EVALUATION OF THE SOUL CITY HIV AND AIDS SOCIAL INTERVENTION PROGRAMME FOR THE YOUTH IN THE NORTHERN CAPE, SOUTH AFRICA

by

ANDRÉ RHYNO LE TAPE

A thesis submitted in partial fulfilment of the requirements for the degree

DOCTOR PHILOSOPHIAE
DPhil (SOCIAL WORK)

in the

DEPARTMENT OF SOCIAL WORK AND CRIMINOLOGY

at the

UNIVERSITY OF PRETORIA

FACULTY OF HUMANITIES

SUPERVISOR: DR CHARLENE L. CARBONATTO

CO-SUPERVISOR: DR STEPHAN (L.S.) GEYER

March 2017

DECLARATION

DECLARATION OF ORIGINALITY

Full names of student:	André Rhyno Le Tape
Student number:	12120554
Topic of thesis:	**Evaluation of the Soul City HIV and AIDS social intervention programme for the youth in the Northern Cape, South Africa**

Declaration

1. I understand what plagiarism is and am aware of the University's policy in this regard.
2. I declare that this **thesis** is my own original work. Where other people's work has been used (either from a printed source, Internet or any other source), this has been properly acknowledged and referenced in accordance with departmental requirements.
3. I have not used work previously produced by another student or any other person to hand in as my own.
4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

SIGNATURE

16/03/2017

DATE

i

ACKNOWLEDGEMENTS

- First of all, I would like to thank God our Creator for carrying my family and myself through this study, which at times seemed impossible to complete. Lord, You were always faithful all of my life and I can only thank and sing Your praises.

- This thesis is dedicated to my children Palesa, Janina, Almaz, André Siyabonga and Leandra Sibongile and all of the youth of today and tomorrow representing the future of Africa and the world.

- My wife Lilian, your love pulled me through yet another study. Your dedication and support is immeasurable and I can only thank God for having you by my side during this study period and always.

- Dr. Charlene Carbonatto, my supervisor, thank you so much for agreeing to lead this study. Your experience as a supervisor was evident, with your calm, yet stern and steady guidance throughout, especially during its trials and tribulations. It was truly a blessing and a privilege to have worked under your promotership.

- Dr. Stephan Geyer, my co-supervisor, for your uncompromising approach, in always striving to raise the bar and I want to express my sincere gratitude for the pivotal role you played in the completion of this study and my overall development as a scholar.

- My mother Suzannah, your prayers have truly kept me when the storms of life threatened to derail this study and my overall fortitude.

- My family, my father David and amazing sister Davida in particular, big sister Elizabeth, my in-laws the Brown family, my departed and missed cousin Gayelord as well as friends: Henry, Leanne, Janet, Siphokazi, Thandi, Lebogang, Edlyn and others.

- Jenny de Wet my editor as well as Elize Nagel, thank you very much for your input and dedication.

- The Soul City Institute, especially Dr Sue Goldstein and Bongani Ndhlovu for affording me the privilege and necessary assistance and support to undertake this study.

- The Departments of Social Development and Department of Health, Northern Cape, various schools and community leaders across the Frances Baard and John Taolo Gaetsewe districts of the Northern Cape, where the study was implemented.

- The University of Pretoria Department of Statistics especially Mrs Janet van Niekerk (Statistician) and Mr Andries Masenge (Research consultant) for your excellent support regarding the study's quantitative data capturing, interpretation and analysis.

- All the youth and field workers who participated in this study, without whom this study would not have been possible. In context of the present study and before deciding to engage in unprotected sexual activities I want to encourage everyone, the youth in particular to think and consider:

"… Let's wait awhile, before we go too far …"

ABSTRACT

EVALUATION OF THE SOUL CITY HIV AND AIDS SOCIAL INTERVENTION PROGRAMME FOR THE YOUTH IN THE NORTHERN CAPE, SOUTH AFRICA

Researcher:	Mr André Rhyno Le Tape
Supervisor:	Dr Charlene L. Carbonatto
Co-supervisor:	Dr Stephan (L.S.) Geyer
Degree:	DPHIL (Social Work)
Department:	Social Work and Criminology
Institution:	University of Pretoria

The goal of the study was to evaluate the content, implementation and applicability of the Soul City social intervention programme (SCI programme) about HIV and AIDS targeted at the youth in the Northern Cape from an ecosystems perspective. The goal of this study was achieved through the realisation of the objectives of the study. The objectives of the study were: To describe the phenomenon of HIV and AIDS among the youth in the Northern Cape, South Africa from an ecosystems perspective; to describe the NSP 2012-2016 and the Provincial Strategic Plan (PSP) for HIV and AIDS in South Africa; to describe and critically analyse the SCI programme's focus on the youth from the ecosystems perspective; to evaluate the content of the SCI programme for the youth with regard to HIV and AIDS in the Northern Cape in the context of the NSP 2012-2016 on HIV and AIDS from the field workers' perspective; to evaluate the implementation of the SCI programme for the youth on HIV and AIDS in the Northern Cape in the context of the NSP 2012-2016 on HIV and AIDS from the perspective of the youth as service users, and lastly, to provide guidelines for the content, applicability, implementation, monitoring and evaluation of the SCI programme for the youth with regard to HIV and AIDS in the context of the NSP 2012-2016, in order to enhance efforts to mitigate the impact of HIV and AIDS among the youth in the Northern Cape. Furthermore, a mixed-methods research approach was adopted to achieve the research goal. The quantitative and qualitative findings are described in Chapters 6 and 7 respectively.

Triangulation, as mixed-method design, was utilised in this study. This enabled the researcher to produce complete and well-validated conclusions. The method of data collection for the part of the study about the youth was a group-administered questionnaire. For the qualitative part of this study, semi-structured interviews, with an interview schedule, were utilised to collect data related to the contents, applicability, implementation, monitoring

and evaluation of the SCI programme from trained field workers working in the youth sector and specialising in HIV and AIDS. The quantitative data was analysed using both descriptive and association statistical analyses. In the present study, the researcher strived to ensure a high degree of face validity by allowing experts in the field, for example, social workers practising in the field of HIV and AIDS, to scrutinise the research instrument as part of the pilot test. The questionnaire was piloted with 20 youths to enhance both face and content validity further. In the current study, an acceptable degree of reliability was prioritised and therefore a Cronbach alpha coefficient of 0.70 for all categories of the questionnaire was sought. The qualitative data of the semi-structured interviews with Soul City programme implementers was analysed using thematic analysis. An independent reviewer reviewed the theme generation and analysis to ensure consistency or the interrater reliability of the findings. This aided the researcher to identify patterns or themes from direct quotations and to provide rich data representation. Verbatim quotations from the interviews were used to support the themes. To ensure data trustworthiness, a high premium was placed on credibility, transferability, conformability and dependability.

Analyses of three different sources of data, namely the literature review, the youth programme attendees/recipients and interviews with Soul City field workers were undertaken to answer the following research question. "To what extent is the content and implementation of the Soul City social intervention programme applicable to the youth in the Northern Cape?" Subsequently, the sub-question of the study was: "Does the Soul City social intervention programme take the different levels of the ecosystems perspective into account regarding programme content and implementation?"

Several key findings were made in the quantitative part of the study, with nine sections of the questionnaire which focussed on: the Biographic details of respondents; Objectives of the Soul City programme for the youth in the Northern Cape; Applicability and relevance of the content of the Soul City Programme; Knowledge gained through attending Soul City; Attitudinal change; Programme delivery; Programme content; Programme facilitation methods and general aspects. Key findings were that there was no statistical association found between any of the variables in most sections of the questionnaire except for combinations of five questions in sections D and G. There was a statistical association found with regard to age where the respondents indicated that the SCP contributed to them achieving their personal life goals. Also in Section D there was a statistical association found where the respondents could see the impact of the SCP on their lives. There was a statistical association found between where respondents indicated that the SCP should focus on ways/strategies to fight poverty in their communities and also when they indicated

that the SCP should focus on involving important people/stakeholders such as youth leaders. Lastly, there was a statistical association found between where the respondents indicated that the capacity of the youth in the community to fight the further spread of HIV and AIDS could be built by visiting the community. From an ecosystems perspective, the SCP programme appeared to be influenced by or aligned to micro-, meso-, exo- and macrolevel factors with varying degrees of success and focus areas. The programme's exolevel focus appeared to be more prominent and to a lesser degree the macro- and microlevels. The research found that the SCP is relatively effective regarding programme content and facilitation methods albeit to a limited degree. Furthermore, what was repeatedly clear was a need for the SCP's programme continuation and sustainability, because adequate effort had not been made for this despite the programmes' apparent value when it was operational.

In the qualitative findings from the study, nine themes were generated from the data collected based on Soul City field workers' views related to the formulation, implementation, monitoring and evaluation of the Soul City programme with the youth in the Northern Cape. The first theme focussed on the working experience of participants. The second theme focussed on recruitment strategies and criteria employed by participants to recruit youths to attend dialogues. Theme three was concerned with the focus areas of the SCP programme from an ecosystems perspective. Theme four described the types of projects and the process of Soul City programme implementation. The fifth theme described which dialogues participants implemented. The sixth theme outlined how participants chose the most relevant dialogue to implement within the communities they served. The seventh theme describes the limitations of the SCP from the perspective of the participants. The eighth theme signified how participants evaluated their interventions, whereas the ninth theme focussed on recommendations by participants on how to improve the SCP.

Key findings from the qualitative part of the study were that most of the participants' views about their working experience were positive both personally and in a work-related capacity. All Soul City programme facilitators received training on how to present the dialogues and related subjects to the youth. Most of the participants worked for the Soul City Institute on a contract basis. The length of working experience with the Soul City Institute fluctuated amongst the participants, most of whom also had experience working as caregivers for other organisations. It was found in theme two that field workers targeted the youth as their target audience. Most participants used multiple strategies to recruit youth to attend dialogues. These ranged from posters, notices, radio, door-to-door advertising, etc. Furthermore, all facilitators were obliged to target a minimum of 100 people to attend

dialogues. The SCP had a micro-, meso-, exo-, and macrolevel focus albeit to various degrees. Again, the qualitative as well as quantitative findings revealed that not much attention was given to micro/individual level needs of the youth regarding HIV and AIDS. Findings further revealed a limited reference to macrolevel factors by the programme implementers and alignment to a degree to the NSP. It was also found that the process of actual programme implementation was largely supported by the literature and was consistent with ecosystem practice and as already indicated, aligned to a limited degree with the NSP which calls for a multi-faceted approach.

Other key findings were that most participants implemented all dialogue subject matter they were trained on, such as Medical Male Circumcision (MMC), Prevention of Mother to Child Transmission (PMTCT), Multiple Concurrent Partnerships (MCP) and Alcohol and Risky Sexual Behaviour. Since certain topics sometimes overlapped, they were sometimes combined. A minority of the facilitators also presented additional programmes with the youth separate from the dialogues they were trained on by the SCI, for example, issues of human trafficking. The participants had diverse approaches and views on how they selected the most appropriate dialogue topics for the youth within the communities in which they worked. Some of the methods were relatively successful, while some lacked scientific substance which therefore raised questions whether the dialogues were always needs-based.

Key findings from the qualitative part of the study revealed that there was a multitude of limitations regarding programme implementation. This was highlighted by participants who included no formal monitoring and evaluation tools; funding challenges, the ineffectiveness of once-off dialogues without follow-ups; cultural resistance; political influence, gender stereotypes and discrimination, lack of national support from the Soul City Institute and fluctuating community support regarding attendance. There were contrasting views by participants on whether monitoring and evaluation did take place. Monitoring also appeared to be largely limited to completed attendance registers regarding how many youths attended the dialogue. The perceived aim was to reach a minimum target of 100 attendees.

Key findings also suggested that participants made a variety of recommendations alluding to the sub-themes such as the SCP needed to stay in communities for longer periods of time; the need for more funding to do more dialogues and implement dialogue resolutions; the introduction of formal evaluation tools; youth support beyond once-off dialogues; more local and provincial government financial support; National SCI office ground level involvement; Youth programmes for specific sub-sections of the youth, and lastly the need for more programme implementation tools by participants, especially amongst those in rural villages, as well as the need for effective monitoring and evaluation tools. Meaningful and

specific recommendations were also made to support the youth beyond the once-off dialogues.

Recommendations for practice include: Ecosystemic programme design and programme specification is essential for monitoring the quality of programme operations; Programme design needs to answer the question of what to observe or monitor - for example, its micro-, meso-, exo-, and macrolevel effects; the SCP could in future consider doing a feasibility study first when considering a peer education programme; there should be more males targetted to attend the SCP actually to reflect the male age profile of the province; the SCI should make more use of technology, for example, social media such as their Facebook page, WhatsApp, etc.; the SCI could consider recent announcements in the South African media from the medical fraternity of the Truvada HIV prevention drug and consider including that information as part of its HIV prevention programmes in combination with other prevention methods; that the SCI should consider not being rigid in targeting a minimum of a 100 community dialogue attendees; that funds utilised for meals after dialogues could be down-scaled for cheaper meals and be channelled to implement more dialogues for longer periods of time, or to assist the youth in implementing dialogue resolutions. The SCI in future needs to ensure that adequate programme implementation tools are readily available in all areas; at the microsystems level the Soul City Programme (SCP) should broaden knowledge and insight regarding HIV and AIDS by providing or facilitating access to individual counselling by the youth, counsel their families, and help them develop a new network of friends when dealing with HIV and AIDS-related challenges and risks.

Furthermore, the SCP should align its programmes with the youth to support beyond once-off dialogues by attending to poverty and youth unemployment as an important risk factor in the youth's vulnerability to HIV. The SCI should measure programme impact and together with programme developers and implementers, it should introduce formal programme monitoring and evaluation tools, as well as regular structured individual and group supervision and mentoring to all field workers by giving adequate attention to the educative, administrative and support functions of supervision and by providing continued training and development opportunities.

Keywords: AIDS, Ecosystems perspective, Field workers, Frances Baard and John Taolo Gaetsewe Districts, Northern Cape Province, South Africa, HIV, Intergenerational sex, Mixed methods research, National Development Plan, Vision 2030 (NDP), National Strategic Plan on HIV, Sexually Transmitted Infections and Tuberculosis (NSP), Process programme evaluation, Programme evaluation, Social intervention programmes, Soul City Programme and Dialogues, Youth.

OPSOMMING

EVALUERING VAN DIE SOUL CITY MIV EN VIGS MAATSKAPLIKE INTERVENSIEPROGRAM VIR DIE JEUG IN DIE NOORD-KAAP, SUID-AFRIKA

Navorser:	Mnr. André Rhyno Le Tape
Studieleier:	Dr. Charlene L. Carbonatto
Medestudieleier:	Dr. Stephan (L.S.) Geyer
Graad:	DPhil (Maatskaplike Werk)
Departement:	Maatskaplike Werk en Kriminologie
Instelling:	Universiteit van Pretoria

Die doel van hierdie studie was om die inhoud, implementering en toepaslikheid van die Soul City MIV en Vigs-intervensieprogram (SCI-program) op die jeug in die Noord-Kaap vanuit 'n ekosistemiese perspektief te evalueer. Die doelwitte van die studie was die volgende: Om die verskynsel van MIV en Vigs onder die jeug in die Noord-Kaap, Suid-Afrika, vanuit 'n eko-sistemiese perspektief te beskryf; om die NSP 2012-2016 (Nasionale Strategiese Plan) en die Provinsiale Strategiese Plan (PSP) vir MIV en Vigs in Suid-Afrika te beskryf; om die SCI-plan se fokus op die jeug vanuit 'n ekosistemiese perspektief te beskryf en krities te ontleed; om die inhoud van die SCI-plan vir die jeug met betrekking tot MIV en Vigs vanuit 'n veldwerker se perspektief en in die konteks van die NSP 2012-2016 ten opsigte van MIV en Vigs te evalueer; om die implementering van die SCI-program vir die jeug met betrekking tot MIV en Vigs in die konteks van die NSP 2012-2016 vanuit die jeug se perspektief as deelnemers aan die program te evalueer; en laastens, om riglyne vir die inhoud, toepaslikheid, implementering, monitering en evaluering van die SCI-program vir die jeug met betrekking tot MIV en Vigs in die konteks van die NSP 2012-2016 daar te stel om die impak van MIV en Vigs onder die jeug in die Noord-Kaap te verminder. 'n Kombinasie van verskillende navorsingsmetodes is aangewend om die navorsingsdoel te bereik. Die kwantitatiewe en kwalitatiewe bevindings word onderskeidelik in Hoofstuk 6 en 7 bespreek.

'n Gemengde metodologiese navorsingsbenadering is gevolg met tirangulering as navorsingsontwerp. Dit het die navorser in staat gestel om omvattende en geldige gevolgtrekkings te maak. As deel van die kwantitatiewe gedeelte van die studie is 'n groepsgeadministreerde vraelys vir data-insameling gebruik met die jeug as navorsingsrespondente. Semi-gestruktureerde onderhoude is met opgeleide veldwerkers wat in die jeugsektor werk en in MIV en Vigs spesialiseer, gevoer om inligting in verband

met die inhoud, implementering, monitering en evaluering van die SCI-program te bekom en as die kwalitatiewe deel van hierdie studie te dien. Die kwantitatiewe data is ontleed deur van beskrywende en assosiatiewe statistiese ontledings gebruik te maak. Die navorser het deurgaans na die hoogste graad van geldigheid gestreef deur deskundiges in die veld by die navorsing te betrek, byvoorbeeld, maatskaplike werkers wat in die MIV en Vigs veld praktiseer en om die navorsingsinstrument tydens die loodsstudie te toets. Die vraelys is tydens die loodsstudie met 20 jongmense getoets om die geldigheid en die inhoud van die vraelys te verseker. Die betroubaarheid van die studie was deurgaans 'n hoë prioriteit en dus is daar gepoog om 'n Cronbach-alpha-koëffisiënt van 0,70 vir al die kategorieë in die vraelys te bereik. Die kwalitatiewe data van die semigestrukureerde onderhoude met persone wat die Soul City-program implementeer, is tematies ontleed. 'n Onafhanklike kodeerder het die korpus ook ontleed om temas te genereeer ten einde die kousale betroubaarheid van die bevindings te verseker. Laasgenoemde het die navorser in staat gestel om patrone of temas uit direkte aanhalings te identifiseer om sodoende die data omvattend aan te bied. Verbatim-aanhalings uit die onderhoude is gebruik om die temas te ondersteun. 'n Hoë premie is op betroubaarheid, oordraagbaarheid, gelykvormigheid en afhanklikheid geplaas ten einde die data se geloofwaardigheid te verseker.

Ontledings van drie verskillende databronne, naamlik die literatuur oorsig, die jeug wat die program bygewoon of intervensie ontvang het en onderhoude met die Soul City-veldwerkers is gedoen om die volgende navorsingsvraag te beantwoord: "*Tot watter mate is die inhoud en die implementering van die Soul City-intervensieprogram toepaslik op die jeug in die Noord-Kaap?*" 'n Sub-vraag is geformuleer, naamlik: "*Tot watter mate neem die Soul City-intervensieprogram die verskillende vlakke van die eko-sistemiese perspektief in ag met betrekking tot program inhoud en implementering?*"

Verskeie sleutelbevindings het na vore gekom uit die kwantitatiewe deel van die studie en nege afdelings in die vraelys wat op die volgende aspekte gefokus het: biografiese besonderhede van die respondente, die doelstellings van die SCI-program vir die jeug in die Noord-Kaap, die toepaslikheid van die SCI-program se inhoud, kennis wat verwerf is deur aan die program deel te neem, verandering in houding en ingesteldheid, die aanbieding van die program, die program se inhoud, die program se fasiliteringsmetodes, en algemene aspekte. Daar is bevind dat daar geen statistiese verband tussen die veranderlikes in meeste van die afdelings in die vraelys bestaan nie, behalwe vir die kombinasie van vyf vrae in afdeling D en G. Daar is wel 'n statistiese verband gevind tussen die SCI-program se bydrae in die bereiking van respondente se persoonlike doelwitte wat met ouderdom geassosieer het. In afdeling D is daar 'n statistiese verband gevind waar die

respondente kon sien wat die impak van die SCI-program op hulle lewens het. Voorts het 'n statistiese verband na vore gekom waar respondente aangedui het dat die SCI-program op wyses of strategieë moet fokus om armoede in hulle gemeenskappe aan te hanteer en waar hulle aangedui het dat die program belangrike rolspelers, soos jeugleiers, moet betrek. Die respondente het aangedui dat die kapasiteit van die jeug om MIV en Vigs se verdere verspreiding die hok te slaan, gebou kan word deur besoeke aan die gemeenskappe wat die laaste statistiese verband aangedui het. Vanuit 'n ekosistemiese perspektief blyk dit dat die Soul City-program beïnvloed word of belyn is met mikro-, meso-, ekso-, en makrovlakfaktore met variërende grade van sukses en fokusareas. Die program se eksovlakfokus blyk meer prominent te wees as die makro- en mikrovlak. Die navorsing het bevind dat die program relatief effektief ten opsigte van inhoud en implementeringsmetodes is, alhoewel tot 'n beperkte mate. Voorts het dit herhaaldelik duidelik geword dat daar 'n behoefte aan die program se voortbestaan en volhoubaarheid bestaan omdat daar, ten spyte van die program se oënskynlike waarde toe dit operasioneel was, nie voldoende daarvoor voorsiening gemaak is nie.

In die kwalitatiewe bevindings van die studie is nege temas uit die data identifiseer. Die data is gebaseer op die Soul City-veldwerkers se sienings aangaande die formulering, implementering, monitering en evaluering van die SCI-program onder die jeug in die Noord-Kaap. Die eerste tema het op die veldwerksondervinding van die deelnemers gefokus. Die tweede tema fokus op werwingstrategieë en maatstawwe wat deur die deelnemers gebruik is om jongmense by die program te betrek. Tema drie is die SCI-program se fokusareas vanuit 'n ekosistemiese perspektief. Tema vier beskryf die tipe projekte en die SCI-program se implementeringsproses, terwyl tema vyf oor die dialoë wat die deelnemers aangebied het, gaan. Op watter wyse die mees toepaslike dialoog vir 'n spesifieke gemeenskap gekies het, vorm die kern van tema ses. Tema sewe beskryf die beperkings van die SCI-program vanuit die deelnemers se perspektief. Die agtste tema se kern is die programevaluerings metodes wat die veldwerkers aangewend het om hul intervensies te evalueer en laastens fokus tema nege op die aanbevelings van die deelnemers oor hoe die program verbeter kan word.

Sleutelbevindings in die kwalitatiewe studie dui aan dat meeste van die deelnemers se sienings aangaande hul werkservaring positief op persoonlike vlak en in werkverband was. Alle SCI-programleiers het opleiding ontvang hoe om die dialoog en verbandhoudende onderwerpe vir die jeug aan te bied. Die meeste van die deelnemers het vir die Soul City Instituut op 'n kontrakbasis gewerk. Deelnemers se tydperk en werkservaring aan die Soul City Instituut het gewissel. Die meeste van die deelnemers het ook ervaring gehad as

versorgers verbonde aan ander instellings. Tema 2 het aangedui dat veldwerkers op die jeug as teikengroep gefokus het en meeste deelnemers het meer as een strategie aangewend om die jeug by die dialoë te betrek. Die strategieë het plakkate, kennisgewings, radiouitsendings, deur-tot-deur-bemarking, ens. ingesluit. Voorts was alle fasiliteerders verplig om 'n minimum van 100 persone as teiken vir die program/dialoog bywoning ten doel te stel. Die resultate van beide die kwalitatiewe en die kwantitatiewe studie het aangedui dat daar nie veel aandag aan die jeug se behoeftes op mikrovlak (individuele behoeftes) aangaande MIV en Vigs geskenk is nie. Die bevindings het ook aangetoon dat daar beperkte verwysing na faktore op makrovlak en belyning met die NSP deur die programïmplementeerders gemaak is. Die studie het aangedui dat die werklike implementeringsproses grootliks deur literatuur ondersteun is en die program was in ooreenstemming met 'n ekosistemiese perspektief en, soos voorheen genoem, tot 'n beperkte mate met die NSP belyn wat vir 'n veelvlakkige benadering vra.

Verdere bevindings toon aan dat die meeste deelnemers al die onderwerpe waarin hulle opleiding ontvang het geïmplementeer het, naamlik mediese manlike besnyding, die voorkoming van oordrag van moeder tot kind, veelvoudige gelyklopende verhoudings, en alkohol en riskante seksuele gedrag. Aangesien van die onderwerpe soms oorvleuel het, is dit per geleentheid gekombineer. 'n Minderheid onder die fasiliteerders het ook bykomende programme vir die jeug aangebied, apart van die dialoog waarvoor hulle deur die Soul City Instituut opgelei is, byvoorbeeld kwessies ten opsigte van mensehandel. Die deelnemers het verskillende benaderings en sienings openbaar oor hoe hulle die mees toepaslike onderwerpe vir die dialoog met die jeug in die gemeenskap waarin hulle gewerk het, gekies het. Sommige van die metodes was relatief suksesvol, terwyl ander mank aan wetenskaplike waarde gegaan het wat vrae laat ontstaan het of die dialoë wat aangebied is, altyd op werklike behoeftes gebaseer was.

Sleutelbevindings van die kwalitatiewe studie is dat daar baie beperkings ten opsigte van die program se implementering was. Die deelnemers het die volgende aspekte in hierdie verband uitgelig: die gebrek aan formele monitering en evalueringsintrumente; uitdagings met betrekking tot befondsing; die oneffektiwiteit van 'n eenmalige dialoog implementering sonder opvolg; kulturele weerstand; politieke invloed; stereotipes ten opsigte van geslag en diskriminasie; die gebrek aan nasionale ondersteuning van die Soul City Instituut en fluktuerende gemeenskapsondersteuning met betrekking tot bywoning. Die deelnemers se siening of monitering en evaluering wel plaasgevind het, was kontrasterend van aard. Dit blyk of monitering grootliks beperk was tot 'n bywoningsregister wat aangedui het hoeveel

jongmense die dialoog bygewoon het, waar die gestelde teiken was om 'n minimum van 100 persone by 'n dialoog te betrek.

Die deelnemers het 'n verskeidenheid aanbevelings gemaak wat na die subtemas verwys het, naamlik dat die SCI-program vir langer tydperke in die gemeenskappe aangebied moet word; die behoefte aan befondsing om meer dialoë te fasiliteer en oplossings uit die dialoë te implementeer; die bekendstelling van formele evalueringsinstrumente; voortgesette ondersteuning aan die jeug eerder as net 'n eenmalige dialoog; meer plaaslike en provinsiale regerings se finansiële ondersteuning; betrokkenheid van die Nasionale Soul City-program se kantoor op grondvlak; jeugprogramme vir spesifieke subafdelings onder die jeug; en laastens die behoefte aan meer implementeringsinstrumente vir deelnemers, veral onder diegene in plattelandse dorpe, asook effektiewe moniterings- en evalueringsinstrumente. Betekenisvolle en spesifieke aanbevelings is ook gemaak om die jeug verder as 'n eenmalige dialoog te ondersteun.

Aanbevelings vir die praktyk sluit in: 'n ekosistemiese programontwerp en programspesifikasie is noodsaaklik vir die monitering van die programme se kwaliteit; die programontwerp moet aandui wat waargeneem en gemonitor moet word, byvoorbeeld die effek op mikro-, meso-, ekso-, en makrovlak; die SCI-program kan in die toekoms oorweeg om eers 'n uitvoerbaarheidstudie te doen; 'n MIV opvoedingsprogram vir spesifieke portuurgroepe kan beplan word; meer manlike deelnemers behoort geteiken te word ten einde die manlike ouderdomsprofiel van die provinsie te weerspieël; die SCI-program behoort meer van tegnologie gebruik te maak, byvoorbeeld sosialemediaplatforms soos Facebook, Whatsapp, ens.; die program behoort onlangse aankondigings in die Suid-Afrikaanse media vanuit die mediese bedryf oor die Truvada-MIV-voorkomingsmiddel oorweeg vir moontlike insluiting in die program ten einde 'n kombinasie van voorkomingsmetodes aan te bied; die program behoort nie onbuigbaar te wees ten opsigte van die teiken om 100 persone by elke dialoog te betrek nie – goedkoper etes kan na die sessies aangebied word en die oorblywende fondse behoort eerder na meer dialoë vir langer tydperke gekanaliseer te word, of om die jongmense by te staan om probleemoplossings voorstelle uit die dialoë te implementeer; die Soul City Instituut behoort seker te maak dat voldoende implenteringsinstrumente geredelik beskikbaar in alle gebiede moet wees; op mikrovlak behoort die SCI-program die kennis en insigte van die jongmense aangaande MIV en Vigs uit te brei deur óf berading aan te bied óf toegang tot individuele berading aan die jongmense en hulle families daar te stel en om hulle te help om 'n netwerk van vriende te ontwikkel wanneer daar MIV- en Vigsverwante uitdagings en risiko's ter sprake is.

Die SCI-program behoort sy ondersteuning uit te brei na meer as net 'n eenmalige dialoog deur aan armoede en werkverskaffings vir jongmense aandag te skenk, omdat dit 'n belangrike risikofaktor in die jeug se kwesbaarheid vir MIV is. Die Soul City Instituut behoort die impak van die program saam met programontwikkelaars en –implementeerders te meet. Formele moniterings- en evalueringsinstrumente behoort beskikbaar gestel te word, asook gereelde gestruktureerde individuele en groepsupervisie aan veldwerkers. Mentors vir alle veldwerkers word aanbeveel ten einde voldoende aandag aan die opvoedings-, administratiewe en ondersteunende funksies van supervisie te skenk en om voortgesette opleiding en ontwikkelingsgeleenthede beskikbaar te stel.

Sleutelwoorde: Vigs, Eko-sistemiese perspektief, Veldwerkers, Frances Baard-distrik, John Taolo Gaetswe-distrik, Noord-Kaap, Suid-Afrika, MIV, Intergenerasie-seks, Gemengde navorsingsmetode, Nasionale Ontwikkelingsplan, Visie 2030 (NOP), Nasionale Strategiese Plan vir MIV, Seksueel-oordraagbare Infeksies en Tering (NSP), Prosesprogramevaluering, Programevaluering, Maatskaplike intervensieprogramme, Soul City-program en Dialoë, Jeug.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

# 1.	CHAPTER 1: GENERAL INTRODUCTION

## 1.1	Introduction and contextualisation

The HIV and AIDS pandemic has affected all sectors of society in South Africa, particularly the youth. The researcher believes that the loss of intellectual capital and human resources and human suffering are only some of the costs that a society encounters when its citizens are subjected to the socio-economic effects of HIV and AIDS. HIV and AIDS is regarded as one of the most significant humanitarian and developmental challenges facing the world today. Key challenges in response to the epidemic include accelerated research, sustained and expanded human resources to scale up prevention and treatment, lack of community involvement, lack of leadership in responding to the epidemic, and social issues, for example, poverty and access to antiretroviral drugs (ARVs) (Mkalipe, 2006:3-6).

In 2012 there were approximately 35.3 million (between 32.2 and 38.8 million) people living with HIV across the globe (Joint United Nations Programme on HIV/AIDS or UNAIDS, 2013:135). Furthermore, the same report highlights that in 2012 the largest HIV epidemics occurred in sub-Saharan African countries, such as Ethiopia, Zimbabwe, Nigeria, and particularly South Africa where at the time, 25 million people were living with HIV and 1.2 million deaths were AIDS-related (UNAIDS, 2013:134). In 2011 the *National Antenatal Sentinel HIV & Syphilis Prevalence Survey* (Department of Health [DOH], 2012a:iii) stated that the national HIV prevalence was estimated at 29.5% amongst pregnant women attending antenatal clinics in South Africa. In addition, the country's HIV prevalence in persons aged 2 years and above was 11% which was, at the time, the highest prevalence in the world (United Nations/UN Millennium Development Goals Report, 2010:72). Although the HIV incidence in South Africa has stabilised, it remains at pandemic proportions and efforts to reduce South Africa's HIV incidence had to intensify if the country was to make significant progress in achieving the Millennium Development Goals of zero new infections by 2015 and to begin to reverse the spread of HIV and AIDS in the country (UN Millennium Development Goals Report, 2010:42). Although progress has been made towards this goal the researcher believes that it was unlikely that South Africa had reached the goal of zero new infections by 2015. Therefore, efforts to combat the pandemic in the country are now embedded in the National Development Plan (NDP) 2030 targets to increase the average life expectancy at birth to 70 years as a result of positive improvements in evidence-based preventive therapeutic interventions for HIV (The Presidency, 2011:297) as well as the Sustainable Development Goals (SDG) adopted in 2015 at the UN.

This study intends to attend to one of the mentioned challenges related to HIV and AIDS (cf. Mkalipe, 2006:3-6), namely "accelerated research," by undertaking a process of programme evaluation of the Soul City Social Intervention Programme where it was implemented to reduce the rate of HIV among the youth in the Northern Cape Province.

What follows is a brief description of the background, goals and approach of the Soul City social intervention programme:

The Soul City Institute (SCI) for Health and Development Communication is an NGO that has been in existence for 15 years (since 1992) and it has a track record of implementing successful social and behaviour change programmes at national, provincial, community and individual levels (Nika, 2013:1). This has been achieved by multimedia edutainment vehicles and on the ground social mobilisation. The media includes Soul City TV drama, radio drama and talk-shows and easy-to-read print materials. The main factor holding the campaigns together was the coherence of messaging and the reflection of reality in the mass media.

The SCI has embraced a combination of preventative frameworks for HIV and AIDS prevention. These mainly focus on the following areas in HIV prevention: Medical Male Circumcision (MMC), Prevention of Mother to Child Transmission (PMTCT), Multiple Concurrent Partnerships (MCP) and Alcohol and Risky Sexual Behaviour. Effective *biomedical interventions* are promoted and demand is created through effective health communication and it is recognised that HIV transmission occurs within the *structural context* of poverty, violence and alcohol abuse (Nika, 2013:1). The Soul City social intervention programme at the time of the study only operated in two of the most densely populated districts in the Northern Cape where HIV prevalence is the highest, namely the Frances Baard and John Taolo Gaetsewe districts (Nika, 2013:1). Subsequently, despite an initial application for five-year funding by the SCI HIV and AIDS Social Intervention Programme with the youth in the Northern Cape, the Centre for Disease control and Prevention (CDC), due to changes in their priority areas, terminated the funding of the SCI programmes with the youth in the Northern Cape (Goldstein, 2016). The programme subsequently came to an end in the Northern Cape during December 2013, twenty months after inception.

This study was conducted from August 2014 to October 2014. The type of programme evaluation that was implemented was process evaluation. Seen broadly, a representative sample was taken from the youth who participated in the programme which also included trained fieldworkers or volunteers of the SCP (as key informants) in order to achieve the

goal of this study to evaluate the effectiveness of the SCP among the youth in terms of HIV and AIDS in the Northern Cape in the context of the *National Strategic Plan on HIV, STI's and TB 2012 -2016* (NSP, 2012-2016), (DOH,2011).

Subsequently the key concepts in this study are defined.

1.2 Definitions of key concepts

The definitions of the key concepts in this study are as follows:

1.2.1 AIDS

AIDS is an acronym for the Acquired Immune Deficiency syndrome. "A usually fatal disease that attacks the body's natural immune system" (Ambrosino, Hefferman, Shuttleworth & Ambrosino, 2012:466). "Lethal infection of the human immunodeficiency virus (HIV) which damages the body's immune system, leaving it incapable of fighting off opportunistic infections and certain cancers; transmitted by infected semen, body fluids and blood" (Deutsch & Swartz, 2002:146).

1.2.2 Evidence Based Practice

This refers to the conscientious, explicit use of current best evidence when making decisions regarding the welfare or care of individuals, service–users, clients or carers. It's claimed benefits are that it builds professional legitimacy, enhances knowledge base for practice, and lends itself to critical self-analysis, reflection and enquiry within the profession with the intent to improve the quality of practice. Most importantly, it aims to foster ethical responsibility to ensure that intervention and outcomes are as beneficial as possible for the individuals and communities with which social workers engage (Plath, 2006:58).

1.2.3 HIV and AIDS

A person is diagnosed with Acquired Immune Deficiency Syndrome (AIDS) when he or she becomes lethally infected with the human immunodeficiency virus (HIV) which damages the body's immune system leaving it incapable of fighting off opportunistic infections (Deutsch & Swartz, 2002:146). Therefore, from a physiological/medical perspective, it is the human immunodeficiency virus that causes AIDS.

1.2.4 Key populations with higher risk of HIV exposure

The Human Science Resource Council (HSRC Report, 2014:xxvii) describes 'key populations with higher risk of HIV exposure' as those populations that are found to have a higher than average HIV prevalence compared to the general population. The DOH

(2012a:39) identifies migrant workers; truck drivers; victims of sexual violence; *young people*, especially those not attending schools, uncircumcised men; alcohol abusers, men who have sex with men (MSM); sex workers and prison populations as key populations at higher risk (KPR) of HIV exposure.

1.2.5 Northern Cape Province

For the purposes of this study, the Northern Cape refers to one of the nine provinces in South Africa. It consists of five districts, namely Pixley ka Seme, Frances Baard, Namakwa, ZF Macgau, and John Taolo Gaetsewe (Department of Social Development [DSD], Annual Performance Plan, 2015:16).

1.2.6 Programme Evaluation

Alston and Bowles (2003:142) define programme evaluation as the systematic study of the operation of social action, treatment, and intervention programmes, and their impact. Authors such as Potter (2008:410) contend that the central goal of programme evaluation is to answer specific practical questions focusing on programme implementation, outcomes, effectiveness, and service quality.

1.2.7 Social welfare programmes

Social welfare programmes refer to a planned series of social activities aimed at the improvement of the social functioning of a predetermined target group in a specific field of services (Terminology Committee for Social Work, 1995:60), for example in HIV and AIDS as it relates to the youth.

1.2.8 Social work interventions

This refers to the professional behaviour of a social worker to bring about change in the person-environment situation to achieve the objectives of the agreement of cooperation (contract) which has been entered into with the client (Terminology Committee for Social Work, 1995:61).

1.2.9 Volunteer

People who offer their services or who are recruited by a welfare agency to render services, usually but not exclusively without compensation (Terminology Committee for Social Work, 1995:66), for example field workers of the SCI rendering HIV youth programmes.

1.2.10   Youth

Deutsch and Swartz (2002:146) define a youth as a person in the transition phase between childhood and adulthood. For the purposes of this study, the researcher prefers the broader, more inclusive, definition of the youth used by the South African National Youth Policy (NYP) 2009-2014 (The Presidency, 2009:12). Taking into account historical and current socio-economic inequalities that continue to be a challenge in the South African and broader African context, the NYP defines a youth (i.e., young person) as someone falling in the age group of 14-35 years.

1.3   Theoretical Framework

The theoretical framework underpinning this study is the ecosystems perspective. This theoretical framework will be discussed in detail in Chapter 4.

The ecosystems perspective evolved as a perspective where people are viewed as interacting with their environments in such a way that one person does not dominate another. In line with the ecosystems perspective, as described by Ambrosino et al. (2012), the researcher has ascertained throughout this study the extent to which implementers of social programmes during their interventions with the youth strive to identify the factors that have an impact on HIV in the youth and the interrelationships between the factors. Furthermore, the researcher explored the extent to which programme content focuses on the transactions between different subsystems, for example the individual and the community, and the extent to which interventions are aimed at supporting individuals to positively influence or change their environment regarding HIV and AIDS.

Finally, the researcher investigated the extent to which implementers of social programmes provide and explore applicable opportunities for positive interactions between all levels of the environment, for example the micro-, meso-, exo- and macrosystems, such as the NSP 2012-2016 and the NDP 2030 and, lastly, how they choose their points or levels of intervention with the youth in the Northern Cape Province.

1.4   Rationale and Research Problem Statement

HIV and AIDS together with poverty and unemployment are very serious societal problems in South Africa with more than 10% of the population infected with HIV and AIDS (UNAIDS, 2013:134). The motivations to evaluate the SCP regarding youth in the context of the NSP (2012-2016) in South Africa, in the Northern Cape, are the following:

All sectors of South African society particularly the youth have been affected by HIV and AIDS because, as earlier highlighted, the highest HIV prevalence is found in this segment of society. In addition, the loss of intellectual capital, human resources, the expenses resulting from the disease and human suffering are only some of the negative effects of these social experiences which occur when citizens succumb to the pandemic. For example, HIV and AIDS negatively affect young adult caregivers and breadwinners of households, thereby reducing available resources which could have enabled individuals to buy basic necessities such as food and electricity. This situation also gives rise to the well-documented cases of orphans and child-headed households caused by AIDS, particularly among the poorest segments of society in the Northern Cape and other communities in South Africa (DSD, 2007:92).

The current study was further motivated by the DSD's Strategic Plan 2011-2015 (DSD, 2011:6) which had as one of its goals the development of sound policies and programmes through research, and the effective use of information regarding population and development.

HIV prevalence in the general population in South Africa is still at pandemic proportions, with a slight increase in prevalence among the youth in the Northern Cape (DOH, 2012b:v). The Demographic Profile Report of the DSD in the Northern Cape (DSD, 2008b:9-10) further indicates that due to HIV the adult mortality rate has increased, while life expectancy has decreased from 64 years in 1991 to 58 years in 2007. Hence, this study aimed to provide clarity in answering the question of why this is happening, despite several prevention and intervention efforts having been made by government and civil society to curb the spread and impact of the HIV pandemic in South Africa. In this context, the researcher considered that social intervention programmes, such as Soul City, that is aimed at the youth should be evaluated to improve or refine programme content and its implementation in the context of the NSP. This is a gap that the current study aimed to fill.

Finally, this study could further contribute to the social work profession and related social service professions by the development of a coherent, relevant, and uniquely South African social intervention programme and approach to the HIV pandemic for the youth. It is the researcher's opinion that social intervention programmes in South Africa have often been perceived to be fragmented, lacking in evidence or unable to prove their effectiveness. This study is unique in the sense that very few, if any, social programmes have undertaken rigorous evaluation of the subject of HIV and AIDS and the youth which highlights a gap in social research. No study has yet been conducted in the Northern Cape or elsewhere in South Africa on the Soul City social intervention programme for the youth. The researcher

has consulted a wide range of databases, such as Sabinet, EbscoHost Africa-Wide, African Journal of AIDS Research Taylor & Frances Online. Although several social interventions could be found, he could not find any study in the Northern Cape or elsewhere in South Africa that focused specifically on the evaluation of the Soul City HIV and AIDS social intervention programme as it applies to the youth. Therefore, the researcher, through this study, embarked on a programme evaluation study from an ecosystems perspective of the SCI programme specifically regarding HIV and the youth in order to sustain and enhance social programme outcomes.

1.5 Goal and Research Objectives

The **goal** of the study was to evaluate the content, implementation and applicability of the Soul City social intervention programme with regard to HIV and AIDS targeted at the youth in the Northern Cape within the context of the ecosystems perspective.

To this end, the **research objectives** of the study were the following:

1) To describe the phenomenon of HIV and AIDS among the youth, with specific reference to South Africa and the Northern Cape, from an ecosystems perspective;
2) To describe the NSP 2012-2016 and the Northern Cape Provincial Strategic Plan (PSP) for HIV and AIDS in South Africa;
3) To describe and critically analyse the Soul City social intervention programme's focus on the youth from the ecosystems perspective;
4) To evaluate the content of the Soul City social intervention programme for the youth regarding HIV and AIDS within the Northern Cape within the context of the NSP 2012-2016 on HIV and AIDS from the perspective of the field workers;
5) To evaluate the applicability of the Soul City social intervention programme for the youth regarding HIV and AIDS in the Northern Cape witin the context of the NSP 2012-2016 on HIV and AIDS from the perspective of the youth as service users;
6) To evaluate the implementation of the Soul City social intervention programme for the youth regarding HIV and AIDS in the Northern Cape in the context of the NSP 2012-2016 on HIV and AIDS from the perspective of the youth as service users; and
7) To provide guidelines for the content, applicability, implementation, monitoring and evaluation of the Soul City social intervention programmes for youth regarding HIV and AIDS in the context of the NSP 2012-2016, in order to enhance efforts to mitigate the impact of HIV and AIDS among the youth in the Northern Cape.

1.6 Research Questions

The **research question** that guided this study was:

- To what extent is the content and implementation of the Soul City social intervention programme applicable for the youth in the Northern Cape?

The **sub-question** of the study was as follows:

- Does the Soul City social intervention programme take the different levels of the ecosystems perspective into account in terms of programme content and implementation?

1.7 Overview of Research Methods

This study was rooted in pragmatism, as the research paradigm, (i.e. mixed-methods research), which involves "collecting and analysing both quantitative and qualitative data, means that the researcher will collect both numerical and textual information" (Delport & Fouché, 2011:434). Creswell (2009:213) holds that a mixed-methods research approach allows the researcher to benefit from the advantages of both quantitative and qualitative research and to move between these two approaches of research. The researcher has found that mixed-methods research is often used where the aim is to evaluate social programmes, as was the case in the present study. More specifically, data was collected by means of a survey amongst the youth in the Northern Cape (i.e., quantitative research approach). Field workers of Soul City who work in the field of HIV and AIDS in the Northern Cape were also included in the study and data was collected by means of interviews (i.e. a qualitative research approach). The field workers in service of the Soul City programme were the actual implementers of the Soul City social intervention programme at ground level and were strategically suited to give comment about the challenges and strengths of the programme content and implementation and to make meaningful recommendations on how to improve the programme. Furthermore, and as highlighted before, HIV prevalence is by far the highest amongst the youth, hence the focus of the present study is on the youth who could provide valuable input regarding the programme's applicability and its implementation in the Northern Cape.

Neuman (2000:24) states that "applied researchers try to solve specific problems or help practitioners accomplish tasks." The type of applied research engaged in this study was evaluation research. Weinbach (2005:2), as cited in Delport and Fouché (2011:452), defines evaluation research as "the systematic review of research methods to make judgements about the effectiveness and the overall merit, worth or value of some form of

practice." Therefore, programme evaluation as a type of evaluation research was implemented to the current study. The central goal of programme evaluation is to answer specific practical questions about social programmes and their development (Potter, 2008:410). These questions normally focus on programme implementation and outcomes, as well as on the quality of services provided.

The type of programme evaluation research used in the current study was process evaluation. Kreuger and Neuman (2006), as cited in Delport and Fouché (2011:457), assert that monitoring the performance of a programme provides feedback on how a programme or series of interventions is operating and to what extent intended objectives are being achieved. Lunt, Davidson and McKegg (2003:95) emphasise that one of the functions of a process evaluation is to allow for the interpretation of process-outcome results. The results of an outcome evaluation can be positive or negative, but the programme monitoring results may paint a more detailed picture of the demands to achieve positive results, or the reasons for negative results achieved.

In the current study, and in line with the reasoning of the ecosystems perspective, the focus was on the relationship between client systems and social programme implementers, how the client was approaching issues and how the client perceived the process of intervention services that they received. The emphasis was on applicability and implementation. The researcher therefore considered programme evaluation to be the most suitable type of research to guide this study, given the fact that the aim of the study was to evaluate the Soul City social intervention programme for the youth in the Northern Cape.

The population of field workers of the Soul City social intervention programme consisted of all trained volunteers of the SCI programme working at various NGOs in the Northern Cape, for example Famsa and Child Welfare, which was 17 field workers. Since the population of trained volunteers'/field workers in both these districts numbered only 17 field workers, the whole population was interviewed and no sampling was undertaken. For the sample of youth, the researcher specifically first utilised purposive sampling based on the sampling criteria. Thus targeting two districts in the Northern Cape. Secondly, stratified random sampling was used, proportionate to the sample size to ensure that a sufficient number of youths from each stratum of the population was included (Babbie & Mouton, 2001:191) and to ensure that the views from both districts were heard. The researcher also consulted the Department of Statistics at the University of Pretoria to ensure that the procedure followed and number of respondents from each stratum were representative.

Each type of data could also be collected and analysed separately by using the techniques associated with quantitative and qualitative research. Reliability and validity were ensured in the quantitative phase and trustworthiness in the qualitative phase. Applicable ethical considerations were adhered to. For further detail refer to Chapter 5.

1.8 Limitations and Strengths of Study

The researcher experienced the following limitations and strengths regarding the research methodology:

1.8.1 Limitations

The qualitative interviews were at times very time consuming in terms of interviewing, transcribing, analysing, reporting and giving feedback.

It was costly to conduct interviews in terms of accommodation and travel in the Northern Cape.

The researcher was not able to observe counsellors during their work with clients, because of the issue of confidentiality and was only able to rely on the data collected, namely the interviews.

The fact that the SCI programme with the youth in the Northern Cape was terminated shortly before this empirical study commenced, illustrated the gap that was left and the important need for the SCP or similar programmes amongst the youth in the Northern Cape.

Tracking the sample of respondents of the quantitative part of the study was challenging because some of their contact numbers were no longer active or they no longer lived in the province at the time of the survey.

The qualitative findings cannot be generalised, as a small sample of field workers in one province was studied. However, the whole population of SCP field workers in the province was sampled. It was well-representative of them with an 86.6% response rate and can also be seen as applicable to similar populations in other provinces or settings.

1.8.2 Strengths

The fact that the researcher adopted triangulation as a mixed-method design, which meant comparing and contrasting the different findings from both the quantitative and qualitative data collected, which enabled him to produce well-validated conclusions.

The researcher's experience (18 years in social work in the HIV and AIDS field) and training (MSW) contributed to his level of insight and knowledge on the topic.

A good response rate of the research populations of the study was achieved. Accordingly, 62% was achieved for the quantitative part and 86.6% for the qualitative part of the study.

The researcher was not employed by the Soul City Institute and research participants were also not part of the researcher's caseload and it therefore made the study more trustworthy, with no researcher bias.

This study's evaluation of the SCP could assist in improving or refining programme content, its implementation by the SCP and other programmes in the context of the NSP as well as the National Development Plan.

The programme guidelines can provide general guidelines, also in terms of other youth HIV programmes in other provinces or similar settings. The guidelines are not meant to be static or final, but in line with ecosystemic reasoning and developmental research and could be open to adoption and adaptation by other professionals in allied fields of study confronted by the reality of the HIV and AIDS pandemic facing our country.

This study could further contribute to the social work profession, and related social service professions, by contributing to the development of coherent, relevant, and uniquely South African social intervention programmes and approaches to the HIV pandemic for the youth.

Finally, this study's goal and objectives obtained regarding HIV and AIDS amongst the youth have specific relevance to the unique risk factors in South Africa and particularly the Northern Cape. Its strengths and limitations could then be explored in further studies for the improvement of further interventions.

1.9 Content of thesis

The remainder of the thesis consists of the following chapters:

Chapter 2: HIV and AIDS and the youth

In this chapter contributing factors to the high prevalence of HIV among the youth in South Africa and in the Northern Cape are described, analysed and discussed from an ecosystems perspective.

Chapter 3: Public policy and the NSP on HIV, STIs and TB 2012-2016

Based on a thorough literature review, a distinction between social and public policies is made and factors influencing public policy-making are discussed together with the conceptualisation and objectives of the NSP 2012-2016.

Chapter 4: The Soul City and HIV youth programmes

This chapter focuses on the objectives, general characteristics and focus areas of the Soul City social intervention programme and how the ecosystems perspective as a theoretical framework underpins this study.

Chapter 5: Research methods

This chapter focuses on the research methods that were used in this study.

Chapter 6: Research findings and interpretation: quantitative part of the study

In this chapter the findings of the quantitative part of the study are discussed and interpreted.

Chapter 7: Research findings and interpretation: qualitative part of the study

In this chapter the findings of the qualitative part of the study are discussed and interpreted.

Chapter 8: Practice guidelines/programme/practice model

Based on the research findings the focus will be on providing practice guidelines to social programme implementers such as social workers and field workers on how to target their interventions regarding HIV and the youth in line with principles of both the ecosystems perspective framework, as well as programme evaluation theory and research. A guideline is provided regarding the content, applicability, implementation, monitoring and evaluation of the Soul City social intervention programmes for the youth for HIV and AIDS in the context of the NSP 2012-2016, to enhance efforts to mitigate the impact of HIV and AIDS among the youth.

Chapter 9: Summary, conclusions, and recommendations

This chapter discusses whether the goal and objectives of the study were met, as well as key findings and conclusions from the study. Lastly, recommendations are made based on the research findings.

2. CHAPTER 2: HIV AND AIDS AND THE YOUTH

2.1 Introduction

By the end of 2013, 35 million [33.2–37.2 million] people were living with HIV worldwide. Furthermore, new HIV infections in 2013 were estimated at 2.1 million (UNAIDS, 2014a:6). The national multi-sectoral response to HIV and AIDS in South Africa is managed by different structures at numerous levels. The various provinces and local authorities, the private sector, and a range of community-based organisations (CBOs) are the main implementing agencies. Government and NGOs in South Africa have spent considerable financial and other resources on programmes and interventions to curb the rapid spread and impact of HIV and AIDS in South Africa. The goal of the study was to evaluate the content, implementation and applicability of the Soul City social intervention programme with regard to HIV and AIDS targeted at the youth in the Northern Cape within the context of an ecosystems perspective. The purpose of this chapter is therefore to describe how objective 1 of this study was met, namely:

> To describe the phenomenon of HIV and AIDS among the youth, with specific reference to South Africa and the Northern Cape, from an ecosystems perspective.

It has been established that 22.5 million people are HIV-positive in sub-Saharan Africa and that the AIDS epidemic in sub-Saharan Africa actively negatively impacting communities putting them back many years in terms of development progress (Kirst–Ashman, 2013:390). Furthermore it is the same author's opinion that South Africa, on the other hand, did relatively little in terms of prevention, which led to "an unprecedented number of people living with HIV." Unfortunately, it does appear that government's efforts have had limited success, because the situation, particularly among the youth, is of pandemic proportions (cf. DOH, 2012a:20). The prevalence of HIV in 2011 was 20.5% in the age group 15-24, 36.3% in the age group 25-29, and 42.2% in the age group 30-34.

The 2014 HSRC South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (HSRC, 2014:xvii) highlighted that HIV prevalence remains disproportionately high for women in comparison to men, and it peaks in the age group 30-34, where one in three individuals (32.7%) have been found to be HIV-positive. HIV prevalence among women is more than twice as high as that of men in these age groups. The researcher finds these findings plausible, when the high HIV prevalence among pregnant women attending antenatal clinics in the age group 15-35 is considered (HSRC, 2014:10). It is thus clear from these findings that by far the highest HIV prevalence is among the youth in South Africa. Moreover, the researcher asserts that this makes the National

Development Plan (NDP) 2030 targets and the need for preventative and therapeutic interventions that much more urgent.

It is also clear that the Millinium Development Goals (MDG) of zero new HIV infections, zero discrimination and zero AIDS-related deaths by 2015 was unattainable. In this context UNAIDS (2014a:10) indicates that to accelerate progress towards ending the HIV epidemic, new "Fast-Track Targets" have been established for the post-2015 era of 90% of HIV positive people being on ARV treatment; 500 000 new infections among adults and zero discrimination by 2020. For 2030 targets of 95% of HIV-positive people being on ARV treatment, 200 000 new infections among adults and zero discrimination by 2030 have been set (UNAIDS, 2014a:10). These targets aim to transform the vision of ending the HIV and AIDS epidemic into concrete milestones and end-points. In the context of the present study, what is of particular significance is that despite the decline in overall HIV prevalence in the Northern Cape, there has been an increase among certain subsectors of the youth. For example, when comparing the 2010 prevalence to the 2011 rate as a point in case, the 2011 National Antenatal Sentinel HIV & Syphilis Prevalence Survey (DOH, 2012a:50) shows that there was an increase in HIV prevalence from 12.4% to 12.8% in the age group 15-24, and from 21.4% to 21.6% in the 25-29 age group. The researcher therefore concludes that there was a worrisome increase in the increase in the HIV prevalence in these age groups compared to other age groups and that the reasons for that occurrence should be established and interventions should therefore be suitably targettted.

Ambrosino et al. (2012:54-57), are of the view that the ecosystems perspective's inclusiveness entails the sociological, cultural, biological, and psychological components of individuals and their interactions with the broader environment. The environment can support or interfere in life transitions and it can therefore be an important source of stress for the individual (Germain & Gitterman, 1986:629). Bronfenbrenner and Garbarino (in Ambrosino et al., 2012:54) latch on to this and divide human systems into different levels such as the micro-, exo-, meso- and macrolevel systems of the environment. Furthermore, for all people each environmental level has risks and opportunities which can either assist them in achieving positive social functioning or serve as a direct threat to positive social functioning. Risks are also associated with the lack of opportunities in an individual's environment and social workers and others in the helping professions should therefore assess for risks and opportunities of the environment to assist a client to achieve positive change by either increasing environmental opportunities or eliminating environmental risks.

If the HIV and AIDS epidemic in the world is to ended by 2030, rapid progress must be made by 2020 (UNAIDS, 2014a:10). The Northern Cape Provincial Strategic Plan (PSP) for

HIV & AIDS and STI's 2007-2011 came to an end and has afforded the Northern Cape Province a number of valuable lessons as evidenced in the PSP Review report for that period (DOH, 2012b:1). As the province introduced a new plan for the period 2012-2016, it became clear that it cannot deal with HIV & AIDS and TB as separate diseases, nor can it continue to treat HIV and AIDS and TB as medical problems only.

In the following section the demographic status of the Northern Cape Province will be briefly described.

2.2 Demographic status of the Northern Cape Province

The Northern Cape spreads over 30.5% of South Africa's land mass. It is the province with the largest land area in South Africa of 372 889 square kilometres, but despite this, it has the smallest percentage of the South Afican population at 2.17% (DSD, 2015:16). This is largely due to out-migration from the province. Between 2006-2010 the Northern Cape had a net migration loss of 17,592 people. Almost three quarters of the population live in urban areas (71.5%), primarily in small towns with Kimberley and Upington remaining the only urban areas. There are no municipal metropoles in the Northern Cape. The province is divided into five districts namely the Frances Baard; ZF Mgcawu; John Taolo Gaetsewe; Namakwa and Pixley ka Seme districts. The Annual report of the Department of Social Development, or DSD, (2015:19) reflects that amongst all the districts in the Northern Cape, the Frances Baard district had the biggest proportion of the population residing in it, namely 33.34% or 382 086 people, followed by 236 784 (20.66%) in ZF Mgcawu and 224 799 (19.62%) in John Taolo Gaetsewe district and Pixley ka Seme 186 352 (16,26%) The least number and percentage of people live in the Namakwa district, 115 842 people (10.11% of the total Northern Cape populace).

Black Africans form the highest proportion of the provincial population group, 50% followed by coloureds at 40.3%, whites 7.1%, Indians 0.7% and other populations 1.6%. Black Africans also form the predominant population in the Frances Baard and John Taolo Gaetsewe districts which is important to note in the context of the present study, because it was in these two districts where the Soul City Institute implemented its social intervention programmes or dialogues with the youth in particular.

Youth between the ages of 15 and 34 account for 34.8% of the profiled population of the Northern Cape and it is also the segment of the population with the highest HIV prevalence in the province (DSD, 2015:18). Furthermore, females account for 50,69% of the provincial population and males 49.31% (DSD, 2015:16).

In the following section youth in relation to HIV and AIDS will be discussed.

2.3 Youth in relation to HIV and AIDS

Young people comprise the greatest proportion of the population in sub-Saharan Africa, with more than one-third of the population between the ages of 10 and 24 (Hervish & Clifton, 2012:8). Furthermore, sub-Saharan Africa is the only region of the world in which the number of young people continues to grow substantially. Young people are at a persistent risk of contracting HIV, especially in poorer communities. The World Health Organization commonly regards a young person in the transition phase between childhood and adulthood as being between the ages of 10 and 24. In South Africa, the term 'youth' has been defined as young people between the ages of 14 and 28 (Deutsch & Swartz, 2002:150). In certain arenas, such the political and sports arena the youth sector can also include persons up to the age of 35. Kirst–Ashman (2013:478) states that adolescence and young adulthood are usual times of life for people finding a life partner, obtaining an education, and making career choices. For the purpose of this study, the youth sector in relation to HIV and AIDS will be discussed first in the context of adolescence and secondly in early adulthood (which more or less ends at the age of 35).

2.3.1 Adolescence

As indicated in this study's problem statement, throughout the world adolescents are identified as a high risk group for the transmission of HIV infection. According to Louw, Edwards, Foster, Gilbert, Louw, Norton, Plug, Shuttleworth-Jordan and Spangeberg (2004:523) gonorrhea and pelvic infections are also more common amongst adolescents. In the context of the current study many respondents (34.3%) were adolescents aged between 18 and 19 years old. Adolescence is often thought of as a period of storm and stress in which individuals experience great emotional turmoil and become rebellious. Adolescents are also seen as moving through their own unique life course and as they do so, they experience life stressors, transitions, events and issues that disturb their fit with the environment (Germain & Gitterman, 1986:629). Cunningham and Cunningham (2012:115) have found that youth are often seen as being in a formative, but potentially troublesome 'transitional' period between childhood and adulthood which is also perceived as a life stage which offers great opportunities, but one that is also full of potential risks.

There are various perspectives on adolescence and the researcher will draw from the psychological and neo-liberal behavioural perspectives in order to illustrate adolescence as a risk factor in relation to HIV and AIDS. Bezuidenhout and Dietrich (2008:72) found that

the psychological perspective places great significance on the impact of sexual drives in terms of the psychological functioning of the individual.

Hervish and Clifton (2012:4) found that young people experience a time of transition, full of physical, psychological, emotional and economic changes as they leave childhood and enter adulthood. During adolescence from thirteen to twenty years there is an increased awareness of complex emotional cycles such as feeling guilty about, feeling angry or feeling ashamed of feeling frightened (Carr, 2006:5). Furthermore they adopt selfregulation strategies which are influenced by moral beliefs and they become increasingly aware of the importance of reciprocal emotional self-disclosure and making friends. Adolescence goes hand in hand with rapid physical changes and sexual maturation. Louw et al. (2004:506), highlight the fact that special ceremonies in African culture are usually held to celebrate sexual maturation. For example, among the Zulu population, seminal emissions are traditionally regarded as a sign of physical maturation and traditional ceremonies are held in celebration of the dawning of this developmental stage.

2.3.1.1   Adolescence and sexual development

Bezuidenhout and Dietrich (2008:82) has found that during early adolescence, sexual interest and experimentation develop into flirting and petting. However, passion only plays a more important role once the individual reaches mid-adolescence.

Adolescence furthermore means, among other things, experiencing emotional intimacy with or without sexual closeness. Bezuidenhout and Dietrich (2008:83), Cunningham and Cunningham (2012:115) as well as Kirst–Ashman (2013:478) identified several factors that add to a better understanding of adolescents' sexual development such as: sex typing, counselling on sexual matters, masturbation and homosexuality, and teenage pregnancy.

- **Sex typing**

There is more to sexuality than acquiring gender-related behaviour. Prior to and much more so during adolescence, children are expected to adapt to the socially approved sexual role of the male or female cohort to which they belong or with which they identify (Bezuidenhout & Dietrich, 2008:82). Studies conducted among South African adolescents in the 1990s and early 2000s described gender norms that defined successful masculinity as having multiple sex partners, and that deemed using physical and sexual violence to establish control over female partners as acceptable behaviour (Pettifor, O'Brien, MacPhail, Miller & Rees, 2009:3). Furthermore the media, especially television, provides countless role models for the adolescent to identify with any of these roles. In the context of HIV and AIDS negative

role models in terms of appropriate safe sexual behaviour could have a detrimental affect on an adolescent in terms of sex typing.

- **Counselling on sexual matters**

Adolescents may find it difficult to determine appropriate guidelines for sexual behaviour. It can, however, be embarrassing for an adolescent to turn to adults with questions, and therefore he or she turns to peers to find answers to these questions or to discuss the topic of sex that may be considered socially taboo or is viewed as undesirable in some way or another especially in conservative cultural or community settings (Bezuidenhout & Dietrich, 2008:82). Globally, only 21 percent of female adolescents aged 15-19 have a comprehensive knowledge of HIV (UNWOMEN, 2015:6). This finding is of great concern when taking into account the growing rate of HIV and AIDS in South Africa and its impact on those who have been diagnosed with the disease or are dying from it. Bezuidenhout and Dietrich (2008:84) indicate that "… many opportunities have been created for adolescents to gain knowledge about sex and the use of contraceptives to prevent HIV and AIDS, and how to deal with their sexuality," however, as the HSRC report (2014:4) indicates, the youth's knowledge regarding HIV and AIDS in South Africa showed a decline, putting them at risk of getting infected. Furthermore, "… during adolescence there is therefore a need for unambiguous information and guidelines to the youth regarding sex and how to cope with their sexuality" (Bezuidenhout & Dietrich, 2008:84). Hervish and Clifton (2012:9) furthermore indicate that as young people mature, their needs change. Therefore very young adolescents (aged 10 to 14) and older adolescents (aged 15 to 19) have different needs based on their age and counselling to them especially about HIV and AIDS should be relevantly focussed.

- **Adolescence and homosexuality**

It is not uncommon for adolescents to be involved "… in occasional homosexual activities, while experimenting with different aspects of sex and sexuality" (Bezuidenhout & Dietrich, 2008:84). In terms of gay and lesbian identity transformation, Carr (2006:34) asserts that with adolescents a first process occurs in response to experiencing feelings of being different or estranged from same sex peers. The adolescent may then be faced with the dilemma of accepting homoerotic feelings and the way the dilemma is handled often depends upon the risks associated with denial or acceptance of their sexual orientation. When adolescents fear rejection by their families and/ or peers, they may be reluctant to accept their gay or lesbian identies unfortunately by attempting to rather adopt a heterosexual identity. Carr (2006:34) indicates that this may lead to a wide variety of psycological difficulties such as depression, suicide, drug abuse and in the context of the

current study even risky sexual behaviour when it comes to HIV infection by having unsafe secretive sexual encounters or having age-inappropriate relationships with older people that take advantage of them through unsafe sexual practices.

- **Teenage pregnancy**

Adolescents' birth rates remain high in many countries and each year, births to adolescent girls aged 15 to 19 accounts for 16 percent of all births in sub-Saharan Africa (Hervish & Clifton, 2012:4). Sexual activity and unwanted teenage pregnancy are an important problem for young people today (Kirst–Ashman, 2013:478). Furthermore, keeping their babies places these young women in a situation very different from that of most of their peers. Bezuidenhout and Dietrich (2008:84) therefore argue that besides the fact that an unplanned pregnancy often creates problems for both adolescent and parents, the adolescent's youthfulness in itself often places them in a state of emotional, as well as material uneasiness to cope with caring for or having to have someone care for an unplanned child. The researcher therefore concludes that in the context of the present study, some impoverished adolescents may opt for unsafe sexual relationships with partners, often much older men for material gain, now that their future economic propspects are compromised because of having an unplanned child, while being unemployed and or are still attending school.

2.3.1.2   Adolescent risk taking behavior

Adolescents often believe that their own experiences are unique. This egocentricity is also frequently the reason for adolescent high risk behaviour, such as alcohol abuse and unprotected sex. Adolescent risk-taking behaviour increases the possibility of negative consequences or loss. There are numerous reasons why adolescents participate in negative risk-taking, such as peer pressure, through for example youth gangs (Bezuidenhout & Dietrich, 2008:74). The home environment of South African adolescents has gradually changed and in the process has increased adolescents' potential exposure to unhealthy sexual behaviour. Numerous reasons are postulated for this such as the influx of mothers entering the labour market, the rise in single parent families, and so forth. All of this creates opportunities for adolescents to spend more time unsupervised (Bezuidenhout & Dietrich, 2008:74). Social democrats, for example, therefore point to a need to acknowledge the disadvantaged structural environments that many young people come from and are currently living in, which detrimentally impact upon their ability to secure 'inclusion' in mainstream society (Cunningham & Cunningham, 2012:115).

Bezuidenhout and Dietrich (2008:74) state further that a natural part of the adolescent's development is gaining independent from his or her family. Adolescent social behaviour is also characterised by increasing interest in, and involvement with, their peers. In adolescence, conformity to the peer group (for a group of school friends) plays an important role in identity formation. The school context can influence adolescent behaviour through two mechanisms. First, the school climate may structure norms and values. Secondly, the school environment influences an adolescent's perception of societal and economic opportunities available and therefore what they can or cannot achieve in their lives. Within the school environment, adolescents observe what is considered as common norms and values, and assume attitudes, expectations and behaviours that are socially acceptable within their circles. For example, if the accepted peer norm is to indulge in premarital unsafe sex or substance abuse, some adolescents will probably also participate in such behaviour. The researcher therefore concurs with the latter and the research findings of Swart, Miller and Maringa (2011:419) that parents (or caregivers) can play critical roles in shaping sexual behavior and attitudes through parenting practices through parental monitoring in an attempt to counter the possible negative effect adolescent peers might have on the youth's attitude towards sex in general.

Louw et al. (2004:518), assert that teenagers become sexually active at an earlier age than 50 years ago. Amongst African families in South Africa, some traditional values and customs which provided a basis for family structure have been eroded by rapid urbanisation and westernisation. The problem has been exacerbated by socio-economic hardship and low levels of education. Bezuidenhout and Dietrich (2008:87) add to this by stating that across all races generally, "… a well-established youth culture in South Africa has developed with a general consistency in ways of thinking, feeling and acting that is characteristic of a large number of adolescents." The powerful influence of this "youth" culture in shaping adolescents' opinions and behaviours, is apparent in adolescents' conformity to current fashions in clothes, music, leisure activities and sometimes tragically within the context of HIV and AIDS – the area of sexuality.

loveLife (Henry J. Kaiser Family Foundation, 2008) states that at the current rate the South African youth has a 50% chance of contracting HIV over the course of their lives and it has been found that half of South Africa's new infections occur before the age of 25. Furthermore, in South Africa it has been established that infection of HIV amongst women is three to four times more likely than amongst men of the same age group. HIV prevalence is also higher for women and peaks at an earlier age than in men. This correllates with findings of the HSRC (2014:65) that more young people were engaging in sexual activites

at an earlier age in 2012 than they were in 2008. In this type of scenario the risk of infection is often higher for teenage girls because of an immature cervix and the relatively low production of vaginal mucous. Teenage girls also often lack economic resources and the emotional maturity to make informed choices regarding sexual activity or negotiating for safe sexual practices. In addition, the researcher is of the opinion that generally in many cultures accross South Africa, women have a lower social status, which at times puts them at a disadvantage when trying to negotiate on sexual matters, especially safe sexual practices. The stated disadvantaged position of women and young women in particular when it comes to sexual matters will be discussed in more depth under the sections "gender" as well as "culture."

The researcher postulates that when taking into account the aforementioned factors it is clear that during adolescence there is a need for unambiguous information and guidelines regarding sexual intercourse and how to cope with sexuality, in an attempt to mitigate the impact of HIV and AIDS on South African youth.

2.3.1.3   Factors enhancing adolescent related sexual activity

Psychological biological, and sociological influences together play an important role in understanding adolescent sexuality. The following factors enhancing and related to adolescent sexual activity will be discussed in terms of socio-cultural factors and race; social class, location, cultural or societal norms, education and lastly delinquency, drug use and sexual activity.

- **Socio-cultural factors and race**

Children born to families from historically disadvantaged ethnic groups are more often than not both impoverished and socially and psychologically constrained by the limited resources in their environments (Bezuidenhout & Dietrich, 2008:85). Furthermore, social influences for example culture, imposes its influence on adolescent sexual activity in three ways: It provides norms for acceptable sexual behaviour, individuals in power use norms as the basis for informal controls and thirdly there are often rules that constrain sexual behaviour through fear of institutional sanctions.

Furthermore, the importance of socio-cultural factors on adolescents is epitomised in the following quote (Bezuidenhout & Dietrich, 2008:85):

> The cultural and ethnic backgrounds of children have much to do with how adolescents view their future, as well as the opportunities that appear to be available to them. If children observe and perceive the adult members of their racial or ethnic group as entrapped by poverty, lacking adequate education, and

having little (if any) ambition for the future, their goals and aspirations will be adversely affected.

Pettifor, Rees, Kleinschmidt, Steffen, Machpail, Hlongwa, Madikizela, Vermaak and Padian (2009:1) indicate that race is in many respects a marker of former socially disadvantaged people in South Africa, and it still functions as a proxy for a host of socio-cultural factors related to higher-risk sexual behaviours, such as residence in poor neighbourhoods, participation in labour migration, poor access to health information and services, and mythical beliefs about the origins of HIV. Therefore their:

> … identity is intimately related to their observations of and experiences with their social role models. It is also often the cause of their risk-taking behaviour (sexual and other behaviours), as a response to their adolescent experience in the midst of perceived racialism and oppression, and disillusionment with their future prospects (Pettifor et al., 2009:1).

Related to the latter discussion, young people are not a homogenous entity and some face a series of disadvantages and obstacles which increase the likelihood of them being exposed to a range of social problems and difficulties as they make the transition to adulthood (Cunningham & Cunningham, 2012:130). For example, young people from historically disadvantaged backgrounds are also likely to suffer from marginalisation in comparison with other young people. Discrimination rather than moral culpability is likely to have been a significant factor in contributing to exclusion. Frequent and abrupt changes in living arrangements, regular interruptions to education, variable standards of care, as well as potential histories of neglect abuse are bound to have an impact on their life chances and opportunities. Bezuidenhout and Dietrich (2008:85) have also found that some theorists believe that socio-economic differences between blacks and whites account for the differences in sexual behaviour between the two groups. The latter is confirmed to an extent by the HSRC (2014:xxv) report, which has found that HIV prevalence is much higher amongst the black and coloured community in South Africa, which historically are faced with the most socio-economic hardships in comparison to other racial groups.

- **Social class**

The NDP (The Presidency, 2013:303) considers poverty as a significant health determinant. Bezuidenhout and Dietrich (2008:86) found that living in poverty is often associated with early sexual activity, probably due to unhappiness and fewer positive future prospects. In the South African context many adolescents are trapped in a cycle of poverty, which could lead to their engaging in increased sexual activy in order to get a quicker and sometimes dangerous form of esape from their realities. The 2014 HSRC report highlights the fact that the highest HIV prevalence is found among poorer sections of the population and that the percentage of early sexual debut has increased significantly.

Bezuidenhout and Dietrich (2008:86) concur with the latter and state that poverty and historically disadvantaged status is also often associated with sexually transmitted infection rates. In line with the finding that females are disproportionately affected by HIV infection, there is a need to ensure that poverty and its impact on females in general, and young girls in particular, is addressed (Cluver, Boyes, Orkin, Pantelic, Molwena & Sherr, 2013 in HSRC, 2014:108). Poverty as it relates to HIV vulnerabilty will be discussed in more depth in the section on 'Poverty and unemployment' later in this chapter.

Furthermore, the adolesents' sense of belonging to a particular social class contributes to the development of their self-esteem and therefore if they have a low self esteem they might rebel against societal, cultural or community norms through premature high-risk sexual activities as a means to affirm their self-concept amongst their peers (Bezuidenhout & Dietrich, 2008:86).

- **Location**

The nature of the environment may be another reason for the association between poverty and early sexual activity (Bezuidenhout & Dietrich, 2008:87). Living in an environment characterised by poverty, crowded housing, and serious family and social disorganisation often exposes children to many forms of deviant behaviour, as well as to sex at a very young age.

Sexual experience and particularly the age at first intercourse are critical indicators of the risk of contracting sexually transmitted diseases. Adolescents who experience sexual commencement at a young age are exposed to these risks over a proportionately long period of time. Sexual violence is a human rights violation as articulated in many regional and international conventions including the 1989 *Convention on the Rights of the Child* (UN,1989), the *Geneva Conventions* (UN,1949) and the *Maputo Protocol* (2003). However despite the latter conventions and protocols Hervish and Clifton (2012:23) indicate that many adolescents' first experiences of sexual intercourse are coerced or violent. Adolescent girls, specifically those who live in extreme poverty among marginalised communities without family support or in situations of conflict or displacement are particularly vulnerable to coerced sex and violence. Therefore, in these and other contexts because sexual intercourse during adolescent years, especially first intercourse, is often unplanned, it is often associated with unprotected sexual intercourse. Furthermore, adolescents who have early sexual experience are more likely to have more sexual partners and more frequent sexual encounters later on, which was reiterated by the HSRC report

(2014:xxxii) which highlights the high level of multi-concurrent relationships amongst the youth in the age group 15 years and older during the 12 month period of its survey.

- **Cultural or societal norms**

There are many sources of messages in South African society arising from the communication of victimisation. Bezuidenhout and Dietrich (2008:87) as noted earlier has found that "… a well-established youth culture has developed in South Africa with general consistency in the ways of thinking, feeling and acting that is characteristic of a large number of adolescents." Therefore, the powerful influence of this culture in shaping adolescents' opinions and behaviours is very apparent in adolescents' conformity to current fashions in clothes, music and leisure activities. The area of sexuality is also subject to this influence as is any other which supplies sets of beliefs about appropriate sexual behaviour. Influences include popular media publications for adolescents, movies and television programmes designed to appeal to this age group, as well as music, songs and music videos like rap, kwaito, hip-hop and house music videos. Popular music and dancing have simulated a human procreating ritual, in which rhythm and simulated sexual movements provide sexual release and indicate sexual attraction. This and fiction magazines contribute to the establishment of principles about relationships between the sexes, sexual expression and power. South African youth are not immune to these influences which can be found in various township taverns, dance clubs, as well as social and other media. Thus it is in this context that the researcher concurs with Kirst–Ashman (2013:483) who emphasises the importance of addressing media and other social influences that encourage sexual risk-taking behaviours especially amongst the youth in the Northern Cape and elsewhere in South Africa. Culture and how it relates to the youth's HIV vulnerability will be discussed later in this chapter in the section on Culture.

- **Education**

"… In all countries in sub-Saharan Africa, some adolescents and young people experience extreme and persistent disadvantages in education" (Hervish & Clifton, 2012:11). Accordingly, high numbers of out-of-school adolescents not only curb efforts to achieve universal education, but leave millions of young people stagnating in a cycle of poverty with fewer opportunities for self actualisation. Overall, there is a large drop in the enrolment of children between primary and secondary school in sub-Saharan Africa, but the transition from primary to lower secondary school is particularly difficult for adolescent girls (Hervish & Clifton, 2012:9). Often, barriers that already exist at the primary level are magnified when it comes to secondary enrolment and completion rates for most young people. It is assumed that higher levels of educational achievement and clear educational goals are related to

24

lower rates of premarital sex for both male and female adolescents. Therefore, adolescents who reveal a nothing-to-lose attitude or perception about the future, engage in more risky behaviours than adolescents who have great future expectations (Bezuidenhout & Dietrich, 2008:88).

- **Delinquency, drug use and sexual activity**

Hervish and Clifton (2012:20) indicate that many people have their first experience with tobacco, alcohol and drugs during adolescence and youth. For the adolescent habitual drug abuse may negatively affect mental and physical health, education, criminal status, difficulty in establishing autonomy from their immediate families, as well as establising long term intimate relationships (Carr, 2006:673). Drug-related risky behaviours can have a negative impact on young people's wellbeing and may also lead to poor sexual and reproductive health outcomes. (Hervish & Clifton, 2012:20). Furthermore, Carr (2006:673) has found that children of regular teenage drug users, suffer from drug related problems such as HIV infection, intrauterine infections and fetal alcohol syndrome (FAS). The Northern Cape after the Western Cape has the highest number of FAS cases in the country.

Raniga (2007:73) has found that young people are extremely susceptible to contracting HIV due to their subordinate socio-economic status and because of their susceptibility to experimentation with drugs and alcohol during the adolescent phase of life. This is confirmed by Jessor and Jessor (1989) (in Bezuidenhout & Dietrich, 2008:88) who suggest that all slight forms of delinquency and substance use or abuse, are part of a general deviance syndrome amongst young people. In the Northern Cape it was found that the province had the highest proportion of learners having sex after consuming alcohol in the country because alcohol decreases inhibitions and safe sex negotiation skills, which makes young people more vulnerable to unprotected sexual intercourse, leading to sexually transmitted diseases such a HIV and AIDS (DSD, 2015:89).

The ecosystems perspective defines self-esteem as the most important part of self-concept, because it represents the extent to which one feels competent and worthy (Germain & Gitterman, 1995:818). Furthermore, Carr (2006:30) indicates that young adolescents face the dilemma of group identy versus alienation and that joining a group must not lead to them sacrificing their own identity. Böning (2009:52) describes that stress in ecosystems interactions is a dysfunction between the needs of the individual on the one hand and available environmental resources on the other hand to meet those needs which may lead to lowered self-direction and self-esteem. Hence, self-esteem significantly influences human thinking and behaviour and it is therefore particularly important because during

adolescence a person continuously develops and even changes in their development towards adulthood. Sexually, adolescents may experience low self-esteem as a constant feeling of being unworthy, unlovable, inadequate and showing self-doubt (Bezuidenhout & Dietrich, 2008:88). From an ecosystems perspective, the researcher thus thinks that adolescents engage in early and high risk sexual behaviour possibly in an attempt to compensate for low self-esteem or because of it.

The following section will focus on young or early adulthood in relation to HIV and AIDS.

2.3.2　　Young or early adulthood

Adulthood is the period between adolescence and old age. Young adulthood is the period in humans' lives from 20 to 34 years of age (Carr, 2006:34). Erikson as cited in Louw et al. (2008:534), indicates that young adults have the important task of deepening their capacity for intimacy to provide a basis for meaningful and committed relationships. Furthermore, establishing intimacy is one of the most important tasks of young adulthood. In pursuit of achieving the latter developmental task, it is the researcher's view that young adults can sometimes put themselves at risk of acquiring HIV and AIDS.

Neo-liberal interpretations of the 'crisis of youth' often have a strong moral undertone, with young people or their families increasingly held personally responsible for the difficulties they face (Cunningham & Cunningham, 2012:115). The problems experienced by young people are seen to be largely a result of their own or their parents' making, sometimes reinforced by an over-generous, perverse welfare system. Furthermore, welfare is viewed as having seduced parents and young people into a life of irresponsibility and liberal criminal justice policies are said to have encouraged a host of dysfunctional, deviant patterns of behaviour such as risky sexual behaviour and related behaviours (Cunningham & Cunningham, 2012:115). As an example this "dysfunctional" or unintentional effect of the South African welfare system specifically can possibly be seen as manifesting through the many unemployed young people who receive several child support grants albeit small, despite the availabilty of free contraceptives at most government clinics and elsewhere across the country.

The Human Science Resource Council (HSRC Report, 2014:xxvii) describes 'key populations with higher risk of HIV exposure' as those populations that are found to have a higher than average HIV prevalence compared to the general population. The latter grouping generally engaged in behaviours that put them at higher risk for HIV infection. The HSRC (2014:xxvii) identified certain key populations with higher risk of HIV exposure as "African females aged between 20 to 34," "African males aged between 25 to 49, disabled

persons, high-risk alcohol drinkers of around 15 years old, people with disabilities and older recreational drug users."

The HSRC (2014:xxvii) also highlighted that HIV prevalence remains disproportionately high for women in comparison to men and it peaks in the 25–29 age group where one in three (32.7%) individuals were found to be HIV-positive. HIV prevalence amongst women is more than twice as high as that of men in the age groups 20–24 and 25–49. HIV prevalence amongst men peaks in the 30–34 age group. Furthermore, when the year 2012 is compared to 2008 it shows that there were significant increases in multiple sexual partnerships amongst African women aged 20–34 (from 1.3% to 4.3%) and African men aged 25–49 (7.0% to 17.4%).

In South Africa, the practice of "age mixing" or intergenerational sex – particularly younger women engaging in sexual activities with older men – has been identified as an important factor contributing to the spread of HIV and AIDS. Research has noted that these relationships in young adults are usually motivated by subsistence needs and are also linked to materialism and consumption, for example unemployed or low income single mothers with small or very young chlidren. In South Africa the slang terms "blessers" and "blessees" were recently identified in reference to the latter. In addition, the importance of education to enable youth to access employment opportunities is shown in the following quote (Stats SA, 2015:17).

> The education level of employed youth has a direct influence on the types of jobs they are able to get In 2015 one in every two black African (54,0%) and coloured (53,3%) youth aged 15–24 years who had jobs had education levels below the secondary level (matric). In contrast, the proportion of the Indian/Asian and white population groups with that education level was substantially smaller at 17.3% and 12.4% respectively. Among youth aged 25–34 years the pattern is similar but the percentages in the lowest education categories are smaller.

Furthermore, "… in 2015 among employed black African and coloured youth aged 25–34 years, 48.4% and 48.5% respectively had education levels below the secondary level while an additional 16.5% and 10.2% had a tertiary qualification. Among the employed white and Indian/Asian population groups aged 25–34 years, 40% to 52 % had a tertiary qualification" Stats SA (20-15:17). The same report emphasises that within provinces such as the Northern and Eastern Cape as well as Limpopo more than only one in every two employed youth (52–59%) had education levels below matric. In the context of inter-generational sex previously discussed, the researcher therefore concludes that because of the challenges youth face in terms of being insufficiently educated to find work, this increases their vulnerabilty to HIV infection. The issue of intergenerational sex will be further explored in the section "behavioural determinants of the HIV and AIDS pandemic in South Africa."

In uitilising this insight into the complexity of youth-related infection, the researcher will pay particular attention to what extent the Soul City social intervention programme is geared towards taking the multiple risk factors into account as it relates to the youth, for example adolescence and early adulthood, in its efforts to mitigate the impact of HIV and AIDS on the South African youth sector.

In the following section contributing environmental risk factors with regard to HIV and AIDS prevalence within the Northern Cape and broader South African context will be explained.

2.4 Contributing environmental risk factors with regard to HIV and AIDS prevalence in the Northern Cape and broader South African context

The exosystem or community level includes community level factors. Ambrosino et al. (2012:55), state that the exosystem or community level includes community level factors that might affect the way an individual functions and may entail, for example, community values and attitudes, high levels of substance abuse and unemployment, or lack of information around child sexual abuse and related issues. This implies that the exosystem refers to settings in which the individual does not participate directly, but which affect him or her.

The researcher is of the opinion that no functional intervention aimed at HIV and AIDS amongst the youth can be achieved without taking into consideration the multiple and complex environmental risk factors that influence the spread of the disease. Gow and Desmond (2002:7) are of the view that HIV and AIDS risk in South Africa can be viewed in two ways. Firstly, there is an individual risk in terms of age, marriage, condom usage and HIV status. Secondly, it can be viewed in terms of the widening risk context, for example, "the condom gap," the lack of autonomy of women, as well as limited voluntary counselling and testing (VCT) access and sexual health education in certain rural and historically disadvantaged areas of the country. Thus the researcher will focus in the following section on a number of environmental risk factors including poverty and inequality, overall HIV prevalence, HIV incidence, antiretroviral exposure, mortality and cause of death, urbanisation, gender roles, long distance truck driving and sex workers. Furthermore, migration patterns, key populations at higher risk of HIV exposure, cultural factors and substance abuse as risk factors to HIV infection will also be discussed from a general, sub-Saharan, South African and Northern Cape perspective.

2.4.1 Poverty and unemployment

It is a well-known fact that the sector of society known as the "poorest of the poor," are often found to be the most vulnerable and the infection rate amongst these individuals is the

highest. The Corridor Economic Empowerment Project (CEEP) under the auspices of the International Labour Organisation (ILO) (2015:5) also recognises that the lack of economic empowerment influences a person's vulnerability to HIV and AIDS. It has been found that "… youth unemployment remains a major issue in sub-Saharan Africa, especially given its very high poverty rates. Compared to adults, young people emerge as over-represented among those living in poverty" (Hervish & Clifton, 2012:12). Stats SA (2015:6) reports that the unemployment rate among youth is more than twice that of adults each year, while the absorbtion rate into employment for youth is substantially lower than that of adults. The Northern Cape unemployment rate is 27.47%, which is higher than the national average (DSD, 2015:27). This ranks the Northern Cape's unemployment rate as one of the highest in comparison to other South African provinces. Moreover, "… youth aged 15–34 years are not a homogenous group and their labour market prospects differ markedly and in this regard as the youngest age categories tend to be more disadvantaged – especially younger women" (Stats SA, 2015:1). South Africa did not escape the impact of the recent world economic crisis. The SA Stats (2015:1) report further suggests that young people in the South African labour market bore the brunt of the world economic crisis. In this context provincial labour markets were also not immune to the global economic downturn. In 2015, youth unemployment stood at 36.9% in South Africa, while the unemployment rate amongst adults was more than twice as low at 17%. Moreover, in the Northern Cape, youth unemployment stands at a staggering 45,1% which is the highest in the country (Stats SA, 2015:6). Trends over the period 2008 to 2015 also highlight that the youth unemployment rate in the country increased by the largest percentage in the Northern Cape (11.3%).

Morsy (2012) in Stats SA (2015:5) notes that "the global economic crisis also produced more 'discouraged' workers, young and old, who dropped out of the labor force, which likely further exacerbated income disparity." Discouragement is more of a problem for women than men. Over the period from 2008 to 2015 the number of discouraged work-seekers rose by 1.2 million, 594 000 of whom were men and 600 000 were women (Stats SA, 2015:9).

Bloom (2012) in Stats SA (2015:4) highlights that "adolescents and young adults are especially vulnerable to macroeconomic downturns, and have unfortunately experienced the brunt of the global economic crisis that began in 2008 and the subsequent sluggish employment recovery." This is also evident in the South African labour market. Over the period 2008 to 2015, the increase in employment by 1,0 million was solely on account of job gains among adults (up by 1.2 million) while among youth job losses of 221 000 occurred.

Furthermore, difficulties about the labour market in South Africa are shown in the following quote (Lehohla in Stats SA, 2015:1):

> Entrenched structural weaknesses in the labour market due to the mismatch between skills and available jobs are reflected in the high incidence of long-term unemployment among both youth and adults at over 65% in the aftermath of the global economic recession. This highlights the challenges faced by youth in finding employment, given that as many as 55% of young people who are actively looking for jobs have education levels below matric, while an additional 36.4% only have a matric qualification.

Relatively few employed youth (21.2%) have a tertiary education (Stats SA, 2015:6). Therefore, "… large differences in education profile by population group resulted in only 13.1% of black African youth and 10.5% of coloured youth having skilled occupations, while one in every three Indian/Asian youth (36.2%) and 53.4% of white youth had such occupations" (Stats SA, 2015:3). With regard to the Northen Cape, what complicates youth unemployment more is that 50.6% of the youth have no working experience, while 37.6% lack technical skills. Furthermore, in the Northern Cape amongst the youth 36.9% are employed in low-skilled jobs while 50.5% are in semi-skilled employment and only 12.8% are in skilled employment (Stats SA, 2015:22). In addition, 55.8% of Northern Cape youths experience incidences of long term unemployment.

In this context many people in the Northern Cape continue to live below the poverty line of R800 per month, which is 38% higher than the national average in (Northern Cape Provincial Strategic Plan for HIV and AIDS, STI's, (NCPSP) in (DOH, 2012b:10). In addition, because of their limited experience and professional networks, young people more than adults often struggle to secure a job. The effect is that "… many young people find themselves unemployed or underemployed in informal jobs with inadequate pay. For instance, the total youth labour force participation rates of South Africa which is a middle-income country is 27%" (Hervish & Clifton, 2012:12).

Morsy (2012) in Stats SA (2015:6) finds that "underutilization of young people in the labour market can result in a vicious circle of intergenerational poverty and social exclusion." Lack of employment opportunities may trigger violence and juvenile delinquency. In light of the aforementioned, it is therefore important to emphasise that the Northern Cape experiences significantly high levels of poverty, and race remains associated with the spread of HIV in South Africa (DOH; 2012a:108). This is further reiterated by the NSP for South Africa on HIV and AIDS (2007–2011) which states that whilst the immediate determinants of the spread of HIV relate to behaviour such as unprotected sex, the fundamental causes of the pandemic in South Africa are deep rooted institutional problems, including poverty and gender-related issues. Kirst–Ashman (2013:375) is further of the opinion that, poverty limits

individual access to preventative and therapeutic health care. Stats SA (2015:148) indicates that only 20% of youth have access to medical aid. Furthemore, "… over the period 2008–2015 the percentage of youth with such access declined in four provinces while among adults there was a decline in only three provinces. The largest decline among youth occurred in the Northern Cape (6.2 percentage points)" (Stats SA, 2015:148).

It is further argued that poor people living in rural and urban informal settlements seem to be at the highest risk of contracting HIV and AIDS. A recent South African survey, suggests that by providing young girls with a source of income such as a small grant, it is possible to reduce their risk of HIV as they are not forced to be involved in intergenerational and transactional sexual relationships with older men for financial gain (Cluver, Boyes, Orkin, Pantelic, Molwena & Sherr, 2013:1 in HSRC, 2014).

The following section will focus on the overall HIV prevalence in South Africa.

2.4.2   Overall HIV prevalence

With regard to HIV Prevalence in South Africa it was found that "… the national estimate for HIV prevalence among South Africans in 2012 was 12.2%. This estimate is statistically significant different from the 2008 national estimate of 10.6%" (HSRC, 2014:xxiv).

The impact of HIV on the different racial groups is demonstrated in the following quote (HSRC, 2014:34-35):

> HIV has affected all racial groups, however, black Africans have the highest HIV prevalence rates compared to all other race groups: Black African females aged 20-34 years; black African males aged 25-49 years, and those living in informal settlements. Coloureds had the second highest HIV prevalence rate.

The HSRC (2014:37) indicates that "… HIV prevalence was low (2.4%) for children under 15 years, but rose sharply among respondents aged 20-24 years and continued to rise until it peaked in the 30-34 years age group with a prevalence of 30.7%."

The epidemiological curve for South Arica continues to show that females have a much higher HIV prevalence than males, namely 14.4% versus 9.9%.

The HSRC (2014:37) further indicates that female HIV prevalence continues to increase, peaking at 30-34 years, where prevalence reaches a record high of 36%.

HIV prevalence from four national surveys indicate that (HSRC, 2014:43) :

> ... among adults 25 years and older by province, indicates that the HIV prevalence
> has significantly increased from 2005 (15.6%) to 2012 (19.9%). The Northern

Cape prevalence increased in 2012 to a double-digit level (12.5%), whereas in 2005 it was 8.0% and 8.6% for 2008.

It can thus be concluded that HIV prevention intervention strategies should be significantly scaled up to try and prevent further growth of infection rates or to achieve a significant downturn in line with NDP as well as UNAIDS targets.

The following section will focus on the overall HIV incidence in South Africa.

2.4.3   HIV incidence

The HSRC (2014:57) indicates that "… HIV incidence is the most direct means of assessing the impact of the HIV-prevalence programmes that the country has implemented. HIV incidence is therefore the biomarker of choice to associate with recent behaviours or recent behavioural changes."

The HIV-incidence rate among female youth aged 15-24 was over four times higher than the incidence rate found in males in this age group, namely 2.5% versus 0.6%. With an HIV-incidence rate of 4.5%, black African females aged 20-34 years recorded the highest incidence of HIV among the analysed population groups and can be considered as the most at risk population (MARP's).

Furthermore, the challenge of the high HIV incidence in South Africa is encapsulated in the following quote (DOH, 2011:7):

> The incidence analysis suggests that there is no evidence that incidence among adults aged 15-49 years changed between 2008 and 2012. The NSP 2012-2016 states as its primary goal a reduction of new infections by at least 50%. This however will remain to be a challenge given the transmission dynamics that still prevail in the country.

The NCPSP in DOH (2012b:28) identified that an important risk factor in the Northern Cape Province is from diseases associated with HIV, such as the prevalence of Sexually Transmitted Infections (STIs) for example syphilis. These are a marker of high risk sexual behaviour and, in addition, infection with STIs may in itself increase the risk of HIV transmission during sex. STIs and inadequate treatment are more likely among people exposed to factors such as poverty, informal settlements, limited access to health services and population mobility.

The syphilis rate in the Northern Cape is the highest in South Africa and remains high, despite a decrease from 5.6% in 2009 to 3.6% in 2010. The syphilis rates in the Northern Cape are higher than the national average and other provinces, signalling another public health challenge (DOH, 2012b:18). The syphilis prevalence in the Northern Cape further

highlights the necessity for broader, more integrated reproductive health services that integrate HIV and AIDS (DOH, 2012b:30).

The tuberculosis epidemic in the Northern Cape is the third highest in South Africa. The TB incidence rate (new cases) has slightly decreased from 453,7 per 100,000 people to 358 per 100,000 people. In addition to this, there has been a notable improvement in the cure rates. However, despite this progress the number of cases of Multi-drug-resistant tuberculosis (MDR-TB) has increased (from 126 in 2004 to 314 in 2010). Annual new XDR-TB cases range from 8 in 2008 to 41 in 2010 (DOH, 2012b:29).

The following section will focus on Antiretroviral exposure in relation HIV and AIDS

2.4.4 Antiretroviral exposure

HIV treatment can dramatically extend the lifespan of people living with HIV and effectively prevent HIV transmission (UNAIDS, 2014a:6). Abrosino et al. (2012:56), indicate that the macrosystem incorporates ideologies at national and local levels and it is important to understand how it may influence the youth's sexual behaviour via media, books, government policies and programmes on for example Antiretroviral medicine (ARVs). The HSRC (2014:112) indicates that youth between the ages of 15-24 years had the lowest level of ARV treatment exposure, presumably due to new infections in that age group which appeared relatively more recently and therefore because of a lower viral load, their health regressed to the stage of treatment eligibility later, as opposed to older adults. While South Africa's effort to expand treatment programmes is very progressive, the high rate of new infections and the trends of increased HIV risk behaviour in the country suggest an evolving complacency among people at risk particularly the youth. Van Dyk (2013:228) states that issues around disclosure have taken on new dimensions in the ARV era because of a perceived requirement that people will only be accepted into a treatment programme if they disclose their status to a friend or a family member who will support them. This is therefore a barrier to many people in South Africa to take up ARV treatment. It is thus clear that creative targetted strategies should be devised by healthcare workers and patients who are members of a specific community to assist each other to adhere to their ARV treatment programmes.The researcher therefore concurs that interventions are urgently required to counter potential behaviour risk compensation (for example an increase in risky behaviour) in the era of a successful ART roll-out programme (HSRC, 2014:112).

The following section will focus on mortality and cause of death in relation to HIV and AIDS.

2.4.5 Mortality and cause of death

The primary cause of death in the Northern Cape was tuberculosis (TB), followed by Influenza and pneumonia, (DOH, 2012b:25). Information on the leading natural causes of death by district municipality, showed that tuberculosis was the leading cause of death in the majority of district municipalities in the Northern Cape with the exception of the John Taolo Gaetsewe district (DOH, 2012b:27).

While tuberculosis remains the leading cause of death for both men and women in the province, there were differences in the distribution of causes of death by sex, which potentially indicates that different approaches should be taken in combating the disease. The leading cause of death in the age group of 15-49 and 50-64 was TB (1578 cases out of total 1768). The deaths caused by HIV were placed third in the 15-49 age group (344 cases out of 431). HIV did not fall under the top 10 leading causes of death in the 50-64 age group (DOH, 2012b:27).

The following section will focus on urbanisation in relation to HIV and AIDS.

2.4.6 Urbanisation

Gow and Desmond (2002:7) argue that in post-apartheid South Africa with the removal of influx control laws there has been a steady growth in the urbanisation of the black population. South Africa has experienced high levels of political and economic migration in recent decades, both between its provinces and its neighbouring states. Migration increases the extent of sexual networking and thus facilitates the swift spread of the HIV epidemic. The majority of migrants have settled in large informal settlements on the periphery of major cities and towns. The Northern Cape has shown a similar pattern, with the mushrooming of squatter camps such as Soul City and Puthanang in the city of Kimberley. The researcher therefore maintains that since unemployment is particularly high in the urban as well as poorer rural Black, coloured and Asian populations and especially amongst women, it is such inequalities that are a major driving force behind the HIV and AIDS pandemic. The HSRC (2014:10) has on numerous occasions reveal that "… black Africans have the highest HIV prevalence compared to other racial groups." In addition "… HIV prevalence is furthermore the highest in urban informal areas as well as formal areas and is lowest in rural informal areas" (HSRC, 2014:4).

This quote further highlights the link between race, accommodation arangements and HIV prevalence (HSRC, 2014:4):

> The majority of residents living in urban informal and rural formal areas are black Africans and it is therefore necessary to assess the living arrangements of black Africans compared to other racial groups Furthermore there are also general racial differences in living arrangements, for example black Africans (39.1%) are less likely than all the other races (>85%) to live in urban formal areas, which is reminiscent of the apartheid era. A significant proportion of black Africans (48%) compared to all other groups live in rural areas and an additional 9.6% live in urban informal areas. This implies that, in total, the majority of black South Africans (57.6%) live in the informal areas of the country. The latter is a major distinguishing factor between high- and low-HIV population groups, where it is found that the majority of black Africans live in poor conditions.

Healy (2005:137) states that habitat, recognition of power, and diversity of lifestyles were incorporated in the ecosystems perspective to address structural injustice. Metaphorically, people's habitats represent a specific physical or social setting within a cultural context that includes dwelling places, physical layouts of communities, physical settings of schools, workplaces, hospitals, social agencies, places of entertainment, religious structures, nature and so forth. The NCPSP in (DOH, 2007:10) demonstrates that in the John Taolo Gaetsewe District, all households in Moshaweng, live on unsurveyed land which is mostly tribal land. Informal settlements are of particular concern in the Frances Baard District where the largest urban centre, Kimberley, is found. All the factors associated with these settlements that impact negatively on the epidemic are present.

From an ecosystems perspective, it is thus clear from the discussion of urbanisation, that issues such as poverty and related poor living conditions need to be urgently addressed in the fight against HIV and AIDS.

The following section will focus on gender in relation to HIV and AIDS

2.4.7 Gender

UNAIDS (2014b:1) highlights the fact there are approximately 880 million adolescent girls and young women aged 15–24 years but depite comprising 12% of the world's population, they are is often left without a voice or control over their own bodies. Furthermore, the DSD Northern Cape Human Development Report (2007:29) indicates that the HIV prevalence in women is the highest amongst young women of childbearing age.

Gender-based violence and limited access to health care and education, coupled with systems and policies that do not address the needs of young people are obstacles that block adolescent girls and young women from being able to protect themselves against HIV infection, particularly as they transition into adulthood. In this context the NSP (DOH, 2011:35) highlights the link between gender and HIV and AIDS infection, with specific attention to gender-based inequalities as a risk factor. It asserts that this contributes to the

vulnerability of young girls and women regarding HIV and AIDS. This is proven when taking into account the epidemiology of the pandemic worldwide, where women constitute 48% of adults estimated to be living with HIV and AIDS. This indicates that the incidence of HIV was the highest in the following HSRC quote (HSRC, 2014:4) :

> HIV prevalence was low (2.4%) for children under 15 years, but rose sharply among respondents aged 20-24 years and continued to rise until it peaked in the 30-34 years age group at a prevalence of 30.7%. The epidemiological curve for South Arica furthermore continues to show that females have a much higher HIV prevalence than males (14.4% vs. 9.9%, p<0.001)

UNWOMEN (2014:1) highlights the fact that today there are more than 16 million women living with HIV, comprising 50 percent of all adults living with HIV globally. AIDS is also the leading cause of death among women of reproductive age worldwide. In 2013 almost 60% of all new HIV infections among young people aged 15–24 occurred in adolescent girls and young women. Globally, 15% of women living with HIV are aged 15–24, of whom 80% live in sub-Saharan Africa (UNAIDS, 2014b:41). The HSRC (2014:37) indicates furthermore that in South Africa HIV prevalence in females:

> … continues to increase, peaking at 30-34 years where prevalence reaches a record high of 36.0%. Black African females aged 20-34 years had the highest incidence of HIV in the analysed population groups, namely 4.5%. Black African males aged 25-49 years recorded an HIV incidence of 1.8%.

In 2013, almost 60% of all new HIV infections in young people aged 15–24 occurred in adolescent girls and young women.

Girls and women are particularly vulnerable to HIV infection, not only because of biological vulnerability but also because of gender norms, roles and practices. The HSRC (2014:38) acknowledges that gender inequality hinders social and economic development and that the achievement of gender equality remains one of the critical components of the transformation agenda. In sub-Saharan Africa, more than 3 million girls are at risk of female genital mutilation/cutting (FGM/C) each year (Hervish & Clifton, 2012:25). Gender-based violence is a worldwide phenomenon and a serious violation of human rights. At the time of reporting, almost 50 countries reporting data on the prevalence of intimate partner violence, between 9% and 60% of women aged 15 to 49 years reported having experienced violence at the hands of an intimate partner in the last 12 months at that point in time (UNAIDS, 2013:7). Gender-based violence increases the risk of HIV infection. A study in South Africa found that young women who experienced intimate partner violence were 50% more likely to have acquired HIV than women who had not experienced violence (UNAIDS, 2014b:1). The Northern Cape is also grappling with high levels of violence against women, with sexual

assault, gender norms and intimate partner violence contributing to increased risk of HIV infection (DOH, 2012b:53).

The HSRC (2014:110) also indicates that:

> … HIV prevalence among those who are going steady (have a consistent sexual partner and are living together with that partner) is higher than among persons of any other marital status group, followed by those who are living together but are not married (co-habiting). The likelihood of HIV infection is considerably worse for those of reproductive age who are co-habiting.

The researcher postulates that a possible explanation for this could be that one of the partners, most probably the male is unfaithful and has multiple relationships while still enjoing the "benefits" of having a stable partner that he is living with, in terms of greater financial security, getting a regular cooked meal, having his washing done and a place of residence, as well as enjoing regular unprotected and unsafe sexual intercourse.

The finding that HIV prevalence is highest among unmarried individuals who are co-habiting is a worrying finding in a country where the evidence suggests that marriage levels are low among black Africans (Setswe & Zuma, 2013; Shiana, Zungu & Simbayi, 2014 in HSRC, 2014:109). Furthermore, co-habiting has become common – a practice driven by the costs associated with a dowry or lobola and marriage (Hunter, 2006 in HSRC, 2014:109). These findings seem to suggest a need to revisit social norms and values that were used to protect people in the past against HIV infection.

UNAIDS (2014b:9) indicated that in 2014 nine percent of all reporting countries had laws that created obstacles for women and girls to access HIV prevention, treatment, care and support services. These barriers included coercive HIV testing and age-of-consent requirements. Furthermore, mandatory parental consent notification requirements have detrimental effects on the decisions of adolescents to access HIV testing and they inhibit adolescent girls' use of sexual healthcare services.

Discriminatory social and cultural norms—particularly when translated into customary or statutory laws—result in public denial and, at times, repression of the sexuality and autonomy of young women. In some developing countries, many adolescent pregnancies occur within child marriage (UNAIDS, 2014b:9). In 158 countries, 18 years old is the minimum legal age for women to marry without parental consent. Nevertheless, in some countries, state or customary laws allow girls younger than 18 to marry with the consent of their parents or other authorities in 146 countries, while in 52 countries girls under the age of 15 can marry with the consent of their parents. In South Africa with its most progressive constitution, it is still found that females are not always in a strong enough position to

negotiate for safe sexual intercourse, especially amongst the poorest of the poor because of their traditional "lower status." Men on the other hand, have a higher status and more power which may influence their sexual behaviour and available choices.

Coupled to the latter, Hervish and Clifton (2012:4) indicate that "… sexual violence and coerced sex are common in relationships, especially towards female adolescents and young women." These inequalities vary from one culture to another and from one community to the next. Furthermore, the World Health Organization (WHO) (2014:3) indicates that women historically have been disproportionately subjected to forced, coerced and otherwise involuntary sterilisation especially by coercive population policies. It has been documented that women living with HIV in some countries are being sterilized without their full, free and informed consent. This was due to stigmatisation, violence and discrimination, including coercive sterilisation practices*, despite the evidence that shows that a combination of safer infant feeding practices and antiretroviral treatment taken by women prenatally and during labour and breastfeeding can significantly reduce the chances of transmission of HIV to their newborn babies. In some instances women living with HIV agree to sterilisation on the basis of a lack of information, or misinformation about their reproductive options. In the recent past the researcher has noted examples of cases to this effect in the South African media.

In certain instances it has been documented that women living with HIV have been coerced to sign consent forms for sterilisation procedures as a condition for receiving antiretroviral and other HIV treatment and prenatal care for a current pregnancy or other reproductive health services*. Pregnant women have also been asked to sign consent forms in situations of duress, such as during labour and while in severe pain and they were then under the impression that those forms were related to authorising a caesarean section and not for sterilisation procedures. In these cases, the women have not been given information on the sterilisation procedure, its permanent nature, or alternative methods of contraception*. Furthermore, in other cases, spouses or parents have also given consent for sterilisation on behalf of women without their knowledge, and often on the basis of being misinformed themselves *(*WHO, 2014:4).

Human rights bodies have affirmed that the failure to provide reproductive health information and to ensure full, free and informed consent for sterilisation procedures for women belonging to certain race or social groups is "a violation of basic human rights, including the right to information, women's right to determine the number and spacing of their children, the right to be free from inhumane and degrading treatment, and the right to private life" (WHO, 2014:5). They have also found that it is a manifestation of multiple

discrimination on the grounds of gender and race. Hence, from an ecosystems perspective, for any intervention strategy to be appropriate, it is very important to understand these imbalances and the meso- and macrolevel factors in the environment of female youths. It can thus be concluded that the sustained high levels of HIV infection in the youth sector, especially in young women in their prime child-bearing age, is concerning and requires urgent attention for effective HIV interventions in the youth sector.

The following section will focus on long distance truck driving and sex workers in relation to HIV and AIDS.

2.4.8 Long distance truck driving and sex workers

Long distance truck driving in the transport industry is an important risk factor in terms of HIV and AIDS transmission. According to a Report by the Synergy Project in collaboration with the University of Washington (2004:14) it is now widely understood that the behaviour of individuals and the associated health outcomes are affected directly by the larger social, political and economic environments in which individuals live and work. Highways connect cities, regions and countries all over the world. The Soul City Institute or SCI (2014:14) indicated that this creates another opportunity for the rapid spread of HIV. In the NCPSP (in DOH, 2012b:39) it identified factors that increases individual truck drivers' HIV vulnerability in the road transport sector include high levels of unprotected sex and low risk perception. Furthermore a significant number of workers in the road transport sector have continued to engage in unprotected casual sex despite being aware of its danger.

The mobility of people along truck routes provides opportunities for the rapid spread of HIV and AIDS. Stops along major truck routes are sites that involve bars and workshops, merchants, young men and women. When highways intersect countries at border crossings, truckers sometimes have to wait days for goods to clear customs. According to the Synergy Project in collaboration with the University of Washington (2004:14) in Zimbabwe, for example, the processing of official paperwork can take up to ten days at a time. That research found that besides drinking alcohol and visiting sex workers, truckers have few recreational options. In addition, the female partners of truck drivers apparently do not use condoms on a regular basis.

A South African study found that sex workers who were successful in convincing their clients to use condoms, lost clients, made less money or were physically abused (Report by the Synergy Project) in collaboration with the University of Washington, (2004:115). The researcher concurs with this view; for example, the Northern Cape has one major national route that truckers favour as it connects it with major cities such as Johannesburg in the

north and Cape Town in the south. The Northern Cape also has a plethora of mining activities and has many other routes connecting a number of small towns with each other and with major cities and neighbouring Namibia and Botswana and so forth. It is in this context that the SCI (2014:14) facilitated a cross-border intervention that was implemented in four key border communities. Sexual and reproductive health and rights (SRHR) information pamphlets were developed for sex workers at borders in Namibia, Malawi, Zambia and Zimbabwe. Furthermore, production of audio materials for truck drivers in the form of USBs and CDs for truck drivers were produced for the country partners. A total of 2000 CD box sets with OneLove radio drama stories were delivered – 500 per country for example to Namibia, Malawi, Zambia and Zimbabwe. The audio materials also included 100 USBs (25 per country) which partners purchased and branded (SCI, 2014:14). The researcher could however not detect from the SCI annual report if similar projects had been undertaken for long distance truck drivers travelling across provincial borders, as well as within the province of the Northern Cape which has the largest land mass of 372 889 square kilometres, by far the largest in South Africa.

The following section will focus on migration in relation to HIV and AIDS.

2.4.9   Migration in relation to HIV and AIDS

The International Organisation on Migration or IOM (2011:13) regional programme, PHAMSA, aimed at reducing the vulnerability of migrant and mobile populations to HIV and AIDS in the Southern African Development Community (SADC) region by establishing partnerships with key stakeholders in southern Africa. Migration patterns pose a serious risk factor in South Africa for the spread of HIV and AIDS. Gow and Desmond (2002:7) noted that South Africa has experienced high levels of political migration in the post-apartheid era years, both between its provinces and between neighbouring countries. Many of these are youthful migrant workers. Migration increases the extent of sexual networking and thus facilitates the swift spread of the HIV pandemic. The DOH (2012b:39) indicated that there are a large number of mobile populations found in the province. These include but are not limited to seasonal farm and mining migrant workers, who are hired on a part-time basis and move from place to place seeking temporary employment. Due to the temporary nature of their work contracts, they are mostly excluded from workplace health programmes, for example for the prevention of HIV and AIDS.

The mining sector in particular, has been associated with high levels of migrant labour. In the Northern Cape, for example, the economy is heavily reliant on the diamond and asbestos mining industry, as well as on the agricultural industries (DSSPD, 2007:57). It has

been found that migrant workers become vulnerable to HIV infection due to displacemem(ent) from their permanent homes and exposure to the the sex trade in their geographical area of work (DOH, 2012b:52). The researcher would also add to the latter the possibilty of multi-concurrent relationships with partners in different geographic areas in which migrant workers are employed. Migrant workers who become infected in urban areas or in the geographical area of their employment sometimes transmit the virus to their partners when they return to their permanent place of residence through sexual intercourse with partners. There is also evidence indicating that converse transmission may occur in the case of some discordant migrant couples where the female partner is infected with HIV and not the male partner. This could be ascribed to several reasons such as women's perceived need for companionship or prostitution as a result of economic necessity. The IOM advocates that in order to address the health vulnerabilities that are caused from migration, a "spaces of vulnerability" approach needs to be taken. "Spaces of vulnerability" is based on an understanding that health vulnerability stems not only from individual but also a range of environmental factors specific to the unique conditions of a location, including the relationship dynamics among mobile as well as sedentary populations or communities (IOM, 2011:13). These factors must be taken into consideration when addressing migration health concerns, and interventions must consider and target both migrants/mobile populations as well as the communities with which they interact, including families in migrant-sending communities.

In the following sub-section key populations at risk of HIV exposure will be described.

2.4.10   Key populations at higher risk of HIV exposure in the Northern Cape

The DOH (2012b:39) identifies migrant workers; truck drivers; victims of sexual violence; young people, especially those not attending schools, uncircumsized men; alcohol abusers, men who have sex with men (MSM); sex workers and prison populations as key populations at higher risk (KPR) of HIV exposure. An HSRC-led survey (2014:96) has tracked trends in knowledge levels for groups of KPRs and the researcher highlights the following:

> Knowledge levels in these groups declined in 2012 compared to 2008 among all key population groups, except among black African women aged 20-34 years, and people living together. In 2012 black African women 20-34 years were the most knowledgeable group about sexual transmission of HIV and they rejected the myths of HIV transmission compared to other key populations at a higher risk of HIV exposure, albeit the rate of knowledge at 27.6% was still low. Knowledge also decreased in 2012 compared 2008 for both black African males aged 25-49 years and high risk alcohol drinkers. The disabled were the least knowledgeable in both 2008 and 2012, with knowledge levels deteriorating to 17.7% in 2012.

Furthermore regarding key population at higher risk of HIV exposure in the Northern Cape the DOH, 2012b:44) also identifies the following additional key populations at risk:

> Men who have sex with men (MSM) are at a higher risk of acquiring HIV than heterosexual males of the same age, with older men (>30 years) having the highest HIV prevalence. The South Africa centre for Epidemiological Modelling and analysis (SACEMA) estimates that 9.2% of new HIV infections are related to MSM.

> Prison populations are dynamic communities. A new prison has been established in the Northern Cape that is functional and currently holds approximately 10 000 inmates. Together with crowded conditions, sexual activity and drug use, prisons are environments conducive for the transmission of infectious and communicable diseases such as HIV and TB.

In addition "… the Northern Cape population 956 per 100,000 people were infected with TB in 2010, but certain populations are at a higher risk of TB infection. These high-risk groups include: healthcare workers, mine workers, prison populations, correctional officers and household contacts of confirmed TB cases" (DOH, 2012b:44).

Key populations are often disproportionately affected by HIV, even in countries with generally high levels of HIV prevalence. Globally, sex workers and men who have sex with men are more than 13 times more likely to be living with HIV than most people. Furthermore, people who inject drugs are 22 times more likely to be living with HIV (UNAIDS, 2014c:22). Therefore reaching these populations with HIV and other health services is vitally important (DOH, 2012b:39; UNAIDS, 2014a:6). This task is facilitated by the fact that many key populations are found in urban areas where geographical proximity tends to make it relatively less expensive to provide necessary services. There are also many proven opportunities for HIV prevention beyond medicines, including condom programmes, behaviour change, voluntary medical male circumcision and programmes with key populations (UNAIDS, 2014a:6). Unfortunately KPR are often stigmatised and discriminated against and, in many countries, they are even criminalised. This can "trap people underground" beyond the reach of HIV and harm reduction services (UNAIDS, 2014c:22). As a result, service providers often also lack up-to-date information that they need to customise services for key populations at risk. This is also because of the reality that the HIV treatment gains of recent years are not reaching enough sex workers, people who inject drugs, men who have sex with men, transsgender individuals and so forth .

The following section will focus on cultural factors in relation to HIV and AIDS.

2.4.11 Cultural factors

In the following power inequalities in terms of age when it comes to addressing HIV and AIDS and male circumcision as cultural factors in the context of HIV and AIDS and the youth will be discussed.

- **Power inequalities in terms of age when it comes to addressing HIV and AIDS**

The ethnic and cultural backgrounds of youths have much to do with how they view their future, as well as the opportunities that appear to be available to them. The macrosystem or societal level consists of societal factors, for example cultural attitudes with regard to HIV and sexual practices, governmental policies and programmes such as legislation on HIV and AIDS that may all affect the individual youth. There are many sources of messages in South African society arising from the communication of victimisation. For example, the power balance of sexual encounters is portrayed as residing with males who are prepared to exploit women according to their sexual urges. Bezuidenhout and Dietrich (2008:87) indicate that women in certain cultural settings are often seen as "… potential victims and must be protected by parents and by society through laws against sexual harassment." The message is that women have limited power in sexual negotiation, and the implicit consequence is that they also have limited responsibility, whether this involves saying no, using contraceptives or planning for a future career.

Garrard, Kallapeni, Craddock, Oppong and Ghosh (2004:2) have found that most prevention programmes have failed in part because the research driving them has focused mainly on so-called "risk" groups, behavioural change models and a flawed understanding of cultural practices, especially on the African context.

It has falso been found by D'Eriico, Dlamini, Duby, Green and Ruark (2009:392) that a fundamental problem with African HIV-prevention efforts is that they have developed from Euro-American HIV prevention efforts which have necessarily focused on most at risk populations (MARPs). Thus, an approach that might make sense for MARPs, based on a premise that drug-taking or sexual behaviour cannot be fundamentally changed, does not necessarily apply to the great majority of those at risk for HIV infection in Southern Africa because the risk factors are not necessarily the same as in most first world countries. MARPs amongst others in South Africa as mentioned earlier are African women, the disabled and substance abusers.

D'Eriico et al. (2009:392), state that there is a need for an effective strategy to discourage patterns of multiple and concurrent partnerships (MCP) in the Southern Africa region. For

example, there is a need for a culture-positive and culture-specific approach to HIV prevention. An expanding body of largely recent research has found medical risk reduction (using condoms, HIV testing, and treating the curable STIs) to be largely ineffective in the African context, while multiple and concurrent sexual partnerships have emerged as arguably the single most important driver of the so-called hyper-epidemics of Southern Africa (HSRC, 2014:xxvii). The researcher concurs with the latter findings, because he has found through professional and informal interactions with the youth from various cultural bakgrounds that many of them have concurrent sexual relationships.

Traditionally an MCP mass media campaign focussing on monogamous relationships or single partner relationships is needed, but this could be viewed by traditional leaders as an attack against polygamy or more generally against African culture and traditions. Van Dyk (2013:224) also indicates that Western healthcare workers often frown upon polygamy in African societies. Polygamy, however, often helps to prevent or reduce unfaithfulness. In these contexts, polygamy should prevent husbands from turning to casual sex. Furthermore, in societies where polygamy is practised AIDS educators may be wasting their time when they try to advocate monogamy. What could be functional is emphasising loyalty and fidelity between a husband and all his wives and discouraging sex outside that group. Polygamy is, of course, only safe if all the partners in the relationship are and stay HIV uninfected and loyal.

In addition D'Eriico et al. (2009:397), have found that many traditional leaders felt they had not been meaningfully involved in their country's national HIV and AIDS strategic plans. Therefore, there also appears to be a disconnection between traditional leaders' thinking and the predominant global HIV-prevention approach on matters as basic as whether sex should be regarded as recreational and safe in all circumstances. It is therefore critical that an approach more culturally rooted and effective than standard mass media campaigns is needed to alter hard-to-change behaviours and belief systems. In order to truly mobilise societies in order to fundamentally change behaviour and prevent new HIV infections, different types of interventions need to be explored. It can thus be deduced that HIV and AIDS prevention programmes cannot succeed in Africa without the help of traditional healers. Traditional healers are effective agents of change because they have authority in their communities (Van Dyk, 2013:229). Furthermore, D'Eriico et al. (2009:398), postulate that for interventions to be effective with regard to the hyper-epidemics of the region, a kind of 'social engineering' that addresses sensitive cultural and sexual matters is needed. Therefore, to be effective, this social engineering must be done from within the region,

originating with key opinion and cultural leaders such as traditional leaders and it should be applied with their active participation and assistance.

In the African context, prevention programmes need to be contextualised so that they are sensitive to local customs, cultural practices and religious beliefs and values, as well as to other traditional norms and practices (Van Dyk, 2013:152). Ross (2010:342) highlights furthermore that in general African traditional healers' skills are acquired by apprenticeship to an older healer's experience of certain techniques or conditions, or by a calling of the spirits or the ancestors. Jenkins (in Ross, 2010:343) for example, investigated the views of Black traditional healers regarding HIV and AIDS and discovered that the virus was perceived as a form of punishment or retribution for engaging in sexual activities with multiple partners and not being faithful to one's marital partner. This example therefore further emphasises the importance of involving traditional leadership to also garnish their knowledge, support and cooperation in HIV prevention programmes.

D'Eriico et al. (2009:398), also indicate that it has taken those on the donor or government side a relatively long period of time to undertake or consider alternative indigenous community solutions, which have been available in the past, but they have seldom or never been sought. Therefore, given the size of the HIV pandemic in South Africa, the researcher is of the opinion that it demands that all possible solutions should be explored, as there cannot be a one-size fits-all approach in trying to stem the tide of HIV and AIDS amongst South African youth.

Campbell, Maimane and Nair (2007:4) assert that much has been written about the way in which the African AIDS epidemic is driven by power inequalities between youth and adults, and between men and women. Self-direction in the context of the ecosystems perspective is the capacity to take some degree of control over one's life and to accept responsibility for one's decisions and actions, while simultaneously respecting the rights and needs of others (Germain & Gitterman, 1996:19). This capacity must be communicated to the youth and supported through opportunities in the environment that enable a person to make age-and health-appropriate decisions and to take purposive action. Issues of power and powerlessness to decide on HIV prevention efforts are critical to self-direction. The researcher concurs that these inequalities are particularly severe in very conservative and remote communities found in the predominantly rural Northern Cape Province, where many communities have little access to education or to new ideas or developments regarding HIV prevention compared to people living in more urban dominated provinces.

Authors such as Low-Beer and Stoneburner (2004:28) indicate that community members, the youth in particular, should have opportunities to discuss HIV and AIDS with peers in face-to-face settings, which are referred to as 'social spaces.' In Ethiopia for example, they have found the method of 'community conversation,' referred to in South Africa as cummunity dialogues, by using trained local facilitators to help people identify obstacles to effective HIV-prevention and AIDS-care and discuss how they can work together to tackle these challenges.

Related to the latter discussion surrounding culture, and in the context of the HIV and AIDS pandemic, is male circumcision which will be discussed in the following sub-section.

- **Male circumcision**

Male circumcision occurs in many different settings which largely depend on cultural expectations and access to health facilities. Circumcision occurs for some in traditional settings such as in the mountains or bush or where certain cultural norms are observed, yet for others it is a purely medical procedure occurring in a health facility.

UNAIDS (2014a:10) indicates that in priority settings in sub-Saharan Africa where HIV prevalence is high and male circumcision rates are low, the 80% coverage target for Voluntary Medical Male Circumcision (VMMC) will need to be achieved by 2020.

The prioritisation of VMMC in South Africa is encapsulated in the following quote (HSRC, 2014: xxxi):

> VMMC is being scaled up in South Africa, because it has been shown to be partially effective in reducing HIV infection in males. The South African government introduced the VMMC policy and programme in 2010 with a target of reaching 80 per cent of HIV-negative men aged 15-49 by 2015 or 1.6 million men as recommended in the 2012-2016 NSP (SANAC, 2011). However, it has been estimated through mathematical modelling by Njeumeli et al. (2011), that 4.3 million VMMCs are needed in South Africa to achieve 80% male circumcision by 2015, which could avert more than 1 million HIV infections between 2011 and 2015. KwaZulu-Natal and the Northern Cape were the two provinces with the highest rates of VMMC medical male circumcision.

Although the general increased rates in VMMC signifies a positive trend, the rates remain low compared to traditional circumcision which is also the case in the Northern Cape.

Men are at the highest risk of acquiring HIV when they are in their twenties and thirties, therefore, it is particularly encouraging that increased rates of VMMC occurred in this group. Challenges to VMMC is however still very prevalent, especially in some culturally traditional rural settings in the Northern Cape as the researcher discovered in the empirical investigation of the study from the field worker respondents of the Soul City Programme,

where some respondents idicated that some traditional chiefs did not want them to present dialogues on VMMC as a prevention strategy in the context of HIV and AIDS. The DOH (2012b:34) affirms this by stating that access to VMMC services was limited in 2011 due to cultural resistance in certain areas.

It is clear from the above discussion that there is an interplay of a multitude of contextual factors in the Northern Cape and the rest of South Africa and that comprehensive community-based services, disease prevention, health promotion, community participation and an inter-sectoral collaboration strategy is required to stem the tide of HIV and AIDS in the Northern Cape and elsewhere in South Africa.

In the following section selected behavioural determinants of the HIV and AIDS pandemic will be discussed.

2.5 Behavioural determinants of the HIV and AIDS pandemic

The behavioral determinants of the HIV pandemic will be highligted under the following sections: knowledge and attitudes, sexual debut, age-disparate relationships, multiple sexual partners, condom usage and finally alcohol and substance abuse.

2.5.1 Knowledge and attitudes

Van Dyk (2013:223) mentions a misconception that in some traditional settings men believe that they are safe from HIV infection if they do not have sex with married women. Other traditional and cultural misperceptions about the causes of AIDS are witchcraft and pollution to name but a few. Other perceptions of sexuality include personal immortality through children, as well as that condoms "block the gift of life" and so forth. These are but a few perceptions that are not limited to South African rural settings, but can also be found in its urban areas (Van Dyk, 2013:219).

The latter example clearly illustrates the importance of having accurate knowledge and attitudes regarding HIV and AIDS. The researcher concurs that (HSRC, 2014:93):

> ... knowledge about HIV transmission and prevention accompanied by the appropriate reduction in behavioural risk practice are very important in combating and reversing the spread of HIV. However, knowledge of HIV remains low and there is limited evidence to show that knowledge is internalised and translated into behavioral change and preventative practices.

The HSRC (2014:xxvii) also found a significant decrease in all age groups in accurate knowledge about HIV transmission and prevention. Subsequently, knowledge and attitudes regarding HIV and AIDS are discussed in terms of the findings by the HSRC in 2012 on

© University of Pretoria

South Africans' awareness of HIV status, their perceived susceptibility to HIV infection and knowledge about HIV transmission and prevention.

- **Knowledge about HIV transmission and prevention**

Subsequently, selected findings by the HSRC on knowledge about HIV transmission and prevention in relation to the youth will be highlighted:

The HSRC (2014:93) indicates that:

> … there were no sex differences in levels of HIV knowledge, but there were significant differences by age, race, locality and provinces. Between 2008 and 2012 a statistically significant drop in levels of knowledge was found in males aged 25-49 years, males 50 years and older and males aged 15 years and older.

The challenge regarding the levels of HIV knowledge is shown in the following quote (HSRC, 2014:93):

> Of concern is that 21% of the participants believed that AIDS can be cured and another 10.2% were not sure whether HIV could be cured, resulting in only the remaining participants, a proportion of 68.8%, believing correctly that HIV cannot be cured. Another notable misconception is that 14.5% believed that it is risky to share food with someone who is HIV positive. There were no sex differences in levels of knowledge, but there were significant differences by age, race, locality and province. Between 2008 and 2012 statistically significant drops in levels of knowledge were found in males aged 25-49 years, males 50 years and older and males aged 15 years and older.

- **Awareness of HIV status and HIV prevalence**

Hervish and Clifton (2012:2) highlighted the fact that increasingly the number of young people who know their HIV status is fundamental to the uptake of HIV services, treatment and care. In this context the HSRC's findings are as follows (2014:84-87):

> HIV-positive females were more likely to be aware of their HIV status (55%) than their HIV-negative female counterparts (45%). These differences were also statistically significant. More HIV-negative females (45.0%) were aware of their status than HIV-negative males (35.6%), thereby indicating that there are significantly higher rates of awareness of HIV status by females, whether negative or positive, than by males. Regarding provincial perceptions of risks, the Western Cape ranked highest in the proportion of people who believed that they would definitely not get infected with HIV (55.6%), closely followed by the Northern Cape (51.1%).
>
> Black Africans and Coloureds were more likely than whites and Indians or Asians to know the location of the closest VCT centres. Those living in urban informal settlements, where HIV is most prevalent, were also more likely than their formal urban counterparts to know the location of the nearest testing sites. However, most respondents were aware of the location of the nearest testing site. Similar findings were obtained when the data were analysed by province. This suggests that VCT services were perceived to be accessible.

> From the analysis it appears that females were significantly more likely than males to have been tested in public primary health care settings. Males were more likely than their female counterparts to have been tested in work places. Special purpose centres such as youth centres, lovelife's youth-friendly clinics or mobile ones were less likely to be places where participants went for testing.

- **Perceived susceptibility to HIV infection**

The HSRC (2014:115) indicated that females were more likely than males to believe they are at risk of being infected with HIV. The HSRC (2014:90) highlights surprisingly that "… a substantial percentage of those who believed they were at low risk of HIV infection were, in fact, found to be HIV positive - both females and males." The most common reasons given were being sexually active, followed by the non-use of protective barriers, low condom usage and not trusting one's sexual partner. Very few of those affected cited reasons for believing that they were at risk of acquiring HIV from having multiple sexual partners (HSRC, 2014:90).

Other MKPs who believed that they were at low risk, gave reasons such as:

"… they used condoms, they trusted their partners, and they abstained from sex" (HSRC, 2014:91). Furthermore,the major reasons MPKs gave for being at risk were "... that they were sexually active, they did not use condoms, they did not trust their partners, and they did not always use condoms." Interestingly, 10.7% who thought they were at low risk were, in fact, HIV positive. "This was more prevalent in females than males" (HSRC, 2014:91).

Decline in accurate HIV-prevention knowledge has implications for the effort to reduce new HIV infections in South Africa. This situation could be exacerbated "... because there is no longer a strong HIV-prevention programme to encourage the population to take HIV more seriously" (HSRC, 2014:117). Accordingly the following quote emphasises that(HSRC, 2014:117):

> The focus has primarily been on biomedical interventions such as ARV treatment, VMMC, HCT, PMTCT and less on social and behavioural interventions. To successfully combat HIV in South Africa treatment and evidence-based social and behavioural prevention programmes must go hand in hand with accurate knowledge about HIV transmission. The latter does not necessarily result in behavioural change and efforts to prevent HIV infecion, however it is a prerequisite for engaging in succesful HIV prevention practices.

2.5.2 Sexual debut

On average, young people have sex for the first time at about age 17, but they do not marry until their mid-20's. This long time-frame increases the risk of pregnancy and sexually transmitted infections (Kirst–Ashman, 2013:481). Early sexual debut increases vulnerability to HIV infection among young people (Pettifor et al., 2009:2). Earlier sexual debut is defined

as having sex before reaching the age of 15 years. In South Africa where the prevalence of HIV is high, sexual debut confers a substantial risk of sexual exposure to HIV. Furthermore, sexual behaviours at the time of early sexual debut, for example by not using condoms, may set a precedent for future behaviours that elevate HIV risk. In addition, early debut is associated with increased risks of other STIs and pregnancy among young people. The HSRC (2014:65) indicated in the following quote the following:

> One tenth of the respondents reported having had sex for the first time before the age of 15 years. Three times more males than females reported having sex for the first time before the age of 15 years. In this a statistically significant difference was found. Males consistently reported significantly higher rates of early sexual debut compared to females in all four surveys.

Research done by Pettifor et al. (2009:3), furthermore documents how inequities in gender power arrangements shape many young women's first and subsequent sexual experiences and make many of these encounters risky in terms of HIV infection. Young women who reported that their first partner had ever forced them to have sex were more than twice as likely to have had sex before age 15 than those who had not been forced.

2.5.3   Age-disparate relationships

"… cross-generational sex between an unmarried adolescent girl and a man 10 or more years older is not unusual in sub-Saharan Africa" (Hervish & Clifton, 2012:20). Such relationships are often driven by economic need and expose young women to HIV. The term 'age-disparate relationships' is also utilised and "… generally refers to relationships in which the age gap between sexual partners is five years or more" (Hervish & Clifton, 2012:20). Authors such as Pettifor et al. (2009:3), indicate that having an older first partner was also associated with an early sexual debut among young men but forced sex was not. Although policymakers and researchers often emphasise that large age differences between partners can put the younger partner at risk for HIV infection. Furthermore, a woman's risk may be elevated even if the age difference is only a few years, particularly if her partner is in an age-group, for example 20–29, in which the HIV prevalence is high as indicated earlier.

2.5.4   Multiple sexual partners

One of the major risk factors for HIV infection is multiple sexual partners. When young people engage in unprotected sex with many different partners, they increase their chances of becoming infected with HIV (Hervish & Clifton, 2012:19). In a comparison of provinces, the Northern Cape reported the lowest percentages of respondents who had more than one sexual partner during the past 12 months of the survey (HSRC, 2014:69). However, in the

trend analyses, there was a steady increase in the rates of multiple sexual partnerships from 11.5% to 18.3% between 2002 and 2012, which does not bode well for any part of South Africa, and the Northern Cape in particular. Data furthermore (Hervish & Clifton, 2012:19) indicate that in sub-Saharan Africa, male youths were more likely to have had multiple partners in the past year than female youth. The researcher concludes that that may have to do with many male youth's socialisation experiences through popular media such as rap and house music, music videos and peer group influences and the belief that it is masculine to have many sexual partners.

2.5.5   Condom usage

Hervish and Clifton (2012:28) state that "… condom use remains low and few adolescents take advantage of HIV testing and counseling services In addition, girls continue to face higher risk of HIV infection than boys." The HSRC (2014:74) indicates that the overall condom use at last sex increased significantly from 2002 to 2008 and then unexpectedly decreased in 2012 particularly among the youth.

"… In terms of locality, the percentages of condom use at last sexual encounter by respondents from both urban informal and rural informal areas, were significantly higher than in urban formal and rural formal areas" (HSRC, 2014:65). Furthermore, data analysis per province showed the "… percentages of condom use at last sex were highest in the North West, the Free State, KwaZulu-Natal, Mpumalanga and Limpopo, followed by the Eastern Cape and Gauteng in the middle and the Western Cape and Northern Cape last" (HSRC, 2014:65).

Furthermore, rural formal arreas reported the lowest consistent condom use. Regarding this finding the researcher speculates that it could be because of the limited freedom many women there may experience regarding negotiating for safe sexual practices in traditional male dominated rural areas and because of limited information resources about HIV and AIDS in those areas.

Condoms are about 90 percent effective for preventing HIV transmission, and their use has grown rapidly in many countries in the opinion of Hearst and Chen (2004:2). Both transmission and condom promotion are concentrated in the area of commercial sex. In countries such as Uganda reducing a person's number of sex partners appears to have been more important than promoting the use of condoms. It is important to note that HIV transmission remains high, despite high reported rates of condom use by the sexually active. The impact of condoms may be limited by inconsistent use, low use among those at highest risk, and negative interactions with other strategies. Condom promotion for groups

at high risk and more research on how best to integrate condom promotion with other preventing strategies is therefore needed (Hearst & Chen, 2004:2).

Not all researchers and prominent world leaders such as the former Pope of the Roman Catholic Church are convinced about the effectiveness of condoms in reducing HIV infections. Jane (2009:1) indicated that the previous Pope stated that condoms will not cure the HIV and AIDS epidemic in Africa. Sub-Saharan Africa has two-thirds of the world's HIV and AIDS cases and many can be found in the rural areas of Nigeria or South Africa. Reasons argued for condom ineffectiveness are that in the first instance many rural Africans are illiterate and proper use of the condoms cannot be relied upon. Secondly, social organisation in rural Africa is quite unlike suburban life of first-world cities such as London in the United Kingdom. In many African villages Jane (2009:2) has found there is often a low standard of "moral" behaviour, for example a man might be sleeping with six different woman in a year and some of those woman often do not mind whether that man will marry them or not.

Kirst–Ashman (2013:391) has found that it is not uncommon for women who deny their partners sex or request that they use condoms to suffer severe beatings or even desertion and that men generally dislike condoms. Talking to a partner about condom use is an important predictor of actual use and many young women reported that they were afraid to mention condoms to their partners for fear of a violent reaction, especially in a first sexual relationship (Pettifor et al., 2009:10). Furthermore, young people who had had their sexual debut at an early age or whose first partner had forced them to have sex were more likely than other respondents to report not having used condoms at their first sexual experience (Pettifor et al., 2009:9). However, among young women, the association between early debut and condom use varied according to whether they had had forced sex or not. In South Africa, which has one of the highest rates of AIDS on the continent, researchers claim that a million women are raped each year. Therefore, one can deduce from this statistic that more than a quarter of all the females in South Africa can expect to be raped at least once in their life, even in infancy. This is despite the common knowledge that most people who rape do not use condoms during their crimes (Kirst–Ashman, 2013:391).

Jane (2009:2) continues and states that HIV is still on the increase in Africa despite condoms. One apparent explanation is that people not using condoms are more likely to take more risks and, if personal control is not achieved before contracting HIV and AIDS, it is often impossible afterwards.

Many South African villagers are unschooled and know little about modern science. Poisoning or sorcery is suspected when people fall ill (Van Dyk, 2013:225). In addition, parental attitudes and certain religious or cultural norms can also put young people at risk of HIV infection. In certain traditional settings in South Africa, condoms are seen 'as not natural' – not only because they inhibit pleasure, but also because they interfere in the process of natural fetal development (Van Dyk, 2013:225). It is sometimes also believed that semen contains important nutrients necessary for the continued physical and mental health, fertility and future fertility of women. Maduze (2002:12) comments on the fact that parents may not feel free to talk to their children openly about issues relating to sex. Furthermore, some churches do not encourage young people to talk about sex as pre-marital sex is considered immoral. Some churches and religions also oppose the use of condoms during sexual intercourse. Therefore, the researcher postulates that it is circumstances such as these as well as those discussed earlier, such as poor attitudes, misled perceptions and lack of knowledge amongst the youth sector, that clearly illustrate that young people are at a particularly high risk of contracting HIV and AIDS in the Northern Cape, and elsewhere in South Africa (HSRC, 2014:93).

Uganda was hit by an AIDS epidemic in the 1980s and the government thought condoms were part of the answer, though it also promoted abstinence and fidelity. By 1992 more than 18 percent of Ugandan adults tested HIV positive. Jane (2009:40) therefore argues for the relevance of moral values such as abstinence before marriage with regard to sex rather than condom promotion in curbing the further spread of HIV. For example the Catholic Church promoted the "education for life" programme, based on abstinence and fidelity while rejecting condoms. By 2007 only 5.4 per cent Ugandans were HIV positive. No other country has shown such a recovery. Jane (2009:2) also argues in her assertion that the percentage infection rate in Botswana of just a 5 per cent Catholic population, had a 23.9 per cent HIV infection rate. However beyond Africa, in the Philippines for example, which is 81 percent Catholic, the HIV rate is a very small 0,01 per cent. Jane (2009:4) therefore found no consistent associations between condom use and lower HIV infection rates and accordingly thirty years and more into the pandemic, it should be evident if this intervention was working. That is why perhaps there is a correlation between teaching abstinence and reducing the risk of AIDS transmission, rather than primarily promoting the usage of condoms in order to reduce the risk of HIV infection or the further the spread thereof.

Many of the messages about risk reduction for HIV prevention assume that protecting behaviours are a matter of personal choice and control when, in reality, they often are not. For example, in many societies with prevalent HIV pandemics, such as South Africa, the

culture imperative to bear children is profound. In many traditional cultural settings Van Dyk (2013:224) has found that the bearing of children is valued for ensuring immmortality and to assist in daily existence by helping men work their land. Young women are often expected to prove their fertility before men will marry them. Condom usage consistently to prevent HIV transmission therefore does not occur because condom use generally prevents pregnancy. Women's ability to protect themselves from HIV infection through condom use appears to be a minor consideration in the large social context of South Africa where more often than not a high premium is placed on parenthood for social acceptance. It is thus this type of macrosystemic factor that has to be considered when formulating or adapting any social intervention programme with the youth regarding HIV and AIDS in order to make a significant impact on HIV incidence decline amongst the youth.

2.5.6 Alcohol and other substances of abuse

Alcohol and other substances of abuse are important risk factors associated with HIV infection and high-risk sexual behaviour. The mesosystem involves the relationship between two microsystems and is linked by some person who can be found in both microsystems for example, in a young person's home there may be no alcohol abuse, while in his or her friend's home which is another microsystem, regular alcohol abuse may be a norm. Both microsystems might have contrasting views where the family can be seen as a positive opportunity and negative peer influence as a risk. Examples of a meso- system are the relations the sexually active youth has with his or her school and neighbourhood where, for example, a dysfunctional family household that does not support responsible alcohol use and sexual behaviour can cause risky sexual behaviour.

In the NCPSP (in DOH, 2012b:40) it is indicated that alcohol abuse is a major risk factor for HIV acquisition and transmission. Heavy drinking is also often associated with the decreased condom usage, and an increase in multiple concurrent sexual partners. Data indicate that people who drink alcohol are 57% more likely to be HIV positive. The HIV prevalence is also higher amongst heavy drinkers. It is also a major impediment to treatment adherence.

The Northern Cape, in particular, has a very high incidence of alcohol abuse. The Annual Performance Plan of the Department of Social Development (2015:88) indicates that 16.9% of 14 year old learners and 11.8% of 16 year old learners in the Northern Cape had used alcohol, which implies that the age initiation of alcohol use has been lowered over time. Furthermore as earlier highlighted in paragraph 3 of the present chapter and according to the same plan, the Northern Cape has the highest proportion of learners who have used

alcohol on school property at the time of their survey. This is of grave concern since the 2015-2016 Annual Performance Plan of the Department of Social Development (2015:93) highlights the fact that the province had the highest proportion of learners having sex after consuming alcohol, because alcohol decreases inhibitions and safe sex negotiation skills, which in turn makes young people more vulnerable to unprotected sexual intercourse which could lead to sexually transmitted diseases such a HIV and AIDS. It is also the only province where more women than men had used alcohol at an earlier stage in their lives at the time of the survey.

In the following section youth participation in HIV intervention and prevention efforts will be discussed.

2.6 Youth participation in HIV intervention and prevention efforts

The youth are increasingly called upon to become involved in HIV prevention at the global, national and local levels (UNGASS, 2001; UNICEF, 2002; UNAIDS, 2006 Department of Health, 2007) (in Campbell, Gibbs, Maimane & Nair, 2010:153). This is because of the fact that they represent a huge pool of untapped talent and labour to involve in such projects and because there is increasing recognition that the participation of young people in HIV-prevention programmes is necessary if programmes are to respond to the needs and desires of young people in order to be effective (Campbell et al., 2010:153).

Despite the aforementioned calls, the youth participation in HIV-prevention programmes is notoriously difficult to achieve (Campbell et al., 2010:153). These researchers' findings highlighted deep contradictions in attempts to facilitate local community based youth responses to HIV and AIDS and problems are caused by complex intracately constructed age and gender relations (Campbell et al., 2010:161). This then begs the question, why is there such a huge disparity in prevalence amongst the five districts of the Northern Cape according to the Department of Health (2012:vii). Despite a decrease in prevalence in certain age groups in the Northern Cape, a significant increase was also seen in ZH Mgcau and Pixley ka Seme districts. The National Minister of Health in South Africa has called for in-depth investigations on what is causing the disparities or variations in prevalence between districts of a province so as to try and understand the different patterns of HIV transmission potential of the HIV virus (Department of Health, 2012:vii). The researcher then poses the question: Could it be because of a lack of evaluation of different programmes for example the Soul City social intervention programmes in certain districts, especially on the level of youth participation? It is thus clear that much more research is needed that focuses on youth motivation for involvement or non-involvement in participatory projects

regarding HIV prevention. Against this background it is thus imperative and to the benifit of the youth that a synergy of multiple interventions specifically tailored to address risks and opportunities at all levels should be implemented to ensure youth participation in social HIV intervention programmes.

Despite their relative high levels of knowledge about HIV and AIDS amongst some youth, Makiwane and Mokomane (2010:17) found that young people between the ages of 15-24 years in South Africa remain disproportionately affected by the epidemic, for example the Kaiser Family Foundation noted a high awareness of national HIV and AIDS media programmes, with 91% of youths stating that they had heard of 'Soul City' (a multi-media health-promotion and social change project), 86% had heard of lovelife (a national HIV-prevention programme for youth) and 61% had heard of the government's Khomanani campaign. Hence young people's continued susceptibility to HIV infection has been consistently linked to intractable higher-risk sexual behaviours, to low levels or inconsistent condom use at sexual debut and afterwards; multiple and concurrent sexual partnerships; low uptake of HIV testing and so forth (Makiwane & Mokomane, 2010:17).

Additionally, in the opinion of these authors race, as also found by other studies, is in many respects a marker of former socially disadvantaged people in South Africa and it still functions as a proxy for a host of socio-cultural factors related to higher-risk sexual behaviours, such as residence in poor neighbourhoods, participation in frequent labour migration, poor access to health information and services, and mythical beliefs about the origins of HIV. The researcher concurs with the latter, because in South Africa the majority of the population are historically disadvantaged black or coloured people, who are still impoverished and, as earlier alluded to, they form the segment of the population in which HIV is the most prevalent. Furthermore, the highest HIV prevalence rates are found in Blacks; Indians, coloured people and the lowest in whites (DOH, 2012a:50).

In line with ecosystems perspective reasoning, in order to cope with the changing environment, people may change some aspects of themselves or the environment. Furthermore, HIV prevention efforts or both have to make changes to reach a stage of equilibrium, when it comes to the threat HIV and AIDS poses in the lives of young people. Amongst the resources that people have in order to cope, is relatedness or the capacity to form attachments, efficiency, being able to look for resources in the community, competence, self-concept, self-esteem, and self-direction (Germain & Gitterman, 1996:13).

Whilst these are presented in relation to individuals, personal responses are markedly affected by the influence of experiences in people's families and communities, for example

internal (positive self-image and self-confidence) and environmental factors (close loving relationship with a supportive caregiver, community and programmes) which will influence the youth's resilience in relation to HIV and AIDS. Hervish and Clifton (2012:9) hold the view that:

> … as young people mature their needs change. In addition to the contextual factors different age groups—very young adolescents (aged 10 to 14), older adolescents (aged 15 to 19) and young adults (aged 20 to 26) - have different needs based on their age.

Therefore, adopting a life course approach can ensure that positive interventions reach young people early in life, for example starting at 10 years of age and supporting healthier development can help avert negative outcomes in late adolescence and young adulthood.

The researcher is further of the opinion that the environment in which the majority of South African youths find themselves is still unable to provide adequately for the needs of the youth, despite past efforts that were made to combat HIV and AIDS amongst the youth. Germain and Gitterman (1986:629) state that while the environment may be able to supply resources the organisational networks, structures and functions may prove unresponsive to the individual's needs. The aim of social work and related pactitioners therefore is to decrease the lack of fit between people and their environment.

Lastly, it is clear that factors such as the discussed environmental risk factors constitute only a few very important environmental risk factors, that the researcher will asses when evaluating the Soul City social intervention programme with regard to HIV and AIDS amongst the youth sector in the Northen Cape. The objective will be to ascertain to what extent it aims to anticipate and mitigate the highlighted environmental risk factors pertaining to HIV and AIDS and the youth in the Northern Cape.

2.7   Summary

This chapter provided a discussion of contributing risk factors regarding the high prevalence of HIV among the youth in the global and South African context. Furthermore and with regard to the latter, the Northern Cape, in particular, was described, analysed and discussed. From an ecosystems perspective the present chapter provided various risk factors such as micro-, exo-, meso- and macrolevel factors whose interactiveness could contribute towards the youth's vulnerabilty to HIV and AIDS in a South African context and the Northern Cape in particular. For example, microlevel factors such as adolescence, early adulthood and behavioral determinants were described while meso-, exo- and macrolevel factors such as demographic outlook, environmental and knowledge and attitudes about HIV transmission and prevention were integrally discussed and analysed. Furthermore, the

different levels of the environment are therefore in constant interaction with each other and have a reciprocal effect on each other that can either be negative or positive in relation to HIV and the youth.

The overview of often interacting risk factors regarding the high prevalence of HIV among the youth in the South African context and the Northern Cape in particular in this chapter form part of the basis of the qualitative and quantitative analysis that follows in the empirical findings of Chapters 6 and 7. The findings from the empirical investigation will be described and analysed from an ecosystems perspective.

The following chapter will focus on Public policy and the NSP on HIV, STIs and TB 2012-2016.

3. CHAPTER 3: PUBLIC POLICY IN RELATION TO THE NATIONAL STRATEGIC PLAN ON HIV, STIs AND TB 2012-2016

3.1 Introduction

The purpose of this chapter is to describe how objective 2 of this study was met, namely:

> To describe the NSP 2012-2016 and the Northern Cape Provincial Strategic Plan
> (PSP) for HIV and AIDS in South Africa.

In the current chapter, the researcher intends to discuss public policy and the National Strategic Plan (NSP) on HIV, STIs and TB (2012-2016) as a social policy. It is based on the premise that social programmes such as the Soul City Social Intervention Programme should be based on the aims and objectives of the NSP, and that its implementation gives actual life to public policies on HIV and AIDS. In order to describe the National Strategic Plan on HIV, STIs and TB 2012-2016, it is important, as a point of departure in this chapter, to make a distinction between the concepts of public and social policy, which are often confused.

Thereafter, the definitions, conceptualisation and characteristics of public policy will be described as well as the factors influencing it. Lastly, the conceptualisation and objectives of the NSP 2012-2016 will be described and discussed in the context of the aims and objectives of public, as well as social policies.

3.2 Distinction between public and social policies

Gumede (2011:166) discusses that, essentially, public policy refers to all formal and publicly known decisions of governments that come about through predetermined channels in a particular administration. De Coning and Wissink (2011:7) further consider that public policy is a public-sector statement of intent, including sometimes a more detailed programme of action, to give effect to selected normative and empirical goals in order to improve or resolve perceived problems and needs in society in a way, thereby achieving desired changes in that society. This could imply that public policy could have a proactive approach to policy which is to avoid a potential policy issue from becoming a serious policy problem, or it could have a reactive approach. The latter could imply the effective and efficient addressing of a perceived or real problem in the community by a public policy. Dobbelstein (2003:23) is further of the view that a public policy is an action usually undertaken by government, directed at a specific goal, and legitimised by the commitment of public resources. Furthermore, the purpose of public policy is basically to express the will of the citizens of a country through the various instruments of government (Dobbelstein, 2003:23).

Social policies, on the other hand, deal with two aspects, namely the actual policies and programmes of governments that affect people's welfare, and secondly social policy is an academic field of inquiry focusing on the description and evaluation of government's policies (Midgley, 2009:5). Social policies are also explained through the general theoretical perspectives regarding public policy making such as for example institutional, conservative and critical thinking perspectives. Like public policies, social policies are systematic in nature, in that they are made through a process which is made up of a number of phases, such as the policy agenda, policy formulation, policy adoption, policy implementation and policy evaluation.

Dalton, Draper, Weeks and Wiseman (2007:4) state further that social policy involves both products and outcomes-particular 'policies' as well as processes of critical reflection, action and contestation between people. Social policy is also concerned with social goals, purposes and values - it is never value free, despite claims to the contrary.

Public policy is furthermore a goal orientated activity to improve future conditions in society (De Coning & Wissink, 2011:4). It interprets the values of society and is usually embodied in the management of pertinent projects and programmes such as the Soul City Social Intervention Programme, with its aims and objectives to address HIV and AIDS amongst the youth. Social programmes, on the other hand, are more specific, measurable and easy to conduct than public and social policies. They are systematic in nature, in that they are developed through a process made up of a number of phases, such as the policy agenda, formulation, adoption, implementation and evaluation.

Public policies and social policies are both general and inclusive and they are therefore difficult to implement and evaluate in their holistic context, unless they are translated into different programmes which are conducted by different governmental and non-governmental institutions (Mamburu, 2004:92). It is therefore very important for human services to understand the policies that created certain social programmes such as the Soul City Programme (SCP) with the youth (Dobbelstein, 2003:6). In this explanation, the researcher views the National Strategic Plan on HIV, STIs and TB (NSP) as an example of a social policy which could be realised through different social programmes, such as the Soul City Programme (SCP), which was developed by different institutions, namely the Department of Health, Department of Social Development, and the Soul City Institute amongst others. Soul Programme facilitators ought to also have a thorough understanding of the NSP which led or added to the formulation of the Soul City Programme with the youth.

It can thus be concluded that the scope of social policy includes all areas of personal and social life which contribute to the well-being of citizens or the public in general. To enhance the understanding of the difference between social and public policy further, certain general characteristics of public policy will be discussed.

3.2.1   Characteristics of public policy

An important attribute of public policy is that it is primarily aimed at the welfare of a country's citizens or directed to positively impact on the lives of the public (Gumede, 2011:166). Therefore, public policies have much to do with political decision-making, behaviour and the resulting consequences and that is why political parties and governments would generally be the key to institutions at the centre of public policy making.

Public policy in the opinion of De Coning and Wissink (2011:7) can be considered as consisting of activities that focus on the development of policy in terms of policy content, policy processes, capacity and lastly policy monitoring and evaluation.

Policy content refers to policy initiation, design, analysis, formulation, and adoption in which policy analysis is especially important. Policy processes show where certain policy making and implementation steps are followed, such as strategy generation, planning, programme and project management. Policy capacity implications are concerned with adequate and optimal institutional governance resources and the structural and functional arrangements needed to succeed with a policy intervention. Lastly, policy monitoring and evaluation needs to occur to manage the performance of a given policy in terms of efficiency and impact.

Gumede (2011:167) asserts that in post-1994 South Africa, for example, the public policy-making process has been characterised by a change in the political role players that have significant influence in the public policy-making space, while there have been deliberate efforts at the establishment and institutionalisation of various forms of public participation in the policy process, such as the National Economic Development and Labour Council (Nedlac) which is a parliamentary institution where organised labour, organised business and government are represented.

The implementation of public policy is further characterised by complex political processes which are interlinked by five variables, known as the 5-C protocol (De Coning & Wissink, 2011:145). The latter imply the following in terms of the political complexities of policy implementation:

- The content of policy itself in terms of goals, how it relates to a specific issue and how it aims to address that issue.
- The nature of the institutional context which implies the standard operating procedures through which policy must travel and the boundary limitations set by others that could impact policy implementation.
- The commitment of those entrusted with carrying out the implementation at various levels.
- The administrative capacity of implementers to carry out the changes desired of them.
- The support of clients or coalitions whose interests are enhanced or threatened by the policy.

Brynard, Cloete and De Coning (2011:145), in context of the 5-C protocol, consider that the interconnectedness of the five variables may create both challenges and opportunities, because the interplay of contending interests, strategies and power positions will ultimately define the effectiveness of policy implementation in the community.

Subsequently, certain characteristics of social policy will now be discussed to further illustrate their distinction from public policy.

3.2.2   Characteristics of social policy

In recent times, there is an increasing realisation that social policies and programmes should be carefully evaluated to determine whether they do, in fact, meet their stated objectives (Chatterjee & Vadapalii, 2009:83). As previously stated, social policy is more specific and effective in dealing with social problems, such as HIV and the youth. A social policy is therefore generally well designed, with the aim of improving or alleviating a social problem. Patel and Selipsky (2010:49) are furthermore of the view that social policies are courses of action taken by governments and society at large to achieve the goals of development. Social policy is therefore about the identification of social problems, strategic planning of action to be taken to address them, and the implementation of the plan of action or the delivery of social services to those in need (Mamburu, 2004:97). To indicate the differences between social and public policies further, the following characteristics of social policy will now be discussed in order to explain its relationship with public policy.

- **Characteristics of social policy in relation to the physical environment**

Low-income communities, urban and rural, are the recipients of highly disproportionate burdens of environmental threats of all kinds, for example: dangerous industries and waste disposal sites; polluted soil, water, and air; and poor housing, which burdens residents with

an increased risk and with inefficient, costly energy systems (Hoff & McNutt, 2009:299). Social policy measures that promote individual and social development are largely separated from public policy measures to maintain the economic apparatus. Consequently, the social costs of industrial capitalism are not adequately accounted for, such as sickness and disease resulting from the workplace and poorer community's places of residence. Machedi (2006:156), for example, indicates that insufficient water or water of a low quality can lead to people contracting diseases such as skin and eye diseases because, not having enough clean water hinders good hygiene practices, especially amongst the poor in informal settlements in South Africa. During the empirical investigation, and pertaining to the present study, the researcher witnessed many examples of insufficient, as well as unhygienic water supplies, as well as dirty water accumulating in puddles between different shanties in some informal settlements where the Soul City Programme was implemented with the youth. In Chapter 2, section 2.4.1, it was already argued that poor people living in rural and urban informal settlements seem to be at the highest risk of contracting HIV and AIDS. Poverty and race remain associated with the spread of HIV in South Africa (DOH, 2012a:108).

Chambers (2000:39) is further of the view that as long as there is insufficient clean air to breath or clean water to drink, management, distribution and protection will become a subject of social policy. It is in this context that Hoff and McNutt (2009:305) therefore advocate for sustainable social policy measures that promote individual and social development which are not largely separated from public policy measures to maintain the economic apparatus. If the latter does not occur, the social costs of industrial capitalism are not adequately accounted for, for example, illnesses and diseases resulting from workplace and industrial pollution.

Other sustainable social policy measures that promote individual and social development include integrated urban and rural development policies (Hoff & McNutt, 2009:305). This goal involves planning for techniques to encourage greater urban density while also promoting the economic and social viability of rural areas. Also, it involves the redirection of tax policy to penalise or encourage appropriately the use, pollution, depletion, or restoration of environmental resources (Hoff & McNutt, 2009:305).

Subsequently the characteristics of social policies from a conservative perspective will be discussed.

- **Characteristics of social policies from a conservative perspective**

Ginsberg (2009:196) has identified that writers with conservative views on social policies assert that social welfare programmes interfere with the natural order of economic activity.

Loyalty to the government and its authority, ties between government and the church, and limiting suffrage formed part of their beliefs. Furthermore, conservatives believe that government interventions cause more harm than good. In this context, Chambers (2000:67) state that conservative governments encourage individuals to make provision for their own welfare by offering financial incentives to turn to the private sector for their education, housing, health and other social care needs.

Dobbelstein (2003:275) has found that some writers consider that conservatives see contemporary social programmes as doing more harm than good and that there is little justification for governments to embark on such programmes. In the context of the present study, the researcher does not agree with these views because of the negative impact HIV and AIDS have on communities all over the world as well as the relative success governments and other stakeholders have had in reducing the percentages of new HIV infections in the past five years through their interventions.

Conservatives also believe that individuals are fundamentally, perhaps solely, responsible for themselves and their families. Each person must take care of him - or herself through employment or other sources of financial support and provide for his or her family, which today means a spouse and children. In this context, Jiminez (2010:19) asserts that conservatives see social welfare as policies compromising an individual's need for independence but makes them too reliant on government to survive.

Ginsberg (2009:189) says that conservative thinkers are often especially negative towards government social welfare programmes, especially those of the central government. This is consistent with Jiminez' (2010:23) views on conservatism that government should be less involved in people's well-being. If government programmes are desired they ought to be organised and provided at the lowest levels, such as the state, country or city.

In the United States of America conservatives proposed and were successful in achieving a change in many programmes from being federally run to being operated by the states with only minimal federal involvement and supervision (Ginsberg, 2009:210). Smaller allocations of funds for programmes were given to the states to use as they saw fit for their own social problems. In the South African context that would apply to the nine provinces.

Subsequently, social policies will be discussed from a feminist perspective.

- **Characteristics of social policies from a feminist perspective**

Kirst-Ashman (2012:87) indicates that feminism is the philosophy of equality between women and men that involves both beliefs and actions, that infiltrates virtually all aspects of life, that necessitates providing education and advocacy on behalf of women, and that appreciates the existence of individual differences and personal accomplishments regardless of gender.

Dominelli (2002:1) considers that the media in certain countries assert that the world is in a post-feminist era in which the ideological objectives of feminism have been achieved which she believes is 'absurd,' because the majority of women still experience the highest level of poverty, loss of welfare benefits and increasing levels of sexual violence in their everyday lives in both industrialised and in low-income countries. Feminist approaches to social policy are therefore concerned with issues relevant to the social, economic and political well-being of women and their families and to the structural arrangements that either empower or subordinate women (Hyde, 2009:247). Accordingly, women constitute most of the recipients and providers of what is generally termed welfare. At the core of the controversial welfare debates is one on sexual politics and gender roles. In general, social welfare policies are viewed as conservative views on women and family by feminists.

Hyde (2009:248) asserts further that feminists view welfare policies as perceiving women on welfare as lazy, promiscuous and deceitful. This notion of 'welfare dependency' is central to contemporary welfare policy discourse. Neither conservative nor gender-blind approaches capture the historical or current economic, political or cultural situations of women. In this context DuBois (1983) (in Hyde, 2009:250) considers that feminist scholarship is fundamentally a commitment to 'address women's lives and experiences in their own terms and to create theory grounded in the actual experiences and 'language of women.' Dominelli for example states that in industrialised countries many communities lose their manufacturing base which coincided with the loss of employment opportunities for young women especially. Feminism therefore promotes equal or identical rights for women and men in terms of opportunities and choices (Kirst-Ashman, 2012:87).

Feminist understanding of social policy varies in emphasis regarding the regulatory role of the state; the state as a potential partner in the empowerment of women, the agency of women, the effectiveness of legislative versus protest strategies, and so forth. Yet, there is consensus that the state, through its policies and programmes, reinforces traditional assumptions about gender roles and thus supports a gender regime that privileges certain groups of men and subordinates virtually everyone else to varying degrees.

Dominelli (2002:1) further argues that even in traditional social work practice in poorer communities, female social workers seem to expect women to succeed in the most unconducive environments and even berate them when they fail to function optimally. However, these female social workers often pay insufficient attention to the structural challenges women face when facing poverty (Dominelli, 2002:1). Therefore, the ideological extension of feminists' is to advocate for a position of equality with men in employment and child rearing (Chambers, 2000:38). Furthermore, taking care of children and the family household is considered hard work and in most instances today it is still usually women who take that responsibility (Dominelli, 2002:1). It is in this context that feminists consider that the social policy process reinforces the retrenchment of state assistance and reliance on traditional family roles and structures (Kirst-Ashman, 2012:87). Poor women are now expected to work and to marry, which is to be dependent on both their employer and a spouse or partner for economic security for herself and children. In addition, the state, through welfare policies and procedures also regulates the lives of women as workers. It regulates women's lives through its reliance on women as unpaid caregivers to meet societal health and social needs. This unpaid caregiving labour occurs in the family units that are expected to be self-sufficient.

Dominelli (2002:1) from a feminist perspective, also advocates that social work practice should aim to address and place structural gender inequalities at the centre of its practice. Therefore, the essence of the feminist perspectives on social policies is focused on revealing the life choices of women for example safe sexual practices and how these choices are enhanced or constrained by social policy. Kirst-Ashman (2012:87) concludes by stating that feminism proposes that women should be empowered to develop their abilities and pursue activities to achieve optimal well-being.

In the following section characteristics of social policies will be discussed from a critical thinking perspective.

- **Characteristics of social policies from a critical thinking perspective**

Critical social policy thinking is associated with activism against socioeconomic oppression through restructuring social care, including racial, age, ethnic, and gender equality and social diversity and inclusion (Iatridis, 2009:216). Kirst-Ashman (2013:29) continues by stating that critical thinking is about the careful examination of what appears to be true and the resulting expression of a conclusion about that examination. Critical thinking is also about the creative formulation of an opinion when presented with an issue by first asking questions, secondly establishing the facts about the issue and thirdly providing an opinion

(Kirst-Ashman, 2013:29). Dunn (2007:19) agrees with this by stating that practical policy analysis is complex and places a high premium on critical thinking which also implies the careful analysis of explanations and arguments about public and social policy issues.

In its social justice-political mode Iatridis, (2009:216) indicates that social policy planning seeks to identify and analyse the political power game of interests and domination that is at stake in any given policy issue or controversy and to explore the social justice, ethical and value structures that underlie the controversy.

Critical social policy also encourages oppressed individuals, groups, and communities to examine societal structures as well as their own values and beliefs for example in the realm of sexual practices. In this context Jiminez (2010:23) believes that the critical thinking perspective, also known as radical perspective, wants more government involvement in the welfare of people contrary to the conservatives. In this instance radicals advocate for more government social policies to ensure the redistribution of wealth and the provision of necessary health services. In the context of the present study and the harsh reality of the HIV pandemic in South Africa the researcher agrees with critical social policy thinkers or radicals because government's provision of free ARVs has saved millions of lives in South Africa. Many people living with HIV can now lead relatively balanced and productive lives adding to the country's growth and productivity.

Critical perspectives contend further that capitalist societies and their dominant institutions primarily serve the interests of an oppressive class of rich white males legislating for and controlling the poor, women, and the powerless as well as the cultural and ethnic historically disadvantaged (Iatridis, 2009:219). The capitalist economic system itself is therefore seen as the cause of inequality and oppression and until it is abolished, injustice and inequalities in society would remain (Cunningham & Cunningham, 2012:85). In the context of the present study the researcher has found that the poorest people in South African society have the highest HIV prevalence which could partially be attributed to the disparities in available resources between poorer and wealthier communities to fight the disease, coupled with the low socioeconomic status of the majority of black and coloured citizens.

Welfare states are viewed as products of a combination of working-class struggles and capital's requirements for the reproduction of labour power. They are also structured by requirements necessary to the continued survival of modern capitalism (Iatridis, 2009:227). Thus governments respond to pressures from the prerequisites of capitalist markets for profit and are thus pressured into or away from the expansion of certain social welfare policies and programmes. Iatridis (2009:227) further states that critical perspectives on

social policies follow the idea that Marxist and feminist perspectives can provide adequate ethical guidelines for reconstructing emancipatory postmodern welfare states.

Lastly, these critical perspectives recognise the central importance of political struggles and pressures, and considering the critique of the state and political parties as instruments of domination, and it proposes an emancipatory social welfare system which requires the construction of a political party as a 'confederation of diversities.' In this Cunningham and Cunningham (2012:86) consider that radical or critical perspectives in social work emphasise social workers' role in mitigating individual suffering caused by the capitalist system and serve as a vehicle for revolutionary change.

Subsequently, the researcher will describe other general characteristics of social policies.

- **General characteristics of social policies**

Social policy is sometimes confused with social welfare policy. Social policy as a concept is sometimes difficult to explain and is often confused with social welfare policy. Welfare could imply the transfer of commodities other than money, for example clothing and food to those in need. Social welfare is a broad concept related to the general well-being of all people in a society. The latter implies what people derive from society in terms of programmes, benefits, and services. In addition, social welfare refers to how well people's social, economic, educational, and health needs are being met by a particular policy (Kirst-Ashman, 2012:6-7).

Dalton et al. (2007:6), have further found that some welfare economists emphasise the government's role in redistribution, based on philosophical principles about equality and social justice. A contribution of this tradition is its emphasis on the economic base as interrelated with social policy, and on the production, as well as the consumption and allocation of goods as important. It can thus be concluded that social welfare is a component of social policy and it appears in the picture when resources and other amenities are distributed to the rightful recipients. The confusion in associating welfare with social policy should be resolved by considering social policy as the umbrella concept and welfare as a component of social policy; is only achieved when resources start to be distributed to the recipients (Mamburu, 2004:104).

Social policy is often influenced by professional practice. Dalton et al. (2007:20), identify that professionals, for example social workers, have several additional choices about how to take action. They can operate as citizens through political parties or action groups and coalitions. Others link with social movement organisations or collaborate with service users

or self-help organisations such as resource workers and supporters rather than decision makers. So, many NGOs in South Africa and social intervention programmes regarding HIV and AIDS are dependent on international donor funding to run their programmes and when this funding suddenly stops, so does the implementation of the programme in a particular community or country. For example, the Soul City Social Intervention Programme with the youth in the Northern Cape suddenly stopped at the end of 2013 because funding was no longer forthcoming, despite HIV prevalence being the highest amongst the youth in the province and in South Africa as a whole. An example to the latter was given in chapter one, section 1.1.

> … We put in an application for 5-year funding of the programme, to the Centre for Disease Control and Prevention (CDC) due to changes in their priority areas seized funding of the SCI programmes with the youth in the Northern Cape after 20 months (Goldstein, 2016).

Social policies further focus on social problems and are specifically developed by governments to address social problems within communities such as poverty, unemployment, ageism, child poverty, disability and in the context of the present study, HIV and AIDS. In order for the state to develop effective social policies, policy makers should access social work practitioners through the process of public policy making. Furthermore, social workers and others in the helping professions need to advocate on behalf of those infected with and affected by HIV and AIDS, especially the youth. They need to challenge social policies which are not in line with the principles, goals and objectives of the NSP in South Africa. It can thus be concluded that social policies are rules and guidelines that govern people's lives and dictate expectations for behaviour. Providing a solution to a social problem is the central purpose of a social policy or programme and its features must fit that purpose. Social policies and programmes should therefore not be formulated vaguely: the fit, goal relevance and objectives are of utmost importance (Chambers & Wedel, 2005:77). They also determine how governments, communities, and organisations run in a predictable, coordinated fashion. Furthermore, social welfare policies are the laws and regulations that govern which social welfare programmes exist, what categories of clients are served and who qualifies for a given programme or social assistance.

The researcher concludes from the discussion about public and social policies that both entities are enacted by the policy makers. They are developed to deal with specific problems in communities and they cannot function holistically. They therefore need to be translated into a number of programmes similar to that of the Soul City Institute, which should be specific, measurable and easy to implement.

It is only when public policy and social policy are distinguished from each other that their differences surface. Social policies, together with other policies such as government's economic, environmental and foreign policies suggest that public policy holds a more senior position than social policy or other government policies.

The following factors influencing public policy making and that are also relevant to social policies, will now be discussed in the following section.

3.2.3   Factors influencing public policy making

Public policy making is influenced by a variety of factors and starts with the decision-making process to formulate and implement a public policy. This, as well as other factors influencing the public policy-making process will be discussed in the following section.

3.2.4   The decision-making process

Brynard, Cloete and De Coning (2011:121) state that the policy-making process normally starts when a policy issue or problem is identified by one or more stakeholders in society who feel that the actions of the government detrimentally affect them or another segment of society. Problem identification furthermore entails specifying a particular problem's origin, determining its scope, giving an outline of the problem's pervasiveness and its implications for different sectors of society, for example, the youth. Furthermore, problem identification also entails compartmentalising within specific conditions, intentionally limiting the scope of the policy for which it is intended (Dobbelstein, 2003:275). Policy making is also a rational decision making and planning process. Therefore, decision making ultimately comprises a preferred action from two or more alternatives. The total process actually commences with the setting of objectives in the early stage of the planning process. It also requires creativity, capability and experience. Furthermore, the decision-making process normally commences with the identification of a particular problem (in this case, the high HIV prevalence amongst the youth). It is therefore necessary to identify a problem, develop alternatives, analyse the alternatives and choose the best path of action.

Decision making is a function that is carried out continuously at different stages right through the process of strategic public management, as is the identification and the selection of a plan of action to solve a specific problem facing the public. When policy makers are confronted with problems or specific matters, they first consider all the envisaged advantages as well as envisaged disadvantages of each alternative action.

The preliminary process to formulate or influence public policy is normally termed 'policy agenda-setting.' It determines who influences or controls the policy-making process. An

agenda in the normal sense of the word is normally a list of items to be dealt with during a meeting. The higher an item is on the agenda, the better the chances are that it will be discussed and dealt with. An agenda therefore prioritises issues for attention by decision makers or government. Agenda-setting is, in essence, about getting problems to the government. During the process of 'agenda-setting' Cloete and Meyer (2011:88) identify problem identification, agenda-setting and policy formulation as some of the stages in the process.

Agenda-setting is normally preceded by problem identification and the ability to articulate those problems before they reach the agenda stage (Cloete & Meyer, 2011:88). This suggests that not all problems or issues identified or even articulated in public actually reach the agenda-setting stage. They must pass through a pre-screening phase first: government departments funding a certain HIV programme for the youth may be secondary to other HIV programmes in a province. This may inadvertently influence external donor funding, such as foreign donor funding of HIV prevention programmes for the youth. Policy agenda-setting is therefore, in a wider sense, a deliberate process of planning an action that defines and prioritises policy issues and problems; mobilises support and lobbies decision makers to take appropriate action.

In problem identification and definition, causal linkages must be established between policy issues that cause problems detrimental to certain causes and stakeholders (Cloete & Meyer, 2011:94). For example, if there is an increase in HIV incidence amongst the youth in the community dependency on social grants or child-headed households due to HIV and AIDS is exacerbated. Hence, policy recommendations such as greater funding of HIV awareness and education programmes amongst the youth need to be pushed to reach the policy stage should it not have been a policy priority at that specific time.

Issues facing the public often need to be addressed through deliberate public policy interventions at the appropriate level by the most appropriate policy agent, for example NGOs. A second important aspect of problem definition is the way the problem has been structured – as a need, an opportunity, a change or a threat.

Any government constantly needs to decide which policy issue receives priority attention. Agenda-setting cannot therefore be studied in isolation from political, economic, social, technological, cultural and global factors, because they are forces in society or the community that accumulate power. Cloete and Meyer (2011:96) identify the following factors that may determine whether or not policy problems appear on the policy agenda:

- Firstly, the problem must reach crisis proportions and can no longer be ignored by the government. For example, the HSRC report (2014:viii) indicated a sharp decline in knowledge amongst the youth about how HIV is spread as well as condom usage.
- Secondly, the policy problems must achieve particularity.
- Thirdly, policy problems must have an emotive aspect which attracts media attention. These are emotive issues, firstly because poor people need social assistance. Emotive issues raise high levels of awareness, which are followed by public outcries for action.
- Fourthly, issues that have a wide impact have a better chance of reaching agenda status than low-impact issues.
- Fifthly, questions about power relationships in societies.
- Lastly, some issues are fashionable for governments to address. Such events give countries worldwide exposure, for example, xenophobia or gender discrimination.

Gumede (2011:178), Cloete and Meyer (2011) and Booysen (2006:134) have found that there are several role players as well as factors involved in agenda-setting that may include, but are not limited to, elected political office-bearers, the status of a particular policy problem and media and community participation.

- **Elected political office-bearers**

Booysen (2006:163) believes that public policy making is closely related to, and intertwined with, political decision making, which always constitutes a sub-theme of public policy making. Furthermore, in democratic countries, elected representatives receive a mandate from the electorate to shape and give content to public policies such as the African National Congress (ANC) Government in South Africa (Cloete & Meyer, 2011:89). In South Africa, the ANC has been the governing political party since the introduction of a non-racial and non-sexist democracy in 1994, supported by its tripartite alliance partners, the South African Communist Party (SACP) and the Congress of South African Trade Unions or Cosatu (Gumede, 2011:172). The most powerful policy-generating cluster centres on top government, in particular, the cabinet, the presidency and the structures of the governing party, the ANC. Top executive structures in South African politics, especially the cabinet and the specialised cabinet clusters, constitute the predominant policy initiation actors (Booysen, 2006:178). Through its links to the presidency, cabinet is a core agency in policy making and implementation. The main ideology underpinning the ANC is captured in its broad agenda, the National Democratic Revolution (NDR) which can be described as a process through which a National Democratic Society (NDS) will be achieved. The NDS is empowered socially, economically and politically and it is non-racial, non-sexist and democratic. Once mass-based support for issues exists together with the influence of the

ANC-SACP-Cosatu tripartite alliance, it becomes very difficult not to address issues facing the public in South Africa such as for example HIV and AIDS.

Booysen (2006:180) asserts further that the ANC-SACP-Cosatu alliance could be considered a 'privileged cluster,' albeit with a fluctuating influence on public policy making. Dual memberships between the alliance partner organisations means that lines of influence over policy are often blurred. Literature reveals that Cosatu and the SACP were outspoken in their criticisms of many government policy directions, especially regarding macroeconomic policy, employment and the pace of transformation. However, Cosatu and the SACP leaders, once they were in provincial or national government positions, often toned down the intensity of their advocacy of policy alternatives (Booysen, 2011:180). In the context of the present study, however, the researcher believes that the ANC-SACP-Cosatu tripartite alliance has remained relatively consistent and effective in calling for increased interventions regarding the HIV and AIDS pandemic in South Africa. An example of this is government's announcement of the massive roll-out of both female and male condoms worth over R3 billion rand over the next three years (Manyath, 2015:1). However, it is of concern that the alliance appears less vocal about the decline in HIV awareness programmes, because the HSRC (2014:xi) indicates South Africa has shown a decline in prevention and awareness campaigns.

- **Appointed officials**

Career public managers in public sector agencies work very closely with politicians. They are both the receivers and the manufacturers of policy problems. Professional public managers are therefore both recipients and formulators of policy problems (Cloete & Meyer, 2011:90). They therefore have considerable power to determine what goes onto a policy agenda and where, because they directly control the resources of government.

- **Courts of law**

The legal profession's contribution to policy making and agenda-setting potentially goes beyond the narrow interpretation of legal frameworks and provisions. Chambers (2000:53) concurs that the power of the judiciary lies in its ability to review legislation and the decisions of public officials. Furthermore, in its evaluation of conformity to legal requirements, the legal profession comes directly into contact with inherent policy content and implementation weakness (Cloete & Meyer, 2011:96). Therefore, the courts play a significant role in social policy by making judicial decisions on a whole spectrum of issues that affect people's lives; for instance, the impact of HIV and AIDS on the daily lives of individuals and families in society (Midgley, 2009:5).

In terms of social programmes that are an extension of social policies, Chambers and Wedel (2005:34) consider that government's judicial branch can prescribe social programmes to the clients it must serve and can also, amongst other things, entitle or disentitle citizens from social programme benefits.

- **Civil society, business and labour interest groups and individuals**

By establishing pressure or advocacy groups, civil society, business and labour interest groups and individuals sometimes promote policy change by mobilising resources in the form of more supporters, finances and so forth, to empower them to achieve their goals. For example, Booysen (2006:182), indicates that economic empowerment and mainstream business (the Black Management Forum, the South African Chamber of Business and Business South Africa) had an impact on emerging public policies in South Africa, especially during the first twelve years of democracy. Pluralism dictates that an interest group has collective strength and the capacity to mobilise its members at relatively short notice. Hypothetically, interest groups exist as long as issues are not formally on the government's agenda or are not receiving priority attention once on the agenda. Interest groups such as civil society organisations (the Treatment Action Campaign, for instance), advocated for urgent attention towards providing South African citizens diagnosed with HIV with lifesaving drugs such as ARVs, in line with guidelines from, amongst others, the WHO, NSP and NDP.

- **The media**

As an external policy influencing factor, the media is one of the most common factors that influence the policy-making process: it has the single most dominant impact in shaping public opinion and hence the policy agenda (Cloete & Meyer, 2011:91). Furthermore, Dobbelstein (2003:27) says that that although the media does not make policy, it has a profound impact on influencing public policy formulation. It also impacts on a passive audience and has the ability to reach millions of people in a relatively short time; television, social and print media, for example, have the ability to reach masses of people who were previously unable to be reached. The media has the ability to both educate and indoctrinate on policy issues that affect the public such as HIV and AIDS in South Africa. Public representatives who take the lead in proposing policy responses are most likely to benefit from the wave of media if strategically utilised.

- **Community participation in policy development**

Community participation in policy development involves trying to influence the outcomes of those activities affecting the community and to obtain as much benefit as possible from the results of those activities pertaining to it.

Political leaders often use public speeches, media debates or political campaigns to raise and mobilise mass public awareness and support for policy issues that they want to promote (Cloete & Meyer, 2011:91).

Gumede (2011:179), Cloete and Meyer (2011:89) and Booysen (2006:164) indicate that acceptable community participation normally takes place in the following ways:

- The first is through the involvement of legitimate, democratically elected political representatives at relevant government levels. They are therefore in a position to use their discretion as elected representatives of the community (local councillors).
- Secondly, community participation can occur through the involvement of leaders of legitimate organisations in the community which represent different interests of and segments in that community (cultural or tribal chief councils, for instance). Another important entity in South African public policy making, in the opinion of Gumede (2011:179), is the role of ward committees, which are expected to work with municipalities on many matters, especially in ensuring that the needs of the communities are taken into account in policy-making processes.
- Thirdly, community participation can take place by getting individual opinions in the community through community meetings and opinion polls. A typical example in the South African context is the concept of imbizos (gatherings) (Gumede, 2011:178). This could involve government literally using a 'door-to-door' strategy to get to know communities better, especially in matters pertaining to poverty status and possible interventions to ease the difficulties that many distressed communities might endure. Booysen (2006:164) and Gumede (2011:178) agree that this is an example of government's attempt to improve consultation and participation processes with citizens.
- Lastly, community participation can be achieved through the direct involvement of ordinary members of the public or staff in mass activities. This is indicative of the degree of support expressed by the community for the cause concerned. Community participation can be further initiated or stimulated in two ways: by individuals or interest groups working with the community and through supported mass rollouts of ARVs in South Africa.

Cloete and Meyer (2011:92) state that government may also decide which policy issues receive priority attention through ratification, consultation, negotiation and execution:

- Ratification implies approving certain decisions or actions after they have been taken.

- Consultation implies using an audience as a sounding board and eliciting opinions, suggestions, advices or recommendations about an issue before or after a decision is taken unilaterally (community meetings, imbizos).
- Negotiation implies direct involvement by parties in discussions leading up to joint decision making through agreement on policy issues in a peaceful way.
- Execution implies direct involvement in the planning, drafting, implementation and evaluation of policy and programmes after decisions to adopt them have been taken.

Jansson (2009:51) is of the view that policy selection lies central to the policy-making process and when addressing policy problems, policy practitioners and advocates must develop policy alternatives to address them and select a preferred alternative during policy discussions. Furthermore, Jansson (2009:60) and Roux and Cloete (2011:106) state that there are several approaches to finding alternatives that are acceptable:

- The existence of opportunities for members of the community to exercise democratic choices in determining development priorities for the community. The absence of coercion in this process is therefore a requirement. Jansson (2009:60) adds to the latter by stating that policy analysts may seek supporters for their proposals although they would have involved other persons in their work from the outset.
- Responsiveness of leadership within government to the needs and priorities expressed by the community itself.
- Policy analysts may brainstorm an array of relevant policy, programmatic and resource options that singly and together might define a strategy for addressing the social problem or issue. They can consider several or many options depending on the complexity of the proposal that is ultimately developed during the analytic process. Policy analysts may then draft a specific policy proposal that flows from their brainstorming and conceptual work during the preceding stages of policy analysis.
- Negotiation with representatives and legitimate community leaders (traditional and community leaders, organisations and individuals concerned).
- Consistent participatory planning, design and implementation of the different stages of the project concerned.
- Flexibility of implementation in order to adapt to changing circumstances and needs in the community.

Policy analysts may also make key presentations to public officials or decision makers to persuade them that a policy proposal is meritorious. Ultimately the decision making continues until objectives are achieved, missions reached and efforts are made to reach the

ultimate vision. The conclusion drawn from the above is that decision making is an on-going continuous process.

In the following section, the researcher will describe other factors that may influence public policy making.

A variety of developmental variables in undeveloped countries influence the process of policy making. Cloete (2011:71) states that sociocultural, socio-political and socioeconomic variables can have an active influence on policy making. The researcher adds to the latter international expectations, all of which can also be considered country specific internal and external factors influencing public policy making.

3.2.4.1   Sociocultural

Lesser developed states normally have much larger numbers of illiterate, poorly educated people and on average have a much younger and less mature population. The role of the extended family is crucial in community life, while in many cases women still occupy subordinate roles in society and ethnic tolerance is sometimes superficial (Cloete, 2011:71). In essence, citizens from the lesser developed countries frequently have only primitive means of transport available to them and are therefore not really mobile. In addition, they have only rudimentary services and facilities, which in large regions of the country are frequently inaccessible owing to a serious lack of transport and other communication routes. Therefore, the government concerned may strive to – or be unable to – provide for its citizens' most basic needs.

3.2.4.2   Socio-political

In lesser developed countries, government ability to provide for its citizens' needs is much more limited than in more developed countries. The policy process in a developing society is much more constrained than it is in an industrial society. South Africa also suffers from many symptoms of this phenomenon, although a strong First World component in the local economy offsets the negative consequences of the larger and weaker part of the economy (Cloete, 2011:72). The implication of the latter is that although planning is frequently participatory, policy plans often consist of vague guidelines for action, which, once announced, are not easily adhered to if adhered to at all.

3.2.4.3   Socio-economic

Cloete (2011:73) asserts that lesser developed countries are found mostly in lower per capita income categories. Their economies are frequently based on subsistence agricultural activities, while mineral extraction and production are often the main industrial activity.

3.2.4.4   International expectations

The international community through the United Nations Organization (UNO), the Millennium Development Goals and Sustainable Development Goals plays an important role in influencing the government to adopt public policies. Cloete (2011:72) states that forces from outside the country such as the World Bank and other international agencies are often the most influential in this regard. In the context of the current study UNAIDS could also be included. International expectations through the process of globalisation compel countries to conform to certain international public policies in order to avert the sanction of being excluded from participating in international bodies such as the World Health Organization. On the whole, the developmental and policy process characteristics of lesser developed states, compares negatively with those of more developed states (Cloete, 2011:72). It can further be deduced that public policies are influenced by factors such as the decision-making process and sociocultural, socio-political and socioeconomic variables as well as external factors. Therefore, policies should be put in place to address the exclusion of people from the socioeconomic and political resources of society when it comes to important societal issues such as HIV and the youth. It can be concluded that external factors influencing public policy making are forces which are often outside the control of policy makers: diseases, drought and the HIV and AIDS pandemic, for example.

Since the current study aims to evaluate the Soul City Social Intervention Programme with the youth as a social programme within the context of the NSP it is important to discuss social policy as it relates to the NSP as a broader framework of public policy. Following on from and in the context of the discussion about public and social policies, the researcher will now describe the National Strategic Plan (NSP) of South Africa on HIV, STIs and TB (DOH, 2012-2016) in relation to the Northern Cape as a social policy framework.

3.3   The National Strategic Plan on HIV, STIs and TB 2012-2016

Van Dyk (2013:152) concludes that AIDS prevention programmes can be successful only if they are backed by political will and leadership and that they cannot be successful without the support, commitment and high-profile advocacy of the country's leaders. A comprehensive, powerful national AIDS plan involving a wide range of role players ranging from government to the private sector is necessary.

The National Strategic Plan on HIV, STIs and TB (NSP, 2012-2016) (DOH, 2011) can be considered a social as well as a public policy because it was developed by various government departments and stakeholders in response to the HIV pandemic facing South Africa. The NSP can therefore also be considered a social policy because it fits the criteria

of a social policy: it is intended for the improvement of the general welfare of individuals and communities at large and focuses on social problems such as HIV and its impact on society. Subsequently, a brief overview of the NSP as a macrolevel factor in the context of the present study will be discussed.

3.3.1 Historical overview and conceptualisation of the National Strategic Plan on HIV, STIs and TB 2012-2016

As stated in Chapter 2, section 1, by the end of 2013, 35 million (33.2 million-37.2 million) people were living with HIV worldwide. Furthermore, new HIV infections in 2013 were estimated at 2.1 million (UNAIDS, 2014a:6). HIV and AIDS is an increasing problem in developing countries such as Mozambique, Botswana and South Africa. HIV and AIDS, together with poverty and unemployment, are very serious societal problems in South Africa where more than 10% of the population is infected with HIV and AIDS (HSRC, viiixx). In order to stem the tide of HIV and AIDS in South Africa, the government developed the NSP, from which different government departments and non-governmental organisations (NGOs) within the provinces such as the Northern Cape could develop their own provincial HIV and AIDS framework through which they can attempt to alleviate the problem. Furthermore, various government departments and NGOs conducted programmes to address the scourge of HIV and AIDS, but still the prevalence rate remains of pandemic proportions, especially amongst the youth.

As discussed in Chapter 2, section 2.4.1, it is a well-known fact that the poorest of the poor is that sector of society that is often found to be the most vulnerable to HIV and HIV infection is most prevalent amongst them. The Nelson Mandela Household Prevalence Survey (2005) indicated that only 10% of the world's population live in Sub-Saharan Africa, but 60% of all people living with HIV are from Sub-Saharan Africa. Moreover, 5.6 million South Africans were HIV positive by the end of 2012, which amounts to more than 20% of all people living with AIDS in the world. Of particular significance is that, according to the HSRC (2014:34), it is estimated that in 2012 there was a 12.2% prevalence of people living with HIV and that the South African pandemic remains the largest in the world. Moreover, according to the same report, the prevalence has increased amongst youth: in the Northern Cape it has increased significantly. The prevalence of HIV in 2011 was 20.5% in the age group 15-24, 36.3% in the age group 25-29, and 42.2% in the age group 30-34 (cf. DOH, 2014:20).

As highlighted in Chapter 2, section 2.1, UNAIDS (2014a:10) indicates that to accelerate progress towards ending the HIV epidemic, new 'Fast-Track Targets' have been established for the post-2015 era of 90% of HIV positive people being on ARV treatment; 500 000 new

infections amongst adults and zero discrimination by 2020. For 2030 targets of 95% of HIV positive people being on ARV treatment, 200 000 new infections amongst adults and zero discrimination by 2030 have been set (UNAIDS, 2014a:10). Although the HIV pandemic in South Africa has stabilised, it remains as previously noted at a high pandemic level.

Efforts to reduce the level of HIV incidence still have to intensify if South Africa is to make major strides given the current high HIV prevalence rate amongst the youth in the Northern Cape and elsewhere in South Africa. Although significant progress has been made with regard to stemming HIV incidence amongst the youth, the researcher and as earlier stated is of the opinion that efforts to combat the pandemic in South Africa are embedded in the National Development Plan 2030 (NDP). This target is to increase the average life expectancy at birth to 70 years because of positive improvement in evidence-based preventative therapeutic interventions to HIV (The Presidency, 2013:297).

Government, as well as the NGO sector, has spent considerable amounts of money and resources on programmes and interventions to alleviate the rapid spread and impact of HIV and AIDS in South Africa – unfortunately, with limited success. In December 2011, the second NSP 2012-2016 was launched. The South African National AIDS Council (SANAC) and more specifically, its Programme Implementation Committee (PIC), has led this process. The PIC and the Plenary Committee of SANAC have provided the overall guidance and framework for the NSP. One of the key decisions included the development of a single integrated strategy for HIV, STIs and TB for 2012-2016. This is primarily due to the high co-infection rate between HIV and TB, as well as HIV and STIs.

It is clear from the afore-mentioned that the NSP and by extension the Northern Cape Strategic Plan on HIV, STIs and TB 2012-2016 (NCPSP) (DOH, 2012b) is very high on the public policy agenda of government. This has been influenced by other factors, such as the elected political office-bearers, the high HIV prevalence rate in South Africa and the media, for example the Soul City television series and the other popular media. Community participation has also put pressure on government to formulate, implement and monitor a plan against the scourge of the HIV pandemic in South Africa.

In the following sub-section, the guiding principles of the NSP will be described.

3.3.2   The guiding principles of the NSP

A range of principles that guided the development and finalisation of the NSP, as well as the provincial strategic implementation plans and the implementation plans of all SANAC sectors in NSP 2012-2016 (DOH, 2011:8-9) are:

- Long-term focused and vision led – all initiatives should be clearly linkable to the vision of the NSP and must be able to demonstrate how they are contributing to the achievement of that vision;

- Innovative – without diminishing the importance of evidence-based initiatives, innovation should also be encouraged in order to find new ways of facing significant challenges;

- Results and evidence-based – wherever possible initiatives should be based on clear evidence and driven by the achievement of well-formulated, clear results. In some instances, where there is a lack of good evidence, a clear motivation should be given to support the prioritisation of the intervention, for example, rights-based arguments;

  o Monitored continually - A detailed monitoring and evaluation framework for the NSP was supposed to be developed by SANAC. The framework apparently would take into account existing monitoring and evaluation systems being implemented by different stakeholders. A monitoring and evaluation (M&E) system with a simple information management and reporting system is central to effective implementation of the NSP by continuously holding stakeholders to account for their contributions towards the achievement of specific deliverables. The Know Your Epidemic (KYE) for both HIV and TB and expenditure analyses will be repeated every two years to realign the intervention focus and the direct resource allocation. Amongst other objectives of the M&E framework are:

  o To monitor the HIV and TB epidemics, as well as STIs, focusing on incidence, prevalence, morbidity and mortality; to build a national M&E system to evaluate the outcomes of the NSP that strengthens existing systems (for example, in health and other sectors), and incorporates new systems for community-based monitoring and reporting; to monitor implementation of the NSP and to develop and implement an evaluation agenda for the NSP.

  o Monitoring and evaluation of the multi-sectoral response will require greater coordination of all sectors (public, private, civil society and development partners) to ensure optimal utilisation of the available resources and continuous learning through sharing of experiences. The co-ordinating mechanisms will not take direct responsibility for M&E implementation, as this is the responsibility of the implementing institutions.

- The overall impact of the NSP implementation will be measured through "… impact indicators such HIV prevalence amongst women and men aged 15-24 to monitor trends in HIV prevalence in young ages to assess progress in reducing new infections" (DOH, 2011:68). Other indicators are: HIV prevalence in key populations; HIV incidence, stigma index and so forth.

- Sustainable – the interventions must make a sustainable difference that outlasts the lifespan of the NSP itself. Furthermore, sustainability involves monitoring, protecting and promoting human rights in all the interventions that it proposes.

3.3.3   The vision of the NSP

The NSP 2012-2016, in DOH (2011:12) is driven by a long-term vision for the country with respect to the HIV and TB epidemics. The Programme Implementation Committee (PIC) of SANAC and subsequent plenary meetings discussed a long-term vision for the country with respect to the twin epidemics and adopted a 20-year vision similar to the three zeros that have also been promoted by UNAIDS. These zeros are: zero new infections from HIV, zero deaths associated with HIV and AIDS and zero discrimination. Given the high co-infection rates, the vision for South Africa will also apply to tuberculosis (TB).

The National Development Plan, 2030, sets out South Africa's vision for 2030 and highlights amongst other targets that it envisages that South Africans have a life expectancy of at least 70 by 2030 for both men and women. Furthermore, it sets targets of increased consistent condom use and a reduction of new HIV infections by more than four times amongst young women between 15 and 24 years (The Presidency, 2013:297).

In the following section the strategic goals and objectives of the NSP will be discussed.

3.3.3.1   The strategic goals and objectives of the NSP

The NSP 2012-2016 (DOH, 2011) has the following broad goals in line with its 20-year vision which are as follows:

- To reduce new HIV infections by at least 50% using combination prevention approaches;
- To initiate at least 80% of eligible patients on antiretroviral treatment (ART), with 70% alive and on treatment five years after initiation;
- To reduce the number of new TB infections as well as deaths from TB by 50%;
- To ensure an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the NSP; and
- To reduce self-reported stigma related to HIV and TB by at least 50%.

For these to be achieved there are four strategic objectives that form the basis of the HIV, STI and TB response:

- "Addressing social and structural barriers to HIV, STI and TB prevention, care and impact

- Prevent new HIV, STI and TB infections
- Sustain health and wellness
- Increase protection of human rights and improve access to justice."

The four objectives of the NSP will be described briefly.

3.3.3.2   The strategic objectives of the NSP

Chambers and Wedel (2000:54) state that objectives of a policy system should fit a social problem as defined by stakeholders. Furthermore, the benefit of a policy should produce a significant impact on the causal factors believed to produce a social problem. The policy should also build on the strengths of those affected by a social problem such as the youth affected by the threat of the HIV pandemic in South Africa. Some of the four objectives will be discussed briefly, namely, the social and structural barriers to HIV, STI and TB prevention care and impact; preventing new HIV, STI and TB infections and sustaining health and wellness.

- **Strategic Objective 1: Addressing social and structural barriers to HIV, STI and TB prevention, care and impact.**

The NSP (2011:34) indicates that the first strategic objective will focus on:

> Key structural factors that need to change over the next five years. These factors deal with the conditions that facilitate the spread and impact of HIV and TB as well as those conditions that are protective and should be harnessed and promoted. Furthermore, this strategic objective strives to mainstream HIV and TB and its gender and rights-based dimensions into the core mandates of all government departments and all SANAC sectors. Given the profound impact of HIV and TB and the huge burden of disease attributable to these epidemics, every government department (at national, provincial and municipal levels) has to play a critical role in addressing the social, economic and structural factors driving these diseases.

Strategic objective 1 further strives to address the social, economic and behavioural drivers of HIV, STIs and TB (DOH, 2011a:35). The poor living conditions in informal settlements provide fertile ground for HIV, STI and TB transmission, as well as the spread of many other communicable diseases, especially amongst children, mainly as a result of the lack of proper building materials, lack of access to basic services, (sewerage, electricity and running water) as well as lack of food security. To complement this, the Departments of Basic Education, Health, and Social Development should ensure that social services such as education, health and social security are available. Strategic objective 1 of the NSP in DOH (2011:35) also recognises the impact of alcohol and substance abuse and therefore government has established an Inter-Ministerial Committee on Substance Abuse to review research findings and develop appropriate policies and programmes to address these

issues. These strategies must also address the gender norms that equate alcohol consumption with masculinity.

Strategic objective 1 further has as a sub-objective to address gender inequities and gender-based violence as drivers of HIV and STIs. As South Africa is grappling with high levels of violence against women sexual assault and intimate partner violence contributes to increased risks of HIV infection (DOH, 2011:36).

Strategic objective 1 of the NSP as indicated by DOH (2011:36) is also very much concerned with reducing the vulnerability of young people to HIV infection by retaining them in schools, as well as providing post-school education and work opportunities. School-going children and young people are less likely to become HIV positive than those who do not attend school, even if HIV is not included in the curriculum. The NSP further recognises that youth-specific interventions are also critical once learners leave school. Evidence has shown that HIV infection levels increase exponentially amongst school leavers who do not have employment, mentoring or further training opportunities. In essence, this implies a loss in the government and parents' investment during the school-going years. It is therefore of critical importance to implement targeted programmes like the Expanded Public Works Programme for young people who are at risk from harmful lifestyles that increase the likelihood of HIV infection. This includes alcohol and substance abuse.

Strategic objective 1 of the NSP further advocates for reducing HIV and TB related stigma and discrimination for people infected with and affected by HIV and AIDS. It also calls for a clear programme of action in which innovative and established methods of stigma elimination are essential (DOH, 2011:37).

It further calls for the strengthening of exosystemic factors such as the capacity of community systems to expand access to services as a key requirement and requires a systematic and comprehensive strategy to address capacity, referral networks, and coordination and feedback mechanisms. Some sectors such as the faith-based sector have an extensive network of institutions and persons in communities from cities to the most remote rural areas in South Africa.

Lastly, strategic objective 1 of the DOH (2011:37) supports efforts aimed at poverty alleviation and enhancing food security programmes. The South African Government has launched an integrated anti-poverty strategy with a strong exo- or community level focus "… that involves various government departments that have specific responsibilities to

ensure that vulnerable households such as child- and- youth-headed households are identified and supported" (DOH, 2011:37).

- **Strategic Objective 2: Preventing new HIV, STI and TB infections**

This strategic objective of the NSP in DOH (2011:39) requires that all stakeholders should embark on targeted, evidence-based combination prevention interventions to achieve the long-term goal of zero new HIV and TB infections.

This strategic objective strongly advocates for social interventions, including efforts to change exosystemic factors such as:

"Cultural and social norms that increase vulnerability to HIV and STIs and to reinforce those norms and behaviours that are protective." The microsystemic interventions could include (DOH, 2011:39):

> Behavioural interventions level includes a range of activities designed to encourage people to change behaviours that increase the risk of HIV and TB infection and increase protective behaviours. Key activities include: delaying sexual debut; reducing multiple and concurrent sexual partnerships and challenging gender norms that drive this; cough hygiene; reducing alcohol consumption; reducing cigarette smoking (to reduce TB infections); promoting correct and consistent use of male and female condoms, and increasing the population's knowledge of their HIV, STI and TB status

> Based on recent research findings, biomedical prevention should now also include 'treatment as prevention' for both HIV and other STIs, as well as for TB combination prevention efforts must also consider the needs of people living with HIV and their role in the prevention of new HIV infections and must be guided by a human rights framework that promotes health, empowerment and dignity.

As a sub-objective for HIV, STI and TB prevention, this strategy objective calls for the implementation of a national social and behavioural change communication programme with a focus on key populations to shift social norms (especially those related to gender), attitudes, to promote healthy behaviours and to increase the demand for and uptake of services (DOH, 2011:39).

Strategic objective 2 of the NSP also calls for stakeholders to (DOH, 2011:39):

> … maximise opportunities to ensure everyone in South Africa tests voluntarily for HIV, is screened for TB at least annually and is subsequently enrolled in relevant wellness and treatment, care and support programmes. Knowing one's HIV or TB status is critical for access to effective prevention interventions for those testing negative.

The NSP in DOH (2011:40) also advocates for an accessible package of sexual and reproductive health services. This includes (DOH, 2011:40):

Comprehensive education on sexuality, reproductive health and reproductive rights, inclusive of Life Skills education (which will be provided in all schools through the curriculum and co-curricular activities), to build skills, increase knowledge and shift attitudes, change harmful social norms and risky behaviour and promote human rights values. The Departments of Basic Education, Health and Social Development must ensure that an integrated school health programme is implemented that includes a package of sexual and reproductive health and rights services, sexuality and TB education appropriate for each school phase. This package must be available in all schools, including private and special schools. A similar package of services must be implemented in institutions of higher learning

Strategic objective 2 of the NSP in DOH (2011:42) further advocates for a comprehensive national social and behavioural change communication (SBCC) strategy that must serve to increase demand and uptake of services, to promote positive norms and behaviours and to challenge those that place people at risk (including norms that discourage men and women from accessing HIV, STI and TB services), that contribute to violence against women, multiple partnerships and those that encourage alcohol consumption.

Strategic objective 2 of the NSP in DOH (2011:43-44) calls for the implementation of future innovative, scientifically proven HIV, STI and TB prevention strategies, based on current knowledge. However, the use of alternative new combination prevention efforts that may emerge in future is acknowledged (DOH, 2011:43).

Finally, strategic objective 2 of the NSP in DOH (2011:43-44) calls for the prevention of TB infection and disease through a combination of prevention interventions by combining behavioural, social, structural and biomedical approaches that include intensified TB case findings; infection control; workplace/occupational health policies on TB and HIV; preventing drug-resistant TB; reducing TB-related stigma, malnutrition, alcohol consumption and smoking and addressing sexual abuse and improving services for survivors of sexual assault.

- **Strategic objective 3: Sustain health and wellness**

The primary focus of strategic objective 3 is a significant reduction in deaths and disability as a result of HIV and TB infection through universal access to accessible, affordable and good quality diagnosis, treatment and care. This will include ensuring that every person is tested annually for HIV and screened for TB (DOH, 2011:47).

The NSP (DOH, 2011:47-48) furthermore, in terms of strategic objective 3, advocates for the implementation of targeted programmes of HIV, STI and TB screening and support for key populations such as sex workers, men who have sex with men (MSM) and drug and

heavy alcohol users; people in correctional and detention facilities, workplaces and persons with disabilities.

- **Strategic objective 4: Increased protection of human rights and improved access to justice**

The primary focus of strategic objective 4 of the NSP in DOH (2011:53) is to ensure the protection of human rights and increase access to justice for those infected with and affected by HIV and AIDS. This is based on the understanding that public interest is best served when the rights of those living with HIV and/or TB – or at risk of infection – are respected, protected and promoted.

This strategic objective acknowledges that the NSP cannot address the total sum of all legal and human rights interventions required. Strategic objective 4, is focused on (DOH, 2011:56):

> A limited number of achievable, measurable and mutually reinforcing objectives and interventions. In an attempt to address any barriers and shortcomings – social or economic – that may exist and therefore could undermine the rights of individuals, reviews and assessments will be conducted over the five-year lifespan of the NSP.

Strategic objective 4 (DOH, 2011:56) further emphasises that the capacity of sectors to reach their constituencies via direct personal contact on a regular basis should be strengthened. Therefore, the existing ability of some sectors – the NGO sector and programmes such as that of Soul City in the Northern Cape – to mobilise and communicate with its members should be utilised as they are strategically positioned to facilitate local community-level dialogues and campaigns in the local language and address local needs.

Strategic enablers that are important to the implementation of the NSP and its strategic objectives will be discussed as follows.

3.3.4   Strategic enablers

> Strategic enablers are factors that are critical to the successful implementation of the NSP They are systems or structures at all levels, which if absent or inadequately addressed, will negatively impact on the achievement of the goals and objectives of the NSP. Four strategic enablers have been identified as key to the success of the NSP. These are: effective governance and institutional arrangements; effective communication; regular monitoring and evaluation and relevant and focused research (DOH, 2011:54).

The afore-mentioned will be discussed in the following section:

3.3.4.1   Effective governance and institutional arrangements

The Governance and Accountability Framework provides SANAC with the ability to discharge its mandate of monitoring, implementation, co-ordinating the response, mobilising resources, disseminating reports and establishing expanded partnerships for a comprehensive response (DOH, 2011:58).

In brief, one of the key principles that underpinned the development of the NSP 2012-2016, was "… the bottom-up approach, which is … to enable communities to participate in the development of this important strategy" (DOH, 2011:58). This strategic enabler also applies to the new institutional arrangements, thus empowering SANAC to discharge its mandate of monitoring the implementation of the NSP.

Initial guiding principles to help develop the revised structures as indicated by the NSP (DOH, 2011:58) are:

- Access to relevant information: Information and its use in effective monitoring and evaluation are key to SANAC being able to fulfil its coordination and monitoring mandate. Accurately recorded information must be made available 'bottom-up' from all stakeholders involved with the implementation and it must adhere to standard formats. Furthermore, it must be made available and shared on a regular basis through SANAC structures to be fully reviewed and utilised in implementing, monitoring and evaluation.
- Bottom-up: Governance and reporting arrangements will start at ward level through districts/municipalities to provincial AIDS councils and finally to SANAC.
- Accountability and responsibility for implementation and coordination activities will be strengthened at all levels with a step-up process for feedback and reporting at the next level of governance. Appropriate ownership for reporting and implementation outcomes will be established.
- A standard framework of reporting will guide the regular monitoring and tracking of NSP implementation at all levels. Reporting will be completed at each level of implementation coordination and verified and passed upwards through formal reporting channels to SANAC. Governance arrangements will require direct ownership of all reports, their content and outcomes.
- Transparency: The entire NSP implementation and coordination process will have clear and open communication that leads to common understanding and discussion of relevant facts.
- Governance structures should recognise the important role played by people living with HIV and TB and will involve them in governance structures.

- SANAC governance structures, from national down to ward level, will be restructured and the SANAC secretariat will be strengthened to support coordination and oversight of the implementation of NSP 2012-2016 to meet the enhanced governance protocol.

To support the implementation of the new governance and institutional arrangements, comprehensive policies and guidelines were supposed to have been established and rolled out with training. A strengthening strategy is also to have been put in place to ensure the required skills at all levels of coordination.

3.3.4.2   Effective communication

The NSP in DOH (2011:54) identifies three types of communication of importance for the implementation of the NSP. Firstly, is there communication between national and provincial efforts and different sectors to ensure that various efforts are coordinated towards achieving the goals of the NSP.

The second type of communication of importance is to communicate with and through the media about the NSP and its goals, principles, interventions and successes and challenges. This aims to get buy-in from all stakeholders to enable the country to work as a whole to reach the NSP goals.

Thirdly, social and behavioural change communication is critical to change risk behaviours and the social conditions that drive the HIV and TB epidemics. The individual, the community and socio-political levels are encompassed and advocacy, media, social/community mobilisation and campaigns are included (DOH, 2011:54).

Social media is commonly utilised amongst the youth and should therefore be specifically targeted. Furthermore the importance of "… behavioural change communication" is demonstrated in the following quote (DOH, 2011:47):

> South Africa needs renewed national campaign efforts such as the HCT campaign which demonstrated the positive results of consistent, clear messaging to drive results. Likewise, communication efforts must encompass the various platforms for communication, including traditional media (newspapers, television, radio), but also social media platforms accessible on computers and cell phones (Facebook, Twitter, Mxit), SMS, local community dialogues and interpersonal communication..

Lastly, DOH (2011:47) seeks sufficient funding to enable communication in multiple languages, including Braille and sign language, as well as to ensure repeated communication reaches the scale needed to change risk behaviour and sustain healthy behaviours. The researcher concurs with this, especially amongst the youth.

3.3.4.3 Regular monitoring and evaluation

As highlighted in section 3.4.2 which focussed on discussing the principles of the NSP, a monitoring and evaluation system with a simple information management and reporting system is important for the effective implementation of the NSP by continuously holding stakeholders accountable for their contributions towards the achievement of specific deliverables.

3.3.4.4 Relevant and focused research

The central goal of research on HIV, STIs and TB in South Africa in the NSP 2012-2016 (DOH, 2011) is to (DOH, 2011:68):

> Provide scientific evidence to guide policy and enhance the country's response to these diseases. The production of new knowledge to impact on these diseases is a critical component of South Africa's strategic response. This includes generating sociological, economic, behavioural and biomedical information to enhance the implementation of existing interventions and programmes, as well as the development of innovative new approaches for the prevention, diagnosis, treatment and care and mitigation of the impact of HIV, STIs and TB, either singly or in combination.

Problems with South African research regarding HIV and AIDS is encapsulated in the following quote (DOH, 2011:68):

> South African research on HIV, STIs and TB is widely recognised as being world-class. However, despite this good reputation, one of the major challenges has been the lack of a strong link between the research conducted in South Africa and the country's local needs. Much of the current research done by South African researchers is dictated by the agendas of international funders. To correct this situation, which existed during the previous NSP (2007–2011), it is important that research over the following few years includes a focus on local priorities and that local funding for research in support of the NSP is increased. The establishment of a local research agenda, linked much more closely to the country's specific needs related to HIV, STIs and TB and in line with the four strategic objectives (with the necessary funding), is an important initial step.

Four main streams of research are presented as the basis for generating the knowledge needed to support the NSP goals. They represent the continuum between policy, behavioural, sociological and non-hypothesis-driven descriptive studies and long-range clinical and basic science research (DOH, 2011:70). This is supposed to inform the development of a new research agenda during the 2012-2016 periods as follows.

- Firstly, researchers and policy makers must commit jointly to an evidence-based approach to the country's HIV, STI and TB response, including the development of a common understanding of the main drivers and risk factors for transmission at a local and national level.

- Secondly, regular interaction must occur between researchers, policy makers and the leaders of public health programmes to ensure that the HIV, STI and TB policies take account of the latest science. Communication of the research also needs to be carefully planned and integrated into the research agenda.

- Thirdly, a coordinated national research agenda needs to be developed on the basis of detailed knowledge of the country's epidemic such as the recent Know Your Epidemic and Know Your Response (KYE-KYR) analysis (DOH, 2011:70)

- Finally, government funding of HIV, STI and TB research must increase substantially. Today, less than 5% of all the AIDS research funding in South Africa comes from the government's three major funding sources: The Medical Research Council, the South African AIDS Vaccine Initiative (SAAVI) and the newly established South African HIV/AIDS Research and Innovation Platform.

In an attempt to address any barriers and shortcomings – social or economic – that may exist and therefore could undermine the rights of individuals, reviews and assessments will be conducted over the five-year lifespan of the NSP.

As previously explained, provincial governments need to formulate, implement and evaluate all interventions which are aimed at stemming the tide of HIV and AIDS. These provincial plans need to be provincially contextualised, but aligned with the NSP. In the following subsection and in the context of the current study, the researcher will present a brief overview of some of the features of the Northern Cape Provincial Strategic Plan (NCPSP) for HIV and AIDS (2012-2016).

3.4 The Northern Cape Provincial Strategic Plan (NCPSP) for HIV & AIDS, 2012-2016

The Northern Cape is one of the nine provinces in South Africa to which the NSP applies. When the Northern Cape Provincial Strategic Plan (NCPSP) for HIV & AIDS (2007-2011) came to an end, it had afforded the Northern Cape Province a number of valuable lessons as can be seen from the their past NCPSP Review Report (2007-2011). The report determined that it cannot continue to deal with HIV & AIDS and TB as separate diseases, neither can it continue to treat HIV and AIDS and TB as medical problems only (DOH, 2012b:12). In addition, in the review of the NCPSP (2007-2011), the following findings were made (DOH, 2012b:32) on prevention; treatment, care and support; research monitoring and surveillance as well as management, coordination and institutional arrangements:

- Prevention

- o Strengthened PMTCT Services: The percentages of clients on AZT, HAART and Nevirapine increased. MTCT at 6 weeks is 1.9% – the lowest in the country.
  - o Condom distribution: The distribution of female condoms exceeded the initial target, but there were challenges and lack of coordination with the supply chain management systems.
  - o Life Skills: 115 363 school communities were reached. Most schools in the province have educators trained in Life Skills, which is integrated in the curriculum. However, Life Skills is viewed as an 'add-on' and both educators and learners apparently did not take it seriously (DOH, 2012b:32).
- Treatment, care and support
  - o STI Treatment: The number of STI cases has remained almost unchanged. The Northern Cape still has the highest syphilis rate in the country (DOH, 2012b:34).
  - o Participation of people living with HIV in treatment, care and support programmes: The NGO NAPWA sub-offices were opened in the Northern Cape with about 500 members in 2001 but they lacked funding and capacity.
- Research monitoring and surveillance
  - o Provincial M&E system: The NCPSP in DOH (2012b:34) reports that the framework for M&E for HIV and AIDS was developed for the PSP. However, it was still not functional at the end of the 2007-2011 NSP.
  - o Enabling Environment for Research: There was no established multi-sectoral M&E system. The data collected were mostly on prevention, treatment, care and support. There was also limited vision for identifying priority research in the NCPSP, 2007-2011.
- Access to justice and human rights
  - o District AIDS councils (DACs) and ACS and local AIDS councils (LACs): Authority at local levels exists but also needed reinforcement.

Interdepartmental Collaboration: There was some multi-sectoral response to the HIV and AIDS pandemic in the Northern Cape but it could not be demonstrated without a monitoring and evaluation system in place (DOH, 2012b:34). As previously discussed, provinces had to develop their own strategic plans aligned to the NSP, hence the Northern Cape developed the NCSSP, which has the same strategic objectives as the NSP such as preventing new HIV, STI and TB infections; addressing social and structural barriers to HIV, STI and TB prevention, care and impact; sustained health and wellness and the increased protection of human rights and improved access to justice.

3.4.1 Strategic objective 1 of the NCPSP: Addressing social and structural barriers HIV, STI and TB prevention

Strategic objective 1 of the NCPSP describes how the unique challenges such as economic and social development needs on HIV and AIDS, STIs and TB affecting the Northern Cape need to be addressed within five years after the inception of the NCPSP 2012-2016. For example, the DOH (2012b:48) indicates that within the NCPSP, a greater focus was planned to identify key populations that are at an increased risk, for example, truck drivers, sex workers, men who have sex with men, migrant seasonal mine and farm workers, victims of sexual violence and abusers of alcohol.

The DOH (2012b:78) indicates that some of the NCPSP 2012-2016 objectives in terms of the youth are to strengthen health services to offer adolescent-friendly HIV and TB service packages, including adherence support programmes, as well as accurate recording and reporting of paediatric cases of HIV and TB. Furthermore, the NCPSP aims to facilitate "… routine HIV testing and PCR screening with adequate counselling" (DOH, 2012b:78).

The DOH (2012b:78) furthermore indicates that in terms of strategic objective 1 of the NCPSP, the following are also sub-objectives:

- Mainstreaming HIV and TB into all provincial strategic plans.
- Addressing social, economic and behavioural drivers of HIV, STIs and TB.
- Addressing gender inequities and gender-based violence.
- Addressing socioeconomic factors affecting the success of TB control.
- Mitigating the impact of HIV and TB on orphans, vulnerable children and youth.
- Reducing HIV and TB related stigma and discrimination.

3.4.2 Strategic objective 2 of the NCPSP: Preventing new HIV, STI and TB infections

The Northern Cape spent R155.9 million on HIV and AIDS, increasing by 32% to R205.9 million in 2008/09. In 2009/10, the amount increased again by 24% to reach R256.2 million. The NCPSP in DOH (2012b:48) takes the position that a multi-sectoral approach is key in the fight against HIV and AIDS. It encourages all role players (civil society, private sector, non-profit organisations and communities) to assist the provincial government in reducing new infections and reducing the impact on individuals, families and communities by developing their own implementation plans targeting their areas of expertise. However, despite this progress the number of cases of MDR-TB has increased, while several XDR-TB have been found.

In the Northern Cape, a combination prevention package includes:

Further important intervention strategies to be implemented within the Province in order to reduce new infections are the following (DOH, 2012b:59):

> A package of combination prevention may include male and female condoms; medical male circumcision; HIV counselling and testing (HCT); TB screening and preventative therapy; social and behaviour change communication; promoting health-seeking behaviour; changing socialisation practices and interventions to eliminate gender-based violence; increasing access to sexual and reproductive health services; provision of post-exposure prophylaxis (PEP); peer education; and prevention of mother-to-child HIV transmission (PMTCT) services.

Some of the results the NCPSP aims to achieve by 2016 are as follows:

- A reduction in new HIV infections to less than 50% by 2016.
- A reduction in new smear positive TB infections to less than 200 per 100,000 populations by 2016.
- A reduction in STI incidence to less than 1.2% by 2016.
- A reduction in syphilis prevalence to 1.5% by 2016.
- A reduction in vertical transmission of HIV to less than 2% at 6 weeks and to less than 5% at 18 months by 2016.

The above are only some of the intended impacts the NCPSP is striving to produce that are most aligned to strategic objective 2 of the NSP 2012-2016.

3.4.3   Strategic objective 3 of the NCPSP: Sustained health and wellness

A high incidence of STI episodes amongst ART patients is one of the problems the Northern Cape identified. Moreover, the DOH (2012b:34) highlights that in the past NCPSP 2007-2011 the greatest challenge to the expansion of the ART programme is human resource capacity and other issues, namely, a lack of integration at the PHC level. The demands that the ART programme had on the HAST programme also put a strain on other aspects of the HIV and AIDS strategic plan, such as advocacy and social awareness, the protection and promotion of human rights and intersectional collaboration.

Home-based care (HBC) services are provided and organised through NGOs ad CBOs. The greatest challenges for the HBC programme is identifying and recruiting suitable service providers, sourcing enough funding for stipends and reducing attrition of volunteers. Some improvements are needed in order to gain mileage out of HBC programmes such as implementing a better referral system between HBC and facilities and instituting comprehensive and consistent training of community caregivers.

Within the NCPSP in DOH (2012b:75) it is furthermore indicated that there are still challenges and emerging issues that need to be addressed in order to improve the quality of life of HIV positive patients on treatment (DOH, 2012b:34). However, there was still a great challenge to the expansion of the ART programme in the province, due to hard to reach areas and human resource capacity. The review report on the 2007-2011 NCPSP indicated that there was a chance that effective follow-up would be a problem. This, together with management of treatment failure and drug toxicities, needs to be strengthened to ensure better quality of care for those in need. In terms of strategic objective 3, the goal of the NCPSP 2012-2016 in DOH (2012b:74) is to reduce mortality and sustain the quality of life of people infected with and affected by HIV and AIDS. The expected impacts of strategic objective 3 are as follows (DOH, 2012b:75):

- A reduction of TB associated mortality by at least 50% by 2016;
- A reduction of TB associated mortality by at least 80% by 2016; and
- Improving the quality of care and expanding access to those who need and are eligible for treatment. A reduction in the number of children orphaned by HIV and AIDS by 2016.

3.4.4 Strategic objective 4 of the NCPSP: Increased protection of human rights and improved access to justice

The NCPSP in DOH (2012b:80-84) also has the following objectives coinciding with those of the NSP relating to strategic objective 4 in terms of increased protection of human rights and improved access to justice.

- To identify and address legal barriers to the implementation of interventions in order to ensure that all existing legislation and policy relating to human rights and access to justice is adhered to by 2016.
- To reduce stigma and discrimination through increasing awareness of human and legal rights issues related to HIV, TB and gender. Specifically, information about the Northern Cape Human Rights and Gender Equality Commissions and provincial ombudsman offices would be provided through campaigns. The NCPSP emphasises the importance of sensitising members of the provincial legislature and law enforcement agencies (policy, military, prosecutors, lawyers and judges) about the importance of the law to protect those affected by HIV against discrimination and to support access to prevention, treatment and care (DOH, 2012b:66). Suggested actions include: sensitising the public on how HIV and TB are not transmitted, the importance of reaching out to populations, addressing domestic violence in the context of HIV, training prison

personnel in prevention and health care needs and the human rights of detainees living with or at risk of HIV and TB infection (specifically focusing on women in prison).

- To reduce vulnerability of women, girls and boys to HIV and AIDS and STIs due to gender-based violence, it was envisaged that conducting community conversations can increase the number of community initiatives for prevention, change harmful traditional practices and reduce stigma and discrimination. Men and boys as partners, especially, need to be mobilised to understand the importance of gender equality, including the need to change norms related to male masculinity (DOH, 2012b:66).

- To promote and support the greater involvement of people living with HIV, LGBTI (lesbian, gay, bisexual, transsexual, transgender, transvestite and intersex people) so that they are included in the provincial HIV and AIDS, STIs and TB response. Involvement of people living with HIV (PLHIV) and LGBTI in planning and implementation of intervention of HAST response, ensures that their needs and perceptions are central to those interventions. It is recognised that some deeply rooted social, cultural, gender practices and human rights infringements influence HIV, STI and TB transmission. These have created the conditions for the twin epidemics to grow and flourish. It therefore calls for a multi-faceted approach that involves strengthening leadership on these aspects, social mobilisation of communities, monitoring implementation of appropriate policies and laws and empowering stakeholders to deal with specific cases. One of the important shortcomings of the previous NCPSP, namely the 2007-2011 PSP for the Northern Cape, was that it did not include a specific plan to monitor the implementation of human rights and access to justice (DOH, 2012b:84).

In the following subsection the Northern Cape's coordinated and integrated provincial HIV, TB and STI response regarding the NCPSP will be described

3.4.5   Coordinated and integrated provincial HIV, TB and STI response

Monitoring the HIV pandemic was given a relatively low priority in the previous 2007-2011 NCPSP and this was limited to the public sector (DOH, 2012b:86). Hence, with the decentralising of the HIV response to districts within the Northern Cape, a greater need for role definition in terms of understanding roles and accountability was identified. With regard to the latter, the following two strategic enablers aligned to the NSP were planned for and these are:

- "… Effective governance and institutional arrangements …."
- "… Regular monitoring and evaluation and research ...."

3.4.6   Effective governance and institutional arrangements

In order to operationalise and implement the new NCPSP, emphasis must be placed on the coordination of activities amongst agencies and across all levels of provincial government. With the responsibility for HIV, TB and STI response decentralised to the district and local levels, a need for a clearer understanding of roles and increased accountability was identified (DOH, 2012b:86). A need was also identified to strengthen provincial, district and local AIDS councils to improve the efficiency of the response to the HIV pandemic in the province.

3.4.7   Regular monitoring and evaluation and research

Regarding regular monitoring and evaluation the NCSSP in DOH (2012b:89) revealed briefly that its objectives were to monitor the HIV and TB epidemics as well as STIs. The focus was on incidence, prevalence, morbidity and mortality, to build a provincial M&E system towards a multi-sectoral response to evaluate the NCPSP by means of an evaluation agenda.

Furthermore, a functional monitoring and evaluation system was supposed to allow the province to assess its progress in the implementation of the NCPSP and to determine the effectiveness of various aligned intervention programmes. One of its principles was supposed to be the alignment of multiple factors around a set of core indicators and elements of an M&E system that emphasises performance and accountability.

The NCPSP in DOH (2012b:90) identified that the research component of the HIV response in the province is generally weak. Apparently, there is an absence of a research agenda, some research is uncoordinated and some research work (mostly carried out by consultancy companies) shows results which may not necessarily be helpful to the provincial HIV response. Furthermore, it highlighted that the capacity for research is limited. Therefore, strengthening the research component of the NCPSP will allow the province to better identify information gaps that require research, to acquire the requisite skills to conduct research to inform decisions, policy and programming and to achieve the capacity required to evaluate the performance of the NCPSP in the province (DOH, 2012b:90).

As indicated in the introduction to the present chapter, the NSP, with limited reference to the NCPSP, will now be discussed from the researcher's perspective.

3.5 Discussion of the national strategic plan on HIV and AIDS (NSP)

The NSP and its expected aligned provincial strategic plans such as the NCPSP, can clearly be considered as a social policy, because it demonstrates most of the characteristics of a social policy (being influenced by professional practice) and it was developed to address social problems. They are therefore intended for the improvement of the general welfare of individuals and communities at large, infected and affected by HIV and AIDS in South Africa. Furthermore, it is related to and influenced by globalisation, for instance, the UNAIDS programme.

In terms of principle 4 of the NSP, "…both the 2009 NSP mid-term review and the final review of the NSP 2007–2011 highlighted the absence of baseline values as a major weakness in tracking progress in the implementation of the NSP" (DOH, 2011:68).

Chambers and Wedel (2005:82) state that if programme objectives cannot be measured, they are of little use in administering or evaluating a programme or policy. To address this problem, "… determination of baseline values at national, provincial and sectoral levels should have been completed by 24 March 2012, when the national and provincial operational plans were supposed to be officially launched" (DOH, 2011:68). Evaluation is the process of analysing, monitoring and determining "… the effectiveness of the intervention in relation to a particular problem." Kirst-Ashman (2013:124) states that programme evaluation is the systematic examination of the success, effectiveness, and efficiency of an on-going programme for a structured plan to provide designated services to a sizable community or the public. Literature agrees that the last phase of policy advocacy in the generalist social work approach is to monitor the situation that was the impetus for the process's start (Jansson, 2009:80). Furthermore, critics of government policies have in recent times increasingly realised that social policies and programmes should be carefully evaluated to determine whether they do, in fact, meet their stated objectives (Chatterjee & Vadapalii, 2009:83).

As previously stated:

> The overall impact of the NSP implementation will be measured through impact indicators" such as … HIV prevalence amongst women and men aged 15-24, to monitor trends in HIV prevalence in young ages and to assess progress in reducing new infections (DOH, 2011:68).

Other indicators to be monitored include: HIV prevalence in key populations; HIV incidence, stigma index and so forth. Furthermore, Chatterjee and Vadapalii (2009:84) assert that the significant achievements of impact analysis created an awareness of the need for such an analysis if programme effectiveness is ever to be convincingly established. However, the

researcher is of the opinion that a limitation of the NSP is that although it promotes monitoring and evaluation through evidence-based interventions and certain biomedical indicators, other indicators (especially with regard to behavioural change), as well as social programme indicators, are not very clear, because they speak mainly of the number of men and women testing HIV positive. In the context of the present study the latter appears to be true, also when it comes to donor funding, as confirmed by the national manager of the SCI HIV and AIDS programme with the youth: from the Soul City Institute: "Reaching the target number was the most important factor for donors … evaluating biomedical indicators was easier or more feasible to evaluate than behavioural change" (Ndhlovu, 2016). Furthermore, as confirmed by the Programme Executive of SCI:

> … the SCI was told in December 2013 by the their funder, CDC, not to work in the Northern Cape any longer, as it was not a priority area to them, while Gauteng and Mpumalanga was. Grant allocation by CDC is determined by numbers reached (Goldstein, 2016).

The 2012-2016 NSP's promotion of monitoring and evaluation through evidence-based interventions and mainly certain biomedical indicators leads to the inevitable question that arises: what about people, young people especially, who do not undergo HIV tests and who may be positive? This strains the reliable evaluation of the impact of the NSP in terms of changing risky sexual behaviours in terms of HIV and AIDS. It thus fails to comprehensively indicate if and how it's social impact in this regard will be measured. Here, Chatterjee & Vadapalii (2009:94) are of the view that the critical question is: who wants to know about the impact of a given policy: is it only government who commissioned the formulation of the NSP? Translated to the realm of the impact analysis of social policy, an appreciative inquiry of the NSP would mean a study of it that is sensitive to the needs of the stakeholders derived from that policy and who may be beneficiaries of some or all parts of that policy's execution (Chatterjee & Vadapalii, 2009:94).

Lastly, since the NSP advocates that all interventions should be monitored and evaluated, it implies that NSP related programmes should be closely monitored and evaluated in terms of their appropriateness and effectiveness. Therefore, when social programmes such as the Soul City Programme with the youth, consistent with the NSP's objectives, are operating within communities, the communities should also be involved in their implementation and evaluation. Therefore, social programme implementers should strive towards simplifying the principles of social programme evaluation to enable communities, and the youth, to effectively monitor and evaluate them.

Regarding principle 5 of the NSP, calling for sustainable HIV and AIDS interventions, the researcher agrees with Debrework (2005:9) who states that a persistent challenge that must

be addressed is that AIDS was still considered by many as a short-term crisis and donors are reluctant to make long-term funding commitments. In addition, donor funding remains sporadic. Furthermore, it also appears that donors, governments and the international community responded to the HIV pandemic with insufficient, unfocused and short-term funding that did not focus on building sustainable capacity for programmes. Literature also reveals that many programmes do not survive past the term of outside grants, as they sometimes fail to consider the availability of on-going resources (Kirst-Ashman, 2013:112). On a macrosystem level, when social programmes are developed to help communities, the communities' potential to continue them on an on-going basis should also be considered. The researcher therefore concludes that it is these very issues, and presumably government's own monitoring and evaluation practices regarding previous HIV strategic plans that the 2012-2016 NSP hopes to address by calling for sustainable HIV and AIDS interventions.

From the goals of the NSP, it is evident that the NSP prioritises behavioural as well as biomedical interventions to varying degrees in addressing the HIV pandemic in South Africa. In addition, it advocates an integrated approach that promotes international, national, regional and civil society co-operation in the fight against HIV and AIDS. Kirst-Ashman (2013:124) states that effectiveness involves the extent to which a policy accomplishes its goals, the outcomes of the policy and how well the policy's programme implementation achieves its stated goals. Social policies such as the NSP should be directed at manifest beneficiaries (for example people infected with and affected by HIV and AIDS) and at latent beneficiaries, or providers of services and policy makers. Chatterjee and Vadapalii (2009:91) believe that it may make little difference if policies or programmes are perceived to fail their manifest beneficiaries, so long as latent beneficiaries (government or donors) are 'pleased' by reports with the perceived results. As earlier explained, the researcher believes that the latter could best be established by a functionally relevant impact analysis of for example the NSP as recommended by Chatterjee and Vadapalli (2009:93).

The NSP as a social policy is implemented through objectives such as addressing social and structural barriers to HIV, STI and TB prevention, care and impact; preventing new HIV, STI and TB infections; sustaining health and wellness and increasing the protection of human rights and improving access to justice for people infected with and affected by HIV and AIDS.

As previously indicated, strategic objective 1 of the NSP in DOH (2011:35), recognises the impact of alcohol and substance abuse. Government has established an Inter-Ministerial Committee on Substance Abuse to review research findings and develop appropriate

policies and programmes to address these issues. The Northern Cape, for instance, currently has one of the top two highest numbers of cases of foetal alcohol syndrome in the country (DSD, 2015:88). The same report highlights findings of the National Risk Behaviour Survey in the Northern Cape, that 49.6% of school learners had consumed one or more alcoholic drinks in their lifetime (DSD, 2015:88). Appropriate policies to address the problem of alcohol abuse may include "… increasing taxation, limiting access to alcohol sales and advertising, advertising health messages (such as on cigarette packages) and strengthening alcohol and substance abuse education in schools and tertiary institutions."

The researcher considers that strategic objective 1 of the NSP (which calls for the strengthening of exosystemic factors, such as the capacity of community systems to expand access to services) is key and requires a systematic and comprehensive strategy to address capacity, referral networks and coordination and feedback mechanisms. Some sectors (for example, the faith-based sector), have an extensive network of institutions and persons in communities, from densely populated cities to the most remote rural areas in South Africa.

Lastly, strategic objective 1 of the NSP in DOH (2011:37) supports efforts aimed at poverty alleviation and enhancing food security programmes. The South African Government has launched an integrated anti-poverty strategy with a strong micro- and mesolevel focus that involves various government departments with specific responsibilities to ensure that vulnerable households such as child- and youth-headed households are identified and supported.

With regard to strategic objective 2 of the NSP the researcher believes that, consistent with feminist perspectives, this focus area of the NSP should carefully examine the unique development needs of adolescent girls and give credence to calls for more anti-sexist educational measures (Hyde, 2009:250). This is especially relevant to:

> The departments of basic education, health and social development must ensure that an integrated school health programme is implemented, including a package of sexual and reproductive health and rights services, sexuality and TB education appropriate for each school phase (DOH, 2011:41).

In terms of strategic objective 2 of the NSP, as it relates to factors that contribute to violence against women, the researcher concurs with Hyde's (2009:250) opinion that from a feminist perspective, this strategy should be consistent with new understandings of sexual violence which have shifted attention from blaming the victim to holding perpetrators responsible for their acts and institutions accountable for not re-traumatising victims, especially in the context of HIV infection spread through sexual violence.

The researcher believes that strategic objective 4 (focusing on social justice), is consistent with critical social policy thinking. For example, Iatridis (2009:218) says that critical social policy, as an advocacy mode of social policy planning, seeks to identify and analyse the political power game of interests and domination in any given policy issue or controversy and to explore the social justice, ethical, and value structures that underlie the controversy. In the context of the NSP in South Africa, critical social policy practice could have an association with social reform struggles, community radicalism, and anti-discriminatory movements for just and equal social relations when it comes to individuals infected as well as families and communities affected by HIV and AIDS.

A strength of the NSP that can be identified from its strategic objectives is its holistic eco-systemic focus on HIV intervention efforts which emphasise the biomedical and behavioural as well as the social drivers of the pandemic. In this an integrated approach to intervention is encouraged by the NSP. The researcher further identifies that the NSP also promotes that the scope of all intervention efforts should range from the individual (the microlevel), to the mesolevel and to the community or exolevel and to the macrolevel. Collaboration between various sectors is advocated here, whereby both government and civil society are supposed to play a complementary role to stem the tide of HIV and AIDS.

As previously indicated, there are four strategic enablers that are important to the implementation of the NSP and its strategic objectives. These strategic enablers are: "… effective governance and institutional arrangements; effective communication; regular monitoring and evaluation and lastly, relevant and focused research" (DOH, 2011:58).

The NSP, as well as NCPSP, is a strategy developed by various government departments and stakeholders such as the Departments of Health, Social Development and Civil Society to address the HIV and AIDS pandemic in the broader sense. The researcher therefore concludes that this strategy provides guidelines and principles consistent with a professional discipline for social programme developers and implementers to conduct effective programmes. It also requires social programme implementers to embark on interventions that are innovative without diminishing the importance of evidence-based initiatives and results.

The researcher considers that for effective governance and institutional arrangements the bottom-up approach of the NSP 2012-2016 for communities to participate in important strategy development is consistent with conservative thought on social policies. Conservative thinking is that local, community-based, community-run organisations have the best chance of overcoming some of the problems social welfare programmes are

designed to reduce (Ginsberg, 2009:207). Such structures could mediate between those in need and governments to solve problems with local and culturally appropriate solutions and without solely relying on the large structures associated with national programmes. Mediating structures include non-governmental organisations that provide human services such as the Soul City Institute. Leaving the solutions to human problems in the hands of mediating structures provides mechanisms for dealing with human problems without leading to negative effects, such as the over-reliance and unsustainable dependency on government. Therefore, the researcher postulates that when social programmes are operating within communities (for instance, the Soul City Programme with the youth) and they are consistent with the NSP's objectives, the communities, and the youth should also be involved in its implementation and evaluation. In addition, authors such as Cloete and Meyer (2011) as well as Gumede (2011) recommend acceptable public or community participation in public policies, for example, the NSP can occur through the involvement of leaders of legitimate organisations in the community. These organisations represent different interests of and segments in that community, for example cultural or tribal chief councils. It is therefore assumed by the researcher that the policy developers recognised the valuable role of for example ward committees, which are expected to work with municipalities on many matters, especially in ensuring that the needs of the communities were taken into account in the policy-making processes of the NSP.

Lastly, it is the researcher's opinion that the 'bottom-up' enabling principle of the NSP that "… accurately recorded information should be shared on a regular basis through SANAC structures: to be fully reviewed and utilised in implementation, monitoring and evaluation" DOH (2011:62) is very constructive. The researcher therefore concurs that everything possible should be done to involve citizens in the planning, implementing and monitoring of policies, programmes and projects in a truly democratic way (Weyers, 2011:44).

Regarding strategic enabler 3, a challenge for communication as highlighted by the NSP is the following (DOH, 2011:54):

> In a country with a generalised epidemic, is to reach key populations while still ensuring that the general population is well informed and able to prevent and mitigate the effects of HIV and TB. Therefore, all types of communication must ensure that both key populations and the general public are targeted. The communication strategy needs to be informed by evidence and the realities on the ground to ensure that the drivers (including structural and social drivers) of the epidemic are adequately addressed.

The fact that the NSP indicates that HIV awareness communication should utilise various platforms for communication is therefore a positive step. These platforms include traditional media (newspapers, television, radio), but also social media platforms accessible on

computers and cell phones (Facebook, Twitter, Mxit), SMS, local community dialogues and interpersonal communication.

The researcher further speculates that the potential effectiveness of social media is that it is commonly utilised amongst the youth in both urban and rural areas and should therefore be targeted as an HIV communication medium. The researcher also concurs with the NSP in DOH (2011:47): guidelines for sufficient funding should be available to enable communication in multiple languages, as well as to ensure repeated communication to reach the necessary scale that is needed to change risk behaviour and sustain healthy behaviours, especially amongst the youth of all walks of life. HIV affects everyone regardless of race, physical ability or gender.

Regarding strategic enabler 4 of the NSP, which deals with relevant and focused research on HIV, STIs and TB in South Africa, the researcher notes with interest that both the NSP and NCPSP indicate that there is a lack of a strong link between the research conducted in South Africa and specifically the Northern Cape and the local needs of the country and/or the provinces. Research done by South African researchers often follows agendas set by international funders or is done by often ineffective consultants from outside the province for example the Northern Cape. The literature revealed that it has become increasingly clear to various stakeholders that the policy creation and evaluation processes are not objectives in the sense science is usually taken to be and that statistical reporting alone may ask more than it reveals. The researcher therefore agrees with Chatterjee and Vadapalii (2009:97) that any significant evaluation of the impact of a social welfare policy (the NSP, for instance) should involve advanced statistical analysis as a standing procedure. It should also provide a historical perspective on the problem being addressed and on previous attempts at solutions and provide rigorously collected and analysed qualitative data from the perspective of all stakeholders, including the youth infected with and affected by the HIV and AIDS pandemic.

In conclusion, the researcher believes that the NSP promotes that the scope of all intervention efforts should range from the micro-or individual-, to the meso- and to the exo- or community-, and also to the macrolevel. In this collaboration between the various levels, it is advocated that both government and civil society should play a complementary role to stem the tide of HIV and AIDS.

It is clear from the afore-mentioned discussion and as previously noted, that the NSP and by extension the NCPSP, is very high on the public policy agenda of government. Amongst other factors, it was influenced by elected political office-bearers, the high HIV prevalence

rate in South Africa as a very important policy problem, the media, (the Soul City television series and other popular media) and critically, through community participation in putting pressure on government to formulate, implement and monitor a plan against the scourge of the HIV pandemic in South Africa.

3.6   Summary

In this chapter, public policies and social policies and the difference between the characteristics of each were explained. In addition, some of the key factors that may influence the development of public policies were described. The discussion of public policies and social policies was discussed as a prelude to discussing the National Strategic Plan on HIV, STIs and TB as a public and social policy, to create a better understanding of what it is, how it was developed, as well as its key principles and objectives. It was concluded that social programmes give life to public policies.

This chapter further provided the context from which the Soul City Social Intervention Programme derives its operational mandate and how this may have been influenced by macrolevel factors, such as public policies (for example, the NSP), which invariably influenced its programme planning and implementation at the individual and community levels in the Northern Cape and elsewhere in South Africa.

The following chapter will focus on the objectives, general characteristics and focus areas of the Soul City Social Intervention Programme and how the ecosystems perspective underpins this study.

4. CHAPTER 4: THE SOUL CITY SOCIAL INTERVENTION PROGRAMME: AN ECOSYSTEMS PERSPECTIVE

4.1 Introduction

In this chapter, the conceptual framework for this study, the ecosystems perspective, will be described. The purpose of this chapter is to describe how objective 3 of this study was met, namely:

> To describe and critically analyse the Soul City social intervention programme's focus on the youth from the ecosystems perspective.

The extent to which the Soul City programme (SCP) takes into account how the youth is influenced by their environment in relation to HIV and AIDS will be postulated. Thus the Soul City Programme with the youth will be looked at from an ecosystems perspective.

In the second part of this chapter, an historical overview of the Soul City social intervention programme with the youth will be outlined, followed by an outline of key focus areas and programme contents of the Soul City Institute (SCI). Following the latter, an outline of the different Soul City television series will be given. The last part of this specific section will focus on describing the *Phuza Wize* Campaign and dialogue (or programme) that was implemented with the youth in the Northern Cape.

4.2 The ecosystems perspective and the Soul City Programme

Payne (2005:152) is of the view that from an ecosystems perspective social workers and related practitioners should come to shared agreements with clients about the issues that are important. They should listen to life stories and assess ways to assist clients to make informed choices about appropriate ways of responding. They should work in eight modalities on this: with individuals, families, groups, social networks, communities, physical environments, organisations and political action. Building up personal and collective strengths should be the main focus of action, which should emphasise clients taking decisions and action on their own account. The environment and the demands of people's life courses should be a constant factor in making decisions.

As indicated in the introduction to this chapter, the theoretical framework for this study is the ecosystems perspective. It will be utilised to explore the extent to which the SCP takes into account how, in relation to HIV and AIDS, youth is influenced by the social environment in which they stay and interact on a daily basis. Thus, the basic application of this framework in the present study refers to describe the extent to which the SCP focuses on the

interactions between the person and their environment as well as amongst different systems.

The ecosystems perspective further provides an adaptive and evolutionary view of human interactions with and within a specific environment. Ambrosino, Heffernan, Shuttlesworth and Ambrosino (2012:49) argue that the ecosystems perspective highlights the many roles social workers and related practitioners have to assume either directly or indirectly through other social programme implementers: educating the community about parenting and AIDS and providing individual, family, and group counselling to clients, for example. Gray (2010:86) concurs that the ecosystems perspective points in the general direction of levels of possible intervention. It is therefore very useful in the assessment of a social problem and it provides a framework for analysing the interrelationship between individuals and social problems such as the threat the youth faces regarding HIV and AIDS.

Furthermore, the broadness of the ecosystems framework allows for identifying all of the diverse and complex factors associated with a social welfare problem or an individual problem; understanding how all of the factors interact to contribute to the situation, and determining an intervention strategy or strategies. Intervention can range from intervention with a single individual to an entire society and can incorporate a variety of roles. Such a framework therefore accounts for individual differences, cultural diversity and growth and change at the individual, family, group, organisational, community and societal levels (Ambrosino et al., 2012:49).

Payne (2005:150) furthermore postulates that Germain and Gitterman's (1980, 1996) Life Model of Social Work Practice is the major formulation of the ecosystems perspective. Weyers (2011:20) is further of the view that the science of human ecology emphasises the relationship and reciprocal and adaptive transactions amongst 'individuals, couples, families, groups, organisations and communities'.

The Life Model is based on the metaphor of ecology, in which people are interdependent with each other and their environment: they are people in environment (PIE). Zastrow (2006:43) continues, stating that the ecosystems perspective views individuals, families and small groups as having transitional problems as they move through life stages.

The environment can support or interfere in life transitions and it can therefore be an important source of stress for the individual (Germain & Gitterman, 1986:629). Bronfenbrenner and Garbaqrino (in Ambrosino et al., 2012:54-57) further investigate this and divide human systems into different levels of the environment for all people each

environmental level has risks and opportunities that can either assist them in achieving positive social functioning or serve as a direct threat to positive social functioning (such as youth facing the environmental challenges or risk factors associated with HIV and AIDS in the Northern Cape and elsewhere). Risks are also associated with a lack of opportunity in an individuals' environment and social practitioners should therefore assess for risks and opportunities in the environment to assist a client to achieve positive change by either increasing environmental opportunities or eliminating environmental risks.

The Life Model as described by Germain and Gitterman (1980:7) emphasises that stress and tension develop as a psychosocial condition because of the existence of an imbalance of needs and abilities on the one hand and environmental factors on the other. This is manifested in three interrelated life areas, namely: life transactions, environmental pressure and interpersonal processes. These ecosystems concepts relevant to the youth in the present study are explained in the following section.

4.2.1   Ecosystem concepts

The social environment includes the conditions, circumstances, and interactions that encompass human beings. As previously noted, individuals must have effective interactions with their environment to survive and thrive (Kirst-Ashman, 2013:22). The social environment involves the type of home a person lives in, the type of work a person does, the amount of money that is available, and the laws and social rules people live by. Following on from this, transactions, adaptions of person-in-environment stress, coping measures and relatedness will be described. These are some important ecosystems concepts that anyone involved in human intervention should be familiar with when assisting the youth about HIV and AIDS.

4.2.1.1   Transactions

The ecosystems perspective is based on the constant and mutual interaction of an individual with their environment. Weyers (2011:20) identifies that the science of human ecology emphasises the relationship and reciprocal and adaptive transactions amongst individuals, couples, families, groups, organisations and communities. It further emphasises the adaptive transactions between the latter and their bio-psycho-socio-cultural-economic-political-physical environment.

As earlier stated people's problems and needs develop from the interactions between the individual and the environment. Positive interactions between individuals and their environments improve their adaptation abilities and chances of having a successful life

(Böning, 2009:50). A key emphasis of the ecosystems perspective, therefore, is to identify people's problems. Once that is achieved, appropriate intervention steps can be undertaken to resolve people's transitional problems for example from youth to adulthood (Zastrow, 2006:43). In terms of this, the researcher will focus on certain environmental factors that the SCI may focus on that may impact on the youth in relation to HIV and AIDS as follows:

4.2.1.2   Adaptions of person-in-environment

Germain and Gitterman (1996:9) deduce that adaptations are continuous, change-oriented, cognitive, sensory–perceptual and behavioural processes that people use to sustain or raise the level of fit between themselves and their environment. It further emphasises the adaptive transactions between people, families, organisations, communities and their bio-psycho-socio-cultural-economic-political-physical environment (Weyers, 2011:20). Adaptations also include actions to change the environment (which includes moving to new environments), or changing reactions to people or both and then adapting to those changes. This is an on-going, never-ending process (Germain & Gitterman, 1996:8-9).

The person-in-environment or PIE construct, as contended by Weyers (2011:20), is especially valuable because of its focus on individuals, their environment and the transactions or relationships between the two. It also explains the nature of social problems as a lack of adaptive fit between them. This basically refers to the inability of some people to adapt to or cope with the demands of their social and physical environment or the existence of an environment that cannot sufficiently accommodate people's needs, capacity and goals. For example, if an imbalance exists between the risk factors for HIV and AIDS and adequate resources to support the youth, social problems such as a rise in unhealthy sexual behaviours amongst the youth in a community might develop.

4.2.1.3   Stress

Stress is the internal response to a life stressor and is characterised by troubled emotional or physiological states. Böning (2009:52) refers to stress in ecosystems interactions as a dysfunction between the needs and demands of the individual and the resources that are available to that individual. Associated negative feelings may include anxiety, guilt, anger, fear, depression, helplessness, or despair and are usually accompanied by lowered levels of self-esteem and self-direction such as peer pressure regarding early sexual debut. The researcher is therefore of the view and as will be highlighted at a later section of the present chapter, that the Soul City Programme's (SCP) focus on creating a supportive environment for the individual youth could be strategically geared to help youth cope with stress as it relates to HIV and AIDS.

4.2.1.4   Coping measures

Kirst-Ashman (2013:22) asserts that coping is the struggle to adjust to environmental conditions and overcome problems. Furthermore, coping measures include efforts to regulate or immobilise negative feelings and to engage in effective problem solving as required by a particular life stressor (Germain & Gitterman, 1987:488–499). Payne (2005:152) is also of the view that social workers and related practitioners should come to shared agreements with clients about what issues are important through listening to life stories and assessing in ways that allow clients to make informed choices about appropriate ways of responding. The environment and the demands of people's ever-changing life stages should be a constant factor in making decisions.

In addition, successful coping measures depend on various environmental and personal resources in terms of the youth. Internal and environmental resources should frequently be elevated by the SCP to maintain a good 'level of fit' by improving the adaptation of 'person-in-environment' exchanges and attaining higher levels of relatedness, competence, self-esteem and self-direction. Youth, therefore, depend on their family and their community resources to attain a healthy balance of fit when it comes to the risk factors associated with HIV and AIDS. The researcher therefore contends (as will be highlighted again in a later section of the present chapter) that the Soul City Programme (SCP), which focuses on the community and the youth to cope with illegal taverns and selling alcohol, should be strategically geared to help youth develop coping measures related to HIV and AIDS. The extent to which the SCP succeeded in this from a practical stance in the Northern Cape however, was relatively uncertain before the findings of the empirical investigation outlined in Chapters 6 and 7.

4.2.1.5   Relatedness

Germain and Gitterman (1996:15) state that relatedness refers to attachments, friendships, positive kin relationships, and a sense of belonging to a supportive social network, such as regularly participating in the Soul City community dialogues for guidance and support regarding issues around sexuality and HIV.

As referred to in Chapter 2, in terms of the ecosystems perspective Bronfenbrenner and Garbaqrino (in Ambrosino et al., 2012:54-57) divide human systems into four different levels, namely the micro-, meso-, exo- and macrolevel systems of the environment. This will be discussed in relation to the Soul City social intervention programme in the following section.

4.2.2 Four environmental levels of the ecosystems perspective and the SCP

Policies such as the National Strategic Plan (NSP) on HIV, STIs and TB (2012-2016) (NSP) referred to in Chapter 3, are frequently implemented through programmes such as the Soul City Programme with the youth in relation to HIV and AIDS in the Northern Cape. Programmes therefore consist of activities of the government implemented in a formally coordinated way through on-going activities and projects (Van Baalen & De Coning, 2011:171). Furthermore, a policy is a relatively detailed statement of government objectives in a sector and a general statement of the methods to be utilised in striving to attain those objectives. Included in the programme are details about the methods and project plans that are adopted to carry out the policy.

Almost all countries in the developing world use some form of mass communication programme to address the HIV and AIDS (Bertrand, O'Reilly, Denisson, Anhang & Sweat, 2006:2). The mass media has played a visible role in creating awareness of the HIV and AIDS epidemic in developing countries since its onset in the early 1980's. Efforts further focused on raising awareness of the existence of HIV and AIDS, the modes of transmission and the means of prevention. Ninety percent of the populations in developing countries know the basic facts about HIV and AIDS (Bertrand et al., 2006:4).

Peltzer, Parker, Mabaso, Makonko, Zuma and Ramlagan (2012:1) state that in South Africa social and behavioural communication interventions are a critical component of HIV and AIDS prevention efforts and a number of communication campaigns have been implemented through government initiatives and non-governmental organisations a few years.

During the 1990s and beyond, communication programmes tended to focus more specifically on behavioural change related to sexual abstinence before marriage. In recent years, communication programmes have expanded to address the full continuum from HIV prevention to treatment to care and support (Bertrand et al., 2006:1). Mass media interventions include any programme, or other planned efforts, that disseminate messages to produce awareness or behaviour changes amongst an intended population through channels that reach a broad audience. These channels include radio variety shows, songs, spots, soap operas, music videos, films, pamphlets, billboards, posters and interactive web sites. The Soul City Institute (SCI) utilises edutainment, which Perlman, Jana and Scheepers (2013:5) describes as follows:

> Any communication project that sets out to use popular culture to educate and challenge people's thinking about important issues, such as HIV and AIDS. Furthermore, edutainment is not a theory but a strategy to bring about individual and social change and it uses popular entertainment formats to tackle serious social issues in an innovative and entertaining way. Good drama moves people emotionally. Through carefully crafted stories, social issues are woven into popular dramas that have the potential to reach millions of people.

Furthermore, Peltzer et al. (2012:1), in context of the latter, concur that communities' exposure to various communication campaigns in South Africa, are often associated with various outcomes relevant to addressing various aspects in relation to HIV and AIDS, such as sexual attitudes. These campaigns provide a broad backdrop to strengthen HIV prevention efforts conducted at community and other levels.

As highlighted in Chapter 2 section 4, the meaningful participation of youth in HIV-prevention programmes is incredibly difficult to achieve and understanding the barriers to youth participation is complex. The researcher asks the question: why there is such a huge disparity in prevalence amongst the five districts of the Northern Cape, as reflected in the 2011 National Antenatal Sentinel HIV and Syphilis Prevalence Survey (DOH, 2012a:xxvi). Despite a decrease in prevalence in certain age groups in the Northern Cape, there was a significant increase in districts such as ZF Mathews and Pixley ka Seme (DOH, 2012a:vii).

South Africa's National Minister of Health, Dr Aaron Motsoaledi, has called for more in-depth investigation into what is causing the disparities in prevalence between districts in provinces, to try to understand the different patterns of HIV transmission patterns of the HI virus (DOH, 2012a:vii). Against this background, it is imperative (and of benefit to the youth) that a synergy of multiple interventions should occur, tailored to address risks and opportunities at all levels, thereby ensuring participation of the youth in social HIV-intervention programmes, such as those of the Soul City Institute (SCI).

The SCP will be discussed as follows in the context of the micro-, meso-, exo- and macro systems of the people's environment:

4.2.2.1   Level 1: Microsystem level

The nurturing environment consists of the systems with which a person interacts frequently, that have a profound effect on his sense of identity and functioning and that contribute to or detract from their social well-being (Weyers, 2011:20). Individuals and their nurturing environment are mostly the focus of microlevel practice, including individual case work services. This level incorporates the individual's level of functioning, intellectual and emotional capacities and motivation; the impact of life experiences; and the interactions and connections between that individual and others in the immediate environment.

Examples of microlevel systems are a young person and their immediate family, parents, siblings, school or workplace. Makiwane and Mokomane (2010:17) found that despite their high levels of knowledge about HIV and AIDS, young people between the ages of 15-24 in South Africa, remain disproportionately affected by the epidemic. For example, the Kaiser Family Foundation (2007), in Makiwane et al. (2010:17), noted a high awareness of national HIV and AIDS media programmes amongst young people, with 91% of youths stating that they had heard of Soul City (a multimedia health promotion and social change project), 86% stating that they had heard of loveLife, and 61% stating that they had heard of the government's Khomanani campaign. Hence, the continued susceptibility of young people to HIV infection has been consistently linked to intractable higher-risk sexual behaviours, such as low-level or inconsistent condom use at sexual debut and afterwards, multiple and concurrent sexual partnerships, low uptake of HIV testing and anal and oral sex (Makiwane & Mokomane, 2010:17).

Pettifor, O'Brien, MacPhail, Miller and Rees (2009:1) assert (as previously indicated in Chapter 2 section 1), that race is in many respects a marker of former social disadvantage in South Africa and it still functions as a proxy for a host of sociocultural factors related to higher-risk sexual behaviours, such as residence in poor neighbourhoods, participation in labour migration, poor access to health information and services and mythical beliefs about the origins of HIV. The researcher supports this assertion, because in South Africa the majority of the population comprises historically disadvantaged black or coloured people who are still impoverished. As mentioned earlier, they form the segment of the population in which HIV is most prevalent. This conclusion is further confirmed, when taking into account that the 2011 National Antenatal Sentinel HIV and Syphilis Prevalence Survey shows that the highest HIV prevalence is found amongst blacks, at 31.4%, followed by Indians (8.8%), coloureds (7.6%), and whites (1.1%) (DOH, 2011:11).

An individual is viewed as a highly valued system itself and the intra-psychic aspects and psychosocial aspects that incorporate the individual's capacity and motivation for change are parts of any system involving individuals that cannot and should not be ignored. The ecosystems framework's inclusiveness encompasses the biological, psychological, sociological, and cultural aspects of developing individuals and their interactions with the broader environment. In fact, the ecosystems/systems framework is often referred to as a bio psychosocial-cultural framework (Ambrosino et al., 2012:54). At the microsystem level the Soul City Programme could broaden knowledge and insight regarding HIV and AIDS by providing individual counselling to the youth, counsel his family, and help him or her develop a new network of friends when dealing with HIV and AIDS-related challenges and risks

(Ambrosino et al., 2012:57). The latter could not be identified in the theoretical analysis of the SCP and were further explored during the empirical investigation.

Microlevel factors such as individual youth's knowledge and attitudes, as well as poverty, are very important drivers of the HIV pandemic in the Northern Cape as discussed earlier. Parental attitudes and certain religious/cultural norms can also put young people at risk of HIV infection. Maduze (2002:12) comments on the fact that parents may not feel free to talk openly to their children about issues of sex; while some churches do not encourage young people to talk about sex because pre-marital sex is considered as immoral. Some churches and religions are also against the use of condoms during sexual intercourse. It is circumstances such as the latter, as well as those discussed earlier – poor attitudes, perceptions and lack of knowledge amongst the youth – that clearly illustrate that young people are at a particularly high risk of contracting HIV and AIDS in the Northern Cape and elsewhere in South Africa.

It is a well-known fact that the sector of society known as the 'poorest of the poor,' are often found to be the most vulnerable and the infection rates amongst them are the highest. The Northern Cape's unemployment rate is 28.7%, which is higher than the national average of 25.5% (DSSPD, 2008a). This ranks the Northern Cape's unemployment rate fourth out of nine provinces. It is therefore important to stress that the province experiences significantly high levels of poverty.

It is also argued that poor people living in rural and urban informal settlements seem to be at the highest risk of contracting HIV and AIDS. This is reiterated by the National Strategic Plan (NSP) for South Africa on HIV and AIDS 2007-2011 (DOH, 2007:2), which states that while the immediate determinants of the spread of HIV relates to behaviour such as unprotected sex, the fundamental causes of the pandemic in South Africa are deep-rooted institutional problems, poverty and gender related issues. At a microlevel it is important that the Soul City Programme focuses on the individual, but from its 2014 Annual Report (2014:8) the researcher ascertains that the Soul City Programme only focused on providing scholarships to 17 learners from six provinces that can be viewed as economic empowering microlevel intervention efforts to threats such as poverty in relation to HIV and the youth. Regarding the latter however, the Northern Cape and a few other provinces were not included in such microlevel intervention level efforts by the SCI.

4.2.2.2 Level 2: Mesosystem level

The next level of the system is termed the mesosystem level. A mesosystem involves the relationship between microsystems that are linked by some person who is present in both

microsystems (Ambrosino et al., 2012:56). Usually, the more closed a system is, the less able it is to derive positive energy from other systems. The same authors reveal that over time, closed systems tend to use up their own energy and develop entropy, which means that they tend to lose their ability to function and eventually they can stagnate and die. The more isolated a young person's family is, the less energy it takes in from the environment, so eventually it has less energy for family members to deal with HIV related challenges and is less able to function. Because young people are part of their own families and schools, they normally provide the link between these two microsystems. The interactions in one microsystem therefore influence the interactions of the others (Ambrosino et al., 2012:56).

The mesosystem also involves the relationship between two microsystems and is linked by some person who can be found in both microsystems, the person's home life may influence their school performance or confidence amongst peers (Spies, 2006:161). Both microsystems might have contrasting views where the family is seen as a positive opportunity and negative peer influence as a risk. Examples of a mesosystem are the relations a young person has with their school and neighbourhood such as a dysfunctional family household that does not support the young person in abstaining from early sexual debut or risky sexual behaviour.

Hartell (2005:1) has identified high schools in Cape Town where the knowledge about HIV amongst adolescents is often extensive, but few consider themselves to be at risk and few also deem it necessary to practise safe sex. They often attribute the problem of HIV and AIDS to prostitution, promiscuous people and to white people.

Taking into account all the above and from an ecosystems perspective, the researcher thinks that the Soul City Programme's (SCP) could focus on the mesosystem level and work with parents, teachers, and peers to help them become more consistent in the messages they are conveying to the youth.

4.2.2.3   Level 3: The exosystem level

Weyers (2011:20) found that the sustaining environment comprises a wide range of institutionalised and other less intimate services, resources and opportunities that can sustain, enhance, aid or damage a person's wellbeing. Furthermore, the social environment is referred to as 'the community.' A characteristic of the community as a social system is that its sub-systems have linkages with each other and with other systems outside its borders. Any change within a practical sub-system or the broader society would therefore have an impact on all the other systems, including each individual's.

The exosystem, incorporates community-level factors that may not relate directly to the individual, but affect the way the individual functions. This level includes factors such as the workplace policies of rural farms in the Northern Cape affecting the parents (if they cannot take sick leave when their child is sick, for example, this policy has an impact on the youth), school board and community policies, community attitudes and values, and economic and societal factors, for instance, a high level of substance abuse and unemployment or a lack of information centres around HIV and related issues within a neighbourhood and a community (Ambrosino et al., 2012:56). Ambrosino et al. (2012:54), argue further that intervention at the community level is often overlooked when facilitating planned change.

Bronfenbrenner and Garbarino (in Ambrosino et al., 2012:54), suggest that for all individuals, each of these environmental levels has both risks and opportunities. Opportunities within the environment encourage an individual to meet their needs and to develop as a healthy, well-functioning person. Risks are either direct threats to healthy development, or the absence of opportunities that would facilitate healthy individual development. Programme implementers such as the Soul City field workers should assess risks and opportunities at each level of the environment, working with the client (or client system, such as a family) to achieve positive change by promoting or increasing the environmental opportunities and reducing or eliminating the environmental risks.

As earlier indicated in Chapter 2, section 2.4.11, Campbell et al. (2007:4), have found that much has been written about the way in which the African AIDS epidemic is driven by power inequalities between youth and adults, and between men and women. The researcher maintains that these inequalities are particularly acute in conservative and remote communities, typical of the predominantly rural Northern Cape Province, where people have relatively little access to education or to new ideas or developments regarding HIV prevention, as compared to people living in more urban provinces. Furthermore, authors such as Low-Beer and Stoneburner (2004:28), assert that members of a community, and the youth in particular, should have opportunities to discuss HIV and AIDS with their peers in face-to-face settings, referred to as 'social spaces.' For example, Ethiopia has established a method of 'community conversation,' using trained local facilitators to help people identify obstacles to effective HIV prevention and AIDS care, and to discuss how they can work together to tackle these challenges (Low-Beer & Stoneburner, 2004:28). This approach was also pursued by the SCI.

The before mentioned approach is critical when taking into account Whiteside's assertion (2000), cited in Maduze (2002:11) that in South Africa there have been cases where individuals deliberately have sex with virgins because of a myth amongst some individual

community members which states that if a man sleeps with a virgin he will be cured of AIDS. This has led to the high incidence of HIV amongst young girls and children. In South Africa alone, 20% to 25% of women that are HIV positive contracted the virus through being raped. In the context of the latter, the researcher therefore considers the earlier discussed community mapping and creation of 'safer social spaces' through the Phuza Wize Campaign of the SCI as a very strategic exosystem intervention to try and prevent HIV infection through alcohol and related sexual violence within communities.

Campbell et al. (2007:28), also introduced the concept of an AIDS-competent community, which they define as one where community members work collaboratively to support one another in achieving sexual behaviour change and the reduction of stigma. Accordingly, members of a 'competent community' are able to collaborate effectively in identifying their problems and needs; setting goals, priorities and action plans; and working collectively to implement them. Campbell et al. (2007:29), also identify four areas that managers of national HIV prevention programmes such as Soul City should focus on, namely improvement in their strategies of targeting, selection, and delivery of prevention interventions; and optimisation of funding. At the exosystem level the Soul City Programme could for example, also advocate for the establishment of community programmes to assist teens who are having family problems and still have to deal with peer pressures regarding high risk sexual behaviours.

4.2.2.4   Level 4: The macrosystem level

In addition, Ambrosino et al. (2012:57), state that the final level, the macrosystem level (societal level), consists of societal factors such as the cultural attitudes and values of the society (for example, attitudes towards women, other races, people infected by HIV and violence); the role of the media in addressing or promoting social problems (some suggest that the media promotes unsafe sexual attitudes); legislation; and other social policies that affect a given individual (such as grants for people with a particularly low CD 4 count).

A lack of governmental programmes regarding HIV awareness contributes to the life situations of many young South Africans in certain communities. A characteristic of the community as a social system is that its sub-systems have linkages with each other and with other systems outside its borders. It can thus be concluded that any change within a practical sub-system or the broader society would, therefore, have an impact on all the other systems, including each individual. These factors all can be viewed as environmental risks.

Despite these risks, however, opportunities for a young person in for example South Africa can include democracy, freedom of religion and education, which might not be found within

other macrosystems. Weyers (2011:20) contends further that the sustaining environment is also often the focus of macro practice services, thereby implying the provision of a wide range of sustained institutionalised and other less intimate services, resources and opportunities to the youth in communities that can enhance the wellbeing of the youth in communities, especially in relation to HIV and AIDS.

Examples of the macrosystem can entail legislation, regulations and rules or belief systems about medical male circumcision as they are reflected in customs and practice. The influence of society is thus paramount to the youth, who in general are very susceptible to negative influences and wrong information such as customary laws and belief systems or the stigmatisation attached to HIV. The macrosystem further incorporates ideologies at national and local levels and it is important to understand how it operates and influences the youth via media, books, and government policies and programmes on ARVs, for example. From an ecosystem perspective, the researcher supports that the Soul City Programme (SCP) focuses on social mobilisation and advocacy and is particularly functional in creating a supportive environment grappling with questions surrounding safe sexual behaviour.

As previously highlighted, the ecosystems perspective emphasises that the different levels of the environment are in constant interaction with each other and have a reciprocal effect on each other that can be either negative or positive. The individual youth may be seen as a microsystem, constantly interacting with the community as an exosystem and a macro-system.

Individuals' responses are also markedly affected by the influence of experiences in their families and communities. An apparently poor community, for example, may offer significant resources of self-respect and indigenous mechanisms to help them cope with crises affecting them such as a spiral of HIV incidences amongst the youth sector within a specific community. The researcher therefore agrees with the view postulated by Gray, Coates and Bird (2008) (in Baltra-Ulloa, 2009:6) which state that it is important for social programmes or interventions to be integrated with indigenous knowledge systems and they should be treated with great respect. Attention should therefore be given by the SCI to the voice of indigenous communities when attempting to set up any intervention programme regarding social problems such as HIV and AIDS programmes for the youth.

It is clear from the SCI 2014 Annual Report, that it puts a high premium on HIV and AIDS advocacy programmes (Soul City Annual Report, 2014:13). At the macrosystems level the Soul City Programme appears to advocate for more comprehensive legislation to develop

national media programmes to educate the public about HIV and AIDS, alcohol /drugs, and the poor. However, deciding where each factor fits in the environment is not as important as the interdependence and interactions amongst the different levels of the environment and how they influence and are influenced by the developing system being viewed (Garbarino, 1992 in Ambrosino et al., 2012:57).

Critical perspectives contend further that advocacy and empowerment for social change call for the attainment of strong emancipatory interventions. Emancipatory action and practices leading to social change will occur once people, groups and communities are enlightened, empowered, and organised. Responsiveness to the experience and needs of communities and groups can inspire and guide the process of sociocultural transformation and liberation of communities' attitudes when it comes to HIV and AIDS. Hoefer (2009:68) advocates that through the adopting of a vision of advocacy as a problem-solving approach, for example the SCI could potentially assist by not only focussing on exosystemic level factors, but also promoting social justice, other levels of interventions, more specially at micro-, meso- and macrolevels of practice pertaining to issues and challenges of the youth, when it comes to HIV and AIDS. Therefore, the SCP, relating to HIV and AIDS and the youth, also always needs to be clear on what they want to achieve through advocacy: who should do the advocacy, the most appropriate time to act in terms of advocacy and how to act to achieve the aim of advocacy (Hoefer, 2009:73).

Bertrand et al. (2006:7), found furthermore that it is difficult to disaggregate the effects of different components of a given HIV awareness campaign. Furthermore, while it is possible to introduce different components into a campaign and track the point at which change occurs or accelerates, change that occurs after introducing a specific component may reflect lagged responses to previously disseminated components. Moreover, relatively few campaigns or HIV and AIDS programmes undergo evaluation to determine effectiveness, let alone the factors behind their success.

The 2014 SCI Annual Report (2014:16) prides itself that the monitoring and evaluation of their programmes was on-going and yielded positive results with regard to communities in sharing information with communities and equipping them with the tools and information required to bring about positive behaviour change. Matheko (2016) of SCI, responsible for M&E, however indicated that monitoring and evaluation of programmes, in terms of follow up visits to programme recipients in the Northern Cape was impossible and in general, was inhibited due to a lack of funding by the Centre for Disease Control and Prevention (CDC). The researcher however, cautiously concurs with Chambers and Wedel's (2005:75) assertion that accountability means that the programme must be able to be evaluated on

achieving outcome objectives for specified programme participants (in this case youth in the Northern Cape Province). Specifically, SCI monitoring should have micro- meso-, exo- and macrolevel focus areas to ascertain whether the interventions are holistically effective, given the reciprocal interactive nature of different social environmental levels.

The SCI Programmes' focus, regarding HIV and the youth should not, for example, have an overemphasis on only the exolevel, while neglecting the individual (microlevel) and/or mesolevel, because eventually it may strain overall programme impact. In addition, Chambers and Wedel (2005:147), believe that programme design and specification are essential for monitoring the quality of programme operations. Programme design needs to answer the question of what to observe or monitor for example micro-, meso-, exo- and macrolevel effects, in order to know whether 'things are going right' (Chambers & Wedel, 2005:147). Therefore, a clear programme design and specification of all ecosystems level factors should indicate what programme activities are important for the SCP which needs to be able to keep track of those factors pertaining to rendering programmes regarding HIV and AIDS amongst the youth.

It is thus clear that the ecosystems perspective recognises that, individuals and their communities are both influenced by macro factors such as political, economic and national policies such as the NSP. Hence, the ecosystems perspective is particularly functional in exploring and identifying gaps or shortcomings in the SCP, regarding current planning, policy and decision making practices, as well as intervention strategies or models of HIV and AIDS relating to the youth.

The following section will focus in the Soul City social intervention programme.

4.3   The Soul City Social Intervention Programme

The *South African National Development Plan 2030* (The Presidency, 2013:357) recognises that, in order to provide support to communities, it needs to build and utilise the capabilities of individuals, households, communities and non-governmental organisations (NGOs) to promote the self-reliance and sustainable development of communities. The Soul City Institute(SCI), as previously noted, is a non–governmental organisation (NGO) and is internationally recognised as a premier health and development communication project that reached the 20-year mark in 2014 (Soul City Institute, 2014:2). To stimulate more insight into the SCI, the researcher will offer a brief historical overview of the SCI; the Soul City Behaviour Change Model; the vision and mission of the Soul City Institute; the key past and present projects of the Soul City Institute, recent monitoring and evaluation of programmes,

and the financial resources of the SCI. Lastly, in the context of the present study, details of the *Phuza Wise* Campaign of the SCI will be outlined in this specific section.

4.3.1 Historical overview

The Soul City Institute for Health and Development Communication was established in 1992, when South Africa was on the brink of democratic change. "… Ever since its inception, Soul City has remained committed to achieving real, measurable social change for individuals and marginalised communities in South and southern Africa" (SCI, 2014:1).

In addition, the Soul City Institute has attempted to address various key health priority topics, such as HIV, domestic violence, access to housing; disability and sexual reproductive health (see also Figure 4.1 below, which will be discussed in the following section).

4.3.2 The Soul City Behaviour Change Model

In the following section the Soul City Behaviour Change Model (SCBCM) will be discussed from its theoretical and the ecosystems perspectives.
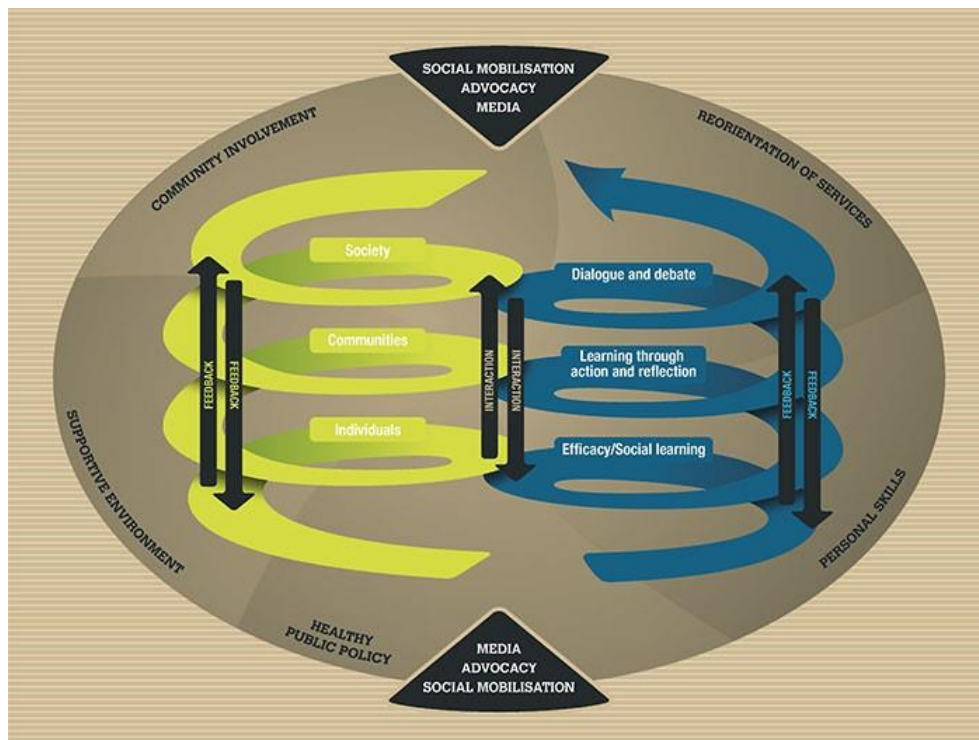
Figure 4.1: **Soul City Behaviour Change Model (Edutainment, 2013:16)**

The Soul City Behaviour Change Model was developed in 2010 to assist Soul City staff with their work. The social and behavioural change model was influenced by critical reflection

and the broader context in which the model is implemented (Goldstein, 2011:1). Furthermore, the foundation of Soul City's theory of change was the synergy between a health promotion model and a societal model, therefore it apparently aims to impact positively on health and social outcomes by addressing the broader social and community environments, as well as the social-interpersonal environment and individual determinants of health.

Goldstein (2011:1) states that the essence of the different dimensions of Soul City's theory of social and behaviour change can be summarised as follows:

> Behavioural patterns and trends more often than not seem to be resistant to change and are sustained through various mechanisms, such as habits; routines; social norms and expectations; dominant cultural values, incentive structures, institutional barriers, inequalities in access and restricted choice. In addition, health and behaviour are influenced at multiple, interacting levels of macro-societal factors and socio-economic influences. For example, class and poverty, sociocultural influences; public policy and legislation; physical environmental factors; and societal structures for example health services, education, churches and so forth. The synergistic interaction among all these influences – if adequately supported, results in sustained behaviour change.

In the light of the afore-mentioned, the researcher therefore concludes that from a theoretical stance the Soul City Behaviour Change Model is strongly influenced by an ecosystemic focus which takes cognisance of the micro-, meso-, exo- and macrolevel environmental factors' impact on people's lives and sexual behaviours.

The Soul City Behaviour Change Model (SCBCM) is also influenced by various theories on human behaviour. "… Theories of Social Learning tie in with this model, as they place the individual in a social or cultural context and show how people influence their environment and vice versa in a process of reciprocal determinism" (Goldstein, 2011:1).

"… The notion of learning-through-action-and-reflection underlies Soul City's community-based work. As in the case of individual behaviour, collective efficacy is important in that communities are more likely to take action if they believe their action will make a difference" (Goldstein, 2011:1). Again, the researcher identifies that from an ecosystems perspective, Soul City has a strong exosystem or community-level focus.

The SCBCM contends further that much behaviour is strongly influenced by the perception of group membership and consequent group dynamics and norms (Levy, 2011:1). The latter further illustrates that the Soul City Behaviour Change Model also has a strong mesolevel focus.

The SCBCM further emphasises the role of micro- as well as mesolevel factors in the lives of individuals. For example, the SCBCM considers beliefs, anticipated outcomes, norms, roles, self-concept, emotions and attitudes have a significant impact in determining the behaviour of people.

In addition, in Goldstein's opinion (2011:2), from a meta perspective, Soul City's interventions are influenced by the following:

> A 'Complexity Thinking Approach' in that behaviour is seen as the product of interactions between components of a whole system and that these interactions create often unforeseen effects that the components could not have generated singly, in other words 'the whole is more than the sum of its parts.' Thus through advocacy, social mobilisation and media, Soul City facilitates the capacity to learn and model the direction of change whilst addressing many of the barriers to change.

The overarching framework within which Soul City operates remains the five pillars of health promotion: supportive environments healthy public policy; reorientation of services; community involvement; and lastly - personal skills and healthy choices, as outlined by the Ottawa Charter. The Ottawa Charter for Health Promotion, an international agreement was signed at the First International Conference on Health Promotion, organised by the World Health Organization (WHO), which was held in Ottawa, Canada, in November 1986. Accordingly, a series of actions was launched among international organisations, national governments and local communities to achieve the goal of 'Health for All' through better health promotion by the year 2000 and beyond (Wikipedia, 2015:1). It is thus clear that the conceptualisation of the SCBCM was also influenced by macro level factors such as the Ottawa charter promulgated by the United Nations. Furthermore, the SCBCM highlights that "… in the broader health promotion- and societal-level frameworks, macro-societal factors are understood to shape individual behaviour from higher levels of scale" (Goldstein, 2011:2).

Lastly, Levy (2011:1) states that SCBCM has evolved over time, driven by critical reflection on the intervention and the broader context in which it is implemented, international debate on effective social and behaviour change communication, as well as evidence of programme impact.

In the following section the vision and mission of the SCI will be presented.

4.3.3 Vision of the Soul City Institute

The Soul City Annual Report (2013:2) states that the vision of the Soul City Institute for Health and Development Communication is to make an improvement in people's health and quality of life by:

- Harnessing the power of the mass media;
- Developing high quality education material through thorough research and evaluation involving the communities we serve;
- While remaining an organisation not for gain, we will ensure sustainability of our intervention effort through sound business principles and practices;
- Being strong advocates for health and development;
- By measuring impact on health and development;
- Striving for integrity, equity and respect for diversity;
- Being committed to our staff and the communities we serve; and
- Valuing commitment and striving for excellence in all we do.

In the context of the present study the researcher assert that the vision of the SCI appears to be well aligned with the goals and objectives of macrolevel factors such as the NSP, with an appropriate emphasis on monitoring and evaluating its projects and programmes. It also reflects that it values professionalism and places a high premium on a high quality of service. It is also positive to note, at least based on the vision of the SCI, the efforts to sustain their intervention efforts within the communities served; this is further aligned to the NSP calling for all intervention efforts to sustain itself (DOH, 2011:15).

4.3.4 Mission

The mission of the SCI can be quoted as "… To increase the national and international market's usage and involvement in Soul City Institute for Health and Development Communication (IHDC) products and services" (The SCI Annual Report, 2014:1).

The mission of the SCI is to be commended on a theoretical level, but the researcher is of the view that although the SCI international focus is needed, greater emphasis at a practical level should be placed on expanding its domestic markets, given the challenges it identified in sustaining its youth programmes in certain provinces (and the Northern Cape as well as the high youth HIV prevalence there and in the rest of the country).

In the Soul City Annual Report (2014:2) the SCI considers itself in the unique position to achieve its goals of strengthening health services and developing skills and agency in communities because Soul City:

- is research and evidence-based;
- is a trusted brand that resonates across the country;
- listens to and reflects the voices of marginalised communities;
- uses media, advocacy and social mobilisation to achieve critical mass and effect change;
- produces high quality, creative, responsive materials; and
- works collaboratively with government and civil society.

The researcher postulates that the SCI has an ecosystem approach, in that it claims in its 2014 annual report to operate on exolevel, by listening to the communities it serves and that its services are evidence-based. Debrework (2005:9) found in the past that with regard to HIV and AIDS, that many sub-Saharan governments were not fully committed; there was a lack of coordination between donors; funding was insufficient and unfocused and, to top it all, the monitoring and evaluation systems were not in place to see what interventions were working and what were not. Early responses to the HIV epidemic were also too few, too small, lacked focus and were not evidence-based. Miller, Riley, Poulsen and Swart (2011:418), continue by contending that evidence-based interventions (EBIs) are an important component of HIV sexual risk prevention among youth in sub-Saharan Africa and that many intervention strategies have been undertaken in response to the HIV and AIDS pandemic. Nevertheless, infection rates are increasing. Moreover, few organisations have the tools needed to implement a sustainable EBI programme in real world settings with integrity and validity (Miller et al., 2011:418). Therefore, and based on its 2014 Annual Report, the SCI's indications that its interventions are research and evidence-based is to be applauded. The latter's practical application will be further explored during the empirical investigation of the present study. The SCI's exo- as well as macrosystemic focus is further highlighted by its collaboration with government and other civil society stakeholders, which could help to positively supplement its HIV prevention efforts, because no single organisation can take responsibility alone for the fight against HIV and AIDS.

With this backdrop, the Soul City Institute for Health and Development Communication (SCIHDC), implements its vision through several key projects which will be presented in the following section.

4.3.5　　Key past and present projects of the Soul City Institute

The SCI Annual Report (2014:4) indicates that donor partners provided resources to the Soul City Institute (SCI) to promote and support varied community development programmes. The programmes had a combination focus and included Sexual and Reproductive Health Rights (SRHR) interventions and promotion and prevention of Mother to Child Transmission (PMTCT) as well as garnishing provincial support for the Soul Buddy Programme.

In their own opinion, the SCI's Programmes in selected communities showed a positive impact towards achieving goals in targeted areas (SCI Annual Report, 2014:4). The SCI interventions do not only target the youth or HIV and AIDS as subject matter, but they also target children and older adults. Interventions therefore take the form of television and radio initiatives, information booklets and materials disseminated to millions of community members, dialogues held in provinces across the country, reinvigoration workshops to mobilise communities, increased lobbying efforts for improved alcohol legislation and high level meetings with national and provincial departments to expand support for community and children's programmes (SCI Annual Report, 2014:4). Although not the focus area of the present study, some of the key past and present Soul City Programmes will now be described in brief.

4.3.5.1　　Prevention of mother to child transmission (PMTCT) popularisation and demand creation

A total of 30 dialogues on Prevention of Mother to Child Transmission (PMTCT) were held in the KwaZulu-Natal, Gauteng and North West provinces. The dialogues included training and distribution of printed materials (SCI Annual Report, 2014:4).

To reach a wider audience, presumably also inclusive of the Northern Cape Province, through broadcast, three television Public Service announcements (PSA) were broadcast during the National Contraceptive Launch held in partnership with the Department of Health. Radio PSAs aired on South African radio stations such as Ukhozi FM, Umhlobo Wenene FM and Lesedi FM for a total of five weeks. Furthermore, the related booklet was read by 2.8 million people in peri-urban areas. In total, 8.6 million people had some form of exposure to the Soul City Institute's PMTCT. The SCI Annual Report (2014:17) also indicated that the National Communication Survey revealed that their intervention had an impact on knowledge about exclusive breastfeeding and that: 'the Soul City Institute is one of the *"most evaluated projects of its kind in the world with measurable impact being shown over several years"* [researcher's italics] (SCI Annual Report, 2014:4).

The researcher argues that the latter statement provides an image of the SCI that it is open to having its interventions critically assessed, with the end aim of improving them. In this context, the researcher therefore explored in an empirical investigation to what extent the latter was embarked upon (if at all), specifically regarding the SCI's youth interventions in the Northern Cape.

4.3.5.2 Thuthuzela Care Centres

Radio PSAs (a South African radio station) were developed and broadcast during the 16 Days of Activism for No Violence against Women and Children campaign. The Soul City Institute proposed to extend the programme into its television series and its social media platforms, which was met with enthusiasm and approval (SCI Annual report, 2014:17). There is also a strong anti-rape story line in Soul City Series 12, the latest SCI television series.

Furthermore, a social media application on Mxit Reach was developed providing easy access to information on the Thuthuzela Care Centres (TCC) where target groups can get help in cases of rape (SCI Annual Report, 2014:5). The researcher contends that this target area is very strategic and functional, because as indicated in Chapter 2 section 2, the Northern Cape is also grappling with high levels of violence against women (sexual assault and intimate partner violence), which further contributes to increased risks for HIV infection (NCPSP, 2012:53).

4.3.5.3 Kwanda – Communities with Soul

The SCI introduced the Kwanda Communities with the Soul City project; this was the first-ever community make-over docudrama/reality television programme (SCI Annual Report, 2013:5). The objective of Kwanda is to increase skills and social capital to enable communities to address their own challenges and to engage more effectively with government structures in the fight against HIV and AIDS (SCI Annual Report, 2013:5). Furthermore, Kwanda reinvigoration workshops were held in the five Kwanda communities and enterprises have been established by teams. Community actions took place during the 2013 Christmas period, such as a Phuza Wise (alcohol and risky sexual behaviour) drive and hosted by the Umthwalume community. The Pefferville community also hosted an event for Orphans and Vulnerable Children (OVC) in December 2013 (The SCI Annual Report, 2014:5).

4.3.5.4   Soul Buddyz Clubs

Soul Buddyz children's television series gave rise to Soul Buddyz Clubs where children and adults worked together to create a platform that gave voice to and promoted real community action for and by children towards their health and wellbeing. The SCI Annual Report (2014:7) further indicated that the Soul Buddyz Clubs' focus that year was to increase the involvement of the provincial departments of education, particularly in terms of funding and sustainability. The SCI also embarked on a national road show to share plans on the way forward for the Soul Buddyz Club Programme and to provide updates on how clubs are performing within a specific province. This also provided an opportunity to present a request for support required from the Department of Education and to lobby for the provincial departments to include the Soul Buddyz Club Programme in their budget planning for 2014/5. The meetings were very successful with promises of much closer cooperation and the inclusion of the Soul Buddyz Club Programme into the provincial budgets (SCI Annual Report, 2014:17).

4.3.5.5   Northern Cape comprehensive HIV prevention project

The Centres for Disease Control and Prevention (CDC) partnership in the Northern Cape Province helped to increase the pace of delivery to communities. Door-to-door visits providing one-on-one interventions and positive prevention community dialogues were held in the two districts of John Taolo Gaetsewe and Frances Baard Districts the only two districts in the Northern Cape Province where the SCI presented dialogues with the youth. In addition, two programmes by the SCI, the Positive Living and Families Matter Programmes were apparently well received in the province (SCI Annual Report, 2014:6). However, midway through the year with a shift in CDC geographical focus, the CDC informed the Soul City Institute that they were no longer able to support the SCI's work in the Northern Cape and North West provinces, as they were focusing on different geographic areas (SCI Annual Report, 2014:6).

The researcher notes with concern that an unfortunate implication was that these very functional youth dialogues on HIV ceased at the end of 2013, despite the HIV prevalence rate being highest amongst the youth in comparison to the rest of the Northern Cape population (HSRC Report, 2014:xvii). Perhaps of more concern, given the context of this general insight, the question arose why programme financial sustainability was not planned for earlier, since HIV youth interventions are considered as a priority by the NSP (DOH, 2011:25-26). The researcher therefore questions the reasons on why the SCI did not embark on similar strategies (such as the Soul Buddyz Programme) in order to secure sustainable youth interventions.

The latter and as previously emphasised and noted in Chapter 3, section 3.7 was partially answered by the Programme Executive of SCI, Dr. Goldstein (2016) through the following statement:

> … we put in an application for five year funding of the programme, but the Centre for Disease Control and Prevention (CDC), due to changes in in their priority areas, terminated their funding of the SCI programmes with the youth in the Northern Cape after 20 months …. Furthermore the (SCI) was instructed not to work in the Northern Cape any longer, as it was not a priority area to them …. Grant allocation by CDC is determined by numbers reached (Goldstein, 2016).

Furthermore, Perlman et al.'s Manual of Edutainment (2013:44), with contributions by other high level SCI staff, indicates that:

> Obtaining funds is all about building and maintaining relationships with funders. Efforts to involve the donors and sponsors should be attempted by involving them in all aspects of projects through regular reports, meetings and so forth. By doing this, programmes may be able to secure ongoing funding.

The same manual also recommended contacting key persons in the donor community and accessing donor facilities and infrastructure.

The researcher therefore fails to fully understand why the SCI did not take its own advice to secure funding for this very important programme (youth community dialogue interventions regarding HIV and AIDS). Van Dyk (2013:183) argues that AIDS education should be an on-going process and that a single lecture or video, or an 'AIDS information week' in the senior phase, is not sufficient. The researcher could not find information in the SCI Annual Report that shed light on this and perhaps which alternative youth interventions were put in place to calm communities' expectations. Weyers (2011:145) warns that community trust should not be gained, raising expectations, only to be 'left in the lurch' eventually.

4.3.5.6 Fieldwork support

In 2013, discussions were held with the Lima Rural Development Foundation to establish a pilot partnership with the Community Work Programme (CWP). This initiative envisions CWP implementing agents providing fieldwork support to the Soul Buddyz Club Programme in three provinces, KwaZulu-Natal, the Free State and North West (The SCI Annual Report, 2014:17).

The researcher concludes with concern that the Northern Cape and another five provinces, as well as community youth interventions, (*Phuza Wize,* for example), were notably excluded from this very important component of Soul City's fieldwork support programme. Field workers are the central human resource tool in transmitting the HIV prevention

message to the youth. Van Dyk (2013:419) supports the latter concern that volunteer workers working in a formal capacity for AIDS care organisations (such as SCP facilitators) should not be neglected. Van Baleen and De Coning (2011:191) state that many projects have failed, inter alia, because of inadequate organisational support and lack of management and training exposure. In such contexts Van Dyk (2013:432) recommends that employers of HIV programme field workers should also recognise the importance of comprehensive training programmes that can include initial training, refresher courses and workshops to upgrade skills and on-the-job mentoring and coaching.

4.3.5.7 Scholarships

The SCI Annual Report (2014:17) furthermore indicated that since 2011 a few learners from six provinces have been receiving Soul Buddyz scholarships sponsored by Murray and Roberts.

The researcher concludes that from a macro ecosystem's perspective, these regional collaborations embarked upon by the SCI are consistent with macrolevel factors such as the NSP (DOH, 2011:14), which calls for increasing access to post–school education and poverty alleviation efforts through youth development and empowerment. The researcher notes that in the context of the current study, that again the Northern Cape and certain other provinces were again excluded from microlevel youth empowerment interventions. This could have the implication that some provinces – and by extension, the youth in those communities – may feel excluded. Furthermore, the criteria and reasons for choosing only six provinces are unclear from the SCI Annual Report.

4.3.5.8 Primary health care re-engineering

The SCI Annual Report (2014:17) indicated that the European Union provided a grant to the Soul City Institute aimed at strengthening the primary health care (PHC) system in South Africa. One of the projects funded through this grant was the community-based monitoring (CBM) project, with the objectives of strengthening community advocacy and increasing the accountability for provision of quality health services, particularly maternal and child services, increasing the capacity and capability of communities to identify local priorities and monitoring and advocating for these services and to increase media involvement in community-based monitoring of health services.

4.3.5.9 Media

The digitisation of existing Soul City audio-visual materials was completed with all Soul City and Soul Buddyz and regional materials digitised in the past financial year (SCI Annual Report, 2014:12).

4.3.5.10 Regional programmes

The SCI Annual Report (2014:17) indicates that cross-border interventions were implemented in four key border communities. SRHR information pamphlets were developed for sex workers at the borders in Namibia, Malawi, Zambia and Zimbabwe. This phase of the project was completed with each of the four partners producing pamphlets for sex workers.

The regional programme furthermore included the production of audio materials for truck drivers. Audio materials in the form of USBs and CDs for truck drivers were produced for the SCI's country partners in Namibia, Malawi, Zambia and Zimbabwe. A total of 2000 CD box sets with One Love radio drama stories were delivered – 500 per country in Namibia, Malawi, Zambia and Zimbabwe. The audio materials also included 100 USBs (25 per country) which partners purchased and branded to give to truck drivers.

The regional programme by the SCI also included TVs and DVDs at border wellness centres; four on-going community dialogues; meetings and events for social mobilisation at border areas; and hosting a regional social and behaviour change communication (The SCI Annual Report, 2014:17).

The SCI further contributed to UNFPA's work in the region by conducting a mapping of youth organisations in Southern Africa and developing DVD discussion tools on youth Sexual and Reproductive Health and Rights (SRHR) that were distributed through the region and resourced by the UNFPA. The researcher deduced that from a macro ecosystem's perspective, these regional collaboration interventions embarked upon by the SCI are consistent with the NSP (DOH, 2011:35), which calls for cross-border regional intervention strategies.

4.3.5.11 Soul City television series

The SCI introduced rigorous research methodology to produce television, radio and print materials and entertains and informs on newer platforms. Through drama, the series changes social norms, attitudes and practice and aims to empower individuals and communities to make informed healthy choices (Soul City Annual Report, 2013:14).

Soul City's Its Real, the institute's flagship television show, is one of South Africa's favourite television shows. Set in the fictional Soul City Township, the series attempts to reflect the social and development challenges faced by poverty stricken communities everywhere. The Soul City Annual Report, (2013:14) indicated that it depicted health and social issues (such as HIV and AIDS) "… into real-life stories for the millions of people who have grown to trust the powerful messages of this very popular programme."

Launched in 1994, the Soul City television drama series was part of a multimedia health promotion and social change project by the Soul City Institute for Health and Development Communication (SC IHDC). The Soul City television drama series comprised thirteen half-hour prime time TV episodes carrying riveting drama aired on the national broadcaster's SABC 1 channel. It was designed to keep people talking about the issues raised. The drama has also been broadcast in many other countries to millions of viewers. The SCI took many of these discussions to other media, such as:

> **Radio**: Popular and important topics highlighted in the respective series' were further debated in-depth on community and commercial radio stations across the nine provinces of South Africa, where target audience participation is ensured.

> **Print**: Approximately 1 million full-colour easy-to-read booklets covering health and development topics raised by the TV series were distributed for each series. The booklets dealt with the topics carried by the series in greater detail and can be kept by readers for future reference. On the SCI Website (2015:1b) millions of copies of booklets have been distributed within the communities it operated in, but the report did not specify exactly how many millions.

> **Social Mobilisation**: Engaging and motivating a wide range of partners at local or national levels to raise awareness and enable a shift in social norms within communities (Soul City Institute Website, 2015:1).

The Soul City Institute (SCI) for Health and Development Communication is an NGO that has been in existence for more than 15 years and it has a track record of implementing successful social and behaviour change programmes at national, provincial, community and individual levels (Nika, 2013:1). This has been achieved by multimedia edutainment vehicles and on-the-ground social mobilisation. As previously mentioned, the media includes Soul City TV drama, radio drama and talk-shows and easy-to-read print materials. The main factor holding the campaigns together is the coherence of the messaging and the reflection of reality in the mass media.

Following is a brief outline of some of the Soul City television series and key themes that have been produced and broadcasted in South Africa since 1994.

Table 4.1:   **Soul City Institute Website (2015:1)**

Series number	Year	Key theme
Series 1	1994	- Mother and child health - Diarrhoea - Immunisation - Breast feeding - Infant nutrition - Respiratory illness - Safe motherhood - Child abuse - Accidents
Series 2	1996	- HIV/AIDS (prevention, care and support) - Tuberculosis - Tobacco - Housing and land
Series 3	1998	- Alcohol misuse - Household energy/power usage (electricity, paraffin, gas) - HIV/AIDS (prevention) - Violence – awareness and prevention
Series 4	1999	- Violence against women including sexual harassment and domestic violence - HIV and AIDS - Youth sexuality - Hypertension - Micro enterprise including personal finance
Series 5	2005	- Treatment, care and support of people living with HIV/AIDS - Disability - SMME – Small business development - Rape
Series 6	2006	- HIV/AIDS and children - Adult basic education and reading - Depression - Asthma
Series 7 A and B	2007	- Volunteering and community service - Equity in SA health system - HIV/AIDS and treatment and stigma - Masculinity/manhood - Cancer of the cervix

Series number	Year	Key theme
Series 8: Phuza Wize	2008	• HIV prevention • Alcohol misuse • Maternal health
Series 9	2009	• HIV prevention: Multiple concurrent sexual partnerships
Series 10: Phuza Wize	2010	• HIV prevention • Violence prevention – focusing on alcohol misuse
Series 11	2011	• Male circumcision for HIV prevention • Prevention of mother to child transmission • Financial literacy • Active citizenship
Series 12	2014	• Re-engineering of primary health care: Community health workers; quality of care; community participation • Teenage pregnancy, Maternal & Infant Care; Fertility Management • Thuthuzela Care Centres - Increasing services for survivors of sexual violence • Financial literacy: Short-term insurance, savings

Some of the key themes of the 12 series by the SCI indicated in Table 4.1 can be summarised as follows:

Series 1 dealt with mother and child health, including HIV and AIDS, immunisation, breastfeeding, diarrhoea and dehydration, maternal health, acute respiratory illness, paraffin poisoning, and burns. Series 2 covered HIV and AIDS, housing and land issues and TB and smoking. Series 3 dealt with HIV and AIDS, household energy, violence, and alcohol misuse.

In Series 4 issues like HIV and AIDS, personal finance, hypertension, and violence against women were covered while Series 5 looked at HIV and AIDS, small business development, rape, and disability. Series 6 dealt with HIV and AIDS, depression, asthma, adult education, and literacy.

Series 7 dealt with volunteerism/service, equity in the South African health system, HIV and AIDS and treatment, masculinity/manhood and cancer of the cervix. It also dealt with HIV and AIDS, crime and responsibility and organ donation. Adoption formed part of this series. Series 8 focused on HIV and testing, multiple concurrent partnerships, violence against women, and alcohol abuse while series 9 formed part of the 'One Love' campaign, a regional campaign to raise awareness about the link between multiple concurrent

partnerships and HIV infection. Series 10 looked at the issue of alcohol abuse and violence such as sexual violence and forms part of the Phuza Wize Campaign which is a national campaign that encourages South Africans to change the way they drink alcohol.

Series 11 focused on PMTCT and portrays the complexities of HIV and AIDS and the questions of stigma and silence that are often underlying. The series also focused on the "… debate about medical male circumcision (MMC) versus traditional circumcision as an HIV preventative measure" (Soul City Institute Website, 2015:1). Series 11 also focused on (Soul City Institute Website, 2015:1):

> Understanding and managing one's personal finance, imparting important knowledge on how South Africans can provide for their future and take responsibility for their finances. Soul City 11 also deals with mobilising communities and building community organisations in a positive manner in order to protect rights, challenge unfair, corrupt or discriminatory practices and remove other barriers to community involvement and development

The latest series of the SCI, 2014 (Series 12) dealt with issues related to the re-engineering of primary health care in South Africa, maternal and infant care, contraception, surviving sexual assault, and financial literacy focusing on short-term insurance.

4.3.5.12   The One Love campaign

The One Love Campaign aims to contribute to the National Strategic Plan on HIV by reducing new HIV infections and it encourages the youth to start thinking about and talking about sexual behaviour and the effects of Multiple and Concurrent Partnerships (MCP) on their lives and society at large (SCI Annual Report, 2013:13). Research done by Jana, Letsela, Scheepers and Weiner (2014:2) on the One Love regional campaigns in nine African countries revealed that the campaign primarily used national multimedia interventions, that is radio, television, and booklets.

It further reflected that evidence revealed that the One Love materials facilitated discussion at a collective level in large group contexts such as communities, as well as in small group and one-to-one interpersonal contexts (between couples, for instance) (Jana et al., 2012:5). The campaign apparently also led to research respondents questioning cultural practices that put people at risk of contracting HIV and it also influenced them to change their own negative sexual behaviours. The researcher therefore concludes the campaign relatively succeeded in forming an ecosystem perspective on exo-meso- and microlevels of intervention (to varying degrees).

In the following section and for the purposes of the current study, the Phuza Wize series and project will be described briefly in relation to social intervention programmes that were implemented with the youth and HIV and AIDS in the Northern Cape, South Africa.

4.3.5.13   The Phuza Wize Campaign

The SCI Annual Report (2013:14) stated that the Phuza Wize Campaign tried to address a major of societal ill, alcohol abuse, as it "… advocated for safer and healthier communities," amongst other aspects.

Perlman, Jana and Scheepers (2013:26) indicates that alcohol is a common trigger for young people to get involved in risky behaviour. After drinking alcohol, people (and specifically the youth) may often have sex without any protection. In this context, the Soul City Institute has been calling for a ban on alcohol marketing since December 2010 (SCI Annual Report, 2014:17). However, the alcohol industry in South Africa has opposed this. The same report indicated that there was intensive media coverage of this and the Soul City Institute was invited to share their perspective on several media platforms in South Africa, including on 702, SAFM, Kaya FM and YFM radio.

The Phuza Wize television series, which was part of the broader Phuza Wize Campaign was reached over 6 million people per episode in South Africa. One of the greatest successes of the Phuza Wize Campaign has been the advocacy component. The Soul City Institute organised a number of critical thinking forums in partnership with the Mail & Guardian, giving excellent exposure to the policy priorities and encouraging debate on the issues (SCI Annual Report, 2013:15). Research was also conducted on policies in education, the cost of alcohol and alcohol advertising.

The Phuza Wize advocacy campaign assisted selected provinces and departments develop alcohol laws (Perlman et al., 2013:26). Furthermore, the advocacy unit of the SCI sent a submission on the Western Cape Draft Liquor By-Law to the Western Cape Liquor Board on the Phuza Wize recommendations for opening and closing hours as they had indicated their intention to change this in their draft (SCI Annual Report, 2014:13).

Numerous other activities were undertaken by the advocacy unit of the SCI to support the idea of a Health Promotion Foundation. This has been gaining traction amongst key stakeholders – communities and so forth (The SCI Annual Report, 2014:13). The researcher therefore concludes that all the highlighted advocacy endeavours are consistent with macrolevel factors like the NSP (DOH, 2011:15), which calls for strong advocacy and

behavioural change strategies with a key focus on key populations (young people, for example).

In the context of the current study (which focuses specifically on the Northern Cape Province), the researcher deems it relevant in terms of the Phuza Wize Campaign to highlight that a Community Alcohol Advocacy project was started in Galeshewe, a township in the Northern Cape to support policy processes, including the ban on alcohol advertising and marketing. This intervention aimed to collect and document the experiences of community members whose lives have been negatively affected by the availability and consumption of alcohol. Related to the latter, the SCI Annual Report (2014:17) indicated that a poster, based on stories from the Galeshewe alcohol advertising community advocacy project, was presented during the 2013 SA Aids Conference at a satellite session on research evidence on the link between alcohol abuse and HIV. Related to the latter project, Kalideen and Weiner (2012:10) indicated that "… community members, and young people, gave accounts of how alcohol consumption led to behaviour that they later regretted or that made them vulnerable to sexual assault or risky sex." Some of the important quotes by young people highlighting the risks associated with alcohol and sexual activity in a study undertaken by Kalideen and Weiner (2012:10) in Galeshewe in the Northern Cape are as follows:

> I met with a chick there and bought her ciders. Later in the evening, when I thought of going home, she was tipsy so she didn't say no. I gone home with her – this girl didn't know what was happening. In the morning this girl found herself in my arms not knowing what happened. When she asked me where she was, and I told her, she then started.

Another person stated:

> *… It was last year in August when I went out with my friends to a tavern, and when we looked at the time it was 2 o'clock. We then went home and on the way there came three guys. They slapped us and took one of my friends and they raped her in front of me and my other friend (Female, 18-25 years).*

Another person stated:

> … I was raped when I was drunk by the boy next door. It was some time mid-year and I was from the tavern when he attacked me from behind. I was traumatised for months, but now I have learned that it is not safe to walk alone. But thanks to God, the (expletive) is in jail … (Female, 18-25 years).

Perlman (2013:26-27) similarly reveals the following quotations from Northern Cape case studies:

> … I will never be able to forgive you for killing our son, nor forgive myself for ignoring the signs; but more than anything I will forever hate the evil in the bottle ….

> … Our weekends are full of drunkenness …. – (Northern Cape, Informal Settlement, Male, 16–21 years.).

> … Alcohol has killed many people; people are being stabbed at taverns because people fight over a beer or a woman … – (Northern Cape, Informal Settlement, Male, 16–21 years).

The SCI Annual Report (2014:13) indicated that there was intense media coverage of the advocacy campaign for legislation to ban alcohol advertising in South African newspapers such as the Times and Sunday Times as well as radio stations (Power FM and 702 for instance). The Soul City Institute was also invited to participate in the SANAC Social and Structural Drivers Technical Task Team which included alcohol as a structural driver of HIV.

In research completed by the SCI in 2012, an analysis of the direct cost of alcohol-related problems found that the state spent over R17.1 billion on social and health costs related to alcohol abuse (SCI, 2012:1). In relation to the income generated at the time from alcohol sales, this was lower at R16 billion per annum. The latter research results, advocacy and other intervention efforts underline the importance of addressing personal, family, peer and school conduct factors, as part of the alcohol education initiatives of the Phuza Wize Campaign by the SCI. It further highlighted that efforts to prevent alcohol use amongst rural high school students should focus on changing drinking behaviour and on reducing risk factors for problem drinking. The researcher therefore concludes that these interventions had a strong mesolevel focus.

In context of the above, the Phuza Wize Campaign aimed to achieve the following:

> To shift the social norms away from excessive alcohol consumption and related violence by promoting non-violent ways of resolving conflict; building the capacity of communities to participate in the monitoring and regulation of the alcohol trade; popularising the ten criteria of safer social spaces; promoting the need for alcohol-free schools; and lobbying for legislative change to regulate the sale, marketing and consumption of alcohol amongst the youth and other age groups (SCI, 2013:14).

The SCI (2013:14) further indicates that the objectives of the Phuza Wize Campaign were amongst others:

- To reduce violent behaviour by men aged 15-35 by 10%.
- To highlight the link between alcohol misuse and new HIV infections; and to reduce these infections.
- To highlight the link between alcohol and unsafe sex.
- To promote and monitor safe drinking and social spaces and alcohol-free zones, such as schools.
- To lobby for legislative change that supports safer communities.

- To increase community participation in regulating and monitoring the alcohol trade.

The researcher deduces from the stated objectives of the Phuza Wize Campaign that it is strategically geared, given the high level of alcohol abuse in the Northern Cape Province amongst the youth and related risky sexual behaviour as previously indicated in Chapter 2, section three.

The story line of the Phuza Wize television series contained serious messages in line with Soul City Institute's edutainment focus, illustrating the negative impact of alcohol abuse and violence, issues which many South Africans are very familiar with.

The Phuza Wize series and campaign asked the question: 'Can the community come together to tackle the problems of unsafe drinking?'

Furthermore:

> In South Africa violence is often related to alcohol abuse in a very high number of cases and it has been shown internationally that if one changes the way people drink and reduces the availability of alcohol, violence will be reduced Phuza Wize was therefore an innovative campaign to prevent violence by making social spaces safer and by reducing alcohol-fuelled violence (SCI, 2012:15).

For example, on 18 August 2015, Mogapi (2015:13) reported in The Sowetan (a South African Newspaper), that "in South African communities there are more taverns and shebeens than youth or child recreational centres."

He furthermore argues that:

> "most young people experiment with alcohol at matric farewells and that school teachers complain that young people stay away from classes because of taverns and shebeens reflects that the Phuza Wize Campaign commenced with the Soul City 10 television series, that are close to school premises.

The following quoatation illustrates what the Phuza Campaign intended to achieve:

> The Phuza Wize Campaign was therefore working with many partners to achieve safer social spaces, which implied working with taverns and shebeens in various communities in, for example, the Northern Cape, to make them safer according to a ten-point plan (The SCI Annual Report, 2013:15).

The SCI Annual Report (2013:15) furthermore spread accompanying campaign booklets in four languages, as well as intensive mobilisation in communities around the country. It has been shown worldwide that improving parenting skills is an important intervention in the successful reduction of alcohol-related violence. For this reason, a parenting training course has been developed and is being rolled out in 38 communities around South Africa.

4.3.5.13.1 The community component of the Phuza Wize Campaign

The community component of the Phuza Wize Campaign was activated in May 2010 at Mbekweni in the Western Cape, and then rolled out in communities such as Galeshewe and Manyeding in the Northern Cape (The SCI Annual Report, 2014:16).

The SCI Annual Report (2013:17) reflects further that intense community consultation took place and stakeholders – particularly the Community Policing Forums (CPFs), the South African Police Services (SAPS), neighbourhood watches and the schools – were very excited by the campaign. A community-mapping workshop was undertaken with volunteers. The aim was to train community members to map the number of liquor outlets and where they are in their community. An advocacy workshop was also held to provide community members with skills and a framework to engage local government on issues of legislation on alcohol and safety and to get involved in their Integrated Development Plan (SCI Annual Report, 2013:17). The latter refers to strengthening communities' access to services and requires a comprehensive strategy to address capacity problems, referral networks and monitoring and evaluation systems. Some sectors such as the faith-based sector in South Africa have a network of resources for example halls and hospitals that could be used to enhance existing HIV programmes in provinces. It also entails that all provinces should implement strategies to support municipalities and communities in the fight against HIV and AIDS (DOH, 2011:37).

Other exosystems interventions undertaken as stated by the SCI Annual Report (2014:16) consisted of:

- Three community dialogues with community members between the ages of 18 and 30 on the impact of alcohol availability and alcohol advertising in their communities.
- Community-mapping training for a group of participants interested in starting a Phuza Wize group.
- Community mapping of the alcohol and violence hotspots in the area, which were recorded on a map and housed in the Local Drug Action Committee office.
- Interviews with young people to determine their perspectives on alcohol advertising and the impact of alcohol consumption on behaviour.

The researcher postulates that these exosystemic initiatives encourage communities to take ownership of interventions geared towards the fight against alcohol abuse and related HIV infections in a focused and a collaborative fashion.

Related to the Phuza Wize Campaign, community members apparently reported that they were then more aware of their rights in dealing with tavern owners and were able to approach their local councillors and municipalities (The SCI Annual Report, 2013:17). The same report further indicated that it was also planned that community members will be called upon to make submissions to Parliament.

Based on the goals, objectives and activities of the SCI, as reported by the SCI Annual Report (2014:3), the researcher concludes that the Phuza Wize Campaign also had a strong exosystemic focus. This also aligned itself to different levels of the environment for example, exo- as well as macrolevel factors such as the NSP.

4.3.5.14   Monitoring and evaluation

Monitoring of project activities and reporting to donors are on-going. The SCI Annual Report (2014:17) stated that qualitative audience reception evaluation of SBCC activities at seven borders in the Southern African Development Community (SADC) region amongst key populations was planned for implementation in February 2015.

Evaluation of community-based monitoring was closely followed by the implementation of the community-based monitoring programme. A process evaluation of CDC-funded PMTCT dialogues was conducted in the Limpopo and Mpumalanga provinces. The researcher notes that the SCI Annual Report (2014:17) indicates that most provinces, including the Northern Cape, were not part of those monitoring processes.

Furthermore, a detailed analysis of the SCI National Communication Survey was developed to gain insight into the impact of the PMTCT, alcohol and parenting interventions and the Soul City Institute Programmes' influence on safer sexual behaviours.

The SCI (2014:18) contends that despite experiencing challenges with resources and a shift in focus from donor partners, the Soul City Institute achieved its goals in sharing information with communities and equipping them with the tools and information required to bring about positive behaviour change. During the empirical investigation, the researcher will endeavour to describe and analyse programme recipients and implementers' views on the latter.

In following section, the researcher will describe in brief the Soul City Programme pertaining to the Northern Cape with emphasis on the youth.

4.4 The Soul City Programme in the Northern Cape

The following section will focus in brief on the goals and objectives of the Soul City Programme and the methodology for dialogue implementation in the Northern Cape.
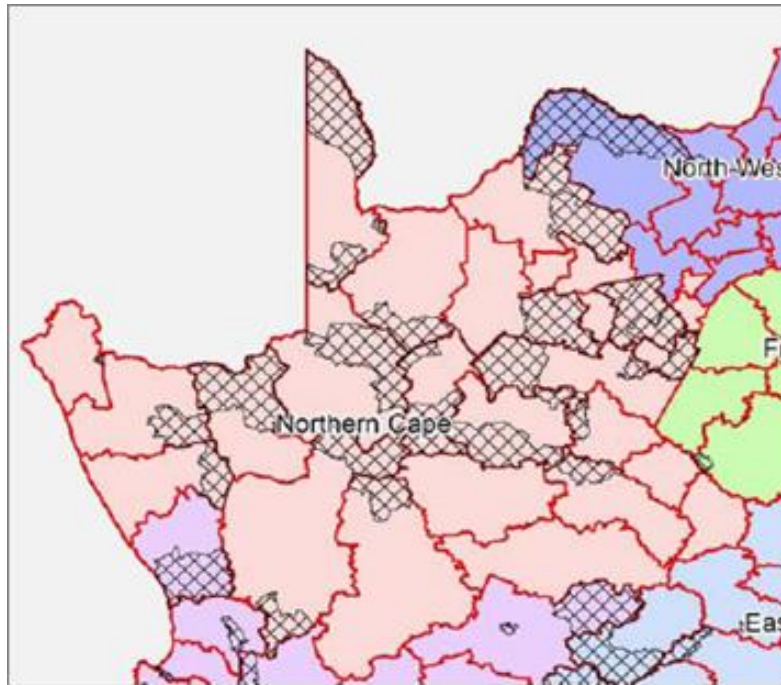
Figure 4.2: Map of the Northern Cape Province (DSD Strategic Plan, 2015:18)

As indicated in Chapter 2, section 5, the Northern Cape Province is divided into five districts namely the Frances Baard; ZFMgcawu; John Taolo Gaetsewe; Namakwa and Pixley ka Seme districts. The Annual Report of the Department of Social Development or DSD (2015:19) reflects that amongst all the districts in the Northern Cape, the Frances Baard district had the biggest share of the population residing within it, namely 33.34% or 382 086 people, followed by 236 784 (20.66%), followed by ZF Mgcawu 224 799; 19.62% in John Taolo Gaetsewe district and Pixley ka Seme 186 352 (16,26%). The smallest number and percentage of people lived in the Namakwa district, 115 842 people (10.11% of the total Northern Cape population).

4.4.1 Goals and objectives of the Soul City Programme in the Northern Cape

Nika (2013:1) states that the overall goals and objectives of the Soul City social intervention programme in the Northern Cape were:

- To decrease new HIV infections in the Frances Baard and John Taolo Gaetsewe districts in the Northern Cape by 15% by 2016 through a combination prevention approach that includes biological, behavioural and structural approaches.

142

- To reduce sexual risk behaviour amongst adolescents and give parents and caregivers the tools to deliver primary preventions to their children.
- To strengthen community capacity to address the drivers of the HIV epidemic and to promote community demand for HIV prevention services.
- Creating awareness towards decreasing the unregulated availability and accessibility of youths to alcohol, including taverns, that impact on interpersonal violence and HIV infections amongst the youth.

As earlier indicated, the SCI has various key projects and programmes. For the present study the researcher will focus on the community dialogues as an intervention strategy that the SCI utilised with the youth in relation to HIV and AIDS. The practical approach regarding community dialogue implementation as part of the community component of the SCI relating to youth in the Northern Cape was as follows:

Soul City has recruited and trained two field workers in the Frances Baard district and 15 in the John Taolo Gaetsewe district who live in communities where programmes were being implemented (Nika, 2013). These field workers went through extensive training programmes on how to conduct community dialogues with the youth. The different dialogues covered all the earlier-mentioned focus areas or subject matter as developed in the Soul City Social Intervention Programme combination framework towards HIV and AIDS prevention. Nika (2013:2) considers dialogues with the youth to be platforms to educate and provide correct and updated information about a specific issue and to dispel myths and misconceptions people have about that issue.

The Soul City social intervention programme in the Northern Cape aimed to have ten dialogues with the youth per month in each of the two districts where it operated. Approximately 100 to 140 young people were expected to attend each dialogue amounting to more than a 1000 youths per month being reached (Nika, 2013:3). In brief, each dialogue consisted of the following steps:

4.4.2   Methodology for dialogue implementation

- Welcoming and orientation: 10 minutes;
- Ground rules for the dialogue: 10 minutes;
- Starting the dialogue by giving an overview of the Soul City Programme: 20 minutes;
- Introduce discussion tools such as showing episodes from a series: 25 minutes for example series 10 – Phuza Wize – as previously described;

- After exposure to an appropriate discussion tool, an interactive session follows, where participants are divided in four groups and each group discusses two of the messages in the Soul City Social Intervention Programme leaflet. The focus of these discussions usually centres around actions the community can embark on together to change the situation; and
- Parting words: 15 minutes during which reflection is done about what participants learned or valued and commitments are made towards certain actions (HIV testing, male circumcision and behavioural changes).

It is deduced from a theoretical stance that the SCI has embraced combination prevention as a framework for HIV and AIDS prevention and has mainly focused, but is not limited to, the following areas in HIV prevention: Medical Male Circumcision (MMC), Prevention of Mother to Child Transmission (PMTCT), Multiple Concurrent Partnerships (MCP) and Alcohol and Risky Sexual Behaviour. Effective biomedical interventions were promoted and demand was created through effective health communication. It was recognised that HIV transmission occurs within the structural context of poverty, violence and alcohol abuse (Nika, 2013:1). The researcher postulates, from an ecosystems perspective, that these focus areas could be considered positive because they focused on the micro-, meso-, exo-, as well as macrolevel systems, albeit to varying degrees. Due to funding restraints, the Soul City Social Intervention Programme operated until December 2013 in two of the most densely populated districts in the Northern Cape and where HIV prevalence was the highest, namely the Frances Baard and John Taolo Gaetsewe districts (Nika, 2013).

4.5   Summary

In the first part of the chapter the ecosystems perspective was described.

In the second part of this chapter an historical overview of the Soul City Institute was given as well as its vision and mission; key projects were highlighted, to give the reader a perspective of the goals and objectives of the Soul City Programme. Specific attention was given to explain the Phuza Wize as one of the Soul City- sub-programmes or dialogues with the youth and the community at large. It highlighted the rationale for the dialogue and programme goals and objectives and some of the successes. This section also gave a brief outline of how dialogue programmes with the youth in the community were supposed to be practically presented in this area and possibly elsewhere in the country.

From an ecosystems perspective as a prelude to the empirical investigation, the researcher theoretically analysed the SCP regarding aspects pertaining to micro-, meso-, exo- and macro level factors. This was done to highlight whether Soul City's programmes were

indeed ecosystemically geared and if so, the practical application in terms of the successes or challenges thereof will be explored from an ecosystem perspective through the empirical investigation. The findings will be illustrated in the Chapters 6 and 7.

The following chapter will focus on the research methods and ethical considerations.

5.   CHAPTER 5: RESEARCH METHODS

5.1   Introduction

The goal of the study was to evaluate the content, implementation and applicability of the Soul City Social Intervention Programme with regard to HIV and AIDS targeted at the youth in the Northern Cape within the context of the ecosystems perspective. In essence, this chapter focusses on the research methods that guided the empirical study.

As discussed in Chapter 1, the researcher could not identify any study in the Northern Cape, or elsewhere in South Africa, that focused specifically on the evaluation of the Soul City HIV and AIDS social intervention programme as it applies to the youth. Therefore, the researcher, through this study embarked on a programme evaluation study from an ecosystems perspective of the Soul City social intervention programme specifically regarding HIV and the youth in the Northern Cape, in order to sustain and enhance social intervention programme outcomes.

The research methods will be discussed with reference to the research question, research objectives, research paradigm and approach, type of research and methods, pilot study and ethical considerations.

5.2   Research Question

The research question that guided this study was:

To what extent is the content and implementation of the Soul City social intervention programme applicable for the youth in the Northern Cape?

The sub-question of the study was as follows:

Does the Soul City social intervention programme take the different levels of the ecosystems perspective into account in terms of programme content and implementation?

In the following section the research paradigm in the present study will be discussed.

5.3   Research paradigm and approach

This study is rooted in pragmatism, as research paradigm, which involves, amongst others, collecting and analysing both quantitative and qualitative data, meaning that the researcher collects both numerical and textual information (Delport & Fouché, 2011:434). Therefore, it is not enough to simply collect and analyse quantitative and qualitative data, but they need

to be "mixed" in some way so that together they form a more complete picture of the problem than they do when standing alone. Creswell (2009:213) further holds that such a research approach allows the researcher to benefit from the advantages of both quantitative and qualitative research and to move between these two approaches of research.

The researcher has found that mixed-methods research is often used where the aim is to evaluate social programmes, as was the case in the proposed study. Ivankova, Creswell and Plano Clark (2007:259) state that by using a qualitative approach researchers search for relationships between variables. Thus, in line with the study's quantitative approach numerical data were collected by means of a survey amongst the youth in the Northern Cape in order to analyse and describe the strengths and limitations of the Soul City social intervention programme with regard to HIV and AIDS targeted at the youth in the Northern Cape. Furthermore, the HIV prevalence is by far the highest amongst the youth; hence the focus of the present study was solely on the youth. Youth could provide valuable inputs regarding the programme's applicability and its implementation in the Northern Cape as they represent the service users.

In line with the study's qualitative approach, field workers of Soul City who work in the field of HIV and AIDS in the Northern Cape were also included in the study and data was collected by means of interviews. When researchers make use of a qualitative approach to a study, they seek in depth understanding of individuals' experiences (Ivankova, Creswell & Plano Clark, 2007:259). The field workers in service of the Soul City programme were the actual implementers of the Soul City social intervention programme at ground level and were strategically best suited to give comments about the challenges and strengths of the programme content and implementation and to offer recommendations on how to improve the programme.

In the following section the type of research relevant to the present study will be discussed.

5.4 Type of research

The type of applied research engaged in this study is evaluation research. Weinbach (2005:2), as cited in Delport and Fouché (2011:452), defines evaluation research as "the systematic review of research methods to make judgements about the effectiveness and the overall merit, worth or value of some form of […] practice." Therefore, programme evaluation as a type of evaluation research applied to the current study.

The central goal of programme evaluation was to answer specific practical questions about social programmes and their development (Potter, 2008:410). These questions normally

focus on programme implementation and outcomes, as well as on the quality of services provided. Alston and Bowles (2003:142) define programme evaluation further as the systematic study of the operation of social action, treatment and intervention programmes and their impact. It is a collection of methods, skills and sensitivities necessary to determine whether a human service is needed and likely to be used, whether it is conducted as planned and whether the human services actually do help people in need. Furthermore, another purpose of evaluation research is to focus on the theories of change implicit in social programmes, and to analyse the ways in which those involved in social programmes go about their work. The central goal of programme evaluation, however, is not theoretical, but is focussed on answering specific practical questions about social programmes and their development. These questions normally focus on programme implementation and outcomes, as well as on the quality of services provided.

By implementing evaluation research the researcher intended to make specific recommendations regarding the Soul City Social Intervention Programme with the youth in order to contribute to solutions regarding social problems such as HIV and AIDS amongst the youth. Furthermore, the study highlighted the possible strengths and limitations of the Soul City social intervention programme with the youth which should be considered when revising it. Programme evaluation techniques could be used to assess a programme service, agency or even the responsiveness of programme policies. Potter (2008:411) asserts that programme evaluation can include evaluability assessment, process analysis, outcome analysis and cost-benefit analysis of a programme.

Usually when a programme has taken place or it is in operation, its recipients, managers, funding institutions and other stakeholders need to know whether it is beneficial to the communities, if it is effective and efficient, and if it is well planned towards achieving the intended goals. The researcher therefore considered Programme Evaluation as most appropriate methodology for this study as this applied type of research is the most appropriate given the fact that the aim of study was to evaluate the content, implementation and applicability of the Soul City social intervention programme regarding HIV and AIDS targeted at the youth in the Northern Cape within the context of the ecosystems perspective.

Programme evaluation research further provides those with interest in a particular social programme with information regarding the extent of intervention, the effectiveness of the programme, its efficiency, whether goals are met and information regarding what has led a programme to be a success or failure.

In the following section the stages in the evaluation of a programme will be discussed.

5.4.1   Stages in the evaluation of a programme

In any evaluation, there are four stages that the social worker or researcher must go through, namely planning, collecting the information, analysing the data and reporting the findings. These stages will now be explained briefly:

- **Planning**

Alston and Bowles (2003:155) argue that during the planning stage the researcher or social worker should work to develop stakeholder co-operation and setting up a steering committee. Several key questions were addressed during the planning of the research project. For example: what is it that the researcher wishes to evaluate? What and who was the evaluation for? The key issues the researcher was addressing based on the study's goals and objectives? The planning stage allowed the researcher to negotiate these issues and to overcome any constraints that may have affected his service evaluation.

- **Data collection**

During the data collection phase, the researcher decided on the ideal approach in terms of how to gather the data. The appropriate methods he chose included interviewing Soul City programme implementers as well as administering questionnaires to the youth programme participants of the Soul City programmes. Bearing in mind the objectives, the researcher used data obtained through the empirical study to criticise the programme constructively and to make detailed recommendations.

- **Analysing the data**

Alston and Bowles (2003:155) assert that during this stage the researcher, social worker or programme implementers' task is displaying collected data in an easily interpreted presentation. This data collected about the Soul City programme was therefore constructively criticised after which the researcher made detailed recommendations on how to improve the Soul City and other similar programmes.

- **Reporting the study's findings**

An integral aspect of evaluation is the way the researcher or social worker produces his or her findings, how quickly this can be achieved and to whom the information is disseminated (Alston & Bowles, 2003:154). Reporting a researcher's findings may also include an evaluation brief. Potter (2008:413) is of the view that the evaluation brief often includes a specific request for quantitative evidence concerning outcomes. Therefore, the researcher focussed the evaluations of the Soul City programme on its aims and examined evidence

concerning programme implementation and outcomes in order to establish whether these aims have been met. The researcher also, in line with recommendations by Alston and Bowles (2003:155), took cognisance of the fact that any research report is politically sensitive and he therefore must ensure that the research report was easily accessible by key stakeholders for example the Soul City Institute management and community leaders where the programme was implemented.

The type of programme evaluation research used in the current study was process evaluation which will be discussed in the following section.

5.4.2   Process programme evaluation

Kreuger and Neuman (2006), as cited in Delport and Fouché (2011:457), found that monitoring the performance of a programme provides feedback on how a programme or series of interventions is operating, and to what extent intended objectives are being achieved. Such feedback allows for early identification of problems in delivery and enables subsequent improvements to be made. As such, programme monitoring is an on-going activity, and responses to this assessment allow problems to be addressed as they are identified.

Lunt, Davidson and McKegg (2003:95) emphasise that one of the functions of a process evaluation is to allow for the interpretation of process-outcome results. The results of an outcome evaluation can be positive or negative, but the programme monitoring results may paint a more detailed picture of the demands to achieve positive results, or the reasons for negative results achieved. In the current study, and in line with the reasoning of the ecosystems perspective, the focus was on the relationship between client systems and social programme implementers, how the client is approaching issues, and how the client perceives the process of intervention services that they receive from the Soul City social intervention programme regarding the youth. The emphasis is on applicability and implementation. The researcher therefore considered programme evaluation to be the most suitable type of research to guide this study, given the fact that the aim of the study was to evaluate the Soul City social intervention programme for the youth in the Northern Cape.

5.5   Research design and methods

Triangulation, as mixed-method design, was adopted in this study. Delport and Fouché (2011:442) state that triangulation is most suitable when a researcher wants to collect both quantitative and qualitative data at the same time about a single phenomenon, in order to compare and contrast the different findings to produce well-validated conclusions. This is a

one-phase design in which the researcher uses both quantitative and qualitative methods during the same time frame and with equal weight, to best understand the phenomenon of interest. It generally involves the concurrent, but separate, collection and analysis of quantitative and qualitative data in order to compare and contrast the different findings to see the extent to which they do or do not agree with each other. This enabled the researcher to produce more complete and well-validated conclusions. See Figure 5.1 below.
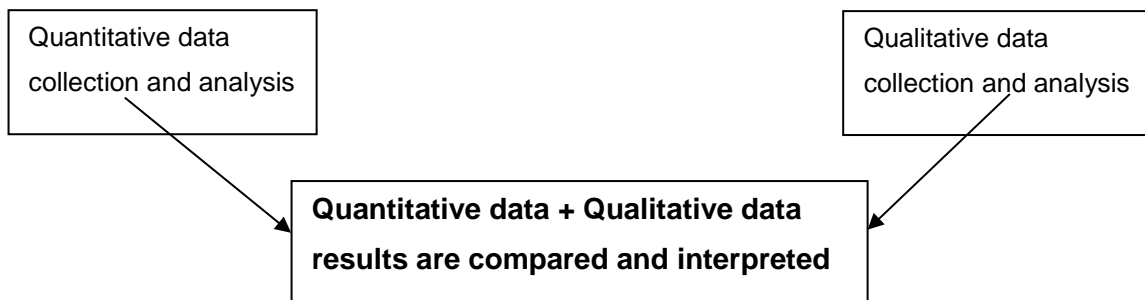
Figure 5.1: **Triangulation mixed method design (Delport & Fouché, 2011:441)**

The researcher further decided to select the mixed method triangulation design, because it has the advantage of taking less time to complete than a sequential design (Delport & Fouché, 2011:443). Delport and Fouché (2011:439) assert that different types of mixed designs have two common purposes, either to bring together the qualitative and quantitative data in a parallel or concurrent way, or to have one type of data build on another type in a sequential way. These two major design options seem to hold whether the research is presented as a single study, such as is found in many postgraduate studies and for example in the current study.

Morse (1991a:2003) in Delport and Fouché (2011:439-440), developed the basic notation system that is still used in mixed methods research which uses plus (+) symbols and arrows (→), as well as capital and lower-case letters. A plus sign indicates that quantitative and qualitative data are collected concurrently (at the same time), and an arrow indicates that they are collected sequentially (one followed by the other). In the current study the QUAL + QUAN notation applied and indicated a qualitatively and quantitatively driven concurrent study, where qualitative and quantitative data collection occurred at the same time and had equal priority.

Each type of data can also be collected and analysed separately by using the techniques associated with quantitative and qualitative research.

In the present study, the researcher utilised self-administered questionnaires with the sample of youth participants in the Soul City programme, as well as an interview schedule that was used with the Soul City programme implementers. De Vos (2005:362) further states that triangulation also allows researchers to be more confident of their results. Moreover, divergent results from multi-methods can lead to an enriched explanation of the research problem. Finally, triangulation may also serve as the critical test of research findings, by virtue of its comprehensiveness.

5.5.1   Research design: Quantitative part of study

In this study the researcher utilised the randomised cross-sectional survey design "which is usually associated with exploratory and descriptive studies which examine several groups of people at one point in time" (Fouché, Delport & De Vos, 2011:156). For example, in the present study it was used to obtain data from a sample of youth in the Northern Cape at a given time in order to determine what the strengths and limitations of the Soul City social intervention programme are, with regard to HIV and AIDS targeted at the youth in the Northern Cape, specifically interpreted in the context of the NSP 2012-2016, as it relates to programme implementation and applicability.

5.5.2   Research design: Qualitative part of study

For the qualitative part of the study, the researcher utilised the collective case study design which is an instrumental case study extended to a number of cases and states that: "… cases are chosen so that comparisons can be made between cases and concepts and in this way theories can be extended and validated" (Mark (1996) (in Fouché & Schurink, 2011:322). Thus, data was collected from all available field workers of the Soul City social intervention programme and it was analysed and compared (Fouché & Schurink, 2011:307), in order to evaluate the content and implementation of the Soul City social intervention programme for the youth sector with regard to HIV and AIDS in the Northern Cape, within the context of the NSP 2012-2016 on HIV and AIDS, from the perspective of the field workers.

In the following section the study population and sampling pertaining to the present study will be discussed.

5.6   Study population and sampling

Maree and Pietersen (2007:147) postulate that a research question is always linked to a specific group of sampling units. This group, consisting of all the sampling units relevant to the research question, is called the population. This study had two populations, namely the

---

field workers or social programme implementers who were the trained volunteers of the Soul City social intervention programme, as well as programme consumers which were the youth of the Northern Cape.

5.6.1   The population and sample of field workers

The population of field workers of the Soul City social intervention programme consisted of all trained volunteers of the Soul City social intervention programme, working at various NGOs in the Northern Cape, for example Northern Cape Coalition, which had 17 field workers at the time of data collection. The research was conducted in two of the highest populated districts of the Northern Cape, namely the Frances Baard and John Taolo Gaetsewe districts and in which Soul City rendered programmes pertaining to the youth. The Frances Baard district also has the highest HIV prevalence. Since the population of trained field workers in both these districts was only seventeen (17), the whole population was targeted to be interviewed, thirteen (13) of whom the researcher reached and no sampling was applicable.

5.6.2   The population and sample of youth

The population of youth was those in the two districts, i.e., Frances Baard and John Taolo Gaetsewe of the Northern Cape, and not the entire youth population of the Northern Cape. Approximately 6000 youths per annum from the two districts between the ages of 18 and 35 were recipients of the Soul City social intervention programme in the province (Nika, 2013). The population of youth who attended the Soul City dialogue pertaining to alcohol and risky sexual behaviour, known as 'Phuza Wise,' from which the research sample was drawn, was 1159 youth, consisting of 730 respondents from the district of Frances Baard and 429 from the district of John Taolo Gaetsewe.

With regard to the sample of youth, the researcher specifically first utilised non-probability sampling, specifically purposive sampling, based on the sampling criteria. The population size was determined to be 1159. Secondly, the researcher utilised probability sampling, more specifically stratified random sampling proportionate to size, to ensure that a sufficient number of youth from each stratum of the population of youth was drawn (Babbie & Mouton, 2001:191) and to ensure the views across the two districts are heard. The researcher consulted with the statistician at the Department of Statistics, University of Pretoria, to ensure the correct sampling procedure was followed and an adequate number of respondents from each stratum were recruited. The required sample size was 168 for the district of Frances Baard and for the John Taolo Gaetsewe district it was 107. A response rate of 62.4% was attained, with N=172.

The following clear and specific criteria applied to the youth to be included in the sample:

- Youth should have been youth who participated in the Soul City social intervention programme in the districts of Frances Baard and John Taolo Gaetsewe of the Northern Cape within the last seven months of 2013.

- They had to be between the ages of 17 and 35 at the time the programme was presented to them and at least 18 years old on the day they participated in the study.

- During the dialogues, they must at least have been exposed to the same dialogue topics namely, alcohol and risky sexual behaviour also known as "Phuza Wize" of the Soul City social intervention programme and their names must have been on the attendance list of those attending that specific dialogue "Phuza Wize" and related discussion tools and questions.

- They should have been functionally literate in English.

5.7 Data Collection

In this section, the data-collection methods will be outlined as were followed. The methods of data collection for this part of the study will subsequently be discussed.

5.7.1 Data-collection method for quantitative part of study pertaining to the youth

The method of data collection for the quantitative part of the study pertaining to the youth was a group-administered questionnaire (see Appendix E). The researcher travelled at his own expense over a month-long period in and between various villages, towns, clinics, and schools across the vast districts of the Northern Cape, namely, in the John Taolo and Frances Baard Districts, to meet with the respondents in a group to complete the questionnaire. Respondents in the two districts where Soul City ran its programmes, namely the Frances Baard and John Taolo Gaetsewe districts, were requested to report to a specific communal venue at the same time where the researcher met with them. Respondents in the Frances Baard district were asked to report to their nearest community halls, local community clinics and high schools in Galesiwe, Puthanang and Roodepan townships, which are in close walking proximity to their homes. In the John Taolo Gaetsewe district, respondents were also asked to report to their nearest community halls, local clinics or high schools in the towns or villages of for example Batlharos, Soeding, Manyeding, Bankara and Wrenchville, that were also in close walking distance to their homes. As was mentioned in the limitation section of Chapter 1, some of the challenges were that the data collection process was complicated because the attendance list of youths who participated in Soul City's programmes only had the names and cellular phone numbers of participants on it and

not their addresses. Also, some of the cellular phone numbers were not active anymore, making it difficult if not impossible to contact them to participate in the study. However, the researcher was assisted to overcome this challenge by certain tribal chiefs, local councillors, school principals, clinic sisters, as well as some Soul City programme implementers in certain villages, locations and towns, because they knew their community members, as well as school learners who assisted in mobilising respondents on the Soul City programme attendance lists to participate in completing the questionnaires at the communal venues previously mentioned.

On the actual days of data collection, the letter of informed consent was firstly distributed to each respondent, explained to the group and time was allowed for questions and voluntary signing of the consent form (see Appendix C). The questionnaire was group administered, but given to each respondent to complete on their own, once they have signed and voluntarily agreed to participate. The researcher was also available, but only to help when respondents experienced any problems, for example uncertainty about the meaning of certain questions (Delport & Roestenburg, 2011:189). Therefore, no discussion between respondents about the research topic was allowed so as to avoid bias.

Specific data collected, focused on the social programme service needs of the respondents, their service use patterns, and their perceptions regarding the effectiveness of the Soul City social intervention programme aimed at young people living in communities in line with the stipulations of the NSP 2012-2016. Within the context of this study the effectiveness of the programme was scrutinised regarding the Soul City social intervention programme's applicability to the youth and its implementation. The questionnaire consisted mainly of closed questions. Delport and Roestenburg (2011:198) cite the following advantages of closed questions: respondents will generally understand questions better and responses are easier to analyse statistically, and there are fewer irrelevant and confused responses to questions. Potential disadvantages could be that respondents may misinterpret certain questions, which the researcher might not notice, and respondents may be pressurised to give simplistic responses to complex issues. The researcher overcame this problem by including space at the end of the questionnaire for information that respondents might wish to add. The researcher furthermore tried to avoid using leading questions, biased questions, and double-barrelled questions when constructing the questionnaire, to ensure that response categories offered a distinct range of alternatives (Delport & Roestenburg, 2011:192).

5.7.2   Data-collection method for qualitative part of study

In this study, semi-structured interviews, with an interview schedule (see Appendix F), were used to collect data related to the contents, applicability, implementation, monitoring and evaluation of the Soul City social intervention programme from trained field workers working in the youth sector and specialising in HIV and AIDS. In Frances Baard, the researcher met with programme implementers at Soul City's district co-ordinator's office. In the John Taolo Gaetsewe district the researcher individually met with most programme implementers at the Kuruman Hospital, at a venue organised by one on the Soul City programme implementers, while another was interviewed at the Northern Cape NGO Coalition offices. Before interviews commenced, Soul City social intervention programme volunteers'/field workers received a letter of informed consent (see Appendix D). This was explained to them, including the purpose and process of the research, the recording of the interviews, the voluntary nature of their participation, the confidentiality aspect and the fact that they could withdraw without any consequences. Once they agreed to participate voluntarily and signed the informed consent form, the interview commenced. The interview and questions was within the scope and stipulations of the NSP 2012-2016.

Interviews have certain advantages, such as the fact that they allow in-depth investigation of issues; are a useful way of gathering large amounts of information faster and help to deepen understanding of data (Greeff, 2011:360). Specific data collected included study participants' biographic information, demographic information, youth recruitment criteria and practices to attend programmes; geographic location, evaluation of mechanisms utilised to monitor and evaluate interventions, key work-related challenges at individual and organisational levels within the area of HIV and AIDS, how they monitored and evaluated their interventions, programme limitations, as well as recommendations for improved practice approaches to the SCI, specifically with regard to the youth HIV intervention programmes.

The interview schedule consisted of open-ended questions only. This enabled the participants to elaborate on experiences and challenges they encountered in working in the area of HIV and AIDS, or clients who were on the receiving end of Soul City social intervention programme interventions/services. The interview schedule provided the researcher with a predetermined set of questions to help engage participants and guide the researcher to think critically about what he hoped the interview would cover, as well as to anticipate what difficulties occurred during the interviews with participants.

5.8   Data Analysis

Schurink, Fouché and De Vos (2011:405) explains that a qualitative study involves an inseparable relationship between data collection and data analysis. Interpretation means relating one's results and findings to existing theoretical frameworks or models, and showing whether these are supported or falsified by new interpretations. Yet, overlapping of data collection and analysis improves the quality of data collected. In this study, active data gathering was followed by transcribing of interviews and analysing of questionnaires as well as the deliberate interpretation of the data.

In the following section the data analyses of the two different research approaches followed will be discussed separately.

5.8.1   Quantitative data analysis

Data analysis, pertaining to the data obtained from the youth through a group–administered questionnaire will be described below.

Fouché and Bartley (2011:249) identified that quantitative data in professional research can be analysed manually or by computer. Before analysing the data, one makes sure of the measurement level of the data that were collected, for example nominal, ordinal, interval or ratio levels. There are variables which denote categories, while other variables give measurements or counts. Therefore, variables are divided into broad classes of categorical and numerical data (Fouché & Bartley, 2011:249). In the present study, nominal variables were utilised to indicate to which group a subject belonged or the absence or presence of some quality. Furthermore, because the categories of a nominal variable do not fall into any sort of inherently rankable order, no arithmetical operations like addition, subtraction, multiplication or division can be performed on such data. Examples in the present study were marital status, home language, age and so forth.

Interval level variables take on numerical values and are usually obtained by measuring or counting. Furthermore, the distances between values are meaningful without an absolute zero, for example the distances respondents had to travel to attend Soul City's programmes with the youth were between 1 and 100 km.

In the current study, interval level variables were reduced to an ordinal measurement level by collapsing discrete values into ranges. For example, the age ranges of respondents were converted into two age groups namely 18 to 27 and 28 to 36. So also, the distances they travelled to the venue of programme implementation for example 1 to 5 kilometres or 6 to 10 kilometres.

The researcher firstly coded the data and afterwards it was captured on computer using the Statistical Packages for the Social Sciences (SPSS), Version 22.0, by the Department of Statistics of the University of Pretoria. Once respondents completed the questionnaires, the data were coded, processed and organised in order to arrive at findings, conclusions and recommendations. The statistical analyses were done by a statistician and a consultant. The quantitative data was further analysed by means of descriptive statistical analyses and is presented by means of percentages, charts, graphs, tables, and frequency distributions. The Department of Statistics of the University of Pretoria was consulted for data analysis and statistical support to process and analyse the data from the questionnaires. Advanced statistical analysis included doing reliability tests, cross tabulation in terms of gender, and age, among respondents and doing related chi-square, as well as Fisher's exact tests.

Quantitative methods of analysis fall into four main categories of data analysis techniques, namely descriptive, association, causation and inference (Blaikie, 2000:136-137 in Fouché & Bartley, 2011:251). In the current study descriptive statistics and association statistics were used with the aim of describing the characteristics of the sample (Fouché & Bartley, 2011:251). Descriptive statistics furthermore are procedures that describe numerical data, in that they are organising, summarising and interpreting sample data. For example, descriptive statistics were used to determine the mean age of respondents.

In the current study the Fisher's exact test was applied to determine statistical significant associations between variables such as gender and age and the items of sections B to H in the questionnaire. These sections and their related items were broadly: Objectives of the Soul City programme, Applicability and relevance of content of the SCP; Knowledge gained through programme attendance attitudinal change, Programme delivery and Programme facilitation methods of the questionnaire. In order to run these tests the "disagree" and "strongly disagree" Fisher's exact test results refer only to "agree" clusters in order to determine association.

A confidence interval is a way of utilising an interval to estimate the population parameter. There are three commonly used confidence levels, namely 90%, 95% and 99% and in the present study the most common 95% level of confidence was utilised, thus $p \leq 0.05$.

The Fisher's exact test that was applied in the current study will now be discussed.

- **Fisher's exact test**

This Fisher's exact statistical test can be used as an alternative to the Chi-squared test, to examine the significance of the association between two nominal variables in the special

situation, where both variables have only two categories and the sample size is relatively small (Pietersen & Maree, 2007a:243). It is a very common test used in clinical trials, where the samples usually consist of small numbers of respondents, however in the current study, the Fisher's exact test was applied to further enhance the examination of significance of association between variables and to further determine if there is support of a hypothesis (Weinbach & Grinnell, 2015:177).

The Fisher's exact test can only analyse data using a 2 x 2 cross-tabulation table, hence if there are more than two attributed categories of either of the variables, it is necessary to first collapse the table into a 2 x 2 table, as was the case in the present study. For example, and as previously noted in order to run both the Fisher's exact test, as well as the chi-square tests, the "disagree" and "strongly disagree" were clustered as "disagree" and "strongly agree" and "agree" was captured as "agree." Fisher's exact test performs an exact calculation of the p-value. The same hypotheses are tested as in the case of the Chi-squared test, namely:

H_0: the variables are independent
H_1: the variables are dependent

No test statistic is calculated, only a p-value which is used to draw the necessary conclusions. In the current study the p-value for the Fisher's test was set at:> 0.

In the current study for example, the correlation between gender and objectives of the Soul City programme, applicability and relevance of content of the SCP; knowledge gained through programme attendance attitudinal change, programme delivery and programme facilitation methods were statistically tested.

Although it was not a concern in the present study, the researcher deems it relevant to mention Weinbach and Grinnell's (2015:172) warning, that the chi-square statistic is not suitable for all analysis of the relationship between two nominal variables, because the formula may sometimes produce inaccurate results. Therefore, the chi-square statistic should be avoided in the following circumstances:

a) When in a 2 x 2 or four cell table at least one cell has an expected frequency of less than 5.
b) When in a table that is larger than 2 x 2, more than 20 percent of the cells expected frequencies of less than 5, or any cell has an expected frequency of 0.

5.8.1.1   Validity and reliability in quantitative research

In the present study and regarding the analysis of the group-administered questionnaires, the following applied in terms of validity and reliability:

- **Validity**

Pietersen and Maree (2007b:216) argue that the validity of an instrument refers to the degree to which a measurement instrument measures the variable it claims to measure. In the present study, the researcher strived to ensure a high degree of face validity by allowing experts in the field, for example social workers practicing in the field of HIV and AIDS, to scrutinise the research instrument as part of the pilot test (Pietersen & Maree, 2007b:217). The questionnaire was further enhanced and piloted with 20 youths to further enhance both face and content validity. The Faculty of Humanities, Research Ethics Committee and statisticians from the University of Pretoria also further scrutinised the questionnaire to enhance its face and content value on the basis of their expert judgement before the research instrument was approved and implemented.

In the following the reliability of the measuring instrument utilised in the present study will be discussed.

- **Reliability**

Reliability of the measuring instrument is important because it has to possess the ability to yield consistent numerical results each time it is applied and to enhance the validity of results obtained through the implementation of the research tool. Pietersen and Maree (2007b:215) postulate that reliability of an instrument means that when a researcher uses the same instrument at different times or administered to different subjects from the same population, the findings should be the same. Reliability is therefore the extent to which the research instrument is repeatable and consistent. There are a number of different types of reliability such as test-retest; equivalent form and internal reliability.

- **Internal reliability**

Pietersen and Maree (2007b:216) suggest that Internal reliability is also called internal consistency. This implies that when a number of items are formulated to measure a certain construct, there should be a high degree of similarity among them, since they are supposed to measure one common construct. A measure of this degree of similarity is an indication of the internal consistency (or reliability) of the instrument.

The coefficient that is used to measure the internal reliability of an instrument is called Cronbach's Alpha Coefficient and is based on the inter-item correlations. If the items are strongly correlated with each other, their internal consistency is high and the alpha coefficient will be close to one. If, on the other hand, the items are poorly formulated and do not correlate strongly, the alpha coefficient will be close to zero.

Guidelines for the interpretation of Cronbach's alpha coefficient that have been suggested and seem generally accepted by researchers (Pietersen & Maree, 2007b:216) are the following:

- 0.90 – high reliability
- 0.80 – moderate reliability
- 0.70 – low reliability

In the present study, the group–administered questionnaire consisted of constructs pertaining to the Soul City social intervention programme's key objectives and focus areas, such as biomedical drivers of the pandemic; sexual risk behavioural changes; the tools to deliver primary preventions to the youth; community capacity to take action to address the drivers of the HIV epidemic and to promote community demand for HIV prevention services; and efforts to decrease the availability and accessibility of youth to alcohol and subsequent potential HIV infection. The researcher as previously noted, utilised the Cronbach alpha coefficient to determine the reliability of the different constructs comprising the group-administered questionnaire. Furthermore, during the construction phase of the questionnaire, as well as when the data collected through the questionnaire were analysed, the statistician from the Department of Statistics of UP was consulted to determine the reliability of the data collection instrument which was adopted. In the current study an acceptable degree of reliability was prioritised and therefore a Cronbach alpha coefficient of 0.70 for all categories of the questionnaire was sought (Pietersen & Maree, 2007b:217).

In the following section the qualitative data analysis procedure will be discussed.

5.8.2 Qualitative data analysis

In this study, qualitative data analysis was conducted to analyse data collected through the semi-structured interviews, which was audio recorded and transcribed verbatim immediately after data was collected. Qualitative data analysis of certain open ended questions of the questionnaire was also done.

The qualitative data of the semi-structured interviews with Soul City programme implementers was analysed by means of thematic analysis. Thematic analysis is the identification of patterns or themes evident in several cases or phenomena. Creswell, (2007:150-155) contends that the process of data analysis and interpretation is represented best by a spiral image – a data analysis spiral. When analysing data, the researcher moves in analytical circles, rather than following a fixed linear approach. It is relevant in qualitative research and can be used for conducting a content analysis of current professional practice, such as determining the most frequently used techniques or practices. It can also be utilised for organising and integrating the knowledge you have in a particular field of practice. The unit of analysis for thematic analysis can vary widely, for example in a study such as the present study involving several interviews (Dudley, 2005:281).

Schurink, Fouché and De Vos (2011:403), Dudley (2005:280-285) and Creswell (2007:150-155), argue that the process of qualitative data analysis as it pertains to interviews includes the following:

- **Preparing and organising the data**

In the current study, the researcher used an audio recorder during the interviews, with the permission of the participants which he obtained beforehand. The researcher also made sure that his recording device's battery was consistently charged in order not to disrupt the interview process unnecessarily. He further made sure that he had a backup recording device present and he also made backup copies of all interviews on his laptop immediately after they were completed. The researcher also set sufficient time aside to become thoroughly familiar with the data, which directly resulted in the successful completion of the stages to follow. The researcher tried to transcribe the interviews immediately after they had been conducted, and then assigned pseudonyms for each participant to ensure protection of their identity in the final research report. Transcribing the interviews verbatim, was done by the researcher first by hand and afterwards they were typed out to enhance the analysis process that followed.

During the interviews, the researcher wrote down any hunches and field notes that presented themselves to him in a margin on the left-hand side of the interview schedule, and he organised collected data into file folders or computer files. To further enhance the accuracy of the transcription process, the researcher monitored whether his field notes were complete, ascertaining whether there was a need for additional analysis, whether data were easily retrievable, and whether interview transcripts were complete, as per the

recommendations of Schurink et al. (2011:408). The researcher also, as previously mentioned, made backup copies of all data collected.

- **Reducing the data: Generating themes and coding data**

By reading the transcripts, the researcher began to identify themes that are mostly evident. Dudley (2005:282) describes a theme as an idea, viewpoint or conceptualisation of something that is repeated in qualitative materials. Schurink et al. (2011:410), maintain that theme or category formulation represents the heart of qualitative data analysis. In this step, the analytical process demands a heightened awareness of the data, a focused attention to it, and openness to the subtle, tacit undercurrents of social life. The process of theme generation involves amongst others noting regularities in the setting or people chosen for the study. As categories of meaning emerged, the researcher searched for those that have internal convergence and external divergence. That is, themes needed to be internally consistent, but distinct from one another. The researcher therefore aimed to identify the salient, grounded categories of meaning held by study participants. In line with recommendations by Dudley (2005:28), and with regard to the theme generation and analysis a high premium was placed on ensuring consistency "interrater reliability in the results" by also making use of the services of an independent coder.

- **Assigning codes to each theme**

Assigning codes to each theme involves setting up a coding system consisting of a code for each theme. As themes were identified, they were coded, like a "bookmark" that can be easily identified at a later stage during the analysis process. Dudley (2005:283) explains that codes can be different colours or symbols, such as a letter in the left-hand margin of the interview schedule, for example "R" (Recruitment practices), and "F" (Focus areas of programme). In the current study, codes such as "W" (Working experience); "F" (Focus of programme); "T" (Type of projects), "I" (Implementation challenges), "P" (Process of programme implementation), "L" (Limitations), "E" (Evaluation practices) and "Re" (Recommendations).

- **Recording the researcher's impressions separately**

Dudley (2005:284) states that it is important for the researcher to record his or her impressions separately while proceeding through the process of data analysis. In this study, the researcher had a separate notebook to reflect on his impressions and field notes separately, to help facilitate the retrieval of these impressions later.

- **Grouping the comments together by theme**

Schurink et al. (2011:410), suggest that during the analysis of data the researcher should search for salient themes that link people and settings together and this can be considered the most challenging phase of data analysis. In this study, the researcher carefully tried to distinguish between responses based on facts and responses based on practical examples, by recording them as such, and by recording participants' subjective personal views separately on a sheet. This process further involved reducing the data to a small manageable set of themes to write in the final narrative (Schurink et al., 2011:410).

- **Clearly articulating a label for each theme**

Dudley (2005:284) thinks that the researcher needs to articulate a label for each theme that captures the content of the comments. Schurink et al. (2011:410), add to the latter by stating that labelling a theme has conceptual power, because it allows the researcher to cluster together sub-themes. The researcher did this according to shortened headings of questions in the interview schedule, and he provided the full names of codes of themes, for example biographic and demographic details, personal opinions and experiences within the area of HIV and AIDS, working experience, types of projects, focus areas of programme and spontaneous responses (see also attached Appendix F: Interview schedules).

- **Testing emerging understandings, and searching for alternative explanations**

Dudley (2005:285) maintains that this stage is important to complete, particularly if the narrative of a theme is expressed in different or contrasting ways, because it may assist the researcher to establish what a particular theme means. Schurink et al. (2011:416), add that as the researcher discovers themes and patterns in the data, he or she should engage in critically challenging the very patterns that seem so apparent. The researcher should search for other, plausible explanations for these data and the linkages among them. Alternative explanations always exist and therefore the researcher must search for, identify and describe them, and then demonstrate why the explanation offered is the most plausible of all. The current study also enabled the researcher to identify variations of a particular theme, or themes that are less dominant. The researcher therefore scrutinised the qualitative data he had transcribed in his sheet books a number of times and field notes at least thrice, to ascertain whether there could be themes that he might have missed. As previously noted in line with recommendations by Dudley (2005:280) an independent reviewer reviewed the theme generation and analysis to ensure consistency or "the interrater reliability of the findings."

- **Interpreting and developing typologies**

Interpretation involves making sense of the data (Schurink et al., 2011:416). In this study, the researcher, for example, compared similar responses to a specific question, and he drew conclusions from these on what could be the most dominant and realistic explanation for a theme.

- **Visualising and presenting the data**

Babbie (2007:389) refers to the process of visualising and presenting data as "concept mapping." For example, when creating a visual image of the information, a researcher may present a "comparison" table or a matrix, for example, a cross tabular that compares males and females in terms of one of the themes in a study.

Schurink et al. (2011:418), suggest that in the final phase of the spiral, the researcher presents the data as a packaging of what was found in text, in tabular or figure form. Furthermore, writing about qualitative data cannot be separated from the analytic process (Schurink et al., 2011:419). In this process the researcher chooses particular words to summarise and to reflect the complexity of the data and by doing so the researcher is engaging in the interpretative act, lending shape and form and meaning to massive amounts of raw data he obtained during the data collection process. A presentation of themes is largely presented at this point with each having comments from the narrative. In the present study, the researcher stated each theme as a heading in a table under which is a list of all or some of the comments reflecting that theme.

Regarding the qualitative analysis of the open-ended questions of the questionnaire implemented with the youth in **Section C**: Recommendations regarding the applicability and relevance of the Soul City Programme as well as **Section I**: General comments or suggestions by the youth for future facilitation of programmes: This qualitative information obtained through the questionnaires completed by the consumers of the Soul City Programme, namely the youth, was reported because it is relevant to the goal and objectives of the study.

In the following section the trustworthiness of findings of the qualitative part the study will be discussed to demonstrate the objectivity or neutrality of the research findings in the present study.

5.8.2.1   Trustworthiness of qualitative research

It is important that the qualitative research part of the study should be trustworthy. The researcher continually strived to maintain the trustworthiness of this part of the study. Trustworthiness in qualitative research refers to the level of credibility of the findings of the study, the transferability or applicability of the findings to other settings, the dependability of the study with the same participants in the same context and finally, conformability, which is the degree of objective reflection of the findings of the inquiry, and the absence of bias or prejudice on the part of the researcher (Babbie & Mouton, 2001:277-278). It is crucial that the research instrument conform to the criterion of trustworthiness. In an attempt to ensure the trustworthiness of the research, the researcher was guided by recommendations made by Nieuwenhuis (2007:80) and Lietz, Langer, Furman (2006:456) and Babbie and Mouton (2001:277-278), with a specific focus on credibility, transferability and conformability to employ the strategies of reflexivity and audit trailing.

- **Credibility**

Nieuwenhuis (2007:80) highlights that credibility, applicability; dependability and conformability are key criteria of trustworthiness. Babbie and Mouton (2001:277) concur that a qualitative study cannot be considered as transferable unless it is credible and that can be achieved through for example triangulation and peer debriefing.

In the present study, triangulation which Nieuwenhuis (2007:81) also refers to as crystallisation in qualitative studies, was done by collecting information about different events and relationships from different points of view and represents a reinterpreted understanding of the phenomenon under study. That implied asking different questions, seeking different sources, and using different methods such as conducting interviews with programme implementers of the SCP. Credibility was further enhanced through the procedure of peer debriefing with a similar status colleague who was outside the context of the study, who had a general understanding of the nature of the study and with whom the researcher could review his original perceptions, insights and analysis (Babbie & Mouton, 2001:277).

- **Transferability**

In a qualitative study, transferability refers to the extent to which the findings can be applied in other contexts or with other respondents (Babbie & Mouton, 2001:277). In the present study, strategies such as thick description and purposive sampling was utilised to enhance transferability.

- Thick transcriptions were done by focussing on similarities between sending and receiving contexts, thereby allowing the researcher to collect sufficiently detailed descriptions of data in context and report them, with sufficient, detailed precision, to allow judgements about transferability to be made by the reader of the final research report.

- Transferability was further enhanced by purposive sampling which involved purposely selecting locations and informants that differ from one another.

- **Conformability**

In the present study trustworthiness was further enhanced by conformability which implies the degree to which the findings are the result of research inquiry and not the biases of the researcher (Babbie & Mouton, 2001:278). The researcher kept an audit trail, which means that throughout the data analysis process, he clearly described the steps he had taken, including a description of the measures taken within each step to ensure reflexivity as well as keeping back-up files of all the data (Lietz et al., 2006:449). In the present study the researcher did a conformability audit trail which involved a review of raw data, data reduction and analysis products and data reconstruction and synthesis products.

- Data reduction and analysis was done of the recorded audio tapes of interviews and the researcher's written field notes.

- Furthermore, data reduction and analysis products were done by the researcher writing up his field notes, summaries and condensed notes, theoretical notes, concepts and hunches.

- After the latter data reconstruction and synthesis products were done, themes were developed, findings and conclusions were drawn and a final report was presented.

- The researcher was committed to overcome his own bias in this study through the strategy of reflexivity, which entailed involving other research investigators, such as his supervisors and fellow social work professionals who were not part of the sample, to assist in the interpretation of the data collected (Nieuwenhuis, 2007:80).

- **Dependability**

Babble and Mouton (2001:278) found that a research inquiry must provide evidence that if it was to be repeated with the same respondents in the same or similar context, its findings would be similar. Furthermore, these authors indicate by using some of the techniques as previously outlined under credibility, it is not necessary to demonstrate dependability separately. In this study an inquiry audit was done where an independent researcher or auditor examined documents of critical incidents such as the researcher's interview notes

to attest to the dependability of the inquiry, which is consistent with the views of Babbie and Mouton (2001:278).

5.9 Pilot Study

It is very important to conduct a pilot study in any research process in order to ascertain whether the questions posed are understandable and whether they can be answered in the allocated time. Pilot testing of data instruments in essence implies that the researcher exposes a number of cases to a process similar to the main investigation in order to ascertain its strengths and weakness before the main study is implemented (Strydom, 2011b:240). Black (1999:238) states that "observational instruments need to be piloted to ensure that items on the list are appropriate indicators of constructs." The data collection instrument for the qualitative part of the study, namely the semi-structured interview schedule, was piloted with two field workers representing the Soul City field workers. Participants involved in the pilot study did not form part of the final research study.

The data collection instrument for the quantitative part of the study namely the group-administered questionnaire was first submitted in its draft format to the statistician from the University of Pretoria, in consultation with the researcher's supervisor and co-supervisor and changes were made before it was piloted. Subsequently, the group-administered questionnaire was tested on twenty youths, (ten from each district where the study was implemented) as Soul City social intervention programme consumers, to ascertain whether the questions posed were understandable, and whether they could be answered in the time allocated. Black (1999:238) states that research instruments need to be piloted to ensure not only that the items on the list are appropriate indicators of constructs, but also that there is clarity on how to mark a schedule. Therefore, a pilot study was done to ensure that the study was executable. Again participants involved in the pilot study did not form part of the final research study.

At the onset of the study its feasibility was anticipated due the fact that the NSP is in the public domain and was therefore easily accessible. In addition, information about the Soul City Institute, its programmes and dialogues are also readily available and accessible on its website. The researcher also had a meeting with the Soul City Institute's contact persons in the Northern Cape, as well as telephonic engagements with Soul City's national office contact person responsible for the Northern Cape. The latter engagements added to the researcher's certainty that the study was indeed practically feasible.

Before the empirical part of the study commenced the researcher obtained written permission from the Soul City Institute (see Appendix B), as well as the attendance lists and

contact numbers from the Soul City Institute of the youth who attended the various dialogues in the Northern Cape. Furthermore, the Soul City Institute provided the researcher with contact persons in the Northern Cape who were willing to assist him with the names and contact details of programme field workers or implementers across the province. During the implementation phase of the empirical study the Soul City field workers were keen to be interviewed. Furthermore, some field workers assisted the researcher in tracking down the youth who attended the dialogues in order to request them to complete the questionnaires.

The research project was in part funded through a bursary, namely, a post-graduate bursary from the University of Pretoria, a bursary from the Department of Social Development and by the researcher himself.

In the light of the above and with ethical clearance from the Research Ethics Committee of the Faculty of Humanities at the University of Pretoria (see Appendix A), the researcher concluded that the study was indeed feasible.

5.10   Ethical considerations

The permission to conduct the study has been obtained from the Soul City Institute and Ethics clearance was obtained from the Faculty of Humanities Research Ethics Committee, University of Pretoria (UP), (see Appendix A). Miller, Riley, Poulsen Swart and Maringa (2011:418) argue that evidence-based interventions (EBIs) are an important component of HIV sexual risk prevention among youth in sub-Saharan Africa. Many intervention strategies have been undertaken in response to the HIV and AIDS pandemic, nevertheless, infection rates are growing. However, few organizations have the tools needed to implement a sustainable EBI programme in real world settings with integrity and validity. Furthermore, evidence-based practice (EBP) requires that social workers in a particular field do critical self-analysis and reflection with regard to their professional practice and its quality, to ensure that interventions and the outcomes thereof continually improve to the benefit of communities and individuals with whom social workers engage (Path, 2006:58). It is, however, important to emphasise that social researchers should realise that they do not do research in a social vacuum and their behaviour needs therefore to be guided by their professional codes of ethics (Geyer, 2012:51). The researcher therefore considered the following ethical issues to be important in this study:

- **Potential harm to respondents**

Babbie (2007:27) maintains that the most important rule of social research is that it must not cause harm to participants. The researcher took all necessary precautions to prevent

any emotional or physical harm to participants or contributors to this study. For example, the participants were informed in detail about the objectives of the study and its potential impact, and they were given the opportunity to withdraw from the study beforehand or during any part of the study. The researcher also attempted to identify study participants who may have been vulnerable during the investigation, by asking participants beforehand whether they foresaw any personal problems for themselves should they participate in the study, and he gave participants assurance that they could be exempted from participating in the study at any time they wished, without any consequences. The researcher also tried to ensure that the physical location where the study was implemented was conducive to conducting research interviews and for completion of the group administered questionnaires.

- **Debriefing**

Soul City social intervention programme field workers who may have been experiencing work overload might have found participation in this study too stressful. Strydom (2011c:122) recommends that debriefing sessions be held after the study, during which participants can be afforded the opportunity to work through their experiences, as a way of alleviating emotional distress caused by the study, thereby minimising harm. In accordance with recommendations by Strydom (2011c:122), the researcher was willing to debrief the participants, and in the event of any participant becoming emotionally distressed during the interview, counselling sessions by a psychologist Mrs C. Schonegevel would have been arranged for them if the need arose. Debriefing by the researcher was also offered to youth participants in the sample of programme consumers after data collection was completed. If any of the participants needed further counselling, they would be referred to a counsellor. However, the researcher did not identify or come across any emotional distress by either the field workers or the participating youth during or after the empirical study was implemented, nor was anyone needed to be referred for counselling.

- **Informed consent**

The researcher obtained written informed consent from all the participants in this study. Strydom (2011c:117) emphasises the importance of receiving informed consent from study participants, by giving them or their legal representatives all the necessary information in terms of the purpose of the study, the research procedures, the duration of participation, and the benefits and potential risks of participation as well as the utilisation of a recording device during interviews so that participants could make an informed decision regarding whether or not to participate. All the youth participants were between the ages of 18 and 36 and before they commenced the completion of questionnaires, they had the aim and

objectives of the study explained to them as well as the fact that they could withdraw from the study at any given time if they so wished. Afterwards all participants agreed to sign the required informed consent form to participate in the study (see Appendixes C and D).

Before the interviews commenced with the Soul City social intervention programme field workers, the aim and objectives of the study were explained and it was reiterated that they could withdraw from the study at any given time if they wished. Participants only then proceeded to sign the informed consent form to participate in the study and they agreed that a recording device could be used during the interviews. The researcher also informed the participants that the raw data will, in accordance with the University of Pretoria's research policy, be stored for 15 years at the Department of Social Work and Criminology for archival purposes.

Written permission was obtained from the Soul City Institute to conduct the current research about the Soul City social intervention programme and to utilise their fieldworkers and the youth who participated as respondents

- **Violation of privacy, confidentiality and anonymity**

Strydom (2011c:119) asserts that, in order to maintain respondents' confidentiality, only the researcher, and possibly one or two staff involved in the research project, should have access to information provided by research participants. Anonymity also means that no one will be able to identify the participants, for example because the participants have not written their names anywhere on a questionnaire and with regard to the qualitative part of the study a pseudonym or number were assigned to each participant. It is also important to store raw data in secure places, such as archives, and to destroy raw data after completion of the study. Anonymity of participants in the interviews could not be guaranteed, but the privacy of all participants in this study was protected by ensuring that their contributions to the study are kept confidential. The researcher also followed the recommendations of Strydom (2011c:121) and other researchers that "under no circumstances will concealed media such as video cameras or hidden microphones be utilised without respondents' consent and all possible means of protecting the respondents will be taken." Participants' names are also not mentioned in the final research report.

- **Competence of the researcher**

Walliman (2006) (in Strydom, 2011c:148) suggests that researchers are obliged to ensure that they are adequately skilled to undertake the proposed investigation. In addition to researchers being ethically obliged to ensure that they are competent and adequately

skilled to undertake the investigation, they are obliged to ensure that they receive adequate supervision. This requirement is even more important in the case of sensitive investigations across cultural boundaries or involving sensitive issues such as HIV and AIDS. For this study, the researcher was guided by a qualified and experienced supervisor and co-supervisor, who continually guided the study to ensure that the researcher adhered to the highest academic standards. To this end, regular face-to-face meetings and telephone conferences were held and electronic feedback was given on the stages and progress of the study. In addition, for the quantitative part of the study, regular face-to-face meetings were also held with the Department of Statistics at the University of Pretoria to consult on matters such as compiling the questionnaire, determining the sample size and statistical analyses of findings.

Furthermore, the research proposal and instruments were subjected to an in-depth departmental review process which entailed firstly that peer reviewers of the Department of Social Work and Criminology reviewed it to ensure the study has good quality in terms of its methodology and planning. Secondly, the research proposal was approved by the departmental Research Panel. Thirdly, the proposal together with other documents such as the application for ethics approval, the letter of informed consent and data collection instruments were subjected to scrutiny by the Faculty of Humanities Research Ethics Committee to ensure that the proposed study conformed to the highest ethical and international academic standards. Ethics clearance was granted.

- **Publications**

Geyer (2012:52) argues that researchers can best communicate their findings through publication in academic literature such as subject journals. Furthermore, all attempts were made to ensure that the final research report was accurate, objective and unambiguous. Measures such as professional language editing and regular consultations with supervisors and statisticians from the University of Pretoria occurred on a regular basis in order to enhance scientific accuracy of the report. Plagiarism is considered a very serious offence and is unethical. Therefore, all due recognition was given to authors and people who were consulted. In addition, the whole thesis was submitted through Turnitin to detect similarities and to effect conceptions.

The researcher aims to publish at least two peer-reviewed articles from this study in collaboration with his supervisors to acknowledge their significant contributions to the current study. A copy of the final research report will also be available in the library of the university and will also be provided to the Soul City Institute without breaching study

participants' confidentiality. This serves as a form of recognition and expression of gratitude to them and the participants for their participation in and support of the study. The study findings will also be presented on platforms such as the South African Annual AIDS conference.

5.11 Summary

In this chapter the research methods pertaining to the present study were described with specific focus on the goal, objectives and research questions, the research paradigm and approach. Furthermore, the type of research, the research design and methods; the study population and sampling methods; data collection methods for both the quantitative and qualitative parts of the study were discussed. Methods of data analysis, validity, reliability and trustworthiness were discussed, as well as the pilot study undertaken, and lastly the ethical considerations were discussed.

In this chapter the research methods pertaining to the present study were explained as a precursor to the empirical findings of this study which will be discussed in Chapters 6 and 7.

6.   CHAPTER 6: QUANTITATIVE RESEARCH FINDINGS

6.1   Introduction

The goal of the study was to evaluate the content, implementation and applicability of the Soul City social intervention programme concerning HIV and AIDS targeted at the youth in the Northern Cape within the context of the ecosystems perspective. The purpose of this chapter is therefore to describe how Objective 5 of this study was met, namely:

> To evaluate the applicability of the Soul City social intervention programme for the youth with regard to HIV and AIDS in the Northern Cape within the context of the NSP 2012-2016 on HIV and AIDS from the perspective of the youth as service users.

The essence of this chapter is the content and results of a quantitative investigation into the perspectives of the youth, as service users, about the Soul City Programme (SCP). The results will be presented and discussed to serve as a scientific framework for the SCP and other social programme interventions concerning HIV and the youth. This chapter will be discussed in chronological order of the questionnaire and concluded with a summary.

6.2   Quantitative Empirical Findings

In the empirical study, a questionnaire (see Appendix E) based on an intensive literature study and embedded in the ecosystems perspective, was used. The method of data collection for the part of the study about the youth was a group-administered questionnaire. The questionnaire consisted of mainly closed questions. Neuman (2006:287 in Delport & Roestenburg, 2011:198) is of the view that the following advantages of closed questions are that the respondents will understand questions better and responses are easier to analyse statistically. Furthermore, closed questions have the advantage of fewer irrelevant and confused responses to questions by respondents. In the present study, it was essential to determine the association between variables, of which at least one at the nominal level (Weinbach & Grinnell, 2015:176). Amongst others, the four-point Likert scale was collapsed to 1 and 2 (not agree) and 3 and 4 (agree). The sample size in the present study was not large enough to meet the frequency requirements of a Chi-square test (Weinbach & Grinnell, 2015:177). Subsequently, some of the cells of the 2 x 2 table had more than one cell with a frequency less than 5 deeming the Chi-square test as inappropriate (Weinbach & Grinnell, 2015:177). Furthermore, Pietersen and Marais (2007:246) concur that unlike the Chi-square tests that base their p-values on large sample approximations, the Fisher's exact test performs an exact calculation of the p-value. Therefore, the Fisher's exact test is the recommended alternative with smaller samples such as in the present study. Relatedly, in the present study, it was important to report the effect size to allow the researcher to

report whether the statistically significant differences that were identified are of practical significance (Karabi, 2012:6). To indicate the effect size, Phi (ϕ) will be reported. Phi values of between 0.1 but below 0.3 is considered a small effect size; between 0.3 but smaller than 0.5 is considered a medium effect size and Phi-values between 0.5 and higher is considered a large effect size (Karabi, 2012:28). Furthermore, and as previously discussed in Chapter 5, paragraph 5.7.1.1, in the current study an acceptable degree of reliability was prioritised and therefore a Cronbach alpha coefficient of 0.70 for all categories of the questionnaire was sought (Pietersen & Maree, 2007:217). Cronbach alpha measures the item reliability, i.e., how consistent the items are in measuring a particular construct. Cronbach alpha (α) was calculated for the sections of the questionnaire that contained scaled questions (e.g. Likert-typed questions). Based on the Cronbach alpha coefficients obtained in this study, the questionnaire is largely deemed reliable and the concomitant results reported in this chapter. The exact alphas will be reported at appropriate paragraphs in the chapter. Respondents in the two districts of the Northern Cape where Soul City ran its programmes, namely the Frances Baard and John Taolo Gaetsewe districts, were requested to report to a specific communal venue at the same time where the researcher met them. The study was conducted from August 2014 to October 2014. A response rate of 62.4% was achieved.

The information that was gathered will be presented and discussed regarding the nine sections of the questionnaire. They are:

- Biographic details of respondents;
- Objectives of the Soul City programme for the youth in the Northern Cape;
- Applicability and relevance of the content of the Soul City Programme;
- Knowledge gained through attending the Soul City;
- Attitudinal change;
- Programme delivery;
- Programme content;
- Programme facilitation methods, and
- General.

6.2.1 Biographic details of respondents

A total of 172 respondents (N=172) from the two districts of Frances Baard and John Taolo Gaetsewe in the Northern Cape voluntarily participated in the study. The biographic details of respondents include gender, age, marital status and home language. The prevalence of HIV in 2011 was 20.5% in the age group 15-24, 36.3% in the age group 25-29, and 42.2% in the age group 30-34 (Department of Health [DOH], 2012a:20). As can been deduced,

HIV has the highest prevalence amongst the youth population. It was thus useful to describe the biographical details of the respondents to obtain a profile of the respondents. It should be recalled that in this study only young people in the two districts of Frances Baard and John Taolo Gaetsewe in the Northern Cape were requested to participate in the study.

The following section will focus on the importance of the gender distribution of respondents.

6.2.1.1   Gender

In this section, the gender distribution of respondents will be discussed. The gender distribution of respondents presented below is important because the HIV incidence and prevalence rate between women and men are not the same. Respondents were asked to reveal their gender to explore a possible statistical significance between gender and other variables of the questionnaire. Out of the total number of 172 respondents (N=172) who participated in the study, 114 (66.3%) were female and 58 (33.7%) male. The male and female respondent distribution is illustrated in Figure 6.1.
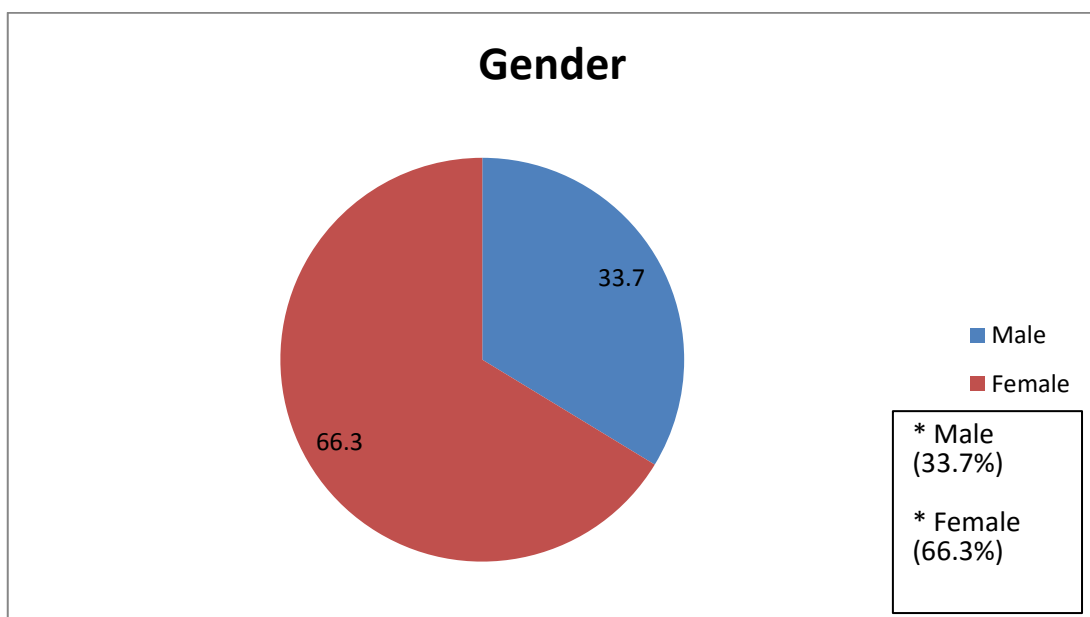
Figure 6.1:   **Gender of respondents (N=172)**

The HSRC (2014:82) indicates that HIV-positive females were more likely to be aware of their HIV status (55.0%) than their HIV-negative female counterparts (45%). The HSRC (2014:115) further indicates that females are more likely than males to believe they are at a risk of being infected with HIV. The researcher also noted by the attendance list of Soul City's programmes with youth, that most participants were female. As previously highlighted, by 2012 the HIV-incidence rate among female youth aged 15-24 was over four times higher than the incidence rate found in males in this age group namely 2.5% vs. 0.6%.

With an HIV-incidence rate of 4.5%, black African females aged 20-34 years recorded the highest incidence of HIV among the analysed population groups (HSRC, 2014:82). The gender distribution of respondents of the present study does not reflect the actual youth gender distribution of the province, because in the *DSD Strategic Plan* (2015:19) it is indicated that the 2011 Census highlighted that 50.69% of the population are females and 49.31% are males. Furthermore, in the same plan (2015:19) it is highlighted that the 2011 Census indicated that 34.8% of the population in the province are youths, and male youths comprise 35.8% of the general provincial population while female youths comprise slightly lower at 33.8% of the total provincial population. This finding highlights the fact that there are more male youths than females in the province; hence, they should be targetted more to attend the SCP to actually reflect the male age profile of the province, in the context of the mentioned low-risk perception amongst males regarding HIV infection.

6.2.1.2   Age

In this section, the age distribution of respondents will be discussed and outlined in Figure 6.2 below.
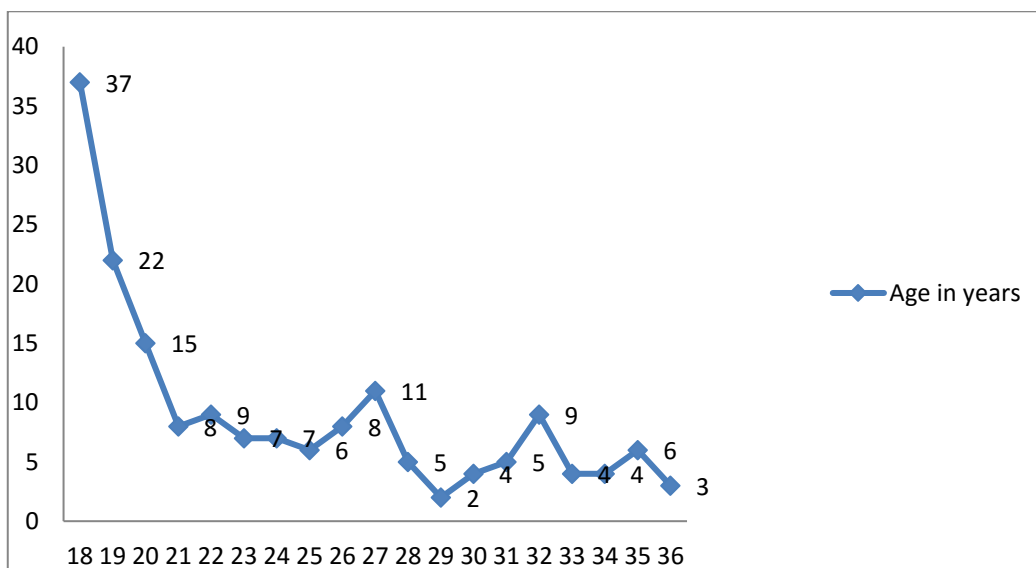
Figure 6.2:   Age of respondents (N=172)

The mean age of respondents was 23.73 years old and the Standard Deviation (SD) = 5.587, with the youngest respondents being 18 years old and the eldest were 36 at the time of the research. Of the 172 respondents, 71.5% were between the ages of 18 and 27, while 28.5% was between the ages of 28 and 36 years old. The respondents can all be considered as youths, taking into account the historical and current socio-economic inequalities that continue to be a challenge in the South African and broader African context. Subsequently, the National Youth Policy NYP, therefore, defines a youth (i.e., young person) as someone

falling in the age group of 14-35 years (The Presidency, 2009:12). The age distribution (see Figure 6.2) is also important. Bezuidenhout and Dietrich (2008:86) assert that sexual experience and, particularly, the age at first intercourse are critical indicators of the risk contracting sexually transmitted diseases.

In the present study, young adulthood is considered the life stage in which all respondents fall. Louw, Edwards, Foster, Gilbert, Louw, Norton, Plug, Shuttleworth-Jordan and Spangeberg (2004:8) state that each life stage is characterised by continuous changes and challenges in all areas of functioning. Many of the respondents were in the latter stages of adolescence, for example, 22.7% were 18 and 12.79% were 19 years old. Adolescents who experience sexual commencement at a young age are exposed to these risks over a proportionately long period because of sexual intercourse during adolescent years, especially first intercourse, is often unplanned and it is often associated with unprotected sexual intercourse (Bezuidenhout & Dietrich, 2008:86). Therefore, sexual experience and, particularly, the age at first intercourse are critical indicators of the risk contracting sexually transmitted diseases. Erikson, as cited in Louw et al. (2004:534), is furthermore of the view that young adults have the important task of deepening their capacity for intimacy to provide a basis for meaningful and committed relationships. Kirst-Ashman (2013:479) continues by stating adolescence, and young adulthood are usual times of life for finding a mate, obtaining an education, and making career choices. In young adults' pursuit of achieving this development task it is the researcher's view that, in pursuit of achieving this developmental task or goal of finding a mate, they can sometimes put themselves at risk of acquiring HIV and AIDS.

In their Report, the HSRC (2014:xxvii) identified certain key populations with a higher risk of HIV exposure as African females aged between 20 to 34 and African males aged between 25 to 49, disabled persons and high-risk alcohol drinkers. For example, amongst African women aged 20–34 the combined individual knowledge surrounding HIV and AIDS declined from 43.8% to 26.1%, and amongst African men aged 25–49 it declined from 40.6% to 28.0% when the year 2008 was compared to 2012.

The following section will focus on the marital status of respondents.

6.2.1.3   Marital status

The marital status of respondents is illustrated in Figure 6.3.
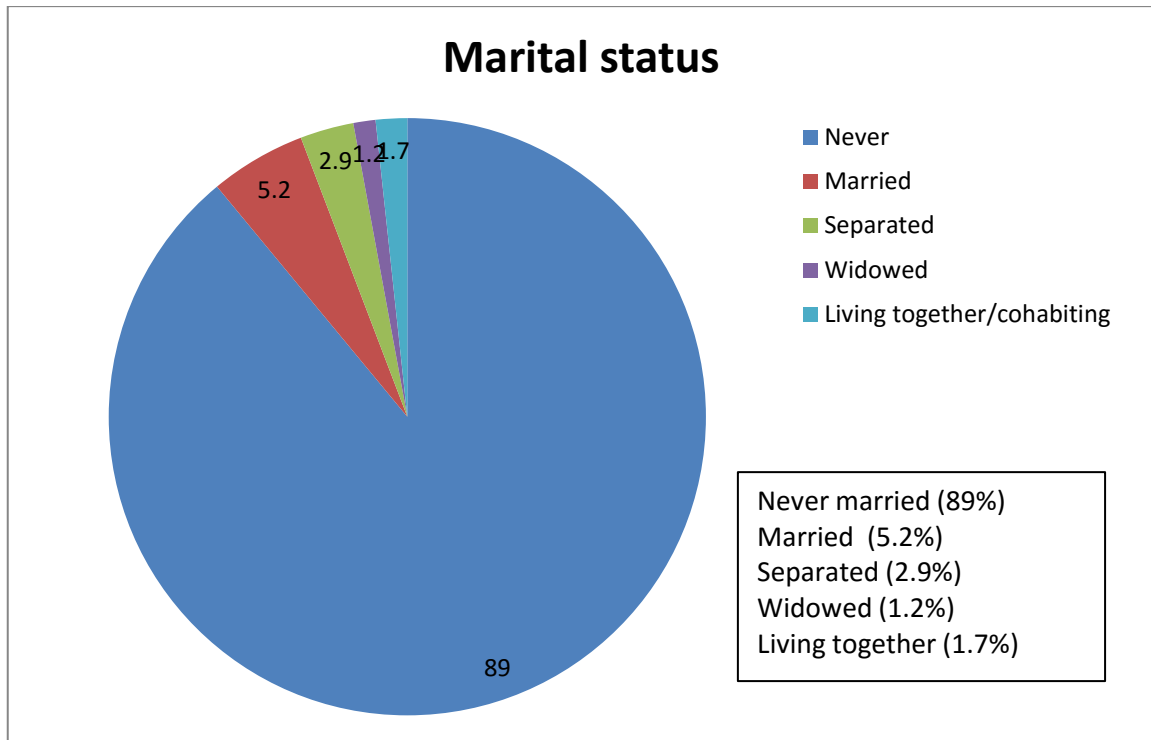
Figure 6.3:   Marital status of respondents (N=172)

Figure 6.3 illustrates that 89% of the respondents were never married; 5.2% were married; 2.9% were separated, while 1.2% were widowed and 1.7% were living together or co-habiting. The marital status distribution of respondents is important because HIV prevalence is highest among unmarried individuals who are co-habiting and it stands out particularly in South Africa where evidence suggests that marriage levels are low among black Africans (Setswe & Zuma, 2013; Shiana, Zungu & Simbayi 2014 in HSRC, 2014:109). Furthermore, cohabiting has become a common practice driven by the costs associated with men having to pay "lobola," a dowry to the family before they can get married (Hunter, 2006 in HSRC, 2014:109). Gow and Desmond (2002:7) argue that HIV and AIDS risk in South Africa can be viewed in two ways. Firstly, there is an individual risk regarding age, marriage, condom usage and HIV status. Secondly, regarding the widening risk context, for example, it was observed that "the condom gap" and the lack of autonomy of women are other factors. Furthermore, the widening risk context is also characterised by limited voluntary counselling and testing (VCT), as well as limited access to sexual health education in certain rural and historically disadvantaged areas of the country.

The following section will focus on the home languages of respondents.

6.2.1.4   Home language

Respondents' home language is illustrated in Figure 6.4.
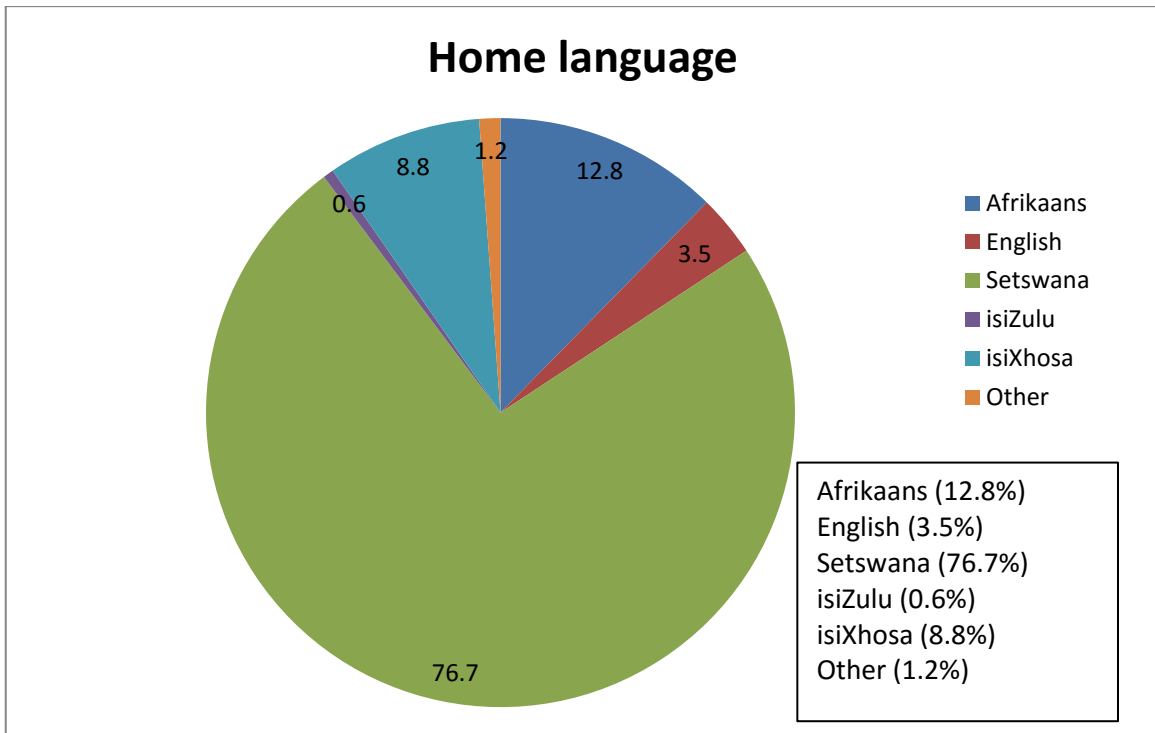
Figure 6.4: **Home language of respondents (N=172)**

Out of the total number of 172 respondents who participated in the study, 76.7% indicated Setswana; 12.8% Afrikaans; 8.8% isiXhosa 8.8%; 3.5% English; and 0.6% isiZulu as their home language. In the Northern Cape, only 0.8% of the population uses isiZulu as their home language (DSD, 2015:24). Another 1.2% of the respondents indicated another language as their home language.

At a macrolevel the NSP (2011:58) advocates that interventions should accommodate multiple languages. The SCI mass media communication vehicles span prime-time TV and radio (both drama and talk shows) across all languages and high-quality booklets translated into isiZulu, isiXhosa, Setswana, Sesotho and Afrikaans. However, some programme facilitators indicated that the SCI should in future distribute more workshop material of different languages implying that they did not consistently have any or enough copies available in other languages relevant to dialogue and or research participants. Van Dyk (2013:163-164), with whom the researcher concurs, emphasises that when presenting workshops on HIV and AIDS careful thought and consideration should be taken of which materials to use that would suit a particular group. The latter would thus imply that the SCP ought to present their programmes in a language that is understandable to all youth who attended their dialogues.

In the following section, the objectives of the Soul City programme will be discussed.

6.3　Soul City Programme (SCP)

The following section focusses on the Soul City Programme (SCP).

6.3.1　Objectives of the SCP

The following section focuses to which extent the Soul City Programme reached its objectives from the perspectives of the youth participants. There was no statistical association found between age or gender and the objectives of the SCP. This was established by utilising the Fisher's exact test to identify whether there is an association between two categorical variables.
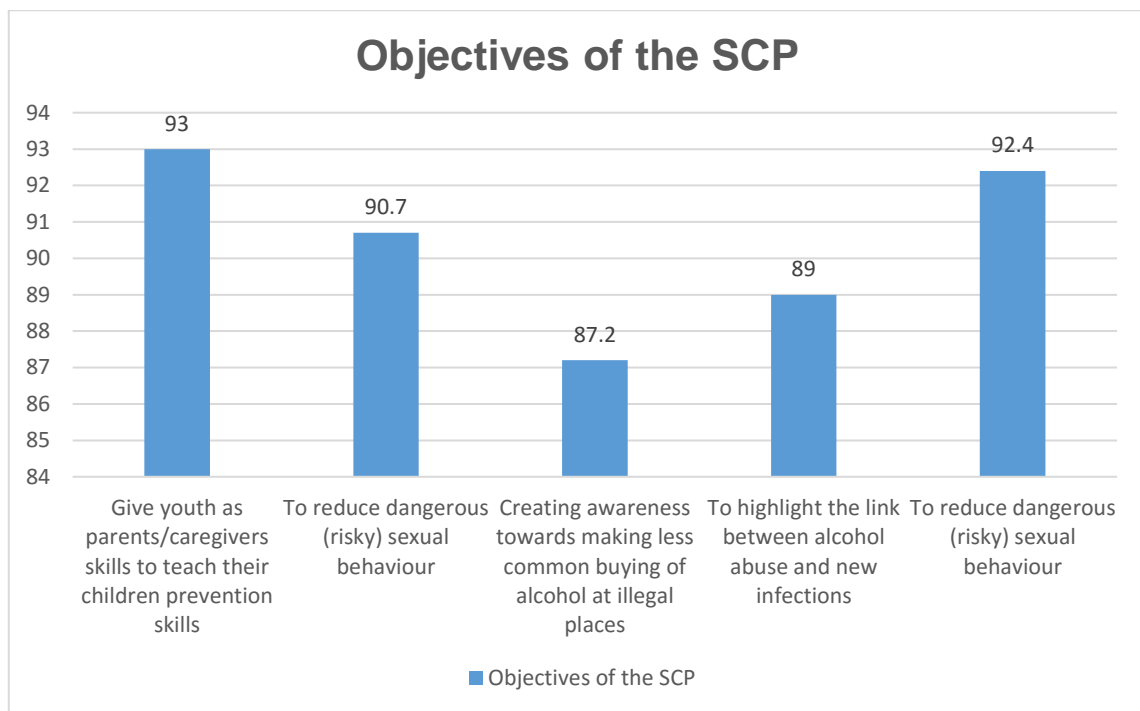
Figure 6.5:　Percentage of respondents agreeing SCP reached its objectives (N=172)

Figure 6.5 illustrates whether respondents agree that the SCP reached its objectives. This section of the questionnaire, with α=0.763, indicates that the items were consistent in measuring the 'Objectives of the SCP.' The 18-27 and 28-35 age groups combined into a single total to indicate the percentage of respondents that agreed. Therefore, Figure 6.5 illustrates that the SCP succeeded in educating the youth about how to reduce dangerous (risky) sexual behaviour among the youth through a combination approach because 92.4% of respondents agreed to that effect. Furthermore, 87.2% of respondents agreed that the SCP succeeded in educating the youth about creating awareness about illegal taverns and its link to violence, risky sex and HIV infection, while 89% agreed that SCP succeeded in highlighting the risk of alcohol abuse and new infections. These are important

accomplishments, because the Northern Cape, in particular, has a very high incidence of alcohol abuse. It is indicated in the *Annual Performance Plan* of the DSD (2013:27) that a study undertaken by the DSD has found that 33% of respondents indicated they had alcohol for the first time at an age younger than 16 years-old. Furthermore, the same plan indicates that 30% of the population of the Northern Cape were in need of treatment services for substance abuse because the province does not have any treatment centres and services (DSD, 2013:27). As previously highlighted in Chapter 2, section 2.3.1.3, it is indicated that many people have their first experience with tobacco, alcohol and drugs during adolescence and youth. Raniga (2007:73) furthermore postulates that many young people are extremely susceptible to contracting HIV, due to their often subordinate socio-economic status and because of their susceptibility to experiment with drugs and alcohol during the adolescent phase of life. Jessor and Jessor (1989) (in Bezuidenhout & Dietrich, 2008:88) suggest that all slight forms of delinquency and substance use or abuse are part of a general deviance syndrome with youth. The NCPSP (DOH, 2012b:40) indicates that alcohol abuse is a major risk factor for HIV acquisition and transmission. Heavy drinking is also often associated with the decreased condom usage and an increase in multiple and concurrent sexual partners. The researcher, therefore, deduces that the SCP focus area concerning this objective was relevant, strategic and relatively efficiently achieved.

Figure 6.5 illustrates that 93% of respondents agreed that the SCP succeeded in capacitating the youth and parents or caregivers by giving them the skills to teach their children on HIV prevention skills, while 90.7% agreed the SCP succeeded in reducing risky sexual behaviour among the youth. The latter bodes well with Payne's (2005:152) view that from an ecosystems perspective, social workers and related practitioners should come to shared agreements with clients about what issues are important, that allow clients to make informed choices about appropriate ways of responding. Building up personal and collective strengths should be the main focus of action, which should emphasise that clients should take decisions and action on their own account.

Chambers and Wedel (2005:58) state from a policy analyst point of view that a programme must have the potential for making a positive impact on the social problem it was attending to address for example the SCP program for the youth in the Northern Cape.

Weyers (2011:251) asserts that the community education model's basic goal is to eradicate ignorance by empowering individuals, groups and communities with the necessary knowledge, attitudes and skills that they require to take control of their lives by, for example, functionally responding to the threat of HIV and AIDS to the youth. Empowerment goals of the community education model could be envisaged in the physical domain of people's lives

where the basic goal would be to improve the youth's ability to take control over their health and physical well-being (Weyers, 2011:251).

The empirical findings furthermore suggest that the SCP substantially succeeded in implementing process goals in line with Weyers' (2011:33) views. A process goal is usually intended to change the knowledge, attitudes, emotions and behaviour of people. For example, enhancing the youth programme attendees coping, negotiation, and conflict management skills when facing challenges concerning HIV and AIDS. It also contributed to preventing social dysfunction by identifying the youth's and communities' inherent potential and it conscientised them about their circumstances and their inherent potential to rise above their circumstances in the context of the risk factors associated with HIV and AIDS.

In the following section, the applicability and relevance of the programme's content will be discussed.

6.3.2   Applicability and relevance of SCP content

Section C of the questionnaire focussed on the applicability and relevance of the content of the SCP, by respondents who attended it. This section of the questionnaire, with α=0.532, indicates that the items were not always so consistent in measuring the 'Applicability and relevance of SCP content.'

There was no statistical association found between age or gender and the applicability and relevance of the content of the SCP by respondents who attended it. This was established by utilising the Fisher's exact test to identify whether there is an association between two categorical variables.
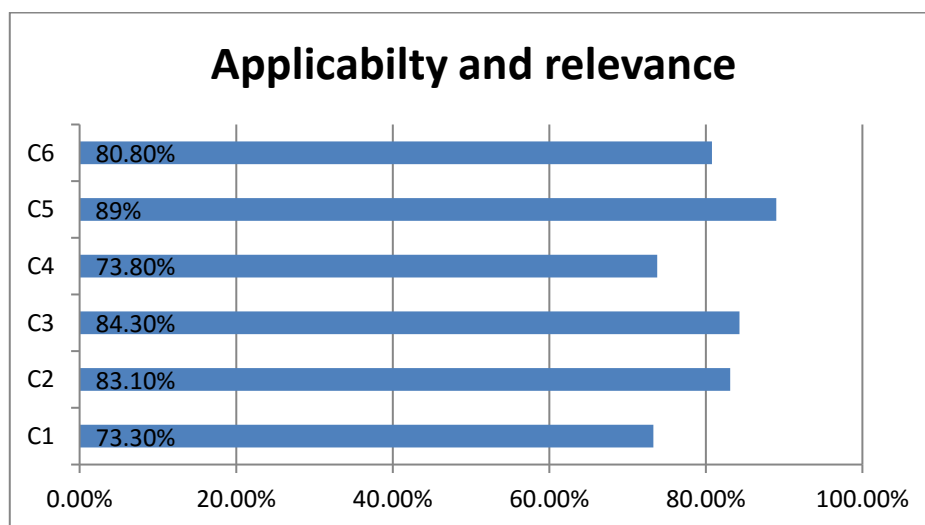

Figure 6.6:   Applicability and relevance of SCP content (N=172)

C1.   SCP made lasting difference to the lives of the youth.

C2.   The SCP promoted the human rights of people infected and affected by HIV and AIDS.

C3.   The SCP had innovative ideas.

C4.   The SCP involved all parts/sections of the community.

C5.   The SCP encouraged the fair treatment care and support of all HIV infected and affected people.

C6.   The SCP promoted the prevention of new HIV infections

Figure 6.6 illustrates that 83.1% of the respondents agreed that the SCP succeeded in promoting the human rights of people infected and affected by HIV. Furthermore, 89% of the respondents agreed that the SCP encouraged the fair treatment care and support of all people infected and affected by HIV and AIDS. Both of these focus areas are also consistent with the NSP (DOH, 2011:65).

Figure 6.6 also illustrates that 73.8% of the respondents agreed that the SCP succeeded in involving all parts/sections of the community or society. This is also consistent with the NSP which calls for the strengthening of mesosystemic factors such as the capacity of community systems to expand access to services and requires a systematic and comprehensive strategy to address capacity, referral networks, coordination and feedback mechanisms. Some sectors, for example, the faith-based sector, have a large network of institutions and persons in communities, from densely populated cities to the most remote rural areas in South Africa.

Ambrosino et al. (2012:57), argued that the macrosystem level (societal level), consists of societal factors such as the cultural attitudes and values of the society including attitudes towards women, other races, people infected with HIV, and violence, the role of the media in addressing or promoting social problems is another factor and some suggest that the media promotes unsafe sexual attitudes. Legislation and other social policies, such as the NSP affect individuals and social grants for people with a particularly low CD-4 count.

Weyers (2011:144) advocates that it is important for programme developers and by extension programme facilitators to be certain that they have the most appropriate goals and objectives for community projects they pursue. About achieving sustainable impact, 73.3% of the respondents agreed that what they have learnt much by attending the SCP and it made a lasting impact on their lives. This finding is consistent with macrolevel policies such as the NSP (DOH, 2011:9) that all interventions must make a sustainable difference that outlasts the lifespan of the NSP itself.

Germain and Gitterman (1996:15) state that relatedness refers to attachments, friendships, positive kin relationships, and a sense of belonging to a supportive social network, for example, regularly participating in the Soul City community dialogues for guidance and support regarding issues around sexuality. The SCP (2010:2) states as one of its objectives that "... While remaining an organisation not for gain, it tries to ensure the sustainability of our effort through sound business principles and practices."

Given the responses by research respondents about the relevance of the content of the SCP, the researcher believes that it is unfortunate that the SCP ceased its programmes with the youth in the Northern Cape and other provinces without replacing them and, in essence this contradicts its own objectives of sustainable interventions. It is important that when programmes are evaluated, and the result yielded positive or negative results, it is important to know what will be done with the results of that evaluation. If the intervention yielded positive results, decisions need to be made on how changes established could be maintained. If the intervention was unsuccessful, decisions have to be made on either starting the intervention all over again based on lessons learnt or refer the problem situation to another system or resource to deal with. Whatever the choice, Weyers (2011:145) asserts that the community should not be left in the lurch in addressing a social problem for example HIV and AIDS and the youth. Given the fact that the research findings indicated that the SCP content was very relevant and applicable to the communities it served, the researcher believes that a vacuum was left in those communities as the SCP did not refer them to another resource system or introduce a viable alternative to the community dialogues held with youth.

It is clear that the content of the SCP was applicable and relevant and influenced by macrolevel factors such as the NSP. In this context, the researcher agrees with Dobbelstein (2003:6) who states human service workers need to understand the policies that create social programmes to help their clients. Therefore, fully understanding a social welfare policy such as the NSP calls for sustainable interventions as a foundation for the entire human services enterprise especially when formulating HIV social intervention programmes with the youth.

The following section will focus on respondents' knowledge gained by attending the SCP **6.3.4.**

6.3.3   Knowledge gained through SCP attendance

Section D of the questionnaire focussed on the knowledge gained through attending the SCP as indicated by the respondents. This section of the questionnaire scored with

α=0.736, which indicates that the items were consistent in measuring the 'Knowledge gained through attending the SCP.'

Table 6.1:   Knowledge gained through SCP attendance in terms of Age

	18-27 yrs.		28-36 yrs.		
TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS	**Agree** f**(%)**	**Disagree** f**(%)**	**Agree** f**(%)**	**Disagree** f**(%)**	**Fisher's exact test (**p**-value)**
I gained more information about risky sexual behaviour and situations that could be applied to my life	119(91.5)	11(8.5)	40(95.2)	13(7.6)	0.737
Information could contribute to achieving personal life goals	123(94.6)	7(5.4)	35(83.3)	7(16.7)	**0.045***
I gained one or more ideas that I can implement in my life regarding safe sexual intercourse	117(90)	13(10)	37(88.1)	5(11.9)	0.773
I learned a new approach to my sexual behaviour	112(86.2)	18(13.8)	37(88.1)	5 (11.9)	1.000
I can see the effect (impact) of this programme on my life	85(65.4)	45(34.6)	24(57.1)	18(42.9)	0.361

N=172; *indicates statistical significance

Table 6.1 illustrates respondents' level of agreement with knowledge gained through attending the SCP as indicated by the respondents by age. Youth such as for instance adolescents should be given information on where to turn for advice, help and support regarding HIV and AIDS if they should ever need it (Van Dyk, 2013:207). Table 6.1 indicates that there was a statistical association found where the SCP Information contributed to respondents achieving their personal life goals and age were associated (p=0.045). The φ value was found to be 0.028 which is considered a small effect size. In this 94.6% of the 18-27 age group agree, and 83.3% of the 28-36-year-old age group also agree.

Age group 18 to 27 as well as the age group 28 to 37 combined shows that 92.4% of the respondents (that is 18-27 and 28-35 age groups combined) agreed that they gained more information about risky sexual behaviour and situations that could be applied to their lives through the SCP.

Further, 63.4% of the respondents (that is 18-27 and 28-35 age groups combined) agreed that they could see the impact of the SCP on their lives. Across all age groups, 89.5% (that is 18-27 and 28-35 age groups combined) of respondents agreed that they gained one or more ideas that they can implement in their lives regarding safe sexual intercourse.

Furthermore, 86.6% (that is 18-27 and 28-35 age groups combined) of respondents agreed that they learned a new approach to their sexual behaviour through the SCP. These findings can be viewed in a positive light given the HSRC's report (2014:4) warns that generally, the youth's knowledge regarding HIV and AIDS in South Africa showed a decline, putting them at risk of getting infected. Table 6.2 illustrates respondents' level of agreement with knowledge gained through attending the SCP as indicated by the respondents in terms of **gender.**

Table 6.2:   Knowledge gained through SCP attendance: Gender

	Male		Female		
TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS	**Agree** f**(%)**	**Disagree** f**(%)**	**Agree** f**(%)**	**Disagree** f**(%)**	**Fisher's exact test (*p*-value)**
I gained more information about risky sexual behaviour and situations that could be applied to my life	53(91.4)	5(8.6)	106(93.0)	8(7.0)	.764
Information could contribute to achieving personal life goals	52(94.6)	6(10.3)	106(83.3)	8(7.0)	.557
I gained one or more ideas that I can implement in my life regarding safe sexual inter-course	51(87.9)	7(12.1)	103(88.1)	11(9.6)	.609
I learned a new approach to my sexual behaviour	53(91.4)	5(8.6)	96(84.2)	18 (15.8)	.240
I can see the effect (impact) of this programme on my life	43(74.1)	15(25.9)	66(57.9)	48(42.1)	**.045***

N=172; *indicates statistical significance

Table 6.2 shows that there was statistical association found where the respondents could see the impact of the SCP on their lives and gender (*p*=0.045). The φ value was .045 which is considered a small effect size. It was found that 74.1% of male respondents agreed that they could see the impact of the SCP on their lives while 57.9% of females indicated that they did see the impact of the programme on their lives.

Given the finding of the HSRC (2014:xxvii) that the male's knowledge level has dropped since 2008, the researcher concluded that since more male respondents saw an impact on their lives, the SCP should target more males to attend future programmes, given the effect it had on those who had attended them in the past. At the exosystemic level, Weyers (2011:258) describes non-formal education in community work as being characterised as an educationist trying to convey amongst other aspects specific, attitudes and practices in response to a specifically identified need for example HIV education and awareness campaigns amongst the Northern Cape youth. Non-formal education commonly occurs through group work and workshops for example SCP dialogues with the youth about HIV and AIDS.

The microlevel incorporates the individual's level of functioning, intellectual and emotional capacities, and motivation; the impact of life experiences; and the interactions and connections between that individual and others in the immediate environment (Bronfenbrenner & Garbarino in Ambrosino et al., 2012:55). Examples of microsystems are a young person and his or her immediate family parents, siblings, school or workplace and so forth. It is indicated in the NCPSP (DOH, 2012b:39) that the rate of knowledge around HIV in 2012, for black African women 20 to 34 years was still very low at 27.6%. Furthermore, knowledge also decreased in 2012 compared to 2008 for both black Africans males aged 25-49 years and high-risk alcohol drinkers. Van Dyk (2013:207) is of the view that what young adolescents need is a general and basic overview on HIV infection which includes a clear description of how HIV is transmitted, how HIV is not transmitted, and how they can protect themselves from the HIV virus. It is, therefore, important to talk to young adolescents and find out what misconceptions and myths they still have.

In the following section, the attitudinal changes of respondents due to the SCP will be discussed.

6.3.4   SCP impact towards attitudinal change

Figure 6.7 illustrates respondents' responses with regard the SCP impact towards attitudinal changes concerning sexual behaviour and knowledge. This section of the questionnaire, with α=0.365, indicates that the items were not always consistent in measuring the 'Attitudinal change linked to attending the SCP.'

Attitudinal change
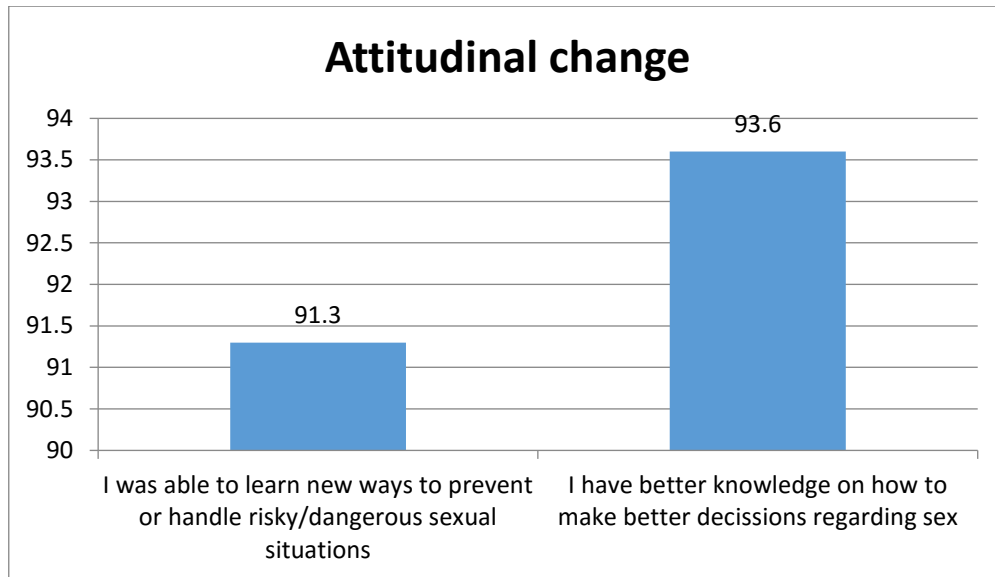
Figure 6.7:   Attitudinal change (N=172)

There was no statistical association found between age or gender and attitudinal changes of respondents due to attending the SCP. This was established by utilising the Fisher's exact test to identify whether there is an association between two categorical variables. Figure 6.7 illustrates whether respondents agreed that the SCP achieved its objectives. Figure 6.7 illustrates that across all age groups 91.3% (that is 'strongly agree' and 'agree' combined) of the respondents agreed that they were able to learn new ways to prevent or handle risky or dangerous sexual situations and 93.6% of the respondents have better knowledge how to make better decisions regarding sex.

It can, therefore, be concluded that the SCP through its content and implementation methods succeeded in empowering youth specific knowledge, skills, attitudes concerning HIV and AIDS within their social environments. As highlighted in Chapter 2, section 4, Louw et al. (2004:518), assert that today's teenagers become sexually active at an earlier age than 50 years ago. Amongst African families in South Africa, some traditional values and customs which provided a basis for family structure, have been eroded by rapid urbanisation and westernisation. Bezuidenhout and Dietrich (2008:87) add to the latter, by stating that across all races generally, a well-established youth culture in South Africa has developed with a general consistency in ways of thinking, feeling and acting, that is characteristic of a large number of adolescents. The powerful influence of this "youth" culture in shaping adolescents' opinions and behaviours, is apparent in youth's conformity to current fashions in clothes, music, leisure activities and sometimes tragically, within the context of the HIV and AIDS pandemic in South Africa – the area of sexuality.

As indicated in Chapter 4, section 4.2.1.3, Böning (2009:52) refers to stress in ecosystems interactions as a dysfunction between the needs and demands of the individual and the resources that are available to that individual. Associated negative feelings may include anxiety, guilt, anger, fear, depression, helplessness, or despair and are usually accompanied by lowered levels of self-esteem and self-direction when it, for example, comes to peer pressure concerning early sexual debut. At the microsystem level the SCP could for example broaden knowledge and insight regarding HIV and AIDS, by providing individual counselling to the youth, counsel his or her family, and help them develop a new network of friends when dealing with HIV and AIDS-related challenges and risks (Ambrosino et al., 2012:57). Also, the researcher concurs that young adolescents' anxiety about being socially acceptable may put them at risk of being infected with HIV if they are pressurised into making wrong decisions (Van Dyk, 2013:207). As indicated in Chapter 4, section 4.2 and from an ecosystems perspective, Payne (2005:152) is of the view that social workers and related practitioners should come to shared agreements with clients about what issues are important, that allow clients to make informed choices about appropriate ways of responding to for example dealing with the risk factors associated with HIV and AIDS.

The following section will focus on programme participation challenges of respondents.

6.3.5   SCP participation challenges

Section F of the questionnaire focussed on the characteristics and challenges of participation in the SCP as illustrated by participants.
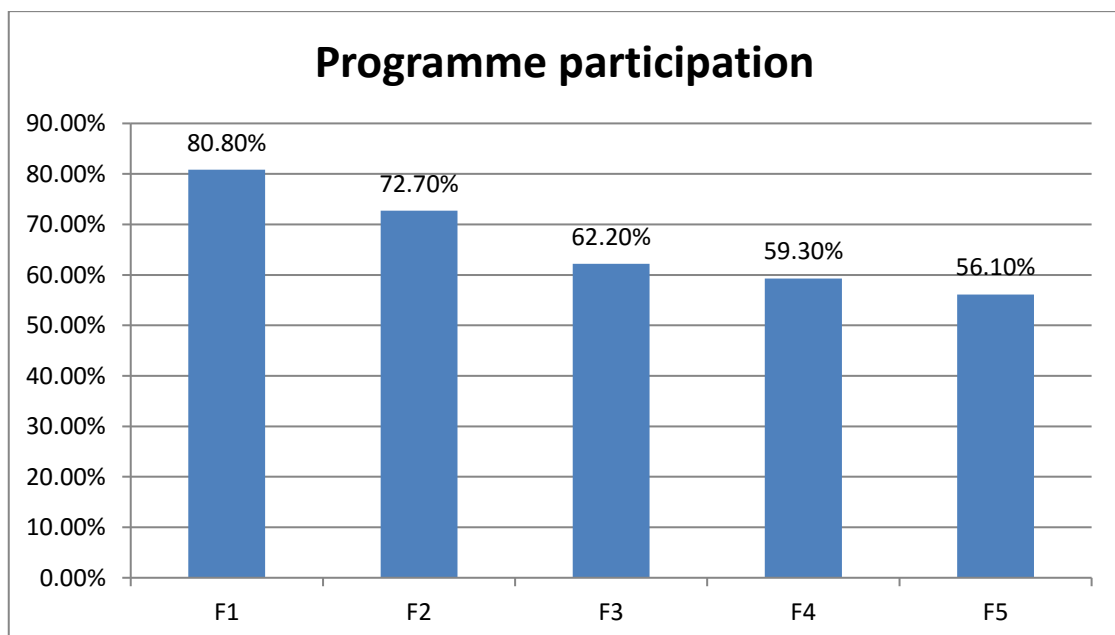
Figure 6.8:   **Programme participation challenges of respondents (N=172)**

F1.   The youth of the community and the presenter/facilitator treated each other as equals.

F2.   The youth advised or told the facilitator about their personal circumstances when facing HIV and AIDS.

F3.   Time was not enough for most youth to participate in the programme.

F4.   Community conflict blocking many youth's participation.

F5.   Programme participants failed to implement dialogue.

There was no statistical association found between age or gender and programme participation challenges in the SCP as indicated by respondents. This was established by utilising the Fisher's exact test to identify whether there is an association between two categorical variables. Figure 6.8 illustrates whether respondents agreed on SCP participation challenges. The 18-27 and 28-35 age groups are combined into a single total to indicate the percentage of respondents that agreed. Figure 6.8 illustrates that in all age groups 62.2% of respondents agreed that time was not enough for most youth to participate in the programme. Van Dyk (2013:183) highlights the fact that AIDS education should be an on-going process as a single lecture or video, or an 'Aids information week' for young adults and is insufficient. This echoes the previously highlighted view by the researcher, namely that some youth participants as well as the interviewed programme implementers, need to be sustainable and repetitive for it to be effective.

Figure 6.8 illustrates that 80.8% of respondents agreed that the SCP facilitators succeeded in treating the youth of the community as equals where one is not better than the other (equals). Furthermore, 72.7% of respondents agreed that they could tell their facilitator about their personal circumstances.

The mesosystem refers to the relationship between two microsystems that are linked by some person who is present in both microsystems (Ambrosino et al., 2012:56). For example, the person's home life may influence his or her school performance or confidence among peers (Spies, 2006:161). Therefore, what facilitators of HIV and AIDS education programmes to the youth facilitators need to remember is that people have the right to differ and disagree and that the cornerstones of being a facilitator are for example empathy, respect and so forth (Van Dyk, 2013:162).

As indicated in Chapter 4, section 4.4.2, and from an ecosystems perspective the nurturing environment consists of the systems with which a person frequently interacts, that have a profound effect on his sense of identity and functioning, and that contributes to or detracts from his/her social well-being (Weyers, 2011:20). SCP facilitators, therefore, had an

important role in projecting to the youth the SCP as part of a nurturing environment when it comes to dealing with their issues and questions around HIV and AIDS. Facilitators of HIV and AIDS education programmes to the youth, therefore, need to be able to observe confidentiality at all times (Van Dyk, 2013:162). Based on respondent's indications the research findings suggest that presenters maintained a relationship of trust with most programme attendees which could have led to positive learning experiences for the youth who attended the dialogues.

The following section will focus on respondents' views on Soul City programme presenters.

6.3.6 SCP presenters

The following section focuses on the evaluation of the knowledge level and clarity of presentation abilities of Soul City programme presenters as per the opinion of respondents.
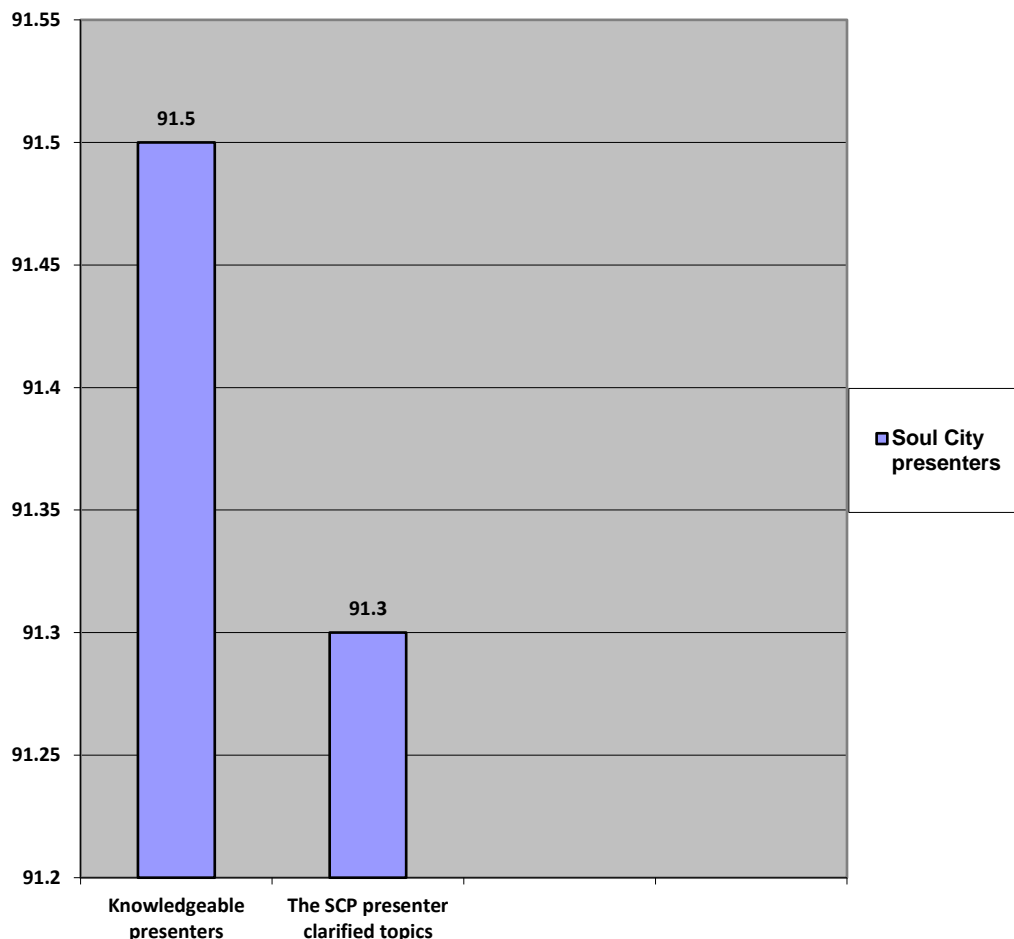
Figure 6.9: **Soul City programme presenters (N=172)**

There was no statistical association found when age or gender and participant's views on the programme facilitators of the SCP were compared. This was established by utilising the Fisher's exact test to identify whether there is an association between two categorical variables.

Figure 6.9 illustrates across all age groups that 91.5% of respondents agreed that the SCP presenter knew a lot about all topics and 91.3% indicated that presenters made topics clear when asked for clarity. Van Dyk (2013:163) cautions that facilitators should not feel or expect that they should be an expert in everything. They can concede to the latter during dialogues with the youth, by telling attendees that they will return with a most suitable response to their questions, if they do not have appropriate answers to programme attendees' questions.

The researcher considers the fact that the Soul City Institute mostly identified, trained and utilised local community members to implement dialogues with the youth by utilising indigenous workers as a functional service-delivery strategy. Chambers and Wedel (2005:153) identify an indigenous worker as a non-professional who has had personal experience with the social problem of the clients being served. Such a person knows the community's customs, its language, and its common behavioural patterns. Also, knowledge, born out of experience, enables that person to establish communication more quickly and effectively with those who continue to deal with a given social problem in a specific setting. Based on the research findings and respondents' earlier responses indicated in this section, the findings reflect that programme presenters functionally established rapport with youth programme attendees which is a critical basis for the youth to learn and internalise information towards behavioural change concerning HIV and AIDS.

In the following section, the respondents' recommendations on programme content will be discussed.

6.3.7   Respondent recommendations on SCP programme content

Section G of the questionnaire focussed on the recommendations made by respondents concerning the content of the SCP. For this section of the questionnaire the α=0.86 and as such, indicates that the items were consistent in measuring the respondents' recommendations for the SCP programme content.

Table 6.3 and 6.4 illustrates respondents' recommendations to the latter in terms of age and gender.

Table 6.3: Respondent recommendations in terms of age

TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS	18-27		28-26		Fisher's exact test (*p*-value)
	Agree *f*(%)	Disagree *f*(%)	Agree *f*(%)	Disagree *f*(%)	
Ways/strategies to fight poverty in our community	118(90.8)	12(9.2)	35(83.3)	7(16.7)	0.255
To help or address the needs of the youth regarding HIV and AIDS needs in my community	120(92.3)	10(7.7)	40(95.2)	2(4.8)	0.733
Asking and involving important people/ stakeholders such as traditional healers on to deal with HIV and AIDS in the community	73(56.2)	57(43.8)	26(61.9)	16(38.1)	0.591
Asking and involving important people/ stakeholders such as youth leaders	123(94.6)	7(5.4)	39(92.9)	3(7.1)	0.708
Asking and involving important people/ stakeholders such as religious leaders	100(76.9)	30(23.1)	37(76.9)	5(11.9)	0.130
Asking and involving important people/ stakeholders such as local clinics and hospitals	125(96.2)	5(3.8)	37(88.1)	5(11.9)	0.066
Youth should be educated or taught to use condoms more often when being sexually active	126(96.9)	4(3.1)	41(97.6)	41(97.6)	1.000

194

	18-27		28-26		
To look at the needs of families regarding HIV and AIDS and the youth	118(90.8)	12(9.2)	38(90.5)	4(9.5)	1.000
Prevention of new infections	125(96.2)	5(3.8)	41(97.6)	1(2.4)	1.000
Building the ability (capacity) of the youth in the community to fight the further spread of HIV and AIDS by sending them to training institutions	123(94.6)	7(5.4)	39(92.9)	3(2.4)	0.708
Building the ability (capacity) of the youth in the community to fight the further spread of HIV and AIDS by visiting the community	112(86.2)	18(13.8)	41(97.6)	1(2.4)	**0.046***
Building the ability (capacity) of the youth in the community to fight the further spread of HIV and AIDS through talking to various important people/role-players in the community	112(86.2)	18(13.8)	37(88.1)	5(11.9)	1.000
How to deal with bad cultural habits when it comes to sex	110(84.6)	20(15.4)	38(90.5)	4(9.5)	.447
Empowering women with regard to deciding to participate in any sexual activities	108(83.1)	22(16.9)	39(92.9)	3(7.1)	1.000

N=172; *indicates statistical significance

Table 6.3 reveals that there was a statistical association concerning age, where the respondents indicated that the capacity of the youth in the community to fight the further

spread of HIV and AIDS could be built by visiting the community (p=0.046). The ϕ value is 0.075 which is considered a small effect size. In this 86.2% of the 18-27 age group agreed and 97.6% of the 28-36-year-old age group agreed that the capacity of the youth in the community to fight the further spread of HIV and AIDS could be built by visiting the community. Table 6.3 further illustrates that combined across both age groups 94.2% (that is 18-27 and 28-35 age groups combined) of respondents agreed that the SCP should focus on involving important people/stakeholders such as youth leaders.

Table 6.3 furthermore illustrates that most respondents agreed that the SCP should focus on involving important people/stakeholders such as youth leaders; religious leaders, local clinics and hospitals. It is important to include parents, community leaders and spiritual leaders for active input at all stages of programme development. This finding is consistent with Van Dyk's (2013:183) view that if AIDS programmes are to be successful, they must have the active support of all stakeholders in the community and they must also reflect the whole spectrum of religious, cultural and moral values found in any specific community.

Also Table 6.3 illustrates that combined across both age groups 57.6% of respondents (that is 18-27 and 28-35 age groups combined) agreed that the SCP should focus on involving stakeholders such as traditional healers on to deal with HIV and AIDS in the community. As highlighted in Chapter 2, section 2.4.11, D'Eriico et al. (2009:397), found that many traditional leaders felt they had not been meaningfully involved in their country's national HIV and AIDS strategic plans. Weyers (2011:159) concurs that it is important to visit the relevant community leaders and explained the reason for the programme's involvement with the community. Such a strategy could potentially help encourage and enable community leaders to start working towards a plan for future action which normally includes some form of needs assessments and an exploration of available alternatives for dealing with community problems such as HIV and AIDS amongst the youth. Louw et al. (2004:518), are further of the view that amongst African families in South Africa, some traditional values and customs which provided a basis for the family structure have been eroded by rapid urbanisation and westernisation. The research findings suggest that HIV prevention programmes should, therefore, be contextualised so that they are sensitive to local customs, cultural practices and religious beliefs and values, as well as to other traditional norms and practices.

Furthermore, and as indicated in Chapter 4, section 4.4.2, and from an ecosystems perspective the researcher agrees with the view postulated by Gray, Coates and Bird. (2008) (in Baltra-Ulloa, 2009:6), that it is important for social programmes or interventions to be integrated with indigenous knowledge systems and should be treated with great

respect when attempting to set up any intervention programme regarding social problems such as HIV and AIDS. Van Dyk (2013:183) states furthermore that programmes must take account of traditional beliefs and values systems, as well as the popular myths that circulate among young people and their wider communities.

Table 6.3 also illustrates that combined across both age groups 97.1% (that is 18-27 and 28-35 age groups combined) of respondents agreed that the SCP should focus on educating youth to use condoms more often when being sexually active for example increasing the availability and use of the male and female condoms.

As highlighted in Chapter 2, section 2.5.5, condom use remains low, and few adolescents take advantage of HIV testing and counselling services (Hervish & Clifton, 2012:28). Also, young girls continue to face a higher risk of HIV infection compared to boys. The HSRC (2014:74) for example, indicates that the overall condom use at last sex increased significantly from 2002 to 2008 and then unexpectedly decreased in 2012 amongst the youth in particular. Rural formal arrears reported the lowest consistent condom use. Hearst and Chen (2004:2) asserts further that condoms are about 90 percent effective in preventing HIV transmission, and their use has grown rapidly in many countries. Van Dyk (2013:166) concurs with the latter view and states that barrier methods such as condoms are the most effective way to reduce the sexual transmission of HIV and other sexually transmitted infections. For example, the female condom provides extra protection to men and women because it covers both the entrance to the vagina and the base of the penis, both of which are areas where STI sores make it easy for HIV to enter (Van Dyk, 2013:170).

Programmes should, therefore, encourage the youth to always use a new and unused condom for each act of sexual intercourse. However, the impact of condoms may be limited by inconsistent use, low use among those at highest risk and negative interactions with other strategies. Condoms promotion for groups at high risk and more research on how best to integrate condoms promotion with other preventing strategies is therefore needed (Hearst & Chen, 2004:2). Furthermore, the NDP sets targets of increased consistent condom use and a reduction of new HIV infections by more than four times among young women between 15 and 24 years by 2030 (The Presidency, 2013:297). Government's commitment to the latter is well demonstrated. In recent reports, government planned to roll out three billion flavoured, scented and colourful male condoms; 54 million female condoms and 60 sachets of lubricant to 4000 sites across the country free of charge to the public over the following three years (Manyathi, 2015:1). The same article describes that the reason behind this specific plan by the Departmental of Health is to reduce the risk of HIV among all age groups, but more specifically the country's 15-24-year-olds which as earlier mentioned

showed a decline in condom usage in recent years. The researcher, therefore, also thinks that the plan is embarked upon from a macrolevel, to further promote the sexual appeal of using condoms during HIV-preventative sexual activities. This is a very ambitious plan of condom usage promotion and in this, the 2012-2016 NSP as well as the most recent DOH plan and by extension, prevention programmes such as Soul City and other similar programmes could play an important role towards achieving it.

Table 6.3 further illustrates combined across both age groups that 86% (that is 18-27 and 28-35 age groups combined) of respondents agreed that the SCP should also focus on how to deal with "bad" cultural habits when it comes to sex.

Linked to the latter finding, Table 6.3 illustrates that combined across both age groups 85.5% (that is 18-27 and 28-35 age groups combined) of respondents agreed that the SCP should also focus on empowering women concerning deciding on participating in any sexual activities. In the context of the current study, the NCPSP, as a macrolevel influencing factor, also recognises the importance of addressing gender issues such as the high levels of violence against women, sexual assault, and the iincreased probability of HIV infection.

Given the previous discussion about condoms, Kirst-Ashman (2013:391) postulates that it is not uncommon for women who deny their partners sex or request that they use condoms to suffer severe beatings or even desertion and that men do not approve of using condoms. Women and young girls should, therefore, be empowered towards freedom from rape and sexual coercion; cruel and inhuman treatment, equality in education for especially young girls, employment, inheritance, marital law, and sexual reproductive decision-making (Van Dyk, 2013:183). Hyde (2009:250) asserts furthermore that new understandings of sexual violence shifted attention from blaming the victim to holding perpetrators responsible for their acts and institutions accountable for not re-traumatising victims. Careful examination of the unique development needs of adolescent girls needs to take place to give credence to calls for more anti-sexist educational measures. The research findings also highlight the fact that HIV prevention programmes should have key activities that include amongst others: delaying sexual debut; reducing multiple and concurrent sexual partnerships and challenging gender norms that drive this; cough hygiene; reducing alcohol consumption and so forth (NSP, DOH, 2011:39).

As previously explained, the exosystemic level incorporates community-level factors that may not relate directly to the individual but affect the way the individual functions. This level may be affected by factors such as macrolevel policies affecting the youth in the Northern Cape. Ambrosino et al. (2012:54), also regard intervention at the community level as often

overlooked when facilitating planned change. Bronfenbrenner and Garbarino (in Ambrosino et al., 2012:54) suggest that for all individuals, each of these environmental levels has both risks and opportunities. Opportunities within the environment encourage the individual to meet his or her needs and to develop as a healthy, well-functioning person. Risks are either direct threats to healthy development or the absence of opportunities that would facilitate healthy individual development. Programme implementers such as field workers of Soul City should, therefore, assess risks and opportunities at each level of the environment. Furthermore, they should work with the client (or client system, such as a family) to achieve positive change by promoting or increasing the environmental opportunities and by reducing or eliminating the environmental risks. The researcher, therefore, concurs with Campbell et al. (2007:28), who encourage interventions that strive towards the concept of an "AIDS-competent community" which they define as one where community members work collaboratively to support each another in achieving sexual behaviour change and the reduction of stigma.

Youth are increasingly called on to become involved in HIV prevention at the global, national and local levels (Campbell et al., 2010:161). This is because this sector of society represents a huge pool of untapped talent and labour to involve in such projects, There is also increasing recognition that the participation of young people in HIV-prevention programmes is necessary if programmes are to respond to the needs and desires of young people and therefore be effective (Campbell et al., 2010:153). The findings from participants in the current study are positive according to the researcher because based on the literature; the meaningful participation of youth in HIV-prevention programmes is historically difficult to achieve (Campbell et al., 2010:153).

Table 6.4:   Respondent recommendations in terms of gender

	Male		Female		
TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS	**Agree** f**(%)**	**Disagree** f**(%)**	**Agree** f**(%)**	**Disagree** f**(%)**	**Fisher's exact test (p-value)**
Ways/strategies to fight poverty in our community	56(96.6)	2(3.4)	97(85.1)	17(14.9)	**.022***
To help or address the needs of the youth regarding HIV and AIDS needs in my community	52(89.7)	6(10.3)	108(94.7)	6(5.3)	.223

	Male		Female		
Asking and involving important people/ stake-holders such as traditional healers on to deal with HIV and AIDS in the community	32(55.2)	26(44.8)	67(58.8)	47(41.2)	.744
Asking and involving important people/stakeholders such as youth leaders	51(87.9)	7(12.1)	111(97.4)	3(2.6)	**.032***
Asking and involving important people/stake-holders such as religious leaders	47(81.0)	11(19)	90(78.9.1)	24(21.1)	.843
Asking and involving important people/stake-holders such as local clinics and hospitals	54(93.1)	4(6.9)	108(94.7)	6(5.3)	.735
Youth should be educated or taught to use condoms more often when being sexually active	55(94.8)	3(5.2)	112(98.2)	2(1.8)	.337
To look at the needs of families regarding HIV and AIDS and the youth	52(89.7)	6(10.3)	104(91.2)	10(8.8)	.784
Prevention of new infections	55(94.8)	3(5.2)	111(97.4)	3(2.6)	.406
Building the ability (capacity) of the youth in the community to fight the further spread of HIV and AIDS through sending them to training institutions	54(93.1)	4(6.9)	108(94.7)	6(5.3)	.735
Building the ability (capacity) of the youth in the community to fight the further spread of HIV and AIDS by visiting the community	48(82.)	10(17.2)	105(92.1)	9(7.9)	.075

	Male		Female		
Building the ability (capacity) of the youth in the community to fight the further spread of HIV and AIDS through talking to various important people/role-players in the community	51(87.9)	7(12.1)	98(86.0)	16(14.0)	.816
How to deal with bad cultural habits when it comes to sex	49(84.5)	9(15.5)	99(86.8)	15(13.2)	.650
Empowering women with regard to deciding on participating in any sexual activities	46(79.3)	12(20.7)	101(88.6)	13(11.4)	.114

N=172; *indicates statistical significance

Table 6.4 reveals that there was a statistical association between genders where the respondents indicated that the SCP should focus on ways/strategies to fight poverty in their communities (p=0.022). The ϕ value is .037 which is considered a small effect size. Table 6.4 further illustrates that 96.6% of male respondents agreed and 85.1% of female respondents agreed that the SCP should focus on ways/strategies to fight poverty in their communities. It has continued because most of the poor remain women and their children.

Moreover, in recent years a widening of the gender poverty gap has been witnessed. These effects are intensified for women of colour, particularly Black and rural women. Cloete (2011:71) is further of the opinion that lesser developed states normally have much larger numbers of illiterate, poorly educated people and on average a much younger and less mature population. The role of the extended family is crucial in community life, while in many cases women still occupy subordinate roles in society, and ethnic tolerance is sometimes superficial. In the context of the statistical significance found and the literature, the research findings suggest that it is not a surprise that HIV-incidence rate among female youth aged 15-24 was over four times higher than the incidence rate found in males in this age group, namely 2.5% vs. 0.6%. With an HIV-incidence rate of 4.5%, black African females aged 20-34 years recorded the highest incidence of HIV among the analysed population groups (HSRC, 2014:34-35). In line with the finding that females are disproportionately affected by HIV infection, there is a need to ensure that poverty and its impact on females in general and among young girls in particular, is addressed.

Kirst-Ashman (2013:375) argues that poverty limits individual access to preventative and therapeutic health care. The 2014 HSRC report, for example, highlights the fact that the highest HIV prevalence is found in poorer parts of the population and that the percentage of early sexual debut has increased significantly. As highlighted in Chapter 2, section 2.4.1, the unemployment rate in the NC is one of the highest in comparison to other provinces. In addition to this, many people within the Northern Cape continue to live below the poverty line of R800 per month which is 38%, higher than the national average (Northern Cape Provincial Strategic Plan for HIV and AIDS, STI's, 2012b:10). Poverty and historically disadvantaged status are also often associated with sexually transmitted infection rates. The 2014 HSRC report (2014:110), as well as Bezuidenhout and Dietrich (2008:86), highlight that the poor living conditions in informal settlements provide fertile ground for HIV, STI and TB transmission. In the context of those above, the researcher agrees with the view of Cunningham and Cunningham (2012:129) that by creating sustainable employment and youth realising their potential, society as a whole, could benefit through the creation of a better educated, trained and motivated workforce. Young people, especially in South Africa are not a homogenous entity, and some face a series of disadvantages and obstacles which increase their likelihood of being exposed to a range of social problems and difficulties (such as HIV and AIDS) as they make the transition to older phases of adulthood (Cunningham & Cunningham, 2012:130).

As indicated in Chapter 4, section 4.4.2, and from an ecosystems perspective, inclusiveness encompasses the biological, psychological, sociological, and cultural aspects of developing individuals and their interactions with the broader environment. In fact, the ecosystems framework often is referred to as a biopsychosocial-cultural framework (Ambrosino et al., 2012:54). Furthermore, and as highlighted in Chapter 2, section 2.4.7, discriminatory social and cultural norms — particularly when translated into customary or statutory laws — result in public denial and, at times, repression of the sexuality and autonomy of young women (UNAIDS, 2014b:9). Hyde (2009:257) contends that to understand gender fully means attention to the ways in which all cultural attributes shape, and are shaped by one another.

As highlighted in Chapter 2, section 2.4.7 the UNAIDS (2014b:1) highlights the fact there are approximately 880 million adolescent girls and young women aged 15–24 years, but despite comprising 12% of the world's population, they are often left without a voice or control of their own bodies. Coupled to the latter, Hervish and Clifton (2012:4) indicate that sexual violence and coerced sex is common in relationships, especially among female adolescents and young women. These inequalities vary from one culture to another and from one community to the next.

Furthermore, the World Health Organization (2014:3) highlights the fact that historically, women have been subjected to forced, coerced and otherwise involuntary sterilisation, especially in connection to coercive population policies. In 2013, almost 60% of all new HIV infections among young people aged 15–24 occurred among adolescent girls and young women. Globally, 15% of women living with HIV are aged 15–24, of whom 80% live in sub-Saharan (UNAIDS, 2014b:1). Campbell et al. (2007:4), argue further that much has been written about the way in which the African AIDS epidemic is driven by power inequalities between youth and adults, and between men and women. Kirst-Ashman (2013:63) continues further and states that empowerment means increasing, emphasising, developing, and nurturing strengths and positive attributes. It aims at enhancing individuals', groups', families', and communities' power and control over their destinies. Further and in the context of the findings of the current study, the researcher agrees with Kirst-Ashman (2013:87) that empowerment necessitates providing education and advocacy on behalf of women, and that appreciates the existence of individual differences and personal accomplishments regardless of gender.

Furthermore, Table 6.4 illustrates that there was a statistical association where respondents' agreement that the SCP should focus on involving important people/stakeholders such as youth leaders were associated with gender (p=0.032). The ϕ value is .018 which is considered a small effect size. In this 96.6% of male respondents agreed and 85.1% of female respondents agreed that the SCP should focus on involving important people/stakeholders such as youth leaders.

In the following section, respondents' level of agreement with programme content will be discussed.

6.3.8   Respondents' level of agreement with SCP content

The second subsection of recommendations made by the respondents focused on respondents' level of agreement or support of the content of the SCP they attended regarding its appropriateness, consistency; understanding of youth HIV prevalence, content organisation and presentation effectiveness.
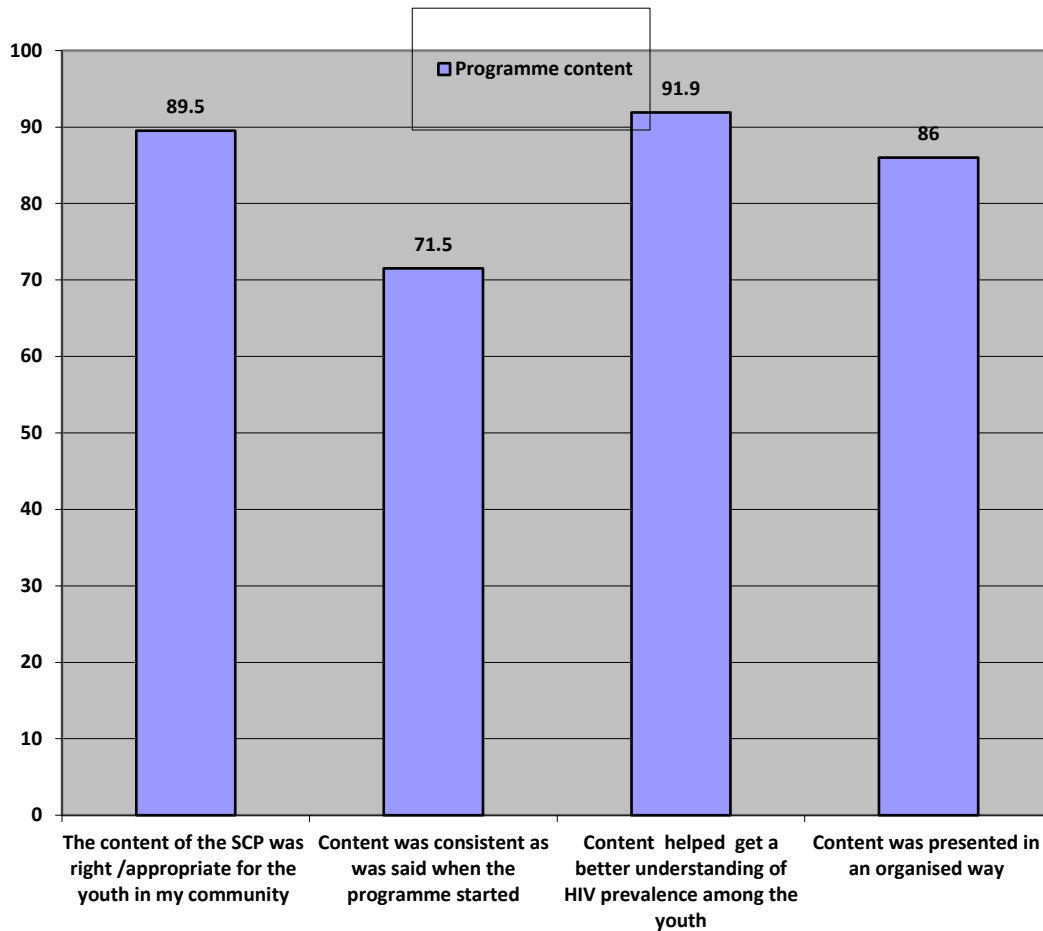
Figure 6.10: Respondents agreement with programme content (N=172)

There was no statistical association between age or gender and respondents' level of agreement with the programme content exposed to of the SCP. Figure 6.10 illustrates that 89.5% of the respondents agreed that the content of the SCP was appropriate for the youth in their community; while 71.5% agreed that the content was consistent as was said when the programme started; 91.9% agreed that the content helped them get a better understanding of HIV prevalence among the youth; 86% agreed that the content was presented in an organised way and 94.2% agreed that content presented was effective and helped them to understand how to reduce or prevent risky sexual behaviour.

HIV prevention programmes as advocated by Van Dyk (2013:152-153), should consider principles of having government support, creating partnerships between different stakeholders; peer support, involving people living with HIV and AIDS, cultural and religious sensitivity and lastly, as previously discussed, facilitating empowerment amongst the youth and others. Weyers (2011:410) defines a process goal of a community project as it's intended to change people concerning their knowledge, attitudes, emotions and behaviour

which also include practices. For example, the youth's sexual practices. It is thus clear based on the research findings that the SCP contents are suitable regarding its goal processes both of educating the youth in communities as well as potentially influencing positive behavioural changes concerning HIV and safe sexual practices amongst the youth.

The following section will focus on programme facilitation tools respondents were exposed to and their views on it.

6.3.9 SCP facilitation tools

The first part of Section H of the questionnaire focussed on the programme facilitation methods and tools utilised by facilitators in the SCP as indicated by respondents. There was no statistical association found between age or gender and respondents' level of agreement with programme facilitation tools exposed to of the SCP.

This section of the questionnaire was considered reliable with α=0.773, especially for a self-developed questionnaire as used with a survey design. Furthermore, the alpha indicates that the items were consistent in measuring items pertaining to the SCP facilitation tools.
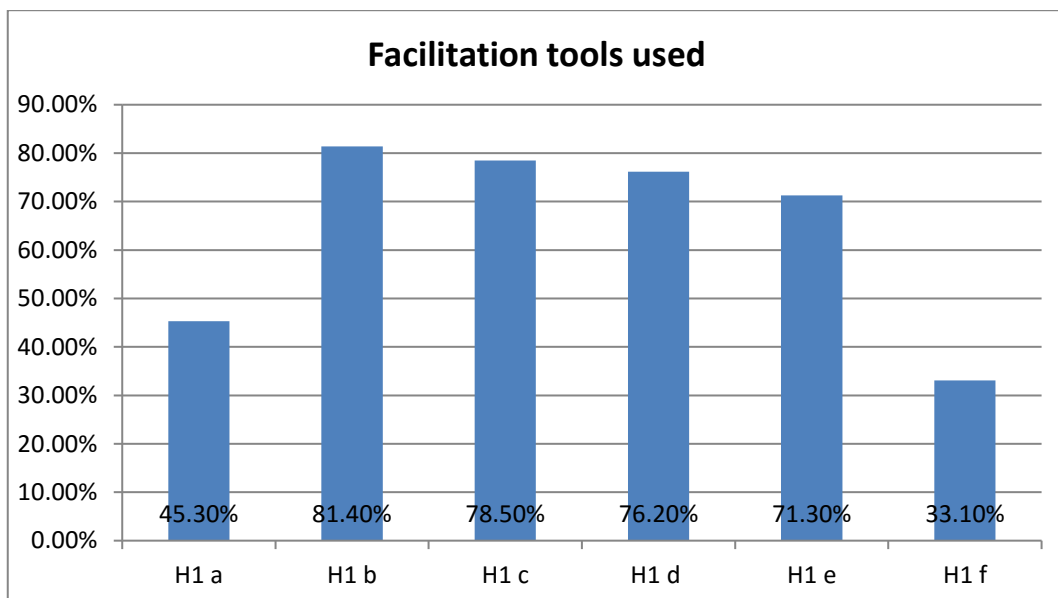
Figure 6.11:   Actual programme facilitation tools used (N=172)

H1 a- An episode of the SCP television series was shown

H1 b- Oral presentations

H1 c- Pamphlets

H1 d- Booklets

H1 e- Posters

H1 f- Other

Figure 6.11 illustrates that 45.3% of the respondents agreed that the SCP showed an episode from the Soul City television series (DVD). A further 81.4% agreed that explanations of topic were given by talking to them (oral presentations); another 78.5% agreed that pamphlets were used; 76.2% said that booklets were used; 71.3% confirmed that posters were used and 33.1% agreed that other tools were used during sessions, for example, a play and information from the internet. These findings are consistent with the 2010 SCI Annual Report that specifies that the SCI mass media communication vehicles span prime-time TV and radio (both drama and talk shows) across all languages and provide high-quality booklets translated into isiZulu, isiXhosa, Setswana, Sesotho and Afrikaans (SCI, 2010:1).

6.3.9.1   Effectiveness of SCP facilitation tools

The second part of Section H focussed on the effectiveness of methods and tools utilised by facilitators in the SCP as indicated by participants.
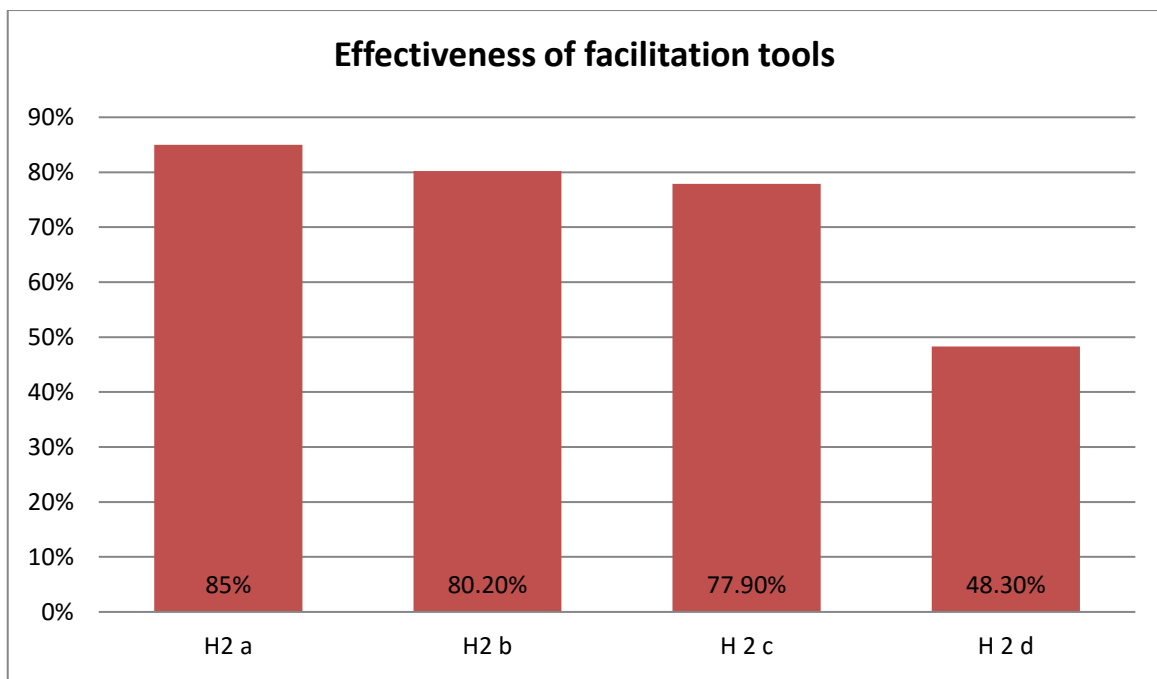
Figure 6.12:   Effectiveness of programme facilitation tools and methods (N=172)

H 2a -   Visual aids were clear
H 2b -   Oral presentations were clear
H 2c -   Hand-outs
H 2d -   Facilitation methods were appropriate

Figure 6.12 illustrates that 48.3% of respondents agreed that visual aids were used for example DVD's and it made everything in the programme clear to them. Thus, more than

half of respondents did not have the potential benefits of visual aids during programme or dialogues presented to them. A further 77.9% of the respondents agreed that oral presentations made everything in the programme clear to them while 80.2% agreed that hand-outs, for example, pamphlets, booklets and so forth made everything in the programme clear to them, and lastly 85.5% agreed that facilitation methods or the way the programme was presented was right (appropriate) for the topics (subject matter).

The researcher asserts that the youth is influenced by various negative symbols and role models in the media regarding safe sexual conduct. Influences may include popular media publications for adolescents, movies and television series designed to appeal to this age group, as well as music, songs and music videos for example some rap, kwaito, house, hip hop and rock music videos. Popular music lyrics and dancing have been likened to a mating ritual and in which rhythm and simulated sexual movements provide sexual release and indicate sexual attraction. These and other fictional magazines contribute to the creation of principles about relationships between the sexes, sexual expression and power. South African youth is not immune to these influences which can be found in, for example, various township taverns, dance clubs as well as social and other media. This very same media communication strategies could, however, be utilised also to influence the youth's sexual behaviour positively. The NSP (2011:47) states that communication efforts should encompass the various platforms for communication, including traditional media (newspapers, television, radio), and also social media platforms accessible on computers and cell phones (Facebook, Twitter, Mxit), SMS, local community dialogues and interpersonal engagements. Van Dyk (2013:211) asserts that social media are particularly commonly utilised in teaching about HIV and AIDS which can often be effectively enhanced by movies and other visual aids, role plays and a range of other participatory exercises. Given the effectiveness of the facilitation methods and tools of the SCP in bringing HIV prevention messages to the youth, the researcher considers that audio-visual tools should be available to all groups of youths to which the SCP is presented. The qualitative part of the study also highlighted the need for greater availability of these tools especially in the John Taolo Gaetsewe District, which is more rural than the Frances Baard District of the Northern Cape Province. Therefore, the research findings suggest that in future the SCP and similar programme planners and funders should adequately budget and provide financial assistance for audiovisual and other programme facilitation tools.

In the following section, general aspects regarding the SCP will be discussed.

6.4 General aspects of the SCP

Section I focussed on general aspects of the SCP about which participants had to indicate their opinions. These aspects were the venue; preferred programme span, notification period needed to attend programmes, marketing of the programme, distances respondents had to travel to the venues where programmes were held, mode of transport to venues and lastly the respondents' overall rating of the SCP. Only descriptive statistics are reported for this section of the questionnaire.

6.4.1 Programme venue

The following section focuses on the appropriate programme span as indicated by respondents.
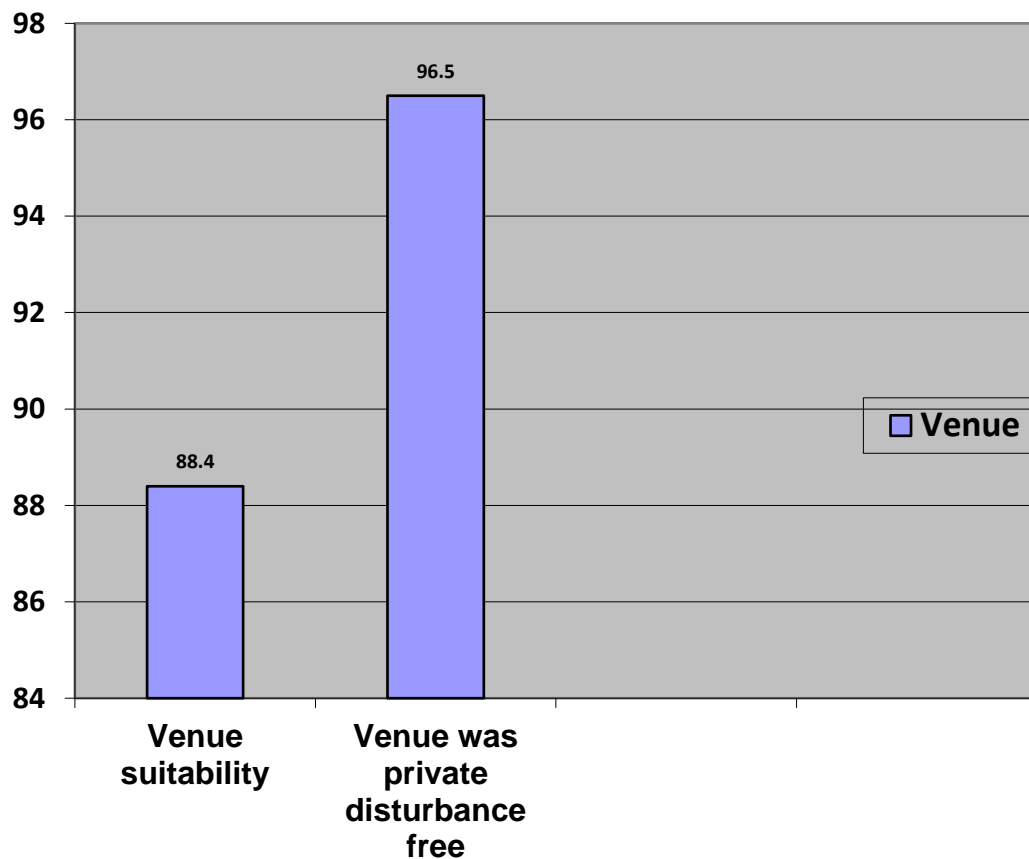
Figure 6.13:   Venue suitability (N=172)

Figure 6.13 illustrates that 88.4% of respondents agreed that the venue where sessions were held was appropriate and 96.5% agreed it was free from disturbances. These findings are consistent with Weyers (2011:264) who states that securing the most important venue for community programmes or projects could sometimes be difficult depending on the amount of support the facilitator could garnish and that it should meet the requirement of

being large enough to accommodate all for example youths that would like to attend the SCP dialogues.

6.4.2   Preferred programme duration

The following section focuses on the preferred programme's duration as indicated by respondents.
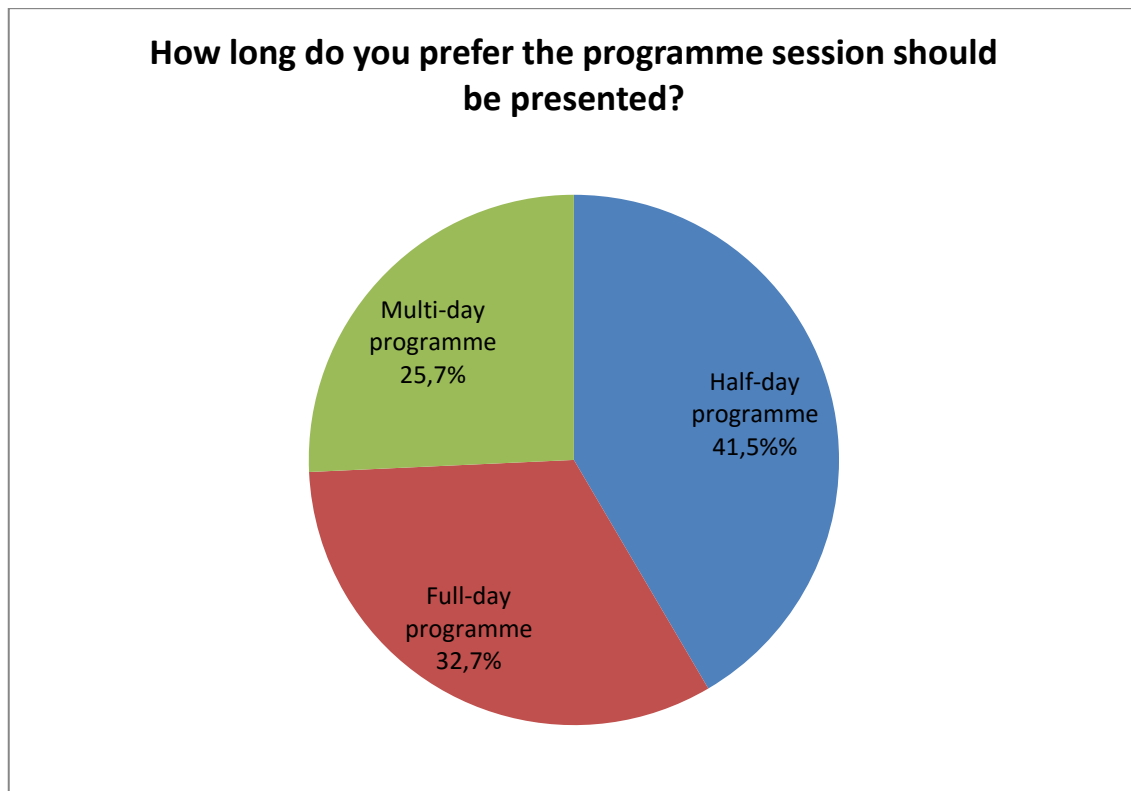
Figure 6.14:   Required programme duration (N=172)

Figure 6.14 illustrates that 25.7% of respondents agreed that they would prefer a multi-day programme; a further 32.7% preferred a full-day programme and 41.5% indicated a half-day programme. At the time the programme facilitators implemented the SCP with the youth, sessions were normally planned to be two hours long, which was clearly insufficient based on the research findings. The researcher, therefore, concurs with Van Dyk (2013:183) that AIDS education should be an ongoing process and that a single lecture or video, or an 'AIDS information week' is not sufficient. This research finding is also consistent with macrolevel policies such as the NSP (DOH, 2011:8-9) which calls for more sustainable HIV prevention programmes in order to make a sustainable difference in people's lives. The research findings, therefore, suggest that the SCP at the time was lacking in that regard.

6.4.3 Preferred period for notification about programme

The following section focuses on the preferred period for notification about the programme as indicated by respondents.

How long before the time do you need to be informed about the programme for you to be able to attend?
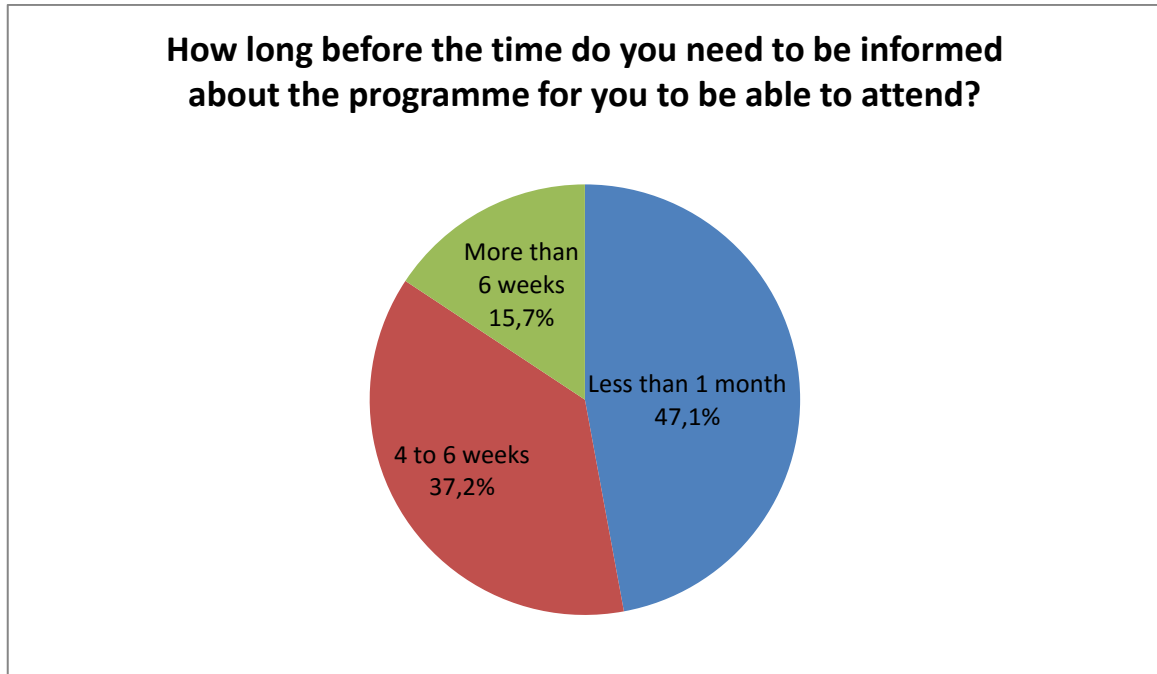
Figure 6.15:   Notification period needed to attend programme (N=172)

Figure 6.15 illustrates that 47.1% of respondents agreed that they need less than 1 month; 37.2% need 4 to 6 weeks and only 15.7% need more than 6 weeks' notice to be informed about the programme in order to attend the SCP. Weyers (2011:266) argues that it is advisable when starting a peer education programme to first do a feasibility study. In future, the SCP should consider undertaking a feasibility study first before considering a peer education programme using facilitators who are trained volunteers to implement community dialogues with the youth. It could also be advisable for them, with their target groups of youth at risk, to first engage youth frequenting bars or taverns and engaging in risky sexual behaviour, as part of a feasibility study to ascertain how much notice youths will generally need about the programme for them to attend it. This would assist in ascertaining whether the SCP will be viable in terms of programme attendance and may thus increase programme effectiveness.

6.4.4 Marketing strategies exposed to

The following section focuses on marketing strategies attendees were exposed to about planned programmes as indicated by respondents.
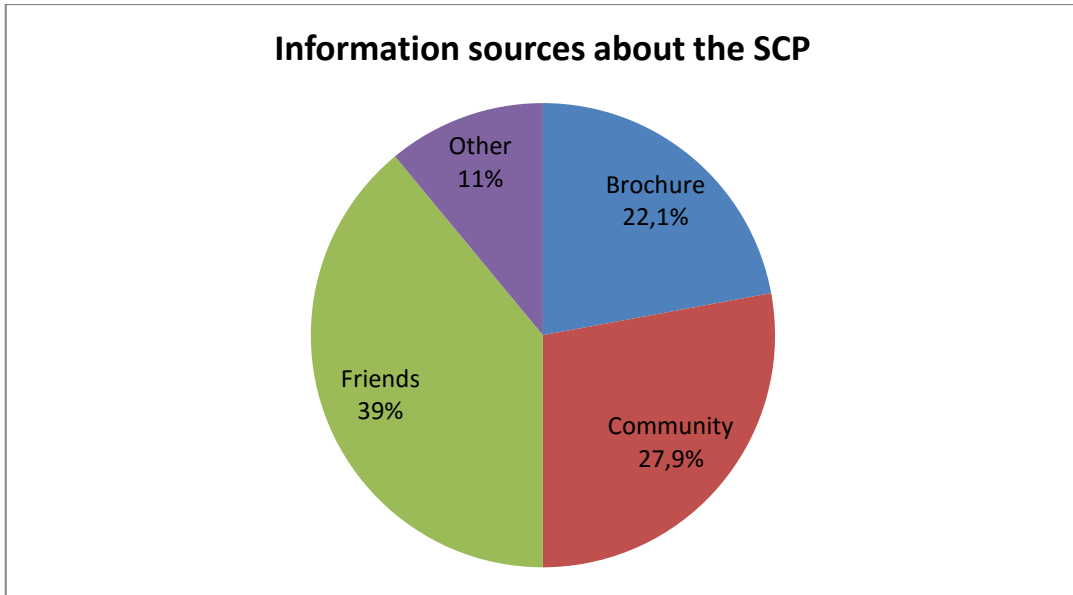
Figure 6.16: Programme marketing material exposed to (N=172)

Figure 6.16 illustrates that 39% of the respondents indicated that they got to know about the SCP through friends; 27.9% through community leaders; 22.1% through brochures and 11% by other means. Weyers (2011:264) suggests that more personalised marketing of a programme could be the most effective strategy as is highlighted by participants' responses. For example, 39% of the respondents indicated that they got to know about the SCP through friends and 27.9% got to know about the SCP through community leaders.

Therefore, it is important for SCP facilitators to continuously evaluate the effectiveness of their programme marketing strategy to determine whether it reached those for whom it was intended. The researcher, for example, discovered during the empirical investigation that programme attendance was frequently lower than planned or anticipated. Concerns that could be raised are about the appropriateness of marketing plans; their impact, the cost effectiveness of the marketing strategy and what else would be required to reach the identified marketing goals and objectives (Weyers, 2011:242).

6.4.5 Distance travelled to programme venue

The following section focuses on the distances that respondents had to travel to attend the SCP's programmes as indicated by respondents.

Table 6.5: Distance travelled to programme venue

Distance travelled (km)	Number of Respondents	Percentage %
1-5	123	71.5%
6-10	36	20.9%

Distance travelled (km)	Number of Respondents	Percentage %
12-20	8	4.7%
25-60	3	1.7%
72-100	2	1.2%

(N=172)

Table 6.5 illustrates that 71.5% of the respondents indicated that the venue where sessions were held was less than 5 kilometres from their homes while another 20.9% indicated it was less than 10 kilometres away. This finding is consistent with Weyers (2011:264) who states that finding the most appropriate venue should meet the requirement of being close enough to where participants live or work so that transport could not be an issue for concern. Furthermore, the appropriate venue location could have implications for programme attendance when issues of transportation to the venue are a problem.

6.4.6   Methods of transportation to programme venue

The following section focuses on the methods respondents used to attend SCP programmes as indicated by the respondents.
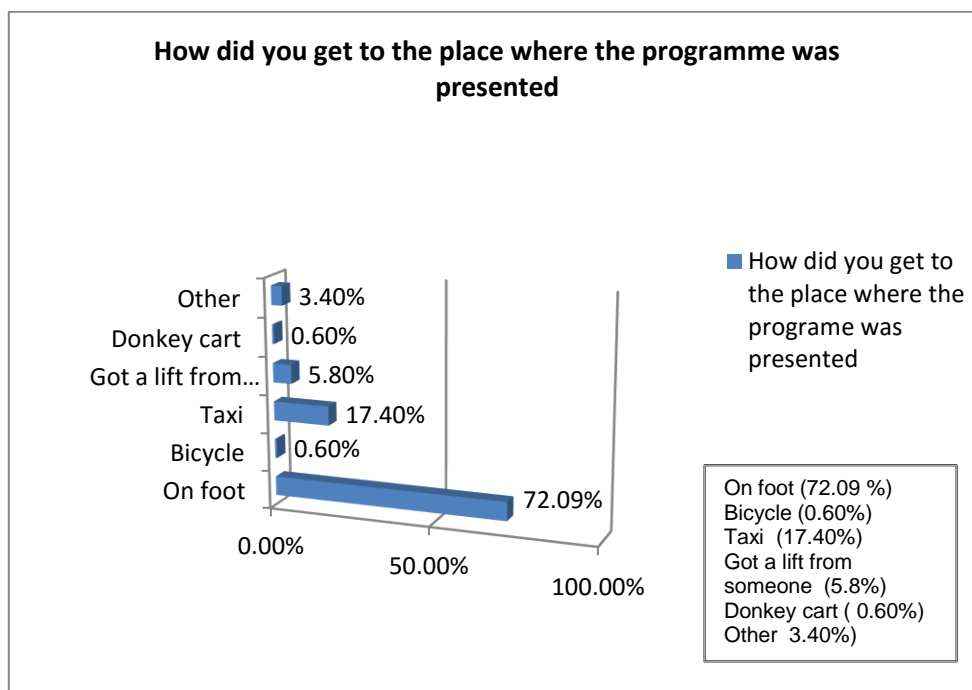
Figure 6.17:   Method of transport to programme venue (N=172)

Figure 6.17 illustrates that 72.1% of respondents indicated that they had travelled on foot, 17.4% indicated that they had travelled by taxi and 6% of the respondents travelled by to the venue by bicycle. These findings highlight the requirements for programme venues to

be close enough to where participants live or work so as to avoid transport and safety issues that participants might face when walking or cycling to programme venues (Weyers, 2011:264). The researcher agrees that this should be highlighted in the context that most programme attendees were adolescents and were female.

6.4.7   Programme rating by respondents

The following section focuses on the programme rating as indicated by respondents.
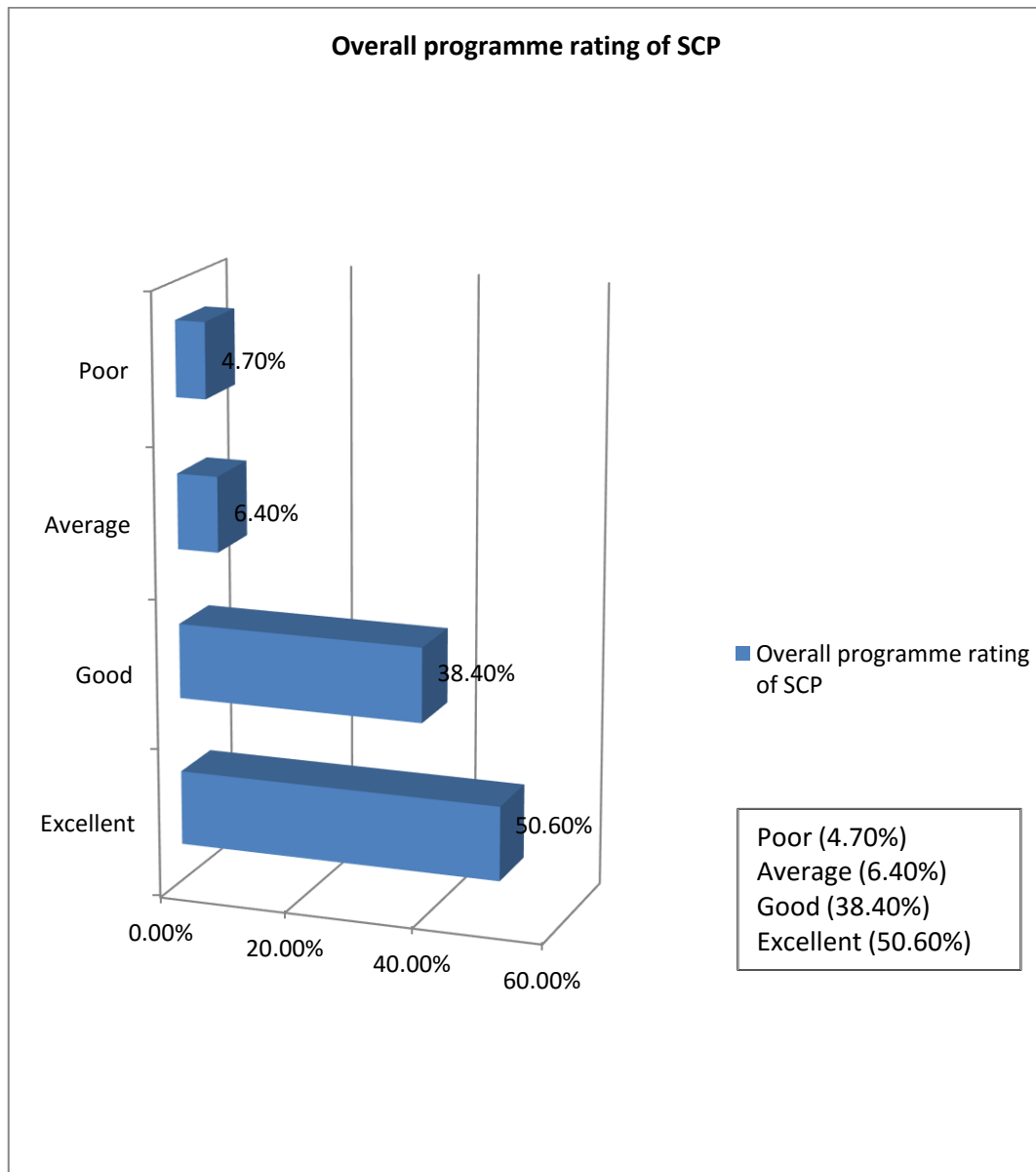
Figure 6.18:   Programme rating (N=172)

Figure 6.18 illustrates that respondents' satisfaction level with the SCP. Accordingly, 50.6% of the respondents rated the programme as excellent, while 38.4% rated it as good; 6.4% rated it as average and only 4.7% rated it as poor.

Weyers (2011:265) argues that the effectiveness of a programme should be continuously evaluated and that it is important to know the programme participants' satisfaction levels and how they feel about the programme they attended. The non-academic spin–off could be that the youth could become more confident and gain more control of their lives, especially regarding the sexual aspects of their lives in relation to HIV and AIDS. It could also be a source of information to programme developers, funders and facilitators about the merits of continuing or not with a programme such as the SCP with the youth in the Northern Cape and elsewhere in South Africa.

In the following sub-section respondent's additional comments will be presented and discussed.

6.5   Additional comments by respondents

The questionnaire afforded the respondents an opportunity to make additional comments on the Soul City programme they were exposed to if they so wished. Out of the 172 respondents, 69% made additional comments or suggestions.

Most of the comments or suggestions that were made are that the SCP should also be offered in more schools in the communities where it operated before. Some direct quotes from the comments written in the open questions are provided as evidence:

> "I suggest that the programmes should be hold more often at schools."

> "… If the SCP programme could be done monthly especially at school I believe it
> would make a big impact to our youth …."

Other comments that stood out centred around the fact that the programme should be offered more regularly in communities and that it should return to communities. This was consistent with earlier discussions in the present chapter and the literature which centred on a sustainable intervention programme. For example, some respondents stated:

> "… I feel that the programme should be going on longer than it was ...."

> "I will like that the Soul City programme be extended to our communities to extend
> the time of the programme. And they should come time to time not once a year."
> … Only that they should continue to tell us about the risk of sexual behaviour and
> the consequences, and how it can affect one's life especially the youth of today.
> Because this result to teenage suicidal, sickness (unwanted) and unwanted
> pregnancy …

Other respondents reiterated that the Soul City Programme should empower them beyond the dialogues and also cater for other constructive activities in the communities. These

comments were consistent with Theme 9.4 of Chapter 7 in the present study. Some statements from respondents included:

> "... Not only workshops where you to sit and listen to someone but education sport and other activities ...."
> "It would be much better if we had sports activities for the youth to practice. It would be amazing to have a proper soccer field and University of building unnecessary prisons (correctional services)."

The more active use of popular social media as part of HIV prevention campaigns was also another very good suggestion by one respondent and is consistent with discussions in Section H of this chapter. The respondent stated:

> ... And soul city should also open a page on Facebook as nowadays most of the youth are on Social networks it will get them more involved, to come up with suggestions and discuss some of the problems they're facing daily.

It is the researcher's opinion by utilising ecosystemic reasoning that most of the respondents' suggestions were practical, were consistent with the literature and could add value to the SCP or similar HIV social intervention programmes among the youth in the Northern Cape and elsewhere in South Africa.

6.6   Summary

In the present chapter the information gathered for the quantitative part of the study was presented and discussed in terms of the nine sections of the questionnaire, which were the Biographic details of respondents; Objectives of the Soul City programme for the youth in the Northern Cape; Applicability and relevance of the content of the Soul City Programme; Knowledge gained through attending Soul City; Attitudinal change; Programme delivery; Programme content; Programme facilitation methods and general aspects.

There was no statistical association found between any of the variables in most sections of the questionnaire except when combined in 5 questions in sections D and G. This was established by utilising the Fisher's exact test to identify whether there was an association between two categorical variables.

In Section D, there was a statistical association found when the SCP Information contributed to respondents achieving their personal life goals and age were correlated. Also in Section D there was a statistical association found where the respondents could see the impact of the SCP on their lives and gender.

In Section G there was a statistical association found between the respondents' indication that the SCP should focus on ways/strategies to fight poverty in their communities, and

gender. Also in Section G there was a statistical association found between where the respondents indicated that the SCP respondents agreed that the SCP should focus on involving important people/stakeholders such as youth leaders and gender. Most male and female respondents agreed with this. Lastly, in Section G there was also a statistical association between the respondents' indication that the youth's capacity to fight the further spread of HIV and AIDS could be built by visiting the community, and age.

In the remainder of the chapter, descriptive statistics were used to interpret findings and draw conclusions in the context of the literature and the theoretical framework which is the ecosystems perspective. From an ecosystems perspective, the SCP programme appeared to be influenced by or aligned to micro-, meso-, exo- and macrolevel factors with varying degrees of success and focus areas. The programme exolevel focus generally appeared to be more prominent and to a lesser degree on the macro- and microlevels.

The research findings support the conclusion that the SCP was relatively effective in terms of programme content and facilitation methods. However, the findings suggest (supported in the literature and based on recommendations made by respondents) that although some efforts were made by the SCP within the South African context and from a social work perspective, the Soul City programme lacks a comprehensive multi-dimensional strategy.

Furthermore, what was repeatedly clear was a need for the SCP's programme continuation and sustainability because adequate effort was not made for this despite the programme's apparent value when it was operational. Therefore, among respondents there may have developed a perception after the SCP's departure of leaving a vacuum within the communities in which the SCP operated, ultimately leaving those communities "in the lurch" after expectations of its continuation may have been created. The latter may especially be the case if plausible alternatives were not put in place in the communities in which the SCP rendered its HIV youth programmes.

In the following chapter, Chapter 7, the focus will be on the data collected during the qualitative part of this study. In line with the study's qualitative approach, comments made by Soul City field workers in HIV and AIDS in the Northern Cape will be discussed. They were the actual implementers of the Soul City social intervention programme at ground level and are strategically suited to comment on the challenges and strengths of the SCP programme content and it.

7. CHAPTER 7: QUALITATIVE RESEARCH FINDINGS

7.1 Introduction

The purpose of this chapter is therefore to describe how Objective 4 of this study was met, namely:

> To evaluate the content of the Soul City social intervention programme for the youth regarding HIV and AIDS in the Northern Cape within the context of the NSP 2012-2016 on HIV and AIDS from the perspective of the field workers.

This chapter focusses on the findings from the data collected during the qualitative part of this study. In line with the study's qualitative approach, field workers of Soul City who work in the field of HIV and AIDS in the Northern Cape were included in the study and data were collected by means of semi-structured interviews. The field workers in the employ of the Soul City Programme were the actual implementers of the Soul City social intervention programme at ground level and were strategically suited to provide their comments about the challenges and strengths of the programme content and implementation, and furthermore to offer recommendations on how to improve the programme. The qualitative part of the empirical study was conducted with thirteen Soul City Programme implementers, who presented HIV dialogues to the youth in the Northern Cape Province, specifically in the Frances Baard and John Taolo Gaetsewe districts.

7.2 Research Findings

In this section, the demographic details of the programme implementers involved as participants will be provided, followed by the findings from the thematic analysis of the qualitative data.

7.2.1 Demographic information and profile of participants

In the following section, the demographic information and profile of participants will be discussed.

Table 7.1: Demographic information of participants

Participant	Gender	Racial grouping	Home language	Permanent or Contract employee of Soul City	Received Soul City training in dialogue facilitation
A	Male	African	Setswana	**Permanent**	Yes
B	Male	African	Setswana	**Permanent**	Yes
C	Female	African	Setswana	**Contract**	Yes

Participant	Gender	Racial grouping	Home language	Permanent or Contract employee of Soul City	Received Soul City training in dialogue facilitation
D	Female	African	Setswana	**Contract**	Yes
E	Female	African	Setswana	**Contract**	Yes
F	Female	African	Setswana	**Contract**	Yes
G	Female	African	Setswana	**Contract**	Yes
H	Female	African	Setswana	**Contract**	Yes
I	Female	African	Setswana	**Contract**	Yes
J	Female	African	Setswana	**Contract**	Yes
K	Female	African	Setswana	**Contract**	Yes
L	Female	Coloured	Afrikaans	**Contract**	Yes
M	Male	African	Setswana	**Contract**	Yes

Table 7.1 reveals that ten of the participants were female and three were male. Of the 13 participants, 12 identified themselves as Black South African with Setswana as their home language. One participant identified herself as a coloured person with Afrikaans as her home language. All participants were trained to facilitate Soul City dialogues with youth. Two participants were permanently employed by the Soul City Institute (SCI) and 11 were sub-contracted. Subsequently, Table 7.2 provides a profile of the research participants.

Table 7.2:   Profile of research participants

Participant A	Participant A is male and in his thirties, single and has one child. At the time of the study, he was permanently employed by the Soul City Institute and worked mostly in the poverty-stricken shanty towns in the Frances Baard district and has worked for the Soul City Programme for more than two years. He has previously worked for a number of NGO's focusing on the youth.
Participant B	Participant B is a male and is married. At the time of the study he was permanently employed by the Soul City Institute and he worked in the poverty-stricken shanty towns of the Kimberley area and has worked for the Soul City Programme for many years and can be considered the provincial contact person for the Northern Cape Province.
Participant C	Participant C is a female in her late thirties, widowed with children. She was short-term sub-contracted by the Soul City Institute to implement dialogues with the youth and worked around Kuruman in the very rural John Gaetsewe district. She worked for a few years for the SCP in the surrounding villages

	and schools. She also had experience of working for another organisation as a caregiver for people infected with HIV.
Participant D	Participant D is a female in her twenties, single who has no children. She was short-term sub-contracted by the Soul City Institute to implement dialogues with the youth and worked in Kuruman in the very rural John Gaetsewe district. She worked for the SCP in the surrounding villages and schools. She also had experience working for another organisation as a caregiver for people infected with HIV. She furthermore also has the experience of working for the Northern Cape NGO coalition.
Participant E	Participant F is a female in her thirties with children. She was short term sub-contracted by the Soul City Institute to implement dialogues with the youth and worked in Kuruman in the very rural John Taolo Gaetsewe district. She has experience as a caregiver for people living with AIDS. She also has experience of working for another organisation as a caregiver for people infected with HIV.
Participant F	Participant F is a female in her late thirties with children. She was short term sub-contracted by the Soul City Institute to implement dialogues with the youth and worked in Kuruman in the very rural John Gaetsewe district. She has experience as a caregiver for people living with AIDS. Despite being trained in dialogue facilitation; she was the only programme implementer that was restricted from continuing her work after just one dialogue because of cultural resistance by some segment in the rural village where she worked.
Participant G	Participant G is a female in her late thirties and is a single mother, widowed with children. She was short term sub-contracted by the Soul City Institute to implement dialogues with the youth and worked in Kuruman in the very rural John Gaetsewe district. She worked for the SCP in the surrounding villages and schools. She also had experience working for another organisation as a caregiver for people infected with HIV.
Participant H	Participant H is a female in her late thirties, widowed with children. She was short term sub-contracted by the Soul City Institute to implement dialogues with the youth and worked in Kuruman in the very rural John Gaetsewe district. She worked for a few years for the SCP in the surrounding villages and schools.
Participant I	Participant I is a female in her forties with daughters. She was short term sub-contracted by the Soul City Institute to implement dialogues with the youth and worked in Kuruman in the very rural John Gaetsewe district. She worked for a few years for the SCP in the surrounding villages and schools. She was also a caregiver for people infected with HIV. She was also a presenter at a local radio station.

Participant J	Participant J is a female in her late thirties, single with children She was short term sub-contracted by the Soul City Institute to implement dialogues with the youth and worked in Kuruman in the very rural John Gaetsewe district. She worked for the SCP in the surrounding villages and schools. She also has experience of working for another organisation as a caregiver for people infected with HIV.
Participant K	Participant K is a female in her late thirties, single with one child. She was short term sub-contracted by the Soul City Institute to implement dialogues with the youth and worked in Kuruman in the very rural John Gaetsewe district. She worked for the SCP in the surrounding villages and schools. She also has experience of working for another organisation as a caregiver for people infected with HIV.
Participant L	Participant L is female in her fifties, widowed with children and she was the only coloured programme implementer in the sample. She was short term sub-contracted by the Soul City Institute to implement dialogues with the youth and worked in the predominantly coloured suburb near Kuruman in the very rural John Gaetsewe district. She worked for a few years for the SCP in the surrounding villages and schools. She also has experience as a caregiver for people living with AIDS and can be considered one of the most experienced programme implementers of the SCP. She was also working for another organisation as a caregiver for people infected with HIV. She also had ties with the local community clinic.
Participant M	Participant M is a black male in his thirties with mobility impairment. He was short term sub-contracted by the Soul City Institute to implement dialogues with the youth and worked in Kuruman in the very rural John Gaetsewe district. He worked for a few years for the SCP in the surrounding villages and schools. He can be considered one of the most experienced programme implementers of the SCP. He is furthermore also employed by the Northern Cape NGO coalition.

Table 7.2 reveals that 11 of the participants worked in the John Taolo Gaetsewe district, which was more rural, while two participants worked in the more urban Frances Baard District. Three of the participants were male and 10 were female. All participants were trained by the Soul City Institute to present the dialogues. Only two participants were permanently employed by the SCI while the remaining 11 were contract workers. Most participants also had experience of working as HIV caregivers for other organisations

In the following section, the findings originating from the qualitative data analysis will be provided.

7.3 Themes and Sub-Themes

The following section will present a thematic analysis of the themes and sub-themes identified from the semi-structured interviews conducted with Soul City Programme implementers or field workers as participants. As previously noted in Chapter 5 section 5.8.2 in line with recommendations by Dudley (2005:28) with regard to the theme generation and analysis a high premium was placed on ensuring consistency "interrater reliability in the results" by also making use of the services of an independent coder. Verbatim quotes from the research interviews were used to support the themes/sub-themes. The themes were also further substantiated by the literature as detailed in Chapters 2-4.

Table 7.3 provides an overview of the themes and sub-themes.

Table 7.3:   Themes and sub-themes

THEMES	SUB-THEMES
1. Working experience	1.1 Positive working experience
	1.2 Additional working experience with the youth
2. Recruitment	2.1 Age criteria
	2.2 Ways of recruiting
3. Focus of programme	3.1 Microlevel factors
	3.2 Mesolevel factors
	3.3 Exolevel factors
	3.4 Macrolevel factors
4. Process of programme implementation	4.1. Authorisation to implement programme
	4.2. Marketing of programme practices
	4.3. Actual programme implementation
5. Types of projects	5.1. Most common programmes/ projects implemented with youth
	5.2. Additional projects with the youth
6. Choosing relevant dialogue	6.1 Facilitator observation
	6.2 Presenter team meeting
	6.3 Consulting community stakeholders
	6.4 Community day of dialogue
	6.5 Monthly planning
7. Limitations	7.1. Funding challenges

THEMES	SUB-THEMES
	7.2. Monitoring and evaluation tool
	7.3. Once off dialogues
	7.4. Cultural resistance
	7.5. Political influence
	7.6. Gender
	7.7. Lack of national support
	7.8 Lack of community support
8. Evaluation	8.1. Evaluation by facilitators
	8.2. Facilitator reports
	8.3. M&E only on medical male circumcision dialogue
	8.4. Contrasting views on monitoring and evaluation
	8.5. Result of evaluation
9. Recommendations	9.1. Introduction of formal evaluation tools
	9.2. More funding to do more dialogues and implement dialogue resolutions
	9.3. Staying in communities for longer periods
	9.4. Youth support beyond once off dialogues
	9.5. More local and provincial government financial support
	9.6 Greater local level involvement from national office
	9.7 Youth programmes for specific sub-sections of the youth, e.g. 18-25
	9.8 More programme implementation tools

7.3.1   Theme 1: Working experience

The following quotes reflect participants' working experience for the Soul City programme. Sub-themes include a positive working experience and additional working experience with the youth.

- **Sub-theme 1.1: Positive working experience**

The following section and quotes will focus on participants working experiences for the SCI.

> Participant H stated: "I do enjoy it … It's been so easy because when I group people then I get even more information about what I've done. So sometimes people teach me what I didn't know. So I enjoy it."

> Participant F stated: "... I presented once …. Male circumcision …"… Yes, I tried to finish my … the following day the traditional men get a meeting …. And go to chief and … Ma'am must stop here .…"

> Participant K stated: "It's been so easy because when I group people then I get even more information about I've done. So sometimes people teach me what I didn't know. So, I enjoy it."

> Participant M stated: "… Yes, it was a good experience .…"

> Participant A stated: "... We were, before the whole dialogues we went for training by Soul City ...."

From the interviews, it became evident that most participants had a positive experience working for the Soul City Institute (SCI) presenting dialogues with the youth. However, one participant stated she only presented a dialogue on one occasion due to cultural resistance from a certain very traditional and conservative segment of the village where she was supposed to work. Therefore, due to safety concerns, her superiors instructed her to stop presenting dialogues in that village and she was also not alternatively placed. This illustrates the view by Van Dyk (2013:229) that in the African context an AIDS prevention programme cannot succeed easily without the support of traditional structures, such as traditional healers commonly found in traditional rural villages of the Northern Cape where the SCP operated.

Participants further indicated that they were also trained by the SCI, presenting dialogues with the youth using its tools and resources. Maestry (2010:177) asserts the view that practitioners involved in community programmes should have good communication, documentation, budgeting, monitoring and evaluation skills. This is consistent with Van Dyk (2013:161) who stated that facilitation, especially with regard to HIV prevention programmes, involves having the skills to guide a process to help people discover what they already know and to generate their further learning. Therefore, it is appropriate that all participants were trained in dialogue facilitation with the youth. When asked whether they were trained in dialogue facilitation with the youth all of them replied: "Yes."

- **Sub-theme 1.2: Additional working experience with the youth**

The following section and quotes will focus on participants additional working experiences for the SCI.

> Participant A stated: "… I started at SASSA, DPSA and then went to Love Life also this other organisation called 'Young Christians students,' 'Grass Roots Soccer' and then Soul City …."
>
> Participant M stated: "And all I can say that I do have a lot of, of a lot of experience because I am now facilitating to HIV growing within our organisation, within our NGO coalition …."
>
> Participant D stated: "Um, um. When I started at Soul City neh? I volunteered at Coeding village, they have a program for one month then I have interested with social things, so I getting a facilitator for pilot in different communities …. It was 2 months' contract then after I find another contract at Northern Cape NGO for Soul City Institute."

From the thematic analysis of the findings, it became evident that a few facilitators indicated they had additional working experience with the youth when they previously worked at other organisations. The majority of participants were working for the Soul City Institute on a contract basis and only two were permanently employed. The majority of participants also had experience of working as caregivers for other organisations.

Discussion of Theme 1

Key findings from Theme 1 were that most of the participants' views pertaining to their working experience were that of a positive experience both personally and professionally. The researcher, therefore, concludes that most participants were motivated to do their work. Only one participant was not able to implement all dialogues in the communities to which she was assigned to due to unforeseen cultural resistance. She was only able to present a dialogue on one occasion.

All Soul City programme facilitators received training on how to present the dialogues and related subjects to the youth. The working experience with the Soul City Institute fluctuated amongst participants in terms of length. Some participants also had other previous experiences of working with the youth for other organisations. Most of the participants were working for the SCI on a contract basis and only two were permanently employed. Most also had experience of working as caregivers for other organisations.

7.3.2 Theme 2: Recruitment

These following quotes reflect on the participants' recruitment criteria implemented for the SCP. Sub-themes include age criteria, followed by ways of recruiting youth to attend dialogues.

- **Sub-theme 2.1: Age criteria**

The following section and quotes will focus on the age criteria that participants' utilised for selecting programme participants.

> Participant K stated: "… So I just want 14 down. Up not down ... Up to 30 something …."
>
> Participant C stated: "No our age we would start from 14 upwards .... Because Soul City give us contracts to work with 14 years and above …."
>
> Participant J stated: "… I will look at the target of the age … maybe 18 to 35, ja …."
>
> Participant F stated: "… Starting from youth, example 18 years …."
>
> Participant M stated: "… Uhm, our criteria, we looked at the age .... Starting from the age of 14 to 35 years, that was our criteria."

The interviews revealed that participants apply age as criteria to select youth participants to be part of their programmes due to the fact that the programme was targeted at the youth. The later criteria application could be considered as positive because inter-generational age mixing in programmes could inhibit youth to participate freely and truthfully without inhibition about their questions and opinions (Campbell et al., 2010:161). Furthermore, Hervish and Clifton (2012:4) state that in order to develop appropriate policies and programmes that accommodate age-related needs, policymakers and by extension, programme developers must recognise how the experience of adolescents and youth are distinct from that of children and older adults.

The thematic analysis procedure further revealed that inequalities between the youth and older community members are particularly acute in conservative and remote communities, typical of the predominantly rural Northern Cape Province, where some communities have relatively little access to education or to new ideas or developments regarding HIV prevention, as compared to people living in more urban provinces. Furthermore, authors such as Low-Beer and Stoneburner (2004:28) assert that members of a community, the youth, in particular, should have opportunities to discuss HIV and AIDS with their peers in face-to-face settings, referred to as "social spaces." Campbell et al. (2007:4), also highlight that much has been written about the way in which the African AIDS epidemic is driven by

power inequalities between youth and adults, and between men and women. It can, therefore, be embarrassing or uncomfortable for youth/young adolescents to turn to older adults with questions regarding sex-related matters, and therefore, they may turn to peers who potentially can communicate wrong information and/or perceptions. In the context of the latter, it is more suitable to have certain HIV programmes exclusively for the youth.

Sub-theme 2.2: Ways of recruiting

The following section and quotes will focus on participants' ways of recruiting youth to attend the SCP.

> Participant B stated: "We are using different ways to recruit. One, we request the radio station to announce on air that we Soul City is having a dialogue and the dialogue is about 123 topic of the dialogue we write letters to churches, we write letters to organisations and then mouth to mouth sharing inviting people to the dialogues."

> Participant D stated: "With the loud hailer? We just go street by street with the car and you raise the voice and tell when tomorrow I'll be having the event in a dialogue at Mopuleng village at 10 o'clock so I think of you go street by street that is the youth well get that message."

> Participant E stated: "… I write the circular and I invite them verbally again. And write letters to the churches."

> Participant K stated: "By writing the posters then put it there at the shops and I go to the school and ask the principal to allow me to talk to the youth and to come to the dialogue when I've got the dialogue .... And at the funeral when people I recruit at the funeral."

The interviews revealed that most participants used a variety of methods to recruit and facilitate their programmes to the youth, such as radio, media, posters, pamphlets and so forth. Some of the responses by participants is consistent with the SCI Annual Report (2014:6) which indicates that "door-to-door" visits providing one-on-one interventions and positive prevention community dialogues were held in the two Districts of John Taolo Gaetsewe and Frances Baard - the only two districts in the province where the SCI presented dialogues with the youth. These recruitment strategies indicated by participants are consistent with the view of Gumede (2011:178) that community participation can be facilitated through the involvement of getting individual opinions in the community through community meetings and a door-to-door methodology to get to know communities better, especially in critical matters affecting them such as HIV and AIDS and possible interventions to ease the difficulty that many distressed communities might endure.

"Integrated marketing is the principle that the more media that is used to convey the same media to the same target group, the more likely it would that they would take cognisance of its contents" (Weyers, 2001:229). The use of integrated marketing by participants who is

the programme implementers is supported by Weyers (2001:229) who argues that it could increase the effectiveness of the programme, as well as the community's understanding of the programme goals. In recent years, communication programmes have expanded to address the full continuum from HIV prevention to treatment to care and support. These channels include radio variety shows, songs, and spots, soap operas, music videos, films, pamphlets, billboards, posters and interactive websites. Furthermore, all facilitators were obligated by their employer to target a minimum of 100 youths to attend dialogues and prove it by means of signed attendance registers.

Discussion of Theme 2

It was found in Theme 2 that most participants targeted the youth as their target audience, the importance of not mixing youth attendees with older community members during dialogues is supported by Campbell et al. (2010:153).

Theme 2 further highlighted that most participants used multiple strategies to recruit the youth to attend dialogues ranging from posters, notices, radio, door-to-door or flyers and using all these strategies mostly yielded positive results in terms of programme attendance. As explained in Chapter 4, section 4.4, these findings are also consistent with Payne's (2005:152) view that from an ecosystems perspective, social workers and related practitioners should come to shared agreements with clients about what issues are important, through listening to life stories and assessing in ways that allow clients to make informed choices about appropriate ways of responding.

7.3.3 Theme 3: Focus of programme

The following quotes reflect the participants' focus areas of the SCP. Sub-themes include focuses on the ecosystemic levels of the SCP implemented by implementers, including micro-, meso-, exo-, and macrolevel interventions.

- **Sub-theme 3.1: Microlevel factors**

The following section and quotes will focus on microlevel factors of the SCP.

> Participant I stated: "We discuss multiple concurrent partnerships, we will bring in the impact on the individual and then we bring in individual the impact on the family from the individual and then we bring in the impact on the community so that you as a person can see it is not only you who suffers from unprotected sex or multiple concurrent partnerships the risks that you place yourself in. At the end of the day, your family are going to suffer the pain that you place yourself at the day the society or community that you're staying or living in or living with they also affected by that so we bring in all those aspects."

Participant K stated: "… ouers was betrokke en hulle het dit nogal geniet en hulle het gese ons moet dit meer male doen (parents were involved and they enjoyed it) …."

Participant M stated: "Cause we only inviting people to the dialogue, thereafter the dialogues comes maybe try to focus on the family maybe like you have said, we are just doing the dialogues .... Yes, if there's someone in the family maybe the person came and disclosed how he/she try to handle that person."

Participant C stated: "Because if we talking about the issues of one love programme that refer to the one love programme it's for the stuff that also affects the family because if I'm teaching a young person to rely on one partner that means I'm also including the family inside because that means that person will have to disclose to family this is my boyfriend and this age and then the family they would be aware that they are not expecting to see someone else because someone has been introduced to them. So, that is how families were put in and with if parenting progress that's where families are also included."

Participant D stated: "… Ja, I do have the dialogues with young people, families …."

The thematic analysis procedure revealed that the SCP had a microlevel focus albeit to a limited degree. The Soul City Behaviour Change Model (SCBCM) emphasises the role of micro-, as well as mesolevel factors in the lives of individuals. For example, the SCBCM considers beliefs, anticipated outcomes, norms, roles, self-concept, emotions, and attitudes to have a significant impact in determining the behaviour of people. What appears to be missing, however, is a limited depth of microlevel focus of the SCP, because programmes predominantly focused on group or community dialogues, where issues affecting the individual or the youths' family were discussed in a very large generalised group context.

This is in contrast with ecosystems framework which often is referred to as a bio psychosocial-cultural framework (Ambrosino et al., 2012:54) thereby implying a need for interventions to be holistic. Ambrosino et al. (2012:49), further assert that the ecosystems framework accounts for individual differences, cultural diversity, growth community, and societal levels. Furthermore, an intervention strategy should account for change at individual and family levels. The person-in-environment (PIE) construct, as deduced by Weyers (2011:200), is especially valuable because of its focus on individuals, their environment and the transactions or relationships between the two. Therefore, it could be expected that at a microsystem level the SCP could, for example, broaden knowledge and insight regarding HIV and AIDS by providing individual counselling to the youth, counselling to his or her family, and help him/her develop a new network of friends when dealing with HIV and AIDS-related challenges and risks (Ambrosino et al., 2012:57).

- **Sub-theme 3.2: Mesolevel factors**

The following section and quotes will focus on mesolevel factors of the SCP.

Participant B: "Person and you empower this person at the end on divide like word you allow this person to go and share with whoever he/she stays with and those will also share with friends and other people. So, it's how we bring the message across to change the environment. Ja, but when you look at a year-old child who is playing with other children around their house he will pick up different behaviours and come home with these different behaviours and then when you as a parent teaches this child positive values this child will also be able to say to the other one: "no don't swear like that." You understand you don't do it like that you do it in this form so the one that you give information spreads to the others and by doing."

Participants C: "So if these three environments I believe should work together and we cannot jump one and talk about only maybe at school because when that child get out of the school, he or she goes to very same community and at home maybe they are trying and if that school is not talking one language we are going to create a problem. We have one incident, I remember last just week, the 1 principal of Bakara High school called a meeting and the parents meeting cause this young girl and this young boy are involved in the relationship and there are still in grade 8 and one, and this one boy raped the girl and the girl is dead now you know? And the thing that really woke me up is the fact that at school teachers are trying too hard to instil the morals and values in the children, but at home, there is this problem of children not being disciplined, they do as they wish, they do whatever."

Participant K stated: " … I sometimes feel sorry sometimes, I, the principal at the our school he ask me to go to counsel the children there at schools. Then I go there and then talk to them about HIV and AIDS, talk to them about Phuza Wise because they were groups."

This sub-theme revealed that the SCP does focus on mesolevel factors, for example, many of its programmes were presented at schools and clinics where many youths were found or frequented. A mesosystem involves the relationship between two microsystems that are linked by some person who is present in both microsystems (Ambrosino et al., 2012:56). Because a youth is part of his family and his school, he/she should normally provide the link between these two microsystems. The interactions in one microsystem influence the interactions of the others.

Bezuidenhout and Dietrich (2008:74) highlight that the school environment influences an adolescent's perception of societal and economic opportunities available and therefore what they can or cannot achieve in their lives. Utilising eco-systems reasoning the researcher supports this view and considers it very functional that the SCP incorporated many learners from schools within communities where it hosted its programmes.

- **Sub-theme 3.3: Exolevel factors**

The following section and quotes will focus on exolevel factors of the SCP.

Participant B stated: "The tavern owner the community around me allowed me to exceed with four hours we call the community to say ok you were not part when the tavern owner got licence but we want you to be responsible of the area you need to visit these tavern you need to go and check whether is this tavern owner

adhering to the licence regulations if not you need to stand up and then do something talk to the tavern owner to say if you cannot stick to one two three we don't have a choice but close you as a community so we spoke to the tavern owner we spoke to the community but now the community needs assistance like if they step up or they take steps against the tavern owner who will back them up we bring in stakeholders like your traffic department your police and other organisations. We talk to them to say how do we support and then Liquor Board will say ok we are supporting the community because we gave out the licence. If the community come to us and say this person is not adhering to the licence regulations, then we can take the licence of that person. That's how we involve the role players."

Participant E stated: "… I'I invite them. I invite the teachers from the school, the community counsellors, the ward counsellor, the nurses even the chief …."

Participant D stated: "… They say they will going to write letters for the owners of the tavern, the liquor board and also the general in the SAP and the station commander for also the social crime co-ordinators of come together …."

Participant D stated: "NGO's, Traffic, SAPS, everything man. Everything. I make stakeholders ... Arts, Culture, Soul City, positive convention, lot of things you see. I connect with the hospital, nurses, Denosa. I come to them I ask them I ... Letter to invite then after I'm asking my community I'm coming to my community back. I'm coming from the government, stakeholders, everything. During the community meeting, telling people more. After that, all individuals, I can speak to you."

Participant F stated: "… With another home base care and other one of love Life, chief was sitting there …."

This sub-theme revealed that the SCP does focus on exolevel factors and participants alluded to the latter. Examples as reflected by the thematic analysis procedure, are consistent with the SCI Annual report (2010:17) that states: "… community members apparently reported that they were then more aware of their rights in dealing with tavern owners and are able to approach their local councillors and municipalities." Ambrosino et al. (2012:49), identify that the ecosystems framework must account for individual differences, cultural diversity and change at community, and societal levels. Intervention strategies should, therefore, account for change at community levels. Campbell et al. (2007:28) latch on to the latter by introducing the concept of an AIDS-competent community which they define as one where community members work collaboratively to support each other in achieving sexual behaviour change and the reduction of stigma. The data, therefore, reflected that the SCP to a large extent attempted to involve local communities and stakeholders in their interventions with regard to HIV and the youth.

- **Sub-theme 3.4: Macrolevel factors**

The following section and quotes will focus on macrolevel factors of the SCP.

Participant D stated the following: "NGO's, Traffic, SAPS, everything man. Everything. I make stakeholders …. Arts, Culture, Soul City, positive convention, lot of things you see. I connect with the hospital, nurses, Denosa. I come to them

I ask them I … Letter to invite then after I'm asking my community I'm coming to my community back. I'm coming from the government, stakeholders, everything. During the community meeting, telling people more. After that, all individuals, I can speak to you."

Participant B stated: "We talk to them to say how do we support and then Liquor Board will say ok we are supporting the community because we gave out the licence. If the community come to us and say this person is not adhering to the licence regulations, then we can take the licence of that person. That's how we involve the role players."

The thematic analysis procedure revealed that that the SCP focus areas and method were clearly influenced by and are consistent with macrolevel factors, such as the NSP 2012-2016. Ambrosino et al. (2012:57), state that the macrosystem level (societal level) among other aspects, consists of societal factors such as the cultural attitudes and values of the society, for example, attitudes towards women, people infected by HIV and legislation and other social policies that affect a given individual, for example, the NSP. The NSP advocates an integrated approach that promotes international, national, regional and civil society co-operation in the fight against HIV and AIDS. The NCPSP (DOH, 2012b:66) emphasises the importance of sensitising members of the provincial legislature and law enforcement agencies (police, military, prosecutors, lawyers and judges) about the importance of the law to protect those affected by HIV against discrimination and supports access to prevention, treatment, and care. So, for example, tavern owners were monitored and held accountable for whether they complied with their liquor selling licences, according to the Liquor Board Licensing regulations about selling alcohol to underage youths.

Strategic objective 2 of the NSP (DOH, 2011:42) advocates further for a comprehensive National Social and Behavioural Change Communication (SBCC) strategy that must serve to increase demand and uptake of services, to promote positive norms and behaviours and to challenge those that place people at risk, for example, multiple partnerships and those that encourage alcohol consumption.

Discussion of theme 3

Some of the key findings of Theme 3 were that the SCP had a micro-, meso-, exo- and macrolevel focus albeit to various degrees. These findings are also consistent with, as highlighted in Chapter 4, section 4.4.2, the SCI's work which, from an ecosystems framework perspective, should identify all the diverse and complex factors associated with a social welfare problem or an individual problem; understand how all the factors interact to contribute to the situation; and determine an intervention strategy or strategies, which can range from intervention with a single individual to an entire society and can incorporate a variety of roles. Such a framework, therefore, accounts for individual differences, cultural

diversity and growth and change at the individual, family, group, organisational, community, and societal levels (Ambrosino et al., 2012:49).

It was further found that the SCP had a strong meso- and exolevel focus involving key stakeholders such as the Department of Health, councillors, schools, traditional and other community leaders, the police, tavern owners and so forth. Again, the findings also revealed that not much attention was given to micro/individual level needs of the youth regarding HIV and AIDS, for example, individual or family counselling and therefore programme attention mostly focused on sharing information affecting individual youth in a community dialogue capacity.

Findings had limited reference to macrolevel factors by the programme implementers although they did make reference to the liquor board and laws governing alcohol distribution amongst the youth or hours of operating, liquor licencing. Theme 3 also emphasised again that the SCP programme content and focus areas were to a large extent influenced by macrolevel factors such as the NSP 2012-2016 (DOH, 2011).

7.3.4 Theme 4: Process of programme implementation

The following quotes reflect the theme generated: process of programme implementation of the Soul City programme and relates to the programme focus areas by participants. Sub-themes include obtaining authorisation to implement programmes; marketing of programmes and lastly actual programme implementation.

- **Sub-theme 4.1: Authorisation to implement programme**

The following section and quotes will focus on how participants obtained authorisation to implement programmes.

> Participant K had the following to say: "The first thing I did I'm going to introduce myself at the communities. To the councillors first and the chief. And then after that when I'm finish there I go to the communities and tell them what I want to do And then when I'm finish introducing myself then I told them can you please guys I'm going to the counsellor to come to the office … the councillors help."

> Participant E stated: "We write a letter to the offices, Ha ooh, authority office when we book a hall, when they answer us that we can book the hall, I start recruiting people …."

> Participant F stated: "No through the forms of Soul City and say I want to, PMCT or male circumcision, Arrange the date of when Ok now the form from the Soul City where did you take it? Ok, you took it from Vuzi and who did you take it or give it to? I fax it back to the office. And after the date was agreed I go to the chief and tell him."

> Participant D stated: "I'm asking the permission from the chief …."

Most participants' means of obtaining authorisation were consistent with Weyers' (2011:159) view that when intending to start any community work project it is important to contact the community to negotiate entry to it, by visiting the applicable community leaders and explaining the reason for the project implementer's involvement with the community. This could assist to encourage and enable community leaders to start working towards a plan for future action with the person initiating the project. Cloete and De Coning (2011:91) concur that community participation can occur through the involvement of leaders of legitimate organisations in the community which represent different interests of and segments in that community, for example, cultural or tribal chief councils. In general, African traditional healers' skills are acquired by apprenticeship to an older healer, experience of certain techniques or conditions, or by a calling by the spirits or the ancestors (Ross, 2010:342). For example, Jenkins (in Ross, 2010:343) investigated the views of Black traditional healers regarding HIV and AIDS and discovered that the virus was perceived as a form of punishment or retribution for engaging in sexual activities with multiple partners and not being faithful to one's marital partner. This, therefore, further emphasises the importance of involving traditional leadership to also getting their support and buy-in in HIV prevention programmes.

- **Sub-theme 4.2: Marketing of programme practices**

The following section and quotes will focus on the marketing practices implemented by the participants. As explained earlier, participants disclosed numerous ways of recruiting members for and marketing their programme within the communities they operated in.

> Participant A stated: "We also engage with clinics from different area whereby the parents wanted to engage in the clinical services that the clinic will be in a position to advise them this is what we are doing at the clinic and how you can access services at the clinic."
>
> Participant D stated: "I'm go with my colleagues and I talk them. I visit the youth league. We have different challenges teenage pregnancy, society they commit suicide and most are youth. And I also visit, I like to visit the principal in the school, ask questions because you are the principal you are the head, what are the challenges what you face .… I talk to the nurses in the community I visit the nurses. I visit, when I see people in the shops, they sit in taverns in the mornings, I stop, I go to them, I talk to them, my name is… I like to know much man, this."
>
> Participant D also stated: "Ja, I'm going to ask for a loud hailer, I do have some small speaker, I'm going around to mobilise people by myself, I'm not sending somebody, when I'm going to the taxis they put some pamphlets, tuck shop, everywhere where people can reach me and at the end of the day if I don't reach my target of 100 or 200, maybe my target is 200, I going out again, I leave the dialogue and I say people I'm coming back wait for me give me a few minutes, I going door-to-door, I'm collecting people in the house by myself to come to the dialogue."

This sub-theme revealed that it was clear that participants utilised a variety of methods to market their programmes. This approach is supported by Weyers (2001:229) who is of the view that the effectiveness of a marketing strategy of a project often depends on the widespread and integrated use of different media. Because the principle that applies is that if more media is utilised to communicate a message or concept, the more likely it would be that the intended audience would take note of it. Community participation can be initiated or stimulated in two ways: By individuals or interest groups working with the community, or by an individual or organisations (Cloete & Meyer, 2011:92). The highlighted recruitment and marketing of the SCP is consistent with Cloete and Meyer (2011:92) who state that community participation can be achieved through the direct involvement of ordinary members of the public. This is indicative of the degree of support expressed by the community for the cause concerned, for example, HIV and AIDS among their youth.

- **Sub-theme 4.3: Actual programme implementation**

The following section and quotes will focus on how participants actually implemented the SCP.

> Participant L stated: "... Ons was vier so ons sal nou nie almal want die ander is baie ver. Daai dag ons was vier …." (We were four,not everyone because the other were far. That day we were four).

> Participant A: "On the day of the dialogue we do introduction we would invite also stakeholders for example like sister, we would also invite maybe like love Life and other organisations during the introduction. Then we introduce the topic you understand …. And after engaging with them that's where now I give out the information. … After sharing the information we're looking for those who are interested in MMC. He goes to the clinic, he give a consent for HIV status and STI's. Then from there we give you a date in terms of when can you go to the hospital for the practitioner."

> Participant M stated: "I don't know which section, but on the day of the dialogue, we give each participant if it's a book, if the book we give each participant a book and the other information that we have and then at that day, because I was doing the dialogue with … and ... (names withheld, one person is going to facilitate, and just be in-facilitation …. Three of us would be in the group …. The other one like would be a scriber to put down all the names that the community is raising, ja. Then is there something that you need more from that?... And after then we introduced the topic to them and after introducing the topic the facilitators will facilitate and then maybe give the community time to maybe pose a question to them like how do you see, how is the use of alcohol in your village and then they would answer and then you will come and maybe make some inputs and then pose another question so that they can give us issues that is affecting, maybe increasing the use of alcohol, ja …. And then at some time we make some group discussions, we divide the participants into the groups to come up with the issues that is affecting the community."

> Participant M further stated: "Ja and they give feedback .... They give feedback, the other participants they comment on the other groups' feedback and then we will also look at the feedback and try to assist wherever we can and make some inputs, ja … and then after that, if the dialogue was supposed to be two hours, if

two hours have passed, we and …. We will ask them to come up with a solution, what action are they going to take, um. After the action, we end the dialogue. After they come up with an action plan, ja. We thank them and then provide meals to them and then we if there is many for."

Participant E stated: "After dialogues, we got a something like a committee …. No, they are looking, after this dialogue, they are looking at the taverns that are if there is something that is not right, that is happening there, they come back again to tell me what to have do."

From this sub-theme, it became evident that most participants more or less followed the same format when actually implementing dialogues with the youth with variations here and there. In the context of the abovementioned quotes, members of a 'competent community' are able to collaborate effectively in identifying their problems and needs; set goals, priorities and action plans; and work collectively to implement them (Campbell et al., 2007:28).

The thematic analysis revealed further that the actual implementation of the SCP programme was consistent with a multi-faceted approach because it involved various stakeholders and expertise in the community such as nurses from the Department of Health, the South African Police Services, community leaders and so forth. The NSP (DOH, 2011:34) also strives to mainstream HIV and TB and its gender and rights-based dimensions into the core mandates of all government departments and all SANAC sectors. Accordingly, given the profound impact of HIV and TB, and the huge burden of disease attributable to these epidemics, every government department (at national, provincial and municipal levels) has a critical role to play in addressing the social, economic and structural factors driving these diseases.

Discussion of Theme 4

It was found in Theme 4 that the process of actual programme implementation was largely supported by literature and was consistent with ecosystems practice and aligned to the NSP which calls for a multi-faceted approach because it involved various stakeholders and expertise in the community. Also as previously explained in Chapter 4, section 4.4.1, these findings are also consistent with Payne's (2005:152) view that from an ecosystems perspective social workers and related practitioners should work in eight modalities: with individuals, families, groups, social networks, communities, physical environments, organizations and political action. Furthermore, Gray (2010:86) concurs that the ecosystems theory points in the general direction of levels of possible intervention. The ecosystems are therefore very useful in the assessment of a social problem and it provides a framework for analysing the SCP's focus on the interrelationship between individuals and social problems, for example, the threats that the youth face with regard to HIV and AIDS.

Furthermore, findings from Theme 4 were that there was general consistency on how the programme unfolded amongst implementers, with only slight variations here and there by individual implementers.

7.3.5   Theme 5: Types of projects

The following theme will focus on the type of projects participants mostly implemented with youth.

- **Sub-theme 5.1: Most common programmes/ projects implemented with youth**

The following section and quotes will focus on participants most common programmes/ projects implemented with youth.

> Participant J stated: "I was like to be honestly I was very much like PMTCT and medical circumcision and Phuza Wise."
>
> Participant C: stated: "Ok in the dialogues with the young people we did Phuza Wise; we did PMTCT, Prevention of mother to child transmission (PMTCT) and discouraging multiple concurrent sexual partnerships (MCP)."
>
> Participant I stated: "Ok in the dialogues with the young people we did Phuza Wise; we did PMTCT, prevention of mother to child transmission …; discouraging multiple concurrent sexual partnerships (MCP)."
>
> Participant K stated: "While I'm maybe coming to present maybe Phuza Wize, … MMC (Medical Male Circumcision) … MCP (Multiple concurrent partners) … PMCTC (Prevention of mother to child transmission)."
>
> Participant E stated: "… Male medical circumcision neh, Phumza Wage PMCT I think …."

The SCI has embraced a combination of prevention as a framework for HIV and AIDS prevention and mainly focusing on, but not limited to the following areas within HIV prevention: Medical Male Circumcision (MMC), Prevention of Mother to Child Transmission (PMTCT), Multiple Concurrent Partnerships (MCP) and Alcohol and Risky Sexual Behaviour. "Effective biomedical interventions are promoted and demand is created through effective health communication and the recognition that HIV transmission occurs within the structural context of poverty, violence and alcohol abuse" (Nika, 2013:1).

The thematic analysis revealed that most of the participants had programmes covering the topics of Medical Male Circumcision (MMC), Prevention of Mother to Child Transmission (PMTCT), Multiple Concurrent Partnerships (MCP) and Alcohol and Risky Sexual Behaviour. All of these programmes' focus areas are consistent with macrolevel factors of the NSP which call for programmes to focus on and promote among other aspects: delaying sexual debut; reducing multiple and concurrent sexual partnerships and challenging gender

norms that drive this; reducing alcohol consumption; reducing cigarette smoking (to prevent TB); promoting correct and consistent use of male and female condoms, male circumcision and increasing the population's knowledge of their HIV, STI and TB status (NSP, DOH, 2011:39). UNAIDS (2014a:10), for example, emphasises that access to biomedical prevention tools must also be expanded in priority settings in sub-Saharan Africa where HIV prevalence is high and male circumcision rates are low. An 80% coverage target for voluntary medical male circumcision will need to be achieved by 2020 (UNAIDS, 2014a:10).

The NCPSP (DOH, 2012b:40) indicates that alcohol abuse is a major risk factor for HIV acquisition and transmission. Heavy drinking is also often associated with the decreased condom usage and an increase in multiple and concurrent sexual partners. Perlman (2013:26) identifies that alcohol is a common trigger for young people to get involved in risky sexual behaviour. The SCP tried to give heed to the latter through its Phuza Wize programme. The Phuza Wize programme tried to address one of society's greatest problems alcohol abuse, as it advocated for safer and healthier communities (SCI, 2013:11).

The One Love campaign aimed to contribute to the 2012-2016 National Strategic Plan on HIV by reducing new HIV infections and encouraging youth to start thinking about and talking about sexual behaviour and the effects of Multiple and Concurrent Partnerships (MCP) on their lives and society at large as indicated in the SCI Annual report (2013:13). The HSRC (2014:xxvii) highlights further that in South Africa the practice of "age mixing" or intergenerational sex – particularly younger women engaging in sexual activities with older men – has been identified as an important factor contributing to the spread of HIV and AIDS.

The comments made by the participants regarding the programme focus areas, bears further testimony to the SCP alignment to the NCPSP (2012b:34) which advocates appropriate policies to address the problem of alcohol abuse which may include increasing taxation, limiting access to alcohol sales and advertising, advertising health messages (such as on cigarette packages), and strengthening alcohol and substance abuse education in schools and tertiary institutions. These strategies must also address the gender norms that equate alcohol consumption with masculinity.

All the mentioned focus areas of programmes facilitated by participants are also well aligned with the NCPSP which advocates, amongst others, a package of combination prevention efforts which may include male and female condoms; medical male circumcision, for example, in the Northern and Western Cape which are the two provinces with the highest rates of medical male circumcision (HSRC, 2014:112).

- **Sub-theme 5.2: Additional projects with the youth**

The following section and quotes will focus on participants' additional projects with the youth.

> Participant C: "Because of this we were addressing issues of human trafficking ...."
>
> Participant D: "With the youth I form different groups, drama, storytelling, traditional dance, nah, I formed entertainment for them and I also formed this like."
>
> Participant M: "We did like the mostly we did like a domestic violence .... And maybe like you said sexuality, trying to make the aware of like gays and lesbians."

It can be deduced that a minority of facilitators also facilitated additional programmes with youth separate from the dialogues, but it was unclear whether they were funded by the SCI. For example, issues of human trafficking, domestic violence, as well as gay and lesbian rights, were discussed with the youth by some presenters through drama, storytelling and traditional dance.

The additional projects indicated by, for example, participant D are consistent with edutainment as a strategy to bring about individual and social change and it uses popular entertainment formats to address serious social issues in an innovative and entertaining way.

Good drama moves people emotionally (Perlman et al., 2013:5). The additional focus areas indicated by the participants are also well aligned to the NCPSP which calls for HIV counselling and testing (HCT); social and behaviour change communication promoting health-seeking behaviour, changing socialisation practices and interventions to eliminate gender-based violence; PEP; peer education; and prevention of mother-to-child HIV transmission (PMTCT) services (NCPSP, 2012b:49). The additional projects with the youth programmes undertaken by the participants also as indicated in Chapter 4 section 4.2.2, reflected consistencies with Soul City's model of social and behaviour change which is the overarching framework within which Soul City operates which are the five pillars of health promotion, namely: supportive environments; healthy public policy; reorientation of services; community involvement and also personal skills and healthy choices as outlined in the Ottawa Charter (Levy, 2011:3). The mentioned focus areas appear not to have been formally part of the mentioned dialogue topics on which facilitators were trained to present to the youth, but participants identified the need none the less. In line with the ecosystems perspective, an individual is viewed as a highly-valued system itself and that intrapsychic aspects and psychosocial aspects, which incorporate the individual's capacity and motivation for change, are part of any system involving individuals that cannot and should

not be ignored. The ecosystems framework's inclusiveness therefore suitably encompasses the biological, psychological, sociological, and cultural aspects of developing individuals and their interactions with the broader environment which also appears to have been present in the SCP.

Discussion of Theme 5

Theme 5 revealed that some of the key findings were that most participants, with the exception of one participant, implemented all dialogue subject matter they were trained on, which were the MMC, PMTCT, MCP and Alcohol and Risky Sexual Behaviour Since certain topics sometimes overlapped, they were at times presented in a combined fashion. All these dialogues were aligned to the NSP.

Most findings are also consistent with the approach that was highlighted in Chapter 4, section 4.3.2, that the SCI has embraced combination prevention as a framework for HIV and AIDS prevention. Also, as previously explained in Chapter 4, section 4, these findings are also consistent with the ecosystems perspective and these focus areas could, therefore, be considered positive because they focus on the individual (micro)-, meso- –exo (community) - as well as macrolevel systems. Furthermore, as indicated in Chapter 4, section 4.4, Weyers (2011:20) asserts that the science of human ecology emphasises the relationship and reciprocal and adaptive transactions among individuals, couples, families, groups, organisations and communities.

Theme 5 further revealed that a minority of facilitators also facilitated additional programmes with youth, separate from the dialogues they were trained on by the SCI, but it was unclear whether these were funded by the Soul Institute. For example, issues of human trafficking drama, storytelling, and traditional dances, domestic violence, as well as gay and lesbian rights, were discussed with the youth by some presenters.

7.3.6 Theme 6: Choosing relevant dialogue

A key premise of the ecosystems perspective is to identify people's problems and once that is achieved, appropriate intervention steps can be undertaken to resolve people's transitional problems, for example from youth to adulthood (Zastrow, 2006:43). The following quotes reflect participants' methods for selecting most relevant dialogues employed by them. Sub-themes include facilitator observation primarily; presenters' team meetings; consulting various community stakeholders; communities decide on the day of dialogue and monthly planning.

- **Sub-theme 6.1: Facilitator observation**

The following section and quotes will focus on participants using facilitator observation when choosing or selecting a dialogue topic to facilitate.

> Participant E stated: "… I, because I'm staying there in my community I watch the problems that affect my community that is why I decide to make that dialogue ...."
>
> Participant D stated: "I'm going to that community. You take me simple when I'm there, asking questions, but can see lot of people drinking alcohol, why? Man I can see the people are getting pregnant, Why? I want to know more. Then after I'm going to sit down and choose that topic."
>
> Participant H stated: "... Ooh how did I decide? I just, firstly I take time and look at the situation and the circumstances on that community …."
>
> Participant M stated: "Yes. It is where PMCT comes from then we decide to do PMCT dialogues. If its alcohol, we see that there is alcohol abuse in the area we request the permission to come and such a dialogue."
>
> Participant F stated: "… I choose it because at our village some young boys, they go to the mountains without the permission of their parents …."

The thematic analysis revealed that most participants selected the topics they presented through informal observation. Although observation is a common research technique in community work, participants needed to be more structured in their observation which is supported by Weyers (2011:92), who advocates that social problems in a community such as HIV and the youth, should be directly observed. However, observation findings should be augmented by means of some informal research techniques such as streetwalking surveys as well as personal interviews with key informants for example community leaders and local community experts (Weyers, 2011:92-93). Jansson (2013:57) concurs that it is unlikely that effective advocacy on any social matter can take place without an individual fully understanding an issue and then planning an effective strategy to make a change. UNAIDS (2014c:35) furthermore emphasises the importance of community-based research, which includes focus group discussions, key informant interviews, surveys and literature reviews of relevant documents, before embarking upon HIV intervention programmes.

- **Sub-theme 6.2: Presenter team meeting**

The following section and quotes will focus on participants using presenter team meetings when choosing or selecting a dialogue topic to facilitate. Participants D and E, for example, had an opposing view to most participants on how they selected specific topics for discussion amongst the various dialogues that they are able to present and said:

> Participant D: "... I'm go with my colleagues and I talk them ...."

> Participant E: "… I, we discuss the, my colleagues and the nurse …."

> Participant F stated: "… We decide as my group home base carers …."

> Participant L stated: "… Kyk ons ken mos nou onse gemeenskap ons weet mos nou eintlik wat maak die jong mense (look we know our communities and we know what the young people are up to)."

From the thematic analysis, it became clear that participants had diverse approaches and views on how they selected the most appropriate dialogue topics for the youth within the communities in which they worked. Gray (2010:86) postulates that the ecosystems perspective points in the general direction of levels of possible intervention. It is therefore very useful in the assessment of a social problem and it provides a framework for analysing the interrelationship between individuals and social problems, for example, the threat youth face with regard to HIV and AIDS. Jansson (2009:72) further states that the final step in understanding a social problem is to evaluate the different possible solutions according to how well they promote social justice, for example educating the youth on anti-discrimination in relation to HIV and AIDS.

- **Sub-theme 6.3: Consulting community stakeholders**

The following section and quotes will focus on participants consulting community stakeholders when choosing or selecting a dialogue topic to facilitate.

> Participant D stated: "I visit the youth league. We have different challenges, teenage pregnancy, society they commit suicide and most are youth. And I also visit, I like to visit the principal in the school, ask questions because you are the principal you are the head, what are the challenges what you face …. I talk to the nurses in the community I visit the nurses. I visit, when I see people in the shops, they sit in taverns in the mornings, I stop, I go to them, I talk to them, my name is …."

> Participant J stated: "… Nou die mense (the people), die (the) councillors hulle help my en chief (they help me and the chief) in our village …."

> Participant M stated: "And then maybe sometimes we speak to the home-based carer because they are the one who work closely to the community. And sometimes we speak to the counsellors."

> Participant I stated: "And if I go to schools I remember interacting with the youth leaders in Bankara at some point that helped a lot you know working with people who, other NGO's that are doing, that are working with youth at the different communities."

This sub-theme revealed that participants used more than one approach to select a topic to present to a particular group of youths. Furthermore, they consulted with many stakeholders to choose the most relevant dialogue topics. The statements by participants are consistent with the literature. For example, Weyers (2011:188) identified the concept of 'participatory assessment techniques' which implies that a variety of approaches could be used to collect

information through a reciprocal learning process between the programme facilitator and the participating community members for example on which dialogue could be the most relevant one within a particular community. Payne (2005:152) is further of the view that from an ecosystems perspective, social workers and related practitioners should come to shared agreements with clients and communities about what issues are important, through listening to life stories and assessing in ways that allow clients to make informed choices about appropriate ways of responding. Low-Beer and Stoneburner (2004:28) assert that members of a community, especially the youth should have opportunities to discuss HIV and AIDS with their peers in face-to-face settings, referred to as "social spaces" involving a method of "community conversation," using trained local facilitators to help people identify obstacles to effective HIV prevention and AIDS care, and to discuss how they can work together to manage the challenges they experience with regard to HIV and AIDS.

The NSP (DOH, 2011:34) adds to the before-mentioned that efforts should strive to mainstream HIV and TB and its gender and rights-based dimensions into the core mandates of all government departments and all SANAC sectors. Given the profound impact of HIV and TB, every government department (at national, provincial and municipal levels) must play a critical role in addressing the social, economic and structural factors driving these diseases.

- **Sub-theme 6.4: Community day of dialogue**

The following section and quotes will focus on participants letting a community decide on the day of dialogue when choosing or selecting a dialogue topic to facilitate.

> Participant M stated: "Sometimes when we go to villages without selecting any topic, before we start the dialogue, we introduce all the topics to them and ask them which topic is relevant to their village …. The platform? Umm, like I said we were trained how to facilitate a village and then we have Soul City books that we used. When we get there and they say that."
>
> Participant K stated: "… They ask me can you please come and talk to our children about they were being abusing the drugs so can you please come and talk to them …."
>
> Participant C stated: "Communities do different sometimes I'll come out of the office with planning to do PMTCT but when I look at my target group then I'll just charge at the door step this is the relevant target for Phuza Wise …."

This sub-theme revealed that in some instances a particular community would decide on the day of the dialogue which topic they considered important with regard to HIV and AIDS and the youth. Participatory assessment techniques are flexible and the process is not rigid, but rather relies on improvisation and on the continual adaptation in the application of, for example, dialogue procedures (Weyers, 2011:188).

- **Sub-theme 6.5: Monthly planning and statistics**

The following section and quotes will focus on participants using monthly planning and statistics when choosing or selecting a dialogue topic to facilitate. The thematic analysis revealed that only a few participants used a more formal way of selecting a programme or dialogue topic.

> Participant A stated: "… Remember when we start with the dialogue you have your plan your monthly plan …."
>
> Participant C stated: "We also informed by statistics like for instance when we speak to a community leader a community leader and then we explain the program that we are having so that we want to address and then they will say but in this community, there is too much of crime why can't you just focus on issues of alcohol and drug abuse."

The thematic analysis revealed that only a few participants, in line with Weyers (2011:189), first analysed secondary sources such as clinic statistics and reports and consulted with key informers in order to gain a general knowledge of the nature and characteristics of the HIV pandemic amongst the youth in the community in which they worked.

Lastly, regarding participants' methods for selecting most relevant dialogues to facilitate, the thematic analysis revealed that although the SCP is well aligned with macrolevel policies such as the NSP and the NDP and the national discourse about HIV prevention efforts among the youth, at ground level the SCI and by extension its field worker selection strategy for deciding which dialogues should be presented at any given time, should be more scientifically informed. This is supported by the literature, for example, Campbell and Wedell (2007:29) who support the latter by identifying amongst other aspects that managers of national programmes such as youth HIV prevention programmes of the SCI should focus on improvement in their strategies of targeting, selection, and delivery of prevention interventions. Van Dyk (2013:163-164) concurs that to plan and run a successful workshop on AIDS, much thought and consideration is required in terms of which methods and materials to use that suit a particular group. This could further ensure that community or youth-specific and needs-based programmes are relevant and needs based.

Discussion of Theme 6

It was found in Theme 6 that the participants had diverse approaches and views on how they selected the most appropriate dialogue topics for the youth within communities in which they worked. Some of the methods were relatively successful, while some lacked scientific substance, which inadvertently raised questions whether they were needs-based.

Methods such as informal observations or "gut feelings" with no clear indicators informed their observations and related selection of a dialogue topic. Some of the other selection methods such as consulting various community stakeholders and communities deciding on the day of the programme the most relevant dialogue enjoyed more scientific merit.

Lastly, theme 6 also revealed that what appears to be missing is that in some instances discussion topics were presented only because they formed part of the curriculum of dialogues of the SCP and that they were not necessarily consistently needs-based in certain communities.

7.3.7 Theme 7: Limitations

The following quotes reflect participants' views on the limitations of the SCP with the youth. Sub-themes include funding challenges, no formal monitoring and evaluation; once-off dialogues without follow-ups; ineffectiveness; cultural resistance; political influences; gender stereotypes and discrimination; lack of national support from the Soul City Institute; lack of community support in terms of attendance at times.

- **Sub-theme 7.1: Funding challenges**

The following section and quotes will focus on participants' views on their perceived funding challenges when implementing the SCP. All the participants said that they had serious challenges in sustaining the implementation of programmes in which they worked. For example, some of the participants stated:

> Participant B: "… Because of funding Soul City cannot do dialogues anymore because the funding was stopped by the funder .…"

> Participant C stated: "During the dialogue, people would register and then after registering they would be sitting in a hall or wherever sometimes we sit by the trees because some of the communities don't have community halls or at someone's place under the tree and then we do have tools that we were using like a flip chart was the most important."

> Participant stated G: "Like we need to hire a hall and sometimes they delay us, Soul City delay about materials, about the money to send it, so we wait for a long time and the dialogues must be going on you see, so we wait, maybe let's stop for a month ... people they are going to stop for a month."

> Participant M stated: "And at some point, you know when we got there after a challenge, sometimes they may say to try to … with this, let's do this problem, we want to form a group who will address the issue, the problem is the challenge is to sustain the program that the community have decided to involve on."

> Participant M also stated: "… Umm. And the other thing is that he books that they give us, most of the books are in English and this area is Tswana spelling, they must try to put in a suitable language."

The thematic analysis revealed that a lack of sufficient funding by the SCI was a serious constraint that had far-reaching implications for programme implementation in terms of the programme reaching all youth within the communities it operated in, programme accessibility for those youths, programme sustainability and moreover, its impact. The latter revelations are consistent with the SCI Annual Report (2014:6), which indicates that with a shift in Centre for Disease Control and Prevention (CDC) geographical focus, midway through the year (2013) informed the Soul City Institute that they were no longer able to support the SCI's work in the Northern Cape and North West provinces, as they were focusing on different geographic areas.

Agenda setting is normally preceded by problem identification and the ability to articulate those problems before they reach the agenda (Cloete & Meyer, 2011:98). This suggests that not all problems or issues identified or even articulated in the public arena actually reach the agenda-setting stage and they must pass through a pre-screening phase first, for example government departments funding an HIV programme for the youth, may be secondary to other HIV programmes in a province which may inadvertently influence external donor funding, for example, foreign donor funding of HIV prevention programmes for the youth such as that of the SCP. This finding is also consistent with the view expressed by Healy (2008) (in Kirst–Ashman, 2013:127) that many programmes do not survive past the term of outside grants, as they can fail to consider the availability of funds on an on-going basis.

The financial demands of the ART programme put a strain on other aspects of the HIV and AIDS strategic plan, such as for example advocacy and social awareness, the protection and promotion of human rights and intersectional collaboration (NSP, DOH, 2011:47). Furthermore, and based on comments made by participants, the research findings reflect a concurrence with Debrework (2005:9), who states that a persistent challenge that must be addressed is that AIDS is still considered by many as a short-term crisis and donors are reluctant to make long-term funding commitments, thus donor funding remains sporadic. It also appears that donors, governments and the international community responded to the HIV pandemic with insufficient, unfocused and short-term funding, which did not focus on building sustainable capacity for programmes such as the SCP despite a significant need for it remaining.

Consistent with comments made by some participants the NSP (DOH, 2011:47) advocates for sufficient funding to enable communication in multiple languages, including Braille and sign language, as well as to ensure repeated communication reaches the necessary scale

is needed to change risk behaviour and sustain healthy behaviours, which the research findings consistently concur with especially amongst the youth.

- **Sub-theme 7.2: Monitoring and evaluation tool**

The following section and quotes will focus on participants' views on their perceived lack of monitoring and evaluation (M&E) tools of the SCP:

> Participant M: "… Exactly we didn't have a monitoring tool at all, that's what I can say. I'm being honest .…"
>
> Participant B stated: "Like I said if we would do evaluation then the stats would now be part of the evaluation in terms of saying from this community this what is happening so much percentage of the people has really changed and so forth you understand because of what they saying because of we need to talk to them you understand. So it also boils to the limitations in terms of the program itself."
>
> Participant C stated: "So I would think not being able to follow up on another limitation because he would fail you'll reap the resolution and leave the community to continue alone without monitoring … look for, we did not have formal evaluation forms but we created question and the last question of the dialogue that where we create a platform to talk with the participants how did it go, what need to be improved what is it they feel strongly needs attention We did never have such formal evaluation forms."
>
> Participant B had an opposing view to all other participants such as A and C and stated: "… Each-and-every dialogue have an evaluation form .…"

This sub-theme revealed a serious shortcoming in the SCP, namely lack of monitoring the effectiveness of the programme. The latter is consistent with the SCI Annual report (2014:6), which indicates that most provinces, least of all the Northern Cape, were not part of monitoring and evaluation processes of the SCP with the youth. The latter is in contrast with the Soul City Annual report (2013:2), which states that the SCI's vision is to make an improvement in people's health and quality of life by measuring the impact on health and development.

This sub-theme further revealed limitations often expressed in the literature and various government reports about HIV prevention programmes. For example, Bautista-Arredondo, Bertozzi, Coutinho and Laga (2008:831) ask the question to what extent national programme managers or international funders are guided by evidence of effectiveness, and they have found that there are often no indicators to measure this directly. Rabie and Cloete (2011:211) further state that social impacts are intangible phenomena that cannot always be measured directly and that clear indicators need to be used for that purpose. A monitoring and evaluation (M&E) system with a simple information management and reporting system is central to the effective implementation of the NSP by continuously holding stakeholders to account for their contributions towards the achievement of specific

deliverables. Coordinating mechanisms ought to have been established and take direct responsibility for M&E implementation, as this is the responsibility of the implementing institutions such as the SCI. Accordingly, the overall impact of the NSP and related programmes, such as those of SCI's implementation, will be measured through impact indicators such as HIV prevalence amongst women and men aged 15-24, as well as to monitor trends in HIV prevalence in young age groups to assess progress in reducing new infections (DOH, 2011:68).

The NCPSP (DOH, 2012b:34), for example, reports that a framework for M&E for HIV and AIDS was developed for the Northern Cape Provincial Strategic Plan (NCPSP) for HIV and AIDS 2012-2016, but it is still not functional. This limitation of insufficient monitoring and evaluation mechanisms in the SCP is an example confirmed in the literature because the evaluation of programme or policy, in the opinion of Jansson (2009:57), is possibly the least well-developed step in programme development, despite the acknowledgement of its importance. Chatterjee and Vadapalii (2009:88) add to this by cautioning programme developers, funders or implementers that a lack of acceptable and standardised outcome measures is a principal problem in programme impact analysis.

Debrework (2005:9) further states that historically, regarding HIV and AIDS, many sub-Saharan governments were not fully committed; there was a lack of coordination between donors, funding was insufficient, unfocused and the monitoring and evaluation systems were not in place to see what intervention was effective. UNAIDS (2014c:19) reiterates that the Global Fund emphasises the importance of community systems strengthening (CSS). It provides an opportunity for the youth to play a key role in delivering peer-based and other health services to support marginalised young people to access services and to monitor and hold decision-makers accountable regarding the HIV-intervention programmes they embarked upon. The thematic analysis revealed that although the social policies and programmes, for example, the NSP, call for monitoring and evaluating of HIV interventions, the SCP was failing to give adequate attention to it, implying that it operated in a vacuum of uncertainty regarding its impact on the communities and the youth. The finding is basically in contrast with the DOH (2012b:16), which states that HIV programmes or interventions should have adequate monitoring and evaluating mechanisms in place.

- **Sub-theme 7.3: Once-off dialogues**

The following section and quotes will focus on participants' views on their perceived ineffectiveness of once-off dialogues.

Participant B stated: "... People doesn't take it serious because if you come in and you go out they forget or they see this as something that was passing .…"

Participant C stated: "The once off, it really did not work. I personally belief in a follow up because if you work with a follow up …. So I would think not being able to follow up on another limitation because he would fail you'll reap the resolution and leave the community to continue alone without monitoring."

Participant L: "Omdat daar nooit jy doen net die ding en dan kom jy daar jy pluk nie eintlik by die einde uit nie. Ons is maar net weer in doodsloop straat (Because you do one thing which you do not complete. We are once again at a dead end .…"

Participant E stated: "… Its (once off dialogues) not working …. I think maybe when they come, at least may once in a three months .…"

Participant I stated: "The thing is, we cannot go into a community and just leave them like that, you know?... that's the problem. It there is no follow-up and there is no structure in place then for me I cannot say it's useless but what I can say is that it's not doing itself justice. It's not helping enough. You cannot go you know there were people at some point and the in the community … (name withheld) we want when are we meeting you know. What is the way forward? There's lot of things that we want to talk about."

Participant K stated: "… No does not work …. Because you know when you focus on something and then you give it's just like you waste your time doing that .…"

Participant D stated: "Cause I'm going to the community, I present the dialogue, they give me questions, they give me the answers, the come with this resolution, the community, no me, ja. Then I fail to go back to them."

This sub-theme revealed that most of programme implementers only presented their programmes and its focus areas once-off within an audience in either a particular community or they presented a programme only once in a community before moving on to the next community without ever returning. This appears contradictory to one of the SCI principles, which states the following: "While remaining an organisation not for gain, it tries to ensure the sustainability of our effort through sound business principles and practices ..." (SCI, 2013:2). The International Organisation on Migration, also known as IOM, (2011:15) states for example that sustainability is the ability of a programme or a project to continue, and to continue to be effective, over the medium and long term. This should be strengthened through community ownership of the project and through skills transfer. Sustainability should take into cognisance financial sustainability; marketing and awareness building of programmes. The single programme implementation as revealed by the thematic analysis could have serious implications on the sustainable impact of programmes, especially for the youth about HIV education and healthy sexual behaviour in those areas where the SCP was implemented.

- **Sub-theme 7.4: Cultural resistance**

The following section and quotes will focus on participants' views on cultural resistance they experienced when implementing the SCP.

The participants indicated this by stating:

> Participant C stated: "… It is a program that needs to be implemented in communities and communities do differ. There were some cultural barriers that I would refer to as some limitations .…"

> Participant F stated: "The other village where I stay as traditional chief and the other village is not interested in those traditional things …." Those ones did not interest, the others they were interest in the dialogue."

> Participant F stated further: "But that time we set up the dialogue the old man say it's not good to come here and discuss about that thing (Male circumcision) ,that thing is a secret. More especially if you're female, it's not good, we are not gonna allow you guys to talk about because our culture don't agree that."

> Participant G stated: "… Ja, culture, more specially about Medical male circumcision .…"

The thematic analysis revealed a certain level of cultural resistance against certain aspects of the SCP amongst some community members. For example, participants felt that challenges to Voluntary medical male circumcision (VMMC) are apparently still very prevalent, especially in some culturally traditional rural settings in the Northern Cape. This is similar to the One Love campaign of the SCI which led to research questioning cultural practices that put people at risk of contracting HIV (Jana, Letsela, Scheepers & Weiner, 2014:2). Furthermore, Garrard, Kallapeni, Craddock, Oppong and Ghosh (2004:2) have found that most prevention programmes have failed in part, because the research driving them has focused mainly on so-called "risk" groups, behavioural change models and a flawed understanding of cultural practices, especially within the African context. Goldstein (2011:1) concurs that behavioural patterns and trends frequently seem to be resistant to change and are sustained through various mechanisms, such as social norms and dominant cultural values and so forth. The NCPSP (DOH, 2012b:84) also recognises that some deeply rooted social, cultural, gender practices and human rights infringements influence HIV, STI and TB transmission negatively.

Van Dyk (2013:328) as earlier stated, continues in her assertion that an AIDS prevention programme in the African context cannot succeed easily without the support of traditional structures such as traditional healers. The International Organisation on Migration (IOM, 2011:15) indicates that identifying and targeting cultural gatekeepers, for example,

traditional healers and leaders are very significant in supporting and promoting social and behavioural change at community levels.

Kirst-Ashman (2013:380) also warns that when practitioners think about a racial, ethnic, or cultural group, it is important not to assume that all members comply with all cultural values or conform to the same extent. Ross (2010:335) states that in many African cultural settings, the gender of the practitioner may be a significant factor in how the client system is likely to respond. An example is female programme facilitators wanting to implement HIV and AIDS programmes on sensitive topics such as male circumcision, multi-concurrent sexual partners and so forth as was found in this study**.**

- **Sub-theme 7.5: Political influence**

The following section and quotes will focus on participants' views on the political influences they experienced when implementing the SCP.

> Participant C stated: "In other communities we meet people that are there not for progress or for not looking for those people came up looking for their own agendas and we cannot run away from the fact that dialogues were done when we were it was last year and we were all away April, May going for our national Election so the mood, people mood were already activated that each and every person who calls a meeting should maybe address this thing with the information of … (name of political party withheld) during that time we had tough time to get young people because it was like when you are recruiting young people you must be looking for to change their mindset to do … (name of political party withheld) thing …, political influence. If maybe … (word unclear) and I want to do a dialogue in a community the leader is a … (name of political party withheld) it was hard. It's like who are you to come and speak to my people."

This sub-theme revealed, though to a lesser degree, that an issue such as political instability or change at a particular time of SCP programme implementation, hampered programme service delivery. Chambers and Wedel (2005:135) argue that once a programme or policy is implemented it can become a problem for its earmarked groups of citizens, because of political influences that sometimes undermine the legislative processes that allow for social policies. The NSP and its aligned programmes, such as the SCP, are an expression of the will of the people in a democratic society. Community members should therefore not be denied access to public benefits such as the SCP, based on their political affiliation or other political dynamics such as election periods when a Soul City community dialogue session with the youth was undermined or turned into a platform for debates between political parties.

- **Sub-theme 7.6: Gender stereotypes and discrimination**

The following section and quotes will focus on participants' views on their perceived gender stereotypes and discrimination within communities where they implemented the SCP. Some participants shared the following observations:

> Participant A: "Instead of men. I'm not maybe because of men feel these issues are for women only women should be doing that and I think it's also related to AZT. Only most female are going to the clinic to go and test but men they don't really go there."

> Participant K stated: "Baie kere dan is dit maar net die vroue wat kom die manne is mos nou rerig so ons meer manne betrek (often it's only women that come to programmes, the men are rarely interested, so we should involve more men)."

It was clear from the thematic analysis that gender imbalances played a significant role in the SCP programme reach. Many males within communities do not consider the problem of HIV as an issue they should also play a role in dealing with, but rather that it's the responsibility of females. This was confirmed when looking at the dialogue attendance registers which the researcher utilised when drawing the sample for the quantitative part of the present study. These examples of such negative male attitudes are also consistent with the literature and other research findings. The HSRC (2014:82) for example, indicates that more HIV-negative females (45.0%) were aware of their HIV status than HIV-negative males (35.6%), thereby indicating that there are significantly higher rates of awareness of HIV status among females, whether negative or positive than among males.

Regarding provincial perceptions of risks, the Northern Cape ranked second highest in the proportion of people who believed that they would not get infected with HIV (51.1%). Knowledge also decreased in 2012 compared to 2008 for both Black Africans males aged 25-49 years and high-risk alcohol drinkers (DOH, 2012b:39). Thus, it appears that this attitude by males puts females at considerable risk of becoming HIV-infected by men, especially in male-dominated societies. Furthermore, in South Africa with its most progressive constitution, it is still found that because of their traditional "lower status," females are not always in a strong enough position to negotiate for safe sexual intercourse, especially amongst the poorest of the poor. UNWOMEN (2014:1) furthermore highlight the fact that females living with HIV face numerous obstacles in participating meaningfully in HIV policy- and decision-making. These challenges may include stigma and discrimination, economic insecurity, and lack of access to information and resources, as well as insufficient opportunities for training and support. Moreover, there are few institutional mechanisms to ensure women's leadership or inclusion in the design, implementation, monitoring and evaluation of the HIV response. Organisational and resource constraints also hinder the

participation of networks of women living with HIV, even when such opportunities exist. Critical perspectives also contend that advocacy and empowerment for social change call for the attainment of strong emancipatory interventions. Emancipatory action and practices leading to social change will occur once people, groups, and communities are enlightened, empowered and organised (Hoefer, 2009:68).

Preventing new HIV, STI and TB infections call for the implementation of a national social and behavioural change communication programme with a focus on key populations to shift negative social norms and attitudes, especially those related to gender, (DOH, 2011:39). Ambrosino et al. (2012:57), continue by stating macrosystem level or societal factors, such as the cultural attitudes and values of the society, impact attitudes, for example, attitudes towards women, and people infected with HIV, and violence. The research findings, therefore, emphasise Bezuidenhout and Dietricht's (2008:87) argument that women in certain cultural settings are often seen as potential victims and must be protected by parents and by society using laws, specifically geared programmes and so forth.

- **Sub-theme 7.7: Lack of national support**

The following section and quotes will focus on participants' views on their perceived lack of national support by the SCI.

> Participant D stated: "Because when I make some reports, give it to Soul City, Soul City doesn't give me back the answer, go them, do this and do this …. And can you just give one person from this company of Soul City, you come to us and explain more because we don't know more, because I mean really, not that workshop that we had with Soul City, it was for a week workshop, so it was not good enough for us you see?"

> Participant C stated: "It was not easy because there was with the first visit there was budget and then with the second with the follow-up there was no budget so I had to find my own ways of dealing with that."

The sub-theme revealed that there was a lack of or very limited national support from the SCI to help communities to sustain/implement dialogue resolutions formulated by youth programme attendees. Furthermore, there was also insufficient ground-level supervision/ support to facilitators. A social programme must have amongst other aspects, a geographic location, programme consultants and supervisors to guide the programme practitioners who are the most important element in programme implementation (Chambers & Wedel, 2005:82).

- **Sub-theme Sub 7.8: Lack of community support**

The following section and quotes will focus on participants working experiences for the SCI.

Participant H: "Sometimes it was difficult because you will write maybe 100 people for that dialogues so the community is the people that may not be participating in the dialogues, like maybe they can hear, but of the time comes when they were involved they did not come."

Participant A: "… You know the councillor we have a challenge with when we invite them to our programmes they don't really come to the in terms of the getting the councillors to attend our programmes."

Participant L: "… Ons nooi hulle uit maar hulle kom net nie …. (We invite them but they do not come)."

Participant M stated: "… The challenge is that youth, sometimes when we want 100 youth don't alert, is one of the challenge …."

This theme revealed that poor attendance of programmes was at times a serious challenge for programme implementers. The participants also indicated that at times it was very difficult to have key community role players and leaders form part of the programmes.

The statements by participants are further consistent with the literature, in the sense that there is increasing recognition that the meaningful participation of young people in HIV-prevention programmes is necessary if programmes are to respond to the needs and desires of young people and therefore be effective (Campbell, 2010:153). The research findings also reflected getting young people to participate was very difficult to achieve at times. Ginsberg (2009:207) considers that conservative thoughts hold that local, community-based, community-run organisations have the best chance of overcoming some of the kinds of problems social welfare programmes are designed to reduce. Such structures could mediate between those in need and governments to solve problems with local solutions and without solely relying on the large structures associated with national programmes, for example, SANAC or provincial AIDS forums.

Discussion of Theme 7

It was found in Theme 7 that there was evidence of a multitude of limitations in terms of programme implementation and sustenance, as highlighted by participants, which included no formal monitoring and evaluation tools; funding challenges, the ineffectiveness of once off dialogues without follow-ups; cultural resistance; political influence, gender stereotypes and discrimination, lack of national support from Soul City Institute and fluctuating community support in terms of attendance.

As discussed in Chapter 4, section 4.4, Bronfenbrenner and Garbaqrino (in Ambrosino et al., 2012:54-57) divide human systems into different levels of the environment and that for all people each environmental level has risks and opportunities which can either assist them in achieving positive social functioning, or serve as a direct threat to positive social

functioning, for example, youth facing the environmental challenges or risk factors associated with regard to HIV and AIDS in the Northern Cape and elsewhere.

Furthermore, the person-in-environment (PIE) construct as suggested by Weyers (2011:200) is especially valuable because of its focus on individuals, their environment and the transactions or relationships between the two. For example, if an imbalance exists between the risk factors of HIV and AIDS and adequate resources to support the youth, social problems such as a rise in unhealthy sexual behaviours amongst the youth in a community might develop. The identified limitations expressed by participants presented a serious threat to the effectiveness and sustainability of the SCP and may have created a vacuum in the communities it operated in, and also have the unintended consequence of alienating communities after trust and expectations were established. The latter may have developed especially after the programme was unexpectedly terminated in 2013, without apparently replacing it with alternative youth programmes by the SCP.

7.3.8 Theme 8: Evaluation

The following quotes reflect participants' programme evaluation practices of the SCP and interviews with programme implementers revealed the following sub-themes: Evaluation by facilitators mainly limited to informal observations; reports on dialogues and keeping attendance registers; M&E only on medical male circumcision dialogues; contrasting views on whether and how monitoring and evaluation materialised.

- **Sub-theme Sub 8.1: Evaluation by facilitators**

The following section and quotes will focus on the evaluation done, by the evaluation of the efforts made by facilitators regarding the SCP dialogues they usually implemented with youth.

> Participant D stated: "Lol, I knew it (programme) cause even after the dialogue, we have concerns, we ask them the questions. They say I was supposed to ask that question. They come back to me and ask that question I'm answering them. Maybe after two days they call me again when I'm servicing the office some people say, he .. you are just visiting us, we have a few questions for you. Others tell me in fact it was in?? I have a group of teenagers, they want to test for HIV but they were not right to test 'cause others were saying: ja I see there's a lot of people, I'm not going."

> Participant I: "Sometimes you meet this young girl just in the words .. or just out somewhere in the community and will tell you "ous"… (name withheld) we talk since used their dialogue I've made some changes in my life."

> Participant A stated: "The other one would be I'm not sure maybe it's not working because of when it comes to evaluating we do not really do evaluating you understand. If we did evaluating it would mean go back to the community and finding out this programme what has changed you understand, but we do not

really engaged to the community again in terms of finding out what really happened what really changed since the programme what did the behaviour change from this point to this point. It comes back to the limitation in terms of finding out is the community really progressing in terms of the information they get."

Participant C stated: "… We look for, we did not have formal evaluation forms but we created question and the last question of the dialogue that where we create a platform to talk with the participants how did it go, what need to be improved what is it they feel strongly needs attention …"

Participant E stated: "My programme I started working because in the past years, the young ladies when they are pregnant they didn't book on time but after we have sent them the message they book on time and the young boys, they didn't go to the traditional male circumcision people they go to the hospital."

Participant J stated: "After dialogue they kom by my huis hulle kom vrae my iets …. Ja ek sien die mense kom by my huis. (After the dialogue, they come to my house to ask more questions, … yes I see the people come to my house)."

The thematic analysis exposed that most participants' evaluation of the success of their programmes was limited to informal observations. Potter (2008:411), asserts that usually when a programme has taken place or is in operation, its recipients, managers, funding institutions and other stakeholders need to know whether it is beneficial to the communities, if it is effective and efficient, and if it is well planned towards achieving the intended goals. UNAIDS (2014c:28) highlights further that it is important for stakeholders, for example programme facilitators, to know which norms, standards, laws and policies related to HIV prevention, treatment and care for adolescents and youth, might affect service delivery and treatment uptake among those in need in a particular country. The latter could also assist in monitoring and evaluation efforts of HIV prevention efforts.

Kreuger and Neuman (2006), as cited in Delport and Fouché (2011:457), assert that monitoring the performance of a programme, provides feedback on how a programme or series of interventions is operating, and to what extent intended objectives are being achieved. Such feedback allows for early identification of problems in delivery and enables subsequent improvements to be made. Thus, what appears to be lacking is that participants did not have reliable methods of evaluating their programmes or put much emphasis on evaluating at all. The implication, therefore, could be that rarely did they identify constraints to programme implementation or the impact of their programmes.

- **Sub-theme 8.2: Facilitator reports**

The following section and quotes will focus on participants' views on the monthly facilitator reports they submit to the SCI.

Participant A stated: "… Just the attendance registers and so forth …."

> Participant B stated: "The report has you write your challenges what went well within your dialogue the planning how did you plan how did you recruit how many people did you reached on what day what was the topic what was the engagement between and what question did the community have for you what engagements different opinions did they have you understand?..."

> Participant L stated: "… Nee dit was mos maar net daai attendance registers (no, it was only the attendance registers) .…"

> Participant D stated: "Because when I make some reports, give it to Soul City, Soul City don't give me back the answer, go them, this and this and this …. And can you just give one person from this company of Soul City, you come to us and explain more because we don't know more, because I mean really, not that workshop that we had with Soul City, it was for a week workshop, so it was not good enough for us you see?"

It was further reflected by the research findings that most participants indicated that monitoring of programmes was limited to having the youth who attended their programmes complete attendance registers which they submitted with reports regarding a specific dialogue to the Soul City National Office at the end of every month. The targeted group size of the dialogues was approximately attendance by one hundred youths. The sub-theme revelations are consistent with the findings of Michel (2005:ii), that there is a general consensus that peer education is considered a 'valuable strategy,' but it lacks sufficient reporting, monitoring and clear goals for most programmes. An additional challenge was the lack of evaluation of the benefit of peer education to beneficiaries. Furthermore, if there is a lack of a systemic approach and lack of agreed performance standards of peer education interventions, it often fails due to avoidable challenges that could have been eliminated if more attention to planning and systematic organisation had been given.

- **Sub-theme Sub 8.3: M&E only on medical male circumcision dialogue**

The following section and quotes will focus on participants monitoring and evaluation working experiences for the SCI.

> Participant D stated: "I know that the programme is a success because I do have some programme called MMC and they call me in clinic. Middle school. Our learners want to go to Medical Male circumcision, arrange a transport for them, arrange food for them; I and I went to Kagisho clinic to tell them I do have some group of people in."

> Participant F stated: "… Because at the clinic I saw some of young people, they were fast, close to 100 young boys went to the clinic for medical male circumcision .…"

> Participant A stated: "In terms of evaluating I would say that when we are doing MMC the only thing that we can say that really get people from the dialogue that they go to the clinic or we are also working with love life. Love life are also doing MMC the Brother's for Life program, so they would also register for them on that that we are interested in terms of test and we get a number so many people from the dialogue registered for MMC."

This sub-theme reflected that many programme implementers used clinic statistics in terms of medical male circumcision uptake as monitoring and evaluation indicators for that specific dialogue topic, but had no monitoring and evaluation system in place for other dialogues as revealed by the thematic analysis. In the literature, for example, Chambers and Wedel (2005:82), indicate that if programme objectives cannot be measured, they are of little use in administering or evaluating a programme or policy.

- **Sub-theme 8.4: Contrasting views on monitoring and evaluation**

The following section and quotes will focus on participants' contrasting views on monitoring and evaluation done by the SCI.

> Participant B for example stated: "People they do fill evaluation forms to say how was the topic did the topic speak what happens in your area how did you find the person who was presenting the dialogue what do you think should be added into how things were done the topic that were chosen and all that and then again our M&E comes down and interview people maybe 10 people from a 100 or they will call them."
>
> Participant B furthermore indicated: "… Our monitoring and evaluation unit within Soul City at national office level .…"
>
> Participant M: "… Exactly we didn't have a monitoring tool at all, that's what I can say. I'm being honest .…"
>
> Participant A: "Like I said if we would did evaluation then the stats would now be part of the evaluation in terms of saying from this community this what is happening so much percentage of the people has really changed and so forth you understand because of what they saying because of we need to talk to them you understand. So it also boils to the limitations in terms of the program itself."
>
> Participant C: "So I would think not being able to follow up on another limitation because he would fail you'll reap the resolution and leave the community to continue alone without monitoring … look for, we did not have formal evaluation forms but we created question and the last question of the dialogue that where we create a platform to talk with the participants how did it go, what need to be improved what is it they feel strongly needs attention We did never have such formal evaluation forms."

This sub-theme reflected that there were contrasting opinions on the evaluation of programmes and whether evaluation was actually done. Participant B was the only field worker who made mention of the SCI monitoring and evaluation unit based at its national office or of a session evaluation form completed by youths who attended sessions, while most, for example, Participants A, C and M, had opposing views to participant B and suggested, as earlier highlighted, that they did not do monitoring and evaluation of their programmes at all.

An objective of the monitoring and evaluation of a social programme is to establish whether it was effective in reaching its objectives. From the diverse statements by most of

participants, there appears to be a lack of clarity by everyone as to what monitoring and evaluation actually entail and whether they actually implemented it. The researcher therefore concurs with Rabie and Cloete's (2011:2004) assertion that for programme outcomes to be evaluated, SCP facilitators should have a common understanding of outcome statements that should be specific in terms of the target group, the geographical area, the level of difference to be achieved and the time deadline for achieving the difference.

- **Sub-theme 8.5: Result of evaluation**

The following section and quotes will focus on what participants normally did with the results of their evaluations.

> Participant C stated: "We ask questions and they will respond to but what we did because some of them they would be quiet not everyone is comfortable to talk in a crowd in front of 100 people. We give them small slips to say write how you feel about today and then when we do our report we go to them and this is what we need to improve."
>
> Participant B stated: "… Yes, we do have reports that we send to our M&E, we do have registers that we send to our M&E and the pledges that we send to M&E Unit … every data go to Johannesburg."
>
> Participant G stated: "The registers is just for people those who have been attending give it to them (SCI national office) when I came back I just check which ages are good for coming to the dialogue .… The report is to show that I have been doing my work .…"

This sub-theme reflected that results of evaluation were limited to submission of a report to National Head Office by programme implementers. Chambers (1981) in Rabie and Cloete (2011:208) believes that programme evaluations may be due to time, cost or other resources constraints, be more informal or "quick-and-dirty" and by implication ineffective as revealed in this sub-theme. The findings further revealed that some participants tried to improve their programmes, by analysing small pieces of written feedback they received from dialogue attendees, at the end of each session, for compiling reports for submission to SCI national office.

Rabie and Cloete (2011:2010) argue that for evaluation to be effective, it must have significance in that it must make a difference to an existing situation, for example, HIV behavioural patterns amongst the youth. It must further have validity in that evaluation techniques and indicators should clearly and directly measure the performance intended to be measured. Effective evaluations should be written and undertaken objectively and evaluation results should be written up in a user-friendly way, with a practical problem-resolving focus (Rabie & Cloete, 2011:2010). IOM (2011:15) states further that replicability

inherent in a best practice is its ability to be recorded, copied, adapted and it needs to discover interventions that set an example which could be achieved through monitoring and evaluation exercises of HIV prevention programmes.

Discussion of Theme 8

Findings from Theme 8 revealed that there were contrasting views by participants on whether monitoring and evaluations actually did take place. Monitoring was largely limited to completed attendance registers in terms of how many community members attended the dialogue with a perceived aim of reaching the minimum required target of 100 attendees. One participant mentioned the existence of a Monitoring and Evaluation unit situated at the SCI's National Head Office, but could not provide much detail on the unit's role and functions. Findings further revealed that no impact evaluation was done, although most participants revealed that they measured the impact of the dialogue pertaining to medical male circumcision, specifically by informally monitoring or inquiring the uptake of youths going for medical male circumcisions at local clinics. However, concerning the latter, no formal statistics were kept or reported on by participants.

7.3.9 Theme 9: Recommendations

The following quotes reflect participants' recommendations regarding Soul City programme improvement. Sub-themes include introduction of formal evaluation tools; more funding to do more dialogues and implement dialogue resolutions; introduction of formal evaluation tools; more local and provincial government financial support; SCI national office ground level involvement and more programme implementation tools as sub-themes.

- **Sub-theme Sub 9.1: Introduction of formal evaluation tools**

The following section and quotes will focus on participants' recommendations for the introduction of formal evaluation tools.

> Participant A: "No 1 maybe to get people to be trained in monitoring and evaluating a program how exactly you should be doing that you understand and a program that has taken place from this community then evaluation should take place maybe a month after the program has taken place .… It's only fair that after giving information to parents then after some time you go back and fine out are they really adhering to the information they got how is it helping them."

> Participant C: "Maybe what I can say on that one is that there be a change for Soul City to come back let there be an extra evaluation form for the participant and let there be follow ups."

The thematic analysis suggests that the SCP should introduce formal evaluation tools of dialogue with the youth programmes. To combat HIV in South Africa successfully, treatment

and evidence-based social and behavioural prevention programmes must go hand in hand with accurate knowledge about HIV transmission. Rubin and Babbie (2011) (in Kirst-Ashman, 2013:112) explain the concept of Evidence-based practice (EBP) as a process which practitioners make practice decisions in the light of the best research evidence available and evaluate the outcomes of their decisions. The latter does not necessarily result in behavioural change, but it is, however, a prerequisite for engaging in HIV prevention practices.

Chatterjee and Vadapalii (2009:91) are further of the opinion that it is important to know whether any programme is effective in terms of reaching its goals. The NSP (DOH, 2011:8-9) has an objective that all interventions should be monitored continually and that interventions must make a sustainable difference that outlasts the lifespan of the NSP itself is critical. The researcher previously highlighted in the previous sections the very limited level of programme evaluation implemented.

The recommendations by participants are further supported by literature for example Rabie and Cloete (2011:174) state that technical assistance with regard to programmes, addresses needs such as training, research, policy, analysis, monitoring and evaluation. Weyers (2011:91) recommends that a practitioner within a programme in a community should decide on the criteria that will be used in the evaluation of a specific project, as well as the way in which the required data will be collected. This is mainly due to the fact that the nature and magnitude of such an effort would determine how it would be assessed. It is also important that when stakeholders collaborate to mobilise essential new resources, all stakeholders should prioritise efforts to increase value for money in the response (UNAIDS, 2014c:22).

- **Sub-theme 9.2: More funding to do more dialogues and implement dialogue resolutions**

The following section and quotes will focus on participants' recommendations for more funding to do more dialogues and implement dialogue resolutions.

> Participant A: "Some of the improvements that I can say sometimes they need funding you understand, because of these days you can't really do something on a zero budget unless you don't do a program on a zero budget you really need a budget to do something big that's going to benefit the community because of according to me I'm doing to do a program I want a program in such a community that community can even operate that program you I shouldn't just go with a program and just leave." He continued by stating: ... It will help people to internalise the information and act on it …."

Participant M stated: "The other one 'cause I know the funder I can't say, to maybe provide some financial assistance to give to participant who decided to take an action after the dialogue, to be able to sustain the programme."

Participant A stated: "Ja would make recommendations I'm thinking maybe the funding maybe they also want for us to go back to the community and maybe finding out more but maybe the funding we cannot really do that."

Participant L stated: "Baie mense het weer terug na my toe gekom en gese dit was goed of wanneer hou ons dit weer soos hulle vra nou nog waneer gaan ons weer aan met dit. Dit was goed gewees en nou het os dit sommer weer gestop (Many people came back to me and said the programme was good and asked when are we continuing with it again. It was good but now we left again)."

This sub-theme revealed that the content of the SCP programmes was probably relevant to communities needs and was consistent with macrolevel policies such as the NSP. However, financial resources are invariably necessary to back up every public policy document, for example, the NSP and in the context of the current study the SCP with the youth. Perlman et al. (2013:44), advocate that obtaining funds is all about building and maintaining relationships with funders. Efforts to involve the donors and sponsors should be attempted by involving them in all aspects of projects through for example regular reports, meetings and so forth. By doing this, programmes may possibly be able to secure on-going funding.

The HSRC (2014:117) identifies that in South Africa there is no longer a strong national HIV-prevention programme to encourage the population to take HIV more seriously. The focus has primarily been on biomedical interventions such as ARV treatment, VMMC, HCT, PMTCT and less on social and behavioural interventions. Furthermore, Mamburu (2004:113), for example, states that programmes are only achievable through the availability of funds. Kirst-Ashman (2013:112) found that on a macrolevel when social programmes are developed to help communities, the communities potential to continue them on an on-going basis should be considered. The availability of sufficient funding, therefore, influences the formulation and implementation of public policies and related programmes such as the SCP. UNAIDS (2014a:19) states that to fast-track national responses, extensive mobilisation of human, institutional and financial resources is needed. To the latter effect, lower-middle-income countries such as South Africa will need US\$ 8.7 billion (±R90 billion). Due to their income status and the scale of their HIV epidemics, these countries will continue to need international support to fund their AIDS response. Furthermore, significantly higher coverage of prevention services for key affected populations, for example, the youth (UNAIDS, 2014c:20) is required.

Campbell et al. (2007:29), argue that HIV prevention programmes, for example Soul City, should also focus on optimisation of funding. Lower-middle-income countries will, therefore, need to move towards greater self-financing of the response, although those with a heavy

HIV burden will continue to require considerable donor support (UNAIDS, 2014c:21). Lastly, it will require sustainability in terms of generating renewable funding that does not decline over time and which is stable and reliable from one year to the next. Perlman et al. (2013:44), also reason that obtaining funds is all about building and maintaining relationships with funders. Efforts to involve the donors and sponsors should be attempted by involving them in all aspects of projects through regular reports, meetings and so forth. By doing this, programmes may be able to secure on-going funding.

- **Sub-theme 9.3: Staying in communities for longer periods**

The following section and quotes will focus on participants' recommendations for the SCP to stay in communities for longer periods of time.

> Participant B stated: "Now for me if funding is available we will be able to do more dialogues we will be able to do dialogues every day we will be able to say let's target only one area with dialogues and when we move to the other area or one municipal ward and when we move to the other one we are done with this and people having a way of moving forward."

> Participant J stated: "Advise … there is only Soul City they must come back people on our village they want to very much because our children they hulle is bietjie down gegaan het (children regressed a bit) het to getting pregnant under 16 (under 16). It's not like there the time of Soul City come to our village."

> Participant A stated: "… You know remember behaviour change is not something that happens once but is a process. So, if only you come once for me really I'm not gonna change but if you come constantly with information you understand .…"

> Participant D stated: "Ja, the challenge is the community. Cause I'm going to the community, I present the dialogue, they give me questions, they give me the answers, the come with this resolutions, the community, no me, ja. Then I fail to go back to them."

> Participant F stated: "… I'd like to continue with Soul City, eish (sigh). Cause Soul City at least if we do follow up .…"

> Participant K stated: "They need to come time and again … I don't think they can come 3-4 times in a month .… Cause sometimes when they come when I go there to the community you see time and again going to get more information for what I come on day then gone again."

The sub-theme revealed that there was a need for the SCP in terms of dialogues with the youth to continue and its cessation in 2013 may have left a vacuum in the communities in which it operated at the time. This reflects a sharp contrast with the Soul City Annual Report (2013:2), which states that the SCI's vision is to make an improvement in people's health and quality of life, by "trying to ensure the sustainability of their intervention efforts through sound business principles and practices."

Cloete (2011:67) refers to programme sustainability as the institutional and functional durability of public policy programmes. UNAIDS (2014a:11) highlights the fact that for HIV programmes to be more effective, they must reach more people on a sustainable basis. Furthermore, continued investments will be needed to build the capacity of health and community systems to reach the ambitious goal of ending the AIDS epidemic by 2030 (UNAIDS, 2014a:25). In addition, the South African National Development Plan (The Presidency, 2013:357) recognises that in order to provide support to communities it needs to build and utilise the capabilities of individuals, households, communities and NGOs to promote the self-reliance and sustainable development of communities.

The environment can support or interfere in life transitions and it can, therefore, be an important source of stress for the individual (Germain & Gitterman, 1986:629). Bronfenbrenner and Garbaqrino (in Ambrosino et al., 2012:54-57), latched on to this and divided human systems into different levels of the environment and that for all people, each environmental level has risks and opportunities which can either assist them in achieving positive social functioning, or serve as a direct threat to positive social functioning, for example, youth facing the environmental challenges or risk factors associated with regard to HIV and AIDS in the Northern Cape and elsewhere. Böning (2009:52) refers to stress in ecosystems interactions as a dysfunction between the needs and demands of the individual and the resources that are available to that individual. Regarding HIV and AIDS in relation to the youth and since Soul City has unexpectedly ceased implementing dialogues, therefore from an ecosystems perspective the risks the youth now face can be associated with the lack of opportunities in their environment to deal with the highlighted risk factors associated with HIV and AIDS.

- **Sub-theme 9.4: Youth support beyond once-off dialogues**

The following section and quotes will focus on participants' recommendations for Youth support beyond once-off dialogues.

> Participant B stated: "So, if we have dialogues and then after those dialogues ok we select from a 100 people we select 10 each 100 teen and those comes to a session where we say ok, you you are going to run programs in your area."

> Participant D stated: "Maybe they have arrange a soccer, after soccer we gonna sit down and discuss something. Keep them out .... Like TADA groups, TADA is a group that give youth and self- esteem to manage them ja. Participant B also explained: … I think it is just to extend on this one if we have provincial and local funding Soul City will be able to employ other people job creation …."

This sub-theme exposed that there was a need for the sustained type of interventions beyond one-off behavioural change or information sessions as revealed by the thematic

analysis. Participants' recommendations are also consistent with the literature and various reports. In recent times, programme managers, researchers and advocates know much more about the status of young people than in previous decades. However, data from surveys undertaken must be used to increase awareness about the issues that affect young people and to advocate for strategic investments in programmes and policies that will help them finish school, protect their sexual and reproductive health, prevent HIV infection and find meaningful employment (Hervish & Clifton, 2012:5).

The International Labour Organisation (ILO) (2015:5) recognises that HIV vulnerability is also due to economic vulnerability and that the reduction thereof entails a combination of strategies that include amongst other aspects economic empowerment, behavioural strategies and so forth. Mogapi (2015:13) highlights the grave concern that there are more taverns and shebeens in South African communities, townships and villages, than youth or child recreational centres. At the exosystem level, the Soul City Programme could, for example, advocate for the establishment of community programmes to assist teenagers who are having family problems and still have to deal with peer pressures with regard to high-risk sexual behaviours. Kirst-Ashman (2013:389) states that social workers and, in the context of the present study, SCP facilitators, need to assume the role of brokers, where they help link clients, for example, the youth, with needed resources and services. They could also refer clients with AIDS to support groups, in which they can talk to others who are infected or affected by AIDS and are experiencing similar problems and issues.

Recommendations, as revealed in this theme, are supported in the literature, for example through increased public funding for the arts, amateur athletics, and voluntarism, public policy can enhance individual and communities 'skills and abilities' (Hoff & McNutt, 2009:295). Strategic objective 1 of the NSP, advocates that interventions should strive to address social, economic and behavioural drivers of HIV, STI's and TB (DOH, 2011:35). For example, the poor living conditions in informal settlements and many deep rural areas of the Northern Cape, provide fertile ground for HIV, STI and TB transmission, as well as the spread of many other communicable diseases, especially among children – mainly as a result of the lack of proper building materials, lack of access to basic services, such as sewerage, electricity and running water, as well as lack of food security. The NSP (DOH, 2011:36) for example, recognises that youth-specific interventions are also critical once learners transition out of school. Evidence has shown that HIV infection levels increase exponentially among school leavers who do not have employment, mentoring or further training opportunities, for example through the Expanded Public Works Programme, because these young people are at risk of harmful lifestyles that will increase the likelihood

of HIV infection, including alcohol and substance abuse. Hoff and McNutt (2009:295) suggest that urban gardening is often a favoured strategy for youth development and rehabilitation because it provides amongst other aspects nutritional benefits from fresh local produce; encourages entrepreneurship, healthy exercise and neighbourhood socialisation.

- **Sub-theme 9.5: More local and provincial government financial support**

The following section and quotes will focus on participants' recommendations for more local and provincial government financial support for the SCP with the youth.

> Participant B stated: "My recommendation will only be Soul City needs to look for buy-in from local level. When I say local level, I mean municipal level and provincial level. Because when you only stick to National funding or International funding when that funding up the local office the provincial office they are not aware of how the program did good... National Department of Health is funding certain programs for Soul City for the national but provincial we don't get any funding yet .…"

> Participant M stated: "One recommendation is to train the community members like the home-based care 'cause they are the ones who are working with the community, each and every day of the dialogues with youth will in the communities … I can't say: to maybe provide some financial assistance to give to participant who decided to take an action after the dialogue, to be able to sustain the programme."

It became evident that the SCP needs involvement from local government level, especially in terms of funding. Furthermore, it appeared that the funding the SCP received at the local level from their national office, was insufficient and further funding sources were needed as revealed in this sub-theme. This might call for the developing of interest groups within the communities where the SCP operated because, hypothetically, in line with Booysen's (2006:182) opinion, interest groups exist, as long as issues are not formally on the government' s agenda or are not receiving priority attention.

Weyers (2011:20) postulates furthermore, that from an ecosystems perspective, the sustaining environment implies providing a wide range of sustained institutionalised and other less intimate services, resources and opportunities to the youth in communities that can enhance their well-being for example and especially in relation to HIV and AIDS.

The research findings revealed further that the participants' recommendations are supported by, for example Brynard, Cloete and De Coning (2011:155), who argue that in South Africa, there is a significant potential to improve integrated service delivery in which cooperative governance promotes cooperation and coordination between units of government, the private sector, social partners as well as CBO and NