous level of functioning and helps them to adjust to the challenges they are facing.

The government took upon themselves to ensure that children of people living with HIV and AIDS are empowered. Fox (2001:6) adds that coping with the impact more than 17 million AIDS deaths has on orphans, other survivors, communities and government, is an enormous challenge, especially in African countries. This situation requires that people living with HIV and AIDS seriously need to be empowered to take the conscious decision to live responsibly and break away from the victim mentality.

According to Anderson (1997:36), social group work as method of social work is preferred because it encourages group members to believe in their own capacity and the improvement of their personal lives. Partnerships formed with group members ensure that the group member is treated as equal partner in the decision-making process when it comes to matters that affect their lives.

Social group work is applied within a variety of populations, from children to older adults, to meet needs ranging from normal development to managing acute crisis situations and dealing with all types of problems (Lois & Samuel, 2011:1). Malekoff and Kurland (2004:37) add that civil rights movements have to a certain extent increased tolerance for diversity in lifestyles, expression and values.

Dennis (1996:296) agrees that the response of an individual or group to traumatic situations is determined by risk, protective or generative factors, which are influenced by membership of a particular community. The social worker's skills, knowledge and conduct also influence the group's response to the intervention procedures engaged in. Wikipedia (2011:1) states that intervention may include connecting patients and families to necessary resources and support structures in the community; providing psychotherapy, supportive counselling, or grief counselling; or helping a patient expand and strengthen their network of social support. Henry *et al.* (2002:10) add that practical wisdom suggests that the outcome of any intervention is predicted and determined by the perspective from which it is directed.

The components of group work strengths are presented with the intention of providing practitioners and agencies with a comprehensive overview that inspires renewed commitment to preserving, practicing, and promoting social group work in its undiluted entirety (Drumm, 2006:17). Empowerment programmes are essential, especially for people who are infected by HIV and AIDS. According to Parnes (1986:112), the

success and failure of empowerment is directly related to the degree to which the service-delivery system itself is an obstacle course or an opportunity system. The potential for change from obstacle course to opportunity system requires workers who have identified the need for change to search for their own powers of persuasive diplomatic skills, assessment, accessibility, and leverage points in order to induce modification of current practices.

Social workers themselves need to be knowledgeable, innovative, and empowered to be able to assume the role of an enabler. According to Harris and Veinote (2004:2), information empowers patients to take better care of their health. Rankin (2006:2) explains that the strengths of the empowerment perspective in social work constitute a fascinating and refreshing way to look at clients and their circumstances. This perspective is characterized by its positive and optimistic view of people confronted by life's challenges.

3.3 RESEARCH QUESTION

What should the content of a social group work programme be that aims to empower male youths on antiretroviral therapy to cope with their daily lives in the Motheo District?

3.4 AIM OF THE RESEARCH

The aim of this study was to evaluate the impact of a social group work empowerment programme for male youths on antiretroviral therapy in the Motheo District.

- One of the objectives of this study and this article was to develop and implement a social group work programme that would empower male youths undergoing antiretroviral therapy in the Motheo District to cope with the therapy and their circumstances.

3.5 CENTRAL THEORETICAL ARGUMENT

A social group work programme can play an important role in empowering male youths who are on antiretroviral therapy to cope with the treatment and their circumstances in the Motheo District.

3.6 RESEARCH METHODOLOGY

The method of research was a literature study and empirical research. The intervention research model was used (Strydom, 2003:76). Authors such as De Vos and Strydom (2011:475) and Neuman (2006:26) see intervention research as an applied action undertaken by a social worker or other helping agent, usually in concert with a client or other affected party, to enhance or maintain the functioning and wellbeing of an individual, family, group, community or population such as the male youths in the Motheo District who are receiving antiretroviral therapy.

3.6.1 Literature Study

The aim of a literature study can be seen as “*contributing towards a clearer understanding of the nature and meaning of the problem that has been identified*” (Fouché & Delpont, 2005:123). The central focus of this study was the effect of ARV therapy on male youths. An investigation of existing literature revealed insufficient research pertaining to the emotions and needs of male youths on ARV therapy in the South African context. This is also the case of the role of a social group work programme in empowering these young men to cope with their situation.

3.6.2 Empirical Research

The focus of this study was to investigate the needs of male youths on ARV therapy. In this study the Developmental and Utilization (DR&U) model was used (Grinnell, 1981:590-591; Strydom, 1999:152-153). According to Strydom (2003:151), this model has a specific intervention mission and is directed at providing more clarity and possible solutions to practical problems. The two main phases of the DR&U model are developmental and utilization research. The model is divided into five phases, namely analysis, development, evaluation, diffusion and adoption (Delpont, 2007:5). Three of the five phases were implemented in this study namely analysis, development and evaluation.

This research was conducted in three phases. The needs assessment was done in phase one and the planning, development, implementation and evaluation of the social group work programme for male youths on antiretroviral therapy in phases two and three.

3.6.2.1 Phases 2 and 3 Development, implementation and evaluation

- **Single-system design**

In this phase of the research the single-system design was used. According to authors such as Royse (2004:71) and Strydom (2011b:159-160), the term single-system/subject design is the genus term denoting the study of a single subject on a repetitive basis and linking research to practice. This subject can be an individual, a family, a group, an organization or a community (Barker, 2003:399; Thyer, 1993:95).

- **Participants**

Because all 23 male youth on antiretroviral therapy in phase one wanted to be part of the group work programme, the researcher used the purposive sampling method (Strydom, 2005b:232). Only ten male youths on antiretroviral therapy who could read and write English, and who were willing and able to attend the group sessions at that stage, formed part of the experimental group. The other 10, that could not attend the group at that stage, formed part of the control group. The information of the group work programme was given to the other respondents in the control group at a later stage.

- **Measuring Instruments**

One standardized scale of Perspective Training College was used. The scale used was the Generalized Contentment Scale (**Annexure 4**). This measuring scale was used on 3 different occasions. A self-structured questionnaire with open and closed-ended questions was also used to evaluate the success of the social group work programme (**Annexure 5**).

- **Programme**

A social group work programme was developed. The information used for this programme was obtained from data received from the schedules completed with the 23 male youths on antiretroviral therapy in the Motheo District.

- **Procedure**

- Fifty households in the Motheo District were identified that included male youths between the ages of 18 and 25 years, who were undergoing ARV therapy, who could read and write English and who were willing to participate in the research. Only 23 of these male youths were willing to participate in the research because of the stigmatisation of people who are HIV-positive. From the 23 male youths ten were willing to participate in the group work programme as experimental group and ten were willing to be in the comparison group.
- Written permission was obtained from the male youths on ARV therapy in Motheo District to be part of the group work programme as experimental group and as comparison group (Annexure 6).
- The information used for the social group work programme was obtained from the needs assessment. For every session different topics were discussed.
- Before the first group session took place the group members completed the measuring scale of Perspective Training College. The same measurement was repeated during the middle phase, at the end of the fifth session, as well as after the last group session. The evaluation of these measuring scales was done by Perspective Training College.
- The social group work programme was implemented and evaluated by the group members in the experimental group by means of a self-administered questionnaire with open and closed-ended questions.

- **Ethical aspects**

Ethical permission was obtained from the Ethical Committee of the North-West University, Potchefstroom Campus (Ethical approval number: NWU-00051-07-S1).

Ethical issues are discussed by different authors such as Mitchell and Jolley (2001:138-139) and Strydom (2005a:57-67). The following ethical measures were taken during this research:

- The standardized measuring scale was completed anonymously and conditions of privacy were maintained (Rubin & Babbie, 2005:78). The aspect of confidentiality was negotiated with the respondents and they gave their full cooperation.
- All the information about the group sessions was kept in a safe and lockable space in the office. The sessions took place in a private venue. All the information provided by the respondents was kept confidential.
- It was ensured that the findings did not impact negatively on the adolescents. According to Strydom (2005a:58-59) subjects can be harmed in a physical and/or emotional manner. One can accept that harm to respondents in the social sciences will mainly be of an emotional nature.
- The researcher is a registered social worker with the South African Council for Social Service Professions and is obliged to change the nature of the research rather than expose the respondents to the faintest possibility of emotional harm of which she may be aware of.
- Informed consent was obtained from the respondents (Rubin & Babbie, 2005:77). According to Strydom (2005a:59) all possible and adequate information must be given such as the goal, the procedures, advantages, disadvantages, dangers and the credibility of the researcher. The male youths in this research were well-informed about the goal of the study.
- Debriefing was made available to all the participants during group sessions.

- **Data analysis**

Data from the Generalized Contentment Scale (GCS) was processed by a computer program of Perspective Training College while the self-structured questionnaire was analysed manually by the researcher under the supervision of her promoter.

3.7 COMPOSITION OF THE GROUP

The group in this study was composed of ten male youths on antiretroviral therapy who could read and write English and who were willing and able to attend the group

sessions at that stage. The information on the group work programme was given to the other respondents in the comparison group at a later stage. According to Witte and Davis (1996:11), experiences in a group often depend on the number and types of people who are group members.

- **Homogeneity**

The social group worker needs to be able to identify common demographic characteristics and to work towards group cohesion. According to Triandis (1989:506), cultural homogeneity results in tightness in the sampling of the collective self. Oakes *et al.* (1992:52), add that getting to know your group makes it less of a group and more of a collection of individuals.

In this study the group members were chosen from the patients who receive their community ARV therapy services from Tshwarisanang Home-Based Community Care Organization. The group members were familiar with each other due to the fact that they spent some time together at Tshwarisanang and at the ARV clinic. The amount of time they had spent together was beneficial for group cohesion. According to Harrison *et al.* (1998:96), time moderates the relative impact of overt versus underlying diversity among group work members.

- **Heterogeneity**

In most groups there are diversity issues such as age, gender or socio-cultural factors (Toseland & Rivas, 2009:165). According to Pelled *et al.* (1999:1), functional background diversity drives task conflict, but multiple types of diversity drive emotional conflict. Van Knippen Berg (2007:515) elaborates that diversity in groups and the extent of the differences between group members may affect group processes and performance in positive as well as negative ways. In this research there were differences such as age, different backgrounds, different numbers of children and financial incomes. The impact of the antiretroviral therapy also had different effects on the young men in the group.

- **The group environment**

Planning the environment where the group work meetings can take place is very important. According to Corey and Corey (2002:108), Roux (2002:166) as well as Sito (2008:76), the success of a group work project can often fail because of the physical setting thereof. Aspects to take into consideration according to Toseland and Rivas (2012:183) are:

- The room size.
- Furnishing such as sitting requirements (chairs) as well as work and activity space.
- Technology such as audio-visual and computer needs.
- Atmosphere such as enough lighting, heating and air conditioning.
- Other needs such as transportation.

It was decided with the group members to use the offices of the Tshawarisanang Home-Based Care Organization because it was well known to them and they could get there easily.

- **Frequency and duration of the group meetings**

Duration addresses the life-span of the group and frequency the pattern and length of group sessions. According to Becker (2005:35), the “substantial human and financial resources constraints in the South African public sector may compromise the ideal duration and frequency of groups” and therefore “short-term groups of all kinds, from support to therapeutic and developmental groups, have an important contribution to make in bridging resource constrains in all sectors”. According to the results of the needs assessment, it was decided that nine sessions would be enough to achieve the goals and objectives of the group work programme for young males on ARV therapy.

The social group work programme took place in a period of nine weeks. The sessions took place every week and the duration of each session was between one and a half and two hours. Because of the group member’s HIV-positive status, the group sessions were structured by using an agenda to help the researcher and the group members to

keep the duration between one and a half and two hours (Toseland & Rivas, 2012:272-273).

3.8 THEORETICAL BASIS OF THE SOCIAL GROUP WORK PROGRAMME

The theories that were selected by the researcher were the empowerment theory as well as the systems theory. These theories were selected because of their ability to contribute to and support the researcher as group leader to organise data and generate new ideas for group interventions, to increase confidence as group leader to know what he or she is doing and to increase group members engagement in the group process (Becker, 2005:12).

The empowerment theory was used because it is based on the theory that groups are stratified and that there are unequal levels of power (Robbins *et al.*, 1998:91). Through empowerment individuals, families, groups and communities increase their personal, interpersonal, socioeconomic and political strength and thus play a role in improving their circumstances (Barker, 1999:153). Empowerment is a process “of releasing the potential and strength of social systems and discovering and creating resources and opportunities for promoting effective social functioning in client’ resolution of problems, issues, and needs” (Du Bois & Miley, 2005:54). The reason why the researcher chose the empowerment theory is because of its effectiveness in service delivering with young males on ARV therapy. Participation in the change process has three elements namely:

- By means of empowerment people such as the young men on ARV therapy, can take charge of matters that affect them.
- People such as the young men on ARV therapy, are able to take control of their own needs.
- People such as the young men on ARV therapy are equipped with resources to take power by developing self-confidence, self-esteem, assertiveness, expectations, knowledge as well as skills (King, 2005:35).

By means of the systems theory social workers intervene by looking at a holistic view of people and their environment and bringing the concept of person-in-environment back

into perspective (Robbins *et al.*, 1998:59). The intervention that the social worker plans is to enhance the social functioning and to improve the transaction between the client and his or her environment. The system theory according to Toseland & Rivas (2012:57), “attempt to understand the group as a system of interacting elements”. The group is a system interacting with its environment and in a healthy system there is always input and output (Becker, 2005:14). Input is the energy fed into the system across the boundary and output is the energy being put out through the boundaries of a system (King, 2005:41). Groups are social systems with several interdependent members attempting to maintain order and a stable equilibrium while functioning as a unified whole. Therefore groups are in constant interaction with their environment (Toseland and Rivas, 2012:58). With the system approach the goals are to analyse which parts of the system are activating stress in a given situation such as HIV-positive men receiving ARV therapy, and then to alter that system so that equilibrium is again maintained (Zastrow, 2010:351).

Concepts derived from different views of the systems theory that are particularly relevant for social workers include the following according to Toseland and Rivas (2012:59):

- The existence of properties of the group as a whole that arise from the interactions of individual group members.
- The powerful effects of group dynamics on members' behaviour.
- The struggle of groups to maintain themselves as entities when they are confronted with conflicts.
- The awareness that groups must relate to their external environment as well as to attend to their internal functioning.
- The idea that groups are in a constant state of becoming, developing as well as changing. This influences their equilibrium and continued existence.
- To be aware that groups have a developmental life cycle.

The researcher used these concepts to facilitate the development of the social group work process to help the group achieve their goals and help the members to satisfy their needs.

3.9 SOCIAL GROUP WORK PROGRAMME

According to Onserud *et al.* (2009:7), social group work, which traces its roots back to the Settlement House movement of the early Twentieth Century, aims to promote individual growth and social change in a context of a group experience. Using this approach social workers understand that human systems, individuals, families, groups, organizations and communities are in ongoing interaction and transaction among and between each other (Dennis, 2006:1). According to Roman (1999:139), many groups with concrete goals fail to reach them because group members find it difficult to share tasks and work together during programmes and activities.

According to Toseland and Rivas (2009:227), many programme activities can be used to assess the functioning of group members. The selection of appropriate activities depends on the type of group work the social worker is leading. The social group work programme in this study was influenced by the needs of male youths on ARV therapy interviewed during the first phase of this research. The programme consisted of nine sessions only – due to the needs of the group members, the ill health of group members, and the time they had available to attend sessions. The group sessions were conducted in May 2011. The weather was not favourable to the ill health of the group that is why the members who had to be transported from their homes to the premises of Tshwarisanang Home-Based Care organization.

The objective of this study was to enhance the social functioning of male youths on ARV therapy to ensure that they were properly empowered with knowledge on ARV therapy and how to cope with their circumstances. According to Capuzzi *et al.*, (2010:557), HIV positive people are surviving longer since the advent of antiretroviral therapies, but group leaders “*will have to be involved in maintenance and health promotion to increase the function and quality of life for group participants*”.

3.9.1 Procedures for selecting programme activities

Mishna and Muskat (2001:161) suggest that programmes are planned to allow for a gradual progression from simple acquaintance activities that require minimal co-operation and positive interaction, to more complex, problem-solving activities that require mutual trust and effective communication. For the purposes of this study the programme activities were guided by the needs analysis which was conducted at the beginning of the study. The social worker together with the recruited group members decided on the group activities which would be suitable for the purposes of this study. The following guide by Toseland and Rivas (2009:256) was followed for selecting programme activities:

Figure 3.1: Procedures for selecting programme activities

1. Specify programme activities that are consistent with group purposes and goals

2. Specify the objective of the programme activity

3. Specify programme activities that can be done, given available facilities, resources and the time available

4. List potentially relevant programme activities based on members'

- a. Interests and motivations
- b. Age
- c. Skill level
- d. Physical and mental state
- e. Attention span

5. Classify programme activities according to:

- a. Characteristics of the activity e.g. length, structure, etc.
- b. Physical requirement of the activity e.g. fine motor coordination , strength
- c. Social requirements of the activity, e.g. interactional, verbal and social skills
- d. Psychological requirements of the activity e.g. expression of feelings, thoughts and motives
- e. Cognitive requirements of the activity e.g. orientation of time, place and person

6. Select the programme activity that is best suited to achieve the objectives specified

(Toseland & Rivas, 2009:256)

The researcher went through all the procedures for selecting the programme activities for each session. Groups are a natural part of human life and through various kinds of groups and group activities, the needs of people such as the young males on ARV therapy are met (Drower, 2005:118).

3.9.2 Contents of the nine group work sessions

After the needs assessment, the researcher compiled a social group work programme to enhance the life-quality the young males on ARV therapy.

Table 3.1: The social group work programme

SESSION	SESSION TOPIC	PROGRAMME ACTIVITIES
1.	Orientation/contract phase	<ul style="list-style-type: none"> • Complete the measuring scale before the beginning of the session • Ice-breaker • Group discussion • Goal formulation • Contracting
2.	Social issues affecting adherence to ARV The role of the Department of Health	<ul style="list-style-type: none"> • Ice-breaker • Highlights from previous session • Guest speaker • Group discussion
3.	The role of the Department of Social Development	<ul style="list-style-type: none"> • Ice-breaker • Highlights from previous sessions • Guest speaker • Group discussion
4.	Mapping community services	<ul style="list-style-type: none"> • Ice-breaker • Highlights from previous session • Group discussion
5.	Spirituality and HIV and AIDS	<ul style="list-style-type: none"> • Ice-breaker • Highlights from previous session • Group discussion • Complete the measuring scale
6.	Alternative healthy lifestyle	<ul style="list-style-type: none"> • Ice-breaker • Highlights from previous session • Group discussion
7.	Dangers of substance abuse while on ARV therapy	<ul style="list-style-type: none"> • Ice-breaker • Highlights from previous session • Group discussion
8.	Dealing with emotional functioning	<ul style="list-style-type: none"> • Highlights from previous session • Ice-breaker • Group discussion
9.	Termination and evaluation	<ul style="list-style-type: none"> • Ice-breaker • Group discussion • Complete the measuring scale • Evaluation

The Generalized Contentment Scale (GSC) of Perspective Training College was utilized before the beginning of the group session. It was a 25-item scale which was utilized to measure the feelings of group members about life and their surroundings. The Generalized Contentment (GSC) scale is a 25-item self-report measurement.

3.9.3 Aim and objectives of the social group work programme

The aim of the social group work programme for young males on ARV therapy was to empower these men to cope with their illness, the ARV therapy and their daily lives. To achieve this aim, different objectives were formulated and achieved by means of different group sessions.

3.9.3.1 Session 1: Introduction and contracting

- **Objectives**

- To empower the group members with skills in working together.
- To introduce group members to each other.
- To outline and clarify the purpose of the group work empowerment programme.
- To create a warm atmosphere.
- To agree on conditions of the social group work empowerment activities.
- To introduce and agree on values and ethical issues.
- To agree on the duration and venue of the group work session.
- To compile and implement the group empowerment contract.
- To complete the Generalised Contentment Scale of Perspective College.

- **Ice beaker**

The researcher used the four corners ice-breaker. This activity took place for about 20 minutes. The purpose of this ice-breaker was to enable group members to be more aware of themselves, to be consciously aware of their future plans. When the group members are aware of who their role models are and why they are important in the lives of the group members, this will then assist in making the empowerment programme to be more effective.

This activity had a positive impact on group members while preparing them to introduce themselves to others. With this activity the group members were assisted to identify the people who contributed positively in their lives and also to identify their own strengths.

The material used during this ice-breaker was pen and paper and ruler. The group members were required to divide the paper into four. In each corner the members had to answer the following questions in sentences about each:

- Who am I?
- What are my plans for the future?
- Who is my role model and why?
- What are my achievements?

- **Group discussion**

The consent of the group had already been obtained during the recruitment stage. It is during the recruitment stage that the researcher identified the common aspirations, needs, and the potential of group members in terms of reasoning, reading and writing.

During the ice-breaker activity respondent number 3 mentioned that he found it difficult to open up to someone who was not HIV-positive, as the person would not be able to comprehend what he was going through. The researcher therefore saw the urgency of building a rapport with the group as a whole. In so doing the researcher had to display honesty and openness with the group members.

