A social group work empowerment programme for families affected by HIV and AIDS from social workers' caseloads

MM SITO

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A social group work empowerment programme for families affected by HIV and AIDS from social workers' caseloads

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MMAPULA MARY SITO

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Promoter: Dr AA Roux

Co-Promoter: Prof H Strydom

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SUMMARY

Title: A social group work empowerment programme for families affected by HIV and AIDS from social workers' caseloads.

Key words: AIDS, case load, empowerment, family, HIV, needs, programme, social worker, social group work.

Due to the HIV and Aids issue, South Africa is currently faced with the largest pandemic in the history of the country. HIV and Aids do not only impact on the psycho-social functioning of the infected person, but also that of the affected, such as family members.

The **aim** of this research was to evaluate the effectiveness of a social group work empowerment programme for families affected by HIV and AIDS from social workers' caseloads.

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

- *To investigate the needs of families affected by HIV and Aids from social workers' caseloads.* This aim was reached in that theoretical; perspectives from literature, as well as empirical findings on the needs of these families were analysed.
- *To investigate the role of the social worker in planning a social group work project for families affected by HIV and Aids.* This investigation indicated that, if one wishes to achieve success with the implementation of a social group work program for families affected by HIV and Aids, thorough planning in accordance with the specific planning process is essential.
- *To design and implement a social group work programme from the needs of people affected by HIV and Aids in a rural area to cope with the illness.* This programme was presented successfully over a stretch of seventeen group sessions and was exceptionally appropriate to not only improve the knowledge of the group members regarding the illness, but also how they felt about their lives. By means of this programme, the

members of the group could also improve their skills as parents of their own children and of their foster children.

- *To evaluate the effectiveness of a social group work programme in empowering families affected by HIV and Aids to cope with the illness.* This objective was attained in that the satisfaction of the members of the group with their own circumstances was assessed by means of the *Generalized Contentment Scale* (GCS) of Perspective Training College (2000) and the Index of Parental Attitudes (IPA)" Scale to measure their skills as parents of their own children and of the foster children, at three occasions. The results obtained through this evaluation indicated that the social group work empowerment programme had brought about a significant change in the satisfaction of families affected by HIV and Aids with their own lives and with their parenting skills. The satisfaction of families, affected by HIV and Aids, that were subjected to the empowerment programme, as well as their skills as parents, were significantly better than those of families that had not formed part of this empowerment programme, but who served as a control group.

In summary it can be stated that proof has emerged from this research that a scientifically founded, well-planned social group work empowerment programme can undoubtedly be applied to improve the satisfaction of families, affected by HIV and Aids, with their lives and with their parenting skills.

OPSOMMING

Titel: 'n Maatskaplike groepwerk bemagtigingsprogram vir gesinne wat deur MIV en Vigs geaffekteer is vanuit die gevalleladings van maatskaplike werkers.

Sleutelterme: Vigs, gevallelading, bemagtiging, gesin, MIV, behoeftes, maatskaplike werker, maatskaplike groepwerk, program.

Weens die MIV en Vigs-vraagstuk word Suid-Afrika tans deur die grootste pandemie in die geskiedenis van die land in die gesig gestaar. MIV en Vigs het nie alleen 'n impak op die psigososiale funksionering van die geïnfekteerde persoon nie, maar ook op dié van die geaffekteerdes soos familielede.

Die **doel** van hierdie studie was om die effektiwiteit van 'n maatskaplike groepwerk bemagtigingsprogram vir gesinne wat uit maatskaplike werkers se gevalleladings geselekteer en deur MIV en Vigs geaffekteer is, te evalueer.

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

- *Om die behoeftes van gesinne wat deur MIV en Vigs geaffekteer en uit maatskaplike werkers se gevalleladings geselekteer is, te bepaal.* Hierdie doelwit is bereik deurdat teoretiese perspektiewe uit die literatuur, asook empiriese bevindings oor die behoeftes van hierdie gesinne, ontleed is.
- *Om die rol van die maatskaplike werker by die beplanning van 'n maatskaplike groepwerkprogram vir gesinne wat deur MIV en Vigs geaffekteer is, te ondersoek.* Hierdie ondersoek het daarop gedui dat, indien sukses met die implementering van 'n maatskaplike groepwerk program vir gesinne wat deur MIV en Vigs geaffekteer is, behaal wil word, deeglike beplanning ooreenkomstig 'n bepaalde beplannings-proses noodsaaklik is.
- *Om 'n maatskaplike groepwerkprogram uit die behoeftes van gesinneuit 'n plattelandse gebied wat deur MIV en Vigs geaffekteer is, saam te stel en te implementeer.* Hierdie program is met sukses oor sewentien groepbyeenkomste heen aangebied en was by uitstek geskik om nie

alleen die groeplede se kennis rakende die siektetoestand te verbeter nie, maar ook om hoe hulle oor hul eie lewensituasies voel, te verbeter. Deur middel van hierdie program kon die groeplede ook hulle vaardighede as ouers van hulle eie kinders en van pleegkinders verbeter.

- *Om die uitwerking van 'n maatskaplike groepwerkprogram om gesinne wat deur MIV en Vigs geaffekteer is, te bemagtig om die siektetoestand te hanteer, te evalueer.* Hierdie doelwit is bereik deurdat die groeplede se tevredenheid met hulle eie lewensomstandighede te meet aan die hand van die "Generalized Contentment Scale (GCS)" van Perspektief Opleidingskollege (2000) asook die "Index of Parental attitudes (IPA)" om hul vaardighede as ouers van hul eie kinders asook van pleegkinders, met drie geleenthede. Die resultate wat deur hierdie evaluering verkry is, het daarop gedui dat die maatskaplike groepwerk-bemagtigingsprogram 'n beduidende verskil meegebring het vir families wat deur MIV en Vigs geaffekteer is, se tevredenheid met hul eie lewensomstandighede en vaardighede as ouers. Die tevredenheid van gesinne wat deur MIV en Vigs geaffekteer is wat aan die bemagtigings-program onderwerp is asook hulle vaardighede as ouers, was beduidend beter as dié van gesinne wat nie deel uitgemaak het van hierdie bemag-tigingsprogram nie, maar wel as kontrolegroep, gedien het.

Samevattend kan gestel word dat daar uit hierdie navorsing bewys gelewer is dat 'n wetenskaplik gefundeerde, goed beplande maatskaplike groepwerkbe-magtigingsprogram onteenseglik aangewend kan word om gesinne wat deur MIV en Vigs geaffekteer is, se tevredenheid met hulle lewensomstandighede asook met hulle vaardighede as ouers te verbeter.

FOREWORD

The article format has been chosen in accordance with the regulation A.12.2 for the PhD (SW) degree. The articles will comply with the requirements of one of the journals in social work, 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 or presentation does not conform to the practice. Commentary on articles already published in the Journal must be submitted with appropriate captions, the names(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) of the author(s), year of publication and the page number(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.

SECTION A
INTRODUCTION

1. PROBLEM STATEMENT

South Africa is one of the worst HIV and AIDS-affected countries in the world and millions of its people are living with the disease (Avert, 2005; Dorrington et *al.*, 2002:1; Kotze *et al.*, 2001:73; Shisana & Simbayi, 2002:1). It is estimated that more or less 50,000 people become infected every month and many of these people have not been tested and they will only realise that they are infected when they become very ill (Sito, 2004:1; Soul City, 2005:20; Strydom, 2002:346). According to Soul City (2005:19) about 40 million people worldwide are now infected with HIV and it is estimated that almost 25 million have already died as a result of AIDS and most of these people live in Africa.

Recent studies undertaken by the Human Science Research Council have found that 11,4% of the South African population is infected with HIV. It is almost 5 million people out of 46 million South Africans, who were infected with HIV: 1 person out of 8 in 2004 and the situation in South Africa paints a bleak picture (Brummer, SA, 2004:6; Roux, 2002:48; Sito, 2004:2; Soul City, 2005:20). The Actuarial Society of South Africa (ASSA) (Dorrington *et al.*, 2002:4), on the other hand, estimates that there were 6,5 million people in South Africa living with HIV and AIDS in July 2002, with KwaZulu-Natal having the Highest number of people living with HIV and AIDS, namely 1745 490. The rate of infected people in the Free State, according to Gouws and Abdool Karim (2005:58), is estimated to be 28,8%. Those in the remote rural areas of South Africa are affected worse, with a figure of approximately 60% (Human Sciences Research Council of South Africa, 2003). It is expected that the number of orphans younger than 15 years will have reached its peak by 2010 with approximately 38 1994 mortalities per annum (Dorrington *et al.*, 2002:29).

HIV has a major impact on individuals and on community structures such as the family. Family has traditionally been the fundamental unit of any society,

but as the epidemic progresses, this structure is steadily being eroded (Frohlich, 2005:351).

The psychological needs of those with HIV infection, who are also coping with the loss of loved ones to AIDS in the family, have created a serious problem because they are affected and infected. The family members left behind have the psychosocial effect and uniqueness of symptoms associated with AIDS-related bereavement (Boyd-Franklin *et al.*, 1995:114-115). According to the minister of Social Development, Dr Zola Skweyiya (Molwedi, 2006:5), one out of every eight children in South Africa is already without parents due to HIV and AIDS. In research done by Modise (2005:37) it was found that most of the children affected by HIV and AIDS stayed with guardians. It was also identified that the biological parents of these children were either terminally ill or unable to provide them with proper care and support or had already passed away. These situations put families that are affected in crisis (Boyd-Franklin *et al.*, 1995:114-115). These families must be empowered to deal with the problems caused by HIV and AIDS (Wessels, 2003:1). According to Uys (2004:5), families need much counselling as well as teaching to be able to cope with the illness emotionally and physically. The involvement with the family may commence at disclosure and end after the death of the family member (Uys, 2004:5).

Clatts (1994:12) accentuates that the problem of HIV and AIDS is not solely the responsibility of the medical team. It is desirable that professions such as psychology and social work should also assist with this problem of HIV and AIDS. During the international conference regarding HIV AND AIDS in Kopenhagen, Mikkelsen (1995:5) emphasised the primary role social workers must play. Van Rooyen (1998:vii-viii) also states that social workers in South Africa have an important role to play in making a difference in the fight against HIV AND AIDS.

In the light of the above it is essential that concerned multi-professionals meet and establish the working relationship as well as team work to fight HIV AND AIDS (Fouché & De Vos, 1995:293). The study of Modise (2005:52) in the Ganeysa-district indicates that the children affected by HIV AND AIDS do not

have easy access to social workers, although social work is essential in the lives of communities, especially in rural areas (Modise, 2005:72). Social workers have a responsibility towards their communities.

Social group work, as one of the methods of social work, can help the social worker to prevent the spread of HIV infection and to build systems of care, support and treatment for people with HIV and AIDS, and their families (Roux, 2002:3; Toseland & Rivas, 2005:18). In group work the social worker, or the social auxiliary worker who is guided by the social worker, has an opportunity to make use of different types of groups and make a choice concerning the type of service when working with the families affected by HIV and AIDS and assisting them in recovering from uncertainty. Toseland and Rivas (2005:22) outline the following groups the social worker can use in helping to change the individual's life within a group: support groups, educational groups, growth groups, therapy groups and socialisation groups. The support group creates a protective atmosphere for the person affected by HIV and AIDS. In the group, the group leader can deal with the different feelings and experiences of family members affected by the illness (Corey & Corey, 1992:366-366; Kurtz, 1997:21-24; Roux, 2002:3). A social group work empowerment programme can provide in the needs of family members affected by HIV and AIDS and empower them to cope with the illness. Every group is unique regarding its needs (Getzel & Mahony, 1993:28-30; Roux, 1998:37; Roux, 2002; Toseland & Rivas, 1998:147). Although programmes can be used in clinical social work as well as in community work and community development, the researcher, for purposes of this research, decided to implement the social group work method and to render services to families infected by HIV and AIDS through a designed social group work programme. The researcher is familiar with the social group work method, since she has already implemented it in service delivering.

2. RESEARCH QUESTIONS

- What are the needs of families, selected from social workers' caseloads, affected by HIV and AIDS in a rural area?
- What is the role of the social worker in planning a group work project for families affected by HIV and AIDS?
- Which programme activities must be included in a social group work programme to empower families in a rural area, affected by HIV and AIDS, to cope with the illness?
- Can the presentation of a social group work empowerment programme be effective in empowering families affected by HIV and AIDS to cope with the illness?

3. AIM AND OBJECTIVES OF THE RESEARCH

The **aim** of this research is to evaluate the effectiveness of a social group work empowerment programme for families, selected from social workers' caseloads, affected by HIV and AIDS.

The **objectives** of the research are the following:

- To investigate the needs of families affected by HIV and AIDS from social workers' caseloads.
- To investigate the role of the social worker in planning a social group work project for families affected by HIV and AIDS.
- To design and implement a social group work programme to empower families affected by HIV and AIDS in a rural area to cope with the illness.
- Evaluate the effectiveness of a social group work programme in empowering families affected by HIV and AIDS to cope with the illness.

4. CENTRAL THEORETICAL ARGUMENT

A social group work programme can play an important role in empowering families, selected from social workers' caseloads, affected by HIV and AIDS, to cope with the illness.

5. DURATION OF THE STUDY

This study was initiated in 2006 with the research proposal. During 2006 the researcher started with the literature study and the composition of schedules to be completed during interviews with families affected by HIV and AIDS. Respondents were recruited from the caseloads of social workers in the Department of Social Development in the Thaba Nchu area and 80 family members affected by HIV and AIDS were willing to participate in the research project.

Once the schedules were finalised and approved by the Statistical Consultation Services of the Potchefstroom Campus of the North-West University, interviews were conducted with the respondents during 2006 and 2007 to investigate the needs of the families affected by HIV and AIDS.

During February 2007 until March 2007, the researcher developed a social group work program for families affected by HIV and AIDS after the needs assessment had been done. During April 2007 until July 2007 a social group work programme was implemented with 12 members of families affected by HIV and AIDS in the Thaba Nchu area. This group formed the research group and 12 other family members affected by HIV and AIDS formed the control group. Three measurements took place during the programme namely before the first baseline session, before the second baseline session (before the tenth group session) and after the final session of the intervention.

6. PILOT STUDY

According to Strydom (2005**a**:205), a researcher should have a thorough background knowledge regarding a specific problem in order to undertake a scientific research. A pilot study according to Roux (2002:29-31) and Strydom (2005**a**:206-210), should consist of different aspects such as the study of literature, experience of experts, the feasibility of the study and the testing of the measuring instrument. The following were done during the pilot study:

6.1 Study of the literature

Because the researcher also did research in the field of HIV and AIDS during the MA course, a huge amount of knowledge concerning the problem of HIV and AIDS had been accumulated. With this research the researcher undertook an in-depth literature study in the field of HIV and AIDS. The literature study was important for executing the planning of the group work empowerment programme and for the implementation of this programme.

6.2 The experiences of experts

Monette *et al.* (1998:93) point out that as much as possible should be learned from the experiences of experts. In this research the researcher applied the knowledge and experiences of a number of experts in the field of HIV and AIDS such as the following:

- Department of Social Work at the Potchefstroom Campus of the North-West University and by name, Dr AA Roux.
- Nursing staff of the Clinic in Thaba Nchu.
- Khomanani in Pretoria who provided the researcher with different educative types and posters for HIV and AIDS. The researcher ordered posters and they were delivered.
- The medical social worker at Moroka Hospital in Thaba Nchu.

The researcher applied the information to gain more knowledge and the programme particularly became much clearer because there was an abundance of material to be used. The medical social worker also helped the researcher with knowledge concerning ART. He was also working at the service point of ART and the researcher gained more knowledge from him.

6.3 Feasibility of the study

Apart from the study of the relevant literature and interviews with experts, Roux (2002:30) and Strydom (2005**a**:208) maintain that it is essential to obtain an overview of the practical situation where the investigation will be done. Strydom (2005**a**:208) notes the following in this regard: "At this stage of the pilot study the researcher should address the goals and objectives,

resources, research population, procedures of data collection, the data gathering itself, the fieldworkers, and possible errors which may occur".

The researcher is a social worker in the Department of Social Development in Thaba Nchu and knew from her Master's degree studies that a research of this kind would be possible. The sample was taken from the caseloads of the social workers in the Department of Social Development. Families affected by HIV and AIDS formed the target group. The impact of HIV and AIDS on the family structure in Thaba Nchu and district is huge and the researcher knew that, from her as well as the other social worker's caseloads, there would be enough respondents for the project. Interviews were conducted in the researcher's office and permission was obtained from her Supervisor to undertake the research. The rationale behind this study was that the information gained through it, would improve the services rendered to these families.

The researcher always wished to make a difference to the life of people affected by the impact of the HIV and AIDS pandemic. Through her caseload, the researcher established that there was a high death rate among young parents due to HIV and AIDS. Child-headed households were numerous. Siblings were forced by the circumstances to take care of their younger brothers and sisters because of the death of their parents due to the pandemic. In some families older persons had to take care of the grandchildren because both parents had died. In other families an elder person lost all his or her children except the small children. This problem caused the researcher to decide to choose affected families so that she could help them by means of a programme. The Department of Social Development experienced a high caseload of foster care as a result of the HIV and AIDS disease. The researcher's clients called it a modern disease. They were not aware that it could be eliminated by applying preventive methods.

6.4 *Testing the measuring instruments*

Babbie (1990:221) explains that the total or only a part of a measuring instrument can be tested during the pilot study. In this study two measuring instruments (Annexure 6 and 7) were used and both were tested with two

family members that did not form part of the study. The self-compiled questionnaire (Annexure 4), with open and closed-ended questions, that was aimed at determining the needs of families affected by HIV and AIDS, was also tested with these two family members. Modifications were made and this questionnaire was sent to the Statistical Department of the Potchefstroom Campus of the North-West University to be approved statistically. Once this was done the main investigation started.

7. RESEARCH METHODOLOGY

The methods of this research were a literature study and empirical research. The evaluation research, as part of the intervention research model, was used (Strydom, 2003:76).

7.1 Literature Study

The central focus of this research is to determine the role a social group work programme plays in empowering family members affected by HIV AND AIDS. The focus fell on family members affected by HIV and AIDS and in particular on the needs of children and adults. A number of books and publications on HIV and AIDS have been published, but not much has yet been written on social group work with family members affected by HIV and AIDS.

Data-bases consulted: South African Journals, Social Science Index, ERIC and Academic Search Premier.

7.2 Empirical Research

This study focussed on the intervention research model De Vos (2005**a**:394-407). De Vos (2005**a**:394) define Intervention research as "studies carry out for the purpose of conceiving, creating and testing innovative human services approaches to preventing or ameliorating problems or to maintain quality of life". In order to achieve the six phases of this model, survey was conducted in order to assess the needs of the families affected by HIV and AIDS. From the literature study and survey, a programme was compiled and implemented in an experimental procedure with an experimental and control group.

7.2.1 Research Design

During this study the exploratory and explanatory design was used (Fouché & De Vos, 2005:141; Strydom, 2000:77).

According to Bless and Higson-Smith (2000:154), the purpose of the exploratory research is to explore a certain phenomenon with the primary aim of formulating more specific research questions relating to that phenomenon.

The method used for investigation was experimental design. According to De Vos (2005**b**:389), "the most valid and reliable measurement results are obtained by using the experimental design". Measurement took place before the first meeting (pre-test), in the middle before the tenth meeting and at the end of the last meeting (post-test) (Bless & Higson-Smith, 2000:68). However, in social work, two aspects according to Tripodi, 1983:370), usually make this design unacceptable and unethical. These aspects are the use of control groups where people in the control group with the same problems and needs do not receive treatment because the research design placed them in the control group. To eliminate this situation, the information of the social group work programme was given to the control group after the research was done.

7.2.2 Participants

A non–probability sampling technique, especially the snowball sample, was used to enrol adult family members affected by HIV and AIDS in Thaba Nchu, a rural area (Strydom, 2005**c**:201-203). Babbie (2004:183-184) and Strydom (2005**c**, 201-203) point out that non-probability and snowball sampling are used if the researcher does not know the population size or the members of the population. In this study the researcher did not know all the respondents because they were not all from her caseload and the population size was also unknown.

Eighty respondents from the caseloads of the social workers in Thaba Nchu were willing to complete a schedule to determine the needs of families affected by HIV and AIDS. Once the needs were determined, a group of 24 members from these families were selected to participate in the social group

work program voluntarily. Twelve respondents formed part of the experimental group and 12 were in the control group.

7.2.3 Measuring Instruments

Neuman (1997:30) describes that gathering data for research is divided into two categories, namely quantitative and qualitative. A schedule with both open and closed-ended questions was completed by the researcher with 80 respondents to evaluate their needs as families affected by HIV and AIDS. (Annexure 4)

The Generalized Contentment Scale (GCS) of Perspective Training College (2000) (annexure 6) was also used to measure the way respondents felt about their life surroundings. The researcher also used the Index of Parental attitudes (IPA) of Perspective Training College (2000) (annexure 7) to measure the degree of contentment respondents felt regarding their relationship with their children. These measuring scales were used on three different occasions with both the experimental group and control group. The measuring scales were completed by both the experimental and control group before the first group session started, before the tenth session started and at the end of the final group session.

A questionnaire with closed and open-ended questions was designed to evaluate the social group work programme at the end of the final session (Roux, 2002:344-345; Strydom, 2002:405, 406; Toseland & Rivas, 2001:406-421). (Annexure 5)

7.2.4 Research Procedure

The following steps were followed during the research procedure:

- Permission was obtained from the Assistant Manager, Ms M. Selemela (Annexure 1) of the Department of Social Development in the Free State, since the participants were from the caseloads of all the social workers.
- Preparation of the participants by explaining the nature of the research to them.

- Every participant signed a consent form to confirm that she or he had not been forced or cheated unknowingly.
- Participants for the programme were randomly selected into two groups namely the experimental and control group.
- The same programme was presented to the control group after finalisation of the research.
- The social group work programme was implemented and evaluated.
- Data was processed.

7.2.5 Data Analysis

Data of the Generalized Contentment Scale (GCS) (Annexure 6), and the Index of Parental Attitudes Scale (IPA) (Annexure 7), were processed by a computer program of Perspective Training College. The self-designed questionnaire to evaluate the needs of the respondents was processed by the Statistical Consultation Services of the North-West University, Potchefstroom Campus. (Annexure 4) Data were transformed into statistically accessible forms by counting procedures.

The schedule with both open and closed-ended questions to determine the success of the social group work programme for families affected by HIV and AIDS was processed by the researcher herself under the guidance of her supervisor, Dr AA Roux. (Annexure 5)

7.2.6 Ethical Aspects

Different authors such as Mitchell and Jolley (2001:138-139), Monette *et al.* (2005:53-61) and Strydom (2005**b**:57-67) discussed the ethical considerations in research. For researchers in the social sciences, the ethical issues are pervasive and complex, since data should not be obtained at the expense of other human beings (Strydom, 2005**b**:56). The following ethical aspects were taken into account:

- **Avoidance of harm to respondents, and debriefing**

In this research the respondents were informed regarding the potential impact the study may have. The respondents were aware that the information desired was of a personal nature.

Debriefing was provided after sessions. It was the researcher's responsibility to assist the respondents in dealing with emotional and psychological issues that arose. Salkind (2000:38) states that the easiest method for debriefing respondents is to discuss the feelings of the respondents immediately. Strydom (2002:73) stresses the importance of rectifying misconceptions that may arise in the minds of the respondents.

- **Informed consent**

Informed consent is a necessary condition for a research study (Strydom, 2005**b**:59). The respondents were fully aware of what the study would entail and expect of them. They were allowed to withdraw from participation whenever they wished to do so. (Annexure 3)

- **Anonymity and confidentiality**

One of the concerns of people infected and affected by HIV and AIDS is that of their anonymity. According to Strydom (2005**b**:62), anonymity and confidentiality places a strong obligation on the social worker. The respondents needed to be assured of the confidentiality of the information gathered and of the fact that their identities would not be used in the research report. In this study the research findings do not reflect the names or identifying characteristics of the actual participants. The measuring instruments ensured that the information provided remained confidential. Informed consent should be obtained from each member of the group. **Permission to undertake this project was obtained from the Ethics Committee of the North-West University (number 06k07)**. (Annexure 2)

8. LIMITATIONS OF THE STUDY

It was not possible to meet all the respondents of the control group simultaneously. The researcher had to phone them and meet them individually where they lived. She also found it monotonous to ask them the same thing three times, since they were not receiving any intervention. Furthermore, it was time consuming because it took up a considerable amount of time to administer questionnaires and it was done a few times. Some did not answer questions because they were not available when they were needed. Some were dissatisfied about the fact that they were not chosen, although they were promised to be given information after the last group session of the experimental group. The needs analysis of the study was time consuming because each respondent had to be interviewed and to understand exactly what was going to happen. The researcher further had to give them support during counselling when their emotions surged because of the loss of their loved ones.

9. DEFINITION OF CONCEPTS

Definitions which are used in this study may to some extent not be uniform. Key concepts are defined to establish the position taken in this research and to make it appropriate to the research.

9.1 Empowerment

According to the New Dictionary of Social Work (1995:21) empowerment is the process whereby individuals or groups (2) attain personal or collective power which enables them to actively improve their living conditions. The values of the social work profession support an empowerment base for the practice (Du Bois & Miley, 2005:26). Muluccio (as cited in Du Bois & Miley, 2005:26) says social work adopts the view that suggests that humans are "striving, active organisms who are capable of organizing their lives and developing their potentialities as long as they have appropriate environment support". Kirst-Ashman and Hull (2006:340) define empowerment as "ensuring that others have the right to empowerment, ability and authority to achieve self-determination". The individual also achieved empowerment in

the group through experiences that were empowering such as coping with the needs of their family members who were not only affected by but also infected with HIV and AIDS.

9.2 Programme

Neuman (1997:30) points out that gathering data for research is divided into two categories, namely quantitative and qualitative. A schedule with both open and closed-ended questions was completed by the researcher with 80 respondents to evaluate their needs as families affected by HIV and AIDS.

A programme or programme activity is "... a medium through which the functioning of members can be assessed in areas such as interpersonal skills, ability to perform daily living activities, motor coordination, attention span and the ability to work cooperatively" (Toseland & Rivas, 2005:259). To Skidmore *et al.* (1994:85) programming is "...the means of goal attainment. It includes games, crafts, discussions, tours and field trips, and all activities the group engages in during their group sessions".

The social group work programme consisted of seventeen group sessions and will be discussed in Article 3.

9.3 Family

A family is the smallest social unit in society consisting of a man and his wife, a man and his wife and child, or a woman and her child, or a man and his child, usually under the same roof (New Dictionary of Social Work, 1995:24). A family is persons related by blood or marriage. According to Du Bois and Miley (2005:359), families embrace a variety of forms including blended families, single-parent families, gay and lesbian families and multigenerational families.

In this research a family includes husband, wife and their children. In some cases it also includes extended families such as grandchildren, grandmother, grandfather, cousin, aunt and uncle who stay together under one roof with their married children. Most of the people in Thaba Nchu live as extended families and their culture is deeply embedded in extended families.

9.4 HIV

HIV stands for the Human Immunodeficiency Virus (Strydom, 2002:19; Whiteside & Sunter, 2000:2). "HIV attacks and slowly destroys the human immune system by killing the important CD4 and T4 cells that control and support our immune system." (Buthelezi, 2003:19.) According to Evian (2000:77), the CD4 cell count is the best indicator or predictor of the risk of developing opportunistic disease or infection and the likely severity of such infections.

9.5 AIDS

AIDS stands for Acquired Immunodeficiency Syndrome (Strydom, 2002:18). Visagie (1999:1) defines AIDS as "... a collection of diseases resulting from the breakdown of the immune system after it has been invaded and weakened by the HIV...". 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 and infections, which attack the body when immunity is low (Buthelezi, 2003:19).

9.6 Social worker's caseload

The New Dictionary of Social Work (1995:7) defines a social worker's caseload as a "Number of clients of a social worker at a particular point in time".

9.7 Needs

According to the New Dictionary of Social Work, the term *needs* is defined as: "physical, psychological, spiritual, material and social requirements for survival, wellbeing and self-actualisation". A project such as a community or group work project is built around needs. The project, according to Swanepoel and De Beer (2007:172), "can only address a need if that need is properly identified and if the people participating in the project can reach consensus on the definition of the need they are trying to address". In this research a needs assessment was done as discussed in article one where after the needs were addressed by the social group work programme.

9.8 Social group work

Group work is defined as a "Goal-directed activity with small treatment and task groups aimed at meeting socio-emotional needs and accomplishing tasks. This activity is directed to individual members of a group and to the group as a whole within a system of service delivery" (Toseland & Rivas, 2001:12). The focus of social group work, according to Du Bois and Miley (2005:38), "include(s) enrichment, education, and social reform". As a social work method, social group work uses the interplay of personalities in the group processes to achieve cooperative group action that addresses common goals. There are different types of groups (Toseland & Rivas, 2005:21-39). The type of group for families affected by HIV and AIDS in this research can be described as a group consisting of a combination of educational, growth and therapeutic goals.

In this research the system of service delivery was the Department of Social Development where the researcher delivered the social group work project. In social work, social group work is practiced by the professional social worker.

10. THEORY RELATING TO THE RESEARCH PROBLEM

Becker (2005:13) points out that many authors present overviews of the most influential theories of social work. There is no easy way, says Becker (2005:13), of classifying the wide range of theories available. Although there are different theories such as the psychodynamic, learning, field, social exchange and systems theories (Toseland & Rivas, 2005:55-63), the focus for purposes of this study was entirely on the systems theory.

From the 1920s to 1960, most social work programmes used the medical model approach to assess and change human behaviour. In the 1960s, social work started questioning the usefulness of this model because environmental factors were shown to be at least as important in causing a client's problems as internal factors. A reform approach seeks to change systems to benefit clients such as anti-poverty programmes. Social workers are now trained to acquire a systems perspective in the work with individuals,

groups, families, organizations and communities. The key concepts of the systems theory are "wholeness, relationship and homeostasis (Zastrow, 2008:50).

The concept "wholeness" means that the objects or elements within a system produce an entity that is greater than the additive sum of the separate parts.

The concept of relation "asserts that the patterning and structuring among elements in a system are as important as the elements themselves". For example, Master and Johnson (Zastrow, 2008:50) found that the sexual dysfunctions occur primarily because of the nature of the relationship between husband and wife rather than the psychological makeup of individual partners in a marriage system.

The concept "homeostasis" suggests "that most living systems seek balance to maintain and preserve the system" (Zastrow, 2008:50).

The systems theory attempts to understand the group as a system of interacting elements. Parsons, (as cited in Toseland & Rivas, 2005:56), maintains that groups are social systems with several interdependent members attempting to maintain order and a stable equilibrium while functioning as a unified whole. According to Germain and Gitterman (1996), groups are in constant interaction with their environments.

Concepts derived from different views of the systems theory that are particularly relevant for social workers include the following according to Toseland and Rivas (2005:58):

- The existence of properties of the group as a whole that arise from the interaction of the individual members.
- The powerful effects of group forces on members' behaviour.
- The struggle of the group to maintain themselves as entities when confronted by conflicts.

- The awareness that the group must relate to an environment but also attend to their internal functioning.
- The idea that the group is in a constant state of becoming, developing and changing, which influences the equilibrium and continued existence of each member.

11. PRESENTATION OF THE REPORT

SECTION A

This section gives a brief overview of the research study that allows the reader to understand the fundamental principles of the study. These include problem formulation, objectives, central theoretical argument as well as research methodology and procedures that were utilized during the entire research process.

SECTION B

ARTICLE 1

Article 1 is basically directed at comparing the data collected from respondents concerning their needs on the one hand, with the existing literature on the other. It is in this section that the emphasis and focus is on the needs of families affected by HIV and AIDS.

ARTICLE 2

This article mainly looks into the social worker's role in planning a group work project for families affected by HIV and AIDS. The discussion is basically tuned in to the establishment of what the different phases of the planning process are in planning this service. In the study, literature is analysed and compared with existing situations.

ARTICLE 3

Article 3 focuses on the social group work programme. The content of all seventeen sessions were discussed. The programme was designed for

families affected by HIV and AIDS and attention is mostly given to the needs of these people – needs as determined by means of the needs assessment.

ARTICLE 4

The results obtained from the measuring scales and the questionnaire that determine the success of the programme answered by the group members of the experimental group, are discussed in this article.

SECTION C

Section C presents the conclusions and recommendations to this research.

SECTION D

A consolidated list of references is listed in the final section.

SECTION E

In this section the annexures to the research are explained.

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SECTION B

ARTICLE 1

THE NEEDS OF FAMILIES AFFECTED BY HIV AND AIDS, FROM SOCIAL WORKERS' CASELOADS

Sito MM, Roux AA and Strydom H *(Sito, MM is a student, Roux, AA a senior lecture and Strydom, H a professor in the School of Psychosocial Behavioural Sciences: Social Work Division, Potchefstroom Campus of the North-West University)*

OPSOMMING

Daar word tans in Suid-Afrika baie eise aan maatskaplike werkers gestel ten einde hulpverlening aan persone asook gesinne wat deur MIV en VIGS geaffekteer word te verleen. Om hierdie hulp te kan verleen, vereis bepaalde kennis en insig van die siektetoestand asook die behoeftes wat deur hierdie persone ervaar word. Alvorens hulp verleen kan word, veral in groepverband deur 'n maatskaplike werker, is dit uiters noodsaaklik dat daar 'n deeglike behoeftebepaling gedoen sal word.

In hierdie artikel sal die behoeftes wat deur gesinslede wat deur MIV en VIGS geaffekteer is, bespreek word aan die hand van 'n empiriese en 'n literatuurondersoek.

1. INTRODUCTION

South Africa has a serious HIV AND AIDS pandemic, with millions of its people living with the disease (Dorrington *et al.*, 2002:1; Kotze *et al.*, 2001:73; Rehle & Shisana, 2003:1; Shisana & Simbayi, 2001:1). It is estimated that more or less 50, 000 people become infected every month and many of these people have not been tested and they will only realise that they are infected when they become very ill (Sito, 2004:1; Soul City, 2005:20; Strydom, 2002:346). According to Soul City (2005:19) about 40 million people worldwide are now infected with HIV and it is estimated that almost 25 million

have already died as a result of AIDS and most of these people live in Africa. It must be considered that a prevailing view that AIDS is a disease of poverty, ignores the fact that the same failure has occurred also in healthy states (Heald, 2002).

2. PROBLEM STATEMENT

According to Strydom and Strydom (2006:298), people have been made aware of the killer disease AIDS all over the world. HIV is having a major impact on individuals and on community structures such as the family. Family has traditionally been the fundamental unit of any society but as the epidemic progresses this structure is being steadily eroded (Frohlich, 2005:351; Rait *et al.,* 1997:225). Research has documented that South Africa has high levels of violence against women including problems of rape and domestic violence (Wojcicki, 2001:8).

Factors in South Africa that have significantly affected the family structure and the roles within families are, among others, HIV and AIDS (Department of Welfare and Population Development, 1997:58). In South Africa, like the United States of America, a growing number of grandparents has assumed the responsibility of raising grandchildren (Mokone, 2006:187). These circumstances lead to a lot of needs experienced by families affected by HIV and AIDS.

The psychological needs of those with HIV infection, who are also coping with the loss of loved ones to AIDS in the family, have created a serious problem because they are affected and infected. The family members left behind have the psychosocial effect and uniqueness of symptoms associated with AIDS-related bereavement (Boyd-Franklin *et al.*, 1995:114-115). In research done by Modise (2005:37) she found that most of the children affected by HIV and AIDS stayed with guardians. It was also identified that the biological parents of these children were either terminally ill or unable to provide them with proper care and support or had already passed away. These situations put families that are affected in crisis (Boyd-Franklin *et al.*, 1995:114-115). These families must be empowered to handle the problems caused by HIV AND AIDS (Wessels, 2003:1). According to Uys (2004:5), families need much

counselling as well as teaching to be able to cope emotionally and physically with the illness. The involvement with the family may commence at disclosure and end after the death of the family member (Uys, 2004:5).

3. RESEARCH QUESTION

- What are the needs of families affected by HIV and AIDS in a rural area from social workers' caseloads?

4. AIM AND OBJECTIVES OF THE RESEARCH

- The aim of this article is to investigate the needs of families affected by HIV and AIDS from social workers' caseloads.

5. RESEARCH METHODOLOGY

The methods of this research were literature study and empirical research. The evaluation research as part of the intervention research model was used (Strydom, 2003:76).

5.1 Literature Study

The central focus of this research was to determine the role that a social group work programme plays in empowering family members affected by HIV and AIDS. The focus was family members affected by HIV and AIDS and in particular on the needs of these families. There were a number of books and publications on HIV and AIDS but much has not been studied on social group work with family members affected by HIV and AIDS.

Data-base consulted: South African Journals, Social Science Index and Academic Search Premier.

5.2 Empirical Research

The survey procedure was used to determine the needs of the families affected by HIV and AIDS.

- ***Research Design***

During this study the exploratory design was used (Strydom, 2003:77). According to Bless and Higson-Smith (2000:154), the purpose of the

exploratory research is to explore a certain phenomenon with the primary aim of formulating more specific research questions relating to that phenomenon.

- ***Participants***

A non–probability sampling technique, especially the convenience sample, was used to enrol 80 adult family members affected by HIV and AIDS in Thaba Nchu, a rural area. These respondents were used to complete a schedule to determine the needs of people affected by HIV and AIDS.

- ***Measuring Instruments***

According to Neuman (1997:30) the gathering of data for research is divided into two categories, namely quantitative and qualitative. A schedule with both open and closed ended questions was completed by the researcher with 80 respondents to evaluate their needs as families affected by HIV and AIDS.

- ***Research Procedure***

The following steps will be used during the research procedure:

- Permission was obtained from the Assistant manager of the Department of Social Development in the Free State at Thaba Nchu, since the participants were from the caseloads of all the social workers.
- Preparation of the participants by explaining the nature of the research.
- Every participant signed a consent form to prove that she or he has not been forced or cheated unknowingly.
- Data were processed.

- ***Data Analysis***

The self-designed questionnaires to evaluate the needs of the respondents were processed by the Statistical Consultation Services of the North-West University, Potchefstroom Campus. Data were transformed into statistically accessible forms by counting procedures.

- ***Ethical Aspects***

For researchers in the social sciences, the ethical issues are pervasive and complex, since data should not be obtained at the expense of other human

beings (De Vos *et al.*, 2002:62). The measuring instruments ensured that the information provided was remained confidential. No personal details of respondents are documented in the research report. Informed consent was obtained from each member of the group. Violation of privacy, anonymity, and confidentiality were maintained (Strydom, 2002:64-73). **Permission was given from the ethical committee for this project (number 06k07).**

6. FINDINGS

6.1 Identifying particulars

Eighty respondents took part in the needs assessment and all of them were from the districts in Thaba Nchu and from the caseloads of the social workers.

They were families affected by HIV and AIDS and were not necessarily HIV-positive.

6.1.1 Residence of respondents

The respondents were living in the following areas around Thaba Nchu:

Table 1: Living areas

Area	f	%
Northern areas	14	17,50
Central areas	65	81,25
Southern areas	1	1,25
Total	80	100

The above areas represent statistics of the rural and deep rural places in Thaba Nchu caseloads at the Department of Social Development. Most people are not working and it is easy for them to reach the agency. This is the reason why it appears that it has more people affected by HIV and AIDS. The area is poverty stricken and most people do not have employment. Those who are said to be working are doing peace jobs at a very low income which cannot maintain them. Majority of people seem to be surviving from social grants especially foster grants. Thaba Nchu town (12,50%) is a small rural town which cannot give employment to all people. Some of the people in this town do not have employment and they are struggling. Northern and

southern areas are very much scattered and very far from town and the Department of Social Development. They are deep rural and only have transport once a day in the morning. They have to wake up at five in the morning and go back in the afternoon. The Industrial area is the centre part of Thaba Nchu and there are small industries which has given some people employment. Some of them are staying there and go home on weekends. These people earn very little and when they have problems they come to the Department of Social Development.

The deep rural areas are affected by distance. Regarding access to the latest medical treatments for AIDS as indicated by New Encyclopaedia Britannica V 1 (2007:170-171) the determining factors tend often to be geographic and economic. The developing nations often lack the means and funding to support the advanced treatments available in industrialised countries. The deep rural community is disadvantaged because of its geographic location. It is not easy for community members to reach advance medical treatment. They are very far from services such as ARV service points and to consult doctors when they are ill.

The circumstances of people living in rural areas like Thaba Nchu and district are worsening. A legacy of unequal access, control and distribution of resources like clean water, energy, health and medical care as well as education (Centre for Social-Legal Studies, 2005:1; Strydom & Tlhojane, 2008:34).

6.1.2 Gender

There were 21 (26,25%) males and 59 (73,75%) females. They were all black people. The average age of the respondents was 46,09 years. The youngest respondent was 18 years and the oldest 96 years of age. According to Stine (2007:326), the HIV epidemic is severely affecting the young and black members. It is these people who are mostly not only infected but also affected like the respondents in this research.

6.1.3 Number of orphans being cared for

In research done by Kasego and Gumbo (2001:54), they found that many orphans in Zimbabwe lived with elderly people. This situation also applied for

South African circumstances. On a question how many orphans did they care for, the following information were received:

Table 2: Number of orphans

Orphans	f	%
1	26	32,50
2	15	18,75
3	10	12,50
4	4	5,00
6	1	1,25
None	24	30,00
N	**80**	**100**

It is clear from this results that most 26 (32,50%) of the respondents looked after only one orphan. Although all of them are affected by HIV and AIDS, 24 (30%) did not look after orphans.

From the eighty respondents, 42 (52,50%) of them, either the husband or wife were working while 37 (46,25%) of the respondents, not the wife or the husband were working. One (1,50%) respondent could not say if her husband was working because she did not know.

The average income of the families was R1128.40 per month. From the above information received from the respondents it is clear that these families suffer financially. Although 30% of the respondents do not care for an orphan or orphans, in only 52,50% of these families either the husband or wife was working. Most of these working people do not earn a high salary. Most of the income of the other families is from grants. As Kasego and Gumbo (2001:54) experienced in research done in Zimbabwe, many elderly people like the respondents in this research are living below the poverty datum line. According to Whiteside and Sunter (2000:92), the cost of the disease is shifted onto households in various ways such as people who lost their jobs or die because of HIV and AIDS. These people rely on their families to either support them or their loved ones.

An open-ended question was asked how these respondents cope with raising these orphans. The results from this question were the following:

- The grant helps me a lot financially. (28)
- It is very problematic because we suffer financially. (14)
- It is very heavy because they do not qualify for a grant. (6)
- I cope well. (5)
- I cope well because they are my grand children.
- Not well because I am still in school.
- Very stressful because of all the demands from the extended family.

Some 28 (22,4%) of the foster parents entirely depend on the grants. Unemployment is also a problem because there is no employment for these people. Some of them do not have formal education. They are affected by the area in which they originate. Fourteen (11,2%) respondents have financial problems. The availability of grants has thus contributed to their income. For some the grant created dependency because without the grant, they can't survive financially. They believe that for one to survive there must be an income from the grant. Those who cope well 5 (4%) accepted that these are their grand children and there is nothing they can do but just to accept the situation. In research done by Bungane, (2007); Delport (2007); Modise (2005) and Roux (2002) in rural areas, it was obvious that people infected and affected by HIV and AIDS really suffer because of poverty. For these people the grants play an important role in surviving financially.

6.1.4 Nursing HIV and AIDS person

On a question if the respondents were nursing any body with HIV and AIDS in the family, 26 (32,50%) answered "yes" and 54 (67,50%) "no" at that stage. People who they care for were the following:

Table 3: Nursing a person with HIV and AIDS

Person	f	%
Son	2	6,45
Daughter	3	9,68
Grand child	4	12,90
Family member	10	32,26
Friend	5	16,13
Other people	7	22,58
N	**31**	**100**

From these results it is clear that the respondents mainly do the nursing of family members who are suffering from HIV and AIDS. What is interesting is that when they were asked if they do the nursing of anybody, 26 (20,8%) answered "yes" but when they have to answer who are they nursing, 31 (24,8%) were nursing somebody. The reason for this may be fear of stigmatisation or they did not exactly want anybody to discriminate the family because it is not easy for some people to disclose especially people without knowledge of HIV and AIDS. Since the epidemic announcement in 1981, HIV and AIDS has brought forth according to Stine (2007:371), uncomfortable questions about sex, homosexuality, the poor and minorities. The disease has inevitably polarized the people. Many churches, schools and communities have responded with either compassion and tolerance or have displayed hate and reprisals of the worst kind.

An open-ended question was asked how the respondents cope with the nursing of the HIV and AIDS infected person. The following answers were received:

- I cope because there is no sign of deterioration because of ARV therapy. (10)
- I cope because I accept her/his condition. (5)
- I cope because I am also HIV-positive. (3)
- I cope well because the child improve on ARV therapy. (3)
- Could not cope with the nursing because I did not know how. (2)

- Transport to the clinic and hospital in Bloemfontein is a problem. (2)
- With my work the nursing is a problem.
- How to use ARV therapy is a problem to know how.
- I cope because I use gloves when I help her.
- I give her traditional medicine as I am a healer.
- I do not cope in winter because the child gets flu.
- I can't cope. My son stopped his studies at the University and developed stress caused by this.

With the overcrowded hospitals in South Africa, home based care is necessary for the nursing of HIV and AIDS patients and must be conducted as much as possible in the community with hospitalization only when necessary (Evian, 2006; Uys, 2004:3). Although people who are infected needs nursing according to Uys (2004:4), emotional and spiritual support and often also economic support are needed. It is clear from the results of this research that the people such as the family and friends who do the nursing have many problems.

From the answers received it is clear that these people do not have the necessary knowledge of how to look after these people. They need information from other people like the nurses or care workers. According to Defilippi (2004:19), every sector of the community should be able to identify with the care programme and take ownership towards ensuring the continuity of service.

6.1.5 Death of people caused by HIV and AIDS

A question was asked if the respondents lost any one due to HIV and AIDS.

The following results were received.

Table 4: Death of people

Person	f	%
Son	4	4,26
Daughter	23	24,47
Grand child	2	2,13
Mother	2	2,13
Father	1	1,06
Family member	42	44,68
Friend	9	9,57
Other	11	11,70
N	**94**	**100**

From the results of table 4, it is obvious that some of the respondents lost more than one loved one due to HIV and AIDS. Most of the respondents 42 (44,68%) lost a family member such as an aunt, uncle, niece or nephew. From this results it is obvious that a large number 23 (24,47%) lost a daughter. These results confirm with research done that women are mostly infected by the HI-virus (Laird, 2001:260).

On an open-ended question how respondents felt about the death of these people, the following answers were received:

- Very hurt and shocked because I did not expect this to happen. (22)
- Very depressed and traumatised because HIV and AIDS is taking all my friends. (21)
- I have no other choice but to accept it. (29)
- I was very much affected. (9)
- I am worried and lost hope because I know the same will happen to me. (6)
- I was emotionally disturbed and much traumatised. (5)
- I was shocked because we did not know he/she were HIV-positive. (4)

- I felt very bad. My sister in law took my brother to a traditional healer and this has aggravated the condition. I am worried and want to help my sister in law because the possibility is she might be HIV-positive too.
- I was always very hurt because I had to leave the school when the last one died which was my mother. I always cry because I knew if my parents were alive, I would not be suffering like now. AIDS has taken even my one year old brother.
- Because I nursed her and have seen how much she suffered, I said to God I accept and pray that God give me the power to give her a decent funeral.
- I felt no extreme emotions and accepted what happened because I have always told them about the disease.

More than one feeling was expressed by some of the respondents.

When one look into the feelings of the respondents after the death of someone they lost because of AIDS, it is obvious that it is not only the infected that suffer emotionally and also physically, but also the affected people. According to Roux (2002:61), the family suffers the most because of the HIV and AIDS problem. According to Barnett and Blaikie (1992:87), "the impact of AIDS deaths upon the household is unlike of other disasters such as drought, famines, earthquakes or even war". The impact is gradual and occurs over a period. The people best positioned to help are the social workers at the Non Government Organisations. They are there for these people, they work with communities and they knew what is happening on a day to day basis (Mathole, 2005:9).

6.2 Knowledge on HIV and AIDS

People affected by HIV and AIDS must have a good lot of knowledge on the disease. It is important that these people must be knowledge if they want to survive and look after people infected and affected.

Questions were asked to test the knowledge on HIV and AIDS of the respondents. The following answers were received:

Table 5: Knowledge on HIV and AIDS

	True	Uncer-tain	False	f	%
1. AIDS makes the body so weak that it cannot fight the illness	79	1	0	80	100
2. Anyone can contract HIV regardless of race, gender and age	78	2	0	80	100
3. AIDS is a disease that has no cure	75	4	1	80	100
4. A person may pass on the HI-virus to others even though he/she has no symptoms of HIV an AIDS	67	4	9	80	100
5. A condom is 100% effective to protect a person from the infection	33	31	16	80	100
6. One can contract HIV by kissing, hugging or sitting next to an infected person	5	5	70	80	100
7. Only poor people contract HIV	6	1	73	80	100
8. One can be at risk by eating meals prepared by an infected person	9	8	63	80	100
9. One can contract AIDS from using a toilet	7	5	66	80	100
10. It is okay to keep the health status of the HIV and AIDS patients confidential	27	14	39	80	100
11. You can contract HIV infection by sharing drug needles	72	3	5	80	100

- Almost 79 (98,75%) of the respondents are fully aware that AIDS can make a person so weak that she or he cannot fight the illness. This is the experience they got from their families and friends.
- About 78 (97,50%) of respondents have discovered on their own that AIDS can attack anyone irrespective of race, gender and age.
- Seventy five (93,75%) have the knowledge that AIDS cannot be cured and 4 (5%) do not know if AIDS can be cured.
- Sixty seven (83,75%) have the knowledge that the HI-virus can pass to others even though one has no symptoms of HIV and AIDS while 9 (11,25%) do not believe this. This emphasised that these people need knowledge. Four (5%) respondents indicated that they are not sure which means they also do not have knowledge.

- Thirty three (41,25%) respondents believe a condom can be effective to prevent the HI-virus. Sixteen (20%) do not agree and 31 (38,75%) are not sure whether it is true or false. The results are shocking because a lot are done to promote condom use. This result shows that there is a need for more HIV and AIDS education.
- Five (6,25%) respondents believe one can contract HIV by kissing, hugging or sitting next to an infected person. Five (6,25%) are not sure. and 70 (87,50%) respondents say it is false because kissing; hugging or sitting next to an infected person cannot make one to contract the HI-virus.
- Six (7,50%) respondents believe that it is only poor people who can contract the HI-virus and 73 (91,25%) do not believe this while 1 (1,25) of the respondents was not sure of the answer. The results' outcome proves that there is a need for empowering the group with HIV AND AIDS knowledge.

The above results compromise with the research done by Roux *et al.* (2001:35), Seyama (2006:12), Strydom (2002:198) and Strydom *et al.* (2007:166) who found in their research that respondent's knowledge on HIV and AIDS especially in rural areas are limited.

6.3 Attitude towards HIV and AIDS

Regarding HIV and AIDS, a question was asked what was the respondents' attitude towards certain aspects. The following answers were received:

Table 6: Attitude towards HIV and AIDS

	Agree	Dis-agree	Uncer-tain	Not answered	f	%
1. People with HIV and AIDS should be marked so that people can identify and recognize them	4	74	2	0	80	100
2. HIV and AIDS infected people deserve to be stigmatize	1	78	1	0	80	100
3. HIV and AIDS infected people deserve to be rejected	1	78	0	1	80	100
4. HIV and AIDS infected people deserve to be loved and handle with respect	78	2	0	0	80	100
5. HIV and AIDS infected people should not be allowed to attend school/work because of the danger of infecting others	2	75	3	0	80	100
6. HIV and AIDS infected people should tell other people about their status	52	8	19	1	80	100
7. HIV and AIDS infected people deserve to be isolated from other people	2	74	3	1	80	100

In table 6, attitudes towards HIV and AIDS was asked to the respondents so that the researcher can know how they felt and 74 (92,50%) believed that people with HIV and AIDS should not be marked so that people can identify and recognise them. Four (5%) felt they must be marked and 78 (97,50%) do not believe that the people with HIV and AIDS should be discriminated against. One (1,25%) respondent believed that people with HIV and AIDS should be discriminated against while1 (1,25%) did not know whether they should be discriminate or not. Of the respondents, 78 (92,50%) did not agree that infected persons should be rejected, 1 (1,25%) agree that they should be rejected and 1 (1,25%) did not respond. On this question, 78 (97,50) of the respondents agree that people with HIV and AIDS deserve to be loved and handled with respect and 2 respondents (2,50%) said they do not deserve to be loved and handled with care and respect. Of the respondents 75 (93,75%)

respondents disagree that HIV and AIDS infected people must not be allowed to attend school or work because of the danger of infecting others, 2 (2,50%) agree while 3 (3,75%) were uncertain if they should work or attend school. Fifty two (65%) agree that HIV and AIDS infected people should tell other people about their status, 8 (10%) disagree, 19 (23,75%) were uncertain and 1 (1,25%) did not answer the question possibly because she or he does not have knowledge of HIV AND AIDS. Two (1,6%) respondents agree that HIV and AIDS infected people should be isolated from others, 74 (92,50%) respondents disagree and 3 (3,75%) respondents were uncertain. One (1,25%) respondent did not answer the question at all, meaning that he or she does not know.

A question was asked what would the respondents do if they have to share the same room with an infected person. Three (3,75%) of the respondents answered that they fear to be infected, 68 (85%) answered that they shall accept the person and 7 (8,75%) were uncertain. One (1,25%) respondent did not want to answer the question.

On another question if one of the family members is HIV positive, should other family members accept and support him or her, 79 (98,75%) answer "yes" and 1 (1,25%) respondents said one should isolate him or her.

The results received from table 6, confirm the results of the research done by Nonguera (Strydom *et al.,* 2007:170-171) in a farm community in the Free State, where it was obvious that the respondents attitude towards HIV and AIDS infected people, were positive.

7. NEEDS OF FAMILIES

In this research 22 (27,50%) of the respondent did know the HIV status of their family members and 57 (71,25%) did not know. One (1,25%) could not answer. After all that is done according to HIV and AIDS, it is shocking that people still do not know the status of their families. Of the 22 (27,50%) respondents who answered "yes", in 3 (3,75%) cases they know the status of their child. In 19 (23,75%) cases the respondents know the status of family members. A question was asked how the respondents did feel when they

heard for the first time that one of their family members were HIV positive. The following answers were received:

- Shocked because I thought of death.
- Was very hurt. (4)
- Was depressed. (3)
- Was traumatised and destroyed.
- Was scared and did not know what to do.
- I was depressed and could not sleep.
- Very affected, depressed and thinking of what will follow.
- I accepted it and gave my support.
- Very much hurt because she was infected by the husband who died already.
- I cried and could not handle my emotions.
- I was shocked and seek knowledge about the disease.
- My emotions were down especially that it was kept as a secret and I was unable to intervene.
- I could not believe it because he is young and not sexually active.
- I was a shamed because I am also HIV positive and therefore infected my child.

A question was asked what the greatest needs were regarding HIV and AIDS that they experience. Twenty (25%) respondents could not answer the question but the following answers were received from the other 60 (75%) respondents.

- More knowledge on HIV and AIDS. (25)
- More knowledge on the use of condoms and prevention. (8)
- More messages from the church on values. (8)

- More education to adults and children on the use of condoms and prevention. (5)
- More knowledge on ARV and nutrition. (5)
- Empower people to disclose. (3)
- The role of traditional healers. (1)
- More knowledge on the symptoms of HIV and AIDS and about the testing. (3)
- Information on the different grants available. (1)
- Information on how to support the infected. (1)

Most of the respondents 25 (31,25%) indicated that they want more knowledge on HIV and AIDS. Although a lot of information is given to people, there are still people who do not have enough knowledge about HIV and AIDS. This situation is confirmed by different researches such as Delport (2007), Modise (2005), Seyama (2006) and Roux (2002). During the group work sessions, it was obvious that the knowledge of respondents on HIV and AIDS were not sufficient.

From the answers received it was also clear that many respondents want the church and other community leaders to talk more about the values of people namely to only have sex in the marriage and to be faithful to your partner. In research done by Roux (2002) she indicated the very important role of the church in the prevention of the spread of the HI-virus.

All the respondents were affected by HIV and AIDS and one suspect that they will have enough knowledge on the disease and especially the ARV treatment. Still there were respondents who indicated that they want more information on the ARV treatment as well as the nutrition of people infected.

Knowledge on ARV are very important not only for the infected but also the affected people. According to Osei-Hwedie (2008:65), all people who are sexually active and with multiple partners should know whether they are HIV-positive. HIV testing plays a critical role in both treatment and prevention.

Infected and affected people should know that ARV therapy "is the main type of medication for HIV and AIDS" (Osei-Hwedie, 2008:66).

A question was asked whether the respondents were willing to participate with other family members who are affected by HIV and AIDS in a group so that they can be empowered how to cope with the illness. Forty (50%) of the respondents answer "yes" and 40 (50%) answered "no". Two who answered "no" said that it is because they are working. Privacy during interviews such as individual and group interviews plays an important role in people's lives. Many individuals are willing to cooperate but are unlikely according to Zulawski and Wicklander (2002:487), to do so when observed by friends, relatives or other people like in a group. Although the respondents had a lot of needs that could be addressed in the group, stigmatization still plays a very important role in the community. The people that do not want to participate in a group indicated that they do not want other people to know that they and their families or friends are affected or infected. According to Drower (2005:106), Modise (2005:38) and Roux (2002:124-125), HIV infected and affected people face stigmatization and discrimination in the community, at school, in the workplace and in health and welfare services. In this regard Du Preez (1992:36) said the following: "If, however, confidentiality is not widely known to be highly respected, people will be driven underground, will not come forward to be tested and will continue unknowingly infecting other people".

The respondents have the following topics that they want to be discussed in a group:

Table 7: Topics to be handled in a group

	Important	Uncertain	Not Important	Not Answered	f	%
1. More information about HIV and AIDS	80	0	0	0	80	100
2. How to manage prevention of HIV	80	0	0	0	80	100
3. How to care for the physical needs of the patient	78	1	1	0	80	100
4. How to handle the emotional needs of the patient	80	0	0	0	80	100
5. How to handle the physical needs of the orphans	80	0	0	0	80	100
6. How to handle the emotional needs of the orphans	80	0	0	0	100	100
7. How to handle the educational needs of the orphans	80	0	0	0	80	100
8. Foster care and the role of the foster parents	80	o	0	0	80	100
9. Information about foster grants	80	0	0	0	80	100
10. Spending the grant	80	0	0	0	80	100
11. Dealing with own emotions	79	1	0	0	80	100
12. Dealing with death and dying	79	1	0	0	80	100
13. Dealing with depression	78	1	0	1	80	100
14. Help infected person plan for future	78	0	0	2	80	100

The above table shows very clearly that the respondents experienced a lot of needs that they want to be handled in a group. According to Drower (2005:107), group work is purposeful because it is "not a haphazard gathering of people but rather a meeting of individuals who share a common concern, issue or experience which is the reason for them coming together". In a group the social worker meets the individuals needs, is concerned not only with the individual members of the group but with the group as a whole (Drower, 2005:107).

Within the context of limited health care facilities, care of the ill usually falls on family members, most often the women. Carers are often overburden with other responsibilities aside from the need to care for the patients (Maimane & Sibiya, 2006:26). In these situations, social group work can support family members affected by HIV and AIDS.

After this needs assessment was done, the researcher combined the social work programme that will be discussed in article 3.

8. OBSERVATIONS OF THE RESEARCHER

During the completion with the questionnaires by the researcher, different observations were made. Because the interviews were in the researcher's office and confidentiality was assured as well as anonymity, the respondents were willing to answer the questions and share their feelings with the researcher. Observations that were made were the following:

8.1 Openness

Most of the respondents were very open about their experiences and feelings. They did not hesitate to discuss their feelings about how HIV and AIDS impacted on them. Possibly because the researcher started right away during need assessment to give them counselling and ensured confidentiality and also made them aware that HIV and AIDS is a disease which affects us all. The respondents were also aware of that there will be other people of the same problem who will join the group. According to Corey and Corey (2002:30) to be effective, it certainly helps to be open with yourself, open to members of the group, open to new experiences, and open to lifestyles and values that differ from your own. Openness does not mean that you reveal every aspect of your personal life, rather, it means that you reveal enough of yourself to give the participants a sense of who you are as a person. Ethical guidelines for group counsellors specifies that group counsellors protect members by defining clearly what confidentiality means, why it is important, and the difficulties involved in enforcement. Most ethical problems and situations deal with therapy and growth groups such as the group the researcher used in the research, although ethical standards apply to leaders of all kinds of groups according to Jacobs *et al.* (2002:388). All professional

associations, such as social work, have ethical standards regarding working with clients also in groups. During the need assessment, individual needs were achieved by means of confidentiality which was explained before administering the questionnaire. This allowed individuals to be more open and tends to foster a corresponding spirit of openness between the researcher and the respondent.

8.2 Cooperation

All the respondents were very cooperative. It was clear that they were thankful to be part of the research and that they have the opportunity to discuss their situation with someone. They all were willing to receive counselling, not only for them but also for other family members. Although only 50% were willing to be part of a group, the others indicated that they realize that they need more information and counselling.

Cooperation can be gained by means of developing trust from the respondent. This trust was developed during the process of the administration of the questionnaire as well as the interview. The researcher was talking during the interviews about how people are dying because of HIV and AIDS. The researcher explained to them that people don't exactly understand what it is that has killed many of their families. She indicated to the respondents that it is not only in the Thaba Nchu area that people do not know what it is that killed their families, but in the whole of South Africa. After this explanation the respondents started to be open and discussed certain aspects of HIV and AIDS and the effect on them with the researcher. When the researcher realised that the respondents were ready to answer questions by gaining their confidence, then she started asking questions in the questionnaire.

8.3 Emotional feelings

The researcher had to do a lot of counselling during the interviews. The respondents were all very affected by the illness. They were emotional and some cried. In most of the cases it was the first time that they had the chance to talk to a professional about their feelings. The researcher could help them with debriefing.

The researcher spends time with respondents during the administration of the questionnaire because it is not easy to get finished immediately and get the information she wanted. Catharsis as a technique in social work was used for the release or reduction of tension caused by depressed, traumatic experiences (New Dictionary of Social Work, 1995:8). Most of the respondents cried so much when they think of their loved ones and also pulling hard with the orphans. Counselling was done and individuals were given support. The researcher empathised with them and made the respondents to understand that HIV and AIDS is a disease which affects the whole world and almost every family. For this reason, education is needed so that the infected and affected can know how to handle family members, friends and themselves. Every interview was unique as different individuals approach the same problem differently.

8.4 Circumstances of respondents

Respondents were ordinary people drawn from the broad spectrum of society from social workers' caseloads. All of them had some of their family members, relatives, friends or neighbours already sick and are infected or affected one way or the other. Some were even dead already. They had mourned the death and attended funerals of some of their family members, friends, relatives or neighbours. They had actually seen the suffering of the victims, families and the orphans left by the pandemic. Most are aware that the medical solution to HIV and AIDS is a long way off by doctors, herbalists, prophets and others. Their hope for solution is very low to date.

The impact of HIV and AIDS is not only on the emotional part of the respondent's, but the impact on them financially is also big. People affected by HIV and AIDS in this research are financially struggling because it is very expensive to buy medication and nutritional food. Transport is also expensive because some people travel a distance to consult doctors. They have financial constraints because their children loose employment as the disease advances and they have to look after their grandchildren and in most cases also after the ill parents of their grandchildren. Grandparents are faced with maintaining these children and grandchildren out of their pension grants.

9. RECOMMENDATIONS

- Attention have to be given by Government and professionals to the different needs of people infected but especially also affected by HIV and AIDS.
- More knowledge has to be given to people in rural areas about the nature of HIV and AIDS, how the disease can be spread as well as the effect of ARV treatment and how to use the treatment the correct way.
- People in rural areas experience a lot of emotional stress that have to be addressed by professionals like social workers.
- More support must be given to families and foster parents affected by HIV and AIDS who are looking after orphans. These people have a lot of problems such as financial problems; how to handle the emotional needs of the children in their care; how to spend the grants as well as how to deal with death and dying in the family.
- If one wants to do need assessment with HIV and AIDS affected families, counselling helps the respondents to be cooperative and open because they develop confidence and trust from the researcher.
- Social work skills and techniques are very helpful in need assessment with HIV and AIDS affected people because it is the type of counselling which drive them to want to participate in a group.
- Finally it is recommended that if people can treat HIV and AIDS affected families with respect and confidentiality during need assessment they can achieve to recruit them to join the educative programmes.

10. CONCLUSION

HIV and AIDS has a devastating social impact, and people affected by it are scared, they have fears, they loose hope and are afraid to talk about the disease because it has killed their loved ones and their children. They need help from professionals such as doctors, nurses and social workers who can help to relief their stress and depression.

The need assessment showed that although one thinks people have enough knowledge on HIV and AIDS, there are still a lot of people especially in rural areas who do not know all the facts of the disease. People affected by HIV and AIDS have a lot of needs and this must be addressed by professionals such as the social worker.

A need analysis is very important before service delivery by the social worker. If one wants to do need analysis of people infected or affected by HIV and AIDS, the professional has to respect confidentiality of the respondents' private lives and their culture and consider these people's emotions, in order to win their cooperation to become more open.

The respondents became very relaxed when they heard from the researcher that he or she is not the only one with the problem of HIV and AIDS, and that there will be a programme with people of the same problem who will come together and get information about the subject. This made most of them to be desperate to start with the programme and also made the respondent to ask more questions about their personal problems. Some of their problems began to be solved as individuals because they were very crucial and needed immediate attention. This research has proved that by means of using social work skills the researcher can be successful in his or her need assessment.

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ARTICLE 2

THE ROLE OF THE SOCIAL WORKER REGARDING THE PLANNING OF A SOCIAL GROUP WORK PROJECT FOR FAMILIES AFFECTED BY HIV AND AIDS

Sito MM, Roux AA and Strydom H *(Sito, MM is a student, Roux, AA a senior lecture and Strydom, H a professor in the School of Psychosocial Behavioural Sciences: Social Work Division, Potchefstroom Campus of the North-West University)*

OPSOMMING

Die doel van hierdie artikel is om die rol te bepaal wat maatskaplike groepwerk vervul met betrekking tot die funksionering van gesinne wat deur MIV en VIGS in plattelandse gebiede geaffekteer is.

Soos met alle ander siektetoestande ervaar gesinne wat deur MIV en VIGS geaffekteer is, nie net op mediese terrein probleme nie, maar ook op psigiese, maatskaplike en godsdienstige gebied. Dit is veral ook gesinne uit agtergeblewe gemeenskappe en wat op die platteland woonagtig is, wat soms die meeste geraak word. Maatskaplike werk is een van die professies wat 'n primêre rol speel in hulpverlening aan hierdie gesinne. Maatskaplike groepwerk is een van die metodes wat by uitstek geskik is om gesinne te help om maatskaplik doeltreffend te funksioneer. Maatskaplike groepwerk bied aan die maatskaplike werker die geleentheid om op primêre, sekondêre en tersiêre voorkomingsvlak toe te tree tot gesinne wat deur MIV en VIGS geaffekteer is.

1. INTRODUCTION

Africa, and especially South Africa, is experiencing a serious HIV and AIDS pandemic, with millions of its people living with the disease (Avert, 2005; Dorrington *et al.*, 2002:1; Kotze *et al.*, 2001:73; Shisana & Simbayi, 2002:1; Stine, 2007:296). Recent studies undertaken by the Human Science

Research Council, has found that 11,4% of the South African population is infected with HIV. It is almost 5 million people out of the population of 46 million South Africans who were infected with HIV: 1 person out of 8 in 2004 and the situation in South Africa paints a bleak picture (Brummer, SA, 2004:6; Roux, 2002:48; Sito, 2004:2; Soul City, 2005:20). The rates of infected people in the Free State, according to Gouws and Abdool Karim (2005:58), are estimated to be 28,8% of the entire Free State population. Those in the remote rural areas of South Africa are affected worse, with a figure of approximately 60% of the rural areas (Human Sciences Research Council of South Africa, 2003).

2. PROBLEM STATEMENT

HIV has a major impact on individuals and on community structures such as the family. Family has traditionally been the fundamental unit of any society but as the epidemic progresses this structure is steadily being eroded (Frohlich, 2005:351).

The psychological needs of those with HIV infection, who also have to cope with the loss of loved ones to AIDS in the family, have created a serious problem because these people are affected and infected. The family members left behind have the psychosocial effect and uniqueness of symptoms associated with AIDS-related bereavement (Boyd-Franklin *et al.*, 1995:114-115). In research done by Modise (2005:37) it was found that most of the children affected by HIV and AIDS stayed with guardians. It was also identified that the biological parents of these children were either terminally ill or unable to provide them with proper care and support or had already passed away. These situations put families that are affected in crisis (Boyd-Franklin *et al.*, 1995:114-115). These families must be empowered to deal with the problems caused by HIV and AIDS (Wessels, 2003:1). According to Uys (2004:5), families need a great deal of counselling as well as teaching to be able to cope with the illness emotionally and physically. The involvement with the family may commence at disclosure and end after the death of the family member (Uys, 2004:5).

Clatts (1994:12) accentuates that the problem of HIV and AIDS is not only the responsibility of the medical team. It is desirable that professions such as psychology and social work should also assist with this problem of HIV and AIDS. During the international conference on HIV and AIDS in Kopenhagen, Mikkelsen (1995:5) emphasised the primary role social workers need to play. Van Rooyen (1998:vii-viii) also states that social workers in South Africa have an important role to play in making a difference in the fight against HIV AND AIDS.

In the light of the above it is essential that concerned multi-professionals meet and establish the working relationship as well as team work to fight HIV and AIDS (Fouché & De Vos, 1995:293). The study of Modise (2005:52) in the Ganeysa district indicates that the children affected by HIV and AIDS do not have easy access to social workers, although social work is essential in the lives of communities, especially in rural areas (Modise, 2005:72). Social workers have a responsibility towards their communities. Social group work can assist the social worker in preventing the spread of HIV infection and in building systems of care, support and treatment for people with HIV and AIDS, and their families (Toseland & Rivas, 2005:18; Roux, 2002:3). In group work the social worker or social auxiliary worker, who is guided by the social worker, has the opportunity of using different types of groups and of making a choice in the type of service in the families affected by HIV and AIDS and of making them recover from uncertainty. Toseland and Rivas (2005:22) outline the following groups which can be used by the social worker in helping to change the individual's life in a group: support groups, educational groups, growth groups, therapy groups and socialisation groups. The support group gives a protective atmosphere for the person affected by HIV and AIDS. In the group, the group leader can deal with the different feelings and experiences of family members affected by the illness (Corey & Corey, 1992:366-366; Kurtz, 1997:21-24; Roux, 2002:3). A social group work empowerment programme, implemented through the social group work process, can provide in the needs of family members affected by HIV and AIDS and empower them to cope with the illness. Every group is unique

regarding its needs (Getzel & Mahony, 1993:28-30; Roux, 1998:37; Roux, 2002; Strydom, 2005**b**:148-149; Toseland & Rivas, 1998:147).

Planning a group work project marks the beginning, according to Toseland and Rivas (2005:153), "of the worker's involvement in the group endeavor". According to Corey and Corey (2002:120); Garvin (1997:50) and Roux (2002:152), thoroughly planning of a group work project is essential for purposeful service delivering through the group work method.

3. RESEARCH QUESTION

- What is the role of the social worker in planning a group work project for families affected by HIV and AIDS?

4. AIM OF THE RESEARCH

- The **aim of this article** is to investigate the role of the social worker in planning a social group work project for families affected by HIV and AIDS.

5. CENTRAL THEORETICAL ARGUMENT

Social group work can play an important role in empowering families affected by HIV and AIDS.

6. RESEARCH METHODOLOGY

The method of this research will be literature study. The central focus of this research is to determine the role social group work plays in empowering family members affected by HIV and AIDS. The focus will be family members affected by HIV and AIDS. There are a number of books and other publications on HIV and AIDS, but not much has been studied regarding social group work with family members affected by HIV and AIDS.

Data-base consulted: South African Journals, Social Science Index and Academic Search Premier.

7. DEFINITIONS

7.1 Group work

Although there are different definitions for group work, Toseland and Rivas (2005:12) define group work as "[g]oal-directed activity with small treatment and task groups aimed at meeting socio-emotional needs and accomplishing tasks. This activity is directed to individual members of a group and to the group as a whole within a system of services delivery".

7.2 Social group work

Du Preez (1995:3-5) differentiates between group work and social group work. According to Du Preez (1995:5), social group work is one of the basic methods of social work and only a qualified social worker can do social group work. Group work, Du Preez (1995:3-4) says, can be done by any other professionals such as teachers, psychologists and those in the nursing profession.

Every social worker is involved in a variety of groups and therefore the term social work with groups is used in the same context as social group work. "Social work with groups is practised in adoption agencies, correctional settings, halfway houses, public schools, and many other social service settings" (Zastrow, 2001:2).

For purposes of this study the term social group work will be used, indicated group work as method used by a qualified social worker.

7.3 Family

Strong *et al.* (1998:12) point out that defining the term "family" is more difficult than defining "marriage". Strong *et al.* (1998:14) describes "family" "as one or more adults related by blood, marriage or affiliation who cooperate economically, who may share a common dwelling place, and who may rear children". This definition reflects more accurately the diversity of contemporary families like families also in America.

"Family" is defined by Du Bois and Miley (2005:359) as "a group of non-related people who, nonetheless, define themselves as a family because of their emotional bonds". Families throughout the world embrace a variety of

forms such as the single-parent family; blended families, gay and lesbian families, multigenerational families, grandparent families (Du Bois & Miley 2005:359-363) and in South Africa recently, child-headed families. Smart (2004:177) points out that child-headed households are found where the extended family either does not exist or simply cannot cope, and the alternative is then often for siblings to live together, with no adult supervision.

8. THE AIDS CRISIS AS A CHALLENGE FOR SOCIAL WORKERS

Acquired immune deficiency syndrome (AIDS) has become one of the most critical health problems facing contemporary society. The disease is complicated by a myriad of psychosocial problems on top of the physical complications. It has already affected a vast population and will certainly become an increasing problem. It has been called an "equal opportunity disease" that strikes at diverse populations. As a social worker one will come into contact with people who have tested positive and are carriers of the human immunodeficiency virus (HIV) or people who are close or people who are close to them (Corey & Corey, 1992:363).

People are born into families and it is families that make sense of themselves and the world around them. The family unit is central to the organisation of all known societies (Department of Social Development, 2006:13). The family is a remarkably diverse, complex and enduring institution that links children to adults and the larger world in a variety of configurations. In a more restricted form it is called the nuclear family, a form that is organized around one or two adults and their children. In its more elaborate form it is called the extended family, with additional relatives linked horizontally or vertically to constitute the core family group. Department of Social Development (2006:12) states that the family is a heart of society and cardinal to social survival. As an institution it cannot be taken for granted in a time of HIV and AIDS. The woman-centred nature of the family in South Africa reflects both the strength and weakness of the institution. The burden of sustaining family life is socially placed on women.

Drower (2005:102) sees the family is one of the various groups found in society. It is one of the building blocks in society. The HIV and AIDS

pandemic is the central challenge facing South Africa today and has affected most families. The HIV and AIDS pandemic breaks down the relationship between parents and children. Generally speaking, it is this relationship that is the most enduring and dependable of all bonds. With its most intense impact on young and middle aged adults, the AIDS pandemic removes parents from the parent-child equation. Confronting their own mortality, adults are most concerned about what will become of their dependents, particularly children. Similarly, children are most concern about what will happen to them in the absence of their parents. The family as a group fulfils important functions in providing protection, meeting basic human survival needs and forming identity. Throughout, the family plays a central role in meeting the individual's need for support, nurturance and a sense of belonging.

The HIV and AIDS pandemic is threatening the building block of South African society, which is the family. The impact of the epidemic may be seen at the level of the family where poverty and the number of child-headed households increases with the illness and death of the breadwinner; at the level of community, where traditional community support structures and coping mechanisms are placed under severe strain; and at the societal level, where the economy is disrupted through the illness and death of the members of the most economically active population, and health and welfare systems are unable to meet the demand for services.

9. SOCIAL GROUP WORK FOR FAMILIES AFFECTED BY HIV AND AIDS

Social group work, says Anderson (1997:2), is a methodology for the empowerment of members to improve the quality of their lives. Social group work seeks to facilitate the intellectual, emotional, and social development of individuals through group activities (Zastrow, 2008:47). Social group work uses small-group interaction as a way for social change as well as the interplay of personalities in group processes to achieve cooperative group action that addresses common goals (Du Bois & Miley, 2005:38). To understand the breadth of social group work, it is helpful to familiarise oneself with the variety of groups in practice (Toseland & Rivas, 2005:13). There are

many different classifications of different types of groups but for purposes of this research, the researcher identifies herself with the classification of Toseland and Rivas (2005:14), namely treatment and task groups. In treatment groups, roles are not set before the group forms, but develop, according to Toseland and Rivas (2005:15), among members. An example of treatment groups is support groups, educational groups, growth groups, therapy groups and socialization groups.

In task groups, "members may take on roles through a process of interaction, but roles are more likely to be based on members' positions within the organization" (Toseland & Rivas, 2005:15). Roles are assigned by the group based on the tasks to be accomplished. Examples of task groups are groups to meet the clients' needs, groups to meet the organisation's needs and groups to meet the community's needs (Toseland & Rivas, 2005:28-43).

The type of group used with families affected by HIV and AIDS was a treatment group with facets of education, support and therapy.

The group for families affected by HIV and AIDS was dealt with through the different stages of the group work process (Corey & Corey, 2002; Toseland & Rivas, 2005). During the initial stage, attention was given to the clarification of the group goals and objectives as well as the function of the group. The way confidentiality would be treated was also discussed. A great deal of motivation of group members was done at this stage. The content of the contract was discussed and afterwards signed by every group member (Toseland & Rivas, 2005:192).

During the middle or working stage, the researcher helped the group members to accomplish the goals and objectives they had contracted. It was obvious that the family members affected by HIV and AIDS wished to work together to achieve their goals expressed in the initial stage. The role of the researcher as a social worker during this stage was that of enabler, broker, mediator, advocate and educator (Toseland & Rivas, 2005:276).

The ending or final stage was characterised by obtaining information to evaluate the effects the group work intervention programme had on every group member and the group as a whole. During this stage a self-

administered questionnaire was completed by each group member to evaluate the effects of the programme (Corey & Corey, 2002:267; Toseland & Rivas, 2005:389).

9.1 Ethical consideration in social group work for families affected by HIV and AIDS

All professional associations set ethical standard and codes of ethics regarding working with clients in groups (Jacobs *et al.*, 2002:388). According to Toseland and Rivas (2005:9), the codes of ethics in social group work focus on three main areas, namely Informed consent, leader competence and training and appropriate conduct of group meetings. Questions to be answered when dealing with ethical issues in social group work, according to Corey and Corey (2002:68), are the following:

- How can informed consent be best secured.
- What measures will the social worker take to ensure the confidential character of the group?
- Under what circumstances will the social worker feel compelled to breach confidentiality of a member in a counselling group?
- In a time-limited, closed group, how will the social worker deal with a member who wants to withdraw from the group?
- How can psychological risks associated with the group members be minimized.
- Which of the social worker's values will help or hinder him/her in gaining the trust of the members?
- What legal issues will the social worker consider in setting up a group?
- What will the social worker consider to be the main ethical issues involved in facilitating the group?

Leaders, and especially social workers, should bear several ethical considerations in mind when they make use of structured activities or exercises during group sessions. Most ethical problems involving exercises

result from a lack of expertise or sensitivity on the part of the social worker (Jacobs *et al.*, 2002:392).

The ethical issues the researcher considered in the group were the following:

- Confidentiality was emphasized by the researcher during voluntary selection of members.
- Timing and duration of sessions were also discussed with each member.
- Confidentiality was explained to every one during the interview when need assessment was done.
- An informed consent form was signed by all individuals who wished participate in the group voluntarily.
- They were informed that everything that would be done in the group had to be considered confidential and was not allowed to be made known by anyone outside the group.

The researcher also indicated to members when the group would be terminated.

9.2 Advantages of social group work for families affected by HIV and AIDS

Roux (2002:187) and Toseland and Rivas (2005:17) point out that there are many advantages of social group work, even for families affected by HIV and AIDS according to Roux (2002:187). The presence of other members affords members in the group the opportunity to learn from the experiences of their peers, to receive feedback and to have role models and practice partners who can help with efforts to change. Social group work as a method in social work therefore fulfils a particular role in addressing the various challenges presented by HIV and AIDS. According to Becker (2005:108) a number of theorists, such as Corey and Corey (2002); Lee (1994); Toseland and Rivas (2001) and Yalom (1995), discuss the advantages of using the social group work method to address individual and community needs. Among these advantages, and of particular relevance to social group work with families affected by HIV and AIDS, are the following:

9.2.1 Groups challenge loneliness

Groups challenge a sense of isolation, separation and aloneness which is frequently experienced by those affected by HIV and AIDS. Toseland and Rivas (2005:18) maintain that social group work provides opportunities to overcome isolation and to learn skills from others. It provides immediate support, and a safe environment in which members can try out new ways of dealing with a range of situations in their lives. For example, an individual affected by HIV and AIDS may disclose HIV positive status to a partner, challenging discriminatory responses from community members, and negotiating condom use with a partner. This "helper-therapy" which provides help and mutual support to other group members is therapeutic for the member who shares experiences and knowledge (Corey & Corey, 2002:113; Toseland & Rivas, 2005:18).

9.2.2 Sense of belonging

Groups challenge a sense of belonging by enhancing self-esteem, and challenging feelings of powerlessness. For people affected by HIV and AIDS to live positive and full lives, it is important that their sense of worth is maintained and that they are provided with the knowledge and skills and challenge the sense of disempowerment which the course of the disease may precipitate. According to Corey and Corey (2002:356-360) and research done by Roux (2002:306), social group work can play an important role not only for the person infected with the HI-virus, but also for those affected by HIV and AIDS. Social group work programmes can empower them to cope with the disease and help in giving them a sense of belonging.

9.2.3 Mutual aid

Groups provide an opportunity for members to help each other to form mutual aid systems. Mutual aid is a powerful means to raise self-esteem and overcome isolation for both individuals and families affected by HIV and AIDS, particularly those in poorly serviced circumstances. In the groups of people affected by HIV and AIDS, other members in the group give help and also receive help (Corey & Corey, 2002:113; Ross & Deverell, 2004:272; Toseland & Rivas, 2005:18).

9.2.4 Creating hope

Groups are powerful means for creating hope (Toseland & Rivas, 2005:18). Infected people are able to see first hand how others with the virus live productive lives and manage family and community responses to their status. For non-infected individuals, the group may be a powerful educational tool in challenging the stigma and myths associated with HIV and AIDS.

9.2.5 Social action

A task group with a social action focus is an important vehicle in facilitating the empowerment of individual group members (Toseland & Rivas, 2005:21). The Treatment Action campaign is an example of how infected and non-infected people have been able to work together to increase access to treatment options for the former. Through its activities it has facilitated the reclaiming of power of a marginalized and stigmatized section of the population.

Toseland and Rivas (2005:18) give the following advantages of social group work:

- Empathy from multiple sources – vicarious identification with and understanding of members' situations by peers and the worker.
- Practice of new behaviours – other members provide opportunities to try new behaviours within the safe environment of the group.
- Resources – a wide pool of knowledge with regard to concerns, and the resources and services to help with these concerns.
- Social support-support from other members of the group.

9.3 The strength perspective in social group work with families affected by HIV and AIDS

According to Du Bois and Miley (2005:208), the strength perspective is "more responsive to the humanistic, ethical, and political considerations that characterize the helping process". Identifying clients' strengths and resources "activates their potential for change" (Du Bois & Miley, 2005:208). It has been described by Barker (1997:468) as an orientation in social work and other

professional practices that emphasises the client's resources, capabilities, support systems, and motivation to meet challenges and overcome adversity. This approach does not ignore the existence of social problems, individual disease, or family dysfunction; it emphasises the client's asserts that are used to achieve and maintain individual and social well-being".

In the context of HIV and AIDS the strength perspective requires that the group facilitator identifies the personal resources which individual members bring to the group, and is able to mobilise these for the benefit of individual members and the group as a whole (Becker, 2005:110).

Becker (2005:110), as discussed by Saleebey (1992), points out that it is helpful to keep the following six assumptions in mind:

- People strengths should be respected.
- People have many strengths.
- Motivation is based on strengthening people's strengths.
- The facilitator is the collaborator in the helping process.
- People who ask for/ need / receive help are not victims.
- All environments are full of resources.

The strength perspective is well suited to address the issue of HIV and AIDS in South Africa. The strength perspective demands that the "helper" has a firm belief in the capabilities of individuals, groups and families and is able to recognise and harness these human resources.

In this group, members shared their experiences during group discussions. Attention was given to the outstanding aspects such as the abilities of members, their distinctive characteristics, how they use their available resources, their contributions to their families and social and physical environment, their ability to adapt to change and their cultural strengths (Du Bois & Miley, 2005:208).

9.4 Empowerment of families affected by HIV and AIDS through social group work

Becker (2005:111) defines empowerment as the process of helping individuals, families, groups and communities increase their personal, socioeconomic, political strength and develop influence towards improving their circumstances. According to Gutiérrez (as quoted by Du Bois & Miley (2005:25), empowerment is the process to increase personal, interpersonal and political power to an extent that individuals, families and communities can take action to improve their situations. In empowerment the helper does not hand over power but facilitates people to claim their own power. Real power is not gained through delegation. Either through their medical status or by association, people affected by HIV and AIDS are members of a stigmatised group. People who are stigmatised are related to in a way that disempowers, excludes, and controls them. They are marginalised. Exclusion of people affected by HIV and AIDS has taken many forms, for example avoidance of contact, people known to be HIV positive denial of places in schools for children who are HIV positive, and blaming HIV positive people for their status. The South African Constitution is clear about the legal status and rights of people with HIV and AIDS. Fear and ignorance often lead to these rights not becoming a reality (Becker, 2005:111).

Lee (1994:13) identifies three interlocking dimensions of empowerment which form part of this perspective:

- The development of a more positive sense of self and belief in one's own power.
- The gaining of development and of knowledge and the ability to critically understand the various social and political realities that impact on one's situation.
- The development of resources and strategies, and competences for meeting both individual and group goals.

The group members in the group of families affected by HIV and AIDS were empowered to believe in their own power to handle the circumstances caused by HIV and AIDS in their families. Through the group experience they gained

not only knowledge about the HI-virus, but also how to support their family members who are infected and affected and how to handle their own problems caused by the HI virus.

Although the researcher's problem statement attempted to address the affected families, it was not possible, because some of the group members were both infected with and affected by HIV and AIDS. The need assessment indicated that those who are infected also need education as well as those who are on antiretroviral therapy (ART). The infected group members were empowered to discuss their situation with others but especially with their partners. During the group work sessions the members' self-esteem increased and they were empowered to be a support system for people infected with and affected by HIV and AIDS.

To empower people infected with and affected by HIV and AIDS, social workers should consider confidentiality as being central to defining the boundaries of the group and members to be allowed to be in control of self-disclosure. Self-reflection will help the social worker to work constructively with issues which trigger considerable emotional pain, and makes heavy demands for acceptance and non-judgement. Pacing the work of the group and those of individual members should be met. Balancing hope and fear by acknowledging the reality of HIV and AIDS as a life-threatening disease, but also the potential for people to take collective action in efforts to address this reality (Becker, 2005:118).

HIV and AIDS is an emotionally laden issue. It may lead to defensiveness, blame, denial, avoidance, helplessness and immobility. HIV and AIDS is not only an issue which leads to enormous human anguish and suffering but also one of which management challenges the potential for united human action. Group work as a method of helping is well placed to respond to this challenge (Becker, 2005:118-119).

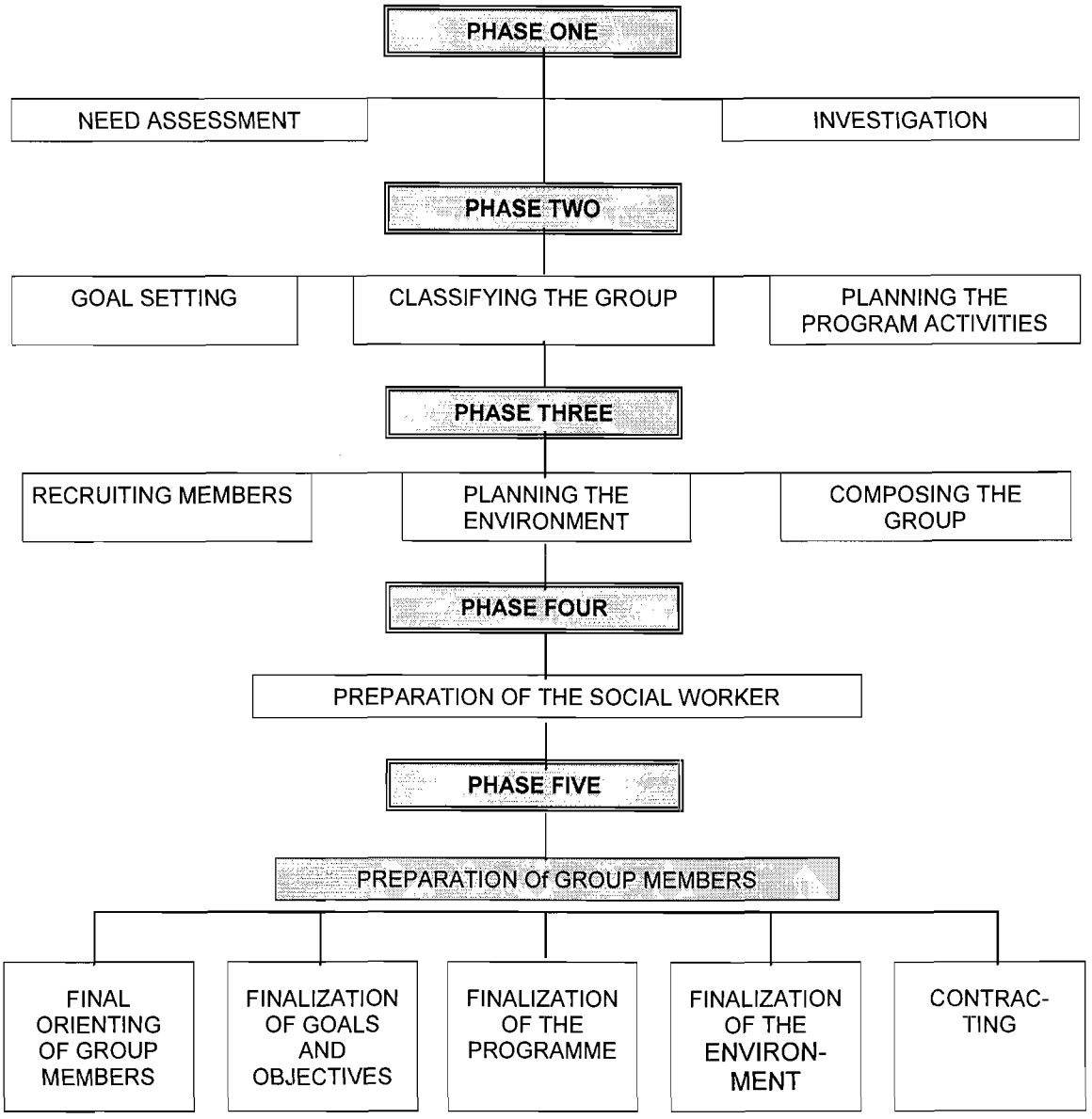
10. THE SOCIAL WORKERS' ROLE IN PLANNING A GROUP FOR FAMILIES AFFECTED BY HIV AND AIDS

Corey and Corey (2002:98) and Roux (2002:152) argue that planning a group is crucial to its outcome. Planning marks the beginning of the social workers'

involvement in the group endeavour (Toseland & Rivas, 2005:153). During the planning process, Corey and Corey (2001:98) add, the social worker will spend time wisely by thinking about what kind of group he/she wants and by getting themselves psychologically ready for their leadership roles and functions. The planning of a group comprises different phases (Roux, 2002:151). Garvin (1997:50) says the following about the importance of the planning process: "...research shows that the way these activities are performed will affect how rapidly and effectively the group moves toward its goals".

For purposes of this research, the following phases of the planning process (Roux, 2002:151) will be discussed:

Figure 1: Planning process



(Roux, 2002:153)

10.1 Phase One

10.1.1 Need assessment

It is very important to start with a need assessment before starting with a group for families affected by HIV and AIDS. Although the social worker might think he or she knows the needs of these people, it is very important to do a thorough need assessment (Garvin, 1997:52; Roux, 2002:154). According to Reid (1991:64), "[a] group's conception occurs at the point when one or more people begin to think of a group as a plausible means of addressing some problem". Need assessments can be done through

questionnaires, newspaper reports or by sending out invitations to people (Lovell *et al.*, 1992:97).

During this research a need assessment was done by means of questionnaires to clients of the Department of Social Development in Thaba Nchu. The researcher conducted need assessment with families affected by HIV and AIDS from the social worker's caseload. It was done by administering questionnaires to these clients. The majority was foster parents. Although a few were infected with HIV and AIDS, they look after the affected grandchildren and their infected children. The researcher spent long periods administering questionnaires to 80 respondents. The time spent on each client was also long because most of them were too emotional. The researcher had to give counselling and support to these affected individuals during the interview.

The need assessment was done over a period of four months. The main purpose was to gain their trust and confidence so that they could express their feelings well to enable the researcher to know their needs. From the results received from this need assessment, a social group work programme was developed which will be discussed in article three.

10.1.2 Investigation

It is very important for every social worker to investigate all the possible aspects needed for the implementation of the specific group he or she plans, at the early stage of a group process. According to Roux (1998:37) and Roux (2002:156-157), the following aspects need attention:

- The nature and extent of the needs of the group members for the type of service delivery.
- Assurance that the group work service falls within the policy of the organisation.
- Assurance that there is enough money to render this service.
- The availability of resources in the community to help present some programme activities.

- Enough support within the community for this project (Butler & Wintran, 1993:28).

In this research the researcher made sure that the potential clients showed enough interest in this kind of group and that the policy of the Department of Social Development allowed the researcher to start with a group work programme. The environment was also finalised during need assessment. Both the experimental group and the control group were recruited during need assessment. Twelve members from each group were recruited and contracted.

10.2 Phase Two

10.2.1 Establishing the purpose of the group

The first and most important question to be asked is "What is the group's purpose" (Toseland & Rivas, 2005:156). The formulation of goals and objectives during the planning process, as indicated by Roux (2002:157) and Garvin (1997:51), will help in determining the composition of the group, the programme activities as well as the number of group sessions. It is very important for the goals and objectives of the group to be in concurrence with the needs of the group members (Corey & Corey, 1997:120; Reid, 1991:207-209). Becker (2005:34) adds: "The purpose of the group justifies its existence and should therefore be mutually defined between the leader and the members of the group."

The tentative goal of the group for families affected by HIV and AIDS during this phase was to educate the group affected by HIV and AIDS on the issues of HIV and AIDS so that they could know how to prevent HIV and AIDS, deal with their infected patients, display the right attitude towards those who are infected and function effectively in their lives.

10.2.2 Classifying the group

Before any social worker can compose a group, it is necessary to determine the type of group. Different authors, for instance Corey and Corey (1997:9-140), Reid (1991:8-11) and Toseland and Rivas (2005:13-43) mention different classifications of groups. For purposes of this research, the

researcher chose the classification of Toseland and Rivas (2005:21-28) and decided on a treatment group. The "primary purposes of treatment groups are (1) support, (2) education, (3) growth, (4) therapy, and (5) socialization" (Toseland & Rivas, 2005:21).

This group was a treatment group with facets of support, education and therapy. The group was educated by means of presentations in 17 sessions. The members were also given support due to the stressful situations they experience. They lost daughters and sons and some are HIV positive. They developed the potential and insight while receiving HIV and AIDS education in every session. They were also empowered that for one to be safe, behavioural change is important for both the infected and the non-infected. As the group become acquainted to each other they started to support one another in the group.

10.2.3 Planning the programme activities

Roux (2002:162) holds that the planning of tentative activities must be done according to the needs of the members. During the first session, according to Gazda *et al.* (2001:182-183), "the group as a whole reviews goals that members have established and reviews how to state the problems in specific behavioural terms". Once all members have presented their goals and perspectives the group identifies the final core programme activities.

In this research the programme activities were first planned in accordance with the need assessment done by completing a questionnaire (Addendum 4). Once this was done, the researcher finalised the programme during the first session. The group was satisfied with the programme and said it contained all the activities it needs.

10.3 Phase Three

10.3.1 Assessing potential membership

The importance of selecting the best group members for the group is confirmed by different authors such as Anderson (1997:83-84); Corey and Corey (1997:115); Garvin (1997:54-61) and Roux (2002:163-164). The assessment of potential group members helps the social worker in making an early estimate of the group's potential viability. In this early assessment the

social worker is thinking about who should be recruited to participate in the planned group work project (Toseland & Rivas, 2005:157-160).

Elements in assessing potential members for the group, as seen by Toseland and Rivas (2005:160), are the following:

- "The extent of the problem or need addressed by the group".
- "Members' recognition and shared perceptions about the purpose of the group".
- "Cultural and other differences that could influence perceptions about the purpose of the group".
- "Members' perception of the sponsoring organization".
- "Demographic differences and commonalities of potential members".
- "Potential benefits to members participating in the group".
- "Barriers, obstacles, and drawbacks to participation".
- "Resources needed from the organization and community to ensure members' interest and participation".

Potential members in this research were clients from the Department of Social Development who were chosen during need assessment and were willing to participate. They were recruited and contracted simultaneously. The researcher took their telephone numbers and promised them to arrange an appointment with them for the proposed group.

10.3.2 Planning the environment

Planning the environment and place where group meetings can take place is essential. Corey and Corey (2002:108-109) and Roux (2002:166) state that groups can often fail because of the physical setting thereof. Aspects the social worker needs to take into consideration when planning the environment are set out by Garvin (1997:67-68), Roux (2002:166-167) and Toseland and Rivas (2005:177), namely:

- The room size must be adequate for the number of group members.
- The technology must meet the needs of the program activities.

- The group members must have easy access to the place where group meetings will take place.
- Ventilation in the room must be good.
- The atmosphere in the place must be relaxed and warm.

The group meetings in this research took place at the Department of Social Development in the board room near the social worker's office where all the resources are within reach. For example, all posters for every session were in the social worker's office. The computer was nearby because it was going to be used to show the group a DVD film. The board room could give the group members privacy. The physical setting had good ventilation and it was comfortable for everybody. It allowed everybody to be seated around the table without squeezing one another. The place chosen for the meeting was convenient to all group members. The time agreed upon was 10 o'clock in the morning.

10.3.3 Composing the group

Anderson, (1997:83) suggests that "groups should be composed homogeneously in regard to objective criteria (age, sex, socioeconomic status, disease, and so on)". In this research the group comprised 12 females and no men. Four of the members were married, three were single women, three were widows and two were divorced. They were all affected by HIV and AIDS and all could speak Sesotho. When composing the group, the researcher chose members according to their needs and those of the entire group (Roux, 2002:172; Toseland & Rivas, 2005:166). There were some diverse issues such as their coping skills, life experiences as well as levels of experience (Toseland & Rivas, 2005:167).

In this group the average age of the members was 50 years. There were ten foster parents and two HIV-positive ladies who were on antiretroviral treatment. They were all clients on the social worker's caseloads. The two infected group members were powerful and served as role models to others because they were positive towards HIV and AIDS and made the group members realise that if one looks after oneself one can live long.

10.4 Phase Four

10.4.1 Preparation of the social worker

The preparation of the social worker is very important. The verbal and non-verbal communication of the social worker will determine the atmosphere in the group. Group members react to what the social worker says (Reid, 1991:212). Andrews (1995:92-93) points out that a members' acceptance by the leader and other members is very important. The social worker must be well prepared for the group work sessions and can prepare according to the following:

- The social worker must be emotionally ready for the group, be motivated and enthusiastic (Corey & Corey, 2002:57-61; Reid, 1991:212; Roux, 2002:178).
- The social worker must be ready to contract firm relations with group members.
- The social worker must pay attention to the diversity in the group.
- The social worker has to have a theoretical rationale to help making sense of what occurs in the group.
- The social worker has to know each individual in the group.
- The social worker must prepare for each phase of the group work process. Reid (1991:212) says the following: "The worker is advised to think through the session in detail, including his or her objectives for the session and the specific activities he or she plans to use".

The researcher had to prepare herself before the group started as well as before each session. The researcher did situation analysis because she observed and studied objective needs during need analysis and subjective needs such as possible feelings of the members regarding the problems of HIV and AIDS they were experiencing. The external factors causing stress and depression were also studied. Internal factors such as aspects within the person, for example self-image and cognitive abilities, were also studied.

10.5 Phase five

10.5.1 Final preparation of the group members

After having selected the members it is very important for the social worker to orientate them to the group. This may be done individually or in the group. Toseland and Rivas (2005:173) point out that "[i]ntake interviews are important because they offer workers and members their first impressions of each other." During this interview the social worker will orientate the group members, finalise the goals and objectives, the programme as well as the environment where group meetings will take place, and finalise the contract.

During the planning stage the social worker begins the contracting process (Toseland & Rivas, 2005:175). Contracting according to Anderson (1997:133), involves three basic skills, namely clarifying purpose, roles and responsibilities and reaching for group members' feedback.

During the research, the researcher compiles a written contract which each member in the experimental group signed. In this contract all the objectives, roles and responsibilities were spell out. The contract was signed by each member during the first session.

11. RECOMMENDATIONS

Because social workers in South Africa are hampered by heavy caseloads and cannot undertake group work programmes on a large scale, it is important that auxiliary workers or trained volunteers should be trained in the implementation of group work programmes for families affected by HIV and AIDS in specifically the black communities.

12. CONCLUSION

It is experienced that people who have been infected with and affected by HIV and AIDS mostly do not inform anyone about their illness. They maintain absolute secrecy, even towards their husbands/wives, partners living with them and family. This secrecy not only hampers research, it also places obstacles in the way of the physical, psychological, social and religious treatment of these persons. This state of affairs is experienced specifically in

the black community. As a result of the stigmatization with regard to HIV and AIDS, these persons are to a great extent rejected by the community.

Social group work to a large extent served to break the silence with regard to HIV and AIDS. In the group members can experience the importance of talking about their condition regarding the disease, talk about their feelings and also experience that there are other people with the same feelings in this regard. They could experience what a support system could mean to a person who has been infected with and affected by HIV and AIDS.

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ARTICLE 3

A SOCIAL GROUP WORK EMPOWERMENT PROGRAMME FOR FAMILY MEMBERS AFFECTED BY HIV AND AIDS

Sito MM, Roux AA and Strydom H *(Sito, MM is a student, Roux, AA a senior lecture and Strydom, H a professor in the School of Psychosocial Behavioural Sciences: Social Work Division, Potchefstroom Campus of the North-West University)*

OPSOMMING

Die doel met 'n bemagtigingsprogram vir gesinslede wat deur MIV en VIGS geaffekteer is, is om die lewensgehalte en maatskaplike funksionering van hierdie persone te verbeter. Hierdie doel is deur middel van sewentien groepbyeenkomste bereik.

In die navorsing is daar tydens die byeenkomste van verskillende programaktiwiteite gebruik gemaak om die doelstelling en doelwitte te bereik. Verskeie hulpmiddele is tydens die programaktiwiteite benut, en in die beplanning van die programaktiwiteite het die navorser inligting uit verskeie bronne en publikasies aangewend.

1. INTRODUCTION

HIV is having a major impact on individuals and on community structures such as the family. Family has traditionally been the fundamental unit of any society but, as the epidemic progresses this structure is steadily being eroded (Frohlich, 2005:351).

It is impossible to give assistance to families affected by HIV and AIDS without doing a thorough study of the needs of these families. Having determined the needs in article two, a social group work empowerment programme was developed for families affected by HIV and AIDS. According to Strydom and Herbst (2007:248), social group work offers people like those living with HIV and AIDS as well as those affected by HIV and AIDS "the

opportunity to relate to others, to enhance awareness, to form identity, and it is cost and time effective".

In this article the researcher will discuss the programme according to different captions.

2. PROBLEM STATEMENT

HIV and AIDS is seen to be the foremost contemporary global health concern. No part of the world has been left untouched, although Sub-Saharan Africa and especially South Africa has been hardest hit to date (Abdool Karim, 2005:31; Avert, 2005; Department of Social Development, 2001:6;144; Sutherland, 1999:1; Van Dyk, 1999:3). To quote Smith (2007:1), "It is estimated in the context of the Joint United Nations programme on HIV and AIDS, that by the end of the 20th century, 19 million people had died from AIDS, and that the orphan population exceeded 13 million". Smith argues further that even though the statistical predictions are seldom accurate, the situation is still extremely alarming. The pandemic is increasing, especially in the rural areas such as the North West Province and the Free State and towns such as Thaba Nchu (Ferreira, 2002:4; Strydom *et al.,* 2007:163). AIDS is also much more prevalent in poor countries compared to wealthy nations (Kagee, 2008:249). It is the children in families that suffer immensely. Some of the latest statistics indicate that 800,000 children under the age of fifteen world-wide were infected during the year 2001 (Roux, 2002:6). According to Stine (2007:287), one in seven new infections on the African continent is occurring in South Africa. That is approximately 2000 infections per day and ten percent or 200 are newborns.

According to Clatts (1994:12), the problem of HIV and AIDS is not only the responsibility of the medical team. It is desirable that professions such as psychology and social work should also help regarding this HIV and AIDS problem. During the international conference on HIV and AIDS in Kopenhagen Mikkelsen (1995:5) emphasised the primary role social workers need to play. Van Rooyen (1998:vii-viii) also states that social workers in South Africa have an important role to play in making the difference in the fight against HIV and AIDS.

Social workers have the responsibility towards their communities to enhance the quality of life of not only the infected but also the affected (Bungane, 2006; Roux, 2002). Social group work, as one of the methods of social work, can help the social worker to build systems of care, support and treatment for people such as families who are affected by HIV and AIDS (Delport, 2007; Toseland & Rivas, 2005:18; Roux, 2002). In group work the social worker or social auxiliary worker, who is guided by the social worker, is afforded an opportunity of making use of different types of groups and make a choice regarding the type of service in the families affected by HIV and AIDS and make them recover from uncertainty. Toseland and Rivas (2005:22) outline the groups the social worker can use in helping to change the individual's life in a group: support groups, educational groups, growth groups, therapy groups and socialisation groups. The support group creates a protective atmosphere for the affected person by HIV and AIDS. In the group, the group leader can deal with the different feelings and experiences of family members affected by the illness (Corey & Corey, 1992:366-366; Kurtz, 1997:21-24; Roux, 2002:3). A social group work empowerment programme can provide in the needs of family members affected by HIV and AIDS and empower them to cope with the illness. Every group is unique regarding its needs (Getzel & Mahony, 1993:28-30; Roux, 1997:37; Toseland & Rivas, 1998:147; Roux, 2002).

3. RESEARCH QUESTION

Which programme activities must be included in a social group work programme to empower families affected by HIV and AIDS in a rural area to cope with the illness?

4. AIM OF THE RESEARCH

- The **aim** of this article was to design and implement a social group work programme through literature and empirical study to empower families affected by HIV and AIDS in a rural area to cope with the illness.

5. CENTRAL THEORETICAL ARGUMENT

A social group work programme can play an important role in empowering families from social workers' caseloads affected by HIV and AIDS, to cope with the illness.

6. RESEARCH METHODOLOGY

The methods of this research were a literature study and an empirical research.

6.1 Literature Study

The central focus of this research was to describe a group work programme for empowering family members affected by HIV and AIDS. The focus was family members affected by HIV and AIDS. There are a number of books and publications on HIV and AIDS but not much research has been done on a social group work programme with family members affected by HIV and AIDS.

6.2 Empirical Research

The nature of this research was experimental. According to Strydom (2005**a**:63) "experimental research is conducted in some contexts where a pre-test, an intervention and a post-test are involved".

- **Research Design**

The exploratory design was used in this study (Strydom, 2003:77). According to Bless and Higson-Smith (2002:154), the purpose of the exploratory research is to explore a certain phenomenon with the primary aim of formulating more specific research questions relating to that specific phenomenon.

- **Measuring Instruments**

Neuman (1997:30) points out that gathering data for research is divided into two categories, namely quantitative and qualitative. The Index of Parental Attitudes (IPA) and the Generalized Contentment (GCS) scales (Annexure 6) of Perspective Training College (2000) (Annexure 7) were used to measure the psycho-social functioning of the members. These measuring scale was used on three different occasions, namely before the first meeting started,

after the eighth meeting and at the end of the last meeting, with both the experimental group and the control group. A questionnaire with closed and open-ended questions was also designed to evaluate the social group work programme at the end of the last session with the experimental group (Strydom, 2002:405:406; Toseland & Rivas, 2001:406-421).

- **Research Procedure**

The following steps were followed during the research procedure:

- Permission was obtained from the Assistant manager of the Department of Social Development in the Free State at Thaba Nchu, since the participants would be from the caseloads of all the social workers. (Annexure 1)
- The participants were prepared by explaining the nature of the research.
- Every participant signed a consent form to prove that she had not been forced or cheated unknowingly.
- Participants in the experimental group participated in the social group work programme.
- The same program was presented to the control group after the research was finalised.
- The social group work programme was implemented and evaluated.

- **Ethical Aspects**

For researchers in the social sciences, the ethical issues are pervasive and complex, since data should not be obtained at the expense of other human beings (Strydom, 2005**a**:62).

- The participants' lives were not harmed.
- They were not bribed to participate in the proposed study.
- The information was confidential.
- Accurate and complete information concerning the aim of the research was given, as well as the procedure.

- The completion of the schedule was done anonymously and the respondents' identities were not disclosed.
- Informed consent was obtained.
- Conditions of privacy and confidentiality such as the venue of the interviews and the group sessions were maintained.
- The researcher will ensures that the information provided will remain confidential. The researcher is a registered social worker by the SA Council for Service Professions (Strydom, 2002:64-73).
- The research was approved by the Ethics Committee of the Potchefstroom Campus of the North-West University. The project number is **06K07**.

7. COMPOSITION OF THE GROUP

During the needs assessment, certain respondents indicated that they were willing to form part of the group work project. Interviews took place with these respondents and once all the functional aspects had been discussed with them, such as the duration of meetings, the place where meetings would take place, the day and time of meetings, the group was composed. To compose the group, attention was given to the following aspects according to Corey and Corey, (2002:107); Roux (2002:171-172) and Toseland and Rivas (2005:166-173):

- **Homogeneity**

Group members should have a similar purpose for being in the group and must have some personal characteristics in common such as gender, age, marital status, intellectual abilities, economic status and needs (Reid, 1991:183). Green *et al.* (1993:43-44) contend that a group of HIV and AIDS infected people can be homogeneous or heterogeneous. The same, according to the researcher, can be implemented in a group for people affected by HIV and AIDS.

All the members in this group were women who were affected by HIV and AIDS. Nine of the group members were foster parents. Three of the women's children were infected. Their ages were between 30 and 45 years. Four were

married and the others lived with partners. Their intellectual status was the same, they were all from the same socio-economic status and all were black women.

- **Heterogeneity**

For most groups there should be some kind of diversity like coping skills of members, life experiences and levels of expertise (Toseland & Rivas, 2005:167). In this research, there were members with different experiences according to the effect of HIV and AIDS on their families. Three of the members were not only affected but also infected.

8. SOCIAL GROUP WORK PROGRAMME

Toseland and Rivas (2005:259) explain that the programme activities provide a medium through which the functioning of members can be assessed in areas such as interpersonal skills, ability to perform daily living activities and the ability to work cooperatively. It can be used as part of specific treatment interventions. Programme activities assist in improving skills in interpersonal functioning, leadership, problem solving and activities of daily living (Roux, 2002:183-184; Toseland & Rivas, 2005:259).

There are certain procedures for selecting programme activities according to Toseland and Rivas (2005:261). The procedures are as follows:

Figure 1: Procedures for selecting programme activities

1. Specify program activities that are consistent with group purposes and goals
2. Specify the objectives of the program activity
3. Specify programme activities that can be performed, given available facilities, resources and the time available
4. List potentially relevant program activities based on members' a. Interests and motivation 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 requirements 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, motives e. Cognitive requirements of the activity, e.g. orientation to time, place, and person
6.	Select the program activity that is best suited to achieve the objectives specified

(Toseland & Rivas, 2005:261)

In this study, the researcher gave attention to the procedures for selecting the program activities. In selecting the members for the group work programme, the researcher took into account the relevant programme activities, the members' willingness to form part of the group, their needs, their motivation for the group work programme, their age, physical and mental state, their level of literacy as well as their attention span. Visual presentations such as posters and video tapes were used as an aid to make the invisible more visible, especially for the illiterate (Du Plessis, 2006:324).

Choosing appropriate programme activities requires a careful assessment of the needs of group members (Roux, 2002:186; Toseland & Rivas, 2005:259). Needs of members should be matched with the potential programme activities. The social group work programme was compiled from the needs assessment that was done and discussed in Article 1. The researcher made use of a variety of literature to implement the programme activities such as the work of Delport (2007), Roux (2002), Sito (2005), Page *et al.* (2006), Strydom (2002) and Van Heerden (2006).

Figure 2: Social group work programme

NO	SESSION TOPIC	PROGRAMME
1	Orientation/contract	• Measuring scale before session starts • Ice-breaker • Group discussion • Goal formulation contracting
2	The importance of values and self-esteem	• Ice-breaker • Posters • Group discussion
3	The nature of HIV AND AIDS	• Ice-breaker • Posters • Group discussion
4	Symptoms and the spread of HIV AND AIDS	• Posters • Group discussion

5	Physical care of HIV-infected person (CD4 count, Antiretroviral drugs and nutrition	• Ice-breaker • Posters • Group discussion
6	Dealing with emotional needs of the infected person	• Ice-breaker • Group discussion
7	Drugs, alcohol and STD's in relation to HIV AND AIDS	• Posters • Group discussion
8	The role of family and friends as support system/open up	• Ice-breaker • Group discussion
9	Empower infected person to plan for the future and deal with death	• Posters • Pictures
10	My role as foster parent/place of safety	• Measuring scale before session started • Case study • Role play • Group discussion
11	Dealing with physical and emotional needs of foster/orphan children	• Case study • Group discussion
12	The household budget and using the foster grant	• Case study/DVD • Role play • Group discussion
13	Dealing with own emotional and other problems as foster/place of safety parent	• Ice-breaker • Group discussion
14	Dealing with death and dying as parent	• Bible reading • Case study • Group discussion
15	Religion and faith	• Ice-breaker • Group discussion
16	The role of the social worker and other professionals of the multi-professional team	• Ice-breaker • Poster • Group discussion
17	Conclusion and evaluation	• Measuring scale at the end of the session • Evaluation of group work programme • Closing

(Sito, 2008)

8.1 Purpose of the social group work programme

- The purpose of the social group work programme was to empower families affected by HIV and AIDS in a rural area to cope with the illness.

8.2 Session 1: Contracting

- **Objectives**

- To get members to know one another.

- To finalise the needs of the group.
- To identify different tasks for each member as well as rules for the group.
- To compile a contract for the group and each member.

- **Programme activities**

An ice-breaker was used to introduce the group members to one another and to set the atmosphere for the session. The researcher compiled a contract with the group to let them know what is expected from each of them but also what they could expect from the researcher. Cournoyer (2008:295) refers to the word "contracting" as being "an interaction between worker and client that leads to a more or less formal agreement concerning the nature, scope, and focus of the services to be provided". According to Toseland and Rivas (2005:175), a contract is "a verbal or written agreement between two or more members of a group".

- **Discussion**

The group members did not know one another but each one knew that they experienced the same problem. During the planning stage, the researcher began the contracting process (Becker & Duncan, 2005:35-36). Members were expected to show up regularly and on time, because when they attend sessions only sporadically, the entire group suffers. The group cohesion was developed by trusting one another. One of the best ways agreed was by respecting the opinions and feelings of each member (Corey & Corey, 1992:123-127).

Confidentiality is one of the keystones in group work. It is not only the group leader's task to keep the confidences of the members but also to get the members to keep one another's confidences (Corey & Corey, 1992:55). The researcher clearly explained to the group what confidentiality in a group means.

The purpose of the group was set out in this session. They were informed that they were all affected by HIV and AIDS. The statement was broad enough and they were encouraged to give input and feedback (Toseland & Rivas, 2001:174).

All the members in this group were from infected and affected families and some were also infected themselves. Because HIV and AIDS is a sensitive topic to discuss, especially when one is a victim, the group leader had to see to it that everyone bore the responsibility to participate actively for purposes of self-growth (Roux, 2002:192). Each one had to be given an opportunity to express her feelings for her own benefit.

- **Summary**

After the session, the group members were more relaxed and started talking to one another because they realized that they all experienced more or less the same circumstances because they were all affected by HIV and AIDS.

8.3 Session 2: Importance of values and self-esteem

- **Objectives**

- To build up their personality in order to gain high levels of self-esteem and become confident in their abilities and in general feel good about themselves and less likely feel threatened.
- To give insight to the group concerning cultural values which shape the individual's personality.

- **Program activity**

An ice-breaker was used. Two posters were used to indicate how different people approach their problems.

- **Discussion**

Values were explained. Values are those principles a group considers important, for instance "loyalty is a value" (Kirst-Ashman & Hull, 2006:254). Values are among the first things children learn. Values are acquired very early in life and many values remain unconscious to those who hold them. They can only be inferred from the way people act under various circumstances (Ivancevich & Matteson, 1996:105).

The group focussed on the fact that human diversity plays an important role in the group. Human diversity in the group must be respected by the social worker and the group members (Kirst-Ashman & Hull, 2006:18).

