

**A PREVENTATIVE GROUP WORK PROGRAMME  
ON HIV/AIDS FOR HIGH SCHOOL LEARNERS IN  
A RURAL AREA**

**MMAPULA MARY SITO**

Manuscript submitted in partial fulfilment of the requirements for  
the degree

**MAGISTER ARTIUM (SOCIAL WORK)**

in the

**FACULTY OF HEALTH SCIENCES**

at the

**POTCHEFSTROOM CAMPUS OF THE NORTH-WEST  
UNIVERSITY**

**Supervisor: Dr AA Roux  
Potchefstroom  
November 2004**

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## **ACKNOWLEDGEMENTS**

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I wish to acknowledge in particular the contributions made by the following:

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- My husband, Puso, who made everything a success and the support he gave me.
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*Dedicated to my husband, Puso Mosetse who has always believed I can make it in life and trusted me, and my son, Mogomotsi who was always concerned about my health and Bokamoso, my granddaughter.*

## **SUMMARY**

**TITLE:** A preventative group work programme on HIV/AIDS for high school learners in a rural area

**Key words:** Evaluation, group work, high school learners, HIV/AIDS, prevention, programme.

There is a well-documented evidence to confirm that the largest number of people living with the HI-virus is in Africa and especially in South Africa. The prospect of a significant breakthrough in treatment looks uncertain at present and for this reason the impact of HIV and AIDS in South Africa must be taken very seriously.

In 1999 surveys estimated about 3, 5 million people infected by HIV and 150 000 with AIDS. The figure was expected to rise to 5-7 million HIV-infected people over the next 5 years. Experts calculated that on average 1500 people get infected each day in South Africa! South Africa has one of the most rapidly spreading pandemics in the world.

High school learners are a high-risk group. Prevention programmes are important to minimize the infection rate amongst adolescents and young adults. The researcher has therefore concentrated on the prevention of HIV/AIDS among learners at high school level in a rural area between the ages 16-18 years.

A survey was undertaken with the purpose of preventing HIV/AIDS among learners from the Thejane Secondary school in a rural area in Thaba Nchu. The aim of this research was:

- To evaluate the effectiveness of a group work programme for high school learners in the prevention of HIV/AIDS in a rural area.

To reach this aim, a prevention programme was designed for these high school learners through which knowledge about the nature of HIV/AIDS as well as knowledge about values and attitudes were given to them. A small

group of ten learners were chosen as the research group and ten learners as the control group. Group work as a method of social work was chosen to achieve the aim of the study.

The group work programme was successfully presented in 9 sessions of one to one and a half hour each during school time. The programme was in particular suited, not only to improve the knowledge of the learners about the nature of HIV/AIDS, but also to broaden their insight with regard to the important role of a healthy lifestyle as well as the importance of being assertive.

The programme was evaluated by measuring at two occasions. The results obtained by this evaluation showed that the group work programme brought about a significant difference in the knowledge, insight, attitudes and beliefs about HIV/AIDS as well as the important role of values. The single system design was used to measure the effect of the programme. The results of the measuring indicated that group work intervention was successful in implementing the desired change.

## **OPSOMMING**

**TITEL:** 'n Groepwerkvoorkomingsprogram insake MIV/VIGS aan hoërskoolleerders in 'n plattelandse gebied

**Sleuteltermes:** Evaluasie, groepwerk, hoërskool, leerders, MIV/VIGS, program, voorkoming

Daar is voldoende bewys dat Afrika en veral Suid-Afrika te kampe het met die grootste aantal persone wat met die MI-virus geïnfekteer is. Daar is tans geen vooruitsig dat hierdie siekte bekamp sal word nie. Om hierdie rede is dit noodsaaklik dat voldoende aandag aan die MIV/VIGS-pandemie geskenk moet word.

Navorsing gedurende 1999 het daarop gedui dat 3,5 miljoen persone met die MI-virus geïnfekteer is en 150,000 persone is met VIGS gediagnoseer. Vooruitskattings is gemaak dat hierdie getal binne die volgende 5 jaar met ongeveer 5 - 7 miljoen MIV-geïnfekteerde persone in Suid-Afrika sal toeneem. Hoërskoolleerders is 'n hoë risikogroep. Voorkomingsprogramme is noodsaaklik om die infekteringsyfer te verminder, veral ten opsigte van adolescenten en jong volwassenes.

Die ondersoek is onderneem met die doel om die verspreiding van MIV/VIGS tussen leerders van die Thejane Sekondêre Skool in Thaba Nchu te voorkom. Die ondersoeker het gekonsentreer op die voorkoming van MIV/VIGS by hoërskoolleerders in 'n plattelandse gebied in die ouderdomsgroep 16-18 jaar.

Die doel van die ondersoek was om:

- Die effektiwiteit van 'n groepwerkprogram ter voorkoming van MIV-infektering by hoërskoolleerders in 'n plattelandse gebied, te evalueer.

Om hierdie doel te bereik, is 'n groepwerkprogram ontwerp waardeur kennis en insig oor die aard van MIV/VIGS asook oor waardes aan die leerders oorgedra is. 'n Groep van tien leerders is gekies as die eksperimentele groep

en tien leerders van dieselfde hoërskool het vrywillig as die kontrolegroep opgetree.

Die program is met sukses tydens 9 groepbyeenkomste aangebied wat ongeveer 'n uur tot 'n uur en 'n half per byeenkoms geduur het. Die program was veral geskik om nie alleen die leerders se kennis oor die aard van MIV/VIGS te verbeter nie, maar om ook hul insig oor die belangrike rol van 'n gesonde leefstyl en selfgeldende gedrag te verbeter.

Tydens die evaluering is daar van die enkelstelselprosedure gebruik gemaak. Die program is tydens twee geleenthede, naamlik voor die aanvang van die eerste byeenkoms en na afloop van die laaste byeenkoms, geëvalueer. Uit die resultate is dit duidelik dat die program 'n beduidende verskil in die kennis, insig en houding van leerders oor MIV/VIGS tot gevolg gehad het. Die resultate het daarop gedui dat groepwerkintervensie suksesvol aangewend kan word in die voorkoming van MIV-infektering by leerders aan hoërskole.

## **FOREWORD**

The article format has been chosen in accordance with Regulations A.11:2.5 for the degree MA (SW). The article will comply with the requirements of one of the journals in Social Work, entitled Social Work/Maatskaplike Werk. This article comprises **10%** of the total mark for the course.

## **INSTRUCTIONS TO AUTHORS**

### **SOCIAL WORK/MAATSKAPLIKE WERK**

The Journal publishes articles, short communications, book reviews and commentary on articles already published from any field of Social Work. Contributions relevant to Social Work from other disciplines will also be considered. 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 Journal practice. Commentary on articles already published in the Journal must be submitted with appropriate captions, the name(s) and address(es) of the author(s) and preferable not exceed 5 pages. The whole manuscript plus one clear copy as well as a diskette with all the text, preferably in MS Windows (Word or Word Perfect) or ASCII must be submitted. Manuscripts must be typed double spaced on one side of A4 paper only. Use the Harvard system for references. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s) of the author(s), year of publication and page number(s) must appear in parenthesis in the 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.