Research has shown that young people have always been daring and experimental and not really believing the warning and advices imposed by the adults. Through history the young have proved time and again that the warnings were groundless as they could do away with a lot of behaviour that was prohibited as long as it was kept a secret.

Stigmatization negatively influences the infected person's relationships with family, friends and colleagues. The relationships that the respondents had before they knew about their HIV status changed after they announced that they were living with HIV. 20 (86.95%) respondents reported that the relations between themselves and family members became more caring and more supportive towards them. One reported that the relationship between him and his family is only average. Two (8.68%) reported that

they had never had good relationships with their relatives. They had lost their biological parents early on in their lives. These results required that the researcher should assist the respondents to be able to cope with the stigmatization.

The researcher disclosed to the group members she is also affected by HIV as few members of her blood family members are living with HIV and that she lost her younger sister to AIDS. She shared her emotional experiences with the group members. This helped convince the group members that the researcher understands what their feelings are. The researcher discovered that this encouraged the participants to be more open about their feelings and their inner thoughts.

After the ice breaker, the researcher introduced the Generalized Contentment Scale (GSC) of Perspective Training College to the group members and discussed the purpose of this scale with the group members. She also explained to the group members how to complete the scale.

✓ **Goal formulation**

The individual goals were listed and they were combined to form the group empowerment goal. The group members looked at the goals of the programme, and asked the researcher to assist them to be able to manage their personal issues better. Their personal issues included ability to manage the stigmatization, ability to manage relationships as well as their holistic wellbeing such as healthy living. The group members also needed more information on the roles of different government departments such as the departments of Health and Social Development and how they, as group members, could benefit from these departments as male youths on ARV therapy.

✓ **Group work programme**

The group work programme was then discussed with the group members and they were asked to add new activities to the programme. Some of the group members asked if it would be possible to include the role of religion as an activity in the programme. The researcher asked the other members if they agreed on this and after they agreed, the role of religion was included as one of the activities of the programme.

✓ **Finalising administrative aspects**

The researcher then finalised the place of the meetings, the duration as well as the days on which the group meetings would take place.

✓ **Contracting was the other issue to be handled during this session.**

Toseland and Rivas (2009:171) explain that contracting usually results from the dynamic interaction of the social worker and the group members during the beginning stage of the group. However, certain contracting procedures are initiated before the group begins, like in the research where the group members signed a consent form to be part of the research. The contracting process took place between the researcher and the male youth undergoing ARV therapy (group members) during the first meeting.

- The researcher invited the group members to identify the tasks to be accomplished as well as goals to be achieved and the processes to be involved during the following sessions.
- The value of being part of this study was explained.
- Ethical issues governing the researcher were explained to the group members. They were then requested to observe adherence to the terms and conditions.
- The researcher assisted the group members to clarify individual and group goals.
- Group members were invited to participate maximally.
- The contract was signed by each group member.

Member commonalities were highlighted to encourage open communication. Confidentiality is one of the important aspects in social group work and especially in groups with people who are HIV-positive. Confidentiality, according to Capuzzi *et al.* (2010:199), “*builds trust in the group members and leads to cohesion among members as they move through the stages of group development*”.

• **Summary**

The introduction among the group members and the researcher took place mostly during the ice breaker activity. The contracting process took place between the researcher and the male youth undergoing ARV therapy (group members). The goals of this group work session were achieved which included introduction among the group

members and the researcher, introduction of the group work empowerment programme to the group members, contracting with the group members, completion of the Generalized Contentment Scale and the goal formulation of the empowerment programme with the group members. The researcher was able to establish a rapport with the participants to ensure that they received enough information to be able to decide if they wanted to continue with the group sessions. This task was completed with success.

3.9.3.2 Session 2: Social issues affecting adherence to ARV

- **Objectives**

- To empower group members about information relating to social issues affecting adherence to ARV therapy.
- To discuss the empowerment role of the Department of Health, who is responsible for the issuing of the ARVs.
- Empowerment of group members with information to improve their knowledge about HIV, AIDS and ARV therapy.

- **Ice-breaker**

The ice-breaker used was the string game. This is an introduction game and conversation starter which allows the participants to tell more about themselves and help with open communication. The material required is a roll of wool and a pair of scissors. Participants were divided into teams of two and the duo would have to untie the badly tied wool. One member of the team neatly winds the wool on his index finger. While doing this, the particular member tells other group members more about himself without repeating what was said during the initial session.

- **Highlights from previous session**

Immediately after the ice-breaker the group members quickly went through matters that had been discussed during the previous session. This helped to encourage the participants to talk more.

- **Group discussion**

The speaker, Mrs Ntombi Nyembe from ATTIC, the AIDS unit of the local municipality, was invited to give a speech on social issues affecting the adherence to ARV therapy. The researcher invited the guest speaker to ensure that the group members would receive correct and reliable information on adherence to ARV therapy from a health expert.

ARV therapy has strict terms and conditions which must be adhered to. For example, time for intake of the treatment is very critical: when a patient fails to master the time factor they end up endangering their lives as the viral load cannot be lowered. However, there are social issues which contribute to patients' failure to adhere properly to the conditions of ARV therapy intake. These issues include socialization, which creates a victim mentality, poverty, and a lack of sufficient knowledge.

Mrs Nyembe started the session to discuss the role of the Health Department in the Motheo District. She explained the role of the Department of Health as that of designing the policies and guidelines which governs the health aspects of the South African citizens in line with those of the World Health Organization. She also explained that the district office work in collaboration with other stakeholders to address health and social aspects affecting the local communities.

Mrs Nyembe briefly explained the social issues affecting adherence to antiretroviral treatment to living conditions of the patients. According to her living conditions included lack of enough income to afford health nutrient food, poor housing conditions, lack of support system due to stigmatization and lack of information from care givers in the homes of the patients as well as lack of knowledge of resources available in their communities. She explained that the Department has hired the counsellors who must provide psychosocial aspects to ensure the success of the antiretroviral therapy. Mrs Nyembe argued that these social aspects can negatively impact on the efforts of the government to improve the health of the people living with HIV and AIDS.

In her speech, Mrs Nyembe discussed the South African National Antiretroviral Treatment Guidelines (Annexure 10).

In her speech she empowered the group members with emphasis on the following aspects:

- Adult HIV Management.
- Goal of Antiretroviral therapy.
- Patient selection criteria.
- Indication for antiretroviral therapy with more emphasis on medical criteria as well as psychosocial considerations.
- Treatment readiness assessment, this process includes two home visits which are conducted by HIV counsellors who must verify the required information about the patients. The multidisciplinary team is involved after the first visit to assess the patient readiness for the antiretroviral therapy.
- Factors to be considered when recommending the regimens for adults.

Mrs Nyembe also mentioned that it is imperative for her to also discuss the management of antiretroviral therapy in children because the group members might still consider having more children. Their empowerment with such knowledge would assist in saving the lives of those children.

Chesney (2000:S171) agrees that, in both clinical trials and clinical practice, non-adherence to medication is common among patients with chronic diseases. Daar *et al.* (2003:2) add that what patients understand about the specific regimen, including the reason for taking each medicine and the intricacies of dosing schedules and administration requirements, can have a profound influence on adherence.

Adherence to antiretroviral is contained within a continuum of total doses, frequency, and timing (Baptiste, 2008:5). According to Garcia and Coté (2003:37), antiretroviral therapies have given hope to people living with HIV and AIDS and play a role in improving their quality of life. However, the effectiveness of these treatments is directly related to the patient's level of adherence and commitment. The invited guest speaker also emphasized the need for group members to seek more information for their empowerment.

In her speech Mrs Ntombi Nyembe- warned participants about the dangers of non-adherence to ARV therapy as well as engaging in unprotected sex. In her discussion Mrs Nyembe assessed the level of knowledge and understanding participants had about ARV therapy and adherence. The following concerns were raised:

- The respondents indicated that they failed to take their medication at the same time. Sometimes they stayed with their parents and they would have to remind them, but most of the time they would forget. The guest speaker told them that it was very important to take the medication at exactly the same time each day. The guest speaker emphasized the importance of this requirement.
- The participants raised the fact that due to unemployment and lack of sufficient funds to purchase nutritious food they failed to control the increasing viral load in their bodies. They usually ate starchy foods such as porridge and bread.
- Seven of the group members indicated that they still engaged in unprotected sex with their partners. These men did not want to make use of condoms for various reasons.

The importance of keeping to the dosage schedules has an influence on how the patient's health improves while on the medication. The guest speaker mentioned that failure to adhere to dosage schedules delayed the recovery process. She emphasized the importance of safe sex practices among these young men. When partners engage in unprotected sex they re-infect each other. When one partner takes ARV therapy and the other doesn't, the latter will be re-infection with a drug-resistant virus. The patients were encouraged to make use of professional counselling services for their emotional and social well-being. The main aim of ARV therapy, according to Wood (2008:504), *"is to delay or prevent the progression to AIDS and death of HIV-infected patients. Furthermore, antiretroviral therapy is required for life, since it cannot eradicate latent HIV"*.

- **Summary**

The objectives of this session were to empower group members about information relating to social issues affecting adherence to ARV therapy. This objective was achieved as Mrs Nyembe explained what the social issues are and their negative

impact on the government efforts to improve the health of people living with HIV and AIDS.

The other two objectives were to discuss the empowerment role of the Department of Health, who is responsible for the issuing of the ARVs to empower the group members to improve their knowledge about HIV, AIDS and ARV therapy. These two objectives were covered by explaining the national antiretroviral therapy guidelines.

The researcher asked questions which required the group members to talk about their practical experiences in relation to their HIV and AIDS status and adherence to the antiretroviral treatment programme. The role of the researcher was to promote group members to participate to the maximum. The guest speaker encouraged the group members to use the facilities of the Department of Health. All the objectives were achieved.

In this session the group members were empowered according to the way we learn to think about ourselves and how our world influences our way of living. The lessons learned in his sessions was that group members need to practice how to continually release negative thoughts in order to live in peace and harmony. Positive living and positive thinking helps to create peaceful, harmonious and balanced positive life and life styles.

3.9.3.3 Session 3: The role of the Department of Social Development

- **Objectives**
 - To empower group members with information on the role of the social worker and the Department of Social Development.
 - To empower group members with information on the role of SASSA. SASSA is the agency contracted by the Department of Social Development to deal with all issues relating to social grants.
- **Ice-breaker**

The name of the ice-breaker used at the beginning of this session was “unique and shared”. The researcher aimed to get the group to know each other better and to

identify and share the common traits among themselves by telling the group which habits were unique to each of them.

- **Highlights from previous session**

The group members were requested to quickly highlight the points of interest from the previous session.

- **Group discussion**

The group members discussed their frustrating experiences they receive from the Department of Social Development. The frustrating experiences included the following:

- Hiring cars to visit the offices of the Department of Social Development.
- Long waiting in the queues to be served.
- Department of Social Development cut the social grants after six months.
- Provision of therapy and counselling by social workers.

It was discovered that the group members were not well informed about the resources that the Department of Social Development made available to them. They were informed that people living with HIV and AIDS do not automatically qualify for the disability grant. For the patients to be able to qualify for the disability grant they would have to be fragile or bedridden. When the patients are declared medically fit after six months of receiving the disability grant the patient's disability grants are reviewed or stopped if their health conditions have improved and the patients have regained their physical and mental strength.

Group members made aware about the special arrangements that were made for the benefit of frail patients. The Department of Social Development made an arrangement for the frail patients to receive grant in aid in order that they can be able to pay care givers. The grant in aid is an additional amount of R250 over and above the disability grant. Frail patients do not have to visit the offices of the Department of Social development. Another arrangement that was made for the frail patients was that they do not have to hire expensive cars to go to the Department of Social development to receive services. The patients just have to call the offices of SASSA (South African

Social Security Agency) and request the officials to provide the services for the patients at the patient's homes. The patients need to ensure that all the required documents are ready and available.

The researcher then explained the role of the social worker in relation to people living with HIV and AIDS as follows:

- The social worker provides professional counselling to the people living with HIV and AIDS when they don't feel so well.
- The social worker when employed by the Department of Health forms part of the multidisciplinary task team for antiretroviral therapy.
- The social worker leads the psychosocial support team for the patients selected to initiate the antiretroviral therapy.
- Social workers have a responsibility of compiling reports for the people living with HIV and AIDS to acquire assistance for social relief of distress from the South African Social Security Agency (SASSA).

An official from South African Social Security Agency (SASSA) was invited to share information with the group members. The official explained the Social Security Act 2004 (SA, 2004b) (**Addendum 11**). However, group members were more interested in finding out how social grant applications were processed. They also wanted to find out more about who qualified for social grants. The roles of the officials from SASSA were also explained and the differences between the two were highlighted. They were made aware of the social problems they had that required the intervention of a social worker. The following information was provided:

- The group members were informed that social security is guided by the Social Security Act of 2004 and that there are rules and regulations which officials have to follow in providing their services to the clients.
- They were informed that people living with HIV and AIDS do not automatically qualify for the disability grant. For the patients to be able to qualify for the disability grant they would have to be fragile or bedridden.

- When patients are declared medically fit after six months their grants are stopped.
- For the frail patient the government social security made provision for grant in aid. The grant in aid is an additional amount of R250 over and above the disability grant.
- Children of families who earn a joint income of less than R2 800 qualify for the child support grant of R290 per child.

According to Frohlich (2008:365) people are still ignorant of the financial support available for people infected and affected by HIV and AIDS Education programmes are urgently needed to inform people of these resources.

- **Summary**

This emphasis of this session was that when the group members decide to visit the offices of any service provider, they need to get enough information about the services they require. Feelings such as fear, impatience and anger prevented them from going to the Department of Social Development to request the most needed services. Group members were being aware of the behaviours patterns that prevent them from receiving maximum benefits life has to offer them.

The group members were empowered with information on the role of the social workers in assisting people infected by HIV and AIDS. The official from SASSA empowered the group members with the information on the role of SASSA. SASSA is the agency contracted by the Department of Social Development to deal with all issues relating to social grants.

The objectives of the session were achieved. The role of the researcher was to ensure maximum participation of the working group and that they received the information they needed.

3.9.3.4 Session 4: Importance of mapping community resources

- **Objective**

To empower the group members with insight on the importance of mapping and being aware of all the resources available to them in their area.

- **Ice-breaker**

The name of the ice-breaker was “lost on a deserted island”. The purpose of this game was to encourage team building and to enhance the ability of group members to communicate one’s needs in times of sickness. The group members were told to imagine that everyone was lost and stranded on a deserted island. Each person had to describe one object that would assist him and why.

- **Highlights from previous session**

The group members and the researcher went through the recorded activities from the previous session. This activity proved to be useful in uniting the group members.

- **Group discussion**

According to Boston *et al.* (2003:3), people map for many reasons, for example to know what opportunities exist for strategic or tactical reasons, or perhaps because they have specific products or priorities in mind. Crane and Mooney (2005:1) add that the major goal of community resource mapping is to ensure that all youths have access to a broad, comprehensive, and integrated system of services essential to achieving desired educational outcomes.

The group members were not aware of all the resources that are available in their communities. The researcher and the group members identified the need for mapping all the community services available to them and to find out more about the services that are provided by each resource in their community. The following resources were identified to be utilized the most by people and they are accessible:

- Mobile clinics.
- Mobile police stations.
- Mobile home affairs services.
- Mobile SASSA services.

The researcher and the group members identified the need for mapping all the community services available to them and to find out more about the role of each resource in their community.

A guest speaker, Mrs Nyembe was invited as an official from the Local Municipality. The office of the local municipality keeps maps of the different services available within the local areas as well as the service providers. The participants showed a great interest in this topic and they were excited about the information they received. The guest speaker highlighted opportunities such as becoming part of care givers employed by the Home Community Based Organizations. According to Marston (2004:117-118), the basic care, support and assessment of people living with HIV and AIDS and the family are carried out by community caregivers (CCG's). They must have a basic theoretical and practical training that not only protect the infected and affected people but also protect themselves against infection, injury and emotional burnout. These caregivers can be employed or may only be volunteers. Volunteers come from a variety of backgrounds and are compassionate members of communities who wish to reach out and help those in need. Volunteers should also have a good basic training to understand "the physical, spiritual, psycho-social, and emotional conditions they may encounter, and how to deal with these" (Marston, 2004:117).

Mrs Nyembe also mentioned that there are funded support groups for people living with HIV. According to Mrs Nyembe it would be wise for the group members to be actively involved in seeking information which will impact positively in their lives. She suggested that opportunities exist for every citizen who makes it their duty to search for the resources which addresses one's personal challenges in one's life. She encouraged the group members to strictly adhere to their schedules as well as instructions relating to ARV therapy. According to the guest speaker mapping the resources available in the area is important. A few of these resources are

- Primary health care centres
- Home community based care organizations
- Department of Social Development offices
- South African Police Services
- Home affairs services.

Attached please see sample of the Motheo map illustrating the resources available especially for the people living with HIV and AID (Annexure 12). According to the map of Motheo District map there are three municipalities namely, Mangaung municipality, Naledi Municipality and Mantsopa Municipality. Mangaung municipality is made of the following towns, Bloemfontein; Botshabelo and Thaba Nchu. Naledi is made of Dewetsdorp; Wepener and Van Stadensrus. Mantsopa Municipality is made of Ladybrand; Hobhouse; Westminster; Marsailes and Twee Spruit. The map shows the unequal distribution of services. A larger number of resources are concentrated in Mangaung in particular Bloemfontein and Botshabelo. This then means that lesser opportunities exist for the youth in some rural areas in Motheo, areas such as Westminster and Marsailes

- **Summary**

The objective of this session was to empower the male youth with insight into the importance of mapping and being aware of all the resources available to them in their area. Mapping the community services is important for the youth to be able to receive comprehensive services. This topic was raised due to the fact that other resources are under-utilized. For example the Department of Agriculture is funding a number of community projects and the community is not aware of such services. The major goal for community resource mapping is to ensure that all youths have access to a broad, comprehensive, and integrated system of service essential in achieving desired educational outcomes. This objective was achieved.

3.9.3.5 Session 5: Spirituality and HIV and AIDS

- **Objectives**

- To explore the groups' feelings towards spirituality.
- To empower group members with knowledge on the role of spirituality and how to cope with obstacles and difficulties as well as shortcomings in terms of spirituality.
- To complete the Generalized Contentment Scale of Perspective College.
- To evaluate what the group activities meant to them so far.

- **Ice-breaker**

The ice-breaker was “Candy introductions”. The purpose of this ice-breaker was to assist the group members in learning new facts about each other in an easy manner. They had to select various pieces of candy from a bag and each candy variety was associated with a fact about themselves which they introduced to the others.

- **Highlights from previous session**

The researcher and the group members went through all the activities of the previous session. The group members were still prepared to continue with the sessions and according to them the sessions meant a lot to them.

- **Group discussion**

Knowledge and understanding of the group members about the difference between religion and spirituality was tested. When asked what they think about the role of spirituality and religion in their lives. The group members indicated spirituality and religion are different. 100% of group members associated spirituality with traditional rituals and traditional healing while religion was associated with attending church. According to Cline (2013:1) true spirituality is something that is found deep within oneself. It is your way of loving, accepting and relating to the world and people around you. It cannot be found in a church or by believing in a certain way.

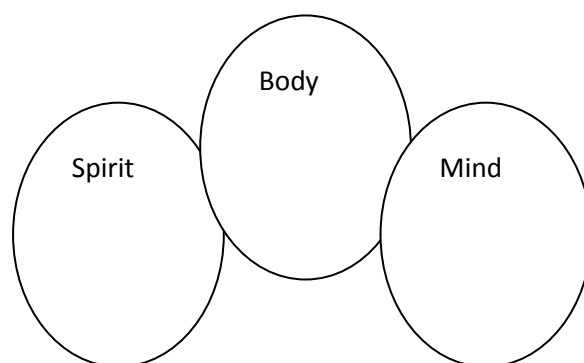
It is not uncommon to find black Africans who are living with HIV and AIDS associating the symptoms with witchcraft. Toefy (2010:257) adds that, on the continent of Africa and in South Africa, religious beliefs play an important role in society. These beliefs affect the way people see themselves, how they act and how they view HIV and AIDS. It is important according to Du Bois and Miley (2005:182-183), that social workers explore clients’ words and personal meanings or references rather than to infer what the client means on the basis of the social worker’s personal worldview. A client’s answers to spiritual questions affect whether he or she feels hopeful or hopeless. Spirituality “*shapes how we view ourselves and other people, how we perceive dilemmas, and how we define available solutions*” (Du Bois & Miley, 2005:183). According to Towle (Du Bois & Miley, 2005:14), developmental needs include those related to physical welfare, psychological wellbeing, intellectual development,

interpersonal relationships and spiritual growth. Social workers have to address spirituality especially when they help people infected with the HI-virus (Sito, 2008:122). In group work with HIV-positive women, Marcenko and Samost (1999:40) experienced the following: *“Prayer and faith were central in the lives of many of the women”*.

Airhihenbuwa and De Witt (2004:4) agree that culture plays a vital role in determining the level of health of individuals, the family and the community. This is particularly relevant in the context of Africa, where the values of the extended family and community significantly influence the behaviour of the individual.