The influence of self-esteem was discussed. The researcher highlighted the value of a good self-esteem. A good self-esteem is very important for them to cope with the effect HIV and AIDS have on them as families (Roux, 2002:223). To deal with the impact of stigmatisation and discrimination caused by HIV and AIDS, it is important that they improve their self-esteem (Page *et al.,* 2006:70). Individuals with high levels of self-esteem are confident in their abilities, generally feel good about themselves and are less likely to feel threatened than those with low self-esteem. Furthermore, when threat is perceived, those with high self-esteem are more likely to deal with the threat quickly, effectively and with minimal dysfunctional outcomes and consequences (Ivancevich & Matteson, 1996:663-664). It is best for every person to be able to deal with her problems to avoid stress because it ends up in depression which destroys one's coping capacity.

- **Summary**

The objectives of this session were reached. The group members realised the important role of values in one's life. They appreciated the part on self-esteem en said that they wished to enhance it because they had begun to realise the negative effect HIV and AIDS has on their self-esteem.

8.4 Session 3: The nature of HIV and AIDS

- **Objectives**

- What is the meaning of HIV and AIDS?
- What causes HIV and AIDS?
- Statistics regarding the entire world which prove that it is a problem.

- **Programme activity**

Ice-breaker was used. Posters were shown to the group which clearly displayed pictures concerning HIV and AIDS.

- **Discussion**

The entire world experiences problems with HIV and AIDS. It is not only South Africa that has HIV and AIDS (Roux, 2002:1; Dorrington *et al.*, 2002:1-13; Sishana & Simbayi, 2002:1-18). Many people do not really know how HIV

and AIDS are related, even though they constantly hear these two words used In combination The group was informed that HIV stands for human immunodeficiency virus and AIDS stands for acquired immunodeficiency syndrome. It is the virus which causes the disease AIDS. This virus can only live in a human body.

People who are HIV positive have been tested and found to have signs of the immunodeficient virus in their blood. It was explained to the group that HIV destroys part of the immune system, specifically the white blood cells which are called CD4 cells. These cells fight off all germs and diseases in the human body. The HI-virus affects human immunity and ultimately one experiences opportunistic diseases (Evian, 2000:13-24; Roux, 2002:193-202; Sito, 2004:14-15).

Once the HI-virus has entered the body, it attacks the CD4 cells and destroys them inside. Once inside, the virus takes over the CD4 completely, using it as virus-making factory to make large numbers of copies of itself. The newly made virus then leaves the CD4 cell and goes on to infect and destroy other healthy CD4 cell as they continue to multiply inside the body. After the viruses have invaded the CD4 cell they can no longer fight infections properly (Evian, 2000:9; Page *et al.*, 2006:11-13).

Someone who is infected with the virus is referred to as being HIV positive. It takes years for the virus to damage enough CD4 cells for that person to become ill and develop AIDS (Page *et al.*, 2007:10-13). Although the HIV-positive person may feel healthy, the virus is silently reproducing itself and destroying CD4 cells. During this time, the person is still contagious which means he or she is able to pass the disease on to others (Evian, 2000:9; Sito, 2004:14-15). When the person's immune system has weakened and more of the blood's CD4 cells have been destroyed by the virus, the person can no longer fight off infections. She becomes very ill. A doctor diagnoses that the person has a very low number of CD4 cells and shows signs of a serious infection.

- **Summary**

All the objectives were reached. The main role of the researcher was that of an educator. It was obvious that the group members' knowledge of HIV and AIDS was very poor. There were many important facts concerning HIV and AIDS these people were not aware of. After this session, the group members were empowered to help other families with more very important knowledge on HIV and AIDS.

8.5 Session 4: Symptoms and the spread of HIV and AIDS

- **Objectives**

- How to manage symptoms.
- How to prevent the spread of HIV and AIDS.

- **Programme activity**

Posters served as an ice-breaker. Pictures displayed what different people look like and how they are affected during the symptomatic period.

- **Discussion**

The symptoms of being infected by the HI-virus were explained and the information was exchanged by the group members. The posters clarified the information (Roux, 2002:203-208; Sito, 2004:14-15). Most people do not feel any difference once they are infected with HI-virus. They do not often experience symptoms, for years. Some people develop flu-like symptoms a few days to a few weeks after having been infected, but these symptoms usually disappear after several days. The window period was also clarified and the group understood why it is important to repeat the test if one is eager to know one's status (Sito, 2004:14). A person eventually feels sick, he or she might have swollen lymph nodes, fevers that come and go, infections in the mouth, diarrhoea, or he or she might constantly feel tired for no known reason. Eventually the virus can infect all the organs of the body, making it difficult for the person to think and remember things (Evian, 2000:61)

When the CD4 cell count becomes very low, the immune system is weak, which makes it easy for many different diseases and infections to develop

through other germs. These can be life threatening. For example people with AIDS develop pneumonia, which causes serious coughing and breathing problems. Other infections can affect the eyes, the organs of the digestive system, the kidneys, the lungs and the brain. Some people develop rare kinds of cancers of the skin or a weak immune system (Evian, 2000:61).

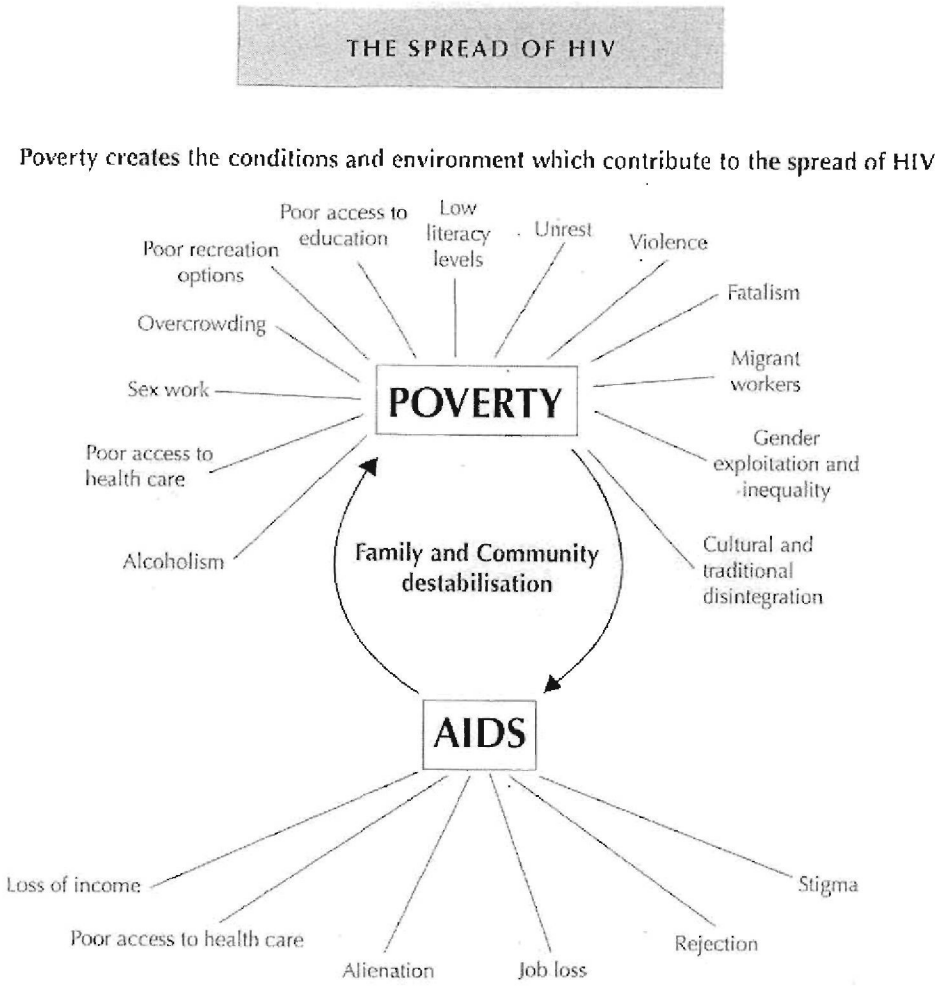
Babies born with HIV infection may not show any symptoms at first, but the progression of AIDS is faster in babies than in adults. Doctors need to watch them closely. Children who have HIV or AIDS learn slower than healthy ones and tend to start walking and talking later (Evian, 2000:164-165).

The spread of the HI-virus was discussed with the group. A person cannot contract HIV by hugging or holding the hand, sharing a school bus or classroom or visiting a home of someone who has HIV. It is passed on only through direct contact with another person's body fluids, such as blood. It can also be spread by heterosexual or homosexual intercourse, sharing needles, blood transfusions, and touching open wounds. The virus lives in the blood of a human body, sperms and vaginal juices. An infected pregnant woman passes it on to her child during child birth and this can be prevented by treating the mother and the child during the time when the baby is delivered. (Evian, 2000:13-19; Visagie, 1999:19-22; Sito, 2004:14-15).

Sito (2004:15) indicates that one can be infected much faster during unprotected sex. Preventive methods were also discussed during this session. Amongst others, sexual intercourse without condoms, contact with blood without the protection of rubber gloves and touching open wounds carried serious warning. The best prevention is to abstain from sex. Grandmothers and mothers were advised to protect themselves during the time when they bath their infected family members.

According to Evian (2002:22), poverty creates the conditions and environment which contribute to the spread of HIV. This as well as Figure 3 were discussed with the group.

Figure 3: The spread of HIV



(Evian, 2000:22)

- **Summary**

This was a very successful session. Group members were able to realise the role of poverty in the spread of HIV and AIDS. They also realised that family members who had died, in most cases died due to HIV and AIDS and not because of other diseases as they might have thought. To some degree, this was a very emotional experience for some of the group members because they were then faced with the probable causes of death of their family members. They were also empowered with knowledge regarding steps to be taken if they recognised certain symptoms of the disease in themselves or in others.

8.6 Session 5: Physical care of the HIV-infected person

- **Objectives**

To empower the group members with insight into:

- the role of a healthy diet;
- the different functions of food in the body;
- the management of antiretroviral treatment;
- where to go for an HIV test.

- **Programme activities**

An ice-breaker was used. Posters were displayed which explained the use of different types of food. Healthy eating is the first line of defence for HIV. If you are HIV positive you must try to eat many different kinds of food every day (Roux, 2002; World Food Programme). (Annexure 8 and 9)

- **Discussion**

Healthy living depends, according to Visser (2006:87), to a large extent on the decisions a person makes about how he/she wants to live. According to Fields-Gardner *et al.* (1997:38-39) and Roux (2002:212), the following food is good for our bodies for us to live a healthy life:

- Lots of fruit and vegetables help to fight sickness.
- Beans, lentils, meat, chicken, fish, milk, eggs and garlic build the body and keep us strong.
- Maas and yoghurt help to digest food.
- Brown bread, brown rice, pap and samp give us energy.
- Butter, oil, peanut butter and nuts also give us energy.

The group was informed that food needs to be well cooked to destroy germs. Growing food gardens can help members to obtain food cheaper (Roux, 2002).

Maintaining a healthy and nutritious diet is important for all people, but particularly for people living with HIV. A poor diet impairs the functioning of the immune system and hastens the progress of HIV to AIDS. Nutrition is not

a substitute for treatment but eventually all persons infected with HIV infection will need to take antiretroviral medicine to support their immune system (Soul City, 2004:31). In order to remain healthy, a person should, according to Roux (2002):

- go for regular medical checkups to receive early treatment;
- always use a condom;
- take time to relax and do exercise regularly;
- have a positive attitude to stay healthy;
- stop smoking;
- stop taking alcohol; and
- join a support group.

Knowing your HIV status can save your life and the lives of others according to the following:

- If you are HIV negative you can make a choice to stay that way.
- If you are HIV positive, you can find ways to stay healthy.
- You can receive antiretroviral treatment at the right time.
- You can find ways of protecting yourself and those around you from infection.
- Speak to your health worker about free confidential counselling and HIV testing for you and your partner (Khomanani, 2004).

According to Soul City (2004:26) and Stine (2007:59), antiretroviral treatment (ART) is a combination of medicines that are given to someone who is ill with AIDS. They fight HIV in the body.

- ART offers hope for people with HIV and AIDS. It helps people with AIDS to live longer and improve their quality of life but it does not cure AIDS. You have to take the medicine for the rest of your life.
- Start by knowing your HIV status by having yourself testing.
- Not all people who are HIV positive need ART. Ask your health worker whether you need treatment.

- Whether you are HIV positive or negative you need to protect yourself by abstaining from sex, by being faithful to one partner and by always using a condom.

The group members were informed to continue with the use of condoms while they are pregnant. If their partners have STD, it is important to get it treated. Ask the health worker about the new antiretroviral medicines. Steps can be taken that reduce the risk of HIV transmission to your unborn baby. The mother and baby can take a short course of antiretroviral medicines, which can reduce the risk of passing the virus on to the baby (Evian, 2006:221-233; Soul City, 2005:18-31).

Group members were advised to make sure that one person knows that they are about to start taking ART before they start taking it. It could be a family member or a friend. They need to ask the person to remind them to take their medicine everyday and also to help if they experience side effects such as nausea and vomiting, painful legs, headaches, skin rash, painful stomach, feeling very tired, diarrhoea and insomnia (Soul City, 2005:18-31). The members were also informed about the impact of alcohol on the treatment of the patient.

The group members have to remember that ART strengthens the person but does not cure HIV. They should have regular check-ups at the clinic. The health worker will be able to treat any new illnesses or problems.

According to Soul City (2004:46), antiretroviral medicines can lower the viral load in the event of a rape and reduce the risk of HIV transmission. This is called post-exposure prophylaxis (PEP). It should be taken as soon as possible but not later than 72 hours after the rape, else it will not work. A rape survivor has the right to be treated with respect and dignity. The victim should report to the doctor or service point as soon as possible. A rapid HIV test will be made to determine a victim's HIV status. The results will be available within 20 minutes. Pre and pot-test counselling on HIV as well as PEP is given. The therapy is taken continuously over 28 days. If your rapid test shows you are HIV positive you will be referred to an HIV service point for further care.

- **Summary**

All the objectives were achieved in this session. The group members were empowered with a load of knowledge on how to care for the infected family members, friends and neighbours. They said that they could share this knowledge with others who are also infected with and affected by HIV and AIDS.

8.7 Session 6: Dealing with emotional needs of the infected person

- **Objectives**

The members were empowered by the following knowledge:

- How to empower an infected person to gain confidence from the people he or she lives with;
- How to empower the infected person to be stress free and have hope for the future; and
- How stigmatisation in the community affects the infected person.

- **Programme activities**

The Bible was read and the group participated and had a discussion to emphasise that people should feel for others and do unto others as they expect others to do unto them, namely treat them with dignity.

- **Discussion**

The diagnosis of a terminal illness, such as HIV and AIDS, with all its concomitant implications inevitably has, according to Forrester (2006:127), a devastating effect on both the patient and their significant others. The extent to which knowledge of being HIV positive provokes symptoms of trauma has been examined in a few studies (Kagee, 2008:247). According to Qian *et al.* (2007), stigma imposes double jeopardy on the lives of people who are living with HIV and AIDS and constitutes a major barrier to the prevention and control of the disease. In research done by Qian *et al.* (2007:1286), approximately 80% of the participants in China reported that they would not allow their children to play with a child with HIV and AIDS and would not buy fresh vegetables from a stall-keeper who has AIDS. Those living with HIV will

experience many emotions such as anxiety, depression and hopelessness. Fear brings about most of the actions and beliefs of HIV and AIDS-infected and affected people (Page *et al.*, 2006:106). Page *et al.* (2006:106) points out that "(f)ear creates a view of the world where HIV and AIDS and everything surrounding it is seen with varying degrees of anxiety, unease, danger or stigma". People affected by HIV and AIDS in South Africa are also often subjected to discrimination, rejection and stigmatization by their friends, work colleagues, insurance schemes and even family members and partners (Evian, 2000:276). Emotions influence the way people establish their relationship with their environment, relate to one another and assign social meaning to who and what surrounds them. Therefore emotions play a vital role in the lives of the HIV and AIDS-infected and affected person (Varas-Díaz & Marzán-Rodríguez, 2007:1247).

These people suffer many losses. They lose their health, their independence and many years of life. They may also lose their lover or spouse, their job, their financial security and their usual life and lifestyle. They need to change their sexual habit. Many lose their pregnancy through termination or abortion and also their newborn babies who die of AIDS (Evian, 2000:278).

The group members were taught how to care for the people infected in their households but also in the families (Cameron, 2004:33-47; Knott, 2004:51-79). The family remains the main support system of the patient and will, however, need assistance at a variety of levels in order to cope with the illness effectively (Forrester, 2006:128; McNally *et al.*, 1991:173).

- **Summary**

A great deal of discussion took place during this session. It was obvious that the infected person suffers a great deal emotionally. They all experienced a large amount of tress and the researcher could empower the group members with knowledge on how to help the infected person but also with practical advice on resources in the community that could help the infected person with emotional needs. They expressed the role religion and belief in God play in their ability to deal with the emotional needs.

8.8 Session 7: Drug and alcohol abuse and STD's in relation to HIV and AIDS

- **Objectives**

- To educate the group on the danger of drugs and alcohol abuse and on how alcohol can change one's aims in life.
- To educate them on how drug and alcohol abuse can affect one's health.
- To make them aware of sexually transmitted diseases.

- **Programme activities**

An ice-breaker was used in the form of posters showing what drugs can do in one's body. A variety of drugs such as LSD, marijuana, mandrax and alcohol were discussed.

- **Discussion**

The effect of drugs and alcohol abuse in the spread of the HI-virus was discussed (Evian, 2000:21; Roux, 2002:198; Strydom, 2002:259; Sito, 2004:15-16). According to Visagie (1999:4), diseases such as syphilis, gonorrhoea and herpes can only be transmitted through sexual contact with someone who has already been infected with such a disease. Illnesses such as STD's have the same symptoms. HIV is also sexually transmitted, but the difference between AIDS and other sexually transmitted disease is that most STD's can be cured by medication, but not AIDS (Evian, 2000:28-35; Sito, 2004:16).

Soul City (2005:11) and Evian (2000:21) point out that alcohol can lead to sexually transmitted infections (STDs) and HIV because people who have been drinking may take sexual risks that they would not usually take; for example:

- Alcohol can make sex seem exciting.
- People who drink large amounts of alcohol may find if difficult to say 'no' to sex.
- When people are drunk, they may forget their values. This makes it easier to be unfaithful to their partners.

- People may meet and have sex with many different partners when they are drunk. HIV and other STDs can then be passed on.
- People who have drunk a lot may have sex without a condom
- Men may buy drinks for women and expect sex in return.
- It is easier to force a person to have sex if you have both had lots of alcohol.
- People may have sex when they do not want to, or may have sex with someone they do not know.
- Unsafe sex can lead to teenage pregnancy or unwanted pregnancy

Alcohol in pregnancy can cause:

- damage to the baby's heart and kidneys;
- growth problems;
- hyperactivity;
- problems with the child's attention span; and
- learning problems (Soul City, 2007:12).

Women who breastfeed their babies should also not drink alcohol because the alcohol is passed on to the baby through the breast milk.

- **Summary**

Before this session the group members were not aware of the bad effect of drug and alcohol abuse on the spread of HIV and AIDS, neither on the health of the infected person. During this session they gained a large amount of knowledge that they can share with family members and people in the community.

8.9 Session 8: The role of the family as a support system

- **Objective**

The group members were empowered with knowledge and insight with regard to lending support to the HIV positive person.

- **Programme activities**

An ice-breaker and a case study were used to give the group insight into the family as a support system.

- **Discussion**

HIV positive persons can live long looking healthy. They may worry about being HIV positive and how others will treat them if when informed that they are HIV positive. It is the role of the family and friends to support an HIV positive person (Corey & Corey, 1997:376-377; Roux, 2002:236). One of the functions of the family, according to Keech (1989:44) and Roux (2002:236), is that the family should attempt to provide for the basic needs of its members.

If one is HIV positive one should fill one's life with people, and most people will support you and not reject you. An HIV positive person can have hope. It is easier when you know you are loved and accepted as you are. It is important to talk to someone who can give you support. You may feel better as soon as you have told someone that you are HIV positive. You have a right to confidentiality concerning your status. Most people will accept you do not have to tell everybody that you are HIV positive. You can talk to a friend or a member of your family. You may talk to a counsellor because a counsellor is trained to listen to people, a doctor or a health worker will tell you how the virus will affect you, or a minister because ministers are also counsellors and may additionally be able to help by praying for you (Soul City, 2001:16-17).

The nature of terminal illness leads to a high sense of responsibility for the family as immediate support system for the patient (Forrester, 2006:131). Becker (2005:55-56) and Roux (2002:236) indicate that families are an endless resource for our understanding of how to live in the world. This means that, with the support of the family, an HIV positive person can adjust well when receiving love and support and being accepted by family members.

- **Summary**

The goal of this session was achieved. Group members realised the important role of family members as a support system. They realised that they must not isolate these people, but lend them a hand of support.

8.10 Session 9: Empower families to help the infected person plan for the future and deal with death

- **Objective**

In this session the group members were empowered in:

- managing a patient who is dying;
- involving the family;
- making use of the services of the health care worker; and
- counselling the family.

- **Programme activities**

Posters and pictures were used to explain the meaning of dying in this session.

- **Discussion**

Soul City (2004:42) explains that ART helps one to live a longer life. It is not a cure for AIDS. You still need to prepare for the future. According to Hopson and Scally (1984:158) and Roux (2002:229), "living without making decisions is as inconceivable as living without breathing". HIV and AIDS-infected people can prepare for the future by talking to friends and relatives about who will take care of the children when they are not able to do so themselves or after their death. They have to decide where their children will live if they died. They also need to discuss these aspects with the social worker if they do not have relatives to take care of their children (Roux, 2002:228-229). Practical advice was given, such as to store all their documents in a place for safekeeping, tell their children where these are kept such as their will, birth certificates, identity books, school certificates and the title deed of the house (Soul City, 2004:42).

The health care worker must involve the patient, the closest relatives and friends in the process of dying. This usually means being open and honest, and including the patient and the relatives in decisions and plans. It needs adequate time and patience. The health care worker must be open to talk to the patient and close relatives about fears, worries, concerns and dying (Evian, 2000:294).

According to Evian (2000:295) it is not comfortable to discuss the fact that the patient is dying. Instead, it creates an environment of 'silence' which is not helpful and creates more fear and anxiety. Mostly people are more afraid of the unknown than of the known. Patients and their families often wish to and need to talk about dying. It serves to express feelings and fears of the unknown and helps to prevent anxiety and other problems. If the patient is open about death, it can help him or her and the loved ones to grow closer to one another and make the dying process very meaningful and enriching. It prevents making the process more difficult for the relatives and also prevents regrets (Evian, 2000:295).

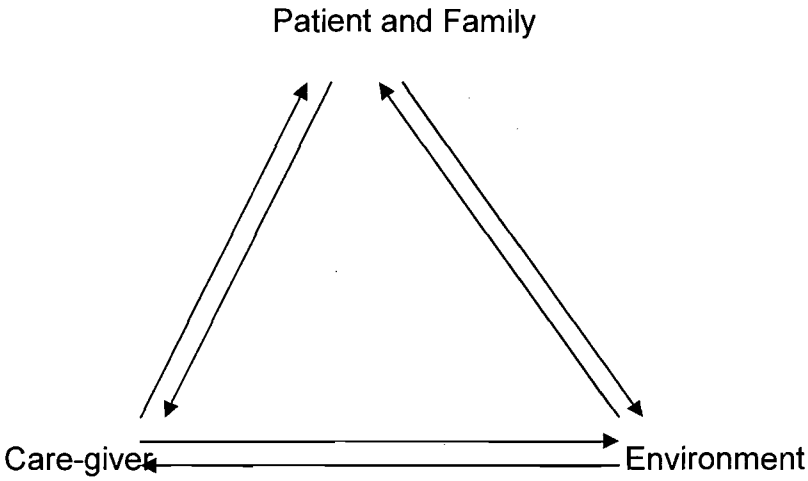
Leading questions help the family and the patient to express their feelings, for example asking whether the patient or the family is anxious or worried or would he like to tell what is in his thoughts. Questions like these need to be dealt with sensitively and carefully. One might need to choose the right time to ask these questions (Evian, 2000:295).

Some patients have a tendency to use a symbolic language like "last night I went on a long journey". Or "my train is waiting for me" or "I am going home soon". It must be taken with care not to undermine this language. It often refers to dying. In answering the patient it is better to ask him/her how important going home is to them or where the train is going to take them (Evian, 2000:295).

AIDS is a terminal disease and health care workers will frequently be required to counsel a patient on death and dying. The partner, family and friends will also need some assistance. Parents lose their children and children lose their parents. Grandparents occasionally lose their own sons or daughters, and often even grandchildren.

The research has proved that most people prefer to care for the children who are related to them (Townsend & Dawes, 2004:74-75).

Figure 4: Caring triangle



(Evian, 2000:298)

The environment in which the patient is dying is very important. The patient must be comfortable, clean, dignified, warm and safe. The family and lovers may also need counselling and care. More often the husband, wife, lover, child or close friend is suffering from anxiety, fear, depression and stress. These signs need to be provided with care, support and counselling (Evian, 2000:295).

- **Summary**

This was a very successful session and all the objectives were reached. The group members were empowered by an immense amount of knowledge that was unknown to them, they did not know before the session. They then realised the important role of planning for after the death of the infected person, especially where the children must stay and who will take care of them. They then realised the important role of the social worker in helping them to plan for the future.

8.11 Session 10: The role of a foster parent

- **Objective**

To empower the foster parents with knowledge and insight into their role as foster parents.

- **Programme activity**

Posters and a case study were used.

- **Discussion**

There is an increasing number of children in need of care in South Africa (Schönteich, 2000). The main reason for the increase in the number of children in need of care is the HIV and AIDS pandemic (Delport *et al.,* 2008:307; Mason & Linsk, 2002:542). The role of a foster parent is to give the foster child parental support, care, education, nutrition and good health. The environment must also be protective. The child must be taught values and norms of the society so that he/she can be a disciplined individual. Religion is also very essential and it is the task of the social worker to monitor it and determine whether the best interest of the child is served in terms of the Child Care (74 of 1983 as amended). The social worker plays a very important role in service delivery to the foster parent and the foster child (Delport *et al.,* 2008:307).

Smart (2004:178) accentuates that the Convention on the Rights of the Child guarantees the rights of children to:

- protection (from maltreatment, neglect and all forms of exploitation);
- provision (of food, health care, education, social security); and
- participation (in all matters concerning them).

According to Stine (2007:314), the orphan crisis in Sub-Saharan Africa is one of the greatest humanitarian and development challenges facing the global community. Children affected by HIV and AIDS have fear about their parents who died of HIV and AIDS. They worried that some friends were talking about them and that they would be made responsible for the care of younger brothers and sisters in future. It is imperative that foster parents should

comfort them and empower them by educating them that HIV is a chronic disease that can be prevented by means of controlling one's behaviour and that it can attack anybody. All issues of HIV and AIDS should be taught to a child early in life. They must continue to enjoy all the things they did before the parents died. They must spend time with friends, be involved in sports and be taught how to prevent HIV and AIDS. Encourage the child to study hard at school because education is important for his or her future.

In South Africa, the historical context of child care arrangements is relevant to the debate about pressure on so called "traditional" systems caused by HIV and AIDS as well as predictions of the breakdown in these systems. The pandemic is not the first phenomenal to put pressures upon family life in African communities. The parental absence among children prior to AIDS is having a significant impact.

- **Summary**

Although the role of the social worker is to empower foster parents with knowledge and insight into the role of the foster parent, this role is not always realised in practice, because of the huge number of caseloads of social workers. After this session, the group members realised their important role as foster parents. They also realised how important it is to contact the social worker when they need help concerning this role.

8.12 Session 11: Dealing with physical and emotional needs of the foster child

- **Objective**

The objective of this session was to empower the foster parent with skills in helping the foster child cope with physical and emotional needs.

- **Programme activities**

Posters and a DVD film were shown to the group so that members could understand the session about the feelings of children, especially orphans or foster children.

- **Discussion**

Neither words nor statistics can capture the human tragedy of children grieving for dying or dead parents stigmatized by the community or society through association with HIV and AIDS (Smart, 2005:176; UNICEF, 1999:8). Affected children and orphans are even more vulnerable than adults. When orphans or foster children feel sad they must talk to someone who will listen. Share their feelings of sadness with them. Many of the problems they have can be solved by simply talking. Do something they enjoy, such as visiting a friend, watching a video, listening to music, singing or playing sports.

Teach a child to take responsibility for his or her health. To stay healthy:

- Shower as often as possible
- Wash your own clothes and wear clean clothes daily.
- Brush your teeth regularly.
- Keep your finger nails short and clean.
- Protect your skin from mosquito bites by sleeping under a mosquito net.
- Get enough sleep. It is important to get at least 8-9 hours of sleep a night.

Exercise such as sports and play are important – not only for a strong body but also for a healthy mind. Helping with working in the fields is also a good exercise and can help you to have a good appetite and sleep well. Nutritious food does not need to be expensive. Many foods that can be found in the fields and forest are nutritious. Do not spend money on tinned drinks and packaged snacks which are expensive and not good for your health.

When people do not understand the facts regarding HIV and AIDS they are often frightened. A child may often feel sad because people do or say something bad about him or his family.

Ways in which other people or friends may react to HIV and AIDS:

- They may want to help you because they know you are facing a problem.
- They may call you names or talk about you.

- They may pretend they do not know someone in the family has HIV.

Things that might help a child when talking to his/her friends:

- Realise that you are not the only child to face this problem in your community.
- Talk about HIV and AIDS with your friends and explain to them that it is a chronic disease that can affect anyone.
- Explain that HIV and AIDS cannot be contracted easily.
- Explain how they might help you and your family.
- If a child has a teacher he or she likes and trusts to share his or her problems, that teacher can help the child to explain to other children about HIV and AIDS.