# TABLE OF CONTENTS

1.	PROBLEM STATEMENT .....	1
2.	RESEARCH QUESTION .....	3
3.	OBJECTIVE OF THE RESEARCH.....	3
4.	CENTRAL THEORETICAL ARGUMENT .....	3
5.	RESEARCH METHODOLOGY .....	3
5.1	LITERATURE STUDY .....	4
5.2	EMPIRICAL RESEARCH .....	4
6.	TERMINOLOGY .....	6
6.1	AIDS .....	6
6.2	HIV .....	7
6.3	PREVENTION.....	7
6.4	PROGRAMME .....	7
7.	PROFILE OF THE PARTICIPANTS .....	8
8.	DESCRIPTION OF THE PREVENTION PROGRAMME.....	9
8.1	SESSION 1: ORIENTATION.....	12
8.1.1	Objectives.....	12
8.1.2	Programme activities.....	12
8.1.3	Discussion .....	12
8.2	SESSION 2: VALUES, SELF-ESTEEM AND ASSERTIVENESS.....	12
8.2.1	Objectives.....	12
8.2.2	Programme activities.....	13
8.2.3	Discussion .....	13
8.3	SESSION 3: THE NATURE OF HIV/AIDS .....	13
8.3.1	Objectives.....	13
8.3.2	Programme activities.....	13
8.3.3	Discussion .....	14
8.4	SESSION 4: MANAGEMENT OF SYMPTOMS OF HIV/AIDS .....	14
8.4.1	Objectives.....	14
8.4.2	Programme activities.....	14
8.4.3	Discussion .....	14
8.5	SESSION 5 DRUGS AND ALCOHOL ABUSE IN RELATION TO HIV/AIDS .....	15
8.5.1	Objectives.....	15
8.5.2	Programme activities.....	15
8.5.3	Discussion .....	15
8.6	SESSION 6: NUTRITION AND HIV/AIDS .....	16
8.6.1	Objects .....	16
8.6.2	Programme activities.....	16
8.6.3	Discussion .....	17
8.7	SESSION 7: CD4 COUNTS, ANTIRETROVIRAL DRUGS AND COPING WITH STRESS .....	17
8.7.1	Objectives.....	17
8.7.2	Programme activity.....	17
8.7.3	Discussion .....	17
8.8	SESSION 8: ESSENTIAL STEPS TOWARDS ABSTINENCE .....	18
8.8.1	Objectives.....	18
8.8.2	Programme activities.....	18
8.8.3	Discussion .....	18
8.9	SESSION 9: CONCLUSION .....	19
8.9.1	Objectives.....	19

8.9.2	<i>Discussion</i> .....	19
<b>9.</b>	<b>RESULTS OF THE RESEARCH</b> .....	<b>19</b>
9.1	RESULTS OF QUESTIONNAIRE 1.....	19
9.1.1	<i>Knowledge of respondents</i> .....	19
9.1.2	<i>Attitudes and beliefs of respondents</i> .....	21
9.2	RESULTS OF QUESTIONNAIRE 2.....	25
9.3	RESULTS OF THE QUALITATIVE EVALUATION.....	25
<b>10.</b>	<b>CONCLUSIONS</b> .....	<b>27</b>
<b>11.</b>	<b>RECOMMENDATIONS</b> .....	<b>28</b>
<b>12.</b>	<b>REFERENCES</b> .....	<b>29</b>
<b>ADDENDUM 1</b> .....		<b>33</b>
<b>ADDENDUM 2</b> .....		<b>36</b>
<b>ADDENDUM 3</b> .....		<b>38</b>
<b>ADDENDUM 4</b> .....		<b>39</b>

**LIST OF FIGURES**

<b>FIGURE 1: PROCEDURE FOR SELECTING A PROGRAMME</b> .....	<b>10</b>
<b>FIGURE 2: THE GROUP WORK PROGRAMME</b> .....	<b>11</b>

**LIST OF TABLES**

<b>TABLE 1: HOME LANGUAGE OF RESPONDENTS</b> .....	<b>8</b>
<b>TABLE 2: RELIGION OF THE RESPONDENTS</b> .....	<b>9</b>
<b>TABLE 3: MEASUREMENTS OF THE SELF-ESTEEM OF THE RESPONDENTS</b> .....	<b>21</b>
<b>TABLE 4: MEASUREMENTS OF THE SELF-ASSERTIVENESS OF THE RESPONDENTS</b> .....	<b>22</b>
<b>TABLE 5: MEASUREMENTS OF THE VALUES OF THE RESPONDENTS</b> .....	<b>23</b>
<b>TABLE 6: MEASUREMENTS OF THE RESPONDENT'S RELATIONSHIP WITH THE OPPOSITE SEX</b> .....	<b>23</b>
<b>TABLE 7: MEASUREMENTS OF THE RESPONDENTS' ATTITUDE ON SUBSTANCE ABUSE</b> .....	<b>24</b>
<b>TABLE 8: EVALUATION OF THE PROGRAMME</b> .....	<b>25</b>

# **A PREVENTATIVE GROUP WORK PROGRAMME ON HIV/AIDS FOR HIGH SCHOOL LEARNERS IN A RURAL AREA**

*Sito MM & Roux AA (School for Psychosocial Behavioural Sciences: Social Work Division, Potchefstroom Campus of the North-West University)*

## **OPSOMMING**

Suid-Afrika het die grootste getal persone wat met die MI-virus in die wêreld geïnfecteer is. Persone in die ouderdomsgroep 25-29 jaar is dié wat die meeste geraak word. Om te voorkom dat MIV/VIGS teen die huidige tempo versprei is dit noodsaaklik dat aandag aan voorkomingsprogramme geskenk sal word. Voorkomingsprogramme moet veral konsentreer op die oordra van inligting aan leerders by skole, wat in die toekoms in die ouderdomsgroep 25-29 jaar sal ressorteer.

Hierdie navorsing is onderneem met die doel om 'n groepwerkprogram vanuit die navorsing van Strydom (2002) aan te pas en by 'n hoërskool in Thaba Nchu met leerders tussen die ouderdomme 16-18 jaar aan te bied en te evalueer.

## **1. PROBLEM STATEMENT**

For the first time in South Africa the problem of HIV/AIDS remains the central issue and creates a serious problem for all people (Soul City, 2002:2). HIV/AIDS extends all age groups, geographic areas and race groups (Shisana & Simbayi, 2002:5). According to Strydom (2002:346), South Africa has the largest number of people living with HIV/AIDS. Recent statistics of the Department of Social Development (Brümmer, 2004:6; SA, 2001:6) show that South Africa has the second fastest growing epidemic in the world with nearly 5 million people living with HIV/AIDS. Late adolescents and young adults are the groups with the highest HIV prevalence rates in South Africa according to Strydom (2002:351). They are exceptionally vulnerable. The latest statistics (Shisana & Simbayi, 2002:7) indicate that the highest HIV prevalence was in the age groups 25-29 (28%). The estimated HIV prevalence among the age group 2-14 years was 6%, age group 14-19 years was also 6% and age group

20-24 was 13%. Data from the study of Shisana and Simbayi (2002:5) shows that Free State (14,9%), Gauteng (14,7%), and Mpumalanga (14,1%) have the highest prevalence rates. The situation in South Africa, compared to other countries in the world, paints a bleak picture (Roux, 2002:48).

Although South Africans have better access to health care and an improved quality of life, the number of people who die before they reach the age of 50 has almost doubled over the past ten years (Strydom, 2002:346). In the North West Province alone 26,151 HIV infected people have already died since 1996 (Ferreira, 2002:4). As the North West Province is mainly rural, most of these deaths were in rural areas where there are no support systems. Rural areas are mostly affected by the HIV/AIDS pandemic (Ferreira, 2002:4). Attention should be given to the prevention of HIV- infection amongst people especially high school learners living in these areas.

Strydom (2002:351) states that sexually transmitted infections, including HIV, are common among people aged 15-24 and it has been estimated that half of all HIV infections worldwide have occurred among people younger than 25 years. There are many reasons why young people are particularly vulnerable to HIV infection. According to Strydom (2002:351) it is popularly believed that young people are risk-taking pleasure seekers who only live for the present. Furthermore adults believe that young people are of their nature sexually promiscuous and that giving information about sex will make young people more sexually active.

In research done by Strydom (2003:64) 58,4% adolescents indicated that sex education is lacking. Adolescents feel strongly that they need more information on HIV/AIDS by way of government (75,4%), television (58,2%), schools and parents (58,4%). According to Coughlan *et al.* (1996:255-261), programmes for young people should not only transmit knowledge, but also assist with the integration of knowledge and attitudes. It is critical that programmes should respond to the fact that adolescents are behaviourally and physiologically more vulnerable to STD'S and HIV/AIDS. In general, they have limited information and skills for making responsible sexual decision (Gibney *et al.*, 1999:132).

According to Selbert and Olson (1989:147) prevention programmes are the only way to control the pandemic. According to Strydom (2003:69) these programmes should preferably be given by an outside person. The programmes can be presented in a number of sessions by the same facilitator in mixed high school learners groups of the same age. Group work as a method of social work is most appropriate to implement programmes of this kind (Edell, 1998:51-52; Roux, 2002:3; Toseland & Rivas, 2001:18). If safer behaviours can be learned before risky habits start, adolescents may be less likely to be infected as adults. Many of the risk factors for STD'S such as having multiple sexual partners are also risk factors for HIV infection. Education about HIV/AIDS should not only start in early elementary school but also at home so that children can grow up knowing which behaviours to avoid and not expose themselves to the HI-virus (Roux, 2002:310; Strydom, 2002:363). Although increasing knowledge about AIDS and positive attitudes towards persons with AIDS are useful, the primary goal of AIDS education programmes for adolescents is to encourage preventative behaviour.

## **2. RESEARCH QUESTION**

Can the presentation of a group work programme be effective in preventing HIV/AIDS amongst high school learners in a rural area?

## **3. GOAL OF THE RESEARCH**

To evaluate the effectiveness of a group work programme for high school learners in the prevention of HIV/AIDS in a rural area.

## **4. CENTRAL THEORETICAL ARGUMENT**

A group work programme can play an important role in the prevention of the spreading of HIV/AIDS amongst high school learners in a rural area.

## **5. RESEARCH METHODOLOGY**

The methods of this research were literature study and empirical research. In this study evaluation research as part of the intervention research model was used (Strydom, 1999:76).

## **5.1 LITERATURE STUDY**

The central focus of this study was on the role that a group work programme plays in the prevention of HIV/AIDS amongst high school learners in a rural area. There were a number of books, journals and publications on HIV/AIDS, but little on prevention of HIV/AIDS through group work. An HIV/AIDS group work, preventative programme amongst high school learners in a rural area is not registered nationally but a number of studies have been conducted on prevention of HIV/AIDS in other areas of social work.

## **5.2 EMPIRICAL RESEARCH**

The method used for investigation was the single system design. According to Strydom (2002:251) a single system approach is an ideal way in which the effectiveness of treatment interventions or the effects of manipulating on independent variable can be evaluated. Barker (1997:348) defined single system design as "A research procedure, often used in clinical situations to evaluate the effectiveness of an intervention". Measurement took place before the first meeting (pre-test) and at the end of the last meeting (post-test) (Bless & Higson-Smith, 2000:68).

- **Research design**

During this study the exploratory design was used (Strydom, 1999:77). 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**

### **Research group**

A group of high school learners between 16-18 years who can speak and understand English were invited to attend the group. They were chosen from Thejane Secondary school in Thaba Nchu. The adolescents had to take part voluntarily and attend group meetings over a period of nine sessions after school. Ten learners were willing to take part. The day and time were

finalised with them. There were nine group sessions and they were held for a period of one to one and a half hour each session.

### **Control group**

A group of 10 high school learners between 16-18 years who can speak and understand English were invited to form the control group. They were chosen from Thejane Secondary school in Thaba Nchu. The adolescents took part voluntarily and were prepared to complete the questionnaires on two occasions.

- ***Measuring instruments***

A self-designed measuring scale according to Strydom (2002:400-403) was used to measure the attitudes, beliefs and opinion of learners on HIV/AIDS and related matters. The questionnaire was approved by the Department of Statistical Consultation Services of the Potchefstroom Campus of the North-West university. This measuring scale was used on two different occasions as already discussed. A self-designed questionnaire was designed to evaluate the programme at the end of the prevention programme (Strydom, 2002:405-40; Toseland & Rivas, 2001:406-421).

- ***Procedure***

Permission was obtained from the Department of Education in the Free State and the principal of the particular high school in the Free State. Permission was obtained from parents by means of a consent form which allowed their children to participate in the study. The programme for the prevention of HIV/AIDS was implemented. This programme was evaluated by means of the single-system design. Questionnaires were completed by the 10 group members at Thejane Secondary school in Thaba Nchu before the first group meeting as well as the last group meeting. The same questionnaires were also completed by 10 learners at the same school who form the control group at the same time as the experimental group.

- **Data analysis**

Data was transformed into statistically accessible forms by counting procedures designed by the Department of Statistical Consultation Services of the Potchefstroom Campus of the North-West University. Qualitative content was done thematically.

- **Ethical aspects**

For researchers in the social sciences, the ethical issues are pervasive and complex, since data should never be obtained at the expense of human beings (De Vos *et al.*, 2002:62). The research was approved by the Ethical committee of the university, **number 04K08**. The measuring instruments ensured that the information provided will remain confidential. Informed consent was obtained from each member of the research, the control group, as well as the parents of all the participants in these two groups. Conditions of privacy, anonymity, and confidentiality were maintained (Strydom, 2002:64-73).

## **6. TERMINOLOGY**

To minimize different interpretations of the same term, it is necessary to define a few key terms used in the research study.

### **6.1 AIDS**

AIDS stands for Acquired Immunodeficiency Syndrome (Strydom, 2002:18). According to Visagie (1999:1) Aids can be described as "...a collection of diseases resulting from the breakdown of the immune system after it has been invaded and weakened by the HIV...". Aids are 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).

## **6.2 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 for the risk of developing opportunistic disease or infection and the likely severity of such infections.

## **6.3 Prevention**

The New Dictionary of Social Work (1995:4) describes prevention as a "Process aimed at minimising and elimination the impact of conditions that may lead to social malfunctioning". Prevention programmes are important in preventing the spreading of HIV/AIDS, especially amongst the youth. According to Strydom (2002:19) education to change people's risk behaviour is important in the battle against HIV.

## **6.4 Programme**

According to Toseland and Rivas (1998:237) a programme or programme activities are "... a medium through which the functioning of members can be assessed in areas such as interpersonal skills, ability to perform daily living activities, motor coordination, attention span and the ability to work cooperatively". Programming is according to Skidmore *et al.* (1994:85) "... 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".

## **6.5 Evaluation**

According to Toseland and Rivas (1998:365) evaluation is "the process of obtaining information about the effects of a single intervention or the effect of the total group experience". Evaluation, according to Craig *et al.* (1994:79), is:

- "to put value to something, to assess its worth;
- to analyse and assess the role or function of something".

The New Dictionary of Social Work (1995:22) defines evaluation as: "Process whereby the social worker and client system appraise the efficiency and effectiveness of social work assistance in accordance with specific criteria". Evaluating is an ongoing process that continues throughout the duration of the group (Corey, 2000:42).

## 7. PROFILE OF THE PARTICIPANTS

### Gender of the respondents

There were 5 (50%) female and 5 (50%) male learners in the experimental group. The control group consisted of 6 (60%) females and 4 (40%) male learners.