All the group members were from the Christian religion. The researcher reminded the group members that the body and mind are not the only areas which need care but often there is also a need for spiritual care. The holistic framework was explained to the group members as seen by Evian (2006:309).

Figure 1: Holistic framework



(Evian, 2006:309)

The group members talked about the role of God in their lives and also about what the church congregation and the support they receive from some of the members mean to them. They then discussed the stigmatization by some of the people in the church when they knew you were HIV positive. This is the reason why they are afraid to tell people they are HIV-positive. The researcher encouraged them to keep on going to church and being part of the church because the church played *“a robust role in advocacy for the sick and the disadvantaged to be assisted, especially with antiretroviral drugs, without any discrimination based on where one comes from”* (Kang’ethe, 2010:219). They attributed their survival to God. It is in the Cross of Christ that people discover *“the prophet depth of the theological insights unlocked by the*

experience of living in the context of the HIV epidemic" (Paterson, 2009:53). In a world where many people are infected with HIV and are dying of HIV-related illnesses, it is easy to lose hope, but hope "*enables us to believe in a 'promised land' and gives us a road map for getting there*" (Paterson, 2009:219). According to Cameron (2005:40), care-givers in home-based programmes should be trained on how to discuss the role of religion in the prevention, control and care of HIV and AIDS.

The topics discussed during this session also included the belief of the participants in traditional healers. The role of the traditional healers regarding the use of indigenous plants as tried and tested remedies were discussed with the group members. The use of readily available medicinal plants for various skin ailments and thrush were also discussed (Uys, 2004:24). Group members were advised to discuss the use of medication received from traditional healers with the nurses at the clinics and the researcher advised them not to take these medicine instead of the ARV therapy.

At the end of the group discussion the group members completed the Generalized Contentment Scale of Perspective Training College.

When they had completed the Generalized Contentment Scale of Perspective Training College, the group members were asked to evaluate what the different programme activities meant to them at this stage.

The respondents indicated that there were some changes in their life such as trusting people more easily, realizing the importance of taking their antiretroviral medicine, and making use of services in the community. They indicated that the information they received meant a lot to cope with their daily lives as HIV infected person on ARV therapy.

- **Summary**

Spirituality plays an important role in the lives of the participants. Most of them were more willing to discuss their HIV status with their priests than with their family members. Stigmatization was still a burning issue for the group members. They mentioned stigmatization as one of the factors that discourages them to be more open with their HIV Status.

After this session the group member were empowered with knowledge on the role of spirituality and how to cope with obstacles and difficulties as well as shortcomings in terms of spirituality.

3.9.3.6 Session 6: Alternative healthy life style

- **Objective**

To empower the group members with:

- Insight on how important a healthy diet is.
- The importance of exercise.
- The importance of good hygiene.

- **Ice-breaker**

The ice-breaker was called “Personal flag”. Each member was requested to draw a flag containing symbols and/or objects which symbolized objects that played an important role in their healthy lifestyle (Chrouch *et al.*, 2007:11).

- **Group discussion**

It is estimated that 70 to 90% of the world’s population relies on alternative medicine as one form of health care. This suggests that, on global level, medicines like these are considered conventional, not alternative. Drugs, whether prescribed by a physician or the drug-pusher on the street corner, are not always healthy. It is best to live in such a way that substances are not a prerequisite for health.

Exercise: *be content with what you have and can afford*

The group members were given pieces of paper and pens. They were then required to list all their possessions, all the basic needs such having a daily meal, having a roof over their head etc. In their list the possession they mentioned having cloths, blankets, roof over their head, money to buy food and cater for their children’s material needs. Hay (2004:119), pointed out that when we work for increasing prosperity, we will always gain in accordance with our beliefs about what we deserve.

In order to address the belief of lack, the group members were told to look at their lists and visualize the things they have in their own lives. They were encouraged to feel themselves connecting with the higher power when they pray. The affirmations made were that:

- “I willingly release the belief of lack”.
- “I am a beloved child of God”.
- “I am protected and safe”.
- “I trust the processes of life”.

Topics discussed in this session were ways of eating healthy foods and the importance of physical exercise as alternatives to maintaining a healthy lifestyle (Roux, 2002:346-351; Sito, 2008:102-105, Soul City, 2004:31). The researcher also gave them a lot of information about a healthy eating plan, guidelines for good hygiene, and guidelines for safe food handling (**Annexures 6, 7, 8, 9**). The group members have to know that there are no bad foods but it is important to eat different kinds of foods while on ARV therapy such as:

- Make starchy foods the basis of most meals.
- Eat plenty of fruits and vegetables every day especially yellow and green vegetables.
- Eat enough lentils, dried beans and dried peas.
- Meat and fish can be eaten every day especially fish such as pilchards.
- Use fat sparingly.
- Use salt sparingly.

They have to follow good hygiene practices such as:

- Drinks lots of clean, safe water. Put a little bit of consumable bleach (Jik) in the water before using.
- Boil drinking water.

- Always wash hands before cooking, eating or feeding a person.
- Always wash hands after using the toilet.
- Wash eating utensils with hot water, soap and put a little bit of bleach in the water.
- Dispose waste properly and frequently.
- Do not share toothbrushes, razors or needles with other people.
- Do not eat food after the “best before” date has expired.
- Cook meat, fish and eggs until well done.
- Wash cutting boards and utensils carefully after handling animal products.
- Wash raw fruit and vegetables well with clean water (Roux, 2002:346-351).

During this session group members’ knowledge and understanding was assessed. The response was very positive as they mentioned that adhering to healthy eating habits was crucial and doing physical exercises are good for a healthy and fit body. They indicated that they would seek alternative health care whenever possible, but that they believed that only wealthy people can afford to do exercises. They stated that they focused most of their time seeking casual jobs in order to afford healthy food.

- **Summary**

The objective of this session was to empower the group members with the information on a healthy lifestyle. During this session the group members were empowered with knowledge and understanding of adhering to healthy eating habits and exercise that are crucial for a healthy body and to prevent their CD4 counts to drop. According to the Department of Health (SA, 2004a:37), it is important to be cautious about the toxicity level when on ARV therapy.

3.9.3.7 Session 7: Dangers of substance abuse in relation to HIV and AIDS

- **Objectives**

- To test the level of the understanding group members have about using substances while on ARV therapy.
- To empower group members with insight on how substance abuse can affect their health while on ARV therapy.

- **Ice-breaker**

The ice-breaker used was “defend the egg”. This is a team-building game that involves collaborating in order to solve problems and working in a team. The group was divided into pairs who had to think of smart ways to prevent the raw egg from falling.

- **Highlights from previous session**

The discussion about the highlights from the previous session indicated commitment and group cohesion among the members. Their responses indicated that they took the activity on the value of a healthy lifestyle seriously.

- **Group discussion**

The group discussion focussed on the dangers of using substances while on ARV therapy (Evian, 2006:21; Roux, 2002:198; Soul City, 2004:15-16; Van Heerden, 2006:101-111). During the group discussion it was discovered that the group members had knowledge about the possible dangers of substance abuse, especially on the people living with HIV and AIDS. This however did do not stop them from using and sometimes misusing alcohol. Even though the group members knew that much about the dangers of smoking cigarettes and taking alcohol, they admitted that they could not get themselves as far as asking for assistance for their addictions but denied that substances are bad for their health (Evian, 2006:21; Roux, 2002:198; Soul City, 2004: 15-16).

The role of the researcher was to ensure that group members were empowered with knowledge of where to get help when it came to addictions. The researcher gave them the information on the risks and dangers of substance use.

Effects of alcohol and drugs on HIV and AIDS infected people were discussed with the group members. The effects discussed were:

- Unintentional injury.
- Intentional injury.
- Broken relationships.
- High blood pressure and strokes.
- Liver disease.
- Brain and nerve damage.
- Sexual dysfunction.
- Ulcers.
- Cancer of the mouth and throat.
- Some substances are contra-indicated for use with ARV therapy (**Annexure 10**).

Implications of alcohol and drug use are (Van Heerden, 2006:107):

- Car accidents.
- It affects a person's concentration.
- It affects interpersonal relationships.
- It may resort to criminal activities.
- It resorts in not knowing how to live a healthy life and how to solve problems in a constructive way.

- Alcohol and drug use can contribute to unprotected sex, which can spread infections like HIV and AIDS and hepatitis.
- It is often associated with the breakdown of the physical, emotional, and moral levels of a person's life, with far reaching criminal and legal consequences.

The role of the Department of Social Development was explained in terms of committing the clients to rehabilitation centres. The alternative ways of getting rid of addictions, like psychotherapy intervention strategies, were also explained. It was also discovered that clear enough information makes a positive contribution to empowering the clients. People need to be shown respect and consideration by their therapist.

Eight of the group members were drinking and smoking, one stopped smoking and another one never smoked or drank alcohol. According to Kibera Community Youth Programs the youth are empowered when they acknowledge that they have or can create free choices in life, take action based on that decision and accept responsibility for the action. Empowerment is based on the belief that young people are the best resource for promoting development and that they are agents of change in meeting their own challenges and solving their own problems.

Exercise: the group members were given a task of going to the local ARV clinic to check effectiveness of ARV treatment in their system when used concurrently with the substances. They were also advised to search with themselves the strength and wisdom of making the correct decision about quitting smoking and drinking alcohol. The one group members that decided to stop taking alcohol shared his experiences with the group. He said that his progress to the AIDS stage and the CD4 count dropped to 10%. By that time he had already started ARV treatment. He said that it was not difficult to stop smoking once he put his mind that he is stopping to drink and smoke. They were once again encouraged to use the affirmations that they are willing to change. They are willingly using the power within them, to release the undesired thoughts, feeling and beliefs. They willingly change beliefs that quitting smoking and drinking.

- **Summary**

This session had the two following objectives namely to test the level of understanding of group members about using substances while on ARV treatment and to educate them on how substance abuse can affect their health while on ARV therapy.

The knowledge which the group members had, about the dangers of substance abuse while on ARV therapy did not prevent group members engaging in risky behaviour. The positive attitude of the therapist and respect displayed towards the client is necessary for positive empowerment. Group members were educated about the dangers of alcohol especially to people who are on ARV therapy. The frame of reference was based on National Antiretroviral Therapy Guidelines of 2004 (**Annexure 10**).

3.9.3.8 Session 8: Dealing with emotional functioning

- **Objective**

➤ To empower group members with skills to handle emotional needs.

- **Ice-breaker**

The ice-breaker in this session was called “fear in the hat”. The group members were encouraged to write down their worries and put them in the hat. No names were written on the piece of paper to ensure confidentiality. Each one chose a piece of paper and read out the concern. The fears were noted on the board to be discussed.

- **Highlights from the previous sessions**

The proceedings of the previous session were highlighted. The group members were reminded that this session preceded the last session.

- **Group discussion**

Research has shown that our childhood thoughts and beliefs have a great influence on our current emotional issues. According to (Zimberoff, 2004:9) the 90/10 theory implies that 90% of our childhood beliefs which are stored in unconscious mind overpower the 10% adulthood emotional issues. The example of this theory can be seen from the personal history of three of the group members.

These three group members were raised by their grandparents because their parents were not able to be their primary care givers. The mothers of two of group members got married to men who were not their biological fathers and mother of one of the group members lived far away from home because of employment. These arrangements made the respondents to believe that they were not loved by their natural parents. The result of this led to group members who built rigid boundaries as their coping mechanism. According to Zimberoff (2004:24) rigid boundaries can be explained as follows:

- Wall of anger: threat of exploding or violence if you come close or challenge them.
- Wall of fear: threat of falling apart if you come close or challenge their denial system.
- Wall of silence: unavailable physically or emotionally, fading into the wood words.
- Wall of words: not connecting emotionally with what is being disclosed, hiding behind incessant talking.

According to Kagee (2008:247), the extent to which knowledge of being HIV positive provokes symptoms of trauma has been examined by several studies such as Oley *et al.* (2005). According to the practical experience of the researcher as social worker, most HIV and AIDS infected people experience trauma because of their illness and these clients bottle up their emotions for the sake of keeping the peace. *“To argue that an HIV-positive diagnosis may not warrant a diagnosis of posttraumatic stress disorder is not to deny its emotional distressing nature”* (Kagee, 2008:248). Kagee (2008:249) goes on by saying that people diagnosed as HIV-positive *“require help in coping with the psychological distress that ensues following diagnose, living with their condition, accessing treatment and dealing with social stigma”*. Common symptoms of post-traumatic stress disorders are symptoms such as:

- sadness;
- feeling of hopelessness;

- loss of interest in things the person previously enjoyed and other people;
- loss of appetite;
- low self-esteem; and
- sleep disturbances (Bester & Herbst, 2010:461).

In this session, the clients were encouraged to discharge the emotions of unresolved experiences and thereby release them from their stress. Thereafter, the void left by the discharge should be filled with positive feelings (Zimmeroff, 2004:4).

The members were taught the principles of psychotherapy. In psychotherapy it is important to carefully map one's childhood wounds and their effects on one's current life situations. The latter also affects one's relationship with other people as they mirror themselves on other people. It is important for HIV-infected individuals to be able to rely on other people for emotional support. The researcher discussed the value of the group as a support system in the participants' lives even after the last session. Blom and Brembridge (2004:81) confirm the value of a group that offers support to people infected with HIV and other diseases. The group members were encouraged to keep contact with one another after the following week when the group sessions ended. They could also ask other members of the team to resume the meetings at a later stage with the counsellors and social workers they already knew. The researcher was more than willing to commit to this.

According to Becker (2005:212-214), support groups in the health sector are very important. Support structures include different programmes such as educational programmes. Support groups for the HIV and AIDS-infected and affected are not budgeted for in most communities in South Africa. Service managers do not seem to see or understand the need for providing support structures for medical staff or the HIV and Aids-infected people and their loved-ones (Becker, 2005:212). Support groups foster mutual aid, help members cope with stressful life events, and "*enhance members' coping abilities so they can effectively adapt to and cope with future stressful life events*" (Toseland & Rivas, 2009:20).

The researcher discussed the roles of family and friends as support systems. It is important to include family in the HIV-infected person's life. Patients and their families often want to, and need to talk about the infection and the fact that the person could die, especially when the patient is very ill (Evian, 2006:304-305). The researcher encouraged group members to discuss the physical, emotional and social needs with their families, because this was their best support system.

The researcher then discussed the role of interpersonal relationships with people as well as the role of verbal and non-verbal communication in these relationships (Van Heerden, 2006:73-85). Types of interpersonal relationships are friends, family, romantic relationships and professional relationships. Common interpersonal problems are:

➤ Fear of approaching people:

There are three basic reasons for this namely

- ✓ When we disclose that we need a friend or partner, we are admitting that we don't have one, which is an embarrassment.
- ✓ Being turned down by a stranger may not mean much, but it arouses self-doubts and self-criticism.
- ✓ You may fear that you could become angry about being turned down and say bad things to or about that person.

All these reactions may stop you from reaching out but accept "your needs, desensitise your fears, practice your social skills and stop consciously putting yourself down" (Van Heerden, 2006:75).

➤ Handling the first few minutes

If you met someone, smile and say you are glad to know them.

➤ Becoming a good conversationalist

"A good conversationalist is able to ask questions and may be able to share his or her own ideas and experiences" (Van Heerden, 2006:76).

➤ Self-disclosure

This is one of the fears of HIV-positive people especially with strangers. “Self-disclosure is a reflection of a healthy personality. It deepens relationships” (Van Heerden, 2006:76). Talking about troubling thoughts relieves internal stress and is good for one’s physical health. It is important that a HIV-positive person will be careful when deciding to talk about his or her HIV infection, but on the other hand to talk about it can relieve internal stress (Van Heerden, 2006:75-77).

Verbal communication is when you translate your thoughts and feelings into spoken words which other people can understand (Zastrow, 2001:130). Non-verbal communication is “not what is being said, but how the sender/speaker comes across when saying it” (Van Heerden, 2006:83).

➤ Verbal skills

- ✓ Be assure of what you want to say.
- ✓ Give the other person enough time to respond to what you are saying.
- ✓ If you want to discuss personal issues, seek out an appropriate place and time to discussed it (Van Heerden, 2006:83).

➤ Non-verbal skills

- ✓ Maintain eye contact.
- ✓ Posture and the way you move say something of you before you open your mouth.
- ✓ Remember to respect other people’s space.
- ✓ The way in which you use your hands can be an indication of the way you experience the situation (Van Heerden, 2006:83).

The researcher and the group members practised the different communication skills.

- **Summary**

The objective of this session was to empower group members with skills to handle emotional needs. The group members learned the skills of mapping their childhood and adulthood wounds with the aim of healing them. They realized the importance of a support system in their lives as well as how important verbal- and non-verbal communication is.

3.9.3.9 Session 9: Termination and evaluation phase

- **Objective**

- To end the processes of the group work programme.
- To evaluate the group work programme and activities.
- To complete the measuring scale.
- To plan for the future.

- **Highlights from previous session**

The researcher went through all the group activities and discussions members had engaged in during group work sessions.

- **Group discussion**

The end phase is one of the critical parts of the whole social group work process. In this phase the social worker and group members form their lasting impressions of the group (Toseland & Rivas, 2009:379). The self-designed questionnaire was administered to the group members to evaluate the entire group work programme. Group members were assisted in sharing their feelings, their gains and achievements. Group members were encouraged to continue using the knowledge they had gained in their daily lives. The group members were reminded to behave positively towards people around them because that is what they expected from other people.

Group members then completed the Generalized Contentment Scale of Perspective Training College. According to Toseland and Rivas (2009:400), evaluation “*is the*

process of obtaining information about effects of a single intervention or the effect of the total group experience". For the purpose of this study the researcher used a self-designed questionnaire with open and closed-ended questions to evaluate the success of the group work programme. She also used the standardized measuring scale of Perspective Training College to evaluate the improvement of the group members' general contentment with their lives. These results will be discussed in article 4.

Changes in the general contentment of the group members' lives could be easily observed. The group members also reported a change in the way they viewed themselves and the people around them. One group member also reported feeling like he could conquer the world. The researcher encouraged them to seek support from all available services in the Motheo District as discussed during the sessions and to remember to support one another.

The respondents were asked to complete the self-designed questionnaire to evaluate the programme and this will be discussed in article 4 in detail. Some of the verbal evaluations of this programme were as follows:

- the programme sessions were easily understood;
- the programme topics addressed their needs;
- all of them gained a lot of information from the programmes;
- the programme impacted a lot on how they felt about themselves and the circumstances around them;
- the interpersonal relationships among the researcher and the group members were rated very high;
- the effectiveness of the empowerment strategies used in the programme was very good.

Group members indicated that their relationship with people and their attitude towards people in general had changed positively. According to these group members more support groups like this used in the research, should be implemented in the community not only for all people infected with the HI-virus, but also for family members, friends

and community members affected by the illness. They asked if the researcher could implement a group work programme such as this one with other goals and programme activities at a later stage. This was discussed in the group and the possibility to train care-workers in assisting social workers was mentioned as a solution for the huge caseloads of social workers in the Motheo District.

- **Summary**

The Generalized Contentment Scale was administered for the third and last time during this group work programme. The session focused more on assessing the progress made during the entire group work programme. The group members had to evaluate the programme individually and also report on how they had benefited from the programme. The group members admitted that they are continuing to use the visualization and affirmations whenever something else to be changed in their lives.

3.10 SOCIAL WORK SKILLS OF LEADERSHIP

Although the personality characteristics of a social worker are among the most important determinants of the group outcomes, it is a mistake to assume that being a person of goodwill and approaching your group with enthusiasm are all you need to lead the group effectively. Basic counselling skills, specific to group situations, are needed (Corey & Corey, 2002:33). A social work skill according to Cournoyer (2000:5), is a set of “discrete cognitive and behavioural actions that (1) derive from social work knowledge and from social work values, ethics, and obligations; (2) are consistent with the essential facilitative qualities; (3) reflect the characteristics of professional integrity; and (4) comport with social work purpose within the context of a phase or process of practice”.

During the group sessions the researcher as group leader used certain skills as a group leader. The skills mainly used were:

- **Active Listening**

To pay full attention to others while they communicate is one of the most important skills a social worker in group counselling need. Active listening involves the use of your sensory capacities to receive and register the messages expressed verbally and

nonverbally to others. This include hearing and receiving others words, speech and language; observing their nonverbal gestures and actions, encouraging them to express themselves and remembering what they said (Cournoyer, 2000:105-110). There are three steps of active listening namely:

- Inviting by means of your body position, facial expression, speech and language you indicate to a person that you are ready to listen.
- Listening by attempting to hear, observe, encourage and remember.
- Reflecting when a person pauses at the conclusion of a message segment, paraphrase his or her statement.

During the group sessions the researchers was always sensitive to the congruence of what the young men on ARV therapy were saying in words and what they was communicating through their body language. During the last group session, when the group members evaluated the programme, the researcher could observe, not only by what they said in words but also by means of their body posture and facial expressions, how much the programme meant to them. According to the group members the group empowered them with knowledge not only on ARV therapy but also how to cope with their illness and how to use resources in the community.