- **Summary**

The group members were given many new ways of dealing with the physical and emotional needs of the foster child. They realised that some of the child's bad behaviour may be brought about by the impact of the death of the child's mother and father on him/her. They then realised how important it is to understand and recognise these needs of the child. They were encouraged to contact the social worker to help them deal with these situations.

8.13 Session 12: The household budget and using the foster grant

- **Objective**

The objective was to empower the family members with insight into and knowledge of monthly budgeting and spending the foster and other grants.

- **Programme activities**

Different types of social grants were discussed and the reasons why they differ. The means tests under which a person qualifies were also discussed and a roleplay how to do their monthly budgeting.

- **Discussion**

To many families, taking in more foster children means less food and clothing for everyone. The children may struggle for food and other needs. Brothers

and sisters may be separated because they may be sent to live with different relatives (Soul City, 2004:43).

To avoid separating the siblings unnecessarily, the government has different types of grants. The government believes that it needs to look after people who cannot look after themselves, especially children. The Department of Social Development provides different types of grants to the people in need. These grants are:-

- **The child support grant**

It is given to any person who takes care of a child under the age of 14. To apply for the child support grant, you and your husband or wife must have a joint income of less than approximately R800 if you live in a town or city and less than R1 100 if you live in a rural area or informal settlement. If the child is not your own and you are taking care of him or her, you need to make an affidavit at the police station. This proves that you have permission from the parents to take care of the child.

- **The dependency grant**

This grant is paid to people who care for children who have severe disabilities and need special care. They can be parents, foster parents or people who have been made caregivers by the court. When you apply, a medical report is needed explaining what is wrong with the child. The grant is given to children who are between 1 and 18 years. You can talk to a social worker or a doctor from a public hospital about this. Poor children with AIDS can also qualify for the grant.

- **The foster care grant**

This grant is given to the caregiver of a child who is not the biological parent to the child by birth. This person is called the foster parent. The grant is given to the child who is under 18 years of age. It can be extended to 21 years of age if the child is still at school.

- **The disability grant**

People who are very ill with AIDS can apply for this grant. People who have any form of disability that does not allow them to work, also qualify.

The foster grant is used to the benefit of the child's interest and it helps the foster parent not to experience financial constraints. All the above types of grants are administered in terms of the Social Assistance Act of 1996 by SASSA.

- **Summary**

The group members were given the opportunity to discuss their financial situations in the group. It was evident that they all suffer financially. They realised the important role of a budget but also their role in spending the foster care grant on the needs of the foster child. The researcher took notice of how little the amount of the foster care grant really is. It takes a lot of effort to support the child with the grant in all his/her needs.

8.14 Session 13: Dealing with own emotional and other problems

- **Objective**

The objective of this session was to empower group members in ways to control their own emotions.

- **Programme activities**

An ice-breaker was used in a form of a case study.

- **Discussion**

Because the majority (70%) of respondents were foster parents, the researcher agrees with authors such as Goodman and Silverstein (2001:560), Burnette (2003:1) and Leder *et al.* (2003:5) that these parents experience overwhelming problems such as anxiety and also depression. These problems are mostly caused by stigmatisation due to HIV and AIDS as well as problems with the children in foster care. Robertson and Donaldson (2003) say that grandmothers who are foster parents deal with "... their own feelings of shame and guilt about what happened and due to their emotional state, may not be able to respond to the emotional needs of the child."

The stigmatisation of people living with the HI-virus by other people is an obstacle to dealing effectively with the pandemic. It prevents people from

accessing resources, getting tested, seeking support from family and friends, the community, colleagues and medical services (Stein, 2003:95).

When children feel hurt they often want to say or do things to hurt other people, for instance the foster parent - usually someone they care about. They think that by saying something cruel to him or her will make themselves feel better. They are angry most of the time when they think of their parents because they think they are staying with a stranger who is a foster parent. The foster parent must learn to control his or her emotions because these children are faced with a difficult task of thinking about their parents. Some of the problems arise when they demand things a foster parent cannot afford. The child may demand to have a cell phone that the finances in the household budget cannot afford.

Some problems the foster parent encounters are the foster child being in the adolescent stage. This is the time when the foster parent decides to reject the child because he/she feels the child does not respect them.

- **Summary**

The group members, as infected people, are given the time to talk about their own emotional and other problems. The stigmatisation due to the disease plays a huge role in the emotional problems they experience. Although many of the foster care placements are successful to a large extent, there are times when they really suffer to cope as foster parents. With this in mind they were again advised to seek help and especially assistance from their social worker.

8.15 Session 14: Dealing with death and dying as a parent

- **Objectives**

- How can I care for the spiritual side of my life as a parent?
- The importance of being closer to the people you love.
- How will your family run your funeral and also what kind of ceremony would you like to have?

- **Programme activities**

The group read from the Bible as an activity. A group discussion was held and most people were exceptionally emotional during this session.

- **Discussion**

People infected and affected experience many spiritual needs when they are confronted with the disease. According to Marcenko and Samost (1999:40), prayer and faith were central in the lives of many women infected by HIV and AIDS. To treat the individual holistically, it is important for professionals such as social workers, to give attention to the spiritual functioning of the client (Gilbert, 2000:67). The group members were encouraged to seek help from the people in their community who were experienced in working with the spiritual aspects of life, for instance the pastor or elders at the temple or others, depending on their beliefs. Spend time in peaceful surroundings. Spend time with people you love such as children and friends. Share happy memories. Show people close to you that you love them, even if you have not done this in the past. Talk about your worries and fears and express your hopes for the future.

The members were advised to follow rituals and ceremonies that bring comfort such as chanting, praying, lighting incense and candles, making offerings, meditating or receiving blessings.

The group members were encouraged to consider their children's future. Who do they trust? It must be a person who will love and care for their children the way they would want them to. It must be a person, whose financial position can take care of their children and provide them with education. Establish how the children feel about this person.

Other things they may like to do to prepare them self for the future is to show family members or friends that they are loved. Share hopes for the future, especially for the children who will be left behind. Share memories of happy moments in life. Discuss how they would like to be remembered. Leave things that are important to people they love, e.g. give favourite photographs to your children (Soul City, 2004:42-43).

Practical things to think about and discuss with their family are:

- Where do they want to be cared for when they are very ill?
- Who is the best person to care for their children?
- Who will be responsible for their possessions? Who can they talk to about this?
- How will their family manage when they die? Who can help them?
- How will your family pay for your funeral? What kind of ceremony would you like to have?

Emotional issues to be discussed include:

- Unresolved old quarrels
- Is there anyone they would like to reconcile with?
- How will they do this?
- Who can help them?

- **Summary**

People affected by HIV and AIDS are constantly confronted with death and dying. In this session the group members could express their feelings and fears concerning not only the death of the family members, but also their own.

They could discuss it with the researcher, who is a social worker, but also with members in the group who could help them deal with it.

8.16 Session 15: The role of religion and faith

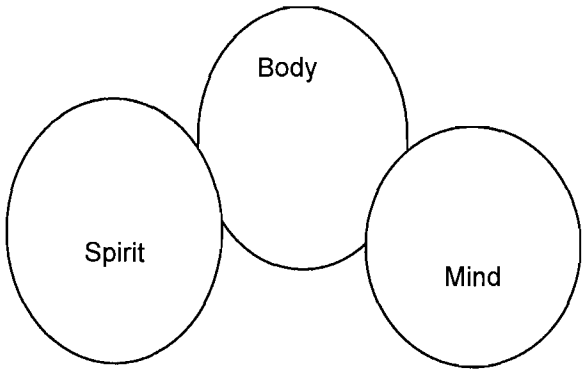
- **Objectives**

- How can one care for the spiritual side of life?
- How does body and mind relate to the spirit?
- How can spiritual care help?

- **Programme activities**

The holistic framework diagram was used as an ice-breaker and it was discussed.

Figure 5: The holistic frame work



(Evian 2000:299)

- **Discussion**

Counsellors need to reduce the tension between the internal, psychological, moral and spiritual worlds of their clientele (Kasiram, 2006:167). According to Goldner (1999:326), counsellors do not deserve to be society's moral and spiritual arbiters, but that role is the counsellors' role whether they like it or not. Social workers have to address the spiritual world, especially with the infected HIV and AIDS patient and his or her family.

People infected have to accept their illness and understand that they have a chronic disease which will cause them to fall ill, but it is possible to overcome difficulties and to enjoy each day as something precious. Have kindness for yourself. Wish happiness and freedom from suffering for yourself. Understand feelings such as sadness, anger and hopelessness as being normal when you are feeling ill. They will come and go. Plan for the future and you will find peace in being prepared for the future.

Dying is not the problem. Our problem is how to continue living while we are still alive and living with AIDS. When you have AIDS, you will have periods of ill health, sickness and despair. But you will also occasionally feel well and experience precious moments.

Care for your mind and spirit by staying hopeful that you will be able to manage your illness and will soon feel better. Talk about your fears and worries with people you trust. Seek spiritual help and pray according to your belief.

The body and the mind are not the only areas that need care. There is a need for spiritual support as well. Involvement of a spiritual organisation or the minister is important. Do not suggest it to the patient, since this creates anxiety related to eminent death. The request should be initiated by the patient (Evian, 2000:300).

Evian (2000:300) points out that many dying patients will be comfortable if they are sedated with the knowledge that friends and the family are nearby and they must know that they are not abandoned or left alone. According to Soul City (2000:46), they must also be advised to draw up their wills.

Spiritual care can help you to:

- accept value and love;
- be peaceful and understanding;
- maintain hope. Everyone needs hope. For example you may hope to:
  - ❖ get better or hope for happy times with family and friends;
  - ❖ hope for the family's future;
  - ❖ hope for a peaceful death;
  - ❖ reconcile with people who you may have had conflict with in the past.
- understand suffering and how suffering can be turned into a positive experience.

- **Summary**

Following this session, the group members realised the important role of religion and faith in their lives and the lives of their family members. They were all Christians and were once more reminded not to forget the value of their belief.

8.17 Session 16: The role of the social worker and the multi-professional team

- **Objective**

The objective of this session was to explain to the group the important role of the social worker in dealing with their needs and problems as well as the role of other members of the professional team.

- **Programme activities**

Posters of the different professions were displayed, indicating how they link to one another in helping the people infected with and affected by HIV and AIDS.

- **Discussion**

The social worker is the person in the multi-professional team who can help families affected by HIV and AIDS. If a family member is infected, it is best to manage this person's needs and problems with a team of health care workers. The team may include a primary care doctor or a nurse, social workers, psychologists if available, counsellors, health educators, voluntary workers and specialists (Evian, 2000:113-114).

People with HIV and AIDS have to cope with many different problems. The problems vary from medical conditions to psycho-social problems, which are often related to coping with the disease and crises such as anxiety, fear or depression (Evian, 2000:113).

The social worker fulfils a very important role in service delivery to family members affected by HIV and AIDS. It is important not to hesitate to ask for help from a social worker. The social worker is able to help with different needs and problems of families affected by HIV and AIDS. One of the services is statutory social work. The aim of this service is to improve the social functioning of individuals, families and communities by applying administrative procedures prescribed by a written law of a legislative body (New Dictionary of Social Work, 1995:62). The social worker is the person who can start with the statutory process of putting a child or children in foster care in terms of section 15(1)(b) of the Child Care Act (74 of 1983) or section

46 (1)(a)(ii) of the new Children's Act (38 of 2005) and who delivers foster care services to the foster families (Delport, 2008:307).

Services the social worker can deliver to families affected by HIV and AIDS are, for instance, the requirements of foster care, the foster care grant and how to spend it, how to deal with several needs of the child in foster care, needs of families and also the needs of the infected person (Delport, 2007; Delport, 2008). According to Gebel (1996:1) and Portengen and Van der Neut (1999:52), preference is given to kinship foster rather than foster care outside the family.

- **Summary**

Although the group members make use of the services of different people in the professional team, they did not have enough knowledge of all the services of these people, especially of the social worker. They were once again encouraged to make use of these people's services and especially those of their social worker.

8.18 Session 17: Conclusion and evaluation

- **Objectives**

The objectives of this session were to:

- end the group work sessions;
- evaluate the programme; and
- help the respondents plan for the future.

- **Programme activity**

A poster was shown with the different topics to remind the respondents of what had been discussed. Following this, evaluation questionnaires were handed out to the group members for them to evaluate the group work project (see Annexure 5). At the end of the meeting the respondents filled out The Index of Parental Attitudes (IPA) and the Generalized Contentment (GCS) scales, both of Perspective College (2000).

- **Discussion**

An overview was given to the group members on the nature and content of the programme. After the discussion on what was discussed and experienced, the members filled out the questionnaire and the measuring scales.

At the end of the session the researcher discussed the future with the members and highlighted the important aspects they had to bear in mind for functioning as people affected by HIV and AIDS.

9. RECOMMENDATIONS

- If one wishes to present empowerment programmes for families affected by HIV and AIDS, small groups are better than large ones.
- Design a programme, because it allows you to use many resources such as posters, group discussions and videos.
- Social workers must take hands with health workers. If we wish to stop HIV and AIDS we must educate the family members, because they will disseminate the information to other family members.
- Social workers also have to work in collaboration with other professionals within multidisciplinary teams where different service providers compliment one another.
- The family needs strengthening in order to be able to provide effective support and care to the infected and affected.

10. CONCLUSIONS

- HIV and AIDS is a serious problem in many families. It is difficult to measure the effectiveness of HIV empowerment programmes.
- Empowerment programmes among the affected families that educate family members on how to prevent the disease, give support to those infected in their families and take care of their orphans left behind, are the best.

- This research proves that information given in small groups (6-12 group members) especially families affected by HIV and AIDS, is more effective than information given to family members in a large group.
- The death rate among family members is high. In some families in a group the researcher conducted, the parent had lost about four children and was left with nothing but orphans she had to raise. Social workers who have the knowledge and skills are trained to do group work. Social workers must take hands with the health team to help these families affected by HIV and AIDS.
- Social workers can also empower those already taking ART in a support group to prolong life with the available drug which is given free by the government.
- The South African community is fortunate, because since 2004 the antiretroviral drugs have been introduced to prolong life for many years although these drugs are not a cure, but it will at least allow parents the opportunity of raising their children.
- Thanks to new medications, someone infected with HIV can stay relatively healthy and symptom-free for many years.

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ARTICLE 4

AN EVALUATION OF A SOCIAL GROUP WORK PROGRAMME FOR FAMILIES AFFECTED BY HIV AND AIDS

Sito MM, Roux AA and Strydom H *(Sito, MM is a student, Roux, AA a senior lecture and Strydom, H a professor in the School of Psychosocial Behavioural Sciences: Social Work Division, Potchefstroom Campus of the North-West University)*

OPSOMMING

In hierdie ondersoek is daar van die "Generalized Contentment Scale (GCS)"-skaal en die "Index of Parental attitudes (IPA)"-skaal, beide van Perspektief Opleidingskollege (2000), gebruik gemaak om die tevredenheid van families met hulle lewens asook hulle houding teenoor hulle eie kinders en die kinders in hulle pleegsorg, wat deur MIV en VIGS geaffekteer is, te bepaal. Twaalf groeplede wat deur MIV en VIGS geaffekteer is en wat die maatskaplike groepwerkbemagtigingsprogram deurloop het (die eksperimentele groep) asook twaalf gesinslede wat deur MIV en VIGS geaffekteer is (kontrolegroep), was met drie geleenthede aan hierdie meting blootgestel. Beduidende verskille tussen die twee groepe is waargeneem.

'n Self-saamgestelde evalueringsvraelys is ook aan die einde van die reeks groepbyeenkomste benut om die groeplede in die eksperimentele groep die geleentheid te gee om die waarde wat die program vir hulle ingehou het, te evalueer.

In hierdie artikel sal vervolgens aandag geskenk word aan die bespreking van die resultate wat behaal is.

1. PROBLEM STATEMENT

HIV has a major impact on individuals and on community structures such as the family. Family has traditionally been the fundamental unit of any society,

but as the epidemic progresses, this structure was steadily being eroded (Frohlich, 2005:351).

The psychological needs of those with HIV infection, who are also coping with the loss of loved ones to AIDS in the family, have created a serious problem because these people are affected and infected. The family members left behind have the psycho-social effect and uniqueness of symptoms associated with AIDS-related bereavement (Boyd-Franklin *et al.*, 1995:114-115). In research done by Modise (2005:37), it was found that most of the children affected by HIV and AIDS stayed with guardians. It was also identified that the biological parents of these children were either terminally ill or unable to provide them with proper care and support or had already passed away. These situations put affected families in crisis (Boyd-Franklin *et al.*, 1995:114-115). They must be empowered to deal with the problems caused by HIV and AIDS (Wessels, 2003:1). According to Uys (2004:5), families need much counselling as well as teaching to be able to cope with the illness emotionally and physically. The involvement with the family may commence at disclosure and end after the death of the family member (Uys, 2004:5).

Social group work, as one of the methods of social work, can help the social worker to prevent the spread of HIV infection and to build systems of care, support and treatment for people with HIV and AIDS, and their families (Toseland & Rivas, 2005:18; Roux, 2002:3). In group work the social worker is afforded the opportunity of making use of different types of groups and making a choice concerning the type of service when working with the families affected by HIV and AIDS and assisting them in recovering from uncertainty. In the group, the group leader can deal with the different feelings and experiences of family members affected by the illness (Corey & Corey, 1992:366-366; Kurtz, 1997:21-24; Roux, 2002:3). A social group work empowerment programme can provide in the needs of family members affected by HIV and AIDS and empower them to cope with the illness. Every group is unique regarding its needs (Getzel & Mahony, 1993:28-30; Roux, 1997:37; Toseland & Rivas, 1998:147; Roux, 2002). Although programmes can be used in clinical social work as well as in community work and community development, the researcher, for purposes of this research,

decided to implement the social group work method and to render services to families affected by HIV and AIDS by means of a designed social group work programme. The researcher is familiar with the social group work method, since she has already implemented it in service delivering.

In social work and allied disciplines there has been a push towards accountable and empirically validated practice (Toseland & Rivas, 2005:389). Evaluation and measuring are essential in obtaining information on the effects of a single intervention on the individual or on the total group experience (Austadt, 2008:320; Toseland & Rivas, 2005:389). According to Babbie (2001:119), measuring is the "deliberate observations of the real world for the purpose of describing objects and events in terms of the attributes composing a variable". Measurement is one more step in the reduction of the complex reality to a more manageable simplicity (Bohrnstedt & Knoke, 1988:15; Roux, 2002:253).

2. RESEARCH QUESTION

Can the presentation of a social group work empowerment programme be effective in empowering families affected by HIV and AIDS to cope with the illness?

3. AIM OF THE RESEARCH

- The **aim** of this article is to evaluate the effectiveness of a social group work programme in empowering families affected by HIV and AIDS to cope with the illness.

4. RESEARCH METHODOLOGY

The methods of this research were a literature study and an empirical research. The method used for investigation was experimental design. De Vos (2005:389) maintains that "the most valid and reliable measurement results are obtained by using the experimental design".

5. RESEARCH DESIGN

During this study the exploratory and explanatory designs were used (Fouché & De Vos 2005**a**:141; Strydom, 2000:77). According to Bless and Higson-

Smith (2000:154), the purpose of the exploratory research is to explore a certain phenomenon with the primary aim of formulating more specific research questions relating to that phenomenon.

The method used for investigation was experimental design. According to De Vos (2005**b**:389), "the most valid and reliable measurement results are obtained by using the experimental design". Measurement took place before the first meeting (pre-test), in the middle before the tenth meeting and at the end of the last meeting (post-test) (Bless & Higson-Smith, 2000:68). However, in social work, two aspects according to Tripodi (1983:370), usually make this design unacceptable and unethical. These aspects are the use of control groups where people in the control group with the same problems and needs do not receive treatment because the research design placed them in the control group. To eliminate this situation, the information of the social group work programme was given to the control group after the research was done.

6. MEASURING INSTRUMENT

The Generalized Contentment Scale (GCS) of Perspective Training College (2000) (Annexure 6) was used to measure the way respondents felt about their life surroundings. The researcher also used the Index of Parental attitudes (IPA) of Perspective College (2000) (Annexure 7) to measure the degree of contentment respondents felt regarding their relationship with their children. These measuring scales were used on three different occasions with both the experimental group and control group. The measuring scales were completed by both the experimental and control group before the first group session commenced **(before),** before the tenth session started **(middle)** and at the end of the final group session **(after)**.

A questionnaire was designed containing closed and open-ended questions to evaluate the social group work programme at the end of the final session (Strydom, 2002:405, 406; Roux, 2002:344-345; Toseland & Rivas, 2001:406-421). (Annexure 5)

7. RESEARCH PROCEDURE

The procedures followed were:

- Participants in the experimental group, who were randomly selected, participated in the social group work programme.
- The same program was presented to the control group after finalisation of the research.
- The social group work programme was implemented and evaluated.
- Data was processed.

8. DATA ANALYSIS

Data of the Generalized Contentment Scale (GCS) and the Index of Parental attitudes (IPA) Scale were processed by a computer program of Perspective Training College. The schedule with both open and closed-ended questions to determine the success of the social group work programme for families affected by HIV and AIDS was processed by the researcher. Data were transformed into statistically accessible forms by counting procedures, and supervised by the promoter Dr AA Roux.

9. THE NATURE OF EVALUATION AND MEASURING

Empowerment-based practice evaluation such as the social group work programme emphasises progress, achievement and accomplishment. Progress evaluation, outcome assessment, and programme evaluation are three main types of social work practice evaluations (Du Bois & Miley, 2005:220). Through outcome assessments, social workers evaluate the degree to which clients achieve their stated goals and the effectiveness of the strategies employed. Through programme evaluation, social workers attempt to address the question if this program is accomplishing its goals (Du Bois & Miley, 2005:221-222).

The benefits of evaluation for social workers who do group work are, according to Toseland and Rivas (2005:390), as follows:

- Evaluation can satisfy the social workers' curiosity and professional concerns about effects of specific interventions they perform while working with a group.
- Evaluation can help the social worker in improving his/her leadership skills.
- The social worker can assess the progress of group members and determine whether the group and programme are accomplishing agreed-on purposes.
- Evaluations allow group members to express their satisfaction and dissatisfaction with the group.
- Social workers can gather knowledge that can be shared with others who are using social group work as a method for similar purposes and similar situations.
- Social workers can systematize and make the covert hypothesis-generating and hypothesis-testing processes they routinely engage in as they practise.
- Evaluation can examine the cost-effectiveness of group work services.

With this evaluation the researcher could assess the progress of group members and determine whether the group and programme are accomplishing agreed-on purposes. The evaluations also allowed the group members to express their satisfaction and dissatisfaction with the group. With this evaluation it will be possible for social workers to gather knowledge that can be shared with others who are using social group work for empowering families affected by HIV and AIDS.

10. RELIABILITY AND VALIDITY OF THE MEASURING SCALES

To obtain valid and reliable data one must, according to Delport (2002:166), "ensure, before implementing the study, that the measurement procedures and the measurement instruments to be used have acceptable levels of reliability and validity". Two standardised measuring scales, namely the Generalized Contentment Scale (GCS) and the Index of parental Attitudes

(IPA) of Perspective Training College, were used to evaluate the life satisfaction of the family members affected by HIV and AIDS in the group as well as their parental attitudes. According to Bloom *et al.* (1999:217), "One of the encouraging innovations in measurement for the single-system evaluation in clinical practice has been the development of a set of standardized scales by Hudson and his co-workers – the WALMYR Assessment Scales (WAS)".

Both the GCS and IPA are completed at three occasions by the experimental and control groups. The instruments were completed before the intervention, before the beginning of the tenth session and at the end of the seventeenth session.

Strydom (2003:215) points out that one must also strive for the highest possible way of reliability. Validity, according to Babbie (2004:143), refers to "the extent to which an empirical measure accurately reflects the concept it is intended to measure".

Hudson and Faul (1997:60-61) said the following about the GCS and IPA scales: "all the unidimensional scales have reliabilities of ,90 or higher and good content, construct and discriminant validity".

The Generalized Contentment Scale (GCS) measures the way people feel about their lives and the Index of Parental Attitudes (IPA) Scale measures the degree of contentment parents have in their relationships with their child or children. These scales of Perspective Training College are distributed through Walmyr Publishing Company.

The Generalized Contentment scale (GCS) switches between 0 and 100

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0 25 35 70 100

- A reading higher than 35% shows a need for improvement.
- A reading between 25% and 35% suggests that attention must be given to the situation.
- A reading lower than 25% is a recommended measurement.

The Index of the Parental Attitudes scale (IPA) switches between 0 and 100.

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0 25 35 70 100

- A reading higher than 35% show a need for improvement.
- A reading between 25% and 35% suggest that attention must be given to the situation.
- A reading lower than 25% is a recommended measurement.

11. THE GROUP WORK PROGRAMME

The social group work programme was implemented by means of seventeen sessions. The social group work programme is the one presented in Table 1.

Table 1: Social group work programme

NO	SESSION TOPIC	PROGRAMME
1	Orientation/contract	• Measuring scale before session starts • Ice-breaker • Group discussion • Goal formulation contracting
2	The importance of values and self-esteem	• Ice-breaker • Posters • Group discussion
3	The nature of HIV and AIDS	• Ice-breaker • Posters • Group discussion
4	Symptoms and the spread of HIV and AIDS	• Posters • Group discussion
5	Physical care of HIV-infected person (CD4 count, Antiretroviral drugs and nutrition)	• Ice-breaker • Posters • Group discussion
6	Dealing with emotional needs of the infected person	• Ice-breaker • Group discussion
7	Drugs, alcohol and STD's in relation to HIV and AIDS	• Posters • Group discussion
8	The role of family and friends as support system/open up	• Ice-breaker • Group discussion
9	Empower infected person to plan for the future and deal with death	• Posters • Pictures
10	My role as foster parent/place of safety	• Measuring scale before session started • Case study • Role play • Group discussion

11	Dealing with physical and emotional needs of foster /orphan children	• Case study • Group discussion
12	The household budget and using the foster grant	• Case study • Role play • Group discussion
13	Dealing with own emotional and other problems as foster/place of safety parent	• Ice-breaker • Group discussion
14	Dealing with death and dying as parent	• Video/story/case study • Group discussion
15	Religion and faith	• Ice-breaker • Group discussion
16	The role of the social worker and other professionals of the multi-professional team	• Ice-breaker • Poster • Group discussion
17	Conclusion and evaluation	• Measuring scale at the end of the session • Evaluation of group work programme • Closing

(Sito, 2008)

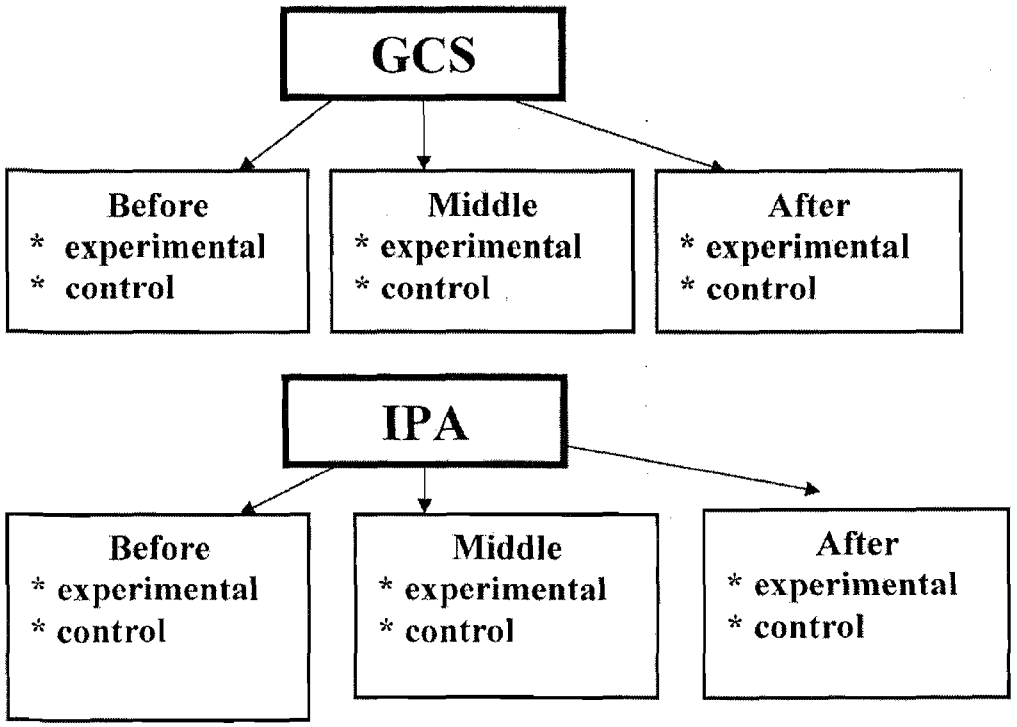
12. RESULTS OF THE GENERALISED CONTENTMENT SCALE (GCS)

The respondents in the experimental group will be numbered by the letters of the alphabet with a number 1 following the letter of the alphabet, for instance A1. The respondents in the control group will be numbered by the same letters of the alphabet with a number 2 following the letter of the alphabet, for example such as A2. This will be explained by Table 2.

Table 2: Number of respondents in the experimental and control groups

Experimental group		Control group	
A1	Respondent 1	A2	Respondent 1
B1	Respondent 2	B2	Respondent 2
C1	Respondent 3	C2	Respondent 3
D1	Respondent 4	D2	Respondent 4
E1	Respondent 5	E2	Respondent 5
F1	Respondent 6	F2	Respondent 6
G1	Respondent 7	G2	Respondent 7
H1	Respondent 8	H2	Respondent 8
I1	Respondent 9	I2	Respondent 9
J1	Respondent 10	J2	Respondent 10
K1	Respondent 11	K2	Respondent 11
L1	Respondent 12	L2	Respondent 12

Figure 1: GCS and IPA scales



12.1 Results of the GCS measuring scale of the experimental group

12.1.1 Measurement of the experimental group between the first and middle measurement of the GCS

The first measurement took place before the first and the middle measurement before the beginning of the tenth meeting. All the respondents were subjected to the measurement.

Table 3: The significance of the growth of group members in the experimental group between the first and middle measurement of GCS

Experimental group	Before	Middle	Difference
A1	51	55	-4
B1	55	35	+20
C1	50	26	+24
D1	46	45	+1
E1	59	43	+16
F1	50	43	+7
G1	30	24	+6
H1	38	40	-2
I1	53	44	+9

J1	43	35	+8
K1	54	32	+8
L1	20	08	+12
G	**45**	**35**	**+10**

The results above indicate that 10 (83,33%) of the group members felt more positive about their lives from the first to the middle measurement. Only 2 (16,67%) members' feelings about their lives as HIV and AIDS affected people became less positive between the first and middle measurement. These two members advanced the following reasons: They were emotional all the time when thinking of their deceased children. The one lost her daughter and grandchild within two months due to AIDS and her husband was abusing her physically. He did not give her support; instead he aggravated her pain. She experienced immense stress most of the time. The other respondent lost her daughter, and her grandchild was terminally ill and on ARV therapy. She had lost hope for the child's recovery because the treatment on the child had started very late. The group continued to support them during the programme. The two respondents did not receive support from their relatives.

One can thus say that the group sessions between the first and middle measurement empowered group members to feel better about their lives.

A further deduction that can be made is that the group sessions between the first and middle measurement empowered group members, as HIV and AIDS infected people, to feel better about their lives although the score could have been higher.

12.1.2 Measurement of experimental group between the middle and third measurement of GCS

The middle measurement took place before the beginning of the tenth meeting and the third measurement at conclusion of the final (seventeenth) session. All the respondents were present and completed the measuring scale.

Table 4: The significance of the growth of group members in the experimental group between the middle and third measurement of the GCS

Experimental group	Middle	After	Difference
A1	55	50	+5
B1	35	28	+7
C1	26	31	-5
D1	45	20	+25
E1	43	23	+21
F1	43	46	-3
G1	24	24	0
H1	40	42	-2
I1	44	50	-6
J1	35	48	-13
K1	32	31	+1
L1	08	19	-11
G	**35**	**34**	**+1**

The results above indicate that the way five (5) (41,67%) of the group members felt about their lives, had become less positive from the middle to the last measurement. Although only 5 (41,67%) of the group members had felt better about their lives from the middle to the last measurement, the group members were very active during sessions and very positive about their lives. They asked questions and also shared information.

12.1.3 Measurement of experimental group between the first and third measurement of the GCS

At the third measurement at the end of the final session all the respondents were present and completed the measuring scale. It was necessary to evaluate the improvement of group members' feelings about their lives after completion of the social group work programme.

Table 5: The significance of the growth of group members in the experimental group between the first and third measurement of the GCS

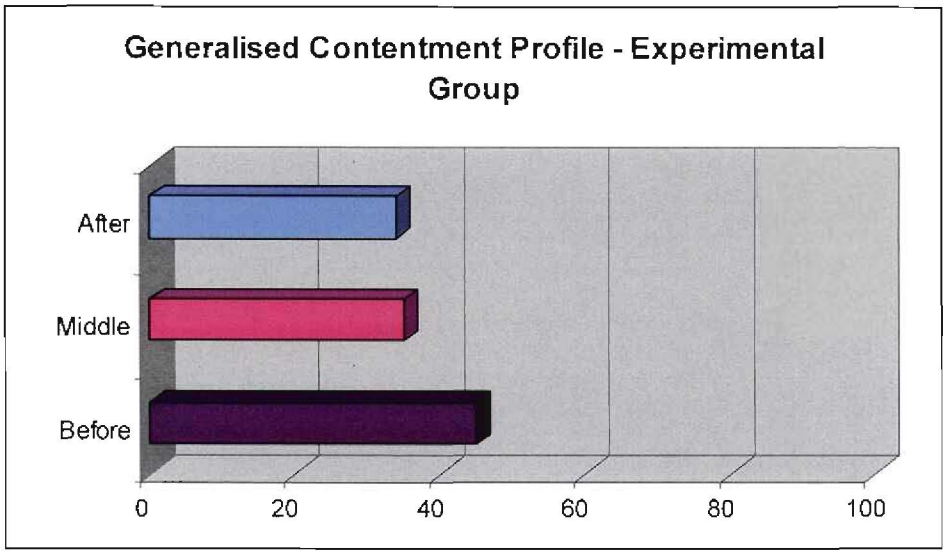
Experimental group	Before	After	Difference
A1	51	50	+1
B1	55	28	+27
C1	50	31	+19
D1	46	20	+26
E1	59	23	+36
F1	50	46	+16
G1	30	24	+6
H1	38	42	-4

I1	53	50	+3
J1	43	48	-5
K1	54	31	+23
L1	20	19	+1
G	**45**	**34**	**+11**

According to these results an improvement was reported in 10 (83,33%) group members between the first and last sessions regarding how they felt about their lives as HIV and AIDS-infected people. The improvement of 4 (33,33%) of the respondents were very good and below 25%. These results also confirm the results in research done by Roux (2002) on the role of social group work in enhancing the quality of life of people infected by HIV and AIDS by means of a social group work programme. Only 2 (16,67%) members' feeling about their lives did not improve through the series of meetings. The reasons why their feelings about their lives did not improve were the way their families treated them on the one hand and their emotional situation on the other hand.

12.1.4 The mean results of the experimental group between the first and the third measurement of the GCS

Figure 2: Mean results of the GCS of the experimental group



We may come to the conclusion that the social group work empowerment programme did enhance the group members' feelings about their lives. The significance of the group measurements between the first and the third

measurement of the Generalised Contentment Scale did thus improve their lives, although a lot still have to be done. According to Becker (2005:108); Corey and Corey (2002:356-360) and Roux (2002), social group work makes a particular contribution in addressing the various challenges presented by HIV and AIDS.

12.2 Results of the GCS measuring scale of the control group

The first measurement took place before the first meeting when the experimental group commenced. **Only ten respondents of the control group completed this scale. This measurement could not be used and the next measurement took place at the same time as that of the experimental group, namely before the beginning of the tenth meeting. All the respondents completed this measurement**. The last measurement was also at the end of the final group session of the experimental group and all respondents completed the last measurement.

12.2.1 Measurement of the control group between the middle and third measurement of the GCS

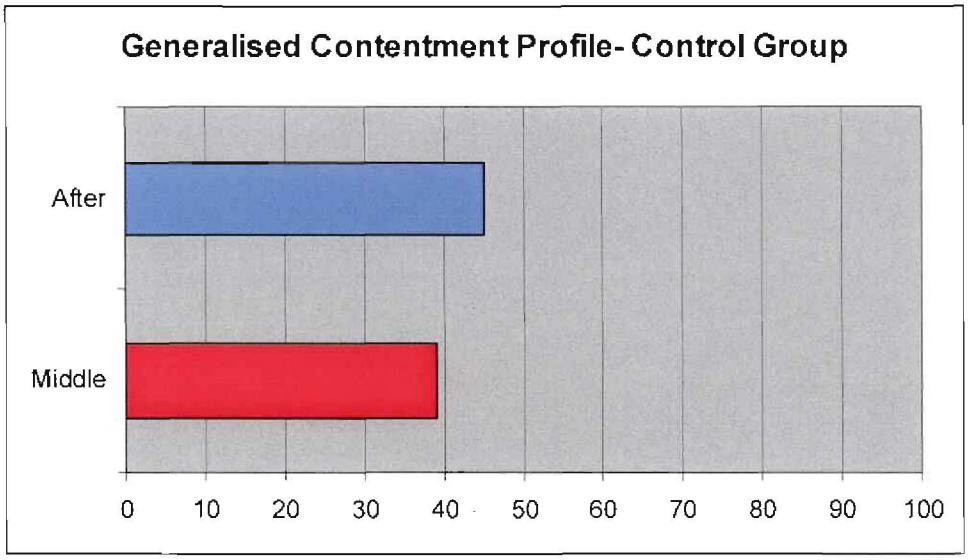
Table 6: The significance of the growth of the respondents in the control group between the middle and third measurement of the GCS

Control group	Middle	After	Difference
A2	25	47	-22
B2	48	51	-3
C2	47	47	0
D2	46	44	+2
E2	32	54	-22
F2	40	44	-4
G2	42	45	-3
H2	47	44	+3
I2	45	46	-1
J2	22	49	-27
K2	43	22	+21
L2	42	50	-8
G	**39**	**45**	**-6**

The results above indicate that the way 9 (75%) of the respondents felt about their lives, had become less positive from the middle to the last measurement. Although only 3 (25%) of the group members had felt better about their lives from the middle to the last measurement, their results are still not good.

12.2.2 The mean results of the control group between the middle and the third measurement of the GCS

Figure 3: Mean results of the GCS of the control group



According to these results, there was no improvement between the middle and final measurement of how the respondents in the control group had felt about their lives as HIV and AIDS-affected family members. Their feelings about their lives actually became less positive between the first and last measurement.

We may draw the conclusion that family members' feelings about their lives cannot improve without interventions such as the social group work empowerment programme. Social workers must initiate social group work empowerment programmes if they wish to empower families affected by HIV and AIDS to feel better about their life situations (Roux, 2002).

13. RESULTS OF THE INDEX OF PARENTAL ATTITUDE SCALE (IPA)

13.1 Results of the IPA measuring scale of the experimental group

13.1.1 Measurement of the experimental group between the first and middle measurement of the IPA

Table 7: The significance of the growth of group members in the experimental group between the first and middle measurement of the IPA

Experimental group	Before	Middle	Difference
A1	45	54	-9
B1	31	46	15
C1	54	36	+18
D1	44	35	+8
E1	48	20	+24
F1	50	45	+5
G1	24	19	+5
H1	24	28	-4
I1	42	53	-11
J1	22	38	-16
K1	38	51	-13
L1	53	43	-10
G	**39**	**39**	**0**

The results above indicate that 5 (41,67%) of the group members' feelings about their children had become more positive from the first to the middle measurement. The members whose feelings about their relationship with their child or children did not change to the positive, experienced problems with their relationships to some extent. The results indicated that the respondents' children often get on their nerves. The children are often too demanding and the respondents sometimes wish they did not have these children. There was thus no growth in the IPA from the first to the middle measurement.

13.1.2 Measurement of experimental group between the middle and third measurement of the IPA

Table 8: The significance of the growth of group members in the experimental group between the middle and third measurement of the IPA

Experimental group	Middle	After	Difference
A1	54	48	+6
B1	46	47	-1
C1	36	40	-4
D1	35	26	+9
E1	20	46	-26
F1	45	46	-1
G1	19	16	+3
H1	28	42	-14
I1	53	47	+6
J1	38	48	-10
K1	51	37	+14
L1	43	38	+5
G	**39**	**40**	**-1**

The middle measurement took place before the tenth meeting commenced and the third measurement at the end of the final session. All the respondents were present and filled out the measuring scale. The results indicate that 6 (50%) of the group members' feelings about their children had turned more positive from the middle to the last measurement. The members whose feelings about their relationships with their child or children did not follow the same trend, did to some extent experience problems with their relationships, as already indicated. A reason for this may be that the programme made them aware of what the relationship between parents and children ought to be like.

13.1.3 Measurement of experimental group between the first and third measurement of the IPA

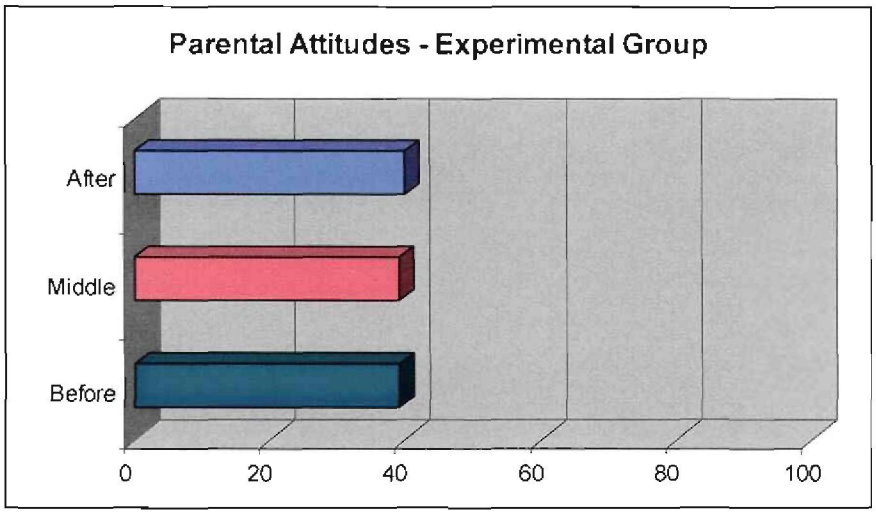
Table 9: The significance of group members in the experimental group between the first and third measurement of the IPA

Experimental group	Before	After	Difference
A1	45	48	-3
B1	31	47	-15
C1	54	40	+14
D1	44	26	+18
E1	48	46	+2
F1	50	46	+4
G1	24	16	+8
H1	24	42	-18
I1	42	47	-5
J1	22	48	-26
K1	38	37	+1
L1	53	38	+15
G	**39**	**40**	**-1**

According to these results, improvement was visible between the first and final sessions with regard to how 7 (58,33%) of the group members felt about their relationships with their child or children.

13.1.4 The mean results of the experimental group between the first and the third measurement of the IPA

Figure 4: Mean results of the IPA of the experimental group



We may conclude that the social group work empowerment programme did indeed enhance 7 (58,33%) group members' feelings about their relationships with their child or children – also with those children in their care who were affected by HIV and AIDS. On the other hand 5 group members did not improve and the mean measurement was 1% lower between measurement one and three.

The significance of the group measurements between the first and the third measurement of the Parental Attitude Scale did thus improve seven group members' relationships with their children. Although, as Becker (2005:108), Corey and Corey (2002:356-360) and Roux (2002) say, social group work makes a particular contribution in addressing the various challenges presented by HIV and AIDS, social workers still need to pay more attention to the relationships between parents and their own children as well as those other children in their care who are affected by HIV and AIDS. According to this results, only one parents' measurement was below 25.

13.2 Results of the IPA measuring scale of the control group

13.2.1 Measurement of the control group between the first and middle measurement of the IPA

Table 10: The significance of the growth of respondents in the control group between the first and middle measurement of the IPA

Experimental group	Before	Middle	Difference
A2	24	27	-3
B2	25	20	+5
C2	31	18	+13
D2	27	42	-15
E2	40	38	+2
F2	25	36	-11
G2	22	31	-9
H2	20	38	-18
I2	36	40	-4
J2	32	39	-7
K2	39	38	+1
L2	32	41	-9
G	**29**	**34**	**-5**

The results above indicate that 4 (33,33%) of the respondents in the control group's feelings about their children had become more positive from the first to the middle measurement. The results indicated that the respondents' children often get on their nerves and they often dislike them. The children are often too demanding and the respondents sometimes wish they did not have these children. There was thus no growth in the IPA from the first to the middle measurement for 8 (66,67%) of the respondents.

13.2.2 Measurement of the control group between the middle and third measurement of the IPA

Table 11: The significance of the growth of respondents in the control group between the middle and third measurement of the IPA

Experimental group	Middle	After	Difference
A2	27	45	-18
B2	20	34	-14
C2	18	42	-24
D2	42	45	-3
E2	38	50	-12
F2	36	17	+19
G2	31	49	-18
H2	38	34	+4
I2	40	34	+6
J2	39	21	+18
K2	38	35	+3
L2	41	38	+3
G	**34**	**37**	**-3**

The middle measurement took place before the tenth meeting commenced and the third measurement at the end of the final session. The results indicate that 6 (50%) of the respondents' feelings about their children had turned more positive from the middle to the last measurement. The members whose feelings about their relationships with their child or children did not follow the same trend, must to some extent experienced problems with their relationships. These results are an indication that social workers have a responsibility towards parents affected by HIV and AIDS to help them with their relationships with their children.

13.2.3 Measurement of control group between the first and third measurement of the IPA

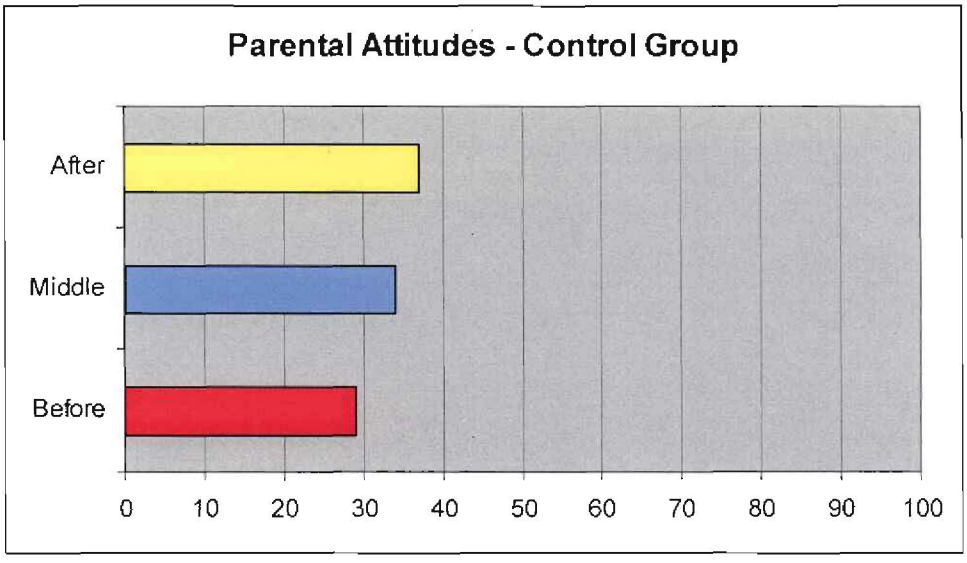
Table 12: The significance of the growth of respondents in the control group between the first and third measurement of the IPA

Experimental group	First	After	Difference
A2	24	45	-21
B2	25	34	-9
C2	31	42	-11
D2	27	45	-18
E2	40	50	-10
F2	25	17	+8
G2	22	49	-27
H2	20	34	-14
I2	36	34	+2
J2	32	21	+11
K2	39	35	+4
L2	32	38	-6
G	**29**	**37**	**-3**

The results indicate that only 4 (33,33%) of the respondents' feelings about their children had turned more positive from the first to the last measurement. The members whose feelings about their relationships with their child or children did not follow the same trend, must as already said, to some extent experience problems with their relationships.

13.2.4 The mean results of the control group between the first and the third measurement of the IPA

Figure 5: Mean results of the IPA of the control group



All twelve respondents completed this measuring scale. The group members' readings in the first measurement were 29, in the middle 34, and 37 in the final measurement. According to these results, there was no improvement between first, middle and final measurements with regard to how the respondents in the control group felt about their relationships as HIV and AIDS affected family members with their own children and the other children in their care. Their feelings about their relationships with their children actually became less positive between all the measurements.

We may conclude that, without interventions such as the social group work empowerment programme, family members' feelings about their relationships with their children could not improve. Social workers must initiate social group work empowerment programmes if they intend empowering families affected by HIV and AIDS to enhance the relationships between parents and their children (Delport, 2007).

14. EVALUATION OF THE GROUP WORK PROGRAMME BY THE GROUP MEMBERS

At the last session of the social group work program, the group members were requested to complete a questionnaire to evaluate the social group work program. They had to choose between "completely" (1), "to a degree" (2) and "not at all" (3). The results will be displayed in Table 16. Here the number of evaluations is calculated with 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 3 because that is the highest the category mark can be, for example (12 respondents x 3 = 36). The following results were received:

Table 13: Evaluation of programme activities

	Number of evaluations	fr	Category mark	%
1. Were the aims of the sessions clear?	12	36	36	100
2. Were the ice breakers clear?	12	35	36	97,22
3. Was the programme media suitable?	12	36	36	100
4. Will it be possible to help other people with the same problem?	12	34	36	94,44
5. Did the themes promote active group discussions?	12	36	36	100
6. To what extent did the sessions increase your knowledge?	12	36	36	100
7. Did the session help you to gain new insight?	12	36	36	100
8. Did the programme help you to feel better about your circumstances?	12	33	36	91,67
9. To what extent did you succeed in understanding the programme activities well?	12	36	36	100

An open-ended question was also posed as to what the group and the group work programme meant to them. The following answers were received:

- I have gained a lot of knowledge on HIV and AIDS. (12)
- I can support other people affected by HIV and AIDS. (12)
- I can now have a meaningful and constructive relationship with infected and affected people. (12)
- I learned a lot about how to prevent infection with the HI-virus. (12)
- I realise the importance of a good relationship with my own children and the other children in my care. (12)
- I gained a lot of knowledge on how to have a healthy life style. (11)
- I now have the responsibility to disseminate information on HIV and AIDS. (10)
- I have learned a lot with regard to developing a healthy and accepted value system. (9)
- I realise the effect of alcohol in the spread of HIV and AIDS. (3)
- The sessions made me feel I belong somewhere. (5)

From all the results received, it is clear that the social group work programme empowered families affected by HIV and AIDS to gain more knowledge on the

disease, but also to improve their insight in the consequences of the disease. These group members are now able to support others affected by and infected with HIV and AIDS and also their own children as well as the children placed in their care because of the death or illness of their parents. These results confirm results of Delport (2007) and Roux (2002) regarding the effect of a social group work programme on the empowerment of people infected with or affected by HIV and AIDS.

From the results obtained the researcher is of the opinion that this programme should be implemented to families affected by HIV and AIDS but with more programme activities on parenting skills of parents. The parenting skills of the group members according to the IPA scale did not improve much. Programme activities such as "how to listen when my child is speaking to me", "how to discipline my child" and "how to know my child's needs", are activities that may be added in an adjusted programme.

15. RECOMMENDATIONS

- Social workers have to make use of evaluation when implementing social group work programmes. Social workers can develop their own evaluation measuring instruments or make use of standardised measuring instruments such as the measuring scales of Perspective College.
- Measuring scales for illiterate people need to be developed because the majority of these scales are for use by literate people only.
- When implementing measuring scales, it is important to use these scales at two to three occasions at least during the programme. Social workers will enhance the level of empowerment of group members by using measuring scales.
- Social workers need to pay more attention to the empowerment of parents regarding their relationships with their own children as well as that with the children affected by HIV and AIDS who have been placed in their care.

- More social group work programmes must be implemented in practice, especially for families affected by HIV and AIDS.
- This developed programme should also be adapted and presented to other groups taking into consideration the shortcomings and group specific issues.

16. CONCLUSION

The social group work empowerment programme for families affected by HIV and AIDS improved the way these family members felt about their lives but it did not improve the relationships between these parents and their own children or that between them and the other children in their care a lot.

The evaluation of the group members on the effect of the programme in an attempt to enhance their functioning as families affected by HIV and AIDS indicated that this programme empowered them to cope with the affect of the illness.

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SECTION C

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

1. INTRODUCTION

Research was conducted to investigate the needs of families affected by HIV and AIDS from social workers' caseloads in a rural area. In this section the researcher will give a summary, conclusion as well as recommendations for this study. The aim and objectives and the central theoretical assumption, will also be tested by means of the findings and conclusions.

2. SUMMARY

2.1 Aim of the research

The **aim** of this research was to evaluate the effectiveness of a social group work empowerment programme for families, selected from social workers' caseloads, affected by HIV and AIDS.

2.2 Objectives of the research

The objectives of the research were the following:

- To investigate the needs of families affected by HIV and AIDS from social workers' caseloads.
- To investigate the role of the social worker in planning a social group work project for families affected by HIV and AIDS.
- To design and implement a social group work programme through literature and empirical study to empower families affected by HIV and AIDS in a rural area to cope with the illness.
- Evaluate the effectiveness of a social group work programme in empowering families affected by HIV and AIDS to cope with the illness.

2.3 Central theoretical argument

A social group work programme can play an important role in empowering families, selected from social workers' caseloads, affected by HIV and AIDS, to cope with the illness.

2.4 Research design

During this study the exploratory and explanatory design was used (Fouché & De Vos, 2005:141; Strydom, 2000:77). This study focussed on the intervention research model De Vos (2005**a**:394-407). De Vos (2005**a**:394) define Intervention research as "studies carry out for the purpose of conceiving, creating and testing innovative human services approaches to preventing or ameliorating problems or to maintain quality of life". In order to achieve the six phases of this model, survey was conducted in order to assess the needs of the families affected by HIV and AIDS. From the literature study and survey, a programme was compiled and implemented in an experimental procedure with an experimental and control group.

According to Bless and Higson-Smith (2000; 154), the purpose of the exploratory research is to explore a certain phenomenon with the primary aim of formulating more specific research questions relating to that phenomenon.

The method used for investigation was survey and experimental design. According to De Vos (2005**b**:389), "the most valid and reliable measurement results are obtained by using the experimental design". Measurement took place before the first meeting (pre-test), in the middle before the tenth meeting and at the end of the last meeting (post-test) (Bless & Higson-Smith, 2000:68). However, in social work, two aspects according to Tripodi, (1983:370), usually make this design unacceptable and unethical. These aspects are the use of control groups where people in the control group with the same problems and needs do not receive treatment because the research design placed them in the control group. To eliminate this situation, the information of the social group work programme was given to the control group after the research was done.

2.5 Measuring instrument

The need assessment was done with family members affected by HIV and AIDS. A non-probability sampling technique, especially the snowball sample, was used. Eighty respondents from the caseloads of social workers in Thaba Nchu were willing to complete a schedule with closed and open questions during an interview with the researcher. They were informed that every thing will be confidential within the group. Schedules with closed and open-ended questions were completed by the researcher. Twelve of these respondents took part willingly in the social group work program and twelve in the control group.

The Generalized Contentment Scale (GCS) of Perspective Training College (2000) was used to measure the way people feel about their lives. The researcher also used the Index of Parental Attitudes (IPA) scale of Perspective Training College to measure the degree of contentment parents have in their relationship with their child or children. These scales of Perspective College are distributed through Walmyr Publishing Company. The programme was evaluated by the group members during the last session.

2.6 Empirical research

- **Article 1: The needs of families affected by HIV and AIDS**

The first article concentrated on an investigation on the needs of families affected by HIV and AIDS. The researcher used the survey procedure to gain insight in the needs of these families. Through a self-designed schedule, completed by the researcher during interviews with each respondent, the researcher became aware of all the needs families affected by HIV and AIDS, experienced.

- **Article 2: The social worker's role in planning a group work programme**

Before the researcher could start with the social group work programme designed after the needs assessment were done, it was necessary to study the literature on the social worker's role in planning a group work programme. Planning a group work project marks the beginning, according to Toseland

and Rivas (2005:153), "of the worker's involvement in the group endeavor". According to Corey and Corey (2002:120); Garvin (1997:50) and Roux (2002:152), thoroughly planning of a group work project is essential for purposeful service delivering.

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

Article three concentrated on the social group work programme the researcher implemented. Each of the seventeen sessions was discussed. This programme was designed after the needs assessment was done. This programme can serve as an example to other social workers who deliver services to families affected by HIV and AIDS by implementing social group work.

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

The social group work programme that was implemented with twelve family members affected by HIV and AIDS in the experimental group and twelve in the control group were evaluated by the Generalized Contentment Scale (GCS) to measure the way they felt about their lives and the Index of Parental Attitudes (IPA) scale of Perspective Training College to measure the degree of contentment they as parents have in their relationship with their child or children. These measuring scales were used three times during the group work programme. At the last session, the respondents also completed a self designed questionnaire to evaluate the programme.

2.7 Literature study

The central focus of this study was on the role that a social group work programme plays to empower families affected by HIV and AIDS from social workers' caseloads in a rural area. There were a number of books, journals and publications on affected families by HIV and AIDS, but very little information on social workers' role in empowering families affected by HIV and AIDS in a rural area through group work.

3. CONCLUSIONS

3.1 Aim and objectives

The **aim** of this research was achieved. A social group work programme for families, selected from social workers' caseloads, affected by HIV and AIDS did empower these families to enhance their social functioning.

All the **objectives** were achieved in the following way:

- An investigation to determine the needs of families affected by HIV and AIDS from social workers' caseloads were done through the needs assessment schedule, done by the researcher.
- The role of the social worker in planning a social group work project for families affected by HIV and AIDS were completed through a literature study.
- After the needs assessment was completed, a social group work programme could be designed and implemented to empower families affected by HIV and AIDS in a rural area to cope with the illness.
- The social group work programme was evaluated by means of the Generalized Contentment Scale (GCS) to measure the way the group members feel about their lives and the Index of Parental Attitudes (IPA) scale, both of Perspective Training College, to measure the degree of contentment parents have in their relationship with their child or children.

3.2 Theoretical assumption

This research confirms that a social group work programme plays an important role in empowering families, selected from social workers' caseloads, affected by HIV and AIDS, to cope with the illness.

3.3 Literature study

A literature study has proven that families affected by HIV and AIDS are faced with multiple psychosocial problems. Problems may include medical management as well as care giving issues; description of family roles and routines; concern about families' future as the illness progresses; the effect on

the children of the infected and affected families as well as the impact on the role of the foster parents.

3.4 Survey procedure

The survey procedure that was used to gather information about the needs of families affected by HIV and AIDS in the Thaba Nchu district ensured a good response because completed schedules were immediately available to the researcher. This procedure allowed the researcher to observe emotions, attitudes and circumstances surrounding the researched concept. The survey procedure indicated a multitude of needs experienced by these families. These needs were more information on HIV and AIDS; knowledge on how to prevent infection; how to care for infected people; how to handle emotional and physical needs of the patient; how to cope as foster parents and handle the needs of children in foster care as well as how to deal with their own needs as foster parents.

3.5 Experimental research

With The Generalized Contentment Scale (GCS) of Perspective Training College (2000) to measure the way people feel about their lives and the Index of Parental Attitudes (IPA) scale to measure the degree of contentment parents have in their relationship with their child or children, valuable results were obtained. It was obvious that the social group work programme empowered families affected by HIV and AIDS to feel better about their lives and to enhance their relationship with their child or children.

The results of the self designed questionnaire indicated that the social group work programme empowered families affected by HIV and AIDS to cope with the effect of the disease in their personal lives. The programme also empowers them as foster parents to handle the needs of their own children as well as their foster children or other orphans in their families with needs they experienced.

3.6 Results of the research

3.6.1 Article 1: The Needs of families affected by HIV and AIDS

The purpose of this article was to investigate the needs of families affected by HIV and AIDS so that they can be able to understand why the HIV and AIDS pandemic is spreading so fast and most of the people are affected and infected in Africa.

The needs of families affected by HIV AND AIDS were investigated from social workers' caseloads. Eighty respondents were interviewed and during the need assessment twenty four members indicated that they were willing to take part in the programme. They were recruited and contracted by the researcher herself. Twelve of these respondents were in the experimental group and the other twelve were in the control group. Ethical dilemma was taken into consideration by the researcher and confidentiality and informed consent were applied.

The self designed questionnaire to evaluate the needs of the respondents was processed by Statistical Consultation services of the North-West University, Potchefstroom Campus.

The respondents were from the Northern, Southern and Central areas of Thaba Nchu. People in the Northern areas and Southern areas live in deep rural where there are no resources and they are far from the agency. Their number appear to be small and this does not mean that they do not have problems with HIV and AIDS but they can only get transport once a day to and from the agency. The numbers of females were higher than males because they are the ones who stay with their families and look after them in times of difficulties. Most orphans are cared for by their grand mothers. The average income of families was low because the majority depends on social grants.

It was discovered that most of the respondents nursed AIDS patients and in some cases also nursed more than one. The need assessment showed that although one thinks people have enough knowledge on HIV and AIDS, there are still a lot of people especially in rural areas who do not know all the facts of the disease. The lack of knowledge on HIV and AIDS was obvious. About

98, 75% of respondents were fully aware that AIDS can make a person very ill. They did not have knowledge of how to protect themselves from infection when they nursed their loved ones. Some were not sure whether a condom can help to prevent infection with the HI-virus. Some respondents believed that one can contract HIV and AIDS by kissing. Research has proved that HIV AND AIDS education was needed.

HIV and AIDS has a devastating social impact, and people affected by it are scared, they have fears, they loose hope and are afraid to talk about the disease because it has killed their loved ones and their children. People affected by HIV and AIDS have a lot of needs and this must be addressed by professionals such as the social worker. They also need help from other professionals such as doctors, nurses and psychologists who can help to relief their stress and depression.

3.6.2 Article 2: The social worker's role in planning a group work programme

People who have been infected and affected by HIV and AIDS mostly do not tell anyone about their illness. They maintain absolute secrecy, even towards their husbands/wives, partners living with them and family. This secrecy not only hampers research, it also puts obstacles in the way of the physical, psychological, social and religious treatment of these persons. This state of affairs is experienced specifically in the black community. As a result of the stigmatization with regard to the HIV and AIDS, these persons are to a great extent rejected by the community.

Social group work to a great extend presented to break the silence with regard to HIV and AIDS. In the group, members can experience the importance of talking about their state in connection to the disease, talk about their feelings and also experience that there are other people with the same feelings in this regard. They could experience what a support system could mean to a person who has been infected and affected by HIV and AIDS.

Thorough planning of a social group work project is essential for the purposeful service delivering. Planning a group work project marks the beginning of the worker's involvement in the group endeavour.

3.6.3 Article 3: The social group work programme

Article three focused on the social group work programme. The contents of seventeen sessions were discussed. The programme was designed for families affected by HIV and AIDS and attention was given to the needs of these families that were investigated by the need assessment.

This research proved that an empowerment programme for families affected by HIV and AIDS can help families with knowledge and insight on how to prevent the disease, how to support those infected in their families and how to look after orphans who are left behind. The programme also empowered the affected family members on how to cope with their own physical, emotional, spiritual and financial needs.

This research proved that information given in small groups (6-12 group members) especially with families affected by HIV and AIDS is more effective than giving information to families in a large group.

Social workers must join hands with the health team to help these infected and affected families with the HIV and AIDS pandemic. The social worker can receive a lot of information and knowledge from these professionals. The social worker needs the health care workers because their knowledge and experience in the field of HIV and AIDS is needed to empower group members. Through social group work, social workers can empower the infected and affected on how to handle ART treatment. This information can support the clinic's services on ART treatment and assure that the infected person handles the treatment correctly.

3.6.4 Article 4: The evaluation of a social group work programme

The GCS and IPA scales of Perspective Training College (2002) were used before the first meeting and before the tenth meeting and at the end of the last meeting. With these scales as well as a self compiled questionnaire, the social group work programme was evaluated.

From the results received, it was obvious that the life satisfaction of the families affected by HIV and AIDS improved as well as their parental attitudes and skills. Ten (83,33%) of the group members felt more positive about their lives from the first to the second measurement five, (41,67%) member's

feelings about their lives improved from the second to the third measurement. From the first to the third measurement, ten (83,33%) of the group members feelings about their lives improved. The results of the control group between the second and third measurement, deteriorated.

From the results gained, it was obvious that the group member's relationship with their child or children, from the first to the second and third measurement almost stayed the same. There was not a substantial improvement. The results of the control group deteriorated from the first to the third measurement. This is an indication that although the parents' relations with their children did not improve, the group work programme helped them to keep up the relations they have and that the programme should be adapted to include more topics of this nature in order to prepare participants better.

4. RECOMMENDATIONS

4.1 Recommendations on the needs of families affected by HIV and AIDS

- A need analysis is very important before service delivery by the social worker. If one wants to do need analysis of people infected or affected by HIV and AIDS, the professional has to respect confidentiality of the respondents' private lives and their culture and consider these people's emotions, in order to win their cooperation to become more open.
- By doing need assessment with families affected by HIV and AIDS, it has helped those who are infected not only to be included in the programme but also to empower the affected with knowledge on how to support the infected.
- When counselling people infected and affected by HIV and AIDS it is important that the social worker who do the counselling must be the one who will handle the social group work programme herself. HIV and AIDS is a sensitive disease to talk about and therefore it is essential that the same worker who did the need assessment has to be the one who will do the programme because of the establishment of a good working relationship.

4.2 Recommendations on the planning of a social group work programme for families affected by HIV and AIDS

- Because social workers in South Africa are hampered by heavy caseloads and cannot undertake social group work programmes on a large scale, it is important that auxiliary workers or trained volunteers should be trained in the implementation of programmes for families affected by HIV and AIDS in specifically the black communities.
- If one wants to do an social group work empowerment programme with affected families by HIV and AIDS, it is necessary to do the planning according to a definite planning process if ever one wants to succeed with the social group work project.

4.3 Recommendations on the social group work programme for families affected by HIV and AIDS

- It is recommended to design a tentative programme from the need assessment because it allows the social worker to motivate people if they knew what the programme activities will be.
- It is recommended that the venue of the group be one which secures privacy to the group. The group must feel free to discuss there situation under private conditions during the meetings.
- The programme must address the needs of the group according to the outcome of the results of the need assessment.
- Programme activities used, must be understandable by everyone in the group.
- Social workers also have to work in collaboration with other professionals within the multi disciplinary team such as the doctors, psychologists and theologians because the different service providers compliment one another.
- Social workers have to implement social group work more in practice, because this research proved that families who experience the same problems of HIV and AIDS can be empowered in a group situation. The different types of emotions can be handled in the group itself by

supporting one another. Families affected by HIV and AIDS also learned responsibilities about their own family members and this built their confidence about the disease.

- The programme can now be adapted to accommodate the shortcomings of the programme.

4.4 Recommendations on the evaluation of a social group work programme

- Social workers have to make use of evaluation when implementing social group work programmes. Social workers can develop their own evaluation measuring instruments or make use of standardised measuring instruments like the measuring scales of Perspective College.
- Measuring scales for illiterate people have to be developed, because the majority of these scales are only for the use of literate people.
- When implementing measuring scales, it is important to use these scales on at least two to three times during the programme. Social workers will enhance the level of empowerment of group members through using measuring scales.

4.5 General recommendations on the topic

- More research has to be done not only on the impact of HIV and AIDS on the infected but also on the affected.
- If individuals are treated with dignity by the social worker, it will be easy for the group members to agree to participate in research because they have confidence in the social worker. If the HIV and AIDS stigmatization can come to an end most people will undergo HIV testing and they will then be given support by professionals. Treatment will then be in time.
- More programmes must be developed to enhance the quality of life of families affected by HIV and AIDS.
- More research has to be done on the quality of the few programmes that already exist to enhance the quality of life of the affected.

- Social workers have to be empowered to be more active in research in their daily practice situation. Social workers play an important role in research especially on psycho-social conditions in South Africa.
- Social workers must take hands with health care workers if the spread of HIV and AIDS must be stopped. Education of the infected and affected is the task of both professions, namely health and social work.

5. FINAL REMARKS

Social group work has played an essential part in social work as a profession. In times of the HIV and AIDS pandemic it gives the social workers an opportunity to apply it to help affected and infected individuals to be empowered in a group. In this study it has helped to support and educate the families affected by the disease of HIV and AIDS.

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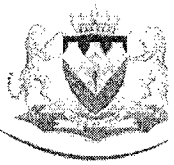
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SECTION E

ANNEXURES

ANNEXURE 1: LETTER FROM ASSISTANT MANAGER

FREE STATE PROVINCE



Department of social work
North West university-Potchefstroom Campus

REFERENCE: Me. M.M. Sito
ENQUIRIES: Me. M. Selemela

ADDRESS
Private Bag x14
Thaba-nchu
9780

Office: Social Services
Bloemfontein
Director: Social Development
Regional Office: Bloemfontein/Fax: 051 - 4324857
Tel: 051 - 4032232

2007-03-19

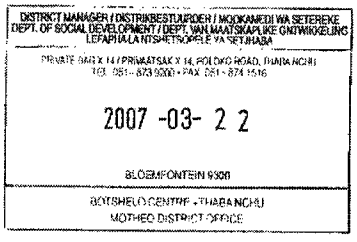
To whom it may concern

This should serve to confirm that Mary Sito has been granted permission to carry out social work research programme connected with her current PhD studies unrestricted during and outside her normal office work in the Motheo District.

This document is issued without alteration erasure of any kind.

Assistant manager
M. Selemela

Department of Social Development ♦ Botshelo Centre,Thaba Nchu
Lefapha La Thekolohelo
Enquiries:
Private Bag x 14, Thaba-Nchu, Republic of South Africa
(051) 4032232 **Fax**: (051) 432857 **Email:**



ANNEXURE 2: ETHICAL PERMISSION

YUNIBESITI YA BOKONE-BOPHIRIMA
NORTH-WEST UNIVERSITY
NOORDWES-UNIVERSITEIT

Dr CC Wessels
Bussie 64
Noordwes-Universiteit

Navorsingsondersteuning
Tel (018) 299 2564
Faks (018) 297 5308
E-Pos dnvealr@puk.ac.za

13 Februarie 2006

Geagte dr Wessels

GOEDKEURING VIR EKSPERIMENTERING MET MENSE (KWALITATIEWE NAVORSING)

Hiermee wens ek u in kennis te stel dat u projek getiteld "*Tshwaragano (Togetherness)*" goedgekeur is met nommer 06K07.

Gebruik asseblief die nommer genoem in paragraaf 1 in alle korrespondensie rakende bogenoemde projek en let daarop dat daar van projekleiers verwag word om jaarliks in Junie aan die Etiekkomitee verslag te doen insake etiese aspekte van hulle projekte asook van publikasies wat daaruit voortgespruit het. U sal in Mei vanjaar die dokumentasie hieroor ontvang.

Goedkeuring van die Etiekkomitee is vir 'n termyn van hoogstens 5 jaar geldig (volgens Senaatsbesluit van 4 November 1992, art 9.13.2). Vir die voortsetting van projekte na verstryking van hierdie tydperk moet opnuut goedkeuring verkry word.

Die Etiekkomitee wens u alle voorspoed met u werk toe.

Vriendelike groete

Me Estelle le Roux
SEKRETARIAAT : ETIEKKOMITEE

ANNEXURE 3: CONSENT FORM

Consent

Title of the project: **An empowerment programme for families affected by HIV/AIDS from social workers' caseloads.**

I, the undersigned ..... (full names) read/listened to the information on the project in PART 1 and PART 2 of this document and I declare that I understand the information. I had the opportunity to discuss aspects of the project with the project leader and I declare that I participate in the project as a volunteer. I hereby give my consent to be a subject in this project

.

I indemnify the University, also any employee or student of the University, of any liability against myself, which may arise during the course of the project.

I will not submit any claims against the University regarding personal detrimental effects due to the project, due to negligence by the University, its employees or students, or any other subjects.

(Signature of the subject)

Signed at .....on .....

Witnesses

1. .....

2. .....

Signed at ..... on .....

For non-therapeutic experimenting with subjects under the age of 21 years the written approval of a parent or guardian is required.

I, ... (full names) parent or guardian of the subject named above, hereby give my permission that he/she may participate in this project and I also indemnify the University and any employee or student of the University, against any liability which may arise during the course of the project.

Signature: ..... Date: .....

Relationship: .....

For experimenting with married persons the following indemnity from the spouse is required.

I, ... (full names), the spouse of the subject in this application, hereby undertake not to submit any claims against the University regarding treatment in case of death or injuries of this person due to the project as described in this application, due to negligence of the University, its students or another subject, or in any other way.

Signature: ..... Date:
.....

Relationship: .....

ANNEXURE 4: QUESTIONNAIRE ON NEEDS ASSESSMENT

QUESTIONNAIRE TO DETERMINE THE NEEDS OF FAMILIES AFFECTED BY HIV AND AIDS IN A RURAL AREA

SECTION A: IDENTIFYING INFORMATION

1.	In which area do you live?				
2.	Gender	Male		Female	
3.	Age in years at previous birthday				
4.	How many orphans are you caring for				
5.	How do you cope with raising the orphan(s)?				
6.	Are you/your wife/husband presently working?	Yes		No	
7.	What is the total income of your household in Rand per month?			R	
8.	Are you nursing anybody with HIV AND AIDS at this stage?	Yes		No	
9.	If yes, who are they?			Yes	No
9.1	Husband				
9.2	Wife				
9.3	Son				
9.4	Daughter				
9.5	Grand child				
9.6	Mother				
9.7	Father				
9.8	Family member				
9.9	Friend				
9.10	other (Specify)				
10.	How do you cope with nursing the HIV and AIDS infected person?				

11. Have you lost any of the following people due to HIV and AIDS?	Yes	No
11.1 Husband		
11.2 Wife		
11.3 Son		
11.4 Daughter		
11.5 Grand child		
11.6 Mother		
11.7 Father		
11.8 Family member		
11.9 Friend		
11.10 Other (Specify)		

12. If yes, how did you feel when they told you that this person died because of HIV and AIDS?

.....

.....

.....

SECTION B: KNOWLEDGE ON HIV AND AIDS

PLEASE ANSWER THE FOLLOWING BY SELECTING ONE ANSWER FROM THOSE GIVEN

	True	False	Uncertain
13.1 AIDS makes the body so weak that it cannot fight illness.			
13.2 Anyone can contract HIV regardless of race, gender and age.			
13.3 AIDS is a disease that has no cure.			
13.4 A person may pass on the HI virus to others even though he/she has no symptoms of HIV AND AIDS.			
13.5 A condom is 100% effective to protect a person from the infection.			
13.6 One can contract HIV by kissing, hugging or sitting next to an infected person.			
13.7 Only poor people contract HIV.			
13.8 One can be at risk by eating meals prepared by an infected person.			
13.9 One can contract AIDS from using a toilet.			
13.10 It is okay to keep the health status of the HIV AND AIDS patients confidential.			
13.11 You can contract HIV infection by sharing drug needles.			

SECTION C: ATTITUDE TOWARDS HIV AND AIDS

PLEASE ANSWER THE FOLLOWING BY SELECTING ONE ANSWER FROM THOSE GIVEN

	Agree	Disagree	Uncertain
14.1 People with HIV and AIDS should be marked so that people can identify and recognize them.			
14.2 HIV and AIDS infected people deserve to be stigmatized.			
14.3 HIV and AIDS infected people deserve to be rejected.			
14.4 HIV and AIDS infected people deserve to be loved and handled with respect.			
14.5 HIV and AIDS infected people should not be allowed to attend school/work because of the danger of infecting others.			
14.6 HIV and AIDS infected people should tell other people about their status.			
14.7 HIV and AIDS people deserve to be isolated from other people.			

15. What will you do if you have to share the same room with an infected person?	Fear of being infected	
	Accept the person	
	Uncertain	
16. Do you think that if one of the family members is HIV positive, other family members should?	accept and support him/her	
	reject him/her	
	isolate him/her	

17. Do you know the HIV status of your family member(s)?	Yes		No	

	Yes	No
18. Have you lost any of the following people due to HIV and AIDS?		
18.1 Husband/wife		
18.2 Boyfriend/girlfriend		
18.3 Child		
18.4 Mother		
18.5 Father		
18.6 Cousin		
18.7 Other family member (specify)		

19. What was your reaction when you heard for the first time that one of your family members is HIV positive?

.....

.....

.....

20.	What was your reaction when you realized that your family member **died** of HIV and AIDS?		
21.	What are your greatest needs regarding HIV and AIDS?		
22.	Would you be prepared to participate in a group with other family members who are affected by HIV and AIDS so that you can be empowered how to cope with the illness?	Yes	No

23.	Mark the extent to which the following needs are important to be addressed in a group work programme	**Agree**	**Disagree**	**Uncertain**
23.1	More information about HIV AND AIDS.			
23.2	How to manage prevention of HIV AND AIDS.			
23.3	How to care for the physical needs of the infected person.			
23.4	How to handle the emotional needs of the infected person.			
23.5	How to handle the physical needs of the orphan(s) in my care.			
23.6	How to handle the emotional needs of the orphan(s) in my care.			
23.7	How to handle the educational needs of the orphan(s) in my care.			
23.8	More information about foster care and the role of foster parents.			
23.9	More information about foster grants.			
23.10	Information on spending the foster grant.			
23.11	Dealing with own emotions.			
23.12	Dealing with death and dying.			
23.13	Dealing with depressing emotions.			
23.14	Help the infected person to plan for the future.			
23.15	Any other needs (specify)			

OBSERVATIONS BY THE RESEARCHER

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Thank you very much for your willingness to complete the questionnaire. Your cooperation is highly appreciated.

Ms. MM SITO
PhD RESEARCHER
POTCHEFSTROOM CAMPUS OF THE NORTH-WEST UNIVERSITY

ANNEXURE 5: QUESTIONNAIRE TO EVALUATE PROGRAMME

EVALUATION OF THE SOCIAL GROUP WORK EMPOWERMENT PROGRAMME FOR FAMILIES AFFECTED BY HIV AND AIDS

SCHOOL FOR PSYCHOSOCIAL BEHAVIOUR SCIENCES
SOCIAL WORK DIVISION

The purpose of the questionnaire is to evaluate the effectiveness of the programme. You cab feel free to express your true feelings regarding the programme. Place a cross at each question according to the scale below.

1	2	3
Completely	To a degree	Not at all

1. Answer the following:

1.1	Were the aims of the sessions clear to you?	1	2	3
1.2	Were the ice breakers clear to you?	1	2	3
1.3	Was the programme media suitable for the sessions?	1	2	3
1.4	Will it be possible to help others with the same problem you have?	1	2	3
1.5	Did the themes promote active group discussions?	1	2	3
1.6	To what extend did the sessions increase your knowledge?	1	2	3
1.7	Did the sessions help you to gain new insight on your situation?	1	2	3
1.8	Did the sessions help you to feel better about your circumstances?	1	2	3
1.9	To what extend did you succeed in understanding the sessions well?	1	2	3

2. What did the group and programme mean to you?

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Thank you for your participation.

Mrs Mary Sito
PhD - student

ANNEXURE 6: 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:



Hierdie vraelys 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:

I feel powerless to do anything about my life.	1.____	Ek voel magteloos om iets aan my omstandighede te doen.
I feel blue.	2.____	Ek voel bedruk.
I think about ending my life.	3.____	Ek dink daaraan om 'n einde aan my lewe te maak.
I have crying spells.	4.____	Ek kry huilbuie.
It is easy for me to enjoy myself.	5.____	Dit is vir my maklik om myself te geniet.
I have a hard time getting started on things that I need to do.	6.____	Dit is vir my moeilik om 'n begin te maak met die dinge wat ek moet doen.
I get very depressed.	7.____	Ek raak baie depressief.
I feel there is always someone I can depend on when things get tough.	8.____	Ek voel daar is altyd iemand op wie ek kan staatmaak.
I feel that the future looks bright for me.	9.____	Ek voel my toekoms lyk rooskleurig.
I feel downhearted.	10.____	Ek voel terneergedruk.
I feel that I am needed.	11.____	Ek voel ander het my nodig.
I feel that I am appreciated by others.	12.____	Ek voel ander waardeer my.
I enjoy being active and busy.	13.____	Ek geniet dit om aktief en besig te wees.
I feel that others would be better off without me.	14.____	Ek voel andere sal beter af wees sonder my.
I enjoy being with other people.	15.____	Ek geniet dit om by andere te wees.
I feel that it is easy for me to make decisions.	16.____	Ek voel dis vir my maklik om besluite te neem.
I feel downtrodden.	17.____	Ek voel vertrap.
I feel terribly lonely.	18.____	Ek voel vreeslik eensaam.
I get upset easily.	19.____	Ek voel maklik ontsteld.
I feel that nobody really cares about me.	20.____	Ek voel niemand gee meer om vir my nie.
I have a full life.	21.____	Ek het 'n vol lewe.
I feel that people really care about me.	22.____	*Ek voel ander gee om vir my.*
I have a great deal of fun.	23.____	Ek het baie pret.
I feel great in the morning.	24.____	Ek voel soggens wonderlik.
I feel that my situation is hopeless.	25.____	Ek voel my situasie is hopeloos.

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ANNEXURE 7: INDEX OF PARENTAL ATTITUDE

INDEX OF PARENTAL ATTITUDES (IPA)



Naam / Name: ..... Datum / Date: .....

This questionnaire is designed to measure the degree of contentment you have in your relationship with your child. 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:



Hierdie vraelys is ontwerp om te meet tot watter mate jy tevredenheid beleef in jou verhouding met jou kind. 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:

My child gets on my nerves.	1.____	My kind werk op my senuwees.
I get along well with my child.	2.____	Ek kom goed oor die weg met my kind.
I feel that I can really trust my child.	3.____	Ek voel ek kan my kind regtig vertrou.
I dislike my child.	4.____	Ek hou nie van my kind nie.
My child is well behaved.	5.____	My kind is goed-gemanierd.
My child is too demanding.	6.____	My kind is te veeleisend.
I wish I did not have this child.	7.____	Ek wens ek het nie hierdie kind gehad nie.
I really enjoy my child.	8.____	Ek geniet regtig my kind.
I have a hard time controlling my child.	9.____	Dis vir my moeilik om my kind te beheer.
My child interferes with my activities.	10.____	My kind meng in met my aktiwiteite.
I resent my child.	11.____	Ek het 'n weersin in my kind.
I think my child is terrific.	12.____	Ek dink my kind is wonderlik.
I hate my child.	13.____	Ek haat my kind.
I am very patient with my child.	14.____	Ek is baie geduldig met my kind.
I really like my child.	15.____	Ek hou regtig van my kind.
I like being with my child.	16.____	Ek hou daarvan om by my kind te wees.
I feel like I do not love my child.	17.____	Ek voel asof ek nie my kind liefhet nie.
My child is irritating.	18.____	My kind is irriterend.
I feel very angry toward my child.	19.____	Ek voel baie kwaad teenoor my kind.
I feel violent toward my child.	20.____	Ek voel gewelddadig teenoor my kind.
I feel very proud of my child.	21.____	Ek voel baie trots op my kind.
I wish my child was more like others I know.	22.____	Ek wens my kind was meer soos ander kinders wat ek ken.
I just do not understand my child.	23.____	Ek het bitter min begrip vir my kind.
My child is a real joy to me.	24.____	My kind is 'n ware vreugde vir my.
I feel ashamed of my child.	25.____	Ek skaam my vir my kind.

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ANNEXURE 8: DIETARY GUIDELINES (ROUX, 2002)

DIETARY GUIDELINES

1. Enjoy a variety of foods.
2. Be active.




3. Make starchy foods the basis of most meals.

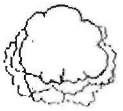





4. Eat plenty of fruits and vegetables every day.







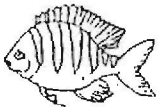


5. Eat lentils, dried beans and dried peas regular.



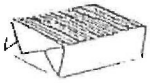
6. Food of animals can be eaten everyday.








7. Use fat sparingly.





8. Use salt sparingly.
9. Drink lots of clean, safe water.

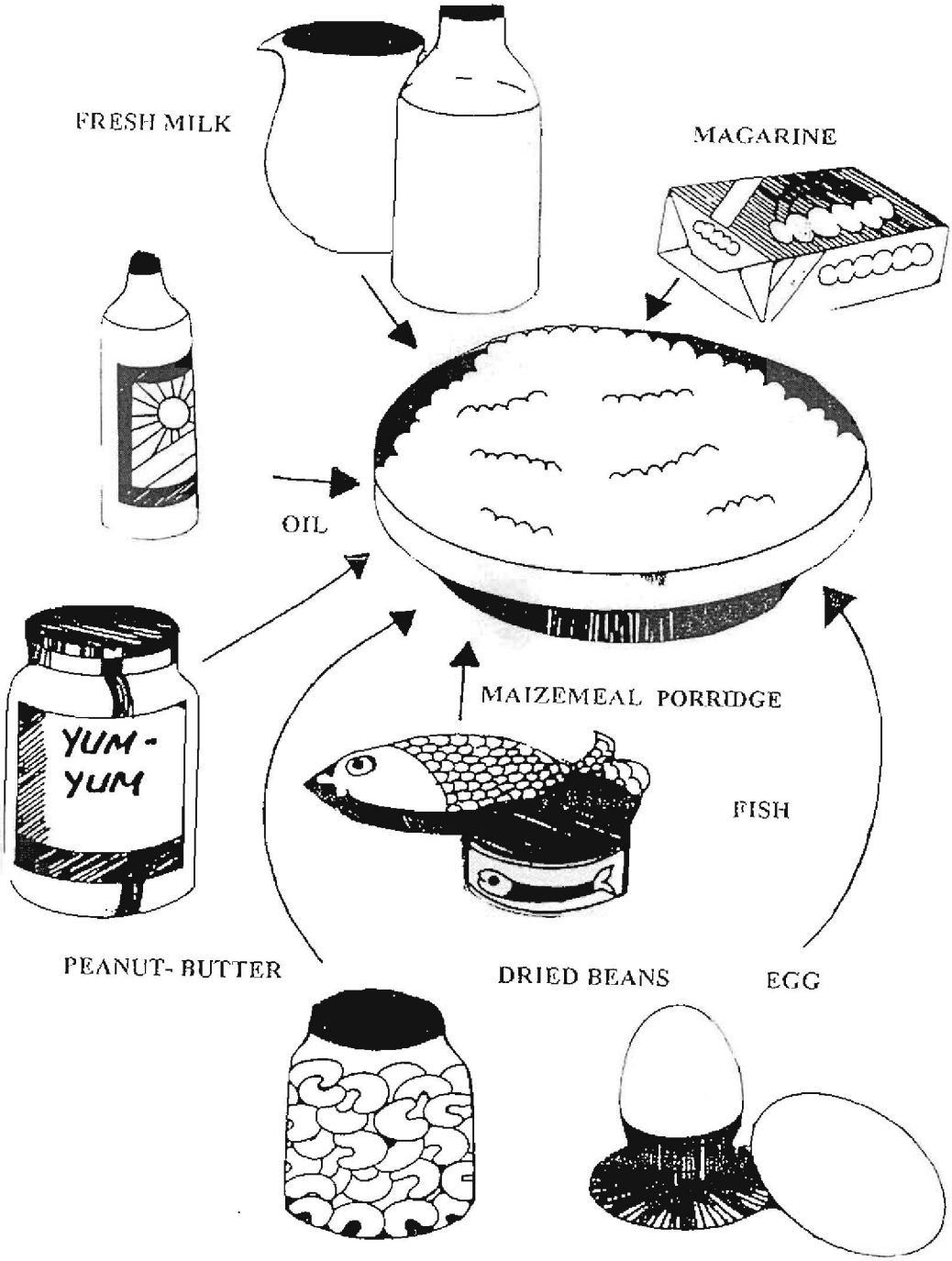


10. If you drink alcohol, drink sensibly.




ANNEXURE 9: HOW TO ENRICH MAIZEMEAL PORRIDGE (ROUX, 2002)

HOW TO ENRICH MAIZEMEAL PORRIDGE



ANNEXURE 10: GUIDELINES FOR GOOD HYGIENE (ROUX, 2002)

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.

ANNEXURE 11: GUIDELINES FOR SAFE FOOD HANDLING (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 diary.

3. Fruits and vegetables

- Carefully wash raw fruit and vegetables with clean water.