### Age of respondents

The average age of the experimental group was 16,5 years and those of the control group 16,7 years. This indicates that the age of the experimental and the control group were the same.

### Academic level

All the learners in both the experimental and control groups were grade 9 learners of the Thejane Secondary school in Taba Nchu.

### Home language

**TABLE 1: Home language of respondents**

Language	Experimental group		Control group	
	f	%	f	%
Sesotho	9	90	9	90
Xhosa	1	10	1	10
<b>N=</b>	10	100	10	100

Both the experimental and the control groups consisted of 9 (90%) Sesotho learners and 1 (10%) Xhosa speaking learner.

- **Religion**

**TABLE 2: Religion of the respondents**

Church	Experimental group		Control group	
	f	%	f	%
Methodist	4	40	4	40
Fifth Mission	1	10		
Other	5	50	6	60
<b>N=</b>	10	100	10	100

In both the experimental and control groups 4 (40%) of the learners belong to the Methodist church. One (10%) of the learners in the experimental group belong to the Fifth Mission church, 5 (50%) of the learners in the experimental group belong to other churches such as the Salvation Army and the St. Paul Apostolic Faith Mission.

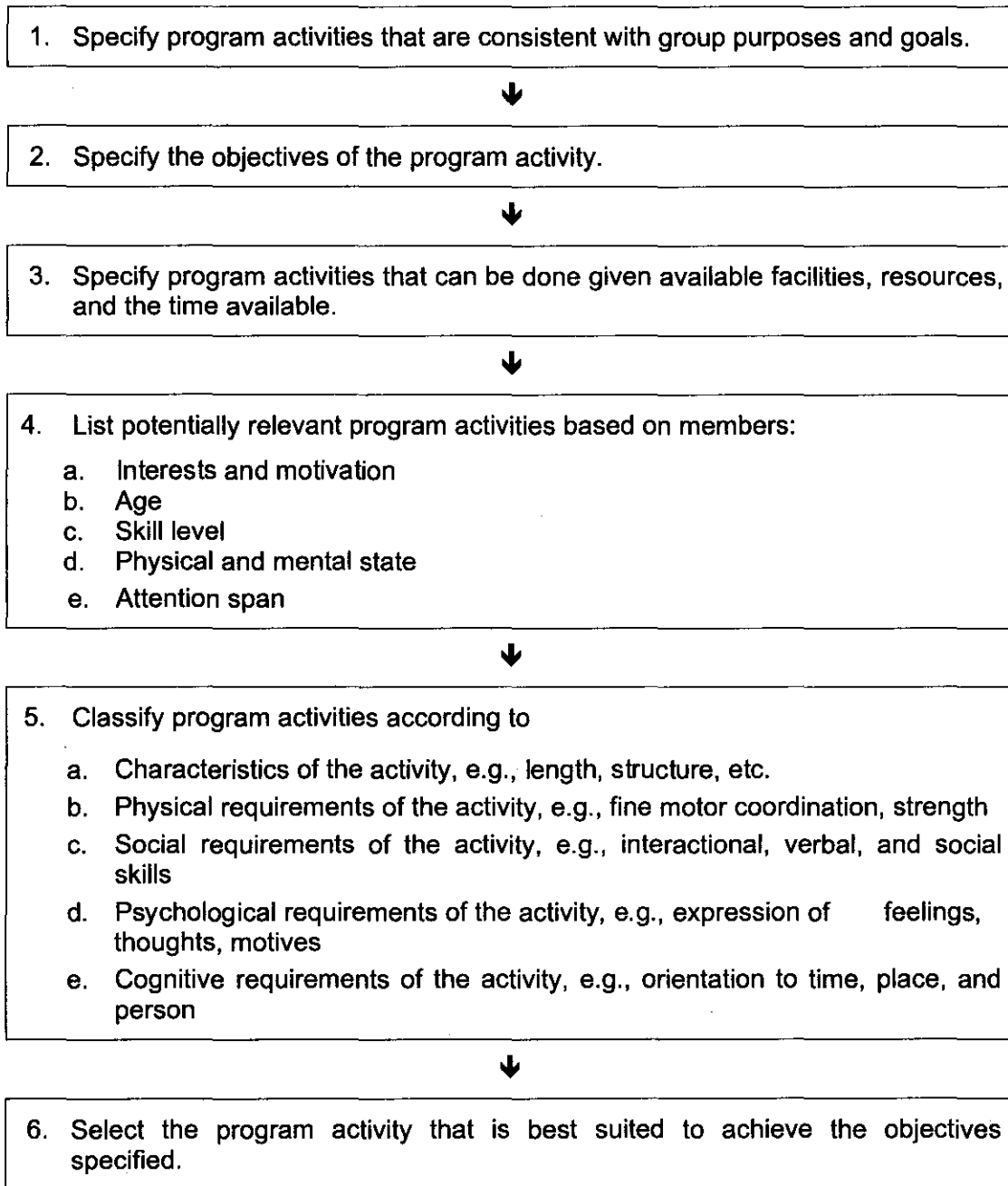
Six (60%) of the control group belong to other churches such as the Dependent and the Holy Pentacost Apostolic churches.

## **8. DESCRIPTION OF THE PREVENTION PROGRAMME**

Programme activities are "... a medium through which the functioning of members can be assessed in areas such as interpersonal skills, ability to perform daily living activities, motor coordination, attention span and ability to work cooperatively" according to Toseland and Rivas (1998:237). The programme helps with the cohesion of the group, the group norms, structure, the relationships and the climate in the group (Roux, 2002:184).

According to Toseland and Rivas (2001:259) the procedure to select a programme is the following:

**FIGURE 1: Procedure for selecting a programme**



(Toseland & Rivas, 2001:259)

The procedures in figure 1 can be used as a guide to help social workers select program activities for any type of treatment group.

**FIGURE 2: The group work programme**

	<b>Session Topic</b>	<b>Programme activities</b>
1.	Orientation	- Ice breaker - Group discussion - Contracting
2.	Values, self-esteem and assertiveness	- Posters - Ice breaker - Group discussion
3.	The nature of HIV/AIDS	- Posters - Quiz - Group discussion
4.	Symptoms and spreading of HIV/AIDS	- Posters - Quiz - Group discussion
5.	Drugs, alcohol abuse, STDS in relation to HIV/AIDS	- Ice breaker - Posters - Group discussion
6.	Nutrition and HIV/AIDS	- Posters - Group discussion
7.	CD4 counts, anti-retroviral drugs. Coping with stress	- Ice breaker - Posters - Group discussion
8.	Steps towards abstinence and how to avoid rape	- Ice breaker - Posters - Group discussion
9.	Conclusion	- Certificates - Burning candles - Questionnaires - Evaluation

The aim of the group work programme was to educate grade 9 learners about the true facts of HIV/AIDS and to help them change their behaviour by giving them knowledge on HIV/AIDS. In the planning of the programme the researcher has explored on knowledge of different authors like Evian (2000), Roux (2002), Strydom (2002) and Visagie (1999).

## **8.1 *SESSION 1: ORIENTATION***

### **8.1.1 Objectives**

- To make members know each other.
- To identify the needs of the group.
- To identify different tasks to each other as well as rules for the group.
- To compile a contract for the group and each member.

### **8.1.2 Programme activities**

An ice breaker was used to introduce the group members to each other and to set the atmosphere for the session and the cohesion of the group. 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.

### **8.1.3 Discussion**

The group members knew each other because they belong to the same grade and school. The group members set most of the rules themselves with the help of the researcher. The researcher encouraged them by means of application of learning by giving attention to the importance of hearing, seeing, thinking, talking and doing.

## **8.2 *SESSION 2: VALUES, SELF-ESTEEM AND ASSERTIVENESS***

### **8.2.1 Objectives**

- To build up their personality in order to differentiate wrong from right decisions.
- To teach the learners to be able to stand up for themselves. Learn to be assertive.
- To teach them about life skills by building their self-esteem, self-confidence, negotiation, problem solving, decision making, conflict resolution, value clarification and handling emotions.

### **8.2.2 Programme activities**

An ice breaker was used. Members were given quiz to answer individually, measuring their assertiveness. They were also given quiz to teach them how they can stand up for themselves. This was also done individually. The questions were discussed in a group so that they could measure themselves.

### **8.2.3 Discussion**

The group members were learning life skills to be able to solve problems. In this program they were empowered to be more assertive (Egan, 1986:65-66; Young-il, 2003:1-14). They must be able to say no and make right decisions in conflict situations.

The values of society and especially their society were also clarified (Strydom, 2002:228-231). A topic the group discussed for example was that sex before marriage is prohibited within their culture. A lot of attention was also given to their self-esteem (Roux, 2002:223-237). Handling of emotions was also discussed.

## **8.3 *SESSION 3: THE NATURE OF HIV/AIDS***

### **8.3.1 Objectives**

- What is the meaning of HIV/AIDS? The main aim was to explain its cause.
- The statistics in the whole world which proves that it is a problem.
- CD4 counts in human body.
- Why HIV is spreading so fast.

### **8.3.2 Programme activities**

Posters were shown to the learners. It was explained to the learners that HIV lives in the human body. The posters had all the necessary information and pictures were all over the wall of the room. There were also condoms to show to those who had never seen it.

### **8.3.3 Discussion**

The HI-Virus and AIDS were differentiated. The group leader had to be actively involved in this session because they knew very little about most of the terms. The world and especially South African statistics were explored and the learners understood that the virus has caused a serious problem in the whole world (Dorrington *et al.*, 2002:1-31; Roux, 2002:1; Shisana & Simbayi, 2002:1-18). They participated actively and showed their interest by asking many questions. The intention of teaching them about CD4 count was to alert them how the HI-virus affects human immunity and that ultimately one experiences opportunistic diseases. The spread of HIV was also explained by means of posters (Evian, 2000:13-22; Roux, 2002:193-202).

## **8.4 SESSION 4: MANAGEMENT OF SYMPTOMS OF HIV/AIDS**

### **8.4.1 Objectives**

- To educate them about the symptoms of HIV/AIDS.
- How to manage the symptoms.
- The spread of the HI-virus and prevention.

### **8.4.2 Programme activities**

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

### **8.4.3 Discussion**

The symptoms of the HI-virus were explained and the information was written on posters (Roux, 2002:203-208). The pictures were also displayed so that learners can see what people infected by the HI-virus look like after some time. The window period was also clarified and learners understood why it is important to repeat the test after some time when you want to know your status. The spread of the HI-virus was discussed. Visagie (1999:19-22) states that it can be spread by heterosexual homosexual intercourse, exchange of sharing needles, blood transfusions, and touching open wounds. The virus lives in the blood of the human body, sperms and vaginal juices.

Hence one can be infected much faster during unprotected sex. In this session prevention methods to protect people from being infected were also discussed. Amongst others sexual intercourse, contact with blood without protection of rubber gloves, and touching open wounds carried serious warning. The best prevention stressed was to abstain. Condoms made from latex and nylon were recommended as best to the learners. It was also demonstrated how the condom must be fitted onto the penis to avoid busting (Soul City, 2004:8-9). Although among this age group the majority showed that they were not having sex, it was important to teach them how to fit a condom because teenagers can experiment with anything. It was emphasised that any stain of blood must be removed with Jik because it kills the HI-virus. HIV cannot be transmitted by coughing, sneezing, laughing talking, simple skin contact such as handshaking, hugging and touching or dry kissing (Roux, 2002:203-208).

## **8.5 *SESSION 5: DRUGS AND ALCOHOL ABUSE IN RELATION TO HIV/AIDS***

### **8.5.1 Objectives**

- To make learners aware of the danger of drugs and alcohol abuse.
- How drugs and alcohol can change your aims in life.
- To make them aware of how drugs and alcohol abuse can affect their health.
- To make them aware of sexually transmitted diseases.

### **8.5.2 Programme activities**

The ice breaker used was the posters showing what drugs can do in one's body. Different drugs such as LSD, marijuana, glue sniffing, mandrax and alcohol were discussed. A case study was given in small groups.

### **8.5.3 Discussion**

The important role of drug and alcohol abuse in the spreading of the HI-virus was discussed (Evian, 2000:21; Roux, 2002:198; Strydom, 2002: 259-260). It was discussed that drug addiction can make one irresponsible because

every time you want it you do not go to school. It leads one to be involved in crime such as rape because you are not at your full senses. You also get HI-virus simply because you do not take precautions. Ladies easily have sex because they are drugged and once given drugs or liquor it arouses one's sexual desire. It is better to remain drug free and live a healthy life style. Many ladies these days are afraid to disclose that they became HIV-infected because of liquor or drugs. Visagie (1999: 4) indicates that 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 STDs all have the same symptoms: sores or lumps on, or discharge from the sexual organs; burning urine; painful intercourse, and swollen glands near the sexual organs. HIV is also sexually transmitted, but the difference between AIDS and other sexually transmitted diseases is that most STDs can be treated and cured by medication, but not AIDS (Evian, 200: 28-35).

## **8.6 SESSION 6: NUTRITION AND HIV/AIDS**

### **8.6.1 Objects**

- To make them aware that a person infected with the HI-virus needs to eat a balanced diet.
- To educate them about the preparation of food.
- To make them aware that a person can live long with the HI-virus if she/he looks after herself/himself.
- To inform them that food gardens can be much cheaper if they plant their own vegetables.

### **8.6.2 Programme activities**

An ice breaker was used in a form of posters showing different foods like vegetables fruits and tips for making a productive garden. The were taught to set up menus containing balanced meals. Preparation of food was discussed and that food should be well cooked and precautions be taken about leftovers. Fresh food is best.

### **8.6.3 Discussion**

In this session the group discussed a healthy living with HIV with the help of the group leader. Nutrition was discussed as having a good effect on the health of an HIV positive person. A balanced diet with all necessary nutrients boost immune system and a person has a chance of living for a longer period. If a patient with HIV can be on antiretroviral drugs, balanced diet with a variety of necessary vitamins will help the treatment to be more effective (Soul City, 2004:24-25; Roux, 2002:208-214).

## **8.7 *SESSION 7: CD4 COUNTS, ANTIRETROVIRAL DRUGS AND COPING WITH STRESS***

### **8.7.1 Objectives**

- To educate them on what CD4 count is and also the important part it plays in our bodies.
- To make learners aware that stress can affect an HIV positive person to the extent that, at last, it kills the person and not the disease itself. Individuals differ but it is better to tell somebody so that one gets support.
- Management of stress.

### **8.7.2 Programme activity**

An ice breaker was used by playing soft music and stress exercises were demonstrated. The whole group was involved.

### **8.7.3 Discussion**

The CD4 count and how the virus works, were discussed in this session (Strydom, 2002:249-250). In the discussion it was explained that the normal CD4 count of a person is 1000 and above (Evian, 2000:26). If a person gets infected with the HI-virus the body fights the infection. It is the function of the CD8 cells to alert the CD4 counts to fight the virus. The HI-virus is difficult to kill. The CD4 count fights it for many years until they became weak and the person falls ill and dies. If the CD4 count is 200 and below a person will

receive free antiretroviral drugs at the nearest health institution (Soul City, 2004:26-29).

Stress and its management was also defined (Roux, 2002:239-242; Van Staden, 1988: 56-57). Exercise is a good reliever of stress. HIV-positive people need support from the family and friends (Roux, 2002:235-239; Strong, *et al.*, 1998: 586-587).

## **8.8 SESSION 8: ESSENTIAL STEPS TOWARDS ABSTINENCE**

### **8.8.1 Objectives**

- To help them choose a happy and HIV free future.
- To control their behaviours.
- To make them control their own life by making conscious firm decisions.

### **8.8.2 Programme activities**

An ice breaker was done by means of a case study. The group discussed the case with the guidance of a group leader.

### **8.8.3 Discussion**

Discussion took place and it was indicated that being a virgin is the greatest gift you give yourself and your lifelong partner. Self-control is very important in order to be able to make conscious and firm decisions. They were advised to keep busy with their school work and sports activities. They must not isolate themselves with a member of the opposite sex and rather keep their activities within a group. Sexually arousing TV shows / videos or books, will not help their decision to abstain. Friends who talk about sex will weaken one's decision to abstain from sex. Avoid drugs and alcohol abuse as these will cloud one's clear thinking ability, and can lead to foolish and dangerous actions that one will regret later on. HIV/AIDS is a behavioural disease. The only protection is that one must examine one's values and behaviours (Soul City, 2004:6-15).

## **8.9 SESSION 9: CONCLUSION**

### **8.9.1 Objectives**

- To remember the affected and infected by burning candles.
- To measure change by means of a self administrated instrument.

### **8.9.2 Discussion**

Burning of candles is a symbol of being committed to disseminate the information to those without knowledge of HIV/AIDS, as well as affected and infected and also to remember those who died of AIDS. Three candles are burnt. Yellow is for the affected and infected and those who do not know their status. Red is for the terminally ill, and white for those who have died of HIV/AIDS. Participatory certificates were given to them by the researcher.

## **9. RESULTS OF THE RESEARCH**

### **9.1 Results of questionnaire 1**

#### **9.1.1 Knowledge of respondents**

In questionnaire one five questions were asked to test the learners in the experimental as well in the control group's knowledge. The following answers on the different questions were achieved:

- **Do you think it is acceptable to have pre-marital sex?**

In the experimental group 4 (40%) of the respondents answered "yes" before the group meetings started and 6 (60%) answered "no". In the control group 4 (40%) answered "yes" and 6 (60%) answer "no". At the end of the last group meeting, only 1 (10%) of the respondents in the experimental group answered "yes" and 9 (90%) answered "no". In the control group 5 (50%) of the learners answered "yes" and 5 (50%) answered "no".

It is clear that the group members showed improvement on their level of knowledge on pre-marital sexual relationships after the nine group sessions. The level of knowledge of the control group stayed mostly the same.

- **Do you think that people become more easily involved in sex when they are under the influence of alcohol?**

In the experimental group 8 (80%) of the respondents answer "yes" before the group meetings started and 2 (20%) answered "no". In the control group 8 (80%) answered "yes" and 2 (20%) answered "no". At the end of the last group meeting 9 (90%) of the respondents in the experimental group answered "yes" and 1 (10%) answered "no". The results in the control group stayed the same.

The group members showed some improvement in their level of knowledge about the role that alcohol plays in sex activities after the nine group sessions. The level of knowledge of the control group stayed the same.

- **Do you think it is wrong to get drunk?**

In the experimental group 9 (90%) of the respondents answered "yes" before the group meetings started and 1 (10%) answered "no". In the control group 9 (90%) answered "yes" and 1 (10%) answered "no". At the end of the last group meeting 10 (100%) of the respondents in the experimental group answered "yes". The results in the control group stayed the same.

The group members in the experimental group showed some improvement about the use of alcohol. The level of knowledge of the control group stayed the same.

- **Is it important to you that your sex partner is HIV-negative?**

In the experimental group 9 (90%) of the respondents answered "yes" before the group meetings started and 1 (10%) answered "no". In the control group 7 (70%) answered "yes" and 3 (30%) answered "no". At the end of the last group meeting 10 (100%) of the respondents in the experimental group answered "yes". In the control group 9 (90%) of the learners answered "yes" and 1 (10%) answered "no".

The group members in the experimental and the control group showed improvement about the HIV-status of the sex partner.

The results of this research showed that none of the learners in the experimental or control group are HIV-positive.

### 9.1.2 Attitudes and beliefs of respondents

According to Strydom (2002:318) statistics that describe the strength of association between variables are often referred to by the term effect size. The effect size ( $\delta$ ) describes the strength of association found in a study. The natural measurement to consider when interpreting any differences according to Roux (2002:259) and Strydom (2002:318), is called the standardise difference. It is the difference between the two means divided by the standard deviation. The standard difference according to Roux (2002:259) and Strydom (2002:318) is as follows:

$$\delta = \frac{\text{Mean}_a - \text{Mean}_b}{\text{Max}(\text{Std}_a; \text{Std}_b)}$$

The value ( $\delta$ ) is also known as the effect size of the difference in population means. Roux (2002:259), Spatz (2001:199) and Strydom (2002:319) provide the following guidelines for the interpretation the ( $\delta$ ) value:

- $\delta = 0,02$ : a small effect
- $\delta = 0,05$ : a medium effect and
- $\delta = 0,08$ : a large effect.

**TABLE 3: Measurements of the self-esteem of the respondents**

Self-esteem	Experimental group			Control group		
	Mean	Std Dev	$\delta$	Mean	Std Dev	$\delta$
I feel very competent	0.43	0.53	0.81**	0.20	1.03	0.19
I think I make a good impression on others	0.57	0.79	0.72*	0.20	1.23	0.16
I feel attractive	0.86	0.90	0.96**	0.11	0.78	0.14
I feel I have enough self-confidence	0.67	0.71	0.70*	0.10	1.10	0.09
I am not afraid that I will appear foolish	1.00	1.29	0.76**	0.11	1.54	0.07
I feel confident when I am with others	0.86	0.90	0.04	0.00	1.12	0

\* Indicates a medium effect that may be significant

\*\* Indicates a large effect that is significantly

It is clear that the group sessions help the group members to improve their self-esteem significantly, even after nine sessions. The results correlate with the results of Strydom (2002:335). The results of the experimental group were much better than the results of the control group.

**TABLE 4: Measurements of the self-assertiveness of the respondents**

Self-assertiveness	Experimental group			Control group		
	Mean	Std Dev	$\delta$	Mean	Std Dev	$\delta$
I take a lead when I am in a group	0.14	1.07**	0.13	0.20	1.14	0.18
I would tell the owner if I was satisfied with the service of the staff	0.71	0.49	1.44	0.60	0.97	0.62
I protest loudly if someone jumps the line	0.71	0.76**	0.93	0.10	1.10	0.09
I am willing to discuss my view point in a group	0.75	0.89**	0.84	0.00	1.05	0.00
If my friend wants to borrow something precious, I can say "no"	0.00	1.29**	0.00	0.00	1.41	0.00
If my friend does not keep his appointment with me, I can call him as soon as possible	0.50	0.76**	0.65	0.10	0.99	0.10

\* Indicates a medium effect that may be significant

\*\* Indicates a large effect that is significant

According to table 4 the group member's self-assertiveness in the experimental group, improved to a significant extent. It is only their ability to take the lead in a group and their ability to say "no" when a friend wants to borrow something precious, that needs more improvement. According to Toseland and Rivas (2001:18) group treatment provided vicarious learning opportunities. The presence of others gives members like the learners in this research group the opportunity to learn from the group leader/group members, but also by hearing about the experiences of others. The group plays an important role in the empowerment of group members. According to Anderson (1997:40), the group empowers an individual to think critically on micro- and macro levels. The self-assertiveness of the control group improved to some extent, but not as much as the experimental group. There are many reasons to explain this. One of the reasons may be the fact that they were part of a research group project, but it could be that the group members talked to them about their experiences in the group, because they are in the same school and the same standard.

**TABLE 5: Measurements of the values of the respondents**

Values	Experimental group			Control group		
	Mean	Std Dev	$\delta$	Mean	Std Dev	$\delta$
I think sex should be reserved for marriage	0.75	1.04	0.72*	0.10	0.32	0.31
Pornography should be totally banned from bookstores	0.86	0.90	0.96**	0.56	1.42	0.39
Too much approval has been given to homosexuals	0.43	0.98	0.44	0.00	0.94	0.00
There is too much sex on television	0.14	0.90	0.16	0.40	0.70	0.57
Young people have too much freedom	0.29	0.95	0.31	0.20	0.63	0.32
My religion is important to me	0.13	0.35	0.37	0.30	0.67	0.45

\* Indicates a medium effect that may be significant

\*\* Indicates a large effect that is significant

If the results of the experimental group are compared with the results of the control group, it is clear that group work plays an important part in the improvement of the value system of the group members. There were only nine group sessions and still there was mostly a medium to a large improvement in the value systems of the group members. According to Corey and Corey (2002:79) the role of the group leader is to challenge group members to discover what is right for them and not to persuade them to do what the group leader thinks is right.

**TABLE 6: Measurements of the respondent's relationship with the opposite sex**

Relation with opposite sex	Experimental group			Control group		
	Mean	Std Dev	$\delta$	Mean	Std Dev	$\delta$
It is not beneficial to have a sexual relationship	0.50	1.22	0.41	0.30	0.67	0.45
I can openly discuss sexual matter with the opposite sex	0.29	0.49	0.59*	0.22	0.97	0.23
I take my partner's feelings into consideration	1.00	1.15	0.87**	0.10	1.10	0.09
My partner and I make joint decisions	0.57	0.79	0.72*	0.20	1.14	0.18
It is easy for me to admit my mistakes to my partner	0.29	1.38	0.21	0.10	0.99	0.10

\* Indicates a medium effect that may be significant

\*\* Indicates a large effect that is significant

According to the results in table 6, the experimental groups' relationships with the opposite sex improved with a medium to a large practical significant effect. When results of the experimental group are compared to the control group it is obvious that the group work programme on this topic did improve the relationship with the opposite sex of the group members to a greater extent than the control group.

**TABLE 7: Measurements of the respondent's attitude on substance abuse**

Substance abuse	Experimental group			Control group		
	Mean	Std Dev	$\delta$	Mean	Std Dev	$\delta$
It is wrong to be under the influence of alcohol	0.00	0.00	0.00	0.30	0.95	0.32
People more easily have sex if they are under the influence of alcohol	0.29	0.76	0.38	0.30	0.82	0.37
It is wrong to experiment with drugs	0.29	0.49	0.59*	0.11	0.33	0.33
When I am with friends I am able to control my use of alcohol	0.43	0.98	0.44	0.00	1.05	0.00
I am able to tell my friends to drink moderately	0.38	1.30	0.29	0.00	1.49	0.00
I can make a difference in the prevention of HIV in other learners	0.38	0.74	0.52*	0.33	0.71	0.46

\* Indicate a medium effect that may be significant

\*\* Indicate a large effect that is significant

According to the results in table 7, the improvement of the experimental group's attitude on substance abuse indicated a medium effect. The results of the experimental group was still better than the results of the control group. It could be accepted that group work can play an important role in the improvement of learners' attitudes towards substance abuse. According to Corey and Corey (2002:306-309) group work can play an important role in schools.

The results of this research are not so good as the results of Strydom (2002:335), but the experimental group in this research is only grade 9 learners. They may be not exposed to information on topics like self-esteem, relation with the opposite sex and substance abuse in the same way as students at a university. If one take in account the results that were achieved with the learners in the experimental group, the conclusion can be made that

group work can play an important role in empowering learners' life skill abilities.

## 9.2 Results of questionnaire 2

The participants had to answer questions about the group on a three point scale with 1 = completely, 2 = to a degree and 3 = not at all. The responses were the following as discussed in table 2.

**TABLE 8: Evaluation of the programme**

Question	1	2	3	Total
	%	%	%	%
1. Were the aims of the session clear to you?	100			100
2. Were the ice breakers effective?	90	10		100
3. Were the program activities suitable?	100			
4. Will it be possible to convey the information to other learners?	100			
5. Did the themes promote active group discussions?	100			
6. To what extent did the sessions increase your knowledge about HIV/AIDS?	100			
7. Did the sessions help you to gain new insight in HIV/AIDS?	100			
8. Did the sessions meet the aims?	100			
9. To what extent did you succeed in understanding the sessions well?	70	30		100

It is clear in this evaluation that 10 (100%) of the participants were very positive about questions 1, 3, 4, 5, 6, 7 and 8. Only 1 (10%) of the respondents experienced the ice breakers as effective to a degree. Three (30%) of the respondents could succeed in understand the sessions to a degree. In the qualitative questions, all three were positive and according to the answers they gave, it was clear that they succeeded in understanding the session and the information well. Perhaps they did not understand the question well.

## 9.3 Results of the qualitative evaluation

The respondents had to give their opinion on the following questions. Some of their verbal answers will be given with the following questions:

**Did you learn to develop a healthy and accepted value system?**

"Yes, I know how to protect myself from HIV and to care."

"Yes, because we develop a lot and we also have a positive attitude towards HIV/AIDS."

"Yes, I have learned more about my values."

**Did you understand the effect of substance and alcohol abuse in the spreading of HIV infection?**

"Yes, I learn that many things can happen when you abuse alcohol and drugs."

"Yes, you cannot make right choices if you are drunk."

"HIV can spread by alcohol abuse because alcohol leads you to do wrong things."

"People who use alcohol make bad choices and decisions."

**Did you gain knowledge about living a positive life with the maintenance of a balanced diet and how to prepare healthy and cheaper foods?**

"If we eat healthy food we stay healthy all the time and gain a lot of energy."

"You can make your own food in your garden."

"Yes, you have to eat fresh food and you have to eat vegetables and fruit."

**Do you feel you have the skills to support HIV infected people?**

"Yes, because the sessions teach us how to handle stress and families suffering from HIV/AIDS."

"Yes, because I have now gained more information on HIV and AIDS."

"Yes, because I have learned to support them with love."

"Yes, because I was taught how to support them."

**Did you learn to build a meaningful and constructive relationship with the opposite sex?**

"Yes, because we learn how to communicate with them."

"Yes, because everybody has his/her rules. If your partner says no, it is finalised. You don't have to force him/her."

"Yes, because when you say no, you say it. So don't let your partner force you."

"Yes, because love is not all about sex."

"Yes! To have the opposite sex does not mean you can sleep with him/her."

"Yes. Many boys take advantage of girls. When they are in the relationship, they put pressure on the girl."

## **10. CONCLUSIONS**

- HIV/AIDS is a big problem especially among young people. It is a difficult task to measure the effectiveness of HIV control programmes.
- Risk reduction education, condom distribution, and STD control are still the best tools we have in controlling the HIV pandemic. It is of vital importance to know which programmes work and in which social contexts.
- This research proves that information given in small groups (6-12 group members) to especially high school learners is more effective than giving information to learners in a big group (12 and more group members). It is much easier to manage a small group.
- The deaths of teachers are enormous. Social workers who have the knowledge and skills are trained to do group work. Social workers must take hands with the teachers in helping them.

## **11. RECOMMENDATIONS**

- If one wants to do preventative work with learners, small groups are better than large groups.
- Design a programme, because it allows you to use a lot of resources like posters, group discussions and videos.
- Social workers must take hands with teachers. If we want to stop HIV/AIDS, we must start with the young people at an early age. To start with learners is the best.
- Social workers also have to work in collaboration with other professionals within multidisciplinary teams where different service providers compliment one another.
- It is the task of social workers together with other health service providers to clarify different cultures and develop culturally tailored risk reduction messages that could help us teach strategies that make learners feel confident in their ability to refuse sexual activities.
- Finally, only continuous and consistent adoptions of safe sexual practices condom use with all partners, as well as abstinence or deferment from sexual intercourse will reduce further spread of the HI-virus among learners.

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# ADDENDUM 1

## QUESTIONNAIRE 1

For office use

Questionnaire number			
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**QUESTIONNAIRE TO ASCERTAIN THE ATTITUDES, BELIEFS AND LEVEL OF KNOWLEDGE ON HIV/AIDS AND RELATED MATTERS OF GROUP MEMBERS BEFORE AND AFTER THE IMPLEMENTATION OF A HIV/AIDS PREVENTION PROGRAMME**

### SECTION 1: IDENTIFYING PARTICULARS

<b>1.</b>	<b>SEX OF RESPONDENT</b>	
1.1	Female	1
1.2	Male	2
<b>2.</b>	<b>AGE OF RESPONDENT WITH LAST BIRTHDAY</b>	
2.1	Years	1
<b>3.</b>	<b>GRADE IN SCHOOL</b>	
3.1	Grade	
<b>4.</b>	<b>HOME LANGUAGE</b>	
4.1	Sesotho	1
4.2	Zulu	2
4.3	Xhosa	3
4.4	Afrikaans	4
4.5	English	5
<b>5.</b>	<b>RELIGION</b>	
5.1	Methodist	1
5.2	Lutheran	2
5.3	Catholic	3
5.4	Assemblies of God	4
5.5	Fifth Mission	5
5.6	Z.C.C.	6
5.7	Other	7

**SECTION 2: KNOWLEDGE OF AIDS**

Please draw a cross in the appropriate block.

<b>1.</b>	<b>DO YOU THINK IT IS ACCEPTABLE TO HAVE PRE-MARITAL SEX?</b>
1.1	Yes
1.2	No
<b>2.</b>	<b>HAVE YOU BEEN TESTED HIV-POSITIVE?</b>
2.1	Yes
2.2	No
2.3	Uncertain
<b>3.</b>	<b>DO YOU THINK THAT PEOPLE BECOME MORE EASILY INVOLVED IN SEX WHEN THEY ARE UNDER THE INFLUENCE OF ALCOHOL?</b>
3.1	Yes
3.2	No
<b>4.</b>	<b>DO YOU THINK THAT IT IS WRONG TO GET DRUNK?</b>
4.1	Yes
4.2	No
<b>5.</b>	<b>IS IT IMPORTANT FOR YOU THAT YOUR SEX PARTNER IS HIV-NEGATIVE?</b>
5.1	Yes
5.2	No

**SECTION 3: ATTITUDES AND BELIEFS**

This section of the questionnaire is designed to measure the way you feel and think about certain aspects in your life, the prevention programme will address. It is not a test, so there are no right or wrong answers. Answer each item by drawing a cross on a number beside each of the following statements.

- 1 = Agree
- 2 = Neutral
- 3 = Disagree

<b>SELF-ESTEEM</b>				
1.	I feel that I am a very competent person	1	2	3
2.	I think I make a good impression on others	1	2	3
3.	I feel attractive	1	2	3
4.	I feel that I have enough self-confidence	1	2	3
5.	I am not afraid that I will appear foolish to others	1	2	3
6.	I feel confident when I am with strangers	1	2	3
<b>SELF-ASSERTIVENESS</b>				
7.	I take a lead when I am in a group	1	2	3
8.	I would tell the owner if I was dissatisfied with the service of his staff members	1	2	3
9.	I protest loudly if I someone jumps the line	1	2	3

10.	I am willing to discuss my view point in a group, but I do not feel that I have to win the argument	1	2	3
11.	If my friend wants to borrow something precious, I can easily say "no"	1	2	3
12.	If my friend does not keep his appointment with me, I call him as soon as possible and demand an explanation	1	2	3
<b>VALUES</b>				
13.	I think sex should be reserved for marriage	1	2	3
14.	Pornography should totally be banned from our bookstores	1	2	3
15.	Too much approval has been given to homosexuals	1	2	3
16.	There is too much sex on television	1	2	3
17.	I think that young people have too much freedom	1	2	3
18.	My religion is important to me	1	2	3
<b>RELATIONSHIP WITH OPPOSITE SEX</b>				
19.	I feel that it is not beneficial to have a sexual relationship	1	2	3
20.	I can openly discuss sexual matters with the opposite sex	1	2	3
21.	I take my partner's feelings into consideration	1	2	3
22.	My partner and I make joint decisions	1	2	3
23.	It is easy for me to admit my mistakes to my partner	1	2	3
<b>SUBSTANCE ABUSE</b>				
24.	I think it is wrong to be under the influence of alcohol	1	2	3
25.	People more easily have sex if they are under the influence of alcohol	1	2	3
26.	It is wrong to experiment with drugs	1	2	3
27.	When I am with friends I am able to control my use of alcohol	1	2	3
28.	I am able to tell my friends to drink moderately	1	2	3
29.	I can make a difference in the prevention of HIV in other learners	1	2	3

Ms. M.M. Sito  
**MA-Student**

## ADDENDUM 2

### QUESTIONNAIRE 2: EVALUATION OF THE SESSIONS

Use the following scale.

- 1 = Completely
- 2 = To a degree
- 3 = Not at all

1. Topic of the session

1.1	Were the aims of the sessions clear to you?	1	2	3
1.2	Were the ice breakers effective?	1	2	3
1.3	Was the program media suitable for the sessions?	1	2	3
1.4	Will it be possible for you to convey the information to other learners?	1	2	3
1.5	Did the themes promote active group discussions?	1	2	3
1.6	To what extent did the session increase your knowledge about the topic?	1	2	3
1.7	Did the session help you to gain new insight?	1	2	3
1.8	Did the sessions meet its aims?	1	2	3
1.9	To what extent did you succeed in understanding the sessions well?	1	2	3

2. Did you learn to develop a healthy and accepted value system?

.....

.....

.....

3. Were you sufficiently informed about the most important aspects of HIV/AIDS and prevention of the illness? Did you realise that you had a responsibility in this regard?

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.....

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4. Did you understand the effect of substance and alcohol abuse in the spreading HIV infection?

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5. Did you gain knowledge about living a positive life with maintenance of balance diet and how to prepare healthy and cheaper food.

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.....

.....

6. Do you feel you have the skills to support HIV infected people?

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.....  
.....

7. Did you learn to build a meaningful and constructive relationship with the opposite sex?

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

Thank you for your participation.

**Ms Mary Sito**  
**MA-student**

## ADDENDUM 3

### Consent Form

Title of the project: **A preventative group work programme on HIV/AIDS for high school learners in a rural area**

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: .....

**ADDENDUM 4:**

**CERTIFICATE OF PARTICIPATION**

# Certificate of Participation

*This is to certify that:*



*has participated in*

**HI/AIDS Education**

*from 20/10/2004 to 29/10/2004*



Presented by:

  
M.M. Sito

29 / 10 / 2004

*Date of Issue*