- **Clarifying**

Clarifying is a skill that “involves focussing on key underlying issues and sorting out confusion and conflicting feelings...” (Corey & Corey, 2002:35). With clarifying the social worker includes checking that a particular message is understood by the group members and also helping group members to express themselves more clearly (Toseland & Rivas, 2012:114).

The group leader is to be clear about his or her roles and responsibilities as well as the roles and responsibilities of the group members (Zastrow, 2001:71). It was important after the goal and objectives were finalised in the first group meeting to clarify and make decisions about the tasks and responsibilities that each group member will have in working toward the goals of the group. Although the researcher was clear about the roles, it was important that the group members knew what their roles and

responsibilities were. Clarifying was also used during the group work sessions to check if the particular message of group members was understood.

- **Facilitating**

The aim of facilitating is to help the group members reach their own goals by opening up clear communicating among members and helping them to increase their responsibility for the direction of the group (Corey & Corey, 2002:35). According to Toseland and Rivas (2012:111), the facilitating skill of a social worker is to support; reframing and redefining; linking member's communications; directing; giving advice, suggestions or instructions; providing resources; disclosure; modeling, role playing, rehearsing and coaching; confronting and resolving conflicts. Skills in "facilitating group processes contribute to positive group outcome when they improve understanding among group members, build open communication channels, and encourage the development of trust so that all members are willing to contribute as much as they can to the problem on which the group is working" (Toseland & Rivas, 2012:112).

During all the group sessions, the researcher as facilitator, serves as a leader for the group discussions and helps the group members by:

- assisting them to openly express their fears of being HIV-positive and taking the ARV therapy;
- actively working to create an atmosphere of safety, trust and acceptance and engage in interchanges;
- providing support because the young men discussed personal experiences;
- involving all the group members in the group discussions and
- helping group members with barriers in communication (Corey & Corey, 2002:35).

- **Empathizing**

Empathizing involves "putting oneself in the client's shoes and trying to view the world through the client's eyes" (Shulman, 1984:22). Empathy "is used to facilitate open communication, assist in clarifying misunderstandings, increase cooperative behaviour

and facilitate the process of no-lose problem solving” (Zastrow, 2001:176). Empathizing helps the social worker to sensitize him or her to some of what others might experience (Cournoyer, 2000:131).

The researcher’s experience in the HIV and AIDS crisis and the impact of ARV therapy in a person’s life in the work situation as well as in her personal life, served as basis for identifying with the group members. Throughout the group sessions, the researcher avoided blurring her identity by over identifying with the group members. She was able to grasp what the group members were experiencing and at the same time maintain her distance (Corey & Corey, 2002:36). During all the sessions the researcher made it clear that she understood their situation not only intellectually but empathetically.

3.11 RECOMMENDATIONS

- The social worker has to be knowledgeable on all aspects of HIV and AIDS as well as antiretroviral treatment to be able to empower the group members.
- The social work values of respecting the worth and dignity of every person must be upheld by all social workers engaged in service delivery to the HIV and AIDS-infected people.
- The social worker must consider the norms and standards of practice as guidelines.
- It is important that social workers keep updating their skills and level of education. This will assist them in dealing with complex social problems.
- The social worker who provides social group work programmes aimed at empowerment should keep in mind that the clients know their feelings, problems and environmental needs better than the social worker. Use their knowledge when doing the needs assessment.
- Social workers must use measuring scales more often to evaluate the success of interventions they perform while working with a group.
- It is important not to plan for a lot of sessions because of the physical health of the HIV and AIDS-infected people.
- Ice-breakers in a group with male youths on ARV therapy and HIV and AIDS infected people play an important role in creating a relaxed atmosphere in any group.

- The social group work programme implemented in this research only served as an example of what can be done in service-delivery to young men undergoing ARV therapy. Social workers must do need assessments in their practice to know what the needs of the client system they are dealing with are and what programme activities to include in the programme.

3.12 CONCLUSION

Social group work is a very useful, helpful and effective method and tool for a group of individuals who have no sense of belonging and who are rejected and stigmatized by the community. Group members felt at home during group sessions because the social worker focused more on the strengths of the individual members rather than on their weaknesses. During the group sessions, group members would mostly highlight the negative factors in their lives and it was the role of the social worker to help them focus on the positive factors also present in their lives.

Spirituality requires a person to do away with negativity. It is the way to finding meaning, hope, and comfort in life. Although spirituality is often associated with religious life, many believe spirituality can be developed outside of religion. Acts of compassion and selflessness, altruism and the experience of inner peace are all characteristics of spirituality (University of Maryland Medical Centre, 2004:1).

The educational games which were utilized as ice-breakers were very helpful to the social worker because it could not dissociate the group member's feelings from their actions. According to Zastrow (2001:20), members are "*more apt to share their ideas and relate to others within the group*". Most often they receive responses which they themselves provoked by the way they acted (Zimberoff, 2004:1).

When correctly done, evaluation by means of questionnaires, help produce findings that can be retested for reliability and validity. It can satisfy the social worker's curiosity and professional concerns about the effects of specific interventions they perform while working with a group like this group of young men undergoing ARV therapy.

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ARTICLE 4

AN EVALUATION OF A SOCIAL GROUP EMPOWERMENT PROGRAMME FOR MALE YOUTHS ON ANTIRETROVIRAL THERAPY

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SUMMARY

For the purposes of this study the Generalized Contentment Scale (GCS) designed and interpreted by the Perspective Training College was utilized to evaluate the success of a social group work programme for male youths on ARV therapy. Evaluation according to this measuring scale took place on three occasions: before the group started, in the middle of the series of group sessions, and at the end of the last group session. The programme was presented to of 10 group members. At the end of the group sessions the social group work programme was evaluated by all the group members. The questionnaire consisted of open and closed-ended questions and group members could evaluate how they felt about the programme, the facilitation process, and the facilitator. This article will give a description of the results from the Generalized Contentment Scale as well as the questionnaire.

4.1 PROBLEM STATEMENT

According to Stover *et al.* (2002:73), HIV and AIDS have reached pandemic proportions, and is one of the leading causes of death. In 2001 the Declaration of Commitment to HIV and AIDS set out several aims with respect to reducing the effect and spread of HIV and AIDS, and the response in low and middle income countries was expanded. Brown *et al.* (2000:81) add that globally more than one million children are infected with the immunodeficiency virus (HIV), and in the United States it has become the sixth leading cause of death among 15 to 24-year-olds. Futterman *et al.* (2000:171)

point out that adolescence is a dynamic time of life, defined by physical, emotional, cognitive, and social transitions. Many of these transitions increase adolescent vulnerability to HIV infection while necessitating unique approaches to treatment.

Research has indicated that adolescence and the youth are characterized by rapid changes in physical maturation, cognitive process, and lifestyle. For these very reasons it is very difficult to predict long-term adherence to ARV therapy in adolescent patients. The ability of the youth to adhere to therapy needs to be included as part of the therapeutic decision-making process. Erratic adherence may result in the loss of future regimes because of the development of resistant mutations.

The absence of an effective medical intervention and social factors like stigmatization and discrimination are major obstacles in the curtailment of HIV and AIDS, and require urgent action (Mawar *et al.*, 2005:471). Ignorance about the disease, fear of discrimination and consequent denial to be tested and treated, all contribute to the spread of the disease. Healthy Teen Network (2006:1) adds that, to make a difference in reducing HIV among new generations, the youth need accurate, culturally relevant and age-appropriate information about transmission and infection. They must also be taught how to protect themselves by abstaining, using contraception, practicing safer sex, and also where to get tested. HIV education and services must be readily available to all of South Africa's youth, regardless of the ability to pay and the variety of settings.

The Henry Kaiser Foundation (2011) suggests that the youth need access to prevention, care and treatment services just like all people that suffer from HIV and AIDS. It is estimated that prevention programmes reach fewer than one in five of those who need them, and that only 7% of HIV-sufferers in need of antiretroviral therapy, actually have access to it (Bärnighausen *et al.* (2007:799). Bärnighausen *et al.* (2007:799) explain that, despite recent international efforts to upgrade antiretroviral treatment (ART), more than 5 million people in low and middle-income countries (LMIC) requiring ART do not receive it. One of the main constraints in achieving universal ART coverage is the limited human resources available to treat HIV and AIDS. Gillard (2011:1508) suggests that there is a need to support the youth because of the impact HIV and AIDS have on their lives. According to the latest WHO guidelines an estimated

37% of infected people in South Africa were receiving treatment for HIV by the end of 2009 (Avert, 2011b:6).

According to Harrison (2008:275-275), access to services and accurate information about prevention and reproductive health for young people in South Africa is problematic. This poor quality of care for young people encompasses limited access to services, poor reception and treatment by service providers, and non-availability of necessary preventative methods.

Social group work is one of the methods of social work that can help affected people to prevent the spread of HIV as well as providing in the needs of people such as young men undergoing ARV therapy. These young men are assisted not only to cope with the illness but also with the treatment (Sito, 2008:137; Roux, 2002:3; Toseland & Rivas, 2009:427). In this research it was decided on the social group work empowerment programme to assist young men on ARV therapy in coping with their daily lives and with ARV treatment. By means of this social group work programme the generalized contentment of the young men were evaluated before they started with the programme as well as when they ended it. The results of the Generalized Contentment Scale as well as the results of the questionnaires about the effect of the social group work programme will be discussed in this article.

4.2 RESEARCH QUESTION

According to Royse (1995:14), questions arise from observations of human nature and social problems. For the purposes of this article the research question to be answered is:

- ***What is the impact of a social group work empowerment programme for male youths on antiretroviral therapy in the Motheo District?***

4.3 AIM OF THE RESEARCH

The aim of this research as well as the article is to evaluate the impact of a social group work empowerment programme for male youths on antiretroviral therapy in the Motheo District.

4.4 RESEARCH METHODOLOGY

The method of research was a literature study and empirical research. The intervention research models were used (Strydom, 2003:76). Authors such as De Vos and Strydom (2011:475) and Neuman (2006:26) see intervention research as an applied action undertaken by a social worker or other helping agent, usually in concert with a client or other affected party, to enhance or maintain the functioning and wellbeing of an individual, family, group, community or population such as the male youths in the Motheo District who are receiving antiretroviral therapy.

4.4.1 Literature study

A literature study is aimed “*at contributing towards a clearer understanding of the nature and meaning of the problem that has been identified*” (Fouché & Delport, 2005:123). The central focus of this study was the effect of ART on young men. An investigation into existing literature revealed insufficient research on the effects of ART and even less research pertaining to the emotions and needs of male youths on ART in the South African context. The same applied to the role of a social group work programme in empowering young men to cope with their situation.

4.4.2 Empirical research

The focus of this study was to investigate the needs of male youths on ART. In this study the Developmental and Utilization (DR&U) model was used (Grinnell, 1981: 590-591; Strydom, 1999:152-153). According to Strydom (2003:151), this model has a specific intervention mission and is directed at providing more clarity and possible solutions to a practical problem. The two main phases of the DR&U models are developmental and utilization research. The model is divided into five phases, namely analysis, development, evaluation, diffusion and acceptance (Delport, 2007:5). All these phases were implemented in this research.

This research was conducted in two phases. The needs assessment was done in phase one and the planning, implementation and evaluation of the social group work programme for the target group, in phase two.

4.4.2.1 Phase 2: Evaluation: Single-system design

In this phase of the research the single-system design was used. According to authors such as Royse (2004:71) and Strydom (2011b:159-160), the term single-system/subject design is the genus term denoting the study of a single subject on a repetitive basis and linking research to practice. This subject can be an individual, a family, a group, an organization or a community (Barker, 2003:399; Thyer, 1993:95).

- **Participants**

Because all 23 male youths on antiretroviral therapy in phase one wanted to be part of the group work programme, the researcher used the purposive sampling method (Strydom, 2005b:202). Ten male youths on antiretroviral therapy who could read and write English and who were willing and able to attend the group sessions at that stage, formed part of the group. The information obtained via the group work method was given to the 13 other respondents at a later stage.

- **Measuring Instruments**

One standardized scale of Perspective Training College was used: The Generalized Contentment Scale (**Annexure 4**). This measuring scale was used on 3 different occasions. A self-structured questionnaire with open and closed-ended questions was also used to evaluate the success of the social group work programme (**Annexure 5**).

- **Programme**

A social group work programme was developed and designed. The information used for this programme was obtained from data received from the schedules completed with the 23 male youths in the Motheo district who were undergoing ART.

- **Procedure**

Written permission to participate in the research was obtained from the male youths receiving ARV treatment in the Motheo district (**Annexure 6**).

- The information from the needs assessment used for the social group work programme was obtained from targeted group members. Different topics were discussed at each session.
- Before the first group session took place, the group members completed the measuring scale of Perspective Training College. The same measurement was repeated during the middle phase at the end of the fifth session, as well as after the last group session. The analysis of these measuring scales was done by Perspective Training College.
- The social group work programme was implemented and evaluated by members of the experimental group by means of a self-administered questionnaire with open and closed-ended questions.

- **Ethical aspects**

Ethical permission was obtained from the Ethical Committee of the North-West University, Potchefstroom Campus (ethical approval number: NWU-00051-07-S1).

Various authors such as Mitchell and Jolley (2001:138-139) and Strydom (2005a:57-67) discuss ethical issues. The following ethical measures were taken during this research:

- The standardized measuring scale was completed anonymously and conditions of privacy were maintained (Rubin & Babbie, 2005:78). The aspect of confidentiality was negotiated with the respondents and they gave their full cooperation.
- All the information from the group sessions was kept in a safe and lockable space in the office. The sessions took place at a private venue. All the information provided by respondents was kept confidential.
- The researcher ensured that the findings would not impact negatively on the adolescents. According to Strydom (2005a:58-59) subjects can be harmed in a physical and/or emotional manner. One can accept that harm to respondents in the social sciences will mainly be of an emotional nature.

- The researcher is a registered social worker with the South African Council for Social Service Professions and is obligated to change the nature of the research rather than expose respondents to the faintest possibility of emotional harm that she may be aware of.
- Informed consent was obtained from the respondents (Rubin & Babbie, 2005:77). According to Strydom (2005a:59) all possible and adequate information must be provided to participants, such as the goal, the procedures, advantages, disadvantages, dangers and the credibility of the researcher. The adolescents in this research were well informed about the goal of the study.
- The researcher offered debriefing to all participants during group sessions.
- **Data analysis**
 - Data from the Generalized Contentment Scale (GCS) was processed by a computer programme of Perspective Training College.
 - The questionnaire contained both open and closed-ended questions and was designed to determine the success of the social group work programme for families affected by HIV and AIDS. The answers were processed by the researcher herself under the guidance of her supervisor, Dr AA Roux (Annexure 5).

4.5 THE NATURE OF EVALUATION AND MEASUREMENT

Shaw and Lishman (1999:4) argue that evaluation is an integral part of professional responsibility, accountability, and development. According to Miller and Salkind (2002:8), evaluation involves assessment of strengths and weaknesses of programmes, policies, personnel, products and organizations, in an effort to improve their effectiveness. Fetterman (De Vos, 2005:386) maintains that empowerment evaluation can be applied to individuals, organizations, societies and cultures, but the focus is usually on programmes. According to De Vos (2005:386), an evaluator cannot empower anyone because people empower themselves, often with the assistance and coaching of the social worker. She adds the following: "*Empowerment evaluation can create an environment that is conducive to empowerment and self-determination*". The

social group work programme created the environment for male youths on ARV therapy to empower themselves with the assistance of the researcher and other group members.

Toseland and Rivas (2009:401) identify the benefits of evaluation for social workers who do group work, which are as follows:

- It can satisfy social workers' concerns about the effects of some interventions.
- The evaluation can help improve the social worker's leadership skills.
- Evaluation can help social workers assess the progress of group members and whether the goals agreed upon were accomplished.
- Evaluations can also allow group members to express their satisfaction or dissatisfaction with a group and the social worker.

Monette *et al.* (2002:103-104) and Delpont (2005:160) define measurement as a "*process of describing abstract concepts in terms of specific indicators by the sign of numbers or other symbols to these indicators in accordance with specific rules*". Quantitative data such as in this research often employ measuring instruments (Delpont, 2005:159). The measuring instruments used in this research were the Generalized Contentment Scale of Perspective Training College and the self-administered questionnaire with open and closed-ended questions.

In this study the researcher used the single-system design. The single-system design, according to authors such as Royse (2004:71) and Strydom (2011:159-160), is a study of a single subject such as an individual or a target group – like male youths on ARV therapy – on a repetitive basis, linking research with practice. Salkind (2000:233) states that the single-system design is the ideal way to evaluate the effectiveness of interventions or the impact of treatment on an individual or group. In this study the single-system design was used to evaluate the effectiveness of social group work interventions on male youths undergoing ARV therapy. In single-system designs, multiple measurements are taken from the participant over a certain time (Strydom, 2011b:161). In this research three measurements took place: the first baseline measurement (A) occurred before the first group session started; the second baseline measurement (B) was done during the group work intervention, and the third baseline measurement (A) was made at the end of the last session after the group work

intervention (Strydom, 2011b:166). The advantages of the single-system design is that the results are immediately available, it is easy to use, and enables a continuous report on the total intervention effort, as in the case of the social group work intervention (Royse, 2004:69; Strydom, 2011b:167-168).

In this study, the researcher evaluated the general contentment of the young men on ARV therapy as well as the strengths and weaknesses of the programme. After evaluating the results of this study, the researcher could report improvement on the part of the participants with regard to the way they felt about themselves and their surrounding environment after the termination of the programme. This was confirmed by the ratings of the Generalized Contentment Scale. In an evaluation by means of a questionnaire with closed and open-ended questions, the value of the social group work programme was also mentioned by the group members.

According to Babbie (2008:163), we clearly want our measures to be both reliable and valid. Often, however, tension arises between the criteria of reliability and validity. Grinnell (1993:198) explains that a measuring instrument is standardized through rigorous research procedures which are aimed at empirically verifying its characteristics, results, and applicability. The level of development for such instruments varies from minimal efforts to state-of-the-art standardization. For the purposes of this study the measuring instrument was developed by the Perspective Training College, as the researcher does not possess the required expertise to develop such a measuring instrument.

4.6 RELIABILITY AND VALIDITY OF THE MEASURING SCALES

The reliability and validity of the outcomes of this study were measured by the Generalized Contentment Scale of Perspective Training College. According to McKendrick (1990:271-273), the validity of a measure refers to the extent to which it measures or describes what it purports to measure or describe. It is the most important criterion in the evaluation of measurement. The objectives of validity are to obtain a measure which reflects the true nature of the characteristics being measured. The reliability of a measure refers to its capacity to reflect consistently the phenomenon being measured. Although the validity of the measure may not be established, it is

possible to find reliability in the measure by repeating it and finding similar results or having different measures produce similar results.

According to Bless *et al.* (2000:3) we have to rely on scientific epistemologies, namely rationalism and empiricism, to be able to systematically evaluate the statements for correctness, accuracy, and truthfulness. According to Babbie (2008:169), we construct a scale by assigning scores to patterns of responses, recognizing that some items reflect a relatively weak degree of the variable whereas others reflect something stronger.

The observations of the researcher confirmed this when the Generalized Contentment Scales were administered to participants at three different times: before the beginning of the first session of the social group work empowerment programme; at the end of the fifth session, which was the middle session of the programme; and after the last session of the programme. The respondents in this study were not very sure about how to respond to some of the questions as they seldomly felt the way the scales indicated, for example, in the case of a question built around the statement, "I feel blue". The researcher had to explain these concepts to them. Huysamen (1994:133) suggests that the scales should be rated by someone other than the "rater" (in this case the researcher), who should also assess the behaviour of the participants. In some cases the "raters" (researcher) are familiar with the behaviour of the participants and thus base their ratings on their memories of such behaviour. For the purposes of this study the measuring scales were submitted to the Perspective College for assessment and ratings.

According to Hudson and Faul (1997:60), the Generalized Contentment Scale is designed to measure the severity of non-psychotic depression or the way people feel about their living circumstances.

The reading of the Generalized Contentment Scale from Perspective Training College ranges from 0 to 100.

0 10 20 30 40 50 60 70 80 90 100

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

- A reading of more than 35% shows the need for improvement.
- A reading between 25% and 35% indicates a warning area that needs attention.
- A reading below 25% is within the recommended range.

4.7 THE GROUP WORK PROGRAMME

Corey *et al.* (2006:4) describe groups as an excellent choice for numerous intrapersonal and interpersonal issues and for helping people change. Today groups are designed for all kinds of purposes and many different clients. Most of these groups are unstructured, personal-growth groups that are short term and designed for specific client populations.

Corey (2008:3) argued that groups can be used for therapeutic or educational purposes or for a combination of the two. Some groups focus primarily on helping people make fundamental changes in their ways of thinking, feeling and behaving. Groups with an educational focus help members learn specific coping skills. The group work programme in this study focused on educating group members about the importance of adhering to the protocol and processes of ARV therapy, as well as teaching them about the resources available to them with the purpose of assisting them to cope better with their circumstances. This group also served as a support system for male youths on ARV therapy.

Table 4.1: Social group work programme

SESSION	SESSION TOPIC	PROGRAMME ACTIVITIES
1.	Orientation/contract phase	<ul style="list-style-type: none"> • Complete the measuring scale before the beginning of the session • Ice-breaker • Group discussion • Goal formulation • Contracting
2.	Social Issues affecting adherence to ARV therapy	<ul style="list-style-type: none"> • Ice-breaker • Highlights from previous session • Guest speaker • Group discussion

3.	The role of the Department of Social Development	<ul style="list-style-type: none"> • Ice-breaker • Highlights from previous sessions • Guest speaker • Group discussion
4.	Mapping community services	<ul style="list-style-type: none"> • Ice-breaker • Highlights from previous session • Group discussion
5.	Spirituality and HIV and AIDS	<ul style="list-style-type: none"> • Ice-breaker • Highlights from previous session • Group discussion • Complete the measuring scale
6.	Alternative ways to a healthy life style	<ul style="list-style-type: none"> • Ice-breaker • Highlights from previous session • Group discussion
7.	Dangers of substance abuse while on ARV therapy	<ul style="list-style-type: none"> • Ice-breaker • Highlights from previous session • Group discussion
8.	Dealing with emotional functioning	<ul style="list-style-type: none"> • Highlights from previous session • Ice-breaker • Group discussion
9.	Termination and evaluation	<ul style="list-style-type: none"> • Ice-breaker • Group discussion • Complete the measuring scale • Evaluation

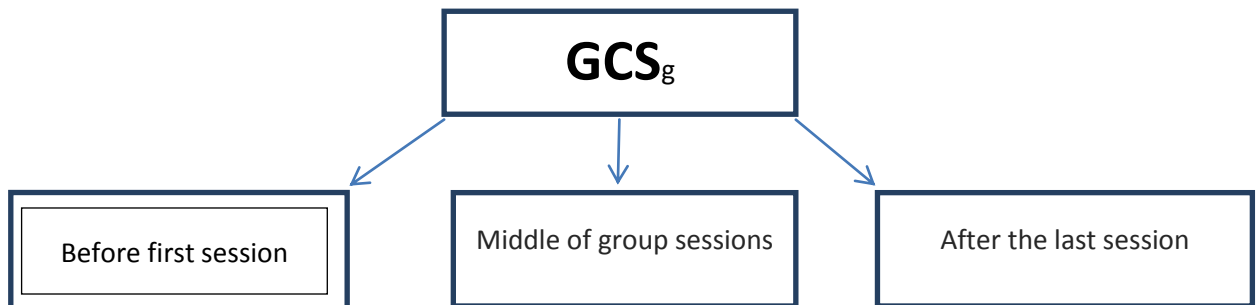
For the purpose of this study the GCS was utilized to measure the way male youths on ARV therapy felt about their lives and their circumstances. The respondents who participated in this study as members of the research group were numbered with an 'R' and a number instead of the respondent's name. For example, respondent one received the number R1 and respondent two, R2. Table 2 below illustrates the numbering of the respondents.

Table 4.2: Numbering the respondents in the one single-system group

Numbering of group members	
R1	Respondent 1
R2	Respondent 2
R3	Respondent 3
R4	Respondent 4
R5	Respondent 5
R6	Respondent 6
R7	Respondent 7
R8	Respondent 8
R9	Respondent 9
R10	Respondents 10

The process of the measuring the research group by means of the Generalized Contentment scale is illustrated in Figure 4.1 below.

Figure 4.1: GCS scale



The first measurement of the GCS took place before the beginning of the first session of the group work programme. The second measurement, also referred to as the middle measurement, took place at the end of session five. The last GCS measurement as conducted at the end of the ninth session, which was the last session of the group work programme.

4.7.1 Measurement of the group between the first and middle measurement of the GCS

Table 4.3: The significance of growth between the first and middle measurement of the GCS

Group member	Before	Middle	Difference
R1	55	46	+9
R2	53	45	+8
R3	49	46	+3
R4	55	45	+10
R5	51	46	+5
R6	55	46	+9
R7	55	46	+9
R8	52	46	+6
R9	51	46	+5
R10	54	46	+8

Stress levels among participants were high during the first measurement because of the many do's and do not's associated with adherence to the ARV therapy. After session five, there was an improvement in the way respondents felt about their lives. The results above indicate that all (100%) of the group members felt more positive about their lives from the first to the middle measurement. The results of the GCS measurements indicated in table 3 show that 6 (60%) of the group members had the most positive growth, between 8% and 10%, from the first to the middle measurement. Three (30%) of the experimental group members had just an average positive growth of between 3% and 6%. This could be because they were stressed by their financial conditions. They were living with their cohabitating partners and their children who were financially dependent on them. One (10%) of the group members showed only 5% growth because he was in lots of pain. According to him he was not responding well to his ARV therapy. He did not see any reason to feel positive about life while he was failing to respond to his medication.

At the end of the fifth session group members that they were all happy to be part of the group work programme. They saw their involvement in the group work programme as a

positive thing for them. Their faith in God's presence the fact that they could rely on Him, gave them some hope that things could go better. After the group discussion in session five, the group members were hopeful that God would assist them and guide them to live longer.

In view of the abovementioned comparison between the first and middle measurements, the researcher felt that the social group work empowerment programme had a positive influence on the lives of the male youths who had volunteered to be part of the research.

4.7.2 Group readings between the middle and third measurement of the GCS

The third measurement of the GCS took place at the end of the last session of the group work programme, which was the nine session.

Table 4.4: The significance of growth between middle and third measurement of the GCS

Respondent	Middle	Third	Difference
R1	46	33	+13
R2	45	33	+12
R3	46	32	+14
R4	45	31	+14
R5	46	33	+13
R6	46	33	+13
R7	46	33	+13
R8	46	33	+13
R9	46	31	+15
R10	46	33	+13

During the last session, the researcher transported 4 (40%) of the respondents to the venue because they were not physically strong enough to walk the distance. Despite their bad physical conditions they still evaluated their general contentment more positively than during the middle measurement.

The results of the GCS rating in the last measurement indicated that all 10 (100%) of the respondents showed more growth in their generalized contentment. They reported

that the information which they received from the social group work sessions assisted them in feeling great whenever they took action in their attempts to resolve their social problems. Even the 4 (40%) respondents who were experiencing ill health reported that the way they viewed life had changed for the better. All the respondents indicated that their financial problems were the only aspects causing them stress at that period.

4.7.3 Readings of the group between the first and middle measurement of the GCS

The third measurement took place at the end of the ninth session, which was the final session of the social group work empowerment programme for male youths on ARV therapy.

Table 4.5: The significance of growth between the first and third measurements of the GCS

The significance of growth between first and the third measurements of the GCS

Respondent	First	Third	Difference
R1	55	33	+22
R2	53	33	+20
R3	49	32	+17
R4	55	31	+24
R5	51	33	+22
R6	55	33	+22
R7	55	33	+22
R8	52	33	+19
R9	51	31	+20
R10	54	33	+21

The results above show a significant growth in the life satisfaction and general contentment of group members between the first and the third measurement of the GCS. Although the readings of all the group members were between 31 and 33 according to the table above, the ratings of all group members indicated a warning area requiring attention. Six (60%) of the respondents, namely respondents R1, R4, R5, R6, R7 and R10, reported that they felt they could take charge of their lives despite the

social problems they were experiencing. The other 4 (40%) respondents reported that they were still stressed as they were not sure how they would solve their financial problems or their infection with the HI-virus.

The researcher will discuss these results with other social workers as well as the care workers in the Motheo District and motivate them to start with group work sessions. The results in this research accentuate the impact of group work in enhancing the social functioning of individuals infected with the HI-virus, especially those on ARV therapy.

4.7.4 The mean results of the group members between the first and last measurement

Figure 4.2: The mean results of the group

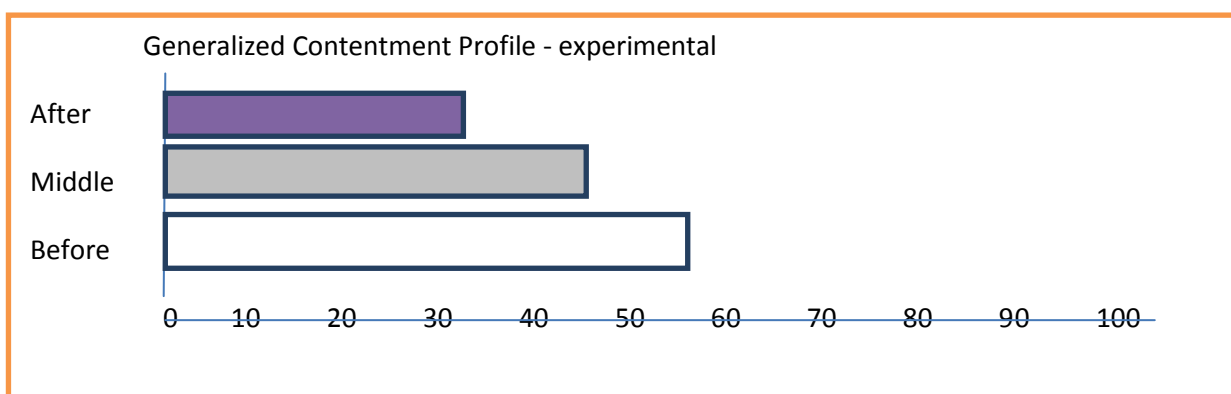


Figure 4.2 gave a picture of the results of the group between the first and the third measurement that indicates a warning area which needs attention in future.

It may be concluded that the social group work programme for male youths on ARV therapy enhances the social functioning and life satisfaction of these young men, but more attention must be paid to the empowerment of these men.

4.7.5 Evaluation of programme activities

According to Toseland and Rivas (2009:403), social workers can use evaluation to obtain data for testing the effectiveness and efficiency of group outcomes, such as the social group work done in this research. Social workers should be able to use evaluations such as the self-designed questionnaire in this research to receive feedback about their intervention. According to Bless and Higson-Smith (1995:47), the

methods of social sciences can be used to assess the design, implementation and usefulness of social interventions. Patton (2002: 5) states that contented analysis requires considerably more than just reading to see what's there. Generating useful and credible qualitative findings through observation, interviewing, and content analysis requires discipline, knowledge, training, practice, creativity and hard work.

The group members in this research were requested to evaluate the activities of the empowerment programme. They evaluated the programme at the end of the final session by means of a self-designed questionnaire with closed and open questions (**Annexure 3**). They had to choose between “bad” (1), “fair” (2), “average” (3), “good” (4), and “excellent” (5). The number of evaluations is calculated according to the number of respondents. The frequency (fr) is the result of the totals received from the respondents. The category mark is the number of respondents that evaluated the programme activity multiplied by 5 because that is the highest the category mark can go, for example (10 respondents x 5 = 50) (Roux, 2002:249). The results are displayed in table 6.

Table 4.6: Evaluation of programme activities by group members

	Question	Number of respondents	fr	Category	%
1	Was the language used in the programme sessions easily understood?	10	50	50	100
2	Was the facilitator knowledgeable and flexible?	10	50	50	100
3	How did you assess the planning of the venue, material used in the programme, leadership and facilitation of the social worker?	10	49	50	98
4	How did you assess the relevance of the programme topics according to your needs?	10	46	50	92
5	To what extent did you think you had gained knowledge from the programmes?	10	50	50	100
6	To what extent have you acquired adequate skills to enable you to act properly in solving your problems?	10	50	50	100
7	To what extent did the programme impact on how you feel about yourself and the circumstances around you?	10	50	50	100
8	To what extent did the programme empower you in relation to decision making?	10	50	50	100

9	How did you assess the interpersonal relationships among the researcher and the group members?	10	48	50	96
10	How would you rate the effectiveness of the empowerment strategies used in the programme?	10	50	50	100

The group members gave positive feedback on to the programme. According to these results:

- the programme sessions were easily understood;
- the researcher was knowledgeable and flexible;
- the planning in relation to the venue was accessible, the material used in the programme as well as the leadership of the researcher were good;
- the programme topics addressed their needs;
- all of them gained a lot of information from the programmes;
- the young men acquired adequate skills enabling them to act properly in solving their problems. Skills they acquired were things such as communication skills, how to manage their alcohol intake, and how to disclose their HIV status to people other than their family members.
- the programme impacted a lot on how they felt about themselves and the circumstances around them;
- the programme empowered them in relation to decision making;
- the interpersonal relationships among the researcher and the group members were rated very high;
- the effectiveness of the empowerment strategies used in the programme was very good.

Group members indicated that their relationship with people and their attitude towards people in general had changed positively. According to these group members more support groups like this used in the research should be implemented in the community for all people infected with the HI-virus, but also family members, friends and community members affected by the illness. They asked if the researcher could implement a group work programme such as this one with other programme activities at a later stage. This was discussed in the group and the possibility to train care-workers

in assisting social workers was mentioned as a solution for the huge caseloads of social workers also in the Motheo District.

4.8 RECOMMENDATIONS

- Social workers have to consider making use of evaluation systems to enhance their intervention methods for effective and efficient service delivery to their clients such as male youths on ARV therapy.
- Measuring scales must be made more available on an online basis to enable social workers to master the skill of implementing measuring scales as well as interpreting the scores of the measuring scales.
- Findings of this research must be made available to the policy makers at the Department of Social Development to promote the utilization of social group work as intervention model for empowering clients.
- Instead of employing untrained lay persons to form support groups in Home Community-Based Care organizations, Department of Health policy makers should include the services of social workers for the implementation of social group work because they are experts in the field of group therapy.
- Empowering clients with the necessary knowledge relevant for their survival, is a powerful skill which social workers should learn and utilize in their practice.
- Before a programme like the one implemented in the research is used again a needs assessment must first be done to ensure the needs of the individuals are met.
- There is a need for a group work programme for families to help them understand how to handle a HIV-positive person receiving ARV therapy.

4.9 CONCLUSIONS

Following the evaluation of the results of the measuring scale it was concluded that social group work as empowerment tool was fairly successful. However, attention must be given towards the improvement of the social group work programme to be more effective.

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SECTION C

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The research was conducted to investigate the needs and circumstances of male youths on ARV therapy in the Motheo District. The researcher will give a summary, conclusion and recommendations for this study. The aim, objectives, and the central theoretical assumption will also be tested by means of the findings and conclusions.

5.2 SUMMARY

5.2.1 Aim and objectives of the research

- **Aim of the research**

The aim of this study was to evaluate the impact of a social group work empowerment programme for male youths on antiretroviral therapy.

- **Objectives of the research**

The objectives were as follows:

- To identify the needs and experiences of the male youths on antiretroviral therapy in the Motheo District.
- To determine the role of social group work in empowering male youths who are on antiretroviral therapy to cope with the ARV therapy and their circumstances by means of a literature study.
- To develop and implement a social group work programme to empower male youths who are on antiretroviral therapy in the Motheo district to cope with the treatment and their circumstances.

- To evaluate the impact of a social group work empowerment programme for the male youths who are on antiretroviral therapy to cope with the treatment and their circumstances in the Motheo District.

5.2.2 Research methodology

The method of research was a literature study and empirical research. The intervention research models were used (Strydom, 2003:76). Authors such as De Vos and Strydom (2011:475) and Neuman (2006:26) see intervention research as an applied action undertaken by a social worker or other helping agent, usually in concert with a client or other affected party, to enhance or maintain the functioning and wellbeing of an individual, family, group, community or population such as the male youths in the Motheo District who are receiving antiretroviral therapy.

5.2.2.1 Literature study

The central focus of this study was the development of an empowerment programme for male youths on ARV therapy in order to improve their social functioning. An investigation of the existing literature revealed insufficient research on this topic as well as research pertaining to the emotions and needs of the target group in the South African context.

5.2.2.2 Empirical research

The focus of this study was to investigate the needs of male youths on ARV therapy. In this study the Developmental and Utilization (DR&U) model was used (Grinnell, 1981: 590-591; Strydom, 1999:152-153). According to Strydom (2003:151), this model has a specific intervention mission and is directed at providing more clarity and possible solutions to a practical problem. The two main phases of the DR&U models are developmental and utilization research. The model is divided into five phases namely analysis, development, evaluation, diffusion and acceptance (Delpont, 2007:5). Three of these phases were implemented in this research namely analysis, development and evaluation.

This research was conducted in two phases. The needs assessment was done in phase one and the planning, implementation and evaluation of the social group work programme for male youths on antiretroviral therapy, in phase two.

- **Research design**

According to Yegidis and Weinbach (1996:89) and (Mouton 2001:55), research design refers to a plan or blueprint of the way a researcher intends to conduct research. According to Fouché and De Vos (2011:105), the goals of research are either basic or applied. Neuman (2002:23) states that basic research provides a foundation for knowledge and understanding. Applied research, however, is aimed at solving specific policy problems or helping practitioners accomplish tasks. It is focused on solving problems in practice. The researcher used applied research because the social group work empowerment programme for male youths on ARV therapy dealt with social problems in their environment.

Applied research can be either descriptive or explorative. Fouché and De Vos (2011b:96) assert that descriptive research describes the behaviour, thoughts or feelings of a particular group or subject. The researcher should be able to enter the day-to-day lives of these male youths, and place herself in their shoes. Exploratory research is conducted in order to gain insight into a situation, phenomenon, community or individual. According to Fouché and De Vos (2011b:95), explorative research is used when there is a lack of information on a specific topic, as in this study. Applied research was utilized with a descriptive design.

The research approach in this study was quantitative. The reason for this choice was that it was an appropriate method to collect data by means of interviewing schedules with open and closed-ended questions. These interviews determined the specific needs of young men on ARV therapy. These findings enabled the researcher to address the needs by means of a social group work programme. Reid and Smith (1981:87-89) point out that in the quantitative approach the researcher's role is that of an objective observer, and studies are focused on specific questions or hypotheses that ideally remain constant throughout the investigation. Data-collection procedures and types of measurement were constructed ahead of the study and applied in a standardized manner.

- **Participants**

The purposive sampling paradigm was used in this research. The purposive technique is based entirely on the judgement of the researcher “*in that a sample is composed of elements that contain the most characteristic, representative or typical attributes of the population that serve the purpose of the study best*” (Strydom, 2011a:232). Households containing male youths of between 18 and 25 years on ARV therapy were used as samples for the research purpose. Although there were more male youths on ARV therapy, only 23 were willing to participate.

- **Measuring instrument**

According to Neuman (1997:30), gathering data for research is divided into two categories, namely qualitative and quantitative. For the purpose of this research, a reconnaissance survey was done first, with the purpose of identifying households in the Motheo district containing male youths of between 18 and 25 years on ARV therapy. Secondly, a schedule was completed by the researcher herself to explore the needs and experiences of these young men on the ARV therapy in the Motheo District. A self-administered schedule was used as tool for data collection. The schedule with both open and closed-ended questions was pre-tested and revisited before the final use. Open-ended questions gave the respondents the opportunity to express their views on the issues being investigated.

In order to measure the impact of the social group work programme, a standardized scale of Perspective Training College was also used. This scale was the Generalized Contentment Scale (GCS) which served to evaluate the feelings of group members about their condition and their surrounding environment. A self-administered questionnaire with open- and closed-ended questions was used at the end of the last session to evaluate the success of the social group work empowerment programme.

5.2.3 Presentation of the report

- **Article 1: The needs of male youths on ARV therapy**

In this article the researcher focused on investigating the needs of male youths on ARV therapy. The survey procedure was conducted to gain insight into the needs of these

young men. Self-designed and self-administered schedules were completed by the researcher during the interviewing process with the respondents. The researcher was able to identify the needs of the target group.

- **Article 2: The role of social group work in empowering male youths who are on antiretroviral therapy to cope with the ARV therapy**

In this article the researcher studied the role of the social group work delivery model for male youths on ARV therapy. The researcher realized that social group work is a useful empowerment method utilized by social workers. By means of this method, social workers can provide a structure by which they can empower people to enhance their social functioning.

According to Becker (2005:7), social group work has a great deal to offer in South Africa in terms of empowering individuals to assist each other and at meeting the social and emotional needs of group members (Becker, 2005:13; Toseland & Rivas, 2012:11). As professionals, social workers are guided by the set of rules and regulations created to hold social workers accountable for their actions in service delivery.

- **Article 3: The social group work programme**

The programme was designed after the researcher conducted needs assessment interviews with the male youths on ARV therapy. The goals of the social group work programme were to enhance the individual's personal growth and the social functioning of each group member by availing social support services to them and their environment.

- **Article 4: The evaluation of the social group work programme**

In this article the researcher used the Generalized Contentment Scale (GCS) of Perspective Training College to evaluate and interpret the success of the social group work programme in enhancing the general contentment and social functioning of the young men on ARV therapy. The group members also evaluated the value the social group work programme had in empowering them to cope with their daily lives.

5.2.4 Main conclusions of the research

5.2.4.1 Testing the central theoretical argument

It was evident from this research that a social group work programme can play an important role in empowering male youths who are on antiretroviral therapy to enhance their general contentment in terms of their life circumstances and social functioning. The social group work programme implemented in this research enhanced the social functioning of the men who formed part of this research, but it will not necessarily enhance the social functioning of other young males on ARV therapy. Therefore sound planning is necessary for every group planned by the social worker.

5.2.4.2 Aim and objectives

The aim and four objectives of the study were achieved and described by means of the four articles discussed below.

5.2.4.2.1 Article 1: The needs of male youths undergoing ARV therapy

According to Neuman (1997:30), gathering data for research is divided into two categories, namely qualitative and quantitative. For the purpose of this research, a reconnaissance survey was done first, to identify households in the Motheo district containing male youths of between 18 and 25 years who were on ARV therapy. Secondly, a schedule was completed by the researcher herself to explore the needs and experiences of these young men in the Motheo district who were on ARV therapy. A self-administered schedule was used as data-collection tool. The schedule contained both open and closed-ended questions and was pre-tested and revisited before the final use.

- **The results of the needs assessments were as follows:**
 - The researcher's use of English and Sotho or Tswana was important for the purpose of this study. Because the respondents understood these languages, the researcher was able to obtain accurate responses from them.

- It was interesting to observe how important it was for these young men to stay married or to continue living with their cohabitating partners even after they heard about their HIV infection.
- The reasons for the respondents' desperate financial situations are the high rate of unemployment and low levels of income. (Roux, 2002), Delpont (2007) and Sito (2008) noted the same problems in their research with people infected but also the affected by HIV and AIDS.
- Respondents' low education levels had an impact on them getting jobs where they could earn better salaries. In research done by Roux (2002:79), 70% of HIV-infected people were without jobs because of low levels of education.
- In the needs assessment, 4 (17.40%) respondents indicated that they did not have children, 14 (60.86%) had only one child, 2 (8.68%) had 4 children each, and 3 (10.04%) had three children each. An alarming phenomenon was that respondents with more than one child had borne children even after they had known about their HIV status. The researcher could not emphasize enough the facts about mother-to-child transmission of the HI-virus (Coovadia, 2008:183).
- Three (13.04%) respondents lived in brick houses with their relatives in mid-economic areas of Bloemfontein, 17 (73.92%) lived in brick houses built in terms of low cost housing schemes, and 3 (13.04%) lived in a shack. Only two respondents lived in brick houses with two bedrooms. The other 21 respondents lived in houses with only one bedroom or in a shack without any bedroom. In her research on HIV-infected individuals, Roux (2002:71) found that people infected by HIV and AIDS, lived in either shacks or low-income houses. This situation caused many problems not only to the infected but also to the affected (Kotze *et al.*, 2001:76).
- The average monthly income per household was R892.17 per month. Only two people received a disability grant. According to them, the grant helped make ends meet. Most of the respondents lived in poverty. In many research studies, such as those done by Delpont, 2007; Motshedi, 2009; Roux, 2002; Sito, 2008; and Wessels, 2003 it was discovered that people infected and affected by HIV and AIDS lived in poverty. The worst poverty was to be found in rural areas (Strydom *et al.*, 2010:175). The researcher maintained that the financial status and availability of resources were contributing factors in respondents' adherence

to ARV treatment. Maskew *et al.* (2007:853) agrees that the most common reason for not adhering to treatment is financial reasons.

- The care and support of family members and relatives was assessed to investigate the involvement of family members in the lives of the male youths undergoing ARV therapy. Adherence is a major concern as resistance to taking the medicine leads to the progression of the disease and, eventually, to the death of the patient. The patient's physical functioning and quality of life was also negatively affected because of resistance to taking the medicine (McInerney *et al.*, 2008:266).
- The male youths on ARV therapy in this research experienced the care and support of families, relatives and friends to a great extent. This care from people close to them had a positive influence on patients' quality of life, since loved-ones would encourage them to adhere to their treatment (Forrester, 2006: 131; Roux, 2002:101; Sito, 2008:108).
- Respondents were asked who knew of their HIV status, and 23 (100%) told family members, such as a brother/sister or mother/father. Only 3 (13.04%) told their colleagues and 13 (56.52%) their partners. When comparing these results with those of Roux (2002), one comes to the conclusion that people infected with the HI-virus are still afraid to tell their partners and colleagues. Stigma has an immense influence on the infected person's relationships with family, friends and colleagues.
- Respondents who received ARV therapy had already accepted their status and were hopeful about their futures, due to the observable results of ARV therapy. These results enabled them to enhance their quality of life as well as expand their lives (Sito, 2008: 102-103; Stine, 2007:59; Soul City, 2004).
- 19 (82.60%) of the respondents felt that they would always belong to their families although they were HIV-positive. 2 (8.70%) felt this way "mostly", while only 2 (8.70%) only "sometimes" experienced a feeling of belonging. A sense of belonging is mostly founded in families and blood relatives. Generally speaking it is this relationship with the family that is most enduring and dependable of all human bonds (SA, 2003:13). According to Corey and Corey (2002:355-356) and Roux (2002:236), family members play a very important role in providing in the basic needs of the HIV-infected family member. Bowen (2011:1) explains that

families and other social groups tremendously affect how people think, feel and act, but individuals vary in their susceptibility to a “group think”, and groups vary in the amount of pressure they can exert to conform.

- The respondents considered their family, priest, nurses and community care givers to be their support systems. The community care givers were described as good and committed providers of support to the patients living with HIV and AIDS.
- Respondents felt that home and community-based care and support programmes remained one of the best alternative ways for providing care and support to people infected and affected by HIV and AIDS. This included orphans and vulnerable children, child-headed households, and persons living with other diseases (SA, 2010:9). According to Ziady (2004:133), infection control is a “*primary responsibility of all health care workers, whether they work in hospitals, in-patient clinics, or the home-based health care setting*”.
- None of the respondents used the services of a social worker because they did not know what the role of a social worker was. Respondents did not understand what the services of social workers entailed. From this research it was obvious that, although they did not receive any services from the social worker, these individuals were in need of social work services. The researcher explained to them that the social worker took into consideration both the developmental stages of the illness as well as the needs of the HIV-infected person (Potgieter, 1998:27). A lot has to be done in this community to improve social work services to young men on ARV therapy. The social worker’s role is down-played by the Department of Health.
- It is important to make use of multidisciplinary teamwork and collaboration between various disciplines, now more than ever before. Simchowitiz (2004:2) found that South Africa’s social security system provides no unemployment benefits for almost one third of the population; only those judged too sick to work are supposed to be given a small subsidy in the form of a disability grant that serves as the only source of income for entire families.
- Due to the low level of education, respondents were not very sure about what ARV therapy entailed. Respondents who had not been on ARV therapy for very long complained about the side effects of the tablets. Their level of education

made respondents sensitive to how they were treated by officials. Some officials became irritated if people on ARV therapy did not immediately understand how to take the antiretroviral medicine.

5.2.4.2.2 Article 2: The role of social group work in empowering male youths who are on antiretroviral therapy to cope with the treatment and ARV therapy

This article highlighted the role of social group work in service delivery to male youths on ARV therapy, particularly with the purpose of addressing the problem of lack of adherence among male youths on ARV therapy. This article outlined the important role of planning in service delivery to people such as the young men on ARV therapy. Planning is the most important phase of social group because it leads to well-organized activities, a well-prepared facilitator, and a successful group (Roux, 2002:152). The role of social group work as effective intervention approach in enhancing the social functioning of people – like the young men on ARV therapy – was taken into account when deciding on which method to use to achieve this purpose. Although all aspects of social group work are important for the successful functioning of a group, the planning stage sets the “tone for the group’s future development” (Toseland & Rivas, 2012:225).

Social group work seeks to holistically empower people like the target population of this research. The social worker must ensure that the client system is always empowered to make informed decisions. Decision making amongst the youth also affect other people around them. Individuals are better influenced to make decisions in group therapy than in individual therapy (Toseland & Rivas, 2012:346).

5.2.4.2.3 Article 3: The social group work programme

Article three focused on the social group work programme utilized in this study. According to Onserud *et al.* (2009:7), social group work, which traces its roots back to the Settlement House movement of the early Twentieth Century, aims to promote individual growth and social change in the context of a group experience. Using this approach social workers understand that human systems, individuals, families, groups, organizations and communities are in ongoing interaction and transaction among and between each other (Dennis, 2006:1.) According to Brandler & Roman (1999:139),

many groups with concrete goals fail to reach them because group members find it difficult to share tasks and work together.

The social group work programme in this study was influenced by the needs of the male youths interviewed. The programme consisted of only nine sessions, due to challenges beyond the researcher's control. These challenges included clients' ill health and the limited time they had to attend the group sessions.

The group sessions were conducted during May of 2011. The weather sometimes was not favourable to group members who had to be transported from their homes to Tshwarisanang Home-Based Care organization because they have flue sometimes. The efforts of the researcher in transporting them to the group were appreciated by the group members. The group members felt valued as important members of the society.

The objective of this study was to enhance the social functioning of the male youths undergoing ARV therapy to ensure that they were properly empowered. However, there are not enough studies investigating why more and more youths are still getting infected with HIV, even though the Department of Health has launched so many awareness campaigns aimed at educating people about HIV and AIDS.

The social group work programme activities in this research indicated that the general contentment towards the social group work empowerment programme could be measured with the GCS measuring scale. Mishna and Muskat (2001:161) suggest that the programs be planned to allow for a gradual progression from simple acquaintance activities that require minimal co-operation and positive interaction, to more complex problem-solving activities requiring mutual trust and effective communication.

For the purposes of this study the programme activities were guided by the needs analysis, which was conducted at the beginning of the study. The researcher together with the recruited group members decided on group activities which would be suitable for the purposes of this study. There was maximum cooperation and commitment, especially from the group members. During group sessions, the group members mostly highlighted the negative factors in their lives and it was the role of the researcher to help them focus more on the positive factors in their lives. This helped them to be more positive about their life situation.

5.2.4.2.4 Article 4: The evaluation of the social group work programme

This article focused on the evaluation of the social group work programme which was developed for male youths on ARV therapy. The GCS scale of Perspective Training College was utilized to measure the feelings of the experimental group about their general contentment and the circumstances of their surrounding environment. The first measurement took place before the commencement of the first session. The second measurement took place at the end of the fifth session, which was in the middle of the process, and the final measurement at the end of the programme, at the end of the ninth session.

The results of the GCS measurement indicated significant growth among the members of the group. These results were conducted before the first session of the group work programme commenced. The result of the second measurement, which was conducted as a middle measurement, produced results which indicated growing contentment of up to 46% among group members.

The results of the third and final measurement indicated the growth range of up to 33%. Although the measurements showed growth in the contentment of the young men on ARV therapy, more attention must be given to the empowerment of these youths. A reading between 25-35% suggests that a situation requires attention, and a reading of higher than 35% shows a need for improvement.

According to Bless & Higsen-Smith (1995:47), the methods of social sciences can be used to assess the design, implementation and usefulness of social interventions. Patton (2002:5) states that content analysis requires considerably more than just reading to see what's there. Generating useful and credible qualitative findings through observation, interviewing, and content analysis, requires discipline, knowledge, training, practice, creativity and hard work.

The group members were requested to evaluate the activities of the social group work programme and all the programme activities had a reading of 92% and higher. From these results it was obvious that the aim of the research had been achieved, because the study proved that a social group work programme can play an important role in empowering male youths on antiretroviral therapy to enhance their general contentment and social functioning.

5.2.5 Recommendations

5.2.5.1 Recommendations regarding the needs of male youths on ARV therapy

Based on the identified needs of the randomly-selected sample of male youths on ARV therapy in the Motheo District, the following can be recommended:

- Awareness campaigns should put more emphasis on peer education among male youths to ensure that the intended message is well received by the target group.
- Social workers have to be added as members of treatment teams at ARV clinics.
- High-ranking officials of the South African government must be educated about social work as a profession to ensure the correct utilization of social work services.
- Social work professional bodies and social workers must market this profession well to communities as well as other professionals to ensure correct referral systems.
- Policy makers for HIV and AIDS at the national office of the Department of Social Development must have clear implementation guidelines for the coordinators of HIV and AIDS programmes at district and local levels.

5.2.5.2 Recommendations on social group work as empowerment method for male youths on ARV therapy

Recommendations relating to this article are as follows:

- Social workers have a major role to play, especially in providing empowerment programmes for people living with HIV and AIDS and who are on ARV therapy. It is therefore recommended that policy makers start addressing this need.
- Social workers should start with social group work projects for HIV-infected people but also for people on ARV therapy to empower these people to cope with the illness, the treatment and their circumstances.
- Social workers have to give a lot of attention to the planning phase of social group work projects. The planning process marks the beginning of the worker's involvement, and good planning determines the success of the project.

- If social workers are hampered by heavy caseloads, they should train auxiliary workers with the necessary skills to implement group work services to HIV-infected people and especially also those on ARV therapy.
- Universities should empower students in social work not only on the theoretical knowledge of social group work but also on the implementation of this method in practice and especially on the planning process. Social workers do not always know how to plan a social group work project and therefore projects that social workers plan are not always a success.
- Political leaders such as ministers are not always experts on the departments they lead. It is recommended that social workers should educate leaders about their crucial role in service delivery.

5.2.5.3 Recommendations regarding the social group work programme for male youths on ARV therapy

Based on the information gathered in this article, the following recommendations are made:

- The social worker has to be very knowledgeable to be able to empower the group members.
- The social work values of respecting the worth and dignity of people needs to be upheld by the social worker, especially when delivering services to people infected with and affected by HIV and AIDS.
- The social worker has to consider the norms and standards of social work practice as guidelines in service delivery.
- It is important that social workers keep their skills and level of education updated because this will assist them to be able to handle complex social problems such as HIV and AIDS and ARV therapy.
- The social worker who provides empowerment programmes to clients needs to keep in mind that the client system knows their feelings, problems and environmental needs better than the social worker. Therefore social workers have to treat their clients as equal partners who can take the lead in defining their needs and challenges. The role of the social worker is that of guiding

clients towards possible solutions and challenges and to empower them with necessary skills and knowledge.

- Social workers need to design a tentative social group work programme after they have done a needs assessment. When recruiting members for the programme this tentative programme can help them in motivating members to be part of the group.
- When implementing a social group work programme for people infected by HIV and AIDS as well as people on ARV therapy, social workers have to work in collaboration with other professionals especially from the health professions as well as psychologists, theologians and the different government departments.
- There is a need for social group work programmes for families of HIV-people on ARV therapy. Not all the families know how to handle these people especially while they are receiving the therapy.
- Social workers should use measuring scales more often to evaluate the success of interventions they perform while working within a group.

5.2.5.4 Recommendations on the evaluation of a social group work programme

The following recommendations were made in response to the evaluation of social group work:

- Social workers have to consider making use of more research to enhance their intervention methods for effective and efficient service delivery.
- More research is required on suitable measuring scales for illiterate people in South Africa.
- There is an urgent need for more measuring scales developed specifically for South Africa circumstances. These would include scales to measure the social functioning of HIV-infected people with, and for measuring the needs of affected people like foster parents and foster children.
- Findings made by research like this should be made available to policy makers at the Department of Social Development to promote the utilization of social group work as intervention model for empowering the client system.

- Policy makers at the Department of Health should include social workers when forming groups instead of employing lay persons to form support groups in Home Community-Based Care organizations. Social workers are experts in the field of group work.
- Empowering clients with the necessary knowledge relevant to their survival is a powerful skill which social workers should learn and utilize in their practice.

5.2.5.5 General recommendations based on the research

The following general recommendations on the topic can be made:

- More research must be done on the needs and circumstances of young men on ARV therapy as well as the role of social group work in service delivery to these men.
- The empowerment- as well as the system theory are recommended to social workers as intervention theories in social group work.
- Policy makers have to promote the use of social group work as method of intervention to enhance the effects of service delivery to the communities served.
- Social workers should be motivated to continue studying to enhance their competency in their efforts to address the emerging needs of their clients.
- More bursaries and study leave must be granted to social workers to improve research in social work especially in the field of HIV and AIDS and social group work.

5.3 FINAL REMARKS

The researcher realized that not enough research has been done in South Africa on empowerment as intervention method in social group work. Other social service professions do not realize the value of social work as leading profession which enhances the social functioning of individuals and groups within the communities. This is indicated by the exclusion of social workers from the teams of health professionals providing ARV therapy in hospitals and clinics. Policy makers at the national offices of the Department of Health and the Department of Social Development should conduct their planning and research studies jointly if they want to enhance service delivery in South Africa, especially in the field of HIV and AIDS.

This research proved that a social group work programme can play an important role in empowering male youths on antiretroviral therapy to enhance their general contentment with their life circumstances and their social functioning. Research on social work service delivery to people infected by HIV and AIDS or ARV therapy should be ongoing.

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SECTION D

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SECTION E

ANNEXURES

ANNEXURE 1: APPROVAL



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
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17 November 2009

Dr AA Roux
School of Psycho-Social behavioural Sciences

Dear Dr Roux

Ethical Approval: Ms XP Bungane

Thank you for giving attention to the matters that raised concern. I hereby wish to notify you that Ms Bungane is granted ethical approval under the ethics approval of NWU-00051-07-S1 – The use of ARV and quality of life: an African study. The expiry date is 14 May 2013. Should she need a specific approval form that indicates her name we will have to request this from the institutional office. I include a copy of the ethical approval letter for her use.

It is however your responsibility to ensure that she adheres to all the ethical aspects mentioned in her study. A yearly report of progress should be forwarded to me to attach to my report.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Minrie Greeff'.

Prof Minrie Greeff
Professor in research: AUTHeR

ANNEXURE 2: LETTER OF THE DEPARTMENT OF SOCIAL DEVELOPMENT

ATTENTION: DR. ROUX FAX 018 - 27357467

FREE STATE PROVINCE



Department of Social Development
P. O Box 695
Bloemfontein
9300

08 September 2009

North-West University
Private X6001
Potchefstroom
2531

Dear Dr. A Roux

Letter of Confirmation


This letter serves to confirm that approval has been granted that Mrs. X.P. Bungane to conduct a research on **A SOCIAL GROUP EMPOWERMENT FOR MALE YOUTH ON ART PROGRAMME**. However she has to comply with the following:

1. Code of Ethics
2. Values and Principles of Confidentiality, and
- 3 Professional etiquettes

Hoping you will find the above in order.

Yours sincerely

Mr. M. J. Maikhosho


District Manager: Moehe District

Department of Social Development P.O. Box 695 Bloemfontein, Thuisanong Building, Dr. Belcher Rd, Telephone number 051-4032330 Fax :Number 051-4324857

ANNEXURE 3: INTERVIEWING SCHEDULE

SCHEDULE NUMBER:		
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A SOCIAL GROUP EMPOWERMENT PROGRAMME FOR MALE YOUTH ON ANTIRETROVIRAL THERAPY

PLEASE ANSWER THE FOLLOWING QUESTIONS

SECTION A: PERSONAL INFORMATION OF MALE YOUTH ON ART

(To be answered by male youth on ART programme)

1. Home language? (Only one)

Language	
Sesotho	1
Tswana	2
English	3
Afrikaans	4
Other (Specify)	5

2. Age in years?

--	--

3. Gender:

Female	1	Male	2
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4. Your marital status? (Only one)

Status	
Married	1
Divorced	2
Widower	3
Living together	4
Other (Specify)	5

5. Are you employed?

Yes	1	No	2
-----	---	----	---

6. If "yes", what is your occupation?

.....

7. What is your highest standard passed at school? (Only One)

Grade	
No education	1
Lower than grade 7 (Specify)	2
Grade 7	3
Grade 8	4
Grade 9	5
Grade 10	6
Grade 11	7
Grade 12	8

8. How many own children do you have?

--	--

9. In what type of house do you live?

Brick house	1	Makuku (shack)	2	Traditional (hut)	3	Other (specify)	4
-------------	---	----------------	---	-------------------	---	-----------------	---

10. With whom do you live in this house? (One or more)

1. Wife	
2. Living together partner	
3. Own child(ren)	
4. Foster child(ren)	
5. Friends	
6. Aunt	
7. Uncle	
8. Biological mother	
9. Biological father	
10. Grandparents	
11. Other relatives (specify)	
12. Other people (specify)	

11. What is your household's monthly income in Rand?

Income	Rand
Salary	
Grants	
Other income (Specify)	
Total	

SECTION B: RELATIONSHIPS (with your family)

12. Who of the following people know about your HIV and AIDS status?

Family	1
Colleagues	2
Partner	3

13. How did your HIV status change your relationship with these people?

	Good	Average	Bad
1. Family	1	2	3
2. Colleagues	1	2	3
3. Partner	1	2	3

14. Describe your current relationship with these people

.....

.....

15. Do you feel a sense of belonging with your family/ relatives?

Yes always	1	Mostly	2	Somewhat	3	Not at all	3
------------	---	--------	---	----------	---	------------	---

16. Motivate your answer, why do you feel like this?

.....

.....

17. Would you like the social worker to help you with a better relationship with your family/relatives?

Yes	1	Uncertain	2	No	3
-----	---	-----------	---	----	---

18. To what extent do you think your family trusts you?

Always	1	Mostly	2	Somewhat	1	Not at all	2
--------	---	--------	---	----------	---	------------	---

19. Motivate your answer.

.....

.....

.....

SECTION C: SOCIAL SERVICES

20. Is there a social worker who provides information/ services to you?

Yes	1	Uncertain	2	No	3
-----	---	-----------	---	----	---

21. If “yes” to question 23, what kind of information/services does the social worker provide to you?

(One or more)

Information regarding Services	Yes	No
1. Professional counselling		
2. Domestic violence		
3. The human rights of the patient		
4. Community resources available for the benefit community members		
5. The role of the social worker in taking the medicine		
6. My relationship with my child(ren)		
7. My relationship with the biological parent(s)		
8. My relationship with my spouse/ partner		
9. My relationship with my caregivers		
10. Individual therapy		
11. Group therapy		
12. Other services (Specify)		

22. Are there any other services you want the social worker to provide to you?

.....
.....

23. How often does the social worker visit you? (Cross only one)

Frequency of contact	
Once per week	1
Once per month	2
Once per year	3
Other (Specify)	4

24. How often would you like the social worker to visit you? (Cross only one)

Frequency of contact	
Once per week	1
Once per month	2
Once per year	3
Other (Specify)	4

25. To what extend do you benefit from the services of the social worker?

To a great extend	1	To some extend	2	Not at all	3
-------------------	---	----------------	---	------------	---

26. Motivate your answer

.....
.....

SECTION D: HIV/AIDS

27. For how long do you receive AR treatment? (in months)

	1
--	---

28. From whom do you receive the therapy?

.....
.....

29. What effects does that treatment have on you?

.....
.....
.....
.....

30. Do you take this medication as prescribed?

Yes	1	No	2
-----	---	----	---

31. If not, motivate your answer:

.....
.....

32. What do you know about ART?

.....
.....
.....

33. Would you prefer the social worker to give more knowledge about ART?

Yes	1	No	2
-----	---	----	---

34. Would you attend group work sessions to enhance your quality of life while on ART?

Yes	1	No	2
-----	---	----	---

35. If your answer is yes to 38, what subjects must be discussed during the sessions?

.....
.....

36. Who do you consider as your support system?

.....
.....

37. To what extend do you use their services?

Always	1	Mostly	2	Sometimes	3	Rarely	4	Never	5
--------	---	--------	---	-----------	---	--------	---	-------	---

38. Can you easily go to the clinic to fetch your ART?

Yes	1	No	2
-----	---	----	---

39. If not, why?

.....
.....
.....

40. To what extend do you feel that the clinic staff is user- friendly towards their HIV-infected patients?

Always	1	Mostly	2	Somewhat	3	Never	4
--------	---	--------	---	----------	---	-------	---

41. Motivate your answer

.....
.....

42. Are there any other remarks?

.....
.....
.....

Observations of the researcher


.....
.....
.....

Thank you for your participation. I appreciate it very much.

.....
Mrs Bungane
PhD-student
Social Work Division
School for Social and Behavioural Sciences
Potchefstroom Campus of the North West University

ANNEXURE 4: GENERALIZED CONTENTMENT SCALE

Generalized Contentment Scale (GCS)



Naam / Name: Datum / Date:

This questionnaire is designed to measure the way you feel about your life and surroundings. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by using the following scale:

NEVER 1 HOOF	RARELY 2 SOEL	SOMETIMES 3 SOM	HALF THE TIME 4 HIFTFVANDIETYP	OFTEN 5 NIKWIS	MOSTLY 6 MLUSTAL	ALWAYS 7 ALTYD
--------------------	---------------------	-----------------------	--------------------------------------	----------------------	------------------------	----------------------

Hierdie vrae is ontwerp om jou gevoel oor jou lewe en omstandighede te meet. Dit is nie 'n toets nie, dus is daar nie regte of verkeerde antwoorde nie. Beantwoord asseblief elke item so noukeurig en akkuraat moontlik deur die bostaande skaal te gebruik:

<p>I feel powerless to do anything about my life.</p> <p style="text-align: right;">I feel blue.</p> <p style="text-align: center;">I think about ending my life.</p> <p style="text-align: right;">I have crying spells.</p> <p style="text-align: center;">It is easy for me to enjoy myself.</p> <p>I have a hard time getting started on things that I need to do.</p> <p style="text-align: right;">I get very depressed.</p> <p>I feel there is always someone I can depend on when things get tough.</p> <p style="text-align: center;">I feel that the future looks bright for me.</p> <p style="text-align: right;">I feel downhearted.</p> <p style="text-align: center;">I feel that I am needed.</p> <p style="text-align: right;">I feel that I am appreciated by others.</p> <p style="text-align: center;">I enjoy being active and busy.</p> <p>I feel that others would be better off without me.</p> <p style="text-align: center;">I enjoy being with other people.</p> <p style="text-align: right;">I feel that it is easy for me to make decisions.</p> <p style="text-align: center;">I feel downtrodden.</p> <p style="text-align: right;">I feel terribly lonely.</p> <p style="text-align: center;">I get upset easily.</p> <p style="text-align: right;">I feel that nobody really cares about me.</p> <p style="text-align: center;">I have a full life.</p> <p style="text-align: right;">I feel that people really care about me.</p> <p style="text-align: center;">I have a great deal of fun.</p> <p style="text-align: right;">I feel great in the morning.</p> <p style="text-align: center;">I feel that my situation is hopeless.</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p> <p>13. _____</p> <p>14. _____</p> <p>15. _____</p> <p>16. _____</p> <p>17. _____</p> <p>18. _____</p> <p>19. _____</p> <p>20. _____</p> <p>21. _____</p> <p>22. _____</p> <p>23. _____</p> <p>24. _____</p> <p>25. _____</p>	<p>Ek voel magteloos om iets aan my omstandighede te doen.</p> <p>Ek voel bedruk.</p> <p>Ek dink daaraan om 'n einde aan my lewe te maak.</p> <p>Ek kry hullbule.</p> <p>Dit is vir my maklik om myself te geniet.</p> <p>Dit is vir my moeilik om 'n begin te maak met die dinge wat ek moet doen.</p> <p>Ek raak baie depressief.</p> <p>Ek voel daar is altyd iemand op wie ek kan staatmaak.</p> <p>Ek voel my toekoms lyk rooskleurig.</p> <p>Ek voel te meergedruk.</p> <p>Ek voel ander het my nodig.</p> <p>Ek voel ander waardeer my.</p> <p>Ek geniet dit om aktief en besig te wees.</p> <p>Ek voel andere sal beter af wees sonder my.</p> <p>Ek geniet dit om by andere te wees.</p> <p>Ek voel dis vir my maklik om besluite te neem.</p> <p>Ek voel vertrap.</p> <p>Ek voel vreeslik eensaam.</p> <p>Ek voel maklik ontsteld.</p> <p>Ek voel niemand gee meer om vir my nie.</p> <p>Ek het 'n vol lewe.</p> <p>Ek voel ander gee om vir my.</p> <p>Ek het baie pret.</p> <p>Ek voel soggens wonderlik.</p> <p>Ek voel my situasie is hopeloos.</p>
--	---	---

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ANNEXURE 5: QUESTIONNAIRE

EVALUATION OF THE SOCIAL GROUP WORK EMPOWERMENT PROGRAMME FOR MALE YOUTH ON ARV PROGRAMME

SCHOOL FOR PSYCHOSOCIAL BEHAVIOR SCIENCES

SOCIAL WORK DIVISION

The purpose of this questionnaire is to evaluate the effectiveness of the programme. Please feel free to express how you have experienced the programme. Choose one from the following numbers. Respond by placing a cross at the answer adjacent to what you thought is applicable to you.

1	2	3	4	5
Bad	Fair	Average	Good	Excellent

1. Please answer the following questions openly and honestly:

1.1	Was language used in the programme sessions easily understood	1	2	3	4	5
1.2	Was the facilitator knowledgeable and flexible	1	2	3	4	5
1.3	How did you assess the planning in relation to the venue accessible, material used in the programme, leadership and facilitation	1	2	3	4	5
1.4	How did you assess the relevance of the programme topics your needs	1	2	3	4	5
1.5	To what extent did you think you have gained knowledge from the programmes	1	2	3	4	5
1.6	To what extent have you acquired adequate skills to enable you to act properly in solving your problems	1	2	3	4	5
1.7	To what extent did the programme impact on how you feel about yourself and the circumstances around you	1	2	3	4	5
1.8	To what extent did the programme empower you in relation to decision making?	1	2	3	4	5
1.9	How did the you assess the interpersonal relationships among the researcher the group members	1	2	3	4	5
1.10	How do rate the effectiveness of the empowerment strategies used in the programme	1	2	3	4	5

2. What other remarks would you add to influence the improvement of the service delivery?

.....

.....

.....

.....

.....

Thank you for your participation.

Mrs. X.P. Bungane

PhD-Student

ANNEXURE 6: CONSENT FORM

CONSENT

Title of the project ***A social group work empowerment programme for male youth on ARV therapy***

I, the undersigned (full names)

read/listened to the information on the project and I declare that I understand the information. I was afforded the opportunity to discuss aspects of the project with the project leader and I declare that I participate in the project as a volunteer. I hereby give my consent to be a subject in this project.

I indemnify the University, also any employee or student of the University, of any liability against myself which may arise during the course of the project.

I will not submit any claims against the University regarding personal detrimental effects due to the project, due to negligence by the University, its employees or students, or any other subjects.

(Signature of the subject)

Signed at on

Witnesses

1.

2.

Signed at on

ANNEXURE 7: HEALTHY FOOD (Roux, 2002:346)

BYLAE 4

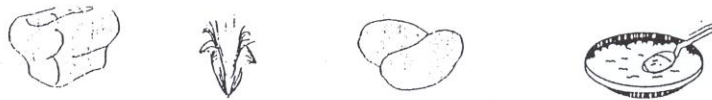
DIETARY GUIDELINES

1. Enjoy a variety of foods.

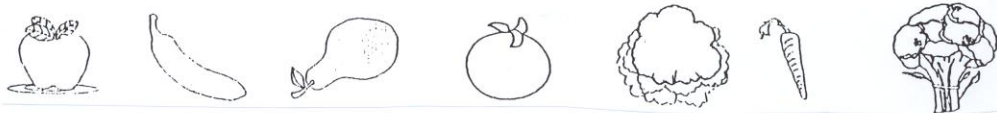
2. Be active.



3. Make starchy foods the basis of most meals.



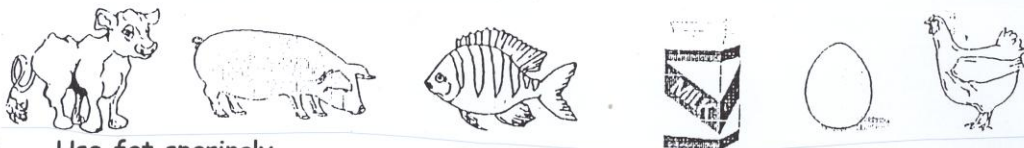
4. Eat plenty of fruits and vegetables every day.



5. Eat lentils, dried beans and dried peas regular.



6. Food of animals can be eaten everyday.



7. Use fat sparingly.



8. Use salt sparingly.

9. Drink lots of clean, safe water.

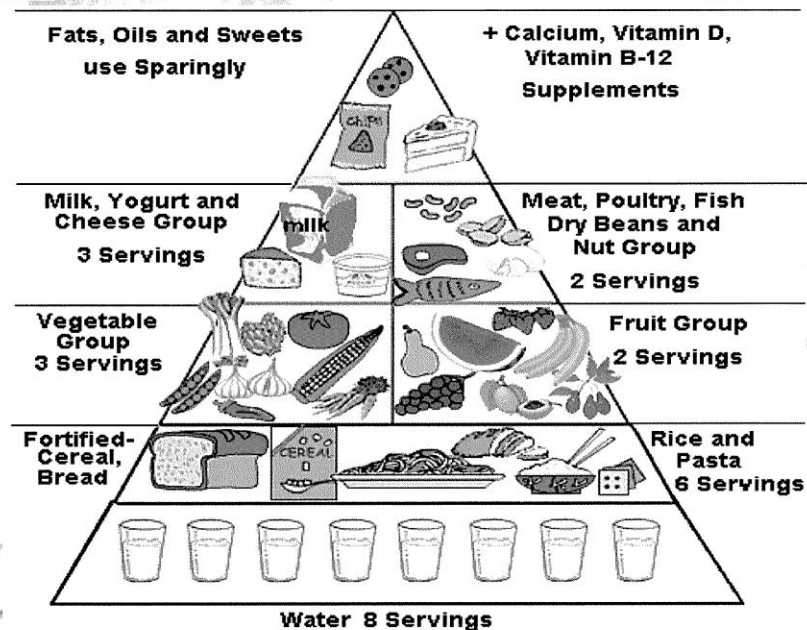


10. If you drink alcohol, drink sensibly.



Healthy Living

A healthy eating plan is a way of eating which the whole family can enjoy. It is important to have regular meals throughout the day. There are no bad food choices, all foods are good. However, there are unhealthy eating habits such as eating too many high fat foods or skipping meals. It is important to eat as many different kinds of foods as possible.

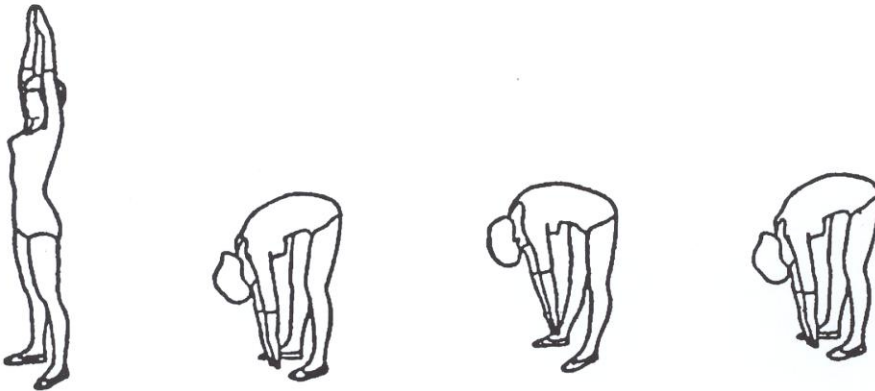


ANNEXURE 8: EXERCISE

Walk



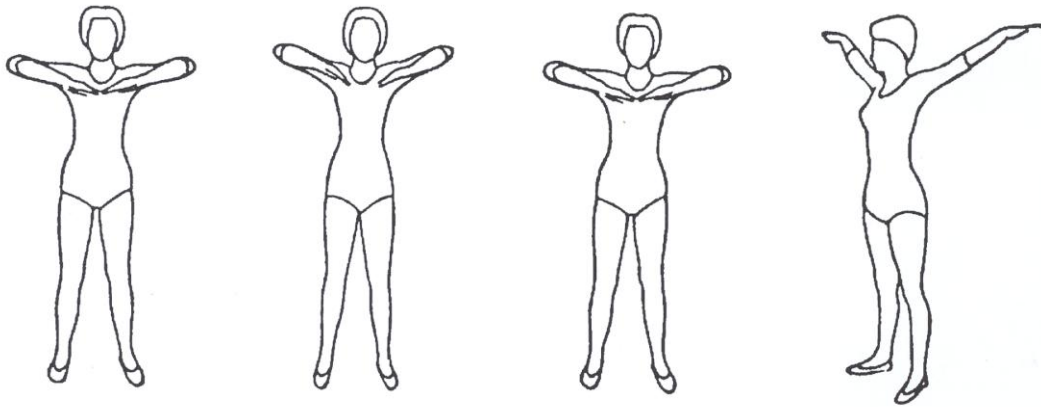
“Good morning exercise”



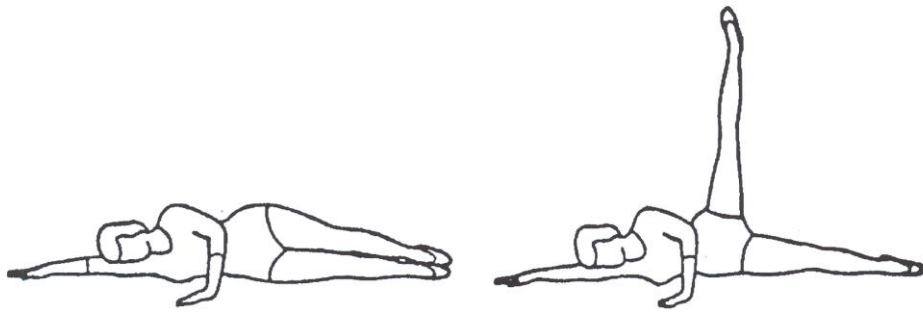
Breast Exercise



Arm stretch exercise



Leg stretch exercise



(Roux, 2002)

ANNEXURE 9: GOOD HIGIENE

Always wash hands before:

- ✓ Cooking
- ✓ Eating
- ✓ Feeding other person

Always wash hands after:

- ✓ Using a toilet
- ✓ Touching food

Other practices:

- ✓ Use clean water. Boil drinking water.
- ✓ Wash bed linen, towels and clothes with soap and water.
- ✓ Wash eating utensils with soap and water.
- ✓ Cover mouth when sneezing or coughing.
- ✓ Avoid spitting or spit in a container, never on the ground.
- ✓ Keep wounds covered.
- ✓ Do not share toothbrushes, razors, and needles.
- ✓ Dispose waste properly and frequently.

(Roux, 2002)

GUIDELINES FOR SAFE FOOD HANDLING

1. General

- Wash hands with soap and water **before** and **after** touching food.
- Keep hot foods hot and cold foods cold.
- Do not eat foods after the "best before" date has expired.
- Do not store food for more than 1 day.
- Boil leftovers before eating.

2. Animal products

- Cook meat, fish and eggs at high temperature, until well done!
- Do not eat soft-boiled eggs.
- Use only **plastic** cutting boards for cutting meat and fish.
- Wash cutting boards and utensils carefully after handling animal products.
- Use only pasteurised milk, cheese and other dairy.

3. Fruits and vegetables

- ✓ Carefully wash raw fruit and vegetables with clean water.

(Roux, 2002)

MANAGEMENT OF SYMPTOMS

Lack of appetite:

- ⇒ Eat a lot of energy and body building foods.
- ⇒ Small frequent meals.
- ⇒ Ask someone to prepare your food.

Mouthsoreness and problems swallowing:

- ⇒ Use straw for drinks and soups.
- ⇒ Eat cold or room temperature foods.
- ⇒ Eat soft foods like mash potatoes, custard, puree food and fruits.

Taste changes:

- ⇒ Use herbs and spices like lemon, sugar, cinnamon, and parsley to increase taste.

Bloating:

- ⇒ Small frequent meals.
- ⇒ Avoid gas-forming foods like beans, cabbage, carbonated drinks and beer.

Fullness:

- ⇒ Avoid greasy and fried foods.

Heartburn:

- ⇒ Small frequent meals.
- ⇒ Avoid greasy and spicy foods.
- ⇒ Don't lie down directly after a meal.

(Roux, 2002)

ANNEXURE 10

National Antiretroviral Treatment Guideline

National Department of Health South Africa 2004

ANNEXURE 11

Social Security Act 2004

SOUTH AFRICAN SOCIAL SECURITY AGENCY ACT 9 OF 2004

[ASSENTED TO 30 MAY 2004]	[DATE OF COMMENCEMENT: 15 NOVEMBER 2004]
	(Unless otherwise indicated)

(English text signed by the President)

ACT

To provide for the establishment of the South African Social Security Agency as an agent for the administration and payment of social assistance; to provide for the prospective administration and payment of social security by the Agency and the provision of services related thereto; and to provide for matters connected therewith.

Preamble

WHEREAS the Constitution of the Republic of South Africa, 1996 ([Act 108 of 1996](#)), provides that everyone has the right to have access to social security, including the right to social assistance, if they are unable to support themselves and their dependants;

AND WHEREAS the Constitution obliges the State to take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights;

AND WHEREAS the effective provision of social security services requires uniform norms and standards, standardised delivery mechanisms and a national policy for the efficient, economic and effective use of the limited resources available to the State for social security;

AND WHEREAS a national social security economic policy is required to prevent the proliferation of laws and policies relating to social security from prejudicing the beneficiaries of social security, prejudicing the economic interests of the Republic or its provinces or impeding the implementation of such national social security economic policy;

AND in order to assist in securing the well-being of the people of the Republic and to provide effective, transparent, accountable and coherent governance in respect of social security for the Republic as a whole,

BE IT THEREFORE ENACTED by the Parliament of the Republic of South Africa, as follows-

ARRANGEMENT OF SECTIONS

CHAPTER 1

DEFINITIONS

1 Definitions

CHAPTER 2

SOUTH AFRICAN SOCIAL SECURITY AGENCY

2 Establishment of Agency

3 Objects of Agency

4 Functions of Agency

CHAPTER 3

CHIEF EXECUTIVE OFFICER AND OTHER STAFF OF AGENCY

- 5 Chief Executive Officer
- 6 Functions of Chief Executive Officer
- 7 Staff of Agency
- 8 Conflict of interest

CHAPTER 4

FUNDS AND BUSINESS OF AGENCY

- 9 Funds of Agency
- 10 Financial management
- 11 Reporting and audit
- 12 Immovable property
- 13 General operations
- 14 Legal proceedings against Agency
- 15 Limitation of liability

CHAPTER 5

GENERAL PROVISIONS

- 16 Security of confidential information held by Agency
- 17 Dissolution of Agency
- 18 Use of name of Agency
- 19 General offences
- 20 Penalties
- 21 Regulations

CHAPTER 6

TRANSITIONAL PROVISIONS

- 22 Transfer of staff
- 23 Assets, liabilities and funds
- 24 Transfer of social assistance administration to Agency
- 25 Short title and commencement

CHAPTER 1

DEFINITIONS (s 1)

1 Definitions

In this Act, unless the context indicates otherwise-

'Agency' means the South African Social Security Agency established by section 2;

'Chief Executive Officer' means the Chief Executive Officer of the Agency appointed in terms of section 5 (1);

'designated institution' means-

- (a) a national or provincial department as contemplated in section 7 of the Public Service Act, 1994 ([Proclamation 103 of 1994](#));
- (b) an institution, other than the Agency, established for a public purpose by or under an Act of Parliament;
- (c) any other juristic person in respect of which the Minister has authorised the Agency to enter into an agreement for the rendering of services by the Agency to that person;

'financial year' means the period from 1 April in any year to 31 March of the following year;

'Minister' means the Minister of Social Development;

'prescribed' means prescribed by regulation;

'public service' means the public service contemplated in section 8 of the Public Service Act, 1994 ([Proclamation 103 of 1994](#));

'social assistance' means social assistance as defined in section 1 of the Social Assistance Act, 2004;

'social insurance' means contribution based benefit payments aimed at income maintenance;

'social security' includes both social assistance and social insurance;

'this Act' includes the regulations.

CHAPTER 2

SOUTH AFRICAN SOCIAL SECURITY AGENCY (ss 2-4)

2 Establishment of Agency

(1) The South African Social Security Agency is hereby established as a juristic person.

(2) The Agency is subject to the Public Finance Management Act, 1999 ([Act 1 of 1999](#)).

3 Objects of Agency

The objects of the Agency are to-

- (a) act, eventually, as the sole agent that will ensure the efficient and effective management, administration and payment of social assistance;
- (b) serve as an agent for the prospective administration and payment of social security; and
- (c) render services relating to such payments.

4 Functions of Agency

(1) The Agency must-

- (a) administer social assistance in terms of Chapter 3 of the Social Assistance Act, 2004, and perform any function delegated to it under that Act;
- (b) collect, collate, maintain and administer such information as is necessary for the payment of social security, as well as for the central reconciliation and management of payment of transfer funds, in a national data base of all applicants for and beneficiaries of social assistance;
- (c) establish a compliance and fraud mechanism to ensure that the integrity of the social security system is maintained; and
- (d) render any service in accordance with an agreement or a provision of any applicable law as contemplated in subsection (4).

(2) The Agency may-

- (a) with the concurrence of the Minister enter into an agreement with any person to ensure effective payments to beneficiaries, and such an agreement must include provisions contemplated in subsection (3).
- (b) do anything necessary for the realisation of the Agency's objects.

(3) The agreement contemplated in subsection (2) (a) must include provisions to ensure-

- (a) the effective, efficient and economical use of funds designated for payment to beneficiaries of social security;
- (b) the promotion and protection of the human dignity of applicants for and beneficiaries of social security;
- (c) the protection of confidential information held by the Agency other than as is contemplated in section 16;
- (d) honest, impartial, fair and equitable service delivery;
- (e) mechanisms to regulate community participation and consultation; and
- (f) financial penalties for non-compliance with the provisions of the agreement.

(4) The Agency may in terms of any applicable law or any agreement between itself and any other relevant authority responsible for the provision of forms of social security, other than social assistance, administer, evaluate and verify any application for such forms of social security and effect payment in respect thereof.

[Date of commencement of s. 4: 1 April 2006.]

CHAPTER 3

CHIEF EXECUTIVE OFFICER AND OTHER STAFF OF AGENCY (ss 5-8)

5 Chief Executive Officer

(1) The Minister must appoint a fit and proper and suitably qualified South African citizen as the Chief Executive Officer of the Agency.

(2) The Chief Executive Officer is appointed for a term of five years and may be reappointed for one additional term of five years.

(3) (a) The appointment of the Chief Executive Officer is subject to the conclusion of a written performance agreement entered into between that person and the Minister.

(b) The Minister and the Chief Executive Officer may, in writing and by agreement, amend the performance agreement.

(4) The Minister may terminate the Chief Executive Officer's employment in accordance with applicable labour law.

(5) The Chief Executive Officer is entitled to the pension and retirement benefits calculated on the same basis as those of a head of a department in the public service.

(6) Section 8 applies to the Chief Executive Officer, except that he or she must disclose his or her interests or any conflict of interest to the Minister.

6 Functions of Chief Executive Officer

(1) The Chief Executive Officer is responsible for-

(a) the management of the Agency, subject to the direction of the Minister;

(b) the compilation of a business and financial plan and reports in terms of the Public Finance Management Act, 1999 ([Act 1 of 1999](#)), for approval by the Minister;

(c) the appointment of members of staff contemplated in section 7 (1); and

(d) control of, and maintenance of discipline over, members of staff of the Agency.

(2) The Chief Executive Officer is accountable to the Minister and must report to him or her on the activities of the Agency.

(3) If the Chief Executive Officer is for any reason unable to perform any of his or her functions, the Minister must, in writing, appoint another person as Acting Chief Executive Officer until the Chief Executive Officer is able to resume those functions.

(4) (a) The Chief Executive Officer may, in writing and on such conditions as he or she may determine, delegate any power or duty of the Chief Executive Officer to a senior member of the Agency, unless the Minister prohibits a specific delegation.

(b) The power of the Chief Executive Officer to delegate includes the power to subdelegate.

(5) A delegation made under subsection (4) does not-

(a) divest the Chief Executive Officer of the responsibility or accountability concerning the performance of the function in question;

(b) prohibit the performance of the function in question by the Chief Executive Officer.

(6) A delegation made under subsection (4) may be repealed, withdrawn or amended, but the repeal, withdrawal or amendment does not affect any right which may have accrued to a person as a result of the function performed before the delegation was repealed, withdrawn or amended.

(7) The Minister may override any decision taken by the Chief Executive Officer.

7 Staff of Agency

(1) The Chief Executive Officer must, subject to subsection (2), employ members of staff of the Agency.

(2) The Minister for the Public Service and Administration in consultation with the Minister and the Minister of Finance-

(a) must determine a human resources policy for the Agency;

- (b) must determine the remuneration and conditions of service of the Chief Executive Officer and the other members of staff of the Agency;
- (c) may determine non-pensionable allowances for the Chief Executive Officer and the other members of staff of the Agency.

(3) The Minister must after consultation with the Chief Executive Officer determine a code of conduct, applicable to all members of staff of the Agency and justiciable for purposes of disciplinary proceedings, to ensure-

- (a) compliance with applicable law;
- (b) the effective, efficient and economical use of the Agency's resources;
- (c) the effective, efficient and economical use of funds designated for payment to beneficiaries of social security;
- (d) the promotion and protection of the human dignity of applicants for and beneficiaries of social security;
- (e) the promotion and maintenance of a high standard of professional ethics;
- (f) the prevention of conflicts of interest other than those contemplated in section 8;
- (g) the protection of confidential information held by the Agency other than as is contemplated in section 16; and
- (h) honest, impartial, fair and equitable service.

(4) A person employed by the Agency becomes a member of the Government Employees' Pension Fund mentioned in section 2 of the Government Employees Pension Law, 1996 ([Proclamation 21 of 1996](#)), and is entitled to pension and retirement benefits as if that person were in service in a post classified in a division of the public service.

(5) The Agency may utilise persons seconded or, subject to section 22, transferred from the public service in accordance with the provisions of the Public Service Act, 1994 ([Proclamation 103 of 1994](#)).

8 Conflict of interest

(1) A member of staff of the Agency must, on appointment, submit to the Agency a written statement in which it is declared whether or not that member has any direct or indirect interest, financially or otherwise, which-

- (a) may constitute a conflict of interest in respect of his or her functions as a member of staff of the Agency; or
- (b) could reasonably be expected to compromise the Agency in the performance of its functions.

(2) If any member of staff of the Agency acquires an interest contemplated in subsection (1), he or she must immediately in writing declare that fact to the Chief Executive Officer of the Agency or his or her representative.

(3) A member of staff of the Agency may not be present at, or take part in, the discussion of or the taking of a decision on any matter before the Agency in which that member has an interest contemplated in subsection (1).

(4) A member of staff of the Agency may not use his or her position or privileges, or confidential information obtained as a member of staff of the Agency, for personal gain or to improperly benefit another person.

(5) A member of staff of the Agency who fails or refuses to comply with subsection (1), (2), (3) or (4) is subject to disciplinary measures contemplated in applicable employment and labour law, and the Public Finance Management Act, 1999 ([Act 1 of 1999](#)).

(6) The Agency must keep a register of the interests of members of staff disclosed in terms of subsection (1) and must update that register from time to time.

CHAPTER 4

FUNDS AND BUSINESS OF AGENCY (ss 9-15)

9 Funds of Agency

(1) The funds of the Agency consist of-

- (a) money appropriated by Parliament;
- (b) grants made to the Agency by a designated institution;

- (c) donations or contributions received by the Agency with the approval of the Minister, subject to subsection (3);
- (d) fees for services rendered to any designated institution in terms of a service agreement.

(2) The Agency must utilise its funds to defray expenses incurred by it in the performance of its functions.

(3) The Agency must utilise the donations and contributions referred to in subsection (1) (c) in accordance with the conditions, if any, imposed by the donor or contributor concerned, but those conditions may not be inconsistent with the objects of the Agency as contained in this Act or any other law.

(4) The Chief Executive Officer must, with the concurrence of the Minister and the Minister of Finance-

- (a) open an account in the name of the Agency with an institution registered as a bank in terms of the Banks Act, 1990 ([Act 94 of 1990](#)); and
- (b) deposit therein all money received in terms of subsection (1).

10 Financial management

(1) The Chief Executive Officer must cause full and proper books of account and all the necessary records in relation thereto to be kept.

(2) The Chief Executive Officer must ensure that the Agency's annual budgets, corporate plans, annual reports and audited financial statements are prepared and submitted in accordance with the Public Finance Management Act, 1999 ([Act 1 of 1999](#)).

11 Reporting and audit

(1) (a) The Agency must in each financial year, on or before a date determined by the Minister, submit an annual report on its activities and a statement of its income and estimated expenditure for the following financial year to the Minister for approval.

(b) Notwithstanding subsection (1), the Agency must submit in addition to its reports such further reports as the Minister may require.

(2) The books, records of account and financial statements of the Agency must be audited annually by the Auditor-General.

12 Immovable property

(1) The Agency may, with the approval of the Minister, acquire, hold or dispose of immovable property in the course of its business.

(2) The Minister must determine the policy and procedure of the Agency with regard to the acquisition and disposal of immovable property.

13 General operations

(1) (a) Subject to such conditions as the Minister may determine, the Agency may, at the request of the Minister or of any of the designated institutions, provide such services as it may reasonably be able to render on an agency basis.

(b) The rendering of services contemplated in paragraph (a) may not prevent the Agency from effectively and efficiently performing its functions in accordance with this Act.

(2) The Agency may, on such conditions as the Minister may determine, act as adviser to a designated institution in respect of matters falling within the scope of the functions of the Agency.

14 Legal proceedings against Agency

(a) Any legal proceedings against the Agency must be instituted in accordance with the Institution of Legal Proceedings against Certain Organs of State Act, 2002 ([Act 40 of 2002](#)).

(b) The Agency is, for purposes of paragraph (a), deemed to be an organ of state contemplated in paragraph (c) of the definition thereof in section 1 of the above Act.

15 Limitation of liability

Neither the Minister nor any member of staff of the Agency is liable for anything done in good faith in the performance of a function in terms of this Act.

CHAPTER 5

GENERAL PROVISIONS (ss 16-21)

16 Security of confidential information held by Agency

(1) Subject to the Constitution of the Republic of South Africa, 1996 ([Act 108 of 1996](#)), and the Promotion of Access to Information Act, 2000 ([Act 2 of 2000](#)), no person may disclose any information submitted in connection with any application or instruction for or in respect of a grant, payment, benefit or assistance made available by the Agency, unless he or she is ordered to do so by a court of law or unless the person who made such application consents thereto in writing.

(2) (a) No person may disclose any information kept in the register contemplated in section 8 (6) unless such disclosure is-

- (i) in terms of any law that compels or authorises such disclosure;
- (ii) materially necessary for the proper functioning of the Agency; or
- (iii) made for purposes of monitoring, evaluating, investigating or considering any activity relating to the Agency;

(b) Where a disclosure contemplated in paragraph (a) is to be made, the person concerned must be informed thereof timeously.

(3) Any person who contravenes subsection (1) or (2) (a) is guilty of an offence.

17 Dissolution of Agency

The Agency may not be dissolved except in terms of an Act of Parliament.

18 Use of name of Agency

(1) Unless authorised in writing by the Agency to do so, no person may in any way represent or make use of logos, designs or advertising material used or owned by the Agency.

(2) No person may falsely claim to be acting on behalf of the Agency.

(3) Any person who contravenes subsection (1) or (2) is guilty of an offence.

19 General offences

(1) A member of staff, adviser, agent or other person employed by or acting on behalf of the Agency is guilty of an offence if he or she directly or indirectly accepts any unauthorised fee or reward from any person in respect of or in connection with any service rendered or anything done or offered by the Agency.

(2) Any person is guilty of an offence if he or she, in respect of or in connection with any service rendered or anything done or offered by the Agency, bribes or attempts to bribe, or corruptly influences or attempts to corruptly influence, any member of staff or any adviser, agent or other person employed by or acting on behalf of the Agency.

(3) Any person who falsely claims that he or she is authorised to charge or collect fees on behalf of or by direction of the Agency, is guilty of an offence.

20 Penalties

Any person convicted of an offence in terms of this Act is liable to a fine or to imprisonment for a period not exceeding 15 years.

21 Regulations

The Minister must make regulations regarding any matter that must be prescribed in terms of this Act and may make regulations regarding-

- (a) any matter that may be prescribed in terms of this Act;
- (b) the establishment and operations of the compliance and fraud mechanism contemplated in section 4 (1) (c);

- (c) any matter which it is necessary to prescribe for the effective carrying out or furtherance of the provisions or objects of this Act.

CHAPTER 6

TRANSITIONAL PROVISIONS (ss 22-25)

22 Transfer of staff

(1) The transfer of staff of designated institutions to the Agency must be effected in accordance with the Labour Relations Act, 1995 ([Act 66 of 1995](#)), and any applicable collective bargaining agreement with organised labour.

(2) (a) A person transferred to the Agency as contemplated in subsection (1) remains subject to any decisions, proceedings, rulings and directions applicable to that person immediately before the transfer date to the extent that they remain applicable.

(b) Any proceedings against such person which were pending immediately before the transfer date must be disposed of as if that person had not been transferred.

(3) For the purposes of the Income Tax Act, 1962 ([Act 58 of 1962](#)), no change of employer must be regarded as having taken place when employment is taken up at the Agency by a person contemplated in subsection (1).

23 Assets, liabilities and funds

(1) Whenever the Minister acts under section 24, the Minister must, in conjunction with the executive authority of the designated institution concerned and with the approval of the Minister of Finance, enter into an agreement to ensure that the assets, rights, obligations and liabilities, including the unexpended balance of appropriations, authorisations, allocations and other funds employed, held or used in connection with the management, administration and payment of social security, are transferred to the Agency.

(2) The Registrar of Deeds must make the necessary entries or endorsements for the transfer of any property in terms of subsection (1), and no office fee or other charge is payable in respect of that entry or endorsement.

(3) Any litigation resulting from any cause of action in relation to the assets, rights, obligations or liabilities transferred to the Agency in terms of subsection (1) which arose-

- (a) before the transfer date, must be conducted by or against the designated institution concerned; and
- (b) on or after the transfer date must be conducted by or against the Agency.

24 Transfer of social assistance administration to Agency

The Minister must, after consultation with the Minister of Finance and the Minister for the Public Service and Administration, and in the spirit of co-operative government envisaged in Chapter 3 of the Constitution, enter into memoranda of understanding with the respective Members of Executive Councils of provinces responsible for the administration of social assistance in terms of the Social Assistance Act, 1992, insofar as it has been assigned to the provincial sphere of government, in order to ensure that-

- (a) the payment of social assistance contemplated in the Social Assistance Act, 2004, is in future exclusively performed by the Agency;
- (b) the right to social assistance to recipients thereof in terms of the Social Assistance Act, 1992, is not in any way interrupted, discontinued or decreased;
- (c) the transfer of the social assistance function to the Agency contemplated in paragraph (a) does not in any way cause discomfort, stress or an interruption of payments to recipients thereof;
- (d) the transfer of the function does not negatively impact on the effective, efficient and economical use of resources at both national and provincial level;
- (e) the matters contemplated in sections 22 and 23 are adequately provided for at administrative level;
- (f) adequate and appropriate capacity and mechanisms exist to effect an effortless transfer of the social assistance administration and ancillary matters to the Agency;

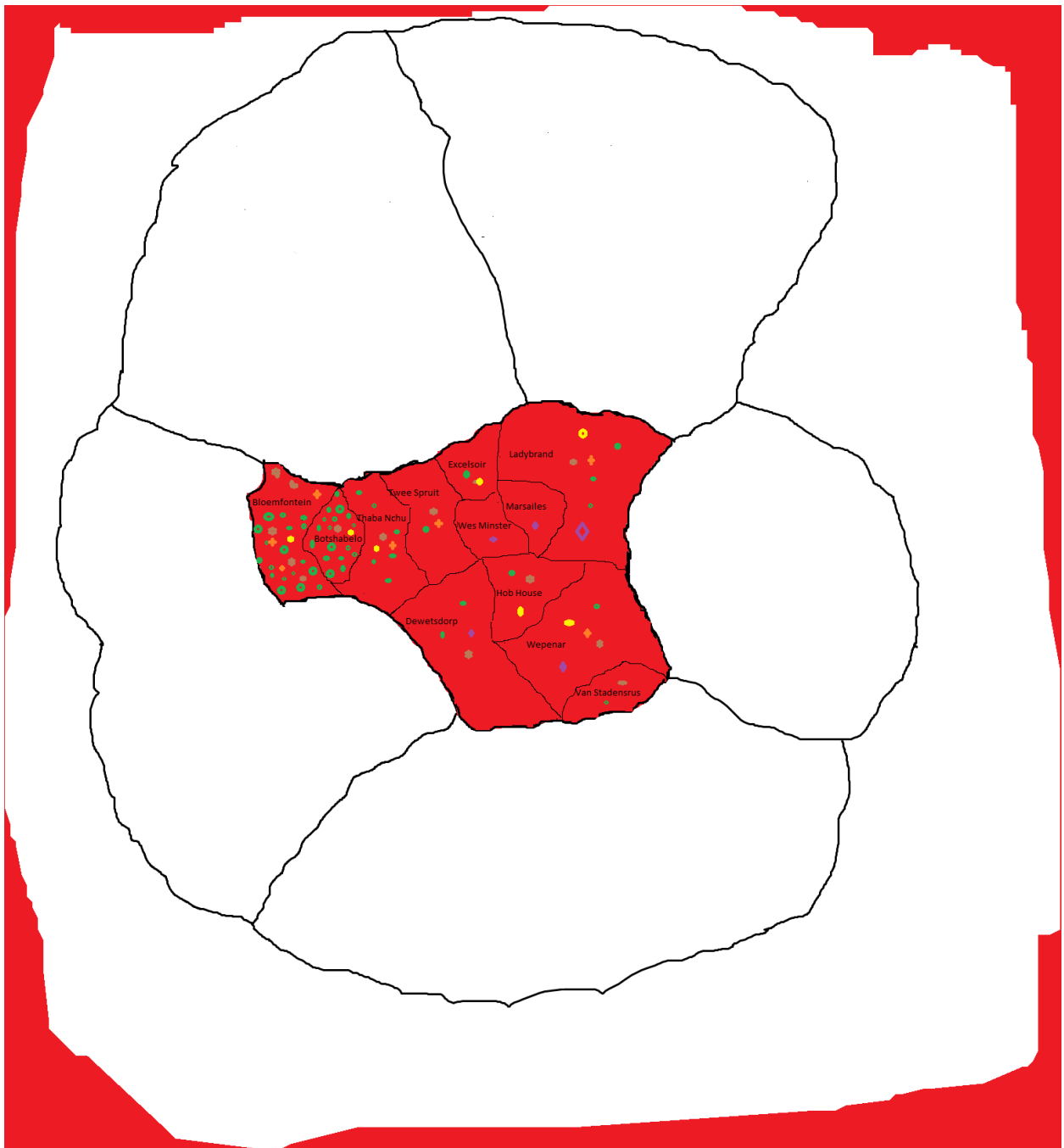
- (g) adequate provision has been made in respect of budgetary matters affecting the transfer of the social assistance administration to the Agency.

25 Short title and commencement

This Act is called the South African Social Security Agency Act, 2004, and comes into operation on a date determined by the President by proclamation in the *Gazette*.

ANNEXURE 12

RURAL AREA MAP



-  Primary health care centers
-  South African Police Services
-  Community Home Based Care Services
-  Department of Social Development
-  Home Affairs offices