EVALUATION OF THE LIFE SKILLS PROGRAMME AT A NON-GOVERNMENTAL ORGANISATION DEALING WITH ADOLESCENTS LIVING WITH HIV

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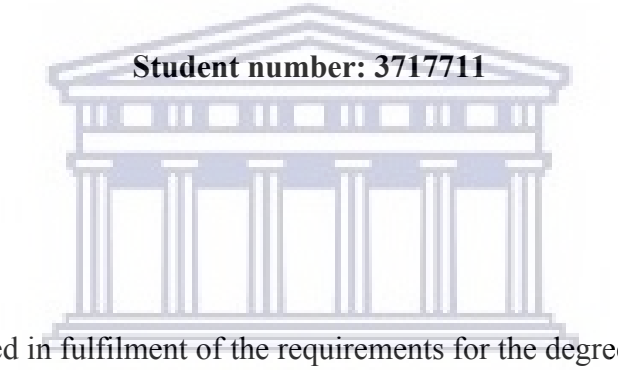

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DEDICATION

This research study is dedicated to all the children and adolescents living with HIV. These children and adolescents living with HIV are a special group of people who really needs help and support as they are growing into adulthood.

ABSTRACT

Societies today are rapidly expanding, both demographically and politically, thereby causing adolescents who are HIV positive to be faced with multifaceted challenges. For these societal demands, young people need to acquire the relevant skills. The life skills approach has been found to improve adolescent changes by building skills that are necessary components of healthy development and enables adolescents to deal with life challenges. Evidence suggests that the life skills approach promotes social, cognitive, emotional, and behavioral competencies that are important in decreasing negative or high-risk behaviours (Pearlstein *et al*.,2013, Mellins *et al*.,2012) . The aim of this research was to evaluate the life skills programme utilised by social workers, social auxiliary workers and community workers at an NGO that deals with HIV positive adolescents.

Evaluation design that employs a qualitative approach was adopted. Qualitative approach allowed the research to get in-depth information about the life skills programme that the social workers, social auxiliary worker and community workers were providing to the adolescents living with HIV. Furthermore, a purposive non-probability sampling technique was used to select the participants for the study. Social auxiliary worker, community worker and beneficiaries of the life skills were selected as the experts in providing information about the life skills at the NGO. The researcher made use of two methods of data collection, namely semi-structured interviews and document analysis for triangulation of the data. Interviews were conducted to get in-depth information of the life skills programme as it allowed the researcher to probe information from the participants. More so, document analysis was done to check the content of the programme whether it was done according to the expectations of the NGO. Face-to-face semi-structured interviews were conducted with eleven participants – one auxiliary social worker, four community workers, and six beneficiaries (people who when they were adolescents, participated in the life skills programme and are now between the age range of 22-28years). Furthermore, qualitative thematic analysis was used for analysing the data collected from both the interviews and the documents.

The study revealed through the programme process evaluation of the life skills programme that the social workers, social auxiliary workers, and community workers are helping

adolescents living with HIV in bettering their life as evident by what the beneficiaries explained. However, some of the challenges that the facilitators have is that they do not have in-depth information on what to teach in some of the topics that are given to them by the NGO. Furthermore, there is a lack of training among facilitators, a lack of resources, and a lack of support to facilitators when adolescents are recruited for the programme.

This research will be valuable to future researchers and practitioners working in the field of transferring life skills to adolescents infected with HIV, as it gives direction in developing an understanding of interventions for this population group.

KEY WORDS

Process evaluation, adolescents, HIV, Social worker, Social auxiliary worker, Community Worker, Strength based, Non-governmental Organisation.

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CHAPTER 1: GENERAL INTRODUCTION AND ORIENTATION OF STUDY

1.1 Introduction

The World Health Organisation (WHO, 2013) finds sub-Saharan Africa to be a home that carries the highest HIV burden in the world, with 67% of the estimated 34 million people in the world living with HIV. According to Armstrong, Lorpenda, Caswell and Kihara (2017), in 2015, there were an estimated 250,000 new HIV infections among adolescents aged 15-19 years, while an additional 1.8 million adolescents aged 10-19 were already living with HIV. In addition, literature has shown that globally, adolescent girls are more vulnerable to HIV than boys are (Dellar, Dlamini & Karim, 2015; Armstrong *et al*., 2017). In South Africa, according to Tshuma (2015), about 96,228 babies were projected to have perinatal HIV, while approximately 704,829 children were already living with HIV in 2005. Furthermore, Sharer and Fullem (2012) single out that back then, it was known that children who were vertically infected during pregnancy, birth, and breast-feeding would not live to reach 15 years of age. However, a number of researchers have challenged this assumption of children born with HIV not living to reach adolescence. Pearlstein *et al.* (2013) are of the view that children infected through vertical ways are now entering adolescence in sub-Saharan Africa and all over the world. In support of the above, Sharer and Fullem (2012) as well as Baryamutuma and Baiyngama (2011) highlight that many children who acquire HIV during the perinatal period and who are uninterruptedly on antiretroviral treatment (ART), are now anticipated to live a long healthy life .

According to Sharer and Fullem (2012), the journey into adolescence, whether it involves living with HIV or not, is a period where an individual begins to experience major social, physical, and psychological changes. Pearlstein *et al.* (2013) have the view that the adolescents' transitioning can be more difficult for **adolescents living with HIV** (ALHIV) as they face additional challenges due to the loss of parents and other relatives. To support the idea that ALHIV have a plethora of challenges as a result of living with HIV, Mellins *et al*. (2012) point out that some of the HIV infected adolescents grew up in societies affected by a

high rate of substance abuse, poverty, neighbour disintegration, and numerous stress events. Due to the different life stressors that ALHIV are subjected to, Pearlstein *et al*. (2013) stipulate that ALHIV are prone to poor developmental effects, including weakened cognitive function as well as emotional and behavioural problems. In agreement with the preceding statement, Ndongmo, Ndongmo, Ndongmo and Michelo (2017) highlight that ALHIV are faced with problems such as school functioning, puberty, growth, peer relationships and sexuality. Contrary to this, ALHIV are reported to have needs just like any other adolescents. Fair and Albright (2012) and Lowenthal *et al.* (2014) found that in sub-Saharan Africa and America, ALHIV engage in intimate relationships, including same-sex relations.

In light of the above, Mark *et al.* (2017) are of the view that ALHIV have unique life stressors different from other adolescents who are living negatively, therefore community workers, social workers and other providers should be aware of the life stressors that ALHIV face. Sharer and Fullem (2012) suggest that there is a strong need for families, caregivers, and service providers to work with ALHIV to provide clear details on positive health, prevention, working to reinforce their self-esteem, sense of self-worth, self-efficacy to approach life, examining high-risk situations, and pursuing their sexuality in a positive way.

Pearlstein *et al*. (2013) single out the life skills programme as one factor that can successfully help adolescents to transition into adulthood. The United Nations International Children's Emergency Fund (UNICEF, 2017) mentions South Africa as one of the countries with a high HIV prevalence in Africa and the world. However, in South Africa several prevention programmes have been introduced (UNICEF, 2017). According to the South African Department of Education (2009), the life skills programme has been one of the programmes introduced in 1997 into the syllabus at high schools to educate learners on the issue of life skills and sexuality education. UNICEF (2017) highlights that life skills education is helpful in adolescents' development as it compels them to be stronger, more aware and more caring human beings who are prepared to cope with the daily demands and pressures of living with HIV. Furthermore, Mohapi and Pitsoane (2017) are of the view that life skills enable adolescents to develop knowledge and skills needed for healthy relationships, effective communication and responsibility in decision making that will protect them and others from HIV infections.

There is a need for the life skills programme to be evaluated because it is important to assess the weaknesses and strengths of a particular programme in order to tell if the programme is useful to the recipient (Setlhako, 2016). According to Mouton (2010), evaluation seeks to determine the tangible knowledge, skills, attitude, or behavior a programme addresses in order to verify if the objectives of a programme are met. Armstrong *et al.* (2017) point out that it is vital for health service providers to improve programmes for adolescents who are younger than 18 years of age in settings where the lawful environment restricts their access to services. It is therefore essential to evaluate the life skills programme in order to explore whether the adolescents who underwent this programme have acquired the necessary knowledge, and to determine the extent to which they remember the concepts taught to them during the life skills intervention (Armstrong *et al*., 2017). Therefore, this study sought to evaluate the life skills programme used by social workers and community workers at an NGO dealing with HIV. Hammond, Cook, Jacquith and Hamilton (2012) point out that the evaluation of intervention programmes should be a continuous activity so that problems are known and rectified as the programme develops.

According to Hammond *et al.* (2012), evaluation should be shepherded at intervals so that temporary reports can be used to track the progress of both learners and facilitators in order to improvement the programme where needed. The researcher however identified the lack of evaluation of life skills programmes as a gap in knowledge and decided to undertake the process of evaluating the life skills programme at an NGO dealing with ALHIV.

1.2 Rationale for the study

The researcher felt a need to embark on evaluation of the life skills at an NGO dealing with adolescents living with HIV because the researcher discovered that the NGO has been providing life skills programme for six years and the organisation has never evaluated the programme. The researcher wanted to find out from the social workers, social auxiliary workers, community workers and beneficiaries (people who when they were adolescents participated in the programme) if the programme is effective, including the weaknesses and the challenges of the programme so that change can be made for the life skills programme. The organisation was an HIV-based Non-governmental Organisation (NGO) comprising orphans and vulnerable children from the ages of 7-18 years. Social workers together with

auxiliary social worker and community workers at the organisation are working hand-in-hand to deliver life skills interventions for children and ALHIV

The life skills programme is one of the intervention and prevention methods used by social workers with the assistance of social auxiliary worker and community workers to help people cope with everyday challenges. This study aimed to evaluate the life skills programme at an NGO dealing with HIV positive adolescents. Qualitative data gathering methods in the form of semi-structured interviews and document analysis were applied.

1.3 Literature review as orientation to the study

In this section, an orientation on the evaluation of the life skills programme implemented at an NGO dealing with ALHIV is provided by exploring the following literature: programme evaluation, life skills, key components of life skills, evaluation of life skills at an NGO, and the role of social workers and community workers when implementing the life skills programme.

1.3.1 Programme evaluation

Monette, Sullivan and DeJong (2005) define programme evaluation as a means of supplying effective and trustworthy evidence regarding the procedures of social programmes. Yu and McLaughlin (2013) provide an in-depth description of programme evaluation and state that it is an organised process of collecting information – it applies methods and knowledge to analyse research, it enables documenting accomplishments, and it improves the planning, implementation and effectiveness of these programmes. Macnamara (2004) explains that programme evaluation involves carefully collecting information about a programme or some aspect of a programme to make the necessary decisions about the programme. Mamburu (2004) indicates that programme evaluation aims to inform those who created and implement social programmes of its success. Furthermore, Monette *et al.* (2005) point out that programme evaluation gives an in-depth description on how the programme is planned, how it operates, and how the goals are achieved. According to the Mouton (2010), programme evaluation was developed in the USA in the 1960s when the Federal Government declared war against poverty. Ntoyanto (2016) highlights that in South Africa, programme evaluation

found an entry point through the international donor community. Rossi, Lipsey and Freeman (2004) point out that programme evaluation can take on different procedures; in addition, one or more evaluations may be suitable, depending on the aims of the programme to be evaluated. The researcher made use of process evaluation as the study aimed to evaluate the life skills programme at an NGO dealing with HIV positive adolescents. Bliss and Emshoff (2002) assert that process evaluation confirms what the programme is and whether it is being implemented as planned.

1.3.2 Life skills

Nagaraju (2016) defines life skills as behavioral change or behavioral development that serves to address three areas, namely knowledge, attitude, and skills. Similarly, Opio-Ikuya (2013) views life skills a behavioral change vehicle that empowers one to deal with everyday demands and challenges. The above authors agree on life skills being a behaviour change tool. Roodbari, Sahdipoor and Ghale (2013) differ in that they see life skills as talents that can be learnt and used in daily life, thereby empowering people to be successful in different environments. In support of the above, Vranda and Rao (2011) stipulate that gaining knowledge through life skills training influences attitude and values, leading to a positive behavior, and this in turn helps to prevent high-risk behavior. In addition to the effectiveness of life skills to adolescents, Puspakumara (2013) suggests that life skills are essential in preventing some of the problems that mostly affect adolescents. Such problems include substance abuse, teenage pregnancies, violence, and bullying. In this light, it is important to note that life skills promote self-confidence and self-esteem among adolescents (Puspakumara, 2013).

1.3.3 Key components of life skills

According to Khalatbari *et al.* (2011), in order to encourage mental health and avoid social harm, life skills education is important. This section discusses components of life skills that are essential to ALHIV. The first life skills component is self-awareness. According to the World Health Organisation, self-awareness skills entail knowing oneself, which includes character, strength, weakness, desires and dislike of self (WHO, 2001). The second life skills component is stress management. Roulade, Swartz, Kalichima and Simbayi (2009) define

stress as pressure from outside forces that can lead to psychological, physical or behavioral reactions in an attempt to adjust to these pressures. Khalatbari *et al*. (2011) explain that as ALHIV progress on their journey of self-discovery, they continuously adjust to new experiences, encounters, and situations that are stressful to them.

The third identified life skills component is self-esteem. Erozkan (2013) defines self-esteem as the personal valuation or worthiness that individuals place on themselves. Self-esteem refers to the extent that individuals are able to accept themselves without having any negative thoughts (Erozkan, 2013). The fourth component is decision-making skills. Baron and Brown (2012) assert that decision-making enables individuals to think constructively and deal with situations they encounter in their lives. The fifth component is interpersonal relationship skills. According to Erozkan (2013), interpersonal skills entail individual understanding of other people with whom they interact. The sixth and seventh components link to dealing with communication skills and emotions relevant to HIV positive adolescents.

1.3.4 Evaluation of life skills programmes at an NGO

Tiendrebéogo, Meijer and Engleberg (2003) found that in South Africa, the Department of Health and the Department of Education formed the National Coordinating Committee for Life Skills in 1998. Yu and McLaughlin (2013) highlight that the aim of life skills evaluation is to establish whether an implemented programme is successful in achieving its objectives. UNICEF (2012) suggests that worldwide, life skills evaluation is mostly undertaken both externally and internally by supervisors of government or NGOs. Khalatbari *et al.* (2011) found that in South Africa, the evaluation of a life skills programme at an NGO could be done in the middle of the programme and at the end of the programme. Bhadra (2016) emphasises that when the life skills programme has been running for some time, the strengths and weaknesses of the programme will be noticeable.

In addition to the above, Ntoyanto (2016) denotes that mid-evaluation of life skills provides thorough information on the changes that can be done to improve the programme. Alaimo (2008) is of the view that the mid-term evaluation ensures that activities are implemented with quality and relevance, and that results are produced. Contrary to this, UNICEF (2012) highlights that when evaluation is done at the end of a life skills programme, the focus is on

the difference the programme has made in the lives of the participants. In addition, it also provides information for development of the programme and improvements that can be made for the programme (UNICEF, 2012). Alaimo (2008) stresses that the evaluation of a life skills programme can benefit an NGO. Furthermore, the findings of the programme can be used by directors, managers, staff and volunteers to measure the worth, competence and productivity of their programme, which will inform future decisions within the programmes and work towards promoting best practices (Alaimo, 2008).

1.3.5 Social and community workers implementing life skills methods

This section gives a brief overview of the roles of social workers and community workers in implementing the life skills programme. Kurian and Kurian (2014) explain social work as a helping profession that focuses on working with individuals, families, groups, organisations, and communities to assist them with functioning better in their social environments. Rengasamy (2009) describes community workers as participating agents who work in the communities where they live to guide and support community members in community-based projects. In this light, Zastrow (2010) explains that community workers are there to reach out to the residents in their community and to increase insight and the need for disease prevention affecting individuals, families and the community. In the writing of Kurian and Kurian (2014), the ten core life skills identified by WHO (1997) remain central to social work practice. This therefore makes social workers important professionals in providing life skills interventions to adolescents infected by HIV as they are well versed with the WHO's (1997) ten core life skills.

In providing life skills interventions to ALHIV, social workers employ three intervention methods, namely macro, mezzo, and micro interventions (Zastrow, 2008). Community workers work together with healthcare professionals in providing services to the vulnerable people within their communities (Zastrow, 2010).

1.4 Theoretical framework

1.4.1 The strength-based approach

The strength-based approach was used as the theoretical framework for the study because strength based theory enables individual to see themselves as capable instead of seeing problems. As part of the evaluation, the strength-based approach focused on the strength of the life skills programme for ALHIV. Hammond and Zimmerman (2012) postulate that life skills programmes, through teaching self-awareness, assertiveness, interpersonal relationships and communication skills, enable ALHIV to gain strength, confidence and acquire solutions rather than simply seeing problems and being hopeless in their lives. In support of the above, Mellins and Malee (2013) found that ALHIV are faced with a numerous problems associated with living with HIV, such as psychosocial issues and stigmatisation. However, through life skills programmes, ALHIV acquire skills that enable them to cope with life challenges.

In cases like these, there is a need for social workers and community workers to use their professional skills and knowledge to assist ALHIV with identifying their strengths and weaknesses through life skills programmes (Mbedzi, Qalinge, Schultz, Sekudu & Sesoko, 2017). Life skills development is one of the intervention strategies employed by social workers to help HIV infected adolescents regain and build their strength (Kurian & Kurian, 2014). The life skills training enables infected adolescents to reach their goals and attain independence in their daily lives (Pulla, 2017).

1.5 Problem statement of the study

Cultivating healthy attitudes has been seen as less effective among adolescents living with HIV (The World Health Organisation, UNICEF and UNAIDS 2011). According to UNICEF (2016), ALHIV generally have the same dreams and hopes as all other adolescents have but adolescents living with HIV have more challenges as compared to adolescents who are negative. Nevertheless, ALHIV are presented with many social and health challenges in their lives, including disturbances and changes in caregivers due to illness or the death of their parents. Some ALHIV have reportedly been raised in poor communities affected by domestic violence, they have challenges with adherence, and they display a poor uptake of prevention and treatment services. Moreover, ALHIV are subjected to anger and resentment as a result

of the treatment that they receive from their societies.

Due to the numerous challenges ALHIV face, the reviewed literature has shown that ALHIV are excluded in many programmes and services (Cluver *et al*., 2017). Pearlstein *et al.* (2013) suggest that life skills are important to ALHIV, as these will prepare them for the life challenges ahead. However, the majority of life skills programmes focus on adolescents in general and HIV prevention seems to be the main focus of these programmes; as a result, ALHIV are being left out of such programmes (Pearlstein *et al*., 2013). There is little literature on the evaluation of programmes and services for ALHIV. Not much is known on what works or does not work for them. The research findings indicate that stigma makes it difficult to initiate life skills programmes for ALHIV.

The concerns and desires of ALHIV need to be heard by care providers such as social workers, community workers, and psychologists. Moreover, youth-centred and youth-led approaches that involve young people in the planning, implementation and evaluation of programmes are needed. In this light, policy makers should consider adolescents in the framework of HIV and make long-term commitments to support and fund their programmes.

1.6 Aim of the study

The study aimed to evaluate the life skills programme utilised by social workers, social auxiliary workers and community workers at an NGO dealing with adolescents living with HIV.

1.6.1 Objectives of the study

1) To determine if the life skills programme utilised by social workers, social auxiliary workers and community workers has been carried out as planned at the NGO dealing with HIV positive adolescents.
2) To explore whether the components of the life skills programme at an NGO dealing with HIV are making a difference in the lives of HIV positive adolescents.
3) To explore the perceptions regarding successes and failures of the life skills programme at an NGO dealing with HIV positive adolescents.

1.7 Orientation to the research methodology

This section provides a brief introduction of the research methodology. An in-depth discussion is done in Chapter 3 (Research Methodology).

1.7.1 Research approach and design

A qualitative research approach was employed for the study. Schurink, Fouché and de Vos (2011) highlight that qualitative research is used to gain in-depth information on participants' attitude, behaviour, values, experiences, motivations, aspiration, and culture of lifestyles, and it aims to understand social and human problems. A qualitative approach was chosen as it allows the researcher to be closer to the participants, to learn from their experiences, and to understand how they make sense of the programme. Process evaluation design was employed to determine whether the life skills programme was implemented as originally intended, to describe the procedure of the programme as well as and how good the programme performs when compared to its functions, and to examine its strengths and weaknesses.

1.7.2 Research population and sampling

Bless, Higson-Smith and Kagee (2006) define population as the total set of individuals on which the research is focusing. The population of this research study consisted of social auxiliary workers and community workers caring for and providing life skills to ALHIV at an NGO in the Western Cape. Beneficiaries of life skills who once attended the life skills programme were also part of the population of the study. Life skills documents used by the NGO were reviewed by the researcher to understand the depth of the programme.

Non-probability purposive sampling was employed. An in-depth description of how the sample was selected is provided in Chapter 3.

1.7.3 Methods of data gathering

The study used two methods of data collection, namely semi-structured interviews and document analysis. Creswell's (2009) interview stages were followed for the study. For the document analysis, the researchers followed the steps as explained by Bowen (2009). The researcher explained the interview process to participants using the information sheet

(Appendix A: Information sheet) and obtained consent from the participants to conduct the interview and use an audio recorder **(Appendix B, C and D: Beneficiaries, Community workers, and Social workers Consent Form)**. After collecting the data, it was transcribed word-for-word.

1.7.4 Pilot study

A pilot study involves testing the data collected from a small sample of the community for whom the research is planned, thereby allowing the researcher to identify possible difficulties that might occur during data collection (Bless *et al.,* 2006**).** An interview was conducted with a social auxiliary worker, community worker, and one beneficiary not part of the study, which enabled the researcher to practice the interview skills and techniques that would be used during the interview process. The researcher also noted the time it took to take notes during the interview. A more in-depth discussion on the pilot interview is provided in section 3.6.4.

1.7.5 Data analysis

Creswell (2009:218) defines data analysis as a process of "unpacking the information collected from the participants". Thematic data analysis was used which will be discussed in research methodology chapter (section 3.8.1) of the study (Braun & Clarke, 2006).

1.8 Trustworthiness of the study

As cited by Nowell, Norris, White and Moules (2017), characteristics such as truthfulness, worthiness, applicability, uniformity and neutrality are of the utmost importance to assess trustworthiness during the research study. Information was obtained from social workers and community workers providing the life skills programme to ALHIV. Furthermore, information was obtained from the life skills beneficiaries and reviewing the documents of the life skills programme used at the NGO. To ensure trustworthiness in this study, credibility, transferability, dependability, confirmability and reflexivity were applied. These will be discussed in more detail in Chapter 3 (section 3.9).

1.9 Ethical considerations

Ethics were employed thoughtfully by the researcher, considering the vulnerable situation of people living with HIV. Approval was granted by the Ethics Committees of the University of the Western Cape **(Appendix G)**. Data were elicited from participants, who are human beings with basic human rights, and who contributed towards the value of the research process. The researcher followed various ethical procedures as discussed in Chapter 3. Before conducting the interviews, the researcher informed the participants of the purpose of the study and the informed consent form was signed. The possibility existed that emotions and challenges could flare up during the data collection; the researcher therefore had a psychologist and social workers on standby for vulnerable situations, and they were prepared to refer participants to the appropriate resources when necessary. The researcher assigned pseudonyms to protect the identity of the community workers, social auxiliary worker, and beneficiaries. The information collected was saved on a computer that was password protected. Data were stored until the research was completed.

1.10 Limitation of the study.

Although this research achieved its initial aims, some limitations were encountered. Firstly the study was supposed to include community workers, auxiliary workers and social workers. However during data collection the social worker was admitted in the hospital. However the researcher had to utilize the community workers and social auxiliary worker as they were providing the life skill programme.

1.11 Definition of concepts

Adolescence – is the stage of a young person from 10-14 years of age, and late adolescence is from 15-19 years, according to the **Joint United Nations Programme on HIV/AIDS** (UNAIDS, 2015). Given the difference stages of adolescence, health care providers need to take cognisance when planning HIV prevention, treatment and care intervention for adolescents (UNAIDS, 2015). The World Health Organisation, UNICEF and UNAIDS

(2011) describe an adolescent as an individual who is no longer a child but not yet an adult.

HIV – is an abbreviation for Human Immune-Deficiency Virus, identified in 1983 (Modise, 2012). The HIV virus infects the immune system's cells, destroying or impairing their function (WHO, 2017).

Life skills – refer to a range of attitudes, knowledge and skills that enables adolescents to deal well with the demands and challenges of everyday life. These life skills abilities are needed for effective living and to participate in communities and dealing with vital issues such as decision making, sexual education, self-respect, and self-development (Modise, 2012).

Process evaluation – is a form of evaluation that looks at the extent to which a programme is implemented as initially planned, and the programme's strengths and weaknesses are examined (Moore *et al.,* 2014).

Social auxiliary work -The South African Council for Social Service Profession (SACSSP) states that Social auxiliary work is registered and regulated as a social service profession in terms of Section 18 of the Social Service Professions Act 110 of 1978.In supervision framework for the Social Work Profession in South Africa, jointly authored by DSD and SACSSP (2012:34), social auxiliary work is defined as a supportive service to social work, rendered by an social auxiliary worker under the supervision of a Social worker to further the aims of social work**.**

Social work – is globally defined as "a profession that promotes social change, problem solving in human relationships, empowerment and the emancipation of adolescents infected with HIV to enhance their well-being" (Nicholas, Rautenbach & Maistry, 2010:5). International Federation for Social Work (2015:1) defines social work as a practice based profession and an academic discipline that promotes social change and development, social cohesion and the empowerment and liberation of people. Principle of social justice, human rights, collective responsibility and respect for diversity are the central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge. Social work engages people and structure to address their challenges and enhance

well-being.

Strength-based approach – is a cooperative process between the clients supported by services and the health care workers supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets (Pulla, 2017). This definition was applicable for the study

1.12 Structure of the thesis

This chapter dealt with the introduction, rationale of the study, and the theoretical framework. It provided a description of the study's aims, objectives and the research methodology, which includes the method of data collection and ethical issues considered. The following is a brief narrative of the five chapters:

- **Chapter 1**: Presents an introduction and orientation of the study on life skills programmes for ALHIV, evaluation of life skills programmes, and the function of social workers, social auxiliary workers and community workers in life skills education. It also presents an overview on the importance of this study and the methodology used to conduct the study by discussing the research aim, objectives, definition of concepts and ethical considerations.
- **Chapter 2**: The chapter provides an in-depth literature review that includes HIV/AIDS programme evaluation, programme evaluation, life skills, and the social workers, social auxiliary workers and community workers' roles in life skills education. It also presents the strength-based theory that is used to provide a baseline as well as a background to consider in discussing life skills programmes for ALHIV.
- **Chapter 3**: Provides an introduction of the chapter, the research questions, the research approach as well as the research design and methodology, which employed a qualitative approach and process evaluation design. The chapter also discusses sampling procedures, methods of data collection, thematic data analysis, and the concerns of trustworthiness, reflexivity, and ethical considerations. Finally a summary of the chapter was presented.
- **Chapter 4**: Presents the findings and discussion. It explores several themes and sub-themes related to life skills programmes for ALHIV. The successes of life skills,

the challenges of life skills, and the content of the life skills provided to ALHIV are elaborated on.

- **Chapter 5**: Includes the conclusion and recommendations of the research.

CHAPTER 2: LITERATURE REVIEW – EVALUATION OF LIFE SKILLS PROGRAMME FOR ADOLESCENTS LIVING WITH HIV

2.1 Introduction

This chapter provides a discussion of the literature on HIV/AIDS programme evaluation, programme evaluation in general, life skills, key components of life skills, and the social workers and community workers' roles when teaching life skills. Much attention is paid to the evaluation of life skills interventions for adolescents infected with HIV. Hargrave and Zasowski (2016) explain that treatment or therapy is not simply being protective of what is broken; it also encourages what is best within oneself. Strength-based theory is used to understand how ALHIV are empowered through life skills interventions. It is imperative to look at South African policies and legislations regarding the importance of rendering facilities to vulnerable children affected by HIV.

2.2 HIV/AIDS programme evaluation

Gobind and Ukpere (2014) claim that the HIV epidemic is moving into the third era, hence it is important for policy makers to prove the results of their efforts. For this reason, assessing HIV/AIDS programmes is vital in refining existing HIV/AIDS programme involvement (Gobind & Ukpere, 2014). Furthermore, Fatoba (2013) highlights that programme evaluation allows policy makers to thoroughly accumulate, investigate, and use evidence to answer inquiries based on the programme – mostly on programme successes and competence.

Maleka (2015) posits that the evaluation of HIV/AIDS programmes is difficult because of lack of know-how to evaluate the programme. Maleka (2015) state that the challenge of evaluating HIV/AIDS programmes is also experienced in NGOs as there is lack of monitoring the programme. Despite the challenges that are faced by organisation to evaluate HIV/AIDS programmes, the findings of a study done in Southern Africa show that evidence of improvement in knowledge of HIV programmes was found among adolescents and youth.

However, the evaluation of HIV programmes remain weak (Mavedzenge, Olson, Doyle, Changalucha & Ross, 2011). Cloete (2016) purports that the evaluation of programmes is proposed to advise policy-creators, programme formulators, implementers, and evaluators of the most actual material to improve their programme. Furthermore, Gobind and Ukpere (2014) postulate that programme evaluation entails informing sponsors who always want to know if the programme they are financing, implementing, and voting for is actually having the intended effect. Similarly, Khosa (2010) states that the evaluation of HIV programmes is regarded as a means to make rigorous decisions concerning the worthiness of health promotion programmes, and it requires comparisons of different types of programmes to reject weak programme mechanisms. Khosa (2010) further explains that if programme evaluation is well planned, the outcomes can be extremely beneficial to the programme planners.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS & World Bank, 2009), global measures to regulate the AIDS infection cannot succeed without effective HIV prevention programmes. Mapfumo (2015) posits that in South Africa the HIV/AIDS virus forced the government, non-governmental organisations (NGOs) and other stakeholders to become involved in order to introduce various intervention and prevention programmes to fight the disease. Fatoba (2013) argue that some of the intervention programmes are mainly for adolescents because they are sexually active and can easily contract the disease through sexual intercourse. However, researchers have discovered that there is a dire need to collect evidence and information on what works and does not work to prevent HIV infections and to apply the lessons learned in programme training (UNAIDS & World Bank, 2009).

Sharp and Hahn (2011) assert that HIV/AIDS was first formally recognised in patients in the USA in 1981. In this light, UNAIDS (2017) reports that approximately 36.7 million people globally were living with HIV/AIDS at the end of 2016. Moreover, 2.1 million of these are children under the age of 15 years. Goldberg and Short (2016) explain that the majority of children infected with HIV live in sub-Saharan Africa. Furthermore, many children are infected via their mothers either during pregnancy, breast-feeding, or childbirth (Goldberg & Short 2016).

Operario, Soma and Underhill (2008, cited by Mpangana, 2012) state that worldwide, more than 40% of all the new infections occur among adolescents and young adults from 15-24 years of age. However, in Africa there is reportedly a 65% increase in adolescents and young adults from 15-24 years who are infected with HIV (UNAIDS, 2014). Johnson, Dorrington and Moolla (2017) opine that HIV prevalence remains high in the following provinces of South Africa: Kwa-Zulu Natal, Mpumalanga, Free State, North West, with the lowest being the Western Cape. Northern Cape and Limpopo are reported as having lesser HIV incidences than the other provinces. Stinson *et al.* (2016) report that Khayelitsha, an urban settlement in the Western Cape has the highest HIV occurrence, with 34.3% of pregnant women being HIV positive in 2012. In light of the above, Veenstra & Whiteside (2005) denotes that the rate at which the spread of HIV/AIDS is increasing in the world has brought with it the understanding that the disease is more complex and widespread than imagined. As a result of the widespread of HIV/AIDS in Africa Gobind and Ukpere (2014) posit that the evaluation of HIV programmes requires an increased knowledge and understanding of the population being served.

In support of the above, Mapfumo (2015) states that the widespread HIV pandemic resulted in the partnership of NGOs with several government departments to find ways of reducing the spread of HIV through education. Moreover, Fatoba (2013) reports that NGOs are playing a pivotal role in increasing tactics to combat the spread of HIV/AIDS and to assist those who are infected and affected with HIV. Non –Governmental Organisations in South Africa are working tirelessly to ensure that the government sector has the structure in place to manage HIV programmes (Fatoba, 2013).

According to the findings of research conducted in Botswana, the government, in partnering with an NGO established a programme to address the needs of ALHIV (AIDSTAR, 2012). In addition, the Botswana ALHIV programme was started in 2003 with only a few children and adolescents. However, the services now are providing for over 600 adolescents (AIDSTAR, 2012). Similarly, in Zimbabwe there is the Zvandiri programme that provides strength, care support and life skills to adolescents living with HIV (AIDSTAR, 2012). HIV/AIDS evaluation of programmes will enhance these interventions and can enrich the success of future creativities.

2.3 Programme evaluation

2.3.1 History of programme evaluation

Identifying the start of programme evaluation remains a challenge, as indicated in a number of historical accounts (Mouton, 2010). Lundberg (2006) explains that evaluation is traced back 4,000 years to China where public programmes were measured. Some authors also suggest that the history of programme evaluation is linked to the Second World War when the United States government required a more organised review of spending (Cloete, 2016). This led to the development of the programme evaluation discipline or field. Contrary to this, Lundberg (2006) argues that the first wave of evaluation expansion started in the 60s when the Western countries developed the urge to monitoring the progress of programmes.

Mouton (2010) posits that the development of evaluation in Africa was brought about by the Western European authorities during the colonial occupation in the 19th and 20th centuries. Cloete (2016) asserts that the first link of evaluation in Africa was formed by UNICEF in Nairobi, Kenya in 1977 to increase the involvement of UNICEF and other evaluation bodies in East Africa. The evaluation 'movement' started to spread to other African countries, including the Comoros, Eritrea, Ethiopia, Madagascar, Niger, Nigeria, Rwanda and Zimbabwe (Cloete, 2016).

Ntoyanto (2016) expresses that the donor entry in South Africa resulted in the start of programme evaluation. In South Africa, programme evaluation first occurred within the NGO sector as a prerequisite by supporters who funded projects and activities (Mouton, 2010).

2.3.2 Definition of programme evaluation

There are different definitions of programme evaluation. Monette *et al.* (2005) identify programme evaluation as providing real and reliable evidence of the actioning of programmes as well as how these programmes are scheduled, how well they operate, and how well they achieve their goals. Mamburu (2004) however defines programme evaluation as the aim to inform those who create and implement social programmes of the strengths or challenges of these programmes.

Setlhako (2016) points out that evaluation involves the gathering of evidence and useable documents to assist key stakeholders with understanding problems that may arise, and enable stakeholders to evaluate the programmes using the evidence provided to them. Evaluation enhances programme transparency. Rossi, Lipsey and Henry (2018) assert that there are two major classifications of programme evaluation, namely formative and summative evaluation. This study focused on formative evaluation. Ham (2010) states that programme evaluation entails assessing programme accomplishments. Mouton (2010) adds that in South Africa, programme evaluation has become essential in numerous organisations.

2.3.3 Purpose of programme evaluation

Rossi *et al.* (2004) assert that programme evaluation can take on a number of forms, depending on the goals of the programme to be evaluated.

Fatoba (2013) points out that according to researchers, the requirements for programme evaluation include:

- Valuation of the quality of the programme
- Programme authenticity
- Meeting the set standards of the programme globally
- Improving the living standards of the recipients

In addition, Visser (2005) emphasises that before the success of a programme can be documented, there are certain requirements to fulfil. Visser (2005) postulates that the characteristics of a successful programme include the ability to transfer valid information to the recipients, the professional qualifications that justify the teaching of such programmes, confidence of the educators, knowledge and interpretation of the curriculum, application of different methods of teaching, and class control.

In support of the above statement, Fatoba (2013) explains that the success of a programme does not only lie in knowing the course, but also in how the information is transferred to the receivers. However, programme evaluation is crucial as it aims at giving advice to the programme planners regarding the effectiveness of the programme in order to improve it (Gobind & Ukpere, 2014).

Setlhako (2016) emphasises that key stakeholders of a company are concerned with whether the organisation is creating growth or not. By evaluating the programme, they want to assist with deciding on the measures to take next in order to improving the programme. Furthermore, Setlhako (2016) asserts that programme evaluation requires in-depth preparation and commitment from different people involved in the process.

Figure 2.1 demonstrates the essence of including different stakeholders in the programme evaluation process so that they understand the steps and take ownership of the change.

Figure 2.1: Steps in programme evaluation (Setlhako, 2016)

2.4 Process evaluation

Linnan and Steckler (2002) view process evaluation as one of the methods of formative evaluation; it is useful for improving programmes. Bowie and Bronte-Tinkew (2008) suggest that process evaluation focuses on the level that a programme is operating at by considering current programme actions and determining whether the target population is being served. Similarly, Bliss and Emshoff (2002) assert that process evaluation confirms what the

programme is and whether it is being implemented as aimed. For Schurink *et al.* (2011), these evaluations are designed to understand how a programme works and how it delivers the results that it does.

Linnan and Steckler (2002) pinpoint that process evaluation gives clarity on the conduct rather than on the achievements of the programme. More so, it monitors whether the programme has been executed as planned. The authors further explain that there are two essential dimensions in process evaluation, namely coverage and quality of the programme (Linnan & Steckler, 2002). Coverage gauges the point at which the programme truly reaches the expected audience (Linnan & Steckler, 2002). On quality, Linnan and Steckler (2002) point to the need for appropriate training and stakeholder approval of the training and delivery of the programme lessons.

2.4.1 Importance of process evaluation

Rossi *et al.* (2018) point out that process evaluation is useful when programmes are old and have transformed over the years, when recipients and workers frequently criticise the programme, and when there seems to be inefficiency in the delivery programme services. Macnamara (2004) highlights that many questions can be addressed with process evaluation, and that these questions can be carefully chosen by considering what is important to know about the programme.

Audrey *et al.* (2014) point out that process evaluation entails studying what the programme accomplishes through examining the strengths and weaknesses of a programme. Rossi *et al.* (2018) differ in that process evaluation does not merely entail displaying and writing down the procedures relating to programme implementation, but also comprises the entire evaluation process, including assessment of the design, development, implementation and delivery of the programme. Bteddini *et al. (*2017) argue that this evaluation is an instrument used to determine whether a specific intervention is carried out as planned; more so, it provides an understanding of the relationship between the intervention events and the intervention results. Moodley (2013) is of the view that process evaluation is important in

improving and modifying the programme by providing the necessary information to adjust the delivery approaches or change the programme objectives to what is needed.

According to the results of a study that was piloted in Canada on the process evaluation of a life skills programme, the factors to be evaluated have been identified as target population, programme management, dosage, participant satisfaction and culture (Rosario, 2017). According to the findings on participant satisfaction, the experiences of programme participants and other stakeholders were almost universally positive (Rosario, 2017). The participants were satisfied or very satisfied with the programme. Specifically, stakeholders who were interviewed expressed their satisfaction with the programme and its ability to aid youth in thinking critically, understanding life choices, and the consequences of those choices. According to Setlhako (2016), process evaluation ensures that the operational aspects of the programme are the same at all sites, and that the outcomes observed can be truly linked to the intervention rather than to some influence.

In this light, Setlhako (2016) denotes that programme creators, funders, and implementers have rights and abilities to evaluate their programmes in order to account, learn, improve and ensure that the programme performance is maintainable. The researcher aimed to determine if the life skills programme designed for ALHIV was implemented as planned. Figure 2.2 shows the structure of Moore's (2014) process evaluation.

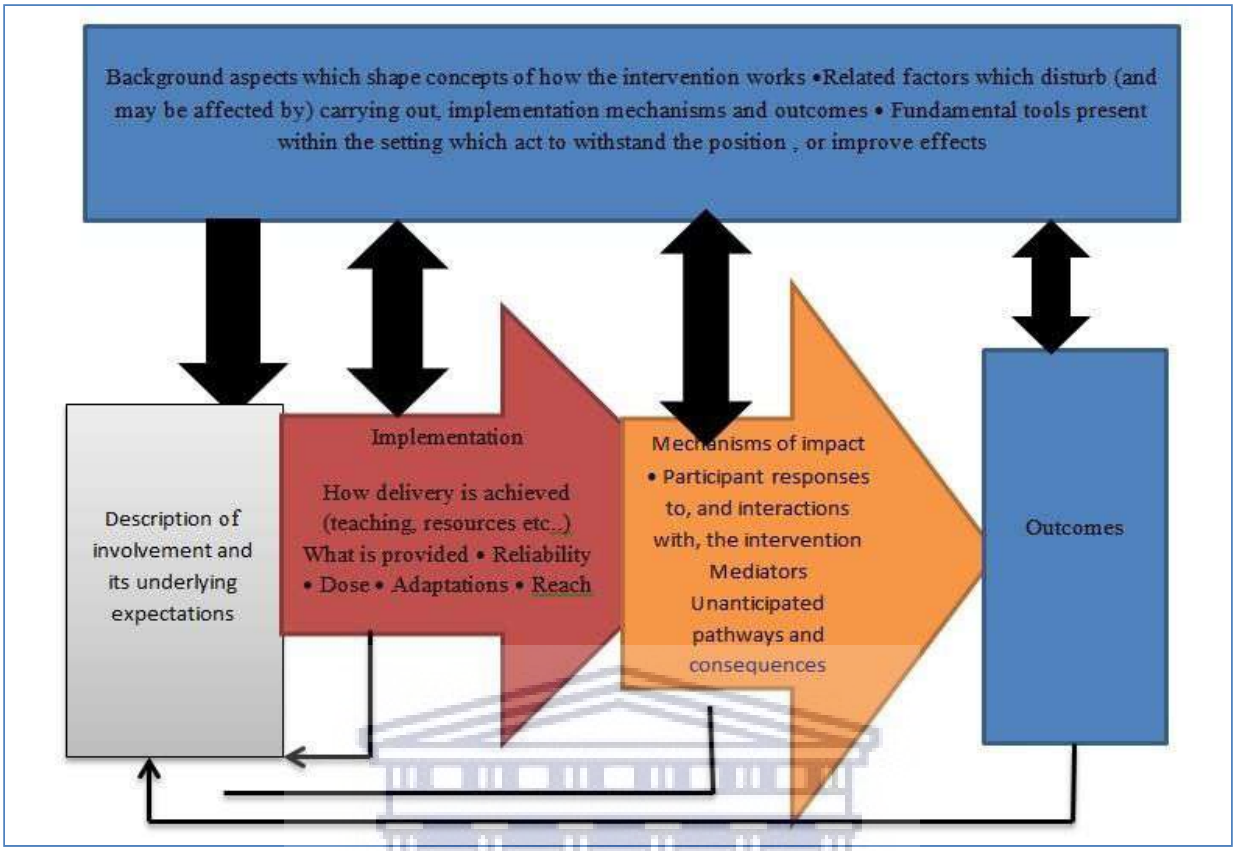

Figure 2.2: Structure of process evaluation (Moore, 2014)

2.4.2 Process evaluation components

i) Exposure

Hughes, Black and Kennedy (2008) purport that exposure looks at the level at which the participants are involved in the programme, are aware of the problem, and use the approach, as well as looking at the resources and message being taught to them.

ii) Reach

The second component as explained by Hughes *et.al.* (2008) is reach. It is frequently shown by attendance numbers. Furthermore, reach can also be verified by assessing the recruitment process used to attract participants at individual or organisational level to understand the challenges of participation or reasons for dropping out. It is important to note that monitoring the number of participants can help to ensure that the numbers of people are being reached (Hughes *et al*., 2008).

iii) Satisfaction

According to Hughes *et al.* (2008), satisfaction rated if participants are happy and like the intervention. These participants can be recipients of the programme or facilitators of the intervention. Hughes *et al.* (2008) highlight the importance of the audience of the programme to enjoy and value the intervention before the expected effects of the intervention occur. The following are three areas of participation satisfaction coined by Hughes *et al.* (2008):

- Interpersonal issues – determine whether the audience feels comfortable with the programme, whether the facilitators listen to or understand them, and whether the facilitators are welcoming and honest to the group
- Facility issues – looking at whether the venue is suitable and comfortable, the time that the programme starts, and whether the intervention is conducted at a suitable time
- Content issues – examine the relevance of topics covered, whether the information is well presented and the pace at which the facilitators are moving. In this light in content issues attention is placed on finding out whether the facilitator are moving too fast for the audience to understand the concepts being taught or they are moving slowly. Furthermore it inspect whether content is left uncovered or not covered in sufficient depth (Moore, 2014)

iv) Delivery

According to Vargas (2017), delivery considers if all the activities are actually implemented as anticipated. In addition, Moore (2014) highlights that delivery includes writing down all the aspects of an intervention, then recording and tallying all the components of delivery and comparing to ensure all activities are delivered as expected. In this light, the content delivered in educated sessions should also be examined for quality assurance and uniformity (Hughes *et al*., 2008).

v) Context

According to Vargas (2017), context reflects characteristics of the surroundings that may influence intervention procedures or outcomes. Hughes *et al. (*2008) purport that context entails explaining different surroundings and contexts in which interventions are delivered, and recognising any dishonesty of the control group with regard to the intervention. A sample of workers, sponsors, facilitators, and members could be questioned on the environmental,

social, or financial factors that may have influenced the functioning of the intervention (Hughes *et al*., 2008).

vi) Fidelity

According to Hughes *et al.* (2008), fidelity involves verifying the presentation of programme resources and components. Linnan and Steckler (2002) posit that fidelity assesses the level to which the intervention was provided as planned.

2.5 Life skills

2.5.1 History of life skills

According to Oloyede and Sihlongonyane (2017), the World Health Organisation in partnership with United Nations agencies approve and provide support to countries that apply life skills education. Fatoba (2013) states that life skills were recommended by the National HIV/AIDS/STI 2000-2005 Strategic Plan for South Africa. Rosario (2017) purports that life skills were invented from an educational viewpoint and are based on a humanistic, intellectual, and behavioral reference. In this light, it is imperative to note that life skills are crucial for raising awareness about all social problems among adolescents (Kitivui, 2016).

Life skills were developed by different countries for different reasons. In South Africa and Thailand, life skills are used for HIV prevention, whereas in Mexico it is used to combat growing problems such as teenage pregnancy and drug abuse in adolescents. In the United Kingdom, life skills are used to fight against child abuse (Yankey & Biswas, 2012), whereas in China, it is useful for assisting with mental health improvement in middle school students (according to Liu, Liu, Yan, Lee & Mayes, 2016). In Uganda, life skills are also called planning skills as it assists young people with acquiring knowledge about their bodies, relating to others, co-operating with others, and making rational decisions (Nalwadda, Namutebi & Volgsten, 2019).

The World Health Organisation (WHO, 2001) expresses that in Zimbabwe, life skills are recognised as a whole and it is an empowering and long-term approach to AIDS teaching in primary and secondary schools. The programme is intended to facilitate the development of positive attitudes and behaviours in order to teach adolescents how to avoid HIV infection

and AIDS (WHO, 2001). The South-East Asia Region views life skills as abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges within the family, community and cultural context of the region (Nasheeda, 2008).

2.5.2 Definition of life skills

Various authors provide a range of definitions for life skills. Vranda and Rao (2011) refer to life skills as a general term that is of importance to the individual and depends on their life conditions, values, belief, age, and environmental location. UNICEF (2004) expresses life skills as a behavior modification or behavior growth approach considered to address a balance of three areas: knowledge, attitude, and skills. The United Nation's Children Fund and the World Health Organisation (UNICEF & WHO, 2002) see life skills as an ability that assists people with making well-informed decisions, communicating well, and improving the coping and self-management skills needed for a healthy and productive life.

Similarly, UNICEF (2012) coins life skills as an approach required for children and adolescents to learn and deal with the difficulties of daily life, including growing-up challenges and risk-related situations. Roodbari *et al.* (2013) disagree and state that they view life skills as gifts that can be learnt and used every day; more so, it can empower people to be successful in various situations. Vranda and Rao (2011) stipulate that gaining knowledge through life skills training influences attitude and values, thereby leading to a positive behavior, and this in turns helps prevent high-risk behavior.

Opio-Ikuya (2013) describes life skills as a vehicle that encourages one to cope with everyday burdens and encounters. According to literature, researchers agree on life skills as a conduct of positive transformation in understanding, attitudes and training that can help individuals face the requirements and challenges of everyday circumstances (Liu *et al*., 2016). WHO (1997) stipulates that ten (10) life skills should be considered as fundamental in each culture. These are self-awareness, being an understanding person, ability to convey messages and talk kindly to others, ability to relate to others, ability to make decisions, being innovative, ability to make sense of things, and the ability to manage stress. In a study that was conducted in South Africa, Motepe (2005) purports that life skills encapsulate surviving skills, denial

skills, self-realisation, and the relationship with others skills. Furthermore, denial skills enable one to stand his/her ground when involved in a challenging situation. Through life skills programmes, children and adolescents are able to assess friendship, as they will be able to differentiate between 'good' and 'bad' friends; thus, they will understand the essence of making decisions freely (Motepe, 2005).

UNICEF (2012) agrees with other authors on the definition of life skills and categorises the skills into three groups: thinking skills for scrutinising and using information, individual skills for developing private assistance and dealing with oneself, and relationship skills for communicating and working together with others. Oloyede and Sihlongonyane (2017) highlight that a number of skills are needed by an individual to successfully adapt to each situation in everyday life. Moreover, these skills are useful in various situations, including selecting friends, career development, breaking bad behaviours, solving problems, and interacting with parents and teachers (Oloyede & Sihlongonyane, 2017).

2.6 Importance of life skills for adolescents living with HIV

Zaveri (2011) highlights that children infected and affected by HIV/AIDS have learning difficulties, growth problems, and developmental needs, including the need for a nutritious meal, health care, social acceptance, and recreation. Vranda and Rao (2011), Lowenthal *et al.* (2014) and UNAIDS (2012) purport that ALHIV's emotional state in terms of coping with HIV is grave when compared to adolescents who are HIV negative. Pearlstein *et al.* (2013) maintain that one of the most authentic programmes to support ALHIV to live an improved and healthier life is life skills education.

Mohapi and Pitsoane (2017) maintain that life skills programmes are essential as it improves awareness among adolescents and equips them with the skills needed for strong relationships and effective communication. AIDSTAR (2012) suggests that adolescents infected with HIV have livelihood needs that demand urgent attention. Khalatbari *et al.* (2011) explain that adolescents living with HIV assume responsibilities for their life when applying life skills. In this light, adolescents take responsibility for their life by focusing on the three dimensions of life skills, namely wanting to do something, having knowledge of it, and actually doing it (Khalatbari *et al.,* 2011). UNICEF (2016) is of the view that when life skills are insufficient,

ALHIV may conduct themselves recklessly and engage in dangerous deeds. Peace Corps (2017) highlights that life skills interventions are not only seen as a way of providing information, but also as a way of addressing the growth of individuals so that these individuals can acquire skills to make use of all types of information, whether related to HIV/AIDS, STDs, reproductive health or other health issues. Zaveri (2011) points out that a life skills programme teaches coping skills to adolescents living with HIV.

Danish, Forneris, Hodge and Heke (2004) assert that life skills permit ALHIV to be successful in the different situations they go through, such as school pressure from peers, home difficulties, and neighbourhood problems. Puspakumara (2013) in his findings explains that life skills contribute to self- assurance and self-esteem among ALHIV.

Pearlstein *et al*. (2013) purports those life skills interventions are crucial, as it enables adolescents who are HIV positive to obtain skills that can help them recover emotionally and restore their ability to resume everyday activities. In support of this, Gerami, Ahmadi, Safat and Farsi (2015) state that the goal of life skills programmes is to assist adolescents with understanding themselves, have true and real relationships with the 'outside', have better control of stressful situations, and having the ability to solve people's problems. A life skills programme could therefore be viewed as an emotional regulator.

In addition, Larson and Cook (2010) stipulate that life skills inspire ALHIV to reason, to assess, and to perform.

2.7 Evaluation of life skills programme

The United Nations Children's Fund (UNICEF, 2012) highlights that worldwide evaluations of life skills programme was ordered by the UNICEF evaluation office to weigh the significance, exposure, competence, success and sustainability of life skills creativities. International life skills evaluation is mostly undertaken by both external and internal supervisors of government or NGOs (UNICEF, 2012). Rossi *et al.* (2018) purports that the evaluation of life skills programmes not only include levels of skills attained, but also knowledge expansion and attitude change as well as the improvement of the quality of life.

Regarding the methods of programme evaluation, some of the countries use techniques such as observation, group discussions, interviews, and questionnaires (Rossi *et al.,* 2018).

Khalatbari *et al*. (2011) assert that evaluation at an NGO can be done in the middle of the programme and during the termination phase of a programme. Yu and McLaughlin (2013) point out that the intent of the evaluation is to determine whether employed life skills activities and programmes have been successful in accomplishing the objectives. Khalatbari *et al.* (2011) explain that it is essential during the evaluation of life skills to consider the programme strategies in relation to the external structure and the wishes of programme participants. Alaimo (2008) and Ntoyanto (2016) indicate that middle phase evaluation offers detailed evidence upon which alterations can be made to improve and adjust the programme to the circumstance. However, UNICEF (2012) highlights that if evaluation is done during the termination phase, more emphasis should be placed on determining whether there is a difference in the participants' lives. Moreover, through evaluation, information can be obtained on developing and improving a programme (UNICEF, 2012). Bhadra (2016) points out that the evaluation of a life skills programme at end of the programme regularly focuses on the immediate influence of the programme; its purpose is to verify whether life skills activities have led to changes in participants' behaviour, development, and psychosocial well-being.

Alaimo (2008) communicates that the assessment can be a leeway to a NGO working on various levels. For the most part, at the automatic level, the outcomes from the programme assessment can be helpful to the CEOs, executives, workers, and unpaid workers to think about the improvement, worth, capacity, and effectiveness of their projects, which will illumine future decisions inside those projects and work towards developing prescribed procedures. The discovery of the assessment of fundamental abilities done in sub-Saharan Africa details that the programme affects information, mentalities, and goals to change conduct, with longer-term assessments indicating progressively beneficial outcomes (Alaimo, 2008).

2.8 Content of life skills education

Opio-Ikuya (2013) denotes that the course outline of life skills depends on the needs of the beneficiaries. Mpangana (2012) states that the course outline of life skills needs to be age appropriate and covers topics that include self-esteem, self-concepts, relationship, sexuality, phase of development, and reproduction HIV and AIDS as alternatives for prevention, alcohol and substance abuse. More so, skills aspects such as decision-making, resisting peer pressure, assertiveness, communication, conflict resolution, and negotiation should be included in life skills programmes (Mpangana, 2012). WHO (1997) purports that a life skills curriculum needs to be planned and established. However, WHO (1997) further explains that these life skills should be created in a manner that it supports psychosocial 'know-how' to accomplish health. The life skills programme should be designed in such a way that it promotes psychosocial competence to reap health advancement and prevention. Neeshada's (2016) findings indicate that the Positive Adolescent's Life Skills (PALS) programme has been developed and founded on a cognitive-behaviour skills structure intervention that sets out to change behaviour by enhancing social abilities.

Various authors are of the view that life skills content is developed for a specific group of people depending on their needs. In light of the above, Menrath *et al.* (2011) purport that in Germany, life skills are mostly for primary and secondary learners, and they cover topics such as ways of communication, dealing with anxiety and emotions, self-confidence, identification, confrontation skills, choice making, thinking skills, and health. Botvin and Griffin (2014) assert that the Life Skills Training (LST) advanced programme with the aid of Botvin focuses on adolescent substance abuse behaviours. The primary intention of the programme is to offer alternatives to volatile behaviours as opposed to simply providing statistics on alcohol, drugs, and smoking. Botvin's Life Skills Training programme is designed to train teenagers the vital abilities needed to face up to peer influence on smoking, drinking, and the use of drugs (Botvin & Griffin, 2014). Comprehensive Sexuality Education (CSE) life skills aim to lessen unstable behaviour and enhance the health and well-being of younger people (UNFPA, 2015). The contents of the Comprehensive Sexual Schooling software include reproductive health and puberty with opportunities to develop positive attitudes and values, and build life talents along with inter- and intrapersonal conversation,

decision-making, and assertive talents (UNFPA, 2015; UNICEF, 2016; Nasheeda *et al.,* 2019).

Gazda and Brooks (2010) point out that there are many additional life skills such as problem fixing, communication, assertiveness, self-cognisance, critical thinking, and fundamental thinking. Moreover, these life skills components are crucial – it teaches adolescents the proper way to behave in terms of problems and difficult questions they might encounter in their daily life (Aparna & Raakhee, 2011). In agreement to the above, Vranda and Rao (2011) posit that ALHIV frequently require repetitive training on day-to-day living with the HIV virus and how it affects the decisions they make in their social lives. Furthermore, UNICEF (2016) expresses that a life skills programme supports ALHIV to cope with their HIV status, to manage strain and challenges associated with the stigma and discrimination of being HIV positive, and to find sensible alternatives. The next sub-sections elaborate on the life skills that are critical for ALHIV, as identified by Pearlstein *et al*. (2013).

2.8.1 Decision making as a skill for adolescents infected with HIV

Özmete (2010) posits that decision making skills are defined as the evaluation and recommendation of information; it therefore allows an individual to make knowledgeable choices by assessing the advantages and disadvantages. Camara, Bacigalupe and Padilla (2013) express that during adolescence, young people require the ability to make decisions that can facilitate growth and independence**.** Aparna and Raakhee (2011) stipulate that with decision making life skills being reinforced among adolescents, they will be able to weigh pros and cons and make rational selections**.** Life skills programmes provide the platform for adolescents to acquire the skills of decision making (Aparna & Raakhee, 2011). According to Sulfikar (2016), decision making starts when an individual realises a decision has to be made. The system of decision making carries on as the person defines his/her intentions; thereafter, the individual will have options on which a decision has to be made, weighing the pros and cons of the choices; finally, the decision is made (Cenkseven-Önder & Çolakkadioglu, 2013).

Adolescents are taught the skills of making decisions in life skills training (Aparna & Raakhee, 2011). Because of cultural variation, adolescents are also given opportunities to make decisions in a wide range of areas such as friendship, academic involvement, and

consumer choices (Kibret, 2016). Learning decision making skills also enable ALHIV to know when to disclose their status to whomever they wish to later in life (UNICEF, 2016). The ability of adolescents to make decisions is sometimes called into question because the phase is often characterised by engagement in risky behavior such as alcohol consumption and engaging in sexual activities (Halpern-Felsher, 2009). Learning to make decisions is an important task for adolescents. It enables adolescents to make good decisions that will help them establish their character and independence. Furthermore, it helps them deal fruitfully with decisions about their lives. Halpern-Felsher (2009) argues that adolescent girls differ from adolescent boys when it comes to decisions making. Girls are likely to believe that if they have unprotected sex, they can become pregnant or if they smoke, they can have lung cancer whereas adolescent boys perceive positive outcomes such as the experience of pleasure (Halpern-Felsher, 2009).

2.8.2 Critical thinking as a skill for adolescents infected with HIV

Another life skill essential for HIV affected adolescents is critical thinking. Sulfikar (2016) outlines critical thinking as the capacity to investigate information in an unbiased manner**.** Furthermore, crucial thinking also paves the way for an individual to make decisions and solve problems, as the individual will be able to weigh options on the advantages and disadvantages of certain aspects. Similarly, Özmete (2010) purports that critical thinking involves examining and evaluating social and cultural impacts on attitudes, values, behavioural thinking, inequality, injustice, prejudice and stigma, and social roles' rights and duties. UNESCO (2000) indicates that critical thinking is also referred to as common sense and logical thinking.

Halpern-Felsher (2009) defines adolescence as a period in which adolescents start to experience the need to explore and be independent, more so, they start to think more about themselves and the environment around them. Critical thinking skills are essential to adolescents, as it enables them to analyse the merits and demerits of choices. UNICEF (2016) points out that due to all the factors surrounding adolescents' critical thinking, it is essential for them as it can lead to good health because they will have the ability to think and make sense of their surroundings. In agreement to the above, UNICEF (2016) purports that as adolescents mature and grow, their intellectual system becomes extra analytical. In addition

to the above, Lemish, Jordan and Rideout (2018) posit that exposure to media and mixed messages have left adolescents with many unanswered questions. However, adolescents searching for answers from their peer environment, who is also not well informed, might fall prey to charlatans (Nagaraju, 2016). Critical thinking skills become a necessity for these young people, as they will be prepared to deal with the world around of them.

2.8.3 Social relationship skills

Social relationship skills are important components for adolescents who are infected with HIV (Pearlstein *et al.,* 2013). Research has proven that social relationships are a critical facet of everyday life, because through these relationships, adolescents explore their identities and broaden their abilities to preserve peer relationships (Forgeron *et al*., 2010). Garcia (2017) posits that adolescent health-threatening behaviour, including sexual behavior, tobacco use, and consumption of alcohol, is prompted via peer social networks. Similarly, Aparna and Raakhee (2011) show that as children grow, friends become a vital part of life. Garcia (2017) explains that the need to be well known among adolescents is stronger, and they will be led by their peers in decision making. Aparna and Raakhee (2011) argue that at times, friends and peers may have a positive effect on children's lives, but at other times, they to cause disruptive and perilous behavior.

Thus, as adolescents grow older, their desire to an own identity increases; that is, to separate themselves from their mothers, fathers and caregivers (Crocetti, Branje, Rubini, Koot & Meeus, 2017). UNAIDS (2017) argues that for adolescents, entering their formative years is strongly associated with parental and family factors. However, due to negative social relationships among ALHIV, they overlook the possibility of constructing a feeling of social self-assurance (Nagaraju, 2016).

2.8.4 Self-care skills

WHO (2013) denotes that self-care means taking care of oneself to improve and maintain health and well-being. Similarly, Kirk, Beatty, Callery, Milnes and Pryjmachuk (2010) point out that self-care focuses on placing people in control of their own health and well-being. Uzuncakmak and Beser (2017) argue that self-care is defined as an individual's performance

of protecting his/her life, health, and wellbeing. Findings of a study that was done in South Africa show that the life challenges affecting adolescents cause them to neglect their self-care (Pearlstein *et al.,* 2013). It is crucial for professionals to continue supporting adolescents through life skills on self-care. More so, professionals can aid adolescents in increasing their self-care ability by providing the necessary education (Uzuncakmak & Beser, 2017). Kirk *et al.* (2010) show that self-care covers a variety of activities. The following are some of activities that are covered in self-care as highlighted by (Kirk *et al.,* 2010):

- Looking for material (from paperwork/brochures, the internet, curriculums/personal assistance from groups)
- Health performances intended to keep and improve physical and intellectual well-being (e.g. working out, diet, lifestyle changes)
- Self-analysis/one-on-one care and starting self-treatment (e.g. observing vital signs, controlling symptom, managing medications)
- Dealing with psycho-social concerns of illness on daily basis in family life
- Making choices and taking action, in search of advice via other care networks
- Seeking help from wellbeing specialists and gaining access to services

2.9 Methods used in delivering life skills education

Opio-Ikuya (2013) explains that for life skills programmes to be effective, facilitators should try making the programmes successful by other means than simply lecturing learners or participants. The methods of teaching life skills should be interactive and facilitators should use other means such as brainstorming, group facilitation, use of media and newsprint, role-plays, case studies, debates or structured discussions, games, written and physical exercises, and visual and performing arts (singing, dancing, drama and drawing) (Opio-Ikuya, 2013). In support of the above, Jennings (2006) is of the view that facilitators or teachers of life skills should take note of the different ages of adolescents and be aware of the cultural restrictions of different genders when providing life skills education. Khalatbari *et al*. (2011) highlight that adolescents absorb information more when they play an active role in the learning process as opposed to just listening to the facilitator. Aparna and Raakhee (2011) give an in-depth understanding of learning. The authors highlight that learning is a means of

providing students with the chance to talk, listen, read, write, and reveal as they cover the course content (Aparna & Raakhee, 2011).

In this light, UNICEF (2016) explains that adolescents learn in different ways, so there is no one simplified method perfect for them; they benefit from a variety of techniques used in class by their teachers or facilitators. Nagaraju (2016) denotes that in order to understand the content of life skills, role-play can be employed, or learners can do a different activity in order to absorb the content being taught too them. UNICEF (2016) emphasises how practical the life skill programme should be to attract adolescents in order to gain information. Aparna and Raakhee (2011) express that facilitators of life skills should give homework to the adolescents so that they can discuss it further with their parents, caregivers, and friends.

2.9.1 Group work method

Brown (2017) sees group work as a student-centred way of teaching that emphasises association, cooperation, and teamwork. In agreement, Toseland and Rivas (2005) explain group work as being focused on a specific identified group of people with specific needs. According to Skobi (2016), group work is a method used in social work that involves people with common needs or interests coming together. Johnson and Johnson (2003) assert that groups work is mostly appropriate to support individuals who are willing to change and grow in positive ways, as people will be sharing private involvement. Moreover, life skills education groups are categorised under educational groups and growth, as they help adolescents learn about a condition, ask questions, discus fears, and improve or cope with a condition (Toseland & Rivas, 2005).

Corey (2004) singles out that the importance of group work for adolescents is that it gives them an opportunity to help one another to grow and become a better person, as they will be sharing different views in their group. More so, groups give assurance to its members that they are not alone, for example, ALHIV have many problems as a result of living with the virus (Vranda & Rao, 2011). However, being in a group with other ALHIV will enable them to share different stories, thereby reducing stress amongst themselves, making oneself heard, and developing the willingness to try new ideas (Toseland & Rivas, 2005). In this light, being in groups is effective for adolescents because they interact meaningfully in the target

language and receive helpful feedback from peers (Rooth, 2009). Peers are an important part of the adolescent experience and some researchers believe group work would be an appropriate method of implementing the life skills programme.

2.9.2 Life skills activities: role-play

Goswami and Bryant (2007) highlight that role-plays are short dramas in which participants imitates the feeling of a person in a real life state. Similarly, Abdoola, Flack and Karrim (2017) explain that role-play can be defined as a technique using fake communication scenario to cause particular responses. UNICEF (2016) purports that real learning goes beyond reading and memorising; it needs an in-depth understanding of events and situations.

Furthermore, role-playing created awareness in people as it develops behaviour and provides correct feedback to the audience (Abdoola *et al*., 2017). Similarly, Bhattacherjee and Ghos (2013) indicate that role-play gives meaning, as the people will be experiencing the reality of the situation. Role-play also boosts sympathy to those who are involved in the play (Kitivui, 2016). For example, a when students are acting that they abuse drugs, they could gain insight into the nature as they experience the challenges of being a victim of drug abuse (Belova, Eilks & Feierabend, 2015).

Kitivui (2016) maintains that when a facilitator is trying to emphasise specific skills such as self-awareness, communication, and assertiveness, role-play is useful. In addition, Holt and Kysilka (2006) state that the role-play method enhances co-operation among adolescents and could motivate them to develop an interest in learning. Furthermore, role-play can be useful when the facilitator is discussing sensitive issues within the group or when the facilitator feels uncomfortable with expressing certain information (Kitivui, 2016). However

the International HIV/AIDS Alliance (2008) propounds the purpose of role-play in life skills training as follows:

- It enables students to try out new and different roles
- It allows understanding and offers a different view on situations
- It permits creativeness
- It allows adolescents to discover the depth of situations and to realise the causes

- It facilitates young people to put into practise communication skills – for instance, to refuse the use of drugs, how to talk about drugs, and to be assertive and negotiate so that everyone will be happy
- Role-play assists with transforming dangerous behaviours and manners
- As a result of the rehearsals, role-play encourages adolescents to be responsible for their own actions
- It allows adolescents to have a different view of different issues and to express their feelings openly

2.9.3 Life skills activities: games

Noemi and Maximo (2014) point out that games are useful teaching and training tools for students, as they are encouraged to communicate different ideas. The International HIV/AIDS Alliance (2008) stipulates that games are settings that provide adolescents and children with opportunities to participate, communicate and solve problems. Similarly, Boyle (2011) argues that games are important as it provides a free atmosphere for learners to express themselves freely when they are relaxing; as a result, they will be able to communicate sensitive issues. In this light, Posavac and Carey (2007) and the International HIV/AIDS Alliance (2008) assert that games are motivating and funny actions, mostly used when explaining challenging issues and talking about difficult issues. Furthermore, Noemi and Maximo (2014) assert that games offer a different structure as it instils energy and inspiration, brings in new ideas, and provides variety in teaching methods.

Similarly, Noemi and Maximo (2014) explain that games make life skills education easier as it creates an environment for adolescents to have different opinions and to be creative, as they will be thinking about different ideas. Moreover, games encourage children to work together as a team and bring out different and innovative ideas (Fuszard, 2001). Boyle (2011) highlights that games are always fun for learners; as a result, games attract their interest, unlike ordinary lessons. In support of using games as one of the activities of life skills WHO (1997) points out that during life skills training, children play games as a result they bring forth the following attributes:

- Learners get to be closer to one another
- It builds trust and team work spirit

- It strengthens and dismisses tension between learners
- It introduces different topics
- It causes learning to be exciting

2.9.4 Life skills activities: brainstorming

WHO (1997) defines brainstorming as a method for creating ideas and offers on a specific subject. Hoelson and van Schalkwyk (2001) indicate that the brainstorming technique is mostly used in life skills programmes. Al-Khatib (2012) postulates that in brainstorming, the facilitators/teachers of life skills learn from the students when they ask them to explain their understanding on a particular subject. Furthermore, it permits the facilitator to listen to the views of each member in the group, as they will be explaining their opinions. WHO (2010) explains that in a group, a question can be asked and each individual within the group will be asked to give his or her own opinion regarding the matter. According to Toseland and Rivas (2005), the individuals who make use of brainstorming techniques have greater ideas than those who do not use the technique. Moreover, this technique welcomes each individual idea without criticism.

In addition, Kumar (2017) purports that brainstorming produces ideas as it encourages people in the group to contribute fully. Furthermore, Al-Khatib (2012) highlights that because group members are working together, a range of ideas are produced as compared to an individual working alone. Al-Khatib (2012) explains that brainstorming includes spoken and writing exercises to assist learners and to show the ideas of the teacher or facilitators. Toseland and Rivas (2005) emphasise that the aim of brainstorming is to encourage communication and decision-making, and for learners to express different views pertaining to a subject being discussed. Toseland and Rivas (2005) further explain that brainstorming is done in any group sizes, but large groups of people make the activity less effective because of a time limitation. Furthermore, Toseland and Rivas (2005) explained the benefits of brainstorming as follows:

- It reduces the tendency of relying on others
- It allows openness and the sharing of ideas
- Many ideas are produced in a short period of time
- The ideas are generated from the individuals in the group

- It permits people to encourage one another to talk

2.9.5 Life skills activities: debates

Snider and Lawrence (2011) view debates as a dialogue consisting of two opposite parties or more to share different beliefs about a particular topic. Similarly, Selwyn (2016) asserts that debate is an interaction between two or more people talking about a topic, exchanging ideas to deliver an opinion. Kitivui (2016) highlights that the following topics in life skills education are essential and can be used for debates to enable learners gain insight into the content of life skills: negotiation, effective communication, assertiveness, decision making, and non-violent conflict resolution. Furthermore, debates encourage students not only to debate the content, but also to think about the background of problems as well as how to solve problems (Selwyn, 2016). More so, Doody and Condon (2012) maintain that a debate fosters positive thinking, enables communication flow, and allows instant feedback from students. Ramlan, Kassim, Pakirisamy and Selvakumar (2016) single out that the goal of debates is not only to win, but also to develop learners' ability to think faster and freely through a set of opinions to deepen their thoughts. Researchers have found that debates boost self-esteem among students who are quiet in class and it motivates them to speak out (Doody & Condon, 2012). Furthermore, debates improve mental alertness by teaching adolescents how to quickly process and articulate ideas (Selwyn, 2016). Ramlan *et al.* (2016) assert that the following are skills used in a debate: understanding the problem, judging the trustworthiness of information, identifying good points, knowing differences, and arranging the significances and salience of various points in the general argument. Doody and Condon (2012) explain that debates enable adolescents to develop a high intellectual level that can help them investigate, weigh options, and make proper choices as well as suggest reasonable answers to problems without being burdened by their own traditional and community biases and rigid ideas. However the International HIV/AIDS Alliance (2008) outlines the benefits of debates as follows:

- Develops communication skills in adolescents
- Develops competitive skills in adolescents
- Enables the adolescent to be assertive

- Develops leadership skills
- Builds confidence in adolescents
- Develops critical thinking skills in adolescents
- Enables adolescents to learn to listen to the viewpoints of others
- Enables construction creativity and individualism in learners
- Increases knowledge about a subject and linking it to beliefs and attitudes

2.10 Roles of social workers and community workers in life skills education

The introduction of HIV/AIDS is one of humankind's ultimate challenges, which calls for teamwork and partnership between scientific disciplines, governments' executives, social organisations, the media, health care professions, and the public in general (International Federation of Social Workers, 2014). Similarly, Törrönen, Borodkina, Samoylova and Heino (2010) stipulate that HIV/AIDS is not merely a medical model; a social model of prevention should also be developed. It is obvious that social workers have key roles to play in the process. Aparna and Raakhee (2011) assert that life skills education is a prevention programme suitable to sensitise the public about HIV/AIDS.

Aparna and Raakhee (2011) further claim that in order for life skills education to be applied and be real, there is a need for professionals in the country, who are specifically qualified for that role. Furthermore, skilled teaching of life skills needs a properly planned programme set up by an expert (Aparna & Raakhee, 2011). Therefore, facilitators of life skills education need to undergo training before they are employed. Zaveri (2011) points that when life skills facilitators are requested for a task, a questionnaire should be given to them prior the interview to examine how they conduct themselves with children.

Törrönen *et al.* (2010) suggest that social workers can play a pivotal role in working with individuals living with HIV/AIDS. This is attributed to their qualifications and training of being committed to human beings, handling confidentiality issues, and the fact that they are also found in health settings. In this light, Peace Corps (2017) explain that the goals of life skills are to assist people by giving them insight into making better choices. As already mentioned, exposing people to a life skills programme requires an individual who is well qualified to instil self-confidence in people and teach them to and be self-dependent rather

than merely receivers of the service (Potgieter, 1998). Potgieter (1998) adds that social workers need to empower their clients to believe in their own ability for a change to take place.

Zastrow (2010) highlights that when social workers are presented with client problems they believe that clients have the ability to change if they focus on their own strengths. Potgieter (1998) expresses that the target for social workers is not to focus on problems and dysfunctional situations in the clients' lives, but on their growth and potential in becoming better people. According to Zastrow (2010), it is the responsibility of social workers to identify gaps in their clients' lives and link them to the necessary programmes. Different authors have coined different definitions of social work. Kurian and Kurian (2014) point out that social work is a career focused on working with individuals, families, groups, organisations, and communities in order to support them in functioning better in their social surroundings. The International Federation of Social workers (2014) assert that social work is a training occupation and educational discipline that encourages social transformation and growth, social unity, and the empowerment and liberation of people.

Kurian and Kurian (2014) explain that social work is there for people who are vulnerable, abandoned, abused, and often unable to help themselves. According to Potgieter (1998), with the upsurge of HIV/AIDS, there are almost overwhelming trails of poverty, hopelessness, crime, abuse of children, and abuse of substances such as alcohol and drugs. Potgieter (1998:4-5) and Zastrow (2008:48-49) posit that the purpose of social work is to categorise requests and problems that affect the social operation of people and to enable actions that might resolve or minimise these. In light of the above the Lehmann and Sanders (2007) identified the following as required characteristics that community workers should have:

i) They should be members of the communities where they live.
ii) They should be appointed by the community members and be able to provide answers to community members.
iii) They should be supported by the health system.
iv) They should be trained to work with people.

The above four characteristics of community workers are highlighted by Lehmann and

Sanders (2007) as important features for community workers. Similarly, Rengasamy (2009) views community workers as go-between members who work in their communities to lead, provide care to community members, and facilitate in community projects. Languza, Lushaba, Magingxa, Masuku and Ngubo (2011) agree with the others authors on the definition of a community worker, but differ in that community workers should not have any formal qualification or a training certificate.

According to Languza *et al*. (2011) and Tshuma (2015), as a result of HIV and AIDS, social workers and community workers should be at the forefront of providing care, counselling and support to the infected and affected. Furthermore, Zastrow (2010) explains that community workers are lay members of the community, accountable for outreach programmes to increase awareness among community workers and in their own community. Tshuma (2015) denotes that HIV and AIDS information is not enough; adolescents living with HIV require life skills education to help them navigate in life. This makes social workers and community workers important professionals to offer life skills interventions to ALHIV (Pulla, 2017). In this light, Rengasamy (2009) indicates that social workers deliver services to their clients on an individual, group and community level. More so, Zastrow (2010) points out that due to social workers' knowledge and skills they perform a variety of relevant roles, depending on the needs of ALHIV. Some of the roles include being an enabler, advisor, supporter, instructor, negotiator, 'go-between', and activist (Zastrow, 2010). Furthermore, they provide crucial services in communities where adolescents live (Zastrow, 2010). A study conducted by Busza *et al.* (2018) in Zimbabwe found that community workers conduct home visits to the adolescents infected with HIV and then report back to the health care workers.

Gusdal *et al*. (2011) and Thomson *et al.* (2014) indicate that community workers execute several roles in offering HIV programmes, including bringing up community members for HIV testing, connecting them to care givers, escorting them to clinic appointments, providing psychosocial support to the community members, and linking them to other services that they are not aware of. In this light community workers plays a pivotal role in their communities. However, Barker (2003) emphasises that it is vital for social workers and community workers to understand the population of people they will be working with, for example, if the population are adolescents, the social workers and community workers need to have

knowledge on the development of adolescents. Torpey *et al*. (2008) highlight the benefits when social workers include community workers as follows: community workers understand their communities better than the social worker does and they have a good relationship with the other members in their community. With everything being said thus far, this research has evaluated the life skills programme utilised by social workers, social auxiliary worker and community workers at an identified NGO that deals with HIV adolescents.

2.11 Policies and legislations related to HIV positive adolescents

Literature has shown that adolescents infected with HIV lack life skills education when compared to uninfected adolescents (Pearlstein *et al.,* 2013). The government of South Africa has developed policies and legislations to ensure that the desires of the children living with HIV are addressed.

The Children's Act 38 of 2008 (South African Government, 2008), Chapter 10, states that every child of any age, maturity and at any period of development has a right to take part in any matter related to that child. Moreover, the opinions of the child must be accepted. The constitution recognises the human privileges of all South African inhabitants and safeguards them against any practice of discrimination. It must be noted that individuals who are HIV infected have to access life skills education in the same manner as those who are HIV negative.

The 2005 Policy Framework on orphans and other children made vulnerable by HIV/AIDS in South Africa, section 3.4.3, stipulates that the Department Social Development should offer lessons to everyone as their right, so that orphans and other children who are vulnerable to HIV and AIDS are well informed and knowledgeable on their rights. The Department wants these children to have equal opportunities (Department of Social Development, 2005). Furthermore, the Department wants other referrals such as nurses and social workers who work with children to be fully equipped and have enough resources to assist the children. In addition, the Framework stipulates that it is necessary to improve and implement relevant life skills programmes for orphans and other children who are vulnerable to HIV and AIDS (Department of Social Development, 2005).

In support of the above, the Constitution of the Republic of South Africa (1996) (Act 108 of 1996), Chapter 29, states that in public schools, every person has a right to obtain education in the language they understand. This entails that adolescents living with HIV have the right to education, be it life skills or any other education.

However, the White Paper for the Transformation of the Health System in South Africa (Department of Health, 2009) in section 9 (c) states that there is a need for life skills programmes that target the youth. The White Paper further explains that there is a common need for HIV/AIDS-STD education for adolescents who are attending school as well as those who are not in a school. The policy explains that HIV/AIDS-STD information will be part of a wider education programme that will include different features of health and family-life information such as nutrition, drug abuse, and environmental awareness. The policy further state that life skills are vital to young people so that they can respond appropriately to the challenges and difficulties they face. Furthermore, the policy expresses that life skills education need to be sensitive to the beliefs and traditions of different communities. It will however guarantee that accurate materials are delivered to the youth.

2.12 Theoretical framework

2.12.1 The strength-based approach

Törrönen *et al*. (2010) indicate that the significance of a theory is to provide a way to support those who are being assisted; they require a guiding theory to assist them with making sense of their situations in the assistance process. In this section, the strength-based approach is utilised by the researcher as the theory of the study to understand how life skills education enhances the lives of adolescents living with HIV. It is coined that a strength-based perspective is embedded in ecosystem and empowerment theories (Pulla, 2017). The strength-based approach is defined by Pattoni (2012) as a mutual method between an individual who is receiving services and those assisting them, thereby enabling them to work as a team to reach a goal that is aligned with the person's strengths and possessions. Similarly, Saleebey (2010) purports that the strength-based approach explores a client's strength and resources to assist the client with attain his/her goal and understanding his/her dreams.

Manthey, Knowles, Asher and Wahabi (2011) explain that a strength-based approach functions on the credence that each person has assets and strengths, and through discovering these strengths, victory is certain for everyone. Strength-based approach methodologies do not ignore an individual's problem; instead, the focus is shifted on what is working well. Pulla (2017) highlights that the strength-based approach shuns from using blaming language, which people who are disadvantage may have adapted and accepted, and then develops a sense of vulnerability to change.

Vranda and Rao (2011) explain that adolescents who are HIV infected face many challenges because of living positively. Similarly, Tshuma (2015) denotes that these adolescents are prone to a many problems that emanate from living with HIV, including depression, anxiety, the death of their parents, poverty, problems in taking their medication, disclosure issues, and other health problems. Pulla (2017) explains that the strength-based paradigm uses a different language when referring to an individual's problems and struggles. It furthermore permits a person to recognise chances, hope, and a way out instead of seeing negative things such as difficulties, problems, and uselessness. For example, instead of adolescents seeing problems in their lives, the strength-based theory applied through a life skills programme gives them hope (Pulla, 2017).

According to Pulla and Kay (2017), this theory emphasises people's independence and strengths. However, life skills education, being a talent-emerging approach that balances understanding, assertiveness, and skills, is considered an effective strength approach to use in social work when dealing with the helpless (Pulla, 2017). Asay, DeFrain, Metzger and Moyer (2016) explain that the content employed in life skills education has taken on important changes in terms of decreasing low self-esteem, improving pro-social behavior, enhancing communication, effective social relations, bettering self-image and self-awareness, choice making, and restoring emotional modification, thereby enhancing adolescents' abilities to live life to its fullest.

In light of the above, Asay *et al.* (2016) are of the opinion that life skills education is a strength-based approach, as it encourages persons to know themselves in terms of character, attitude, and how other people perceive them. In so doing, it improves the self-image of a person, and in the end, they understand their self-worth and rights to live in dignity. Pulla and

Kay (2017) point out that during the life skills programme, adolescents are exposed to scenarios and circumstances that can strengthen them to perceive things in different way, for example, during an assertiveness session they learn to say no and this can be done through role-play to provide foresight to them. Life skills methods such as group work, brainstorming, and role-play enable teamwork and active participation, thereby allowing adolescents to learn from each other in the area of encouragement (Pulla, Chenoweth, Fancis & Bakaj, 2012).

In addition to the above, Ricks (2016) purports that the group work method employed in life skills training enables adolescents to learn from each other to cope with different situations, as it allows the sharing of life challenges; it provides adolescents with motivation and social support which can result in empowerment. Ricks (2016) implies that groups are comfort zones in which the strength of an individual can be realised and nurtured. For instance, ALHIV can give each other an opportunity in the group to discuss their expectations, visions, and successes (Ricks, 2016).However, Ricks (2016) posits that the strength-based viewpoint is constructed on nine expectations, namely:

i) Every individual, no matter how challenging their circumstances, has strengths that can be organised to improve the value of his/her life.
ii) All situations, even the most unwelcoming, encompass resources that can be used for problem solving and life improvement.
iii) Individuals set boundaries for themselves in which to grow and change because of their fear of the unknown.
iv) Even if shocking, disturbance, abuse, illness, and other harsh environments can be sources of challenge and chances for growth.
v) Client motivation is nurtured by a reliable emphasis on strengths as demarcated by the client.
vi) Empowerment can be explained to clients so that they will be able deal with their self-esteem and acquire individual control to make choices and have self-assurance.
vii) Professionals are not specialists with regard to clients' needs and problems, but the client and the professionals should work together to empower the client.
viii) In order to find out clients' strengths, there is need for cooperation between the client and the professionals. Topics to assess include what the client requires for the future and the talents displayed by the client in the past and present.

ix) Concentrating on strengths helps experts determine the clients' capabilities and how they have accomplished and endure, even in the most challenging circumstances.

2.12.2 Different approaches of the strength-based theory

This section focuses on different approaches to strength-based theory, which are solution-focused therapy, strength-based case management, narrative, and family support services.

2.12.3 Solution-focused therapy

Pattoni (2012) highlights that solution-focused therapy emphasises what individuals want to accomplish rather than on the challenges that made them look for help. Corey (2012) highlights that solution-focused therapy is a treatment that does not look at the problems; rather, it focuses on solutions. Similarly, Lightfoot (2014) suggests that solution-focused therapy believes that each individual is talented and if given an environment where they can discover their talent, they will be able to conquer all problems and make themselves living a better life. Corey (2012) emphasises that solution-focused therapy can be administered in a group by the facilitator to assist people with maintaining their goals and avoid focusing on problems. Ward and Reuter (2011) assert that the aim of solution-focused therapy is to search for a way out rather than finding fault. Furthermore, solution-focused therapy encourages individuals benefiting from the services to focus on defining their own objectives and solutions so that they can reach their goals (Lightfoot, 2014).

2.12.4 Strength-based case management

Pattoni (2012) explains that strength-based case management entails the coming together of the client, support networks, community involvement, and emphasises the relationship between the case manager and the client. Surratt, Grady, Kurtz, Levi-Minzi and Chen (2014) highlight that during strength-based therapy the case manager together with the client identifies relevant goals and decides on how to achieve these goals. The case manager encourages the client to find and use other resources. Moreover, the case manager helps the

client to determine and eliminate any obstacle that may hinder their progress in becoming better individuals.

Similarly, Fukui *et al.* (2012) purport that strength-based case management is used by practitioners as a strength evaluation that enables their clients to point out essential and important goals and take cognisance of their skills, abilities and strengths that will assist with attaining their goals. Additionally, in strength management when an individual is getting his/her strength back, the recovering plan is also used to assist this individual with taking steps towards attaining his/her goals (Fukui *et al.,* 2012). Difficulties, obstacles, and trials are not disregarded in strength-based case management; rather, they are also considered (Pattoni, 2012).

In addition to the above, the theory is grounded on internal and external factors that impact on the well-being of clients. In support of the above, Arnold, Walsh, Oldham and Rapp (2011) posit that strength-based case management is founded on the six values:

i) The attention is on a person's strengths rather than problems.
ii) The community is seen as a resource.
iii) Mediations are based on the free will of the client.
iv) The case manager–client connection is the most important and crucial.
v) Making firm decisions to avoid hostile situations is a preferred approach to an intervention.
vi) Individuals can learn, develop, and transform.

Rapp (2008) asserts that strength-based case management has been used in many fields, including dealing with drug abuse, mental health problems, counselling at school, and dealing with older people, children, adolescents, and families. In this light, Ravindra, Sharma and Sharma (2017) assert that life skills are the talents people make use of, and which result in positive behaviours that help adolescents deal successfully with the difficulties and challenges of daily life. To acquire life skills education, adolescents infected with HIV are connected to social workers, and these workers then become their case managers (Pulla, 2012). The aims of life skills training is to strengthen adolescents who are HIV positive through counselling, so that they can manage their situations better, improve their skills, and be aware of their community resources that can help them with achieving their goals

(Ravindra *et al.,* 2017). Strength-based case management can be used by facilitators as therapy to adolescents living with HIV. The facilitator can assist ALHIV with understanding their goals through life skills education.

2.12.5 Narrative

According to Pattoni (2012), narrative training is based on the belief that people have life experiences and because of these experiences, people create stories or narratives. Morgan (2016) sees storyline therapy as a tactic to counselling that is centred on the stories of individuals' lives. Morgan (2016) posits that individuals' stories usually involve an account of people as sufferers rather than as survivors. Furthermore, Ward and Reuter (2011) express that narrative therapy benefits individuals in the sense that they will do a flashback and revisit the relationships, problems or difficulties they are facing. Pattoni (2012) asserts that in narrative therapy, clients are encouraged to repeat their private stories of pain and negatives in different ways that enlighten them and empower them.

According to White (2009), the aim of narrative therapy is to be used as a polite, non-judgemental method to counselling and community work, giving people the authority to take full ownership of their lives. Narrative therapy separates people from their problems and accepts that an individual has many talents, abilities, views, beliefs, promises and gifts to help them moderate the effects of problems in their lives (Ward & Reuter, 2011).

Morgan (2016) indicates that narrative is a recovery therapy that focuses on helping those who feel a sense being held back even if they try to move forward with their lives. Narrative therapy can be used by facilitators of life skills as a therapy with ALHIV, as they will be narrating their painful stories in their groups so that they can recover from upsetting experiences (Ward & Reuter, 2011).

2.12.6 Family supportive service

Pattoni (2012) posits that the goal of family support is to react in a caring way to families where children's welfare is in danger. The approach strives to reduce the threats that the child might be subjected to, and tries to understand the life structure of the family and determine the strength of the parents. Green, McAllister and Tarte (2004) explain that experts of this

approach believe the technique supports families by improving the family's abilities, empowering them, and improving their social support networks. Shapiro, Meyers and Toner (2010) indicate that the viewpoint from a family systems perspective is that family conflicts do not exist because of one single cause. Reasonably, the viewpoint accepts that tension in families originates within family system relationships as well as and among the family and other systems (Shapiro *et al*., 2010).

2.13 Summary of chapter

In this chapter, the theoretical framework was applied and literature relating to programme evaluation, life skills, process evaluation, and the role of social and community workers in providing life skills interventions was discussed. Most previous research on life skills programmes focus on HIV prevention programmes, while only a few studies focus on the evaluation of life skills programme for ALHIV. There appears to be an apparent gap in research that provides a comprehensive account of the evaluation of life skills programmes for ALHIV.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the study method that was used to evaluate the life skills programme used by social workers, social auxiliary workers and community workers at an NGO dealing with HIV positive adolescents. The researcher reviewed the life skills programme to ascertain whether it is correctly implemented as planned by the NGO and whether the life skills are delivering the intended results. The struggles and successes of the life skills programme were also reviewed. The chapter provides an overview of the research methodology that was used focusing on the research question, aims and objectives, research approach, type of research, research methods, research design, and research sampling. Data for this study were analysed by following the six stages of Braun and Clarke's (2006) thematic analysis. The researcher discusses trustworthiness, reflexivity, and ethical considerations. The summary of this chapter is provided in the conclusion section.

3.2 Research question

How useful is the life skills programme that was utilised by social workers, social auxiliary workers and community workers at an NGO dealing with HIV positive adolescents?

3.3 Aims and objectives of the study

The aim of the study was to evaluate the life skills programme used by social workers, social auxiliary worker and community workers at an NGO dealing with HIV positive adolescents. De Vos, Strydom, Fouché and Delport (2005) expound that objectives are more detailed, assessable and faster achievable within a certain period of time. For the study, the following objectives were achieved:

- To determine if the life skills programme utilised by social workers, social auxiliary worker and community workers has been carried out as planned at the NGO dealing with HIV positive adolescents
- To explore whether the components of the life skills programme at an NGO dealing with HIV are making a difference in the lives of HIV positive adolescents

- To explore the perceptions regarding successes and failures of the life skills programme at an NGO dealing with HIV positive adolescents.

3.4 Research approach

The researcher employed qualitative research to gather knowledge on the life skills programme that social workers, social auxiliary worker and community workers at an NGO provide to adolescents infected with HIV. Qualitative research aims to investigate the true experience of the participants (Babbie & Mouton, 2007). Similarly, Denzin and Lincoln (2011) state that the qualitative approach strives to know the participants in their normal environment through understanding their world in relation to the meaning participants assign to the environment. De Vos, Strydom, Fouché and Delport (2005) depict that the goal of the qualitative method is to concentrating on participants' life experiences and to gain a deeper understanding of their perceptions and feelings.

Guba and Lincoln (1994) explain that qualitative research is a system of discovering answers to inquiries. In this light, Attride-Stirling (2001) posits that qualitative research provides in-depth information and is more valued; it is vital to conduct qualitative research in a careful and orderly way to produce meaningful and valuable results. In qualitative research, the researchers attempt to assign meaning to data and to the ways in which people interrelate; in most cases, data are collected through observations and interviews (Guba & Lincoln, 1994). Similarly, Denzin and Lincoln (2011) purport that the qualitative research method allows the investigator to deliver data that are complete and contribute valuable and substantial explanations of the problem being studied. Furthermore, it produces honesty and encourages people's individual experiences to add to the richness of data (Denzin & Lincoln, 2011). Babbie and Mouton (2007) point out that some of the good characteristics of qualitative research are that it allows the researcher to make use of different data collection methods and it easily permits the researcher to adjust and make alterations to the study where and when necessary.

De Vos, Strydom, Fouché and Delport (2005) describe qualitative research as a non-numerical investigation and clarification of observations and data as a way of finding out the original meaning and connection. Creswell (2009) defines qualitative research as a means for

assessing and understanding the meaning people assign to a community or human problems. Moreover, Cresswell (2009) argues that the qualitative approach is preferred over the quantitative method, which encompasses clarifying phenomena by collecting numerical data that are scrutinised using mathematically based methods (Cresswell, 2009). The researcher did not select the quantitative approach because this method is concerned with finding out facts surrounding social phenomena. Quantitative data are collected and scrutinised using numerical assessments and statistical suggestions, and the data are described in terms of statistical analysis (Cresswell, 2009).

Huberman and Miles (1994) denote that one major weakness of qualitative research is that it is time-consuming, as several research methods can be applied in one study in order to deliver valid and reliable research. Subsequently, analysing and coding can take a long time to complete (Huberman & Miles, 1994). Moreover, when the researcher obtains many different ideas and insights from participants, the data may be too much to handle for the researcher compared to dealing with numbers, particularly if the researcher has to transcribe all the collected data.

The researcher employed a qualitative study and obtained in-depth information by conducting eleven interviews with social workers, community workers, and beneficiaries on the life skills programme they use to target adolescents who are HIV positive. Again, by applying the document analysis technique, which is another method of qualitative research, the researcher gained in-depth information around the life skills programme through reviewing life skills documents such as daily caregiver's report OVC, website materials for life skills, and the KHU KIT book. Through accessing all this information, the investigator gained a clear picture of the life skills programme and was able to triangulate the data.

3.5 Research design

De Vaus (2001) highlights that research design is a logical structure of enquiry used by researchers before embarking on data collection. It is not only a work plan, but also serves the function of ensuring that the confirmation gained enables the researcher to respond to the original research questions. The research design also ensures that the researcher obtains the relevant evidence specific to the research questions (De Vaus, 2001). In addition, Creswell

(2013) defines research design as a plan that summarises the method to be administered in gathering data; in general, it provides information about the "who", "what", "when", "where" and "how" of the research project. Durrheim and Painter (2006) are of the opinion that a researcher is directed by the aims of the study when formulating the research design. De Vos *et al.* (2005) set out that research design is the whole procedure of research, from considering the problem to writing the description. Evaluation design was used for the study.

In this light, Welman, Kruger and Mitchell (2005) assert that evaluation research is important for social workers even though it is hardly used. Neuman (2003:24) indicates that evaluation design provides feedback to questions such as, "Does it work?" Furthermore, the aim of evaluation research is to examine interventions in order to gain an understanding of how real the interventions are; hence, it symbolises an important means of combining action and research in a positive manner.

The researcher selected process evaluation design for this study. Bess, King and LeMaster (2004) indicate that the emphasis of process evaluation is on determining exactly how the plans of the programme were actioned and how the programme functions. Bowen (2009) suggests that process evaluation identifies the procedures followed and the choices made in developing the programme. Moreover, it explains the programme procedures, the services it provides, and the purpose of the programme. Nevertheless, by additionally keeping records of the programme's expansion and procedures, process evaluation assesses the reasons for successful or unsuccessful performance, and provides information for the future (Bowen, 2009).

According to De Vos, Delport, Fouché and Strydom (2010), process evaluation entails that one has to examine the data closely, becoming closely familiar with the details of the programme, and noticing not only the expected effects, but also the unexpected consequences. This design was employed because the researcher strived to understand the function, strengths, and weaknesses of the programme. In this light, the researcher needed to understand how the programme is offered and how it serves the targeted people. In view of that, various strategies were employed to source information about the programme being studied.

Figure 3.1 provides a schematic demonstration of process evaluation.

a

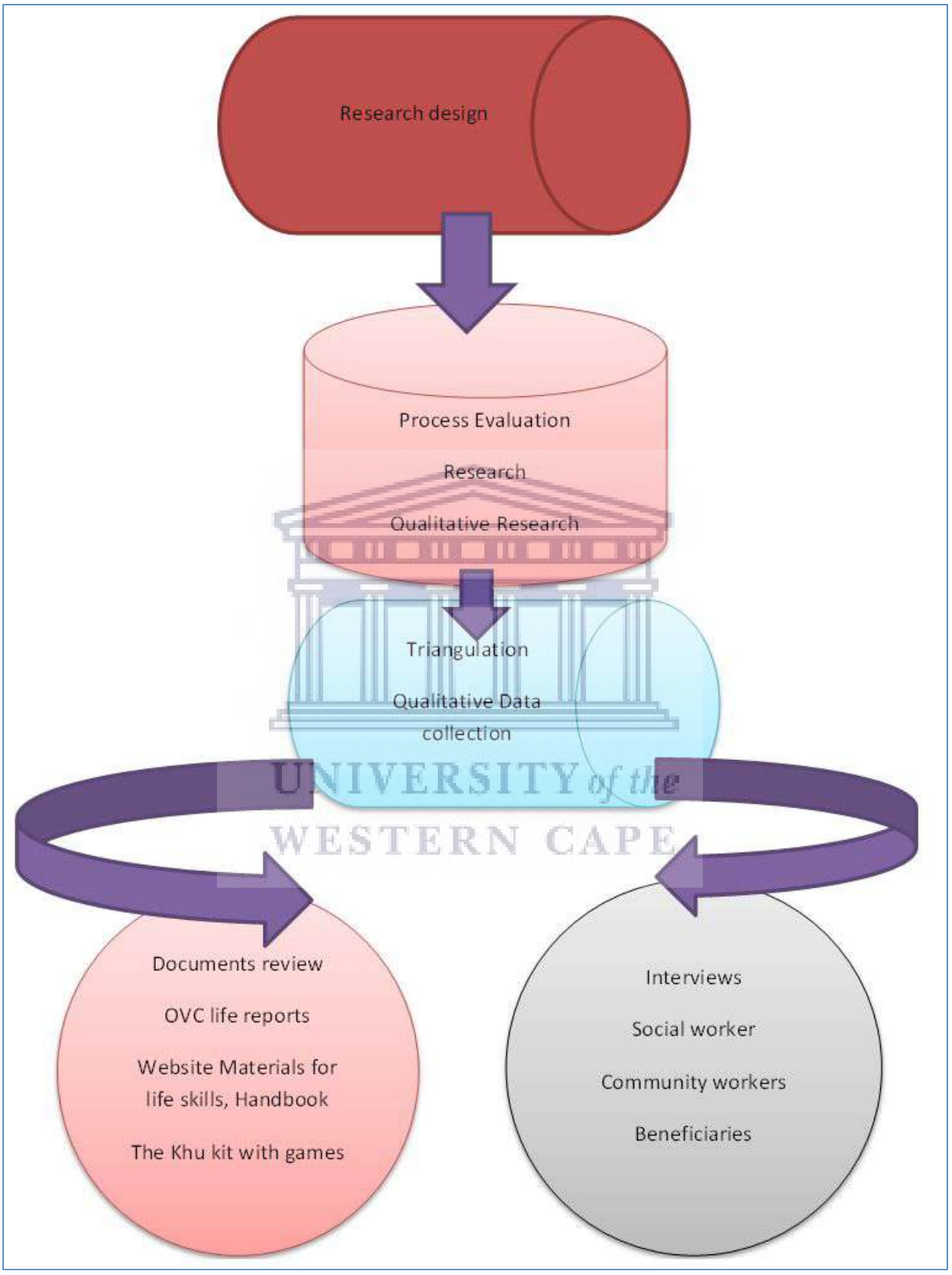

Figure 3.1: Schematic demonstration of process evaluation

3.6 Research methodology

3.6.1 Population and sampling

Kombo and Tromp (2006) describe population as a collection of people, objects or items from which samples are considered for measurement. De Vos, Strydom, Fouché and Delport (2011) posit that population is a word that sets restrictions on the study element as it refers to people in the world with particular features that the researcher is interested in. The population of the study was HIV positive beneficiaries at the NGO, as they were the recipients of the life skills programme when they were adolescents between the ages of 13years to 18 years. Social auxiliary worker and community workers at the NGO were also part of the population since they were the ones who provided the life skills intervention at the NGO for adolescents living with HIV. Rubin and Babbie (2010:135) refer to population as the "sum of the target assembly, persons or other elements from which a sample must be considered". In this light, all the documents of the life skills programme were also part of the population of the study.

Neuman (2011) asserts that sampling is a small unit or cases from a much bigger collection or population. According to Babbie and Mouton (1998), sampling is a method of pulling together data to produce theory. For this study, the researcher selected an NGO in the Cape Metropole. The organisation is an HIV/AIDS based organisation which deals with children who are orphans, vulnerable children living with HIV/AIDS, aged from 7-18 years.

The organisation is HIV/AIDS based Organisation that offers life skills programme to orphans and vulnerable children living with HIV. The life skills are offered to HIV positive children and adolescents after school. After the programme a nutritious meal is provided for the children and adolescents. The organisation has three sites were the facilitators would go and teach children and adolescents life skills. The researcher used purposive sampling in selecting the participants for the study. Purposive sampling is a non-probability sampling procedure also known as judgmental, selective, or subjective sampling. This type of sampling is used when the sample size is small. Nieuwenhuis (2007) defines purposive sampling as the selection of individuals that are experts and well informed with the phenomenon of interest. The purposive sampling method provided a suitable and easy way to select members who had

information that is rich and helpful. In view of the above, the researcher used the purposive sampling method for selecting the participants and documents.

The study focused on one (1) social auxiliary worker who provides life skills to HIV positive adolescents at the NGO, four (4) community workers who also provide life skills to ALHIV at the NGO, and six (6) adult beneficiaries. These beneficiaries once attended the life skills programme when they were adolescents at the age of 13 years to 18 years. The beneficiaries were chosen as participants for the study, so that the researcher would understand the depth of the procedures and content of the life skills programme implemented by the social workers, social auxiliary worker and community workers at the NGO. The beneficiaries were between the ages of 22 to 28 years. The community workers and auxiliary social worker were chosen as the participants of the study because they were teaching the life skills programme at the NGO. The participants provided in-depth information that assisted the researcher in understanding the life skills programme followed by ALHIV. The researcher selected social auxiliary workers, community workers and beneficiaries who met the following criteria: Community workers and social auxiliary workers who have worked with ALHIV, Community workers and social auxiliary workers who provide life skills education for ALHIV and community workers and social auxiliary workers who have accumulated experience of working with ALHIV for a maximum of 5years. However beneficiaries who once attended the life skills for a maximum of 2 years, beneficiaries who were above 20 years of age were included and both girls and boys were included to understand their views about the life skills programme

The sample also consisted of life skills documents such as the Orphans and Vulnerable Children (OVC) daily reports from 2012 to 2018, handbook of life skills, website materials of life skills, and the KHU KIT book that contained all the games for teaching life skills. The researcher with the support of the social worker was able to select the life skills documents. The researcher selected the OVC reports from 2012 to 2018 because the NGO started the life skills programme in 2012 and changed the life skills OVC report in 2015. It was necessary however to see how effective these changes were. The study was conducted at an NGO in Cape Town that deals with HIV.

3.6.2 Data collection methods

Creswell (2009:185) highlights that qualitative study methods of collecting data include "documents, observation, digital recordings and interviews". However, it is important for the researcher to point out that good rapport with the participants should be established before data gathering occurs. In addition to the above, Creswell (2013) denotes that data collection is a strategy for accurate and orderly collection of information. However, the investigator, in organising the data collection process, takes part in actions intended to provide responses to the research question (Burns & Grove, 2011). The researcher made use of semi-structured interviews and document analysis as two methods of data collection. The research aimed to evaluate the life skills programme at an NGO dealing with ALHIV. Using two methods of data collection enables the saturation of the data. More so, in collecting data, the researcher started with reviewing the life skills documents before conducting the interviews. This led the researcher to probe for further information during the interviews, as the researcher first familiarised herself with what the participants were engaging in through examining the documents.

3.6.3 Data collection methods

3.6.3.1 Semi- structured interviews

According to Creswell (2009), interviews can be categorised as individual in-depth, exploratory, semi-structured, and unstructured. The type of interview(s) is selected in accordance with the most suitable design. The aim of interviewing a certain group of people is to discover the views of the people about a certain topic being investigated. Semi-structured interviews are conversations in which one knows what to find out (Fylan, 2005). According to Fylan (2005:66), semi-structured interviews are flexible well suited for determining "why" rather than "how much" or "how many" because open-ended questions are included. The researcher made use of semi-structured interview for the study to increase her understanding of the participant's experiences with following or offering the life skills programme**.** Data were collected by conducting semi-structured interviews with 11 participants – one (1) social auxiliary worker, four (4) community workers, and six (6) beneficiaries. A semi-structured interview does not have as many arranged questions; it

permits participants to provide responses in their own words about their involvement in providing life skills interventions to ALHIV and for beneficiaries to talk about the life skills programme in depth and in a rich, and clarifying way without being instructed by the researcher. Thirty-five (35) to 45 minutes were taken for each interview and a recorder device was used to record all the interviews. The researcher spent two weeks to finalise all the interviews.

The interview process was organised, planned and implemented in line with the needs of the study and the level at which the participants understood the programme. Questions were structured to collect as much unbiased information as possible on the supply of the programme and the materials provided. A list of basic questions was prepared by the researchers (**Appendix E and F**) who guided the interview. In this light, more questions were formed as the discussion continued and the researcher asked for clarity. During the interviews, participants had control over the interviews, as they were the ones doing more of the talking while the interviewer listened and jotted down notes. The researcher mentioned important points provided by the participants, but in a way that it did not disturb the flow of the interview. This was done because the research did not want to leave out important information and it assisted the researcher in finding clarity on certain aspects.

In addition, the recording of the interview and the note taking was done by the researcher with the approval of the participants. The interviews commenced as soon as the researcher received ethical clearance from the Ethics Committee (HSSREC) at the University of the Western Cape (UWC). The researcher negotiated entry into the NGO. The contact persons were the director of the NGO and the social work manager. The director and social work manager were handed the approval letter see (**Appendix G)**, information sheets see (**Appendix A**) and consent forms (**Appendix A-D).** The researcher then requested permission from the Director and the social work manager to conduct the interviews. The researcher visited the NGO in the morning in search for auxiliary social workers and community workers who were normally at the work place during that time, as they were planning and preparing themselves for the life skills programme conducted at the NGO sites in the afternoons from 14:30 to 15:30 after school. During each session, the researcher explained to the participants the study's aim, objectives, methods of data collection, inclusion, and

exclusion criteria, and the manner in which confidentiality would be ensured. The beneficiaries also visited the NGO sites where the interviews took place. The researcher introduced herself to the participants, who were auxiliary social workers, community workers, and beneficiaries. The interviews were conducted in English.

3.6.3.2 Document analysis

According to Creswell (2013), qualitative research is comprehensive, stretches across a number of disciplines and study fields, and many ways of data collection are conducted. For this study, document analysis was also used as a secondary method, which worked well with interviews to enhance the study throughout the research process (Wellington, 2015). Braun and Clarke (2006) stipulate that document analysis comprises browsing, reading and interpreting written materials.

Braun and Clarke (2006) further explain that document analysis is a process that includes the discovering, authenticity and concern of documents linked to the object being investigated. More so, Bowen (2009) highlights that document analysis is a method of qualitative research in which documents are understood by the researcher and the researcher provides answers meaning to an assessment topic. Life skills documents were assessed by following the eight steps of Bowen (2009). Firstly, the researcher had to gather all the relevant information on life skills that the NGO was using; that is, the OVC reports, website materials for life skills, handbooks, and the KHU KIT games. The researcher understood the plans of the organisation concerning the NGO's mission and vision of the life skills programme. In addition, the OVC reports were used by the NGO to execute the life skills programme. An OVC report is a two-page document consisting of the topics of the life skills programme from which the facilitator chooses. On the next page, the document explains the process of implementing the programme, for example, welcoming and introduction is done before the programme, prayer, icebreaker, laying down the ground rules, recapping the previous session, introduction of the topic of the day, goal of the session. At the end of the OVC report, there is a part where facilitators evaluate the life skills programme.

The researcher assessed the authenticity of the documents. The documents were not forged and proven original. The researcher also verified the background information of the

documents, as well as the tone and style of the facilitators. Some of the facilitators did not understand what to write on the evaluation of the programme. The researcher further determined, through questioning, the author (source) of the document and the rationale for compiling the document. It was discovered that the life skills programme was developed in 2012 by the social workers who worked together with the community workers. However, the life skills documents were only created in 2015 by the social worker. The social worker had to compile the document by gathering information from community workers on they taught the adolescents living with HIV and by consulting other sources such as websites, handbooks on life skills, and the KHU KIT with games.

Owen (2014) mentions that going through documents gives the researcher the opportunity to gain a rich understanding of the programme. Of importance is that the thorough review of the programme documents helped the researcher to create follow-up questions that were asked during the interviews. Information was collected from four sources of documents that were useful in answering the research questions, namely the life skills OVC daily reports, handbooks on life skills modules, website life skills materials, and the KHU KIT book with games. It was crucial for the researcher to look at all the life skills documents that were available in order to identify the concerns of the programme and determine if crucial actions were clearly defined. The researcher thus analysed the life skills programme by examining existing documents of the life skills programme offered at the NGO. Documents from 2012 to 2018 were reviewed.

3.7 Pilot study

Glesne (2011:56) purports that pilot testing is done by the researcher to "investigate, learn, check, correct, and improve research questions and skills". Glesne (2011) points out that the researcher should openly explain the purpose of conducting pilot testing to the participants. The purpose of this exercise was to ascertain whether the questions were clear and easy understandable. Bless *et al.* (2006) highlight that conducting a pilot study permits the researcher to be mindful of mistakes so that adjustments can be done to the research instrument. Two participants displaying similar characteristics with the targeted population of the study were selected by the researcher for pilot study. Semi-structured face-to-face interviews were conducted with the two participants. Moreover, with the assistance and

support of the supervisor, the researcher was provided with many articles on qualitative interviews, which enabled her to perform the pilot testing. The researcher was able to change some of the questions that needed clarity. In the semi-structured interview for beneficiaries, the researcher changed Question 2: *What other life skills activities do you still remember* (benefitted you from understanding the life skills programme)? In the semi-structured interview for social workers and community workers, the researcher added Question 2: *Can you briefly explain to me how you select your topics for the life skills programme? Is there a criterion that you use to select the topics?* In section C, the researcher added the following questions: Question 2: *What is working in the programme?* Question 3: How do you deal with difficult children? Question 4: *Who are most likely to be successful children in the programme, boys/girls? Why are these children seen as successful?* The rest of the questions were easily understood and no changes were necessary.

The researcher also experienced challenges. The gatekeeper that was assisting the researcher to get the information for data collection fell ill; it took another month and a half for the researcher to be assisted in order to get to the targeted participants. The investigator had to repeat the questions during the interview more than once, even three to four times. Most of the time, the researcher had to move closer to the participants in order to be audible. The researcher discovered that some individuals living with HIV have hearing problems and they require patience. Furthermore, some of the documents reviewed were not in order. It was time-consuming for the researcher to arrange all the documents because some of the OVC report pages were mismatched – the researcher would find documents from 2015 saved with documents from 2018.

3.8 Data analysis

Dudley (2011:250) points out that qualitative data can be explored in several ways, based on a range of beliefs and qualitative approaches. Botma, Greeff, Mulaudzi and Wright (2010: 220) state that, "data analysis entails creating a sense of writing and image data, making it for investigation". Similarly, Merriam (2001) posits that qualitative data analysis encompasses a combination and mixture of narrative data to draw and communicate conclusions without loss of context and richness of data.

With qualitative research, data analysis consists of preparing and organising the data for analysis, then reducing it to themes through the process of coding and condensing the codes, and finally representing the data in figures, tables or a discussion (Creswell, 2013). Nowell *et al.* (2017) point out that data analysis is the most difficult stage of qualitative research, and one that is least considered in literature discussions. The researcher made use of thematic data analysis for both the interviews and the document analysis. Thematic analysis was most applicable for the study because it permitted the interview transcripts and documents generated in this study to be read and matched to identify similarities. The results were matched by considering patterns in the data. The results were arranged by placing similar information in one group. Neuman (2003) stipulates that at the conclusion of the procedure, the comparison lists jointly form the final list that is presented as the research findings.

3.8.1 Thematic analysis

Braun and Clarke (2006:7) define thematic analysis as a technique that categorises, examines, and writes patterns (themes) within data. Nowell *et al. (*2017) describe thematic analysis as an interpreter for individuals speaking the languages of qualitative and quantitative analysis, allowing researchers who use different research approaches to talk with each other. The researchers carefully examine the data and carry out coding based on the objectives to reveal themes relevant to the phenomena under investigation. The steps for data analysis as proposed by Braun and Clarke (2006) were followed by the researcher to analyses the data that were collected. Below is the list of steps that were followed.

- **Familiarise yourself with the data:** The researcher immersed herself in the data. The researcher selected the documents that matched the research questions of the study, read the documents repeatedly, identified codes, and wrote these codes down on a separate paper. For the interviews, the researcher listened repetitively to the audio recorder to transcribe the data correctly. After transcribing, the researcher listened again to the audio again to ensure no information was left out
- **Generate codes:** During this stage, the researcher started to generate codes from the documents that were reviewed and jotting down the codes. The researcher also coded data from the interview transcripts. Some of codes were identified as theory driven and some as data driven. The researcher coded many themes that were emerging

- **Search for themes:** During this stage, the researcher began sorting together codes that had similar meaning so that themes could be developed. The codes were examined and the researcher reflected on how different codes may come together to form a theme. Some original codes formed the main themes while others formed the sub-themes
- **Review themes:** The researcher then refined the themes by verifying that the themes were indeed related and that they formed a coherent pattern
- **Define and name themes:** Themes were defined and refined through categorising the significance of each theme and outlining the features of each theme. As measure of the modifications, the researcher recognised whether or not a theme had sub-themes
- **Produce a report:** The researcher produced a report of the thematic analysis process. Both interviews and documents we reviewed. The information was voluminous and it was a challenge for the researcher to identify the themes and sub-themes for both the interviews and documents successfully because of many themes that emerged. With the guidance of the supervisor, the researcher was able to come up with themes and sub-themes from both the documents and interviews. The process was very long and time-consuming

3.9 Trustworthiness in qualitative data

Nowell *et al*. (2017) indicates that qualitative research keeps on gaining approval; however, it is essential that an enhanced tool be found to assist researchers in directing trustworthiness with qualitative research. In this light, Marshall and Rossman (2010:39) assert that trustworthiness is vital to ensure the reliability of results. In this study, credibility, transferability, dependability, confirmability, and reflexivity were used to prove the trustworthiness of the research findings. These components were applied to both the interviews and documents. The components are discussed below.

i) Credibility

According to Cope (2014), credibility entails the authenticity of the information. Schurink *et al.* (2011:420) explain that credibility establishes whether there is similarity between the opinions of the participants and the way the researcher denotes the information. The researcher established accuracy of the review by accepting the following credibility

approaches: long engagement and triangulation. Cope (2014:87) explains long engagement in the field as devoting adequate time to data collecting. Spending enough time with the participants made the researcher understand the participants' world, that is, understands the life skills programme and to understand the type of children that the facilitators were working with. This minimised the misrepresentation of data that might arise due to the lack of research in field. Cope (2014:89) explains that in order to show credibility in research, it is needed to prove engagement and audit trails.

In support of the above, the researcher visited the NGO office where a meeting was held. The researcher was welcomed and she conveyed her intention to visit the NGO frequently by explaining the purpose of the research. After the first meeting, the researcher returned to the NGO where she was introduced to other sites of the NGO. The researcher visited the NGO a fourth time to observe the life skills training and engage with the facilitators. Thereafter, the interviews with the participants started. The participants actively participated in the research because of the positive relationship that was built between them and the researcher. Trust was improved and a good relationship was established.

Triangulation is defined by Polit and Beck (2008:768) as using of a "number of data gathering methods to address a research problem". The research made use of document analysis and semi-structured interviews to triangulate the data.Triangulation was used by the researcher to ensure the accuracy of the data.

Mogalakwe (2006) posits that the credibility of documents can be ensured by verifying that the documents are not deceitful or misrepresenting the facts. To ensure the credibility of the documents, the researcher assessed the life skills documents from 2012-2018, which included life skills books and materials from the website that are used by the NGO. These documents were prepared beforehand.

ii) Transferability of findings

Shenton (2004:69) asserts that the transferability of results refers to the point at which the findings of qualitative research can be moved to other environments with other participants or groups and still have the same results. To gauge the transferability of the findings, a non-probable, purposive sampling technique was applied to choose participants who could

make rich information available on life skills intervention for ALHIV. Social auxiliary worker, community workers and beneficiaries were selected to provide information for the study. Moreover, semi-structured interviews were used to deliver rich information that is focused on the research goal.

iii) Dependability of findings

Schurink *et al.* (2011) explain that dependability means the researcher inquires if the research process is consistent, well acknowledged, and reviewed. Cope (2014) is of the view that dependability requires achieving the same results if the research were to be done again under similar conditions and with the similar people. The researcher confirms that dependability describes the procedures of this research study well, as it enables the reader to comprehend the degree to which correct research procedures have been followed. This study provides information on how the researcher conducted the data collection and data analysis using thematic analysis and research designs. This will assist upcoming researchers when conducting similar studies.

iv) Confirmability of findings

Confirmability demands that the data represented is the "participant's voice and not the researchers point of view or favouritism" (Cope, 2014:89-90). In support of the above, confirmability of the study was achieved because the findings of the research study were derived from the knowledge of the participants and the documents that were reviewed. Direct quotations of participants were shown with each emerging theme of this study. The interviews were tape-recorded and data were written down word-for-word to mitigate the likelihood of unfairness. More so, information gathered from NGO documents was recorded accurately. In addition to the above, the researcher avoided judging the participants throughout the research process and ensured that the answers of the participants were written down verbatim. On these occasions, the researcher restrained herself from manipulating the perceptions of participants by allowing them to talk and willingly describe their contributions to the life skills services they provide to ALHIV.

v) Authenticity

Mogalakwe (2006) asserts that authenticity refers to whether data are truthful, trustworthy and cannot change. The duty of the researcher was to ensure that the documents assessed

were real and reliable (Streubert & Carpenter, 1999). To ensure authenticity of the documents, the researcher reviewed documents that the NGO had written; these documents were dated from 2012-2018. The handbook for life skills programme was also reviewed. The documents and handbook were not forged. For the interview, the researcher had to interview the social workers and community workers who provided the life skills intervention together with the beneficiaries of the life skills.

vi) Reflexivity

According to Darawsheh and Stanley (2014), in research it is vital that a researcher looks within him/herself to evaluate his/her role in the study. Patton (2005:65-66) defines reflexivity as essential to knowing oneself, for political/cultural awareness, and having one's own viewpoint. The researcher needs to assess his/her influence on the results critically, and through reflexivity, point out the awareness of such changes. Consequently, self-reflexivity plays a significant part in research. In support of the above, it is pivotal for the researcher to pay sufficient consideration to the factors that may influence and affect the results of the study, positive or negative. Moreover, in the event that challenges emerge, the researcher needs to pay attention to the manner in which he/she responds to the challenges and how resolutions are established, so that the entire research process can serve as a learning curve to the researcher. For this study, the researcher set aside her beliefs and biases so that she could perceive the realities of what the participants were saying with a fresh eye. Similarly, the researcher avoided misinterpreting what the participants revealed.

3.10 Ethics considerations

De Vos *et al.* (2010:114-115) mention that ethics entail positive beliefs, it is established by people, and it rules the conducts of research; it is the duty of the researcher to safeguard participants from "maltreatment, provide them with sufficient information to enable them to be removed from the study if need be". Sales and Folkman (2000:35) and Rangiah (2012:6) indicate that aims, objectives, dangers, and profits of the research project must be clarified and the responsibilities and commitments of both the participants and the researcher need to be discussed. An ethical permission certificate was issued to the researcher by the University of Western Cape (UWC) Community and Health Sciences Research Ethics Committee after confirming that the researcher had effectively discussed the process to be followed, including

obtaining the participants' informed consent and upholding anonymity, confidentiality, and the correct management of information. The following ethical principles were followed by the researcher.

i) Informed consent

Participants were individually informed of the study's purpose and method to be used during the data-gathering phase so that they could participate freely. The individual members were before commencement of the study asked for their consent to participation. Furthermore permission was asked from the participants to use audio recording and permission was granted. The researcher explained all the features of the research to the participants, including the goal, objectives, methods and processes, as well as their privileges and responsibilities in the project. Interviews were conducted with 11 participants. All the questions with the exclusion of two were posed to the participants. The two excluded questions were only asked during the pilot-testing phase. The participants who participated during pilot study were willing to participate voluntarily and signed the informed consent form.

ii) Anonymity

The researcher guaranteed and assured the participants that their personal identities would not be exposed at all. Furthermore, the researcher promised there would be no recognition of the information of an individual or the institution. The participants were not allowed to write their real names. As an alternative, pseudonyms were used during data collection, as the researcher used a recorder device during the interviews. The researcher ensured that the recordings of the interview sessions were handled anonymously and could not be traced back to the respondents. The researcher saved the interview recordings on a computer that was password protected. All the information collected was stored on this computer. The researcher undertook to destroy all the information as soon as the research was completed.

iii) Confidentiality

Ogletree and Kawulich (2012:64) assert that confidentiality involves hiding the recognition of an individual's particulars or any information that might cause possible damage to them. The researcher assigned alphabetic letters to each responded in order to protect their original names, and guaranteed the participants that the data gathered would be kept safe in a computer with a password. Furthermore, the researcher explained to the participants that the

information they provide would not be shared with anyone except the study supervisor. It will also not be published without their approval. In the event that research is published pseudo names will be used. No harm was caused to the participants during the data collection with regards to anonymity and confidentiality.

iv) Voluntary participation

De Vos *et al.* (2011:116) purport that no respondent should be forced to take part in research against his/her will. In this study, the researcher explained to the participants their rights to partake in the study and to withdraw at any time. The researcher ensured that the community workers, social workers, and beneficiaries partook in the study willingly, with full awareness of their rights as participants.

v) Dealing with risks

Leedy and Ormrod (2015) state that the core value of social research is to avoid any unnecessary physical, emotional or psychological harm to the participants. This research focuses on a HIV/ AIDS, which is a sensitive health matter. One of the beneficiaries of the life skills programme is also a targeted person. As a result, emotional damage had to be anticipated or provided for. De Vos *et al.* (2011) explain that in research, respondents may be hurt physically or emotionally, it is therefore essential to deal with the possibilities.

The researcher reduced the risk by meeting with the beneficiary in advance to explain the nature of the study and to ensure that the beneficiary participates freely. The beneficiaries knew they could withdraw from the study at any time. The researcher also made available counselling professionals, which included social workers and a psychologist, in the event of any emotional discomfort during the interviews. The social workers or psychologist would intervene to assist the participants. There was no occurrence of damage, physical or emotionally, to the participants throughout the study.

3.11 Summary of chapter

Chapter 3 discussed the methodology that was followed during this study to understand the experiences of participants in providing the life skills programme to ALHIV and the life skills offered by the social workers, social auxiliary worker and community workers. A qualitative

research approach was adopted. Moreover, the researcher described the chosen research design, process evaluation design, population of the study, and type of sampling, which is purposive sampling. The qualitative data gathering approaches, namely semi-structured interviews and document analysis, were also discussed.

Documents analysis and semi-structured interviews were the most appropriate to gather data that assisted in answering the research questions and fulfilling the aim and objectives of the study. The study methods that were used in the study made it possible for the researcher to understand the life skills programme that is delivered by social workers and community workers at an NGO dealing with ALHIV. The six steps of thematic analysis as identified by (Braun & Clarke, 2006) were used to analyse data. The steps have been defined clearly. Trustworthiness and reflexivity were also elaborated on. Finally, principles of ethics considered in this study have also been discussed. The next chapter, Chapter 4, presents and discusses the research findings.

CHAPTER 4: PRESENTATION AND DISCUSSION OF THE RESEARCH FINDINGS

4.1 Introduction

- In this chapter, emphasis is placed on the presentation and discussion of the research findings. Data were obtained by reviewing life skills documents such as the orphans and vulnerable children (OVC) reports from 2012 to 2018, website materials for life skills, and the KHU KIT (2011) handbook for life skills. Data were also obtained through in-depth semi-structured interviews with four (4) community workers, one (1) social auxiliary worker who provided life skills interventions, and six (6) beneficiaries of the life skills programme. For the research to be successful, a main research question had to be formulated to assist as background for the qualitative evaluation study. Evaluating the life skills programme utilised by social workers, social auxiliary worker and community workers at an NGO dealing with HIV positive adolescents was the aim that guided the study. In this regard, the aim of the research was supported by objectives to acquire an additional understanding of the programme. The objectives of the study were stated as follows:
- To determine if the life skills programme utilised by social workers, social auxiliary worker and community workers has been carried out as planned at the NGO dealing with HIV positive adolescents
- To explore whether the components of the life skills programme at an NGO dealing with HIV are making a difference in the lives of HIV positive adolescents
- To explore the perceptions regarding successes and failures of the life skills programme at an NGO dealing with HIV positive adolescents

Thematic data analysis was carried out as described in the research methodology chapter (section 3.4.8). Coding was done during the data analysis, which resulted in themes and sub-themes as indicated in Figure 4.3.

4.2 Biographical profile of participants

Demographic information of the community workers and auxiliary social workers who took part in this study is presented in Table 4.1. The demographic detail of the beneficiaries is provided in Table 4.2.

One (1) social auxiliary worker, four (4) community workers and six (6) beneficiaries were the participants who were from an NGO in Cape Town. They were interviewed through semi-structured in-depth interviews. Pseudonyms were used to protect the identity of the respondents.

Table 4.1: Demographic details of community and social workers as participants

Pseudonyms	Age	Gender	Years spent providing life skills
ASW1	47	Female	13 years
CW1	40	Female	6 years
CW2	46	Female	7 years
CW3	45	Female	5 years
CW4	49	Female	13 years

4.2.1 Age of facilitators

Table 4.1 shows that all the facilitators for the life skills intervention programme – the auxiliary social worker and community workers – were in the age range 40-49 years. Four were in their late forties and only was in her early forties. This shows that the facilitators were mature and probably had wisdom when dealing with ALHIV. According to literature Gusdal *et al*. (2011) and Thomson *et al.* (2014) indicate that community workers execute several roles in offering HIV programmes, including allocating community members for HIV testing, connecting them to care givers, escorting them to clinic appointments, providing psychosocial support to the community members, and linking them to other services that they are not aware of. As a result of the duties that are executed by community workers it needs people who are mature in age.

4.2.2 Gender of facilitators

Table 4.1 further shows that only females are providing life skills interventions to the beneficiaries of the life skills programme at this specific organisation. Thus, 100% of the programme facilitators are female. There is evidence in the study that there was no gender balance. Literature shows that women are the ones who are able to perform the duties of caring for HIV patients (Busza *et al*., 2017)

4.2.3 Years spent providing life skills interventions

Table 4.1 shows that two (2) participants have been providing the life skills intervention for 13 years. One participant has taught for seven (7) years, one participant for six (6) years, and one participant for five (5) years. Therefore, the average number of years of facilitating life skills interventions is eight (8). It is evident from the data that the facilitators are very experienced. Literature shows that in order for life skills education to be applied and be real, there is a need for professionals in the country, who are specifically qualified for that role (Aparna and Raakhee, 2011). Furthermore, skilled teaching of life skills needs a properly planned programme set up by an expert (Aparna & Raakhee, 2011). Therefore, facilitators of life skills education need to experience in the field.

Table 4.2 illustrate the demographic details of beneficiaries who took part in the study. These were characterised by age, gender and years they attended the life skills programme.

Table 4.2: Demographic details of beneficiaries

Pseudonyms	Age	Gender	Years taken the life skills programme
B1	23	Male	3
B2	26	Female	2
B3	22	Male	2
B4	22	Female	3
B5	25	Female	2
B6	28	Male	2

4.2.4 Age of beneficiaries

Table 4.2 shows that the beneficiaries of life skills are now adults. The participants were all in their mid and late 20s, ranging from 22 years (two participants), 23 years (one participant), 25 years (one participant), 26 years (one participant), to 28 years (one participant).

4.2.5 Gender of beneficiaries

The table shows that both male and female beneficiaries were involved in the study. Three (3) participants were female (50%) and three (3) were male (50%).

4.2.6 Years attending the life skills programme

All six beneficiaries of the life skills intervention programme have attended the life skills intervention programme for two years or more. Four (4) participants indicated that they attended the life skills programme for two years, and two (2) participants for a period of three years. The average number of years attending the life skills intervention programme is two (2). Literature suggests that it is important for ALHIV to attend life skills programme as it helps them to have true and real relationships with the 'outside', have better control of stressful situations, and having the ability to solve people's problems. A life skills programme could therefore be viewed as an emotional regulator.

4.3 Themes and sub-themes from data analysis

The main themes and sub-themes identified during the data analysis are discussed in this section. In addition, the themes and sub-themes are summarised in Table 4.3 below. The themes are aligned to the research aim of evaluating the life skills programme at an NGO dealing with HIV positive adolescents. The findings were upheld and verified through direct quotations from the respondents as a way of airing their voice on their views. The OVC reports from 2012 to 2018 were reviewed, website material from the NGO was considered, and The KHU KIT handbook on games was used to support the voice of participants.

Table 4.3: Summary of identified themes and sub-themes

Theme	Sub-Themes
1: Content of the life skills programme	1: Life skills programme – focus on HIV/AIDS

	2: Life skills programme – focus on self-care and support from workers 2.1: Life skills programme – focus on decision making
2: Process and implementation of the life skills programme	1: Lack of training of facilitators 1.1: Teaching approach techniques
3: Successes of the life skills programme	1: Motivation of beneficiaries 1.1: Successful involvement of beneficiaries 1.2: Good planning of the life skills programme
4: Challenges of the life skills programme implementation	1: Availability of space 1.1: Home visit challenges 1.2: Inadequate learning materials

Four main themes were identified from the data, each theme having a number of sub-themes. The first theme concentrates on content of the life skills programme, the second focuses on process and implementation of the life skills programme, the third concentrates on successes of the life skills programme, and the last theme concentrates on challenges of the life skills programme implementation.

4.4 Theme 1: Content of the life skills programme

In this section, an overview is given of the life skills programme content used by the NGO. This includes how the life skills programme is employed, how the topic or content of life skills is selected, and whether the content programme is understood by the recipients.

The interviews commenced with a discussion on the content of the life skills programme that is offered at the NGO. The researcher wanted to gain an understanding of the life skills content used by the NGO. What became evident from the data obtained was that the NGO has an abundance of life skills content – HIV content such as what is HIV, how it attacks the immune system, protecting oneself, adhering to and defaulting on treatment, disclosure and HIV myth are mostly covered. Other interpersonal skills such as decision making, communication, anger management, juggling my life, respect, role models and goal settings are also prominent. The majority of the facilitators highlighted that ALHIV are coping in their lives because of the life skills content they receive at the NGO. From the participants' responses and the documents reviewed with regards to the content of life skills programme, three main ideas emerged as sub-themes, namely life skills programme focused on

HIV/AIDS, life skills programme focused on self-care and support from workers, and life skills programme focused on decision making. This is discussed below in the next sections as sub-themes.

4.4.1 Sub-Theme 1: Life skills programme – focus on HIV/AIDS

From the facilitators and beneficiaries of the life skills programme, 80% of the facilitators and 67% of beneficiaries identified HIV/AIDS as an important topic in life skills intervention. Literature points to an absence of care for adolescents infected with HIV. HIV programmes have increasingly recognised adolescents as a crucial age group, but adolescents continue to be underserved by current HIV services (UNICEF, 2016). Adolescents' exposure to antiretroviral treatment (ART) access is significantly poor, follow-up rates are low, adherence to taking medication is poor, and the need for psychosocial support and sexual reproductive health services has increased (Armstrong *et al*., 2018). Tshuma (2015) purports that adherence is seen as one of the most challenging tasks to encourage ALHIV take their medicine regularly. As a result of HIV/AIDS education the strength-based model allows individuals to identify opportunities, hope, and resolutions instead of difficulties and impossibility (Pulla, 2017). The following responses from the community workers and the auxiliary social worker appear to support the above authors:

I tell them the about the importance of taking medication, how to take the pills, how to avoid defaulting. We do check in at the camp and adolescents will be seated in a circle and each one of them will be explaining how they got to know that they are HIV and we also ask them if they are taking treatment. Some will say, "I used to take my medication but since I lost my parents I was made to come and stay with my relative and I cannot take the treatment anymore" **(CW1).**

Most adolescents who are living with HIV, they do not know that they are HIV and they do not know the reason they are taking their treatment. Some will say that, "my mother told me I should take the treatment because of headache, stomach ache, and chest ache" **(CW2)**.

Sometimes…I will be talking about family planning, condoms, absenting from intercourse, teenage pregnancy. I normally divide learners into 10 people and give them topics and each group can present. I will give them 20 minutes for group discussion on a particular content on HIV. They will write on papers and do 10 minutes presentations. They are slow learners so it takes time to cover certain content **(ASW1)**.

At home the parents do not talk about HIV, sexuality or dating but with us, we are open and we discuss everything with them **(CW3).**

It is clear from the above that community workers are assisting ALHIV to receive information about HIV/AIDS and to take their medication. One of the community workers reported that they help them to take their treatment. Most of the ALHIV are reportedly defaulting on treatment. The community workers are playing a pivotal role in motivating the adolescents to adhere to their treatment. The community workers and social auxiliary worker discuss everything with the adolescents to help them understand various issues. Community worker CW3 and social auxiliary worker ASW1 reported that they teach them everything about relationships, dating, and information on sexuality that they cannot discuss with their caregivers.

Orr (2010) indicates that there is certainly no ultimate list of life skills, but life skills for adolescents infected with HIV should consists of the interrelation of social aspects, individual opinions, and behaviour. These are important for adolescents as they mature, grow and become able to manage their chronic illness. Moreover, community workers and auxiliary social workers are providing adolescents with information about HIV; before attending the life skills programme some of the ALHIV reported that they did not know they were living with HIV. However, they would be taking their treatment because their caregivers would make them take the medication, giving them different reasons such as the medication is for headaches. Some of the adolescents knew they were living with HIV but had no information on HIV.

The following are the beneficiaries' responses on the HIV/AIDS content they receive through the life skills intervention.

Yes, we understand now because some time ago, I didn't understood [sic] that if we are taking our medication our CD4 count will go high, but now through [the] life skills programme, we were taught about HIV, defaulting. I was able to take my ARV pills daily up until now **(B1)**.

Ummmm… the more I attended this programme I would gain more information. They did everything that I needed. From grade 11, I had given up on school because of challenges – the death of my parents, financial problems. However, as a result of attending the programme, I was helped, they support me. As much as I [am] attending the programme, we also go to the camps. At the camps, I also saw other adolescents who are HIV positive. Meeting other adolescents who are HIV made me to be happy, because I see them as my brothers and sisters. At the camp, the people who guide us were very helpful and they care for us. After all these, I continued attending the programme after school because I knew what I want. Every session that I was doing, I was also active and I was willing to do everything **(B2)**.

I was empowered by the life skills programme; it gave me answers to certain things that I did not know like the issue of defaulting, about taking HIV. I learnt a lot on issues of defaulting **(B3)**.

When you have something that is stressing you, you can say it and we can help each other. I was supported by the programme because I was raped. I was supported; they said you should not worry. I was helped because they took me to the hospital to be checked if [I] was pregnant. They also took me to the police station, but they said there is nothing to be worried about as they were going to arrest the perpetrator. They helped me a lot. The information they share with us is helping. They tell me nice things. They said I shouldn't be stressed about the person who raped me. I shouldn't be scared. I mustn't lose hope in life **(B4)**.

Most of the life skills beneficiaries reported having gained knowledge through life skills education and being empowered by this. Others reported being able to take their ARVs, thereby keeping their CD4 count high. Through the life skills HIV education programme, beneficiaries reported meeting other adolescents who are HIV positive and were able to share

information and their everyday experiences. Most of them testified having gained information on how to live with HIV. According to the OVC reports, adolescents reportedly understanding the HIV/AIDS life skills content information. From the documents reviewed, the NGO has HIV/AIDS life skills content that they cover in the programme. Table 4.4 shows the identified topics and content covered in HIV education.

Table 4.4: Topics covered in HIV education at the NGO

1. What is HIV/how it attacks the immune system	10. HIV: Facts and myth
2. HIV: Prevention: Reinfection and other health risks	11. HIV: Accepting your status
3. HIV: Prevention: Protecting yourself	12. TB: What is TB?
4. HIV: Treatment/How do ARVs work?	13. Symptoms of TB and how it can affect a person with HIV
5. HIV: Adherence and defaulting	14. How TB is treated
6. HIV: Positive and longer healthier life	15. TB prevention
7. HIV: Disclosure	16. Hygiene: Immune system
8. HIV: Stigma and discrimination	17. Sexually transmitted diseases
9. HIV: Support network structure	

According to the documents that were reviewed, facilitators cover topics on HIV/AIDS life skills. The following topics are the most covered in the life skills programme that was reviewed: What is HIV? HIV prevention, reinfection and health risks, and defaulting and adherence. The following topics, namely HIV support network structure and sexual transmitted diseases are recorded once. Furthermore, there is no record of topics such as HIV treatment, disclosure, stigma and discrimination, HIV facts and myth, accepting your status, what is TB and how it affects someone living with HIV, how TB is treated, TB prevention, and hygiene (immune system). UNICEF (2016) explains that a strong and correct understanding of HIV is crucial as it allows adolescents living with HIV to live healthy and improve as they develop a good connection with their medical state.

The OVC reports indicate that facilitators always cover the "What is HIV?" topic for the whole month, repeating the same issues that they have been teaching while neglecting other topics. Even when they share sensitive topic with the adolescents, facilitators evaluate the adolescents as being happy all the time. The facilitators seemingly do not want to show on the evaluation that the topics they were sharing with adolescents were sensitive to them. The

findings of a study conducted in Gauteng, South Africa, show that the carrying out of the life skills programme is not done orderly (Mpangana, 2012). However, the study further found that 30% of the schools were not applying the life skills programme in each grade at the school, with the higher grades most likely to be left out or given a shorter time to cover the life skills material (Mpangana, 2012).

4.4.2 Sub-Theme 2: Life skills programme – focus on self-care and support from workers

Out of all the beneficiaries, 83% reported that they were assisted in taking their treatment, which led to taking care of themselves. Uzuncakmak and Beser (2017) suggest that self-care entails a person's presentation of sustaining their lives, fitness, and wellbeing. Unfortunately, the findings of a study in South Africa prove that ALHIV abandon their self-care (Pearlstein *et al*., 2013). Uzuncakmak and Beser (2017) are of the view that professionals can aid adolescents to increase their self-care ability by providing the necessary education. Instead of the HIV positive adolescents worrying about their health and well-being, the strength-based theory encourages them to shift their focus on what is working well. Living positively with HIV includes taking treatments the right way at the correct time, doing physical exercises (walking, jogging, and doing home chores) to shape muscles, decreasing stress, and increasing appetite. Furthermore, other benefits include engaging with other people, finding new friends, and gaining access to peer support through youth clubs, sport groups, and/or after-school clubs (Orr, 2010).

The following are the responses from both the beneficiaries and facilitators (community workers and social auxiliary workers) to support the above by indicating that self-care is crucial among adolescents living with HIV.

Yes, they help us on treatment and the time. We can now take medication, because some of us, we were not seriously taking our medication. I know that I have to be taking my medication all the times. We also learn to support our parents at home **(B1)**.

I learnt that through doing life skills activities that life has challenges; as long as [I] am taking my ARVs l will live longer. I understood that I need to take treatment **(B2)**.

Yes, they do everything for us. They give us everything – we want toiletries, food and information **(B3)**.

On how to take the treatment, a lot of things, man!. If you have a problem with someone, you can talk about it and they can give you advice on how to handle the matter. If you have a fight with your mother or father, they will tell you what to do sit down and talk about what happen[s] **(B6)**.

It became evident to the researcher that HIV positive adolescents have difficulties in taking their medication alone. All the beneficiaries reported that they were provided with information on taking care of themselves in a different way. Two beneficiaries reported that they were assisted with taking their treatment. One beneficiary reported being raped, and she was assisted by the facilitators taking her to the hospital, to the police station and providing counselling, as the adolescent was traumatised by the situation. It is also evident that community workers are playing a pivotal role is helping adolescents take their medication.

Hill (2012) asserts that in general, living healthy during the adolescence period is not a major concern to all adolescents, whether they are living with HIV or not. Therefore, it is unfair to expect that ALHIV are organised and have the ability to take their medication. Hence, being tired of taking medication is evident among adolescents living with HIV (Hill, 2012). Below, community workers and social workers expressed their views on the difficulties of adolescents to take their medication.

I can tell them, if you are not taking your medication you will die. So, this message will instil fear in them. If they are not taking medication, each and everyone will know that it is important to take my medication every day. At the adherence camp we teach them on defaulting. Default is about taking the medication properly **(CW2)**.

We can say ok, can you help each other to take treatment because there are others who are defaulting treatment because they will be saying it is bitter. Some will say taking the treatment is not nice at all. So as facilitators, what can we do for them to take the treatment? We normally have activities with the adolescents wherein we draw a line and will divide them. Others will be on the side written treatment; others will be on the

side written no treatment. So, we will ask them what will happen if they are not taking treatment. They will participate by explaining different things and we can also help them with information about taking treatment. As a result, those who are on the treatment side will take those who are on the non-treatment side, so that all of them have one understanding about taking treatment. That is, they all need to take treatment **(ASW1)**.

It is evident from the findings that adolescents who are living with HIV through their engagement with social auxiliary worker and community workers can be open to express their feelings to them. Ultimately, the community workers and health care workers are able to influence ALHIV to take their medication properly. Equipping ALHIV with knowledge enables them to take full responsibility for their health (UNICEF, 2016). Moreover, it is essential to note that adolescents need each other so that they can influence each other to take their medication because some parents are not open to tell the adolescents the reason they have to adhere to their treatment. However, they know it is not easy for them to take their medication. Because of support from community workers and auxiliary social worker the adolescents are able to take their medication. According to the life skills documents that were reviewed, the facilitators have a list of games that they use to inform the adolescents of the importance of taking medication. "Juggling my life" is a game they implement at the NGO. Juggling with my life is recorded many times in the OVC reports. The juggling game teaches adolescents about things they should do such as taking ARVs, going to clinic, washing, cooking, sports, watching television, and dancing.

4.4.3 Sub-Theme 2.1: Life skills programme – focus on decision making

Out of all the beneficiaries, 50% reported being helped by the life skills programme to make decisions in their lives. During the adolescence stage, adolescents require skills to make choices that encourage development and individuality (Camara, Bacigalupe & Padilla, 2013). According to Aparna and Raakhee (2011), gaining knowledge through life skills enables adolescents to consider the good and bad before and when making a sound decision. Life skills programmes provide the platform for adolescents to acquire decision making skills (Aparna & Raakhee 2011). Sulfikar (2016) expounds that the decision making process develops the minute an individual understands that he has to make a choice.

Cenkseven-Önder and Çolakkadioglu (2013) posit that the procedure of decision making continues as the individual expresses his plans; after that, an individual will make choices in line with the plans. First information on the available choices is collected, next, the challenges of the choices are determined, and finally, the most convenient choice is selected by unifying the information obtained. This emphasises people's independence and strengths. Saleebey (2010) explains that the strength-based approach highlights the importance of empowerment. It is therefore imperative for adolescents to empower themselves with knowledge, which enables them to make decisions and to know when to disclose their status to anyone they wish later in life.

The following are the responses of beneficiaries on how they were equipped with the life skills programme to make their decisions.

After all these, l decided to continue attend the life skills programme after school. Every session that I was doing, I was also active and I was willing to do everything **(B2)**.

Through life skill education, I decide to take my medication correctly **(B4)**.

Yes, l did benefit because the things that I learn from the life skills, are the things that motivate me every day, in a way that I make decisions when interacting with my family and with my community members **(B5)**.

It is important to note that from the above answers, most beneficiaries had problems with making their own decisions, but through the life skills programme they were empowered to make decisions. One beneficiary reported that she was helped and enabled to make decisions. She knew what she wanted – staying healthy and continues attending the life skills programme. All the beneficiaries reported being able to make decisions. Through the information provided to them, some decided to take their medication properly and correctly, while others were motivated not to feel out of place when engaging with other people socially.

4.5 Theme 2: Process and implementation of the life skills programme

The best way to ensure proper and successful implementation of the programme is to put appropriate mechanisms in place. To do this all the actions need to be unified, as no system will succeed without the correct organisation and integration of services. For example, the life skills programme needs to be implemented effectively and the facilitators need to be trained on the content of life skills and on means and ways to make the programme available. This section provides answers to the following objective: to evaluate if the life skills programme utilised by social workers, social auxiliary worker and community workers has been carried out as planned at the NGO dealing with adolescents infected with HIV. Community workers, social auxiliary worker and social workers facilitating the life skills programme are anticipated to deliver life skills education in such a way that adolescents infected with HIV benefit from the information. They are expected to provide a range of teaching approaches in order to reach all ALHIV.

4.5.1 Sub-Theme 1: Lack of training of facilitators

Facilitators of the life skills programme expressed that they lack training skills in content information and skills in facilitating adolescents during the life skills programme. Aparna and Raakhee (2011) explain that for the life skill education to be correctly carried out there is a need for skilfully trained people within the country. Eighty percent (80%) of the community workers reported that they require training in facilitating the life skills. For the facilitators to be able to assist the adolescents they require skills, knowledge of the programme topics, and an understanding of the strength of the adolescents they will be dealing with. Saleebey (2010) asserts that strength-based theory is useful in facilitating clients in discovery, to search for and assist in identifying their strengths and resources so that they can achieve their goals. This appears to be a struggle with lack of training. Below are the responses of the community workers on the lack of training of the life skills programme.

Ummm, yeah, this is like now I was saying things are changing. We are still holding on to out-dated information of 2012. Some of the children, they know they have knowledge and some teachers are also running the life skills programme in school. So, when you

tell them about certain things, they will come to tell you that this is wrong. It's not nice, its embarrassing **(CW1)**.

...there is need to add more activities and there is a need for us to receive more training. Umm! No! we need more training on these programmes **(CW3)**.

To improve the content of life skills, I feel they should give us training so that we can have more information when doing the content of life skills because we are used with the old way of providing [the] life skills programme **(CW4)**.

It is evident from the above quotes that community workers need to receive training on life skills education. Two community workers explained that new information is surfacing every day and community workers are still using some of the information they used in 2012. One community worker reported that adolescents could also challenge them when they do not understand the information the facilitators give to them. All facilitators said they want to acquire more knowledge on the life skills programme.

The researcher, after reviewing the documents on life skills, found that the community workers and the auxiliary social worker do not have the same knowledge of facilitating the life skills programme as expected. In 2012 when the life skills programme was developed, community workers used to teach adolescents on any topic they wanted; some of the topics included sexuality, goal setting, discipline, respect, peer pressure, HIV symptoms, HIV transmission, child abuse, health living, bullying, self -esteem, safety, and emotional abuse. After having reviewed the topics being taught by the community workers in 2012, the social worker compiled the OVC life skills manual using these topics and consulting other books like The KHU KIT handbook of life skills that provides counselling and training on grief and loss. It has games for life skills and websites material on life skills. The life skills programme was developed from past reports.

The life skills OVC caregivers' daily report, which is used as a guide for life skills intervention, shows that the facilitators did not receive the same training to facilitate the programme. On evaluating the programme, the facilitators would reflect on the good things only. There is need for the facilitators to reflect also on challenges during the evaluation.

During the 6-year period, the facilitators reported the same way. On certain accounts, facilitators were writing different information than what is acceptable for them to write on the OVC caregivers daily report form. The OVC report developed in 2012 had twelve pages and facilitators were supposed to complete the evaluation form, but according to the documents reviewed, the facilitators would skip some of the questions to focus on other questions. This made the social workers to reduce the questions for evaluation in 2015 to three pages. However, the facilitators still struggle to fill in the evaluation form; they do not have the same knowledge to evaluate the life skills OVC report. The auxiliary social worker seems to be more knowledgeable on evaluating the adolescents than the community workers.

Aparna and Raakhee (2011) explain that life skills education requires well-trained facilitators who have been authorised by an experienced authority. The community workers who are facilitating the life skills programme also require training for the programmes they are implementing.

Another factor that was found in terms of lack of training is that the facilitators pick the topics of life skills at random. There is no logic in selecting the topic of the day. According to the documents that were reviewed, the researcher discovered that the 80% of the time the facilitators pick the topics for life skills randomly. The following is the response from the community workers to support the assessment that was found from the documents reviewed.

We select the topics at random. For example, addiction is the topic that is trendy so I will Google and read books on that particular topic so that I can share with them. Sometimes we ask children what they want to learn and we select those topics. Sometimes we can repeat the same topic again and again depending on what the children wants to learn. So, sometimes you would see that within a month for example the HIV topic has been done three times **(CW1)**.

We select the topics according to the report. There are topics in the report. If there is anyone with a story, we can also talk about the story. Some will come up with topics that they want to discuss also. They give me a topic that they want to discuss. I will tell them that I have to plan for the topic then the next time we can discuss the topic **(CW2)**.

Sometimes l can select a topic, but there will be someone who wants to talk about something, so l will give them the chance to speak. I will select the topic at random. I do not follow the structure that is written in the report **(CW3)**.

Select the topic depending on what will be happening. Goal setting is done at the beginning to prepare children **(CW4)**.

It is evident that there is no logic in selecting the topics for the life skills. Two facilitators explained that if adolescents have topics, they would be focusing on those topics. One facilitator reported that she selects the topic depending on what will be happening. The researcher found that the facilitators have selected the same topics throughout the years. The researcher identified that the facilitators normally select topics that are easy for them and some of the topics they teach adolescents are not on the NGO life skills manual. According to the OVC report, when it is Youth Day, the facilitators normally select role-play with topics that have an impact on the youth. The Sarafina drama is recorded in the report. On the other hand, adolescents identifying topics could add value to the programme as long as it fits in with the life skills focus. This empowers the adolescents in line with the strength-based approach (Saleebey, 2010) because adolescents are given the opportunity to suggest issues that would like to learn about during the programme. This therefore empowers them and enables them to enjoy the programme.

4.5.2 Sub-Theme 1.1: Teaching approach techniques

Most of the facilitators prefer the question and answer method even though the NGO has stipulated different methods of teaching the life skills programme. Opio-Ikuya (2013) shows that the instruction techniques of life skills should include brainstorming, group assistance, use of media and newsprint, role-plays, case studies, debates, games, written and physical exercises, and visual and performing arts (singing, dancing, drama and drawing). In addition, life skills methods such as group work, brainstorming, and role-play allow the participation of everyone. In doing these activities, it furthermore allows growth of a peer support system in an environment of encouragement (Opio-Ikuya, 2013). Below, the facilitators showed that 'question and answer' is preferred as a teaching method.

Yes, they understand because I am not the one who is involved in the programme myself; I ask them first to provide information because I always say no one is wrong and right so they also participate. The adolescents are involved in the programme. (Coughing)…to ensure that they understand, I redo the topics again the following week and we do debriefing to ask what was good and bad about the topic. We also give them papers to write down their questions **(CW1)**.

To make sure they understand we give them the platform to ask questions, especially when we are doing the revision and evaluation. Now we say to them, now we are doing goal setting; one of you must volunteer to tell us about goal setting so that they can help each other **(CW4)**.

We discuss everything with them. We ask them questions and they give answers **(ASW1)**.

The community workers and auxiliary social worker mainly use questions and answers as a method of teaching life skills. The facilitators do not want to provide answers to adolescents; rather, they require them to participate in the discussion. This results in the facilitator opting for the question and answer technique. In the findings of life skills programme evaluation, adolescents are exposed to scenarios and circumstances that can strengthen them to see things in different way, for example, during the assertiveness session they learn to say no and this can be done through role-play to provide foresight to them (Opio-Ikuya, 2013). Adolescents need to be exposed to various teaching techniques to enable them to understand the content that they will be learning.

The question and answer technique is administered by facilitators because they do not understand the various other teaching techniques required by the NGO. AIDSTAR (2012) highlights that ALHIV are reported to be suffering from hearing and brain problems – some of them might not understand the message given to them through questions and answers. UNICEF (2016) supports that being active and taking part is a better ways of presenting life skills education compared to the facilitator merely presenting the information to the adolescents.

Moreover, in the life skills OVC reports there is a list of the activities that are highlighted to help the adolescents understand the life skill programme. Table 4.5 shows the activities and methods that are expected by the NGO.

Table 4.5: Activities and methods applied in life skills education

Activity/Method of Life Skills	
1. Art (drawing, collages, posters)	6. Small group discussion
2. Debates	7. Story telling
3. Drama, dance music	8. Talk presentation
4. Games	9. Sports
5. Hero book/skills diary	

From the reviewed documents of the OVC caregiver daily report, games are recorded as the most used activities. Furthermore, from the NGO sites there is no record of debates, small group discussions, and talk presentations. This is shown from the quotes that were made by facilitators, including the auxiliary social workers and community workers.

Yes we are using games and we have [a] holiday programme. During the holiday we are not provided content of life skills, for example topics like decision making. But we make adolescents to play game. We have puzzles; we have cones, balls. These games are educational **(ASW1)**.

It is only trust games. When children come, they do not know you and you do not know them. There is need to build trust. I cannot just talk to them, so we do ball games and blindfolding games **(CW1)**.

Yes, we have some games, dancing and making laughing. We have [the] Sarafina dance and cultural dances. By doing activities you can see that others have skills in dancing, doing poem[s] **(CW2)**.

We do some activities of infected HIV. Will be having poles? Written unsafe, pregnancy, condoms and balls will also be available. If that ball touches the pole, it means the child is doing unsafe sex. It's an educational game for the children. So, if the ball does

not touch anything it means a child is not doing unsafe sex. It's an activity of HIV/AIDS. We do blindfolded games **(CW3)**.

Yes, like on my side we do trusting games and initial games. When you [are] doing the life skills. some adolescents are shy so we try to break the cycle of shyness **(CW4)**.

The above findings derived from documents and interviews show that games are mostly used by community workers and the auxiliary social worker as a way of teaching adolescents living with HIV. Some of these games encourage adolescents to take their medication and avoid unprotected sex. Games are mostly used as they create trust between the facilitators and the adolescents. Boyle (2011) denotes that games are outstanding ways of assisting learners to relax and they can help them feel at ease when discussing sensitive issues. There is a need for them to trust their facilitators so that they can be able to disclose their problems to them. At the NGO, facilitators report games as the most effective tool to use when teaching adolescents. On one website of the NGO, storytelling is recorded once as used by facilitators to help adolescents understand the content of life skills. 'Hero book quiz' is also recorded. The researcher found that the community workers might not have the knowledge to use some of the activities such as debates and talk presentations to educate the adolescents; rather, they opt for games to educate adolescents on teamwork. These are positive options but more depth is needed for real learning to happen.

Boler and Aggletion (2004) emphasise that even taking and displaying videos are not participatory enough. The authors explain that life skills education should be practical in order to catch the attention of the young people and to let them understand the information they will apply in their lives.

4.6 Theme 3: Successes of the life skills programme

Theme 3 addresses part of the third objective of the study, which is to explore the successes and challenges of the life skills programme at an NGO dealing with adolescents infected with HIV. This theme looks at the *successes* of the life skill programme. Most beneficiaries of the life skills programme benefit from the life skills education, as they are now able to make choices in their lives. Furthermore, they perceive the life skills programme as empowering.

Most of the beneficiaries reported having been motivated by the life skills programme. Beneficiaries attending life skills programme were encouraged to participate in the programme in order to enable them to solve their own problems. In addition, nutrition was an enabler for the beneficiaries to attend the programme as they were provided with food. Good planning enables the life skills programme to run smoothly. The following sub-themes are discussed under this theme: motivation of beneficiaries, successful involvement of beneficiaries, and good planning of the life skills programme.

4.6.1 Sub-Theme 1: Motivation of beneficiaries

In teaching life skills, facilitators make use of motivation because these children living with HIV have many questions that they want to be answered. Some of them are defaulting on their treatment. Using motivation in teaching life skills is the best mechanism to encourage ALHIV to stay positive about life. Vranda and Rao (2011) highlight that adolescents infected with HIV face a number of challenges due to of living with HIV. Instead of concentrating on the problems of ALHIV, the strength-based theory operates on the notion that each person has strong points and through discovering these strong points, success is certain for everyone (Manthey *et al*., 2011). Pulla (2017) highlights that by using the strength-based approach, the positive in people is seen, not the negative. Beneficiaries of life skills reported being motivated by the life skill programme. They have been empowered to see hope to become better individuals. The following are the quotes from the beneficiaries about the life skills programme.

I received support because I was able to share sad feelings and the facilitators were also able to share their own stories, so it will be easy for us to share our sad feelings. We also had an opportunity to go to the camps. There at the camp we were able to share with other children about our sad stories. It's like am staying with my own parents, they give me respect, even as the child, you end up being obedient **(B1)**.

The facilitators were very helpful and nice. When [I] am talking to them, I feel comfortable, like am talking to a mom. The social workers and community workers were open to me

and I would discuss everything with them and the other social worker, facilitators were nice to me. They know me and the kind of child I am, so they helped me **(B2)**.

They love us like the way they love their children. I can see that because when something is wrong and is bothering you, they will ask you what is it, and you can tell them and they can help you. They can explain to you how you can go about it. Talking to them improves me. They give me plans on how to live and how to stand by myself. If we have dreams, how you can continue with your dream and rise up **(B3)**.

*I think if they can stop, I can now cope. Because they have empowered me (***B4)**.

The things that I learnt from the life skills, it's the things that motivate me every day to be a stronger person to care and protect myself. And the way they run the programme, it gives you hope. especially to us who are living with HIV. We have a reason to live just like other kids. I was empowered by the life skills programme; it gave me answers to certain things that I did not know, like the issue of defaulting **(B6)**.

All the beneficiaries of the life skills programme reported that they have been motivated by the community workers and auxiliary social worker when they were attending the life skills programme. In an attempt to motivate adolescents who are living with HIV, facilitators shared their stories with them and in return, the adolescents would share their stories too. The beneficiaries were motivated by the facilitators to open up about their sad stories. Prajapati, Sharma and Sharma (2017) explain that teaching life skills education to the adolescents is useful as it definitely addresses the needs of adolescents, helps in encouraging, and provides hands-on reasoning as well as emotional, social and self-discipline skills to change their lives. Pattoni (2012) depicts that narrative strength-based theory focuses on people telling their stories as a way of healing from the painful experiences they might be subjected to in life experiences. Beneficiaries reported feeling comfortable around the facilitators. They refer to the facilitators as their mothers because they feel loved. They reported being encouraged not to lose hope. One beneficiary reported that if he is hurt, he only tells the facilitator. This shows that motivation is important when conveying life skills information to adolescents for a positive change.

In light of the above, 67% of the community workers and auxiliary social worker reported that it is important to motivate adolescents when they are conducting the life skills programme. The following are responses from the community workers and auxiliary worker:

The programme is helping a lot and these children are not alone in this journey, Also taking treatment at that age is not the end of the world. They are not the only ones living with HIV **(CW1)**.

We talk with them in a manner that we want to heal them, for example, I could say HIV is for everyone **(CW2)**.

We tell them that at the NGO there are supporters, at the clinic there are supporters too. Maybe at home there are no supporters because they are not aware that you are HIV positive. So, we tell them that there is need to disclose your status so that you can have supporters, at least one member of the family **(ASW1)**.

The community workers reported that the life skills programme does help the adolescents living with HIV. They highlighted that the adolescents are not alone in this journey of fighting HIV/AIDS. UNICEF (2016) illustrates that adolescents living with HIV have a sense of difference and separation, especially from their peers and they feel less important than other people do. Community workers are willing to support them continuously. One community worker reported that whenever they are talking with adolescents during the life skills programme, they talk to them in a manner that feels healing to them. Moreover, the social auxiliary worker explained that they always tell the adolescents if they do not have support at home they (the health workers) will be there to give them support. UNICEF (2016) states that adolescents requires easy, straightforward, rich information that suits their age, done in a language they understand; moreover, they need to provide the information in small quantities and repeat it regularly. Information provided to adolescents should be common and health workers should try to avoid making assumptions (UNICEF, 2016). It is evident from the above quotes that facilitators use language that adolescent understands when they are motivating them through life skills.

4.6.2 Sub-Theme 1.1: Successful involvement of adolescents

The need exists to involve the recipients of the life skills programme actively in the programme to bring about change (Corey, 2004). All the beneficiaries that were interviewed had encouraging remarks about the programme. They regard it as a cure to their problems, particularly in areas where their parents would not deal with their situation. Hughes *et al.* (2008) point out that satisfaction determines whether individual who partook in the programme were happy with the programme and liked it. Similarly, it is important to ensure that the participant appreciates and values the intervention before the anticipated effects of the intervention occur (Hughes *et al*., 2008). The following are the views from the beneficiaries about their involvement in the life skill programme:

I do not talk too much, and in other sessions, we are made to talk. The challenge that I have is not because I do not want to talk but because I have…of hearing problems **(B1)**.

I was shocked that at the camp there are just girls only positive. When l went there, I was very happy to explain my story. I was happy as I managed to share my life challenges with other girls. They shared with us more information about HIV **(B2)**.

That moment when you [are] making activities, that [is] part of disclosure of how did you know that you are HIV positive and the steps that you take, sometimes they are challenges, especially when people are talking about their experiences at the camp **(B3)**.

Yes, we have challenges. All of us we, have different stories; one would come with his/her story and another one with his/her story. So, we will try to make the story one and then we came with a solution. It is a challenge because I do not have experience of his/her story and they will tell me to come up with a solution. I will try my best to give him/her a solution. If not I will give it to the facilitator **(B5)**.

It is clear from the above statements by the beneficiaries that adolescents are involved in the life skills programme. All of them highlighted that during the life skills programme they were required to talk even if one did not want to talk. They all shared stories with one another about HIV. One beneficiary explained how difficult it is when one is disclosing his or her

story because all of them have different stories. Furthermore, another participant stipulated that it is difficult to come up with solutions to each other's problems because they are asked to help each other in finding solutions. According to literature, life skills groups help individuals to grow and change in constructive ways as individuals begin to open up and share personal experiences (Toseland & Rivas, 2005). Because of being involved in the life skills programme, adolescents are helped to transform their perceptions about living with HIV, disclosure and adherence. UNICEF (2016) found that ALHIV respond well to receiving information in youth-friendly, engaging ways.

In addition to the above, community workers also confirm that adolescents are involved in the life skills programme as this benefits them to comprehend the content of life skills better. Both males and females take part in the life skills programme. Nasheeda, Abdullah, Krauss and Ahmed (2019) posit that the needs and priorities of boys and girls are not the same, and in future these differences need to be considered when designing and delivering the life skills programme. The following statements indicate that adolescent boys and girls engage differently in the life skills programme as explained by the community workers:

Adolescents are involved in the programme, (coughing)…to ensure that they understand. Both the boys and girls are successful in the life skill programme because both children encounter problems. Both are successful. After finishing the programme some will be working; we meet them, some driving their cars **(CW1)**.

The girls are seen as successful in the life skill programme because they are not giving us problems. Boys are always bullying. Whatever we teach them (girls) they understand because they will be sharing different stories, so the other one can gain information from the other one. The problem that she/he may have, they will know that this is right or wrong. If they share their stories, it's easy to help them. They do understand because they will be sharing stories, getting more information **(CW2)**.

Girls are good listeners and have high[er] self-esteem than the boys because they are not too shy than the boys, the boys are too shy. Sometimes the boys are always [more] angry than the girls **(ASW1)**.

Girls are seen as successful because with girls if you give them task they are the ones who volunteer first, more than boys **(CW3)**.

… so l will give them (boys) the chance to speak **(CW4)**.

It is evident that adolescent girls are viewed as more successful than boys when they participate in the life skills programme. Facilitators explained that both male and female adolescents are involved in the programme, but adolescent girls seem to be more active in the group. All community workers highlighted that girls volunteer to do tasks and they have a higher self-esteem than boys have. Girls open up when discussing issues, but for boys it takes longer to be comfortable enough to share their stories. Mpangana (2012) is of the view that the life skills programme impact differently on males and females. The author highlights that males and females have different needs and therefore cognisance should be taken of gender when providing materials, skills and education requirements to males and females. In the life skills documents that were reviewed, the researcher found that adolescents girls are constantly attending the life skills programme compared to adolescent boys. This is not new, as boys are more reluctant to share their feelings with other adults in the presence of their peers.

4.6.3 Sub-Theme 1.2: Good planning of the life skills programme

Studies conducted on several intervention programmes found that planning successful delivery of a particular innovation is vital (Cloete, 2016;Fatoba, 2013) To make sure that the programme is applied and delivered as intended, the researcher found that facilitators assisting with the programme were known and informed in advance. Planning is a confirmation that an organisation remains relevant and quick to respond to the requests of its community, and adds to structural steadiness and growth. It makes available a basis for assessing growth, and for evaluating outcomes and impact. Eighty percent (80%) of the facilitators of life skills reported that planning was effective. The following quotes show the opinions of the facilitators on the planning of the life skill programme:

What is important is to plan, for example, if you are doing rape as a topic. I need to plan how [I] am going to do this rape topic. It's either; we have to do it in the form of drama,

education or different things. So that when you plan, you know the outcomes that you want from the kids. For example, if we pick the topic of teenage pregnancy, they can divide it. Sometimes I will be talking about family planning, condoms, absent. I normally divide learners into 10 people and give them topics and each group can present. I normally give them 20 minutes for group discussion on particular content, on teenage pregnancy **(ASW1)**.

Yes, we plan, since it is the beginning of the year, we ask them about the holidays. We also ask them about their expectations, what they need or expect from the NGO. We also ask them what they have learnt from the NGO from the previous year because most of the children that we have, we were having them since last year. We also ask them what they want to learn from the NGO and they will write down thing[s] that they want to learn from the NGO **(CW1)**.

We select the topics according to the report, there are topics in there. If there is anyone with a story, we can also talk about the story. Some will come up with topics that they want to discuss also. If the adolescents gave me a topic that they want to discuss, I will tell them that l have to plan for the topic, then the next time we can discuss the topic **(CW2)**.

Come again. Ummm, I can say yes. Sometimes I will ask them what they want to talk about. Sometimes I can select a topic but there will be someone who wants to talk about something, so I will give them the chance to speak. I will select the topic at random. I do not follow the structure that is written in the report. When covering the topic for example peer pressure. if time is short, I can come back again to talk about peer pressure **(CW3)**.

We need to emphasise on [sic] goal setting, normally we see these kids for life skills once, on a Thursday. All these students are recruited from the school. Select the topic depending on what will be happening. Goal setting is done at the beginning of the term to prepare children **(CW4)**.

The findings revealed that it is important for community workers and social auxiliary workers to plan the programme. Bteddini *et al.* (2017) suggests that process evaluation is a means used to verify whether an intervention is applied as planned; subsequently, it can give direction in understanding the intervention activities and outcomes. One community worker explained that she selects the topic of the day depending on what the adolescents are doing, for example, if it is the beginning of the term, they will teach goal setting. This is still relevant in terms of planning, as it focuses on what adolescents need. Two community workers reported that they give adolescents the chance to reflect on what they want to learn, which contributes to empowering the adolescent. One community worker highlighted that if adolescents have a story to share, "I give them the chance to explain themselves". UNICEF (2016) is of the view that adolescents should be given a chance to talk and share about the things they want to learn.

Figure 4.6 below shows the documenting of life skills, the way the life skill programme is planned by the NGO, and the procedures that are followed.

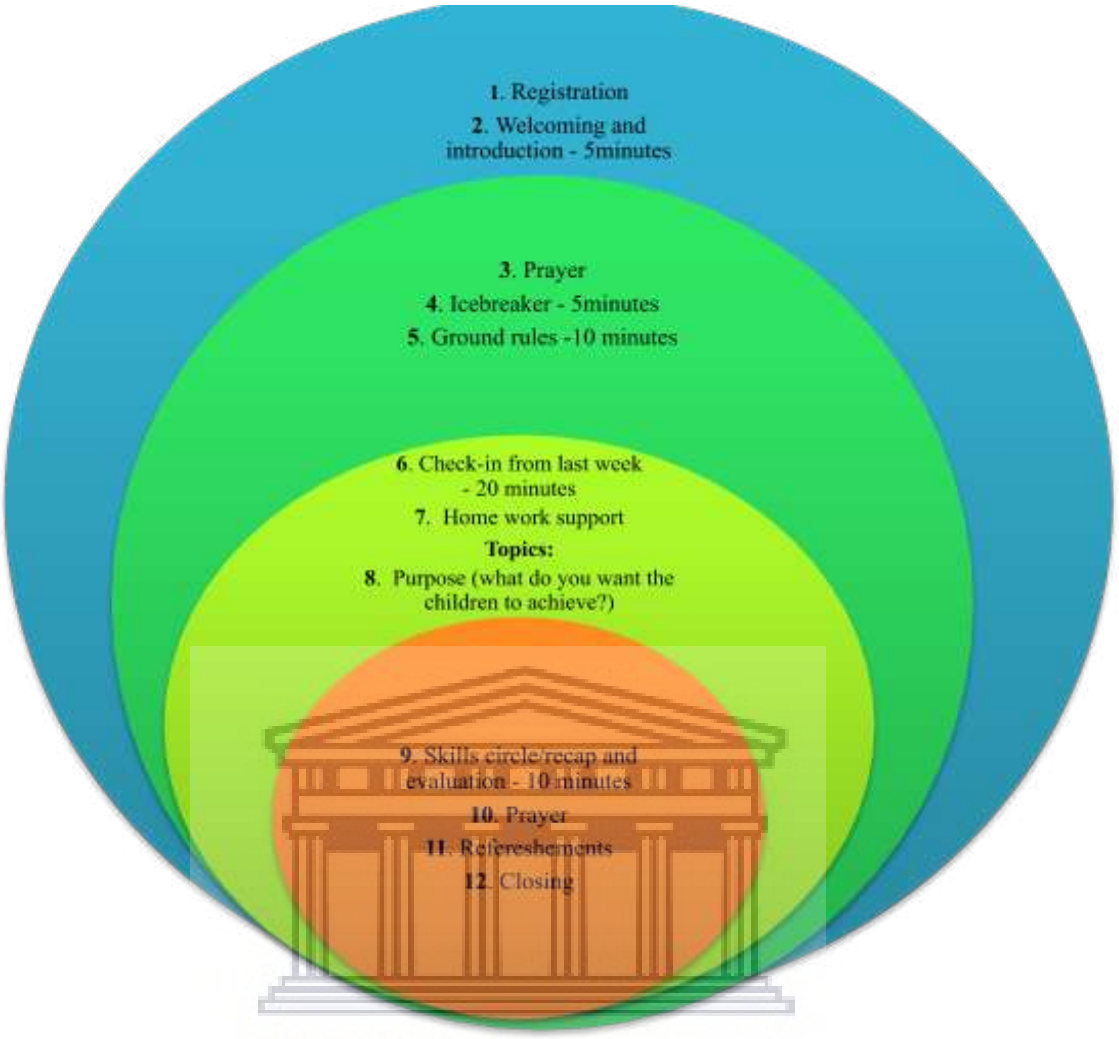

Figure 4.1: Procedures followed in delivering life skills

In the life skills documents that were reviewed, the researcher found that the life skills programme is planned from the beginning right through to the end for each individual session. The lesson starts at 14:30 pm and ends at 15:30 pm after school every, Monday to Thursday. The facilitators are expected to start with registration, followed by an icebreaker, prayer, laying of ground rules, check-in from the previous week, discussion of the topic they will be sharing with the adolescents in their groups, explaining the aim of the session, start the discussion, conduct the evaluation, and then end their discussion with prayer and refreshments.

From the documents that were reviewed, the facilitators do follow what is expected of them – starting with prayer, break the ice and laying ground rules. Regarding the purpose of the

group, some facilitators stated that they explain everything they teaching the adolescents in the group. However, other facilitators write down one to two lines on the purpose of the session.

On the content topic of the day, some facilitators do not select the topics as indicated on the NGO's OVC form; some of the topics are selected randomly, or, as has been reported in the interviews, adolescents suggest some of the life skills topics. Moreover, according to the OVC reports, it is difficult for the community workers to know what to teach with topics such as 'teenage pregnancy'. There is no planning on what the facilitators are expected to cover on such a topic.

Tables 4.6, 4.7 and 4.8 below show the structure of the life skills content used by the NGO.

Table 4.6: Life skills topics on HIV education and prevention

HIV Education and Prevention: Topics in life skills	
1. HIV: What is HIV?/How it attacks the immune system	15. TB treatment
2. HIV: Prevention: Re-infection and other health risks	16. TB defaulting
3. HIV: Prevention: Protecting yourself	17. Family planning
4. HIV: Treatment/How do ARVs work?	18. Hygiene: Personal hygiene
5. HIV: Adherence and defaulting	19. Hygiene: A clean environment
6. HIV: Living positively and longer, healthy life	20. Health life style: Importance of a healthy diet
7. HIV: Disclosure	21. Healthy life style: Budgeting for healthy diet and life style
8. HIV: Stigma and discrimination	22. Health life style exercise
9. HIV: Support network and structures	23. High blood pressure
10. HIV: Facts and myths	24. Puberty: Body change
11. HIV: Accepting your status	25. Puberty: Menstruation
12. TB: What is TB, symptoms & how it affects a person with HIV	26. Sexually transmitted illnesses
13. TB: How TB is spread	
14. TB Prevention	

Table 4.7: Life skills topics on child protection

Child Protection: Topics in Life Skills	
1.Avoiding risks/Risky situations	8. Peer pressure
2. Bullying	9. Rape
3. Child abuse, neglect and exploitation 3.1 Facts and taking actions	10. Relationships: Health relationships 10.1 Relationships: Friendship
4. Child abuse: Physical abuse 4.1 Child abuse: Sexual abuse	11. Relationships: Dating: Romantic: sexual
5. Child abuse: Verbal abuse	12. Substance Abuse: Alcohol and drugs
6. Child abuse: Emotional and psychological abuse	13. Teenage pregnancy
7. Children's rights and responsibility	

Table 4.8: Life skills topics on psycho-social skills

Psycho-Social Skills: Life Skills Topics	
1. Anger management	15. Juggling my life/Time management
2. Communication	16. Leadership
3. Community involvement	17. Life time
4. Contracting	18. National celebration: Youth Day
5. Discipline	19. National Celebration: World Aids Day
6. Emotions: Happy and sad	20. Problem solving
7. Gender: Women	21. Respect
8. Goal setting	22. Role models
9. Grief and loss	23. Self-motivation
10. Goals/My future	24. Stress management
11. Heritage	25. Support networks
12. Human rights and responsibilities	26. Team work/Co-operation
13. Identity: Who am I	27. Values
14. Identity: Personal strength	

In light of the above, community workers cover the same topics repeatedly in the training sessions. According to literature, when planning, the educators must try to mention the content and outcomes of the previous session (Mpangana, 2012). Two community workers reported that they repeat the same topics repeatedly. This is evident from the life skills documents that were reviewed. The researcher found that for a whole month, the facilitator will be covering one topic on HIV, and they will be focusing on the same issue. However, going back to the information continually will incite extra discussion and debate.

Nevertheless, according to the documents reviewed, it is clear that repetition here is not planned but happens due to poor planning. The following are the quotes from community workers on repeating the life skills topics.

When covering the topic, for example peer-pressure, if time is short l can come back again to talk about peer pressure. I don't have a structure of the content to cover on peer pressure **(CW3)**.

Some of the children, they know they have knowledge and some teachers are also running the life skills programme in school. So when you tell them about certain things, they will challenge you by asking questions and sometimes you will be stuck. It is not nice, it is embarrassing **(CW4)**.

One community worker was quoted saying that adolescents sometimes embarrass them. Because some of community workers do not plan, they are told by adolescents what subject matter to cover and if they show that they are not knowledgeable on that particular subject, adolescents will end up humiliating them.

4.7 Theme 4: Challenges of the life skills programme: Implementation

Most facilitators reported encountering challenges with implementing the life skills programme. Before the adolescents are recruited for the programme, facilitators have to obtain consent from the caregivers of the adolescents. Finding the homes of most adolescents is difficult for the facilitators since most of them are coming from dangerous communities where access is challenging. Most facilitators are afraid of endangering their lives by entering the community. Furthermore, most of the facilitators explained the issues of space as a challenge in implementing the life skill programme, while inadequate learning materials is another hindrance in teaching the life skills programme. The following sub-themes, availability of space, home visits, and inadequacy of learning materials, are discussed next.

4.7.1 Sub-Theme 1: Availability of space

Most of the facilitators reported the issue of space as the biggest challenge when conducting the life skills programme with adolescents. Literature on satisfaction looks at service, that is,

whether the intervention venue was convenient and comfortable (Hughes *et al*., 2008), easily available, whether the programme is done at a suitable time, and whether the space is appropriate. The following are the responses of participants with regard to space:

Ummm… sometimes we have the problem of space. We do not have enough space. We need more space to attract the children because there are many organisations that are caring for these children. There is competition from other organisation who are doing life skills programme so if we have enough space children [sic] can be attracted and also we will not be lowering our standards because everything will be organised (laughing) **(CW2)**.

We also have a challenge of space – we do not have enough space. In as much as we are working at that side, it's a busy place, others are doing their business, and others will be doing their cars; it is chaotic and we do not have enough space **(CW1)**.

It is clear from the above responses that space is a big challenge among facilitators who are attending the life skill programme. According to the life skills documents, sometimes the NGO has a large group of adolescents. One facilitator will be training 46 adolescents and the space is very small to accommodate them all. One community worker highlighted that there is strong competition, as different organisations are offering this kind of programmes and they need enough space to attract other adolescents. Hughes *et al.* (2008) explains that cognisance should be taken to make sure the target group is reached. More so, another community worker explained that the space that they have is very small and chaotic, as it is a busy place with different activities all happening at the same time. Adolescents may end up being distracted by other activities.

4.7.2 Sub-Theme 1.1: Home visit challenges

Facilitators explained the importance of home visits. Because they will be dealing with adolescents, there is a need for the parents of the adolescents to understand the programme their children will be undertaking. The facilitators reported that most of the adolescents come from very poor backgrounds and communities, and they have challenges in tracing the homes where some of the adolescents stay because they live in informal settlements. More so, the

facilitators highlighted that home visits are essential as it helps them to track the improvement of adolescents in terms of behaviour. There are adolescents who are reported to have challenges. The facilitators also conduct home visits to understand the life style of the adolescent at home. The following are the responses from community workers:

I can say no and yes because when we are doing home visits to ask permission for adolescents, we will not be having anything. You will see the situation at the adolescents' homes and what they will be doing in the house. Most of the time, if we go there, their caregivers will be having hopes that we will give them something. In as much as we are assisting the children, the caregivers will be expecting to be helped also. We sometimes explain these to the social worker. It is better at least if we can do something for them like giving them food because others depend on the grant money, the granny will be having one child and depending on that grant, so at least if they can get something from the NGO it will help them **(CW3)**.

One of the challenges also is we do home visits to register children who are attending [the] life skills programme so that the parents know that after school the child is at the NGO. The children will give you an address of where they are staying and some houses are not easy to find because they are a shack area and you are not safe, so that's why they choose to go by two for backup because you can't go there alone. It's another challenge. If there is shortage of staff you can't go there alone **(ASW1)**.

*Adolescents who are attending the programme receive information about HIV, abduction, peer- pressure. Also, when we do home visits to the homes of the adolescents. The facilitators will receive information form the caregivers of the adolescents on how beneficiary the information they are sharing with their children (***CW4)**.

According to the life skills documents that were reviewed, community workers also conduct home visits. It is evident through the interviews that a home visit by community workers is essential, as they will be asking the consent of the caregivers of the adolescents. However, two community workers expressed that it is challenging for them to conduct home visits because most of the adolescents infected with HIV have poor backgrounds and there is fear of criminal intent. Pearlstein *et al*. (2013) postulate that huge numbers of ALHIV have been

raised in poor communities influenced by violence, substance abuse, neighbourhood dissolution and numerous stressful life events that include major distress. The community worker reported that the families of the adolescents they visit also expect to be helped with food parcels. More so, another community worker highlighted that it is not easy to trace the houses where some of the children stay since it can be an over-crowded place. Moreover, the places are dangerous to be walking around alone, thus, they have to wait for other community workers to go in a group for safety.

4.7.3 Sub-Theme 1.2: Inadequate learning materials

Learning materials cannot teach; it can only improve learning through assisting adolescents to comprehend certain areas of the topics they are learning. Different types of learning materials should be made accessible. Making available learning materials would make teaching and learning a satisfying and exciting experience for adolescents and the facilitators. The following quotes provide support for the above statement:

If we can get more…kept quiet for some time…(coughing). If we can get more, I do not want to say stationary. If we can get enough equipment so that if you feel like you want to do something, you can do with adolescents **(CW1)**.

We need internet so that they can search for jobs. After finishing their matric, they will be able to find things to do **(CW2)**.

Some of the challenges we get as time goes on the material that we use for the programme. But the social worker manager tries to provide the materials, but still we need resources for the programme **(CW3)**.

Aaah! One of the challenges is resources. I don't want to lie, to improve the content of life skills we have tried but we are in a community with burglary. It's good for them to have computers because some children are coming from homes where they do not have money to send them to school to do computer courses but because of burglary it becomes difficult to have resources **(ASW1)**.

The majority of the facilitators highlighted that there is a need for learning materials to enhance the learning of life skills. One community worker explained that there is a need for stationary for adolescents to present certain things in drawing. Two facilitators explained that there is a need to have computers so that adolescents can learn other skills like typing and searching for career opportunities. However, there is the challenge of crime, which has an impact on their resources. The auxiliary worker reported that it is difficult to have resources since they are in a community of criminals. Linnan and Steckler (2002) coined one component of process evaluation as fidelity, which seeks to examine the level at which the programme has been provided as planned by looking at the availability of learning materials. The life skills documents show that adolescents are also expected to do drawings but because of the lack of stationary, drawing and painting is not implemented by the facilitators.

4.8 Summary of Chapter

- In this chapter, the results of the research study were discussed. The four main themes were derived from the responses of all eleven participants, obtained during the semi-structured in-depth interviews and documents, including website materials for life skills, The KHU KIT handbook for life skills, and the OVC documents from 2012-2018. Each main theme was explained in such a way that it summarised the essence of the participants' experiences in providing life skills to ALHIV, as well as the procedures followed, and documents and materials used to provide life skills to ALHIV. More so, the views of beneficiaries were captured to understand the strengths and weaknesses of the life skills programme. All these aspects were described through the answers expressed by the respondents during the semi-structured in-depth interviews and the documents that were reviewed, with the aim of fulfilling the objectives of this research study. The objectives were:
- To determine if the life skills programme utilised by social workers, social auxiliary worker and community workers has been carried out as planned at the NGO dealing with HIV positive adolescents
- To explore whether the components of the life skills programme at an NGO dealing with HIV are making a difference in the lives of HIV positive adolescents

- To explore the perceptions regarding successes and failures of the life skills programme at an NGO dealing with HIV positive adolescents

The next and final chapter discusses whether aims and objectives were achieved and suggests recommendations for the future in terms of policy, practice, and research.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This study demonstrates that the life skills programme is exceptionally effective to adolescents living with HIV. Most of the life skills programmes addresses HIV prevention, but spends less time on adolescents living with HIV. However, this study has proven that ALHIV are faced with a range of life problems and that a special group of individuals particularly requires HIV education. Furthermore, it is essential for healthcare workers to examine whether the intervention they provide to ALHIV is effective for the targeted group.

In this chapter, the researcher presents the conclusions and recommendations that originated from this study. The aim of the study was to evaluate the life skills programme utilised by social workers, social auxiliary worker and community workers at an NGO dealing with HIV positive adolescents in the Cape Metropole.

The aims and objectives of the study are summarised and the research methodology adopted is briefly outlined. Additionally, a summary of the reviewed literature, an overview of the main themes, and a summary of the evaluation are provided. Finally, recommendations are made for future researchers, practitioners, and policy makers.

5.2 Summary of aims and objectives of the study

This study aimed to evaluate the life skills programme utilised by social workers, social auxiliary worker and community workers at an NGO dealing with HIV positive adolescents. Within this broad aim, three objectives were formulated:

1) To determine if the life skills programme utilised by social workers, social auxiliary worker and community workers has been carried out as planned at the NGO dealing with HIV positive adolescents.
2) To explore whether the components of the life skills programme at an NGO dealing with HIV are making a difference in the lives of HIV positive adolescents.
3) To explore the perceptions regarding successes and failures of the life skills programme at an NGO dealing with HIV positive adolescents

In this light, the qualitative method was used in this study and it successfully met the objectives of the study. Additionally, a qualitative approach was believed to be the most suitable as it kept within the realms of the study's theoretical framework. By utilising this approach, clarity of the life skills utilised by social workers, social auxiliary worker and community workers at an NGO dealing with HIV positive adolescents was obtained.

5.3 Summary of literature reviewed

The study findings were organised and compared by applying the strength-based theory (Pulla 2017). Empirical literature detailing with a selection of viewpoints from both South African and international researchers and authors was reviewed to provide a global perspective on the following: life skills, the needs of adolescents living with HIV, programme evaluation, policies and legislation on HIV positive adolescents, and the role of community workers and social workers dealing with adolescents. Organised controlled, compared and contrasted.

5.4 Overview of the main themes

The following is a summary of the findings for each major theme and corresponding sub-themes.

5.4.1 Theme 1: Content of the life skills programme

For theme 1, following sub-themes were discussed: life skills programme focus on HIV/AIDS, life skills programme focus on self-care and support from workers, and life skills programme focus on decision making. Based on the data provided for this theme, a number of conclusions became evident to the research. According to the findings, before attending the life skills programme, most of the adolescents had low levels of knowledge on HIV and infrequent taking of medication even though some of them knew that they are living with HIV. Most beneficiaries were not having enough information about HIV because their caregivers were not willing to talk to them about HIV. This however led the adolescents to default on their treatment.

It was found that the life skill programme does help ALHIV, for instance, adolescents are learning a great deal about HIV, most of the life skills programme beneficiaries reported that they have learnt very much about defaulting on their treatment, while some adolescents are supported emotionally and behaviourally through the life skills intervention. The life skills programme created an atmosphere for adolescents to meet with their peers who are also living with HIV as they engage openly with their facilitators and talk about different issues. Some of the issues that the beneficiaries discuss with their facilitators include self-care.

According to the findings, the majority of adolescents infected with HIV display problems with taking their medication. During the life skills intervention, facilitators would encourage them through discussing different scenarios to help them understand the importance of taking their medication every day. Decision making is promoted during the life skills programme. Due to the life skills programme, adolescents living with HIV become capable of make decisions to protect themselves against defaulting on treatment. Most adolescents living with HIV are inquisitive – they all want to learn more about HIV and other relevant aspects such as relationships. Social auxiliary workers and community workers are helping adolescents living with HIV to have a meaningful life because these youngsters are provided with support and strength to continue living healthy.

According to the findings of the life skills document review, there are no guidelines on the content of what to teach ALHIV. For example, for the enlisted NGO topic, "HIV prevention, protecting yourself" there is no structure on what to cover. This leads to life skills facilitators repeating the same information because they do not know what to cover for a particular topic.

5.4.2 Theme 2: process and implementation of the life skills programme

The NGO has established the programme and the content of the life skills training. However, the NGO needs to ensure that the life skills programme is carried out as expected. For the process and implementation of the programme, it was found that there is lack of training of facilitators and the teaching approach needs to be more creative.

The facilitators do not have the same level of understanding of the life skills programme. They evaluate the OVC reports differently; some leave questions on the evaluation

unattended throughout the year. Facilitators are expected to offer the programme in such a way that the adolescents comprehend the content. There is a need to train facilitators on the life skills programme, to provide them with a structure to follow when discussing particular topics with the adolescents. Most facilitators pointed out that they are still attached to the old information and at times adolescents challenge them with the information.

Furthermore, repetition of life skills on topics such as HIV throughout the year was found. At the NGO, the facilitators are expected to evaluate adolescents after the programme as being either happy or sad. Most of the facilitators are evaluating adolescents as being happy throughout the year even if they cover a sensitive topic like HIV. The facilitators are afraid to evaluate the adolescents as being sad after the life skill sessions. Games are used by facilitators as a teaching approach most of the times. Questions and answers are mostly used by facilitators because they want to ensure that the adolescents also participate in the programme. Through the review of the life skills documents it was found that there are many teaching techniques the facilitators are expected to apply, however, most of the facilitators are not aware of these teaching approaches for adolescents. Literature on the strength-based approach purports that during the life skills programme, adolescents are exposed to scenarios and circumstances that can strengthen them to see things in different way. For example, during the assertiveness session, they learn to say no and this can be done through role-play to equip them with foresight. Life skills methods such as group work, brainstorming, and role-play permit the sharing of tasks where adolescents participate in the learning process. The findings from the document review show that debates, small group discussions, and talk presentations are not recorded at all on the reports as used. On a few occasions, facilitators make use of drama, dance, and music. Most facilitators suggest that more training is needed for the life skills programme.

5.4.3 Theme 3: Successes of the life skills programme

For theme 3, the following sub-themes were discussed: motivation of beneficiaries, successful involvement of adolescents, and good planning. In describing this theme, the conclusions reached include that most key informants of the life skills programme reported that the have been empowered by the life skills programme to see things in better way. Most facilitators in delivering the life skills programme make use of motivation to encourage

adolescents living with HIV to stay positive. Facilitators reported talking with the adolescents in a way that is healing to them. Instead of viewing the adolescents as being infected with HIV, the facilitator would actual tell them that anyone can be infected with HIV Pulla (2017) points out that the narrative approach permits individuals to share their stories in a group, which contributes to them healing from their problems. Most beneficiaries highlighted that they were made to participate in the life skills even if they were not willing to speak, so that they can share their experience with others in the group. This helped them, as they learned from each other's experiences.

The findings show that the beneficiaries had different stories to tell, which they shared during their engagement in the life skills programme. Most of the beneficiaries reported being able to help one another in solving their problems; this is viewed as being successful because it enabled the adolescents to understand each other's problems. Adolescent boys and girls engage differently in the life skills programme. Boys they take time to open up about their stories whereas girls are vigorously involved in the life skills programme. This is normal for young boys who are HIV positive. Most facilitators do plan for the life skills programme. Adolescents are given the chance to suggest what they want to learn in the life skills programme and the facilitator will then plan the programme to include these suggestions. This is empowering for the adolescents as their participation is encouraged, but it may mean less focus on the actual programme outlined. Planning of the life skills programme depends largely on the life skills guide that was established by the NGO. Facilitators continue to persist teaching the same life skills topics. Repetition of the same topic(s) was seen as a mostly successful because adolescents learn through repetition of information. However, some of the beneficiaries highlighted that they also want to learn more skills.

5.4.4 Theme 4: Challenges of the life skills programme implementation

Based on the data collected for in this theme, it became evident that in implementing the life skills programme, most of the facilitators reported that the face challenges such as the availability of space, home visit concerns, and inadequate learning materials.

Most of the facilitators highlighted that space is a problem for them when conducting the life skills programme. Furthermore, because of the space challenges, most of the facilitators fear

that adolescents will end up being attracted to other NGOs that offer better services than they do, as there is strong competition among NGOs who provide the same life skills programme for adolescents. Most of the facilitators reported that the space they use to offer the life skills programme is distractive as many activities are taking place at the same time. Facilitators explained that the busy environment disturbs them and the adolescents during the life skills sessions.

Most of the community workers and auxiliary workers expressed that it is challenging to conduct home visits to obtain consent from the caregivers of the adolescents. Most adolescents living with HIV were reportedly coming from poor backgrounds and there is fear of criminal intent in the communities they stay. Most of the facilitators reported that the families of the adolescents also want to be assisted due to the dire situation of their homes. In addition, the majority of the facilitators explained that there is lack of learning materials. There is need for computers to expose the adolescents to online learning. The need for stationary is also a reality. Facilitators highlighted that some adolescents need to present certain work in drawing and painting. The life skills document review revealed that painting and drawing is not carried out as expected at the NGO. However, some of the challenges hindering the NGO from having the resources are reported to be burglaries since the community in which the life skills programme is presented, is beset by crime.

5.5 Summary of evaluation: Process evaluation

Process evaluation was used by the researcher as the design for the study. Process evaluation looks at the extent to which a programme is functioning and determines if the target population is being helped. Furthermore, process evaluation is geared to understand completely how a programme works, how it delivers results, and what the results are. It also examines how well the programme performs by exploring the successes and failures of a programme. In an attempt to understand what the life skills programme offered by the NGO entails, the researcher made use of two data collection methods, namely document analysis and interviews.

From the evaluation of the programme, the researcher discovered that the NGO had some successes in implementing the life skills programme. The programme is implemented as

planned by the NGO, as the facilitators are able to follow some of the procedures of the programme as expected by the NGO. Adolescents living with HIV do benefit from components of the life skills programme – the majority of them are now able to make decisions and take care of themselves. Adolescents are encouraged to be actively involved in the programme, which helps them understand the programme. All of the beneficiaries reported that they have been helped by the life skills programme. However, the programme does have some challenges, which include a lack of facilitator training, guidelines on teaching the life skills content, and support for the community workers when entering the communities to obtain consent for adolescents to be part of the programme.

5.6 Recommendations and suggestions

The researcher developed three (3) sets of recommendations: for a) practitioners; b) policy makers; and c) future research on social workers, social auxiliary workers and community workers.

5.6.1 Recommendations for social workers, social auxiliary workers and community workers

i) Increases support is needed as most adolescents living with HIV have a problem with adherence, low levels of knowledge about HIV, and a low self-esteem. It is recommended that more social workers, social auxiliary workers and community workers become involved with HIV adolescent services.

ii) There is a need to train workers so that they can be equipped with more knowledge and information when dealing with HIV infected adolescents, including discussing sexual reproduction health with the adolescents, as most of them want to know if they will be able to marry.

iii) There is a need for male social workers, social auxiliary workers or community workers to make allowance for male adolescents living with HIV because it is sometimes very hard for male adolescents to disclose their information to female facilitators. Having a male community worker, social auxiliary worker or social worker will help male ALHIV to open up.

iv) Social workers, s or community workers who conduct the life skills programme

should also try to engage other stakeholders like nurses or doctors from a nearby hospital to come and speak with HIV infected adolescents. These adolescents are inquisitive – they want to inquire about various aspects of their illness. Having other stakeholders around will help them to ask as many questions and they will benefit since they will be part of a support group.

v) Further support should be given by social workers, social auxiliary workers or community workers to the caregivers of the adolescents living with HIV. If there is need for referral, social workers should refer them for help.

vi) A strength-based approach should be utilised by social workers when delivering the life skills programme to adolescents living with HIV.

5.6.2 Recommendations for policy makers

South African statistics show an increase in the numbers of children born with HIV. In 2005, roughly 704 829 children were living with HIV; these children are now in their adolescent stage (Tshuma, 2015). Many children who contracted HIV during the perinatal period and who are successively on antiretroviral treatment are presently anticipated to live a longer and healthier life. ALHIV are left out in most of the services, yet they are growing in large numbers. According to the Children's Act 38 of 2008 (South African Government, 2008), Chapter 10, every child of any age, maturity and stage of development is allowed to take part in any activity in a suitable way, more so the opinions of children should be considered. Furthermore, the Constitution acknowledges the rights of every South African resident and seeks to safeguards them against any form of judgment. The following recommendations should be considered to improve the lives of adolescents living with HIV:

i) It is recommended that the Children's Act 38 of 2008 be revised to include reference to children living with HIV. These children/adolescents are discriminated against in that their needs are not met; they are growing in large numbers, they need to be recognised because most of them are coming from poor backgrounds. Some of them do not perform well at school, and some have hearing problems. Moreover, some of them are not attending school due to poverty. There is need for statistics to record the total figure of children/adolescents living with HIV correctly so that services

such life skills programmes to help navigate ALHIV into adulthood, can be rendered.

ii) Development of policies that address the needs of adolescents is recommended, as well as more services strictly intended to meet the needs of adolescents/children living with HIV. Education is key within the life skills programme, as the majority of ALHIV know they are living with HIV, but they do not have much or any knowledge of HIV.

5.6.3 Recommendations for the NGO offering the life skills programme

i) There is a need to support community workers when they are recruiting adolescents for the programme, as they have to go into communities to obtain consent from the adolescents' caregivers; most of the communities are beset by crime.

ii) Educate and train community workers through workshops with other NGOs or government institutions that are carrying out the same life skills programmes.

iii) Evaluate the life skills programmes for adolescents so that they can be improved frequently.

iv) Do fundraising so that the NGO will be able to purchase some of the resources needed by the facilitators in order to offer the life skills programme.

5.6.4 Recommendations for future researchers

This study evaluated the life skills programme at an NGO dealing with adolescents living with HIV, which is reflected to be an area of minimal research.

i) It is recommended that life skills programmes for adolescents infected with HIV be investigated more in future studies from various angles.

ii) It is further recommended that the future researcher evaluates the life skills programme for children in the age range 6-10 years living with HIV and compares this programme with the life skills programme for adolescents in the age range 11-18 years living with HIV.

iii) It is essential to determine the perceptions of the caregivers of adolescents infected with HIV on whether the life skills programme is helping them.

iv) Research can be conducted by exploring the life style of perinatal HIV positive individuals' change from childhood to adulthood with regard to their challenges and the strengths.

v) Researchers should look at the views of HIV positive male adolescents regarding the life skills programme offered by female facilitators.

5.7 Conclusion

The study aimed to evaluate the life skills programme utilised by social workers and community workers at an NGO dealing with HIV positive adolescents. The study interpreted the direct voices and experiences of social workers, social auxiliary workers and community workers when dealing with adolescents infected with HIV. The objectives appeared to be truly measureable in the findings of this study, as they highlighted the life skills programme utilised by social workers and community workers at the NGO. Furthermore, the various components of the life skills programme and the difference these components made in the lives of ALHIV were revealed, and the successes and failures of the life skills programme at the NGO were identified.

The results of this study show that life skills programme is valuable for HIV infected adolescents as they are assisted with coping with the demands of their lives. Moreover, community workers, social auxiliary workers and social workers play a fundamental role in strengthening ALHIV through offering life skills programme. Evaluating the life skills programme is vital as it helps programme planners to determine whether the programme is helping its recipients. Furthermore, through the evaluation of the life skills programme, the programme planners are able to improve or modify the programme.

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APPENDIX A: INFORMATION SHEET

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INFORMATION SHEET FOR SOCIAL WORKERS

Project Title:
The study is about the Evaluation of the life skills Programme at a Non-Governmental Organisation dealing with adolescents living with HIV
This is a research project being conducted by Mudzingaidzwa CC at the University of the Western Cape. We are inviting you to participate in this research project because you are the social workers who provide the life skills programme to adolescents who are HIV positive. The purpose of this research project is to evaluate the life skills programme utilised by social workers and community workers at an NGO dealing with HIV positive adolescents.

What will I be asked to do if I agree to participate?
I will conduct an interview with the social workers, community workers and beneficiaries of life skills (not adolescents) to ask some questions about the life skills programme. The interview will take 30-45 minutes in a private room at the organisation. I will use a tape record during the interview if permission is granted. Examples of the questions that I will ask during the interview include the challenges and barriers of the life skills programme, and the kind of life skills they provide to the adolescent infected with HIV. I will also look at the documents of the life skills programme to see what is offered in the life skills programme. The information collected during data collection will be between you and me. The information will not be shared with anyone. Your real names will not be used.

Would my participation in this study be kept confidential?
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write a report or article about this research project, your identity will be protected. After completion of the project, your information will be deleted.

In accordance with legal requirements and/or professional standards, I will disclose to the appropriate individuals and/or authorities information that comes to my attention concerning neglect or potential harm to you or others. In this event, l will inform you that l have to break confidentiality to fulfil legal responsibility to report to the designated authorities.

What are the risks of this research?
All human interactions and talking about self or others carry some risks. If you feel any discomfort during the interview, I will allow debriefing after the interview wherein you will be able to express yourself regarding the discomfort.

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E-mail: 3717711@myuwc.ac.za

INFORMATION SHEET FOR COMMUNITY WORKERS

Project Title: Evaluation of the life skills Programme at a Non-Governmental Organisation dealing with adolescents living with HIV

The study is about the evaluation of a life skills programme at a NGO dealing with HIV positive adolescents.
This is a research project being conducted by Mudzingaidzwa CC at the University of the Western Cape. We are inviting you to participate in this research project because you are the community workers who provide the life skills programme to adolescents who are HIV positive. The purpose of this research project is to evaluate the life skills programme utilised by social workers and community workers at an NGO dealing with HIV positive adolescents.

What will I be asked to do if I agree to participate?
I will conduct an interview with the social workers, community workers and beneficiaries of life skills (not adolescents) to ask some questions about the life skills programme. The interview will take 30-45 minutes in a private room at the organisation. I will use a tape record during the interview if permission is granted. Examples of the questions that I will ask during the interview include the challenges and barriers of the life skills programme, and the kind of life skills they provide to the adolescent infected with HIV. I will also look at the documents of the life skills programme to see what is offered in the life skills programme. The information collected during data collection will be between you and me. The information will not be shared with anyone. Your real names will not be used.

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INFORMATION SHEET FOR BENEFICIARIES

Project Title: Evaluation of the life skills Programme at a Non-Governmental Organisation dealing with adolescents living with HIV

The study is about the evaluation of the life skills programme at a NGO dealing with HIV positive adolescents.
This is a research project being conducted by Mudzingaidzwa CC at the University of the Western Cape. We are inviting you to participate in this research project because you were once part of the life skills programme. The purpose of this research project is to evaluate the life skills programme utilised by social workers and community workers at an NGO dealing with adolescents HIV positive.

What will I be asked to do if I agree to participate?
I will conduct an interview with the social workers, community workers and beneficiaries of life skills (not adolescents) to ask some questions about the life skills programme. The interview will take 30-45 minutes in a private room at the organisation. I will use a tape record during the interview if permission is granted. Examples of the questions that I will ask during the interview include the challenges and barriers of the life skills programme, and the kind of life skills they provide to the adolescent infected with HIV. I will also look at the documents of the life skills programme to see what is offered in the life skills programme. The information collected during data collection will be between you and me. The information will not be shared with anyone. Your real names will not be used.

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Iphepha blwazi lwabasenzi bokuhlala

Isihloko Sophando: Uvavango Iweenkqubo zemphilo kwimgo zijongane nolutsha oluphila netsholongwane kagawulayo.

Singantoni Esisifubdo?
Esisifundo siqukunyelwe ngu Mudzingaidzwa CC wakwi Dyunivesithu yeseNtshona Koloni (UWC). Siyanimema ukuba nibeyinxalenye yoluphando njengokuba ningonontlalontle kwaye ninobudlelwane nolutsha oluchaphazeleke yi HIV. Esisifundo sesokuvavanya imiphumela yenqubo zeempilo ezikhawulelana nemicelimngeni kulutsha oluphila nesifo se HIV ukususela ekuzalweni.

Yintoni elindeleke ukuba ndiyenze xa ndinokuthi ndithabathe inxaxheba Kwesisifundo uzakubuzwa imibuzo emalunga nenqubo yezempilo. Oludliwanondlebe luzakuthatha imizuzu 30-45 kwigumbi elabucala. Udliwanondlebe lwethu luzakucishelwa nge tape rekhoda. Umzekelo, ngeyiphi imicelimngeni ehlangabezana nalenqubo, zixhobo zini zempilo enizinika olulutsha luchaphazeleke yilentsholongwane. Impendulo enizinikezileyo kwesisifundo azikwaziwamntu ukuba zivelakubani. Amagama Oonontlalontle kwakunye nawo wonke umntu osebenzisana noluntu azikupapashwa.

Ingaba ukuthatha kwam inxaxheba kolufundo luyakuba yimfihlo?
Amagama, idilesi kwakunye nezinye incukacha zenu azikwaziwamntu zizobayimfihlo. Kudliwanondlebe igama lomtnu alizopapashwa mntu ngamnye uyakunikwa I code. Ezi code zizokuncedisana ekohluleni abantwana/ulutsha ngalinye ngaphandle kokusebenzisa amagama. Njengomqukunyeli wesisifundo ubuni bomntwana bokwaziwa ndim kuphela. Ulwazi oluzakuthi lufunyanwe kwesisifundo luzohlala kwi Dyunivesithi yaseNtshonakoloni (UWC) kwindawo yemfihlo. Ukuba luyapapashwa oluphando ndizakuqinisekisa ukuba ndiyakuchazela ndiqinisekise ukuba ukhuselekile. Nxa kukho isidingo sokuba ndigqithise ulwazi oko ndakwenza xa ndifumanisa ukuba usemngciphekweni okanye kukho umntu onophazamiseka lolulwazi. Kulapho ndakuthi ndazise abaphambili ukuba mabangenelele, ngalo lonke ixesha ndoqinisekisa ukhuseleko lwakho.

Buyintoni ubungozi boluphando?
Kwimibuzo oyakuthi uyibuzwe kungabakho uchukumiseko ngokomphefumlo. Ukuba kungenzeka ukuthi uchukumiseke ngokwasemphefumlweni okanye ungaziva kakuhle

emva kodliwanonldebe ndakuqinisekisa ukuba ndiyakukufunela uncedo malunga noko. Wamkelekile ukuba ungaqhubeki nokwabelana ngolwazi lwakho xakunokuthi uzive kakubi okanye uchukumisekile.

Yintoni endiyakuyizuza malunga nesisifundo?
Esisifundo siyakuthi sincedise ekuphuculeni inqubo ethi ijongane nolutsha oluphila nentsholongwane ye HIV. Inxaxheba yakho iyokuthi inqamle imicelimngeni ehlangabezana nolutsha oluphila nentsholongwane ye HIV. Injongo zesisifundo kukokuba kuncedakale abantu abaninzi exehseni elizayo.

Kunyazelekile ukuba ndithabathe inxaxheba kwesisifundo? Ndingakwazi ukurhoxisa nanina ngeemvakalelo nezizathu zam?
Ukuthatha inxaxheba kwakho kwesisifundo kungokuzithandela. Uthatha inxaxheba ngokuthanda kwakho, ungangayithathi inxaxheba ngokuthanda. Ukuba uzithandele ukuthatha inxaxheba ungayeka nxa uzisola sele uvumile. Ukunobangaba ukhetha ukungabiyinxalenye yesisifundo okanye uyeke sele ugaphakathi akuzobakho ziphumo zimbi, awuzokohlwaywa.

Ukunobangaba unemibuzo?
Esisifundo siqukunyelwe ngu Mudzingaidzwa C.C kwicandelo lwezentlalontle kwi Dyunivesithi yase Ntshonakoloni. Ukuba unemibuzo malunga nesisifundo nceda uqhagamishelane no Dr Neil Henderson ku nhenderson@uwc.ac.za Ukuba kukho ingxaki othewahlangabezana nazo ngenxa yesisifundo nceda uqhagamishelane nomphathi u-

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Iphepha blwazi lwabazi lwabaxhamli

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APPENDIX B: BENEFICIARIES CONSENT FORM

APPENDIX G

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: 0780247294
E-mail:3717711@myuwc.ac.za

CONSENT FORM (INTERVIEWS) – BENEFICIARIES

Title of Research Project: Evaluation of the life skills Programme at a Non-Governmental Organisation dealing with adolescents living with HIV

The research project focuses on the evaluation of the life skills programme utilised by social workers and community workers at an NGO dealing with HIV adolescents. The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone by the researchers. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

I hereby agree to uphold the confidentiality of the discussions in the interview by not disclosing the identity of other participants or any aspects of their contributions to members outside of the group.

I agree to be audiotaped	Yes	No

Participant's name: _____

Participant's signature: _____

Date: _____

APPENDIX C: COMMUNITY WORKERS CONSENT FORM

APPENDIX G

UNIVERSITY OF THE WESTERN CAPE

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CONSENT FORM (INTERVIEWS) – COMMUNITY WORKERS

Title of Research Project: Evaluation of the life skills Programme at a Non-Governmental Organisation dealing with adolescents living with HIV

The research project focuses on the evaluation of the life skills programme utilised by social workers and community workers at an NGO dealing with HIV adolescents. The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone by the researchers. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

I hereby agree to uphold the confidentiality of the discussions in the interview by not disclosing the identity of other participants or any aspects of their contributions to members outside of the group.

I agree to be audiotaped	Yes	No

Participant's name: _____

Participant's signature: _____

Date: _____

APPENDIX D: SOCIAL AUXILIARY WORKERS CONSENT FORM

APPENDIX G

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: 0780247294
E-mail: 3717711@myuwc.ac.za

CONSENT FORM (INTERVIEWS) – SOCIAL WORKERS

Title of Research Project: Evaluation of the life skills Programme at a Non-Governmental Organisation dealing with adolescents living with HIV

The research project focuses on the evaluation of the life skills programme utilised by social workers and community workers at an NGO dealing with HIV adolescents. The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone by the researchers. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

I hereby agree to uphold the confidentiality of the discussions in the interview by not disclosing the identity of other participants or any aspects of their contributions to members outside of the group.

I agree to be audiotaped	Yes	No

Participant's name: _____

Participant's signature: _____

Date: _____

APPENDIX E: INTERVIEW GUIDE FOR SOCIAL AUXILIARY WORKERS AND COMMUNITY WORKERS

Goal of the study: The aim of the study is to evaluate the life skills programme utilised by social workers and community workers at an NGO dealing with adolescents living with HIV

SECTION A: BIOGRAPHICAL INFORMATION DETAILS OF SOCIAL WORKERS AND COMMUNITY WORKERS

1.

Age	
Gender	

2. How long have you been providing life skills interventions to adolescents infected with HIV?

SECTION B: LIFE SKILLS INTERVENTION UTILISED BY THE NGO

1. Can you briefly tell me about the life skills programme that you are implementing at the NGO?
2. Can you briefly explain to me how you select your topics for life skills? Are there criteria that you use to select the topics?
3. Are the programme's content and concepts understood by the adolescents?
4. How do you ensure that adolescents understand life skills contents and concepts? Can you explain?
5. How do you ensure that the life skills interventions are helping adolescents infected with HIV in their daily living?
6. Are there any other methods or activities that you are implementing at the NGO to ensure that the life skills intervention is effective?
7. Can you give any suggestions on how to improve the content of the life skills programme?

SECTION C: BARRIERS AND STRENGTH OF LIFE SKILLS INERVENTIONS

1. Are there challenges that you encounter when implementing the life skills interventions to adolescents infected with HIV? Elaborate.
2. What is working in the programme?

3. How do you deal with difficult children?
4. Who are most likely to be successful children in the programme, boys/girls? Why are these children seen as successful?
5. Is there evidence that the life skills programme has instilled knowledge and skills to adolescents infected with HIV?

APPENDIX F: INTERVIEW GUIDE FOR BENEFICIARIES

Goal of the study: The aim of the study is to evaluate the life skills programme utilised by social workers and community workers at an NGO dealing with adolescents living with HIV

SECTION A: BIOGRAPHICAL INFORMATION DETAILS OF BENEFICIARIES

1.

Age	
gender	

2. How long have you been taking the life skills programme?

SECTION B: LIFE SKILLS INTERVENTION UTILISED BY THE NGO

1. Did you benefit from the life skills programme? Explain.
2. What other life skills activities do you still remember? Explain.
3. Do you think social workers and community workers are doing their best in providing life skills interventions**?** Why? Motivate your answer.

SECTION C: BARRIERS AND STRENGTH OF LIFE SKILLS INERVENTIONS

1. Did you understand what was taught during the life skills programme? Can you explain?
2. What were the challenges you encountered during the life skills education?
3. What other things do you think can be done to improve the life skills programmes?

APPENDIX G: ETHICS COMMITTEE APPROVAL

UNIVERSITY of the WESTERN CAPE

OFFICE OF THE DIRECTOR: RESEARCH
RESEARCH AND INNOVATION DIVISION

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www.uwc.ac.za

6 November 2018

Ms CC Mudzingaidzwa
Social Work
Faculty of Community and Health Sciences

Ethics Reference Number: HS18/7/26

Project Title: An evaluation of life skills programme at a NGO dealing with HIV positive adolescents.

Approval Period: 05 November 2018 – 05 November 2019

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

APPENDIX H: PROOFREADING CERTIFICATE

12 September 2019

CHIDOCHAISHE CHARITY MUDZINGAIDZWA
Department of Social Work
Faculty of Community and Health Sciences
University of the Western Cape, Cape Town

RE: CERTIFICATE - TECHNICAL EDITING AND PROOFREADING OF MASTER'S THESIS

I, the undersigned, herewith certify that the technical editing and proofreading of the Master's thesis of CHIDOCHAISHE CHARITY MUDZINGAIDZWA, entitled *"EVALUATION OF LIFE SKILLS PROGRAMME AT AN NGO DEALING WITH ADOLESCENTS LIVING WITH HIV"*, has been conducted and concluded.

The finalised document was submitted to Charity on 12 September 2019 and cc'd to Dr Neil Henderson.

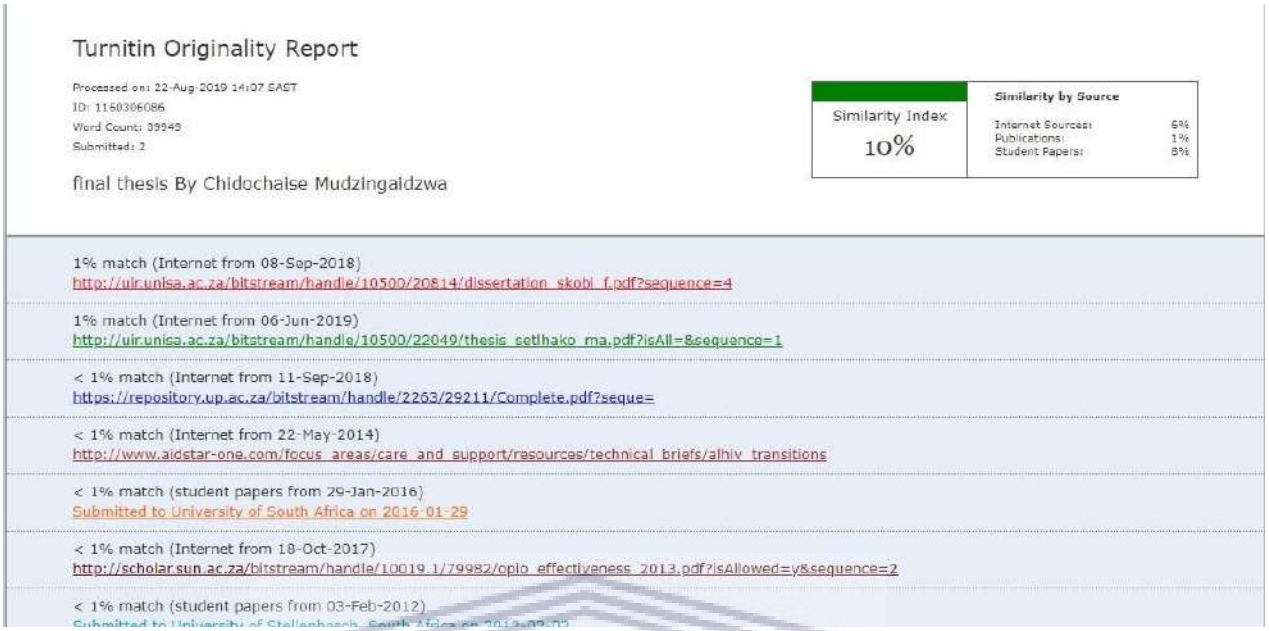
Sincerely

Professor Annelie Jordaan
DTech: Information Technology
Ph: 065 9903713

Member: SATI 1003347

South African Translators' Institute (SATI)

APPENDIX I: TURNITIN REPORT SUMMARY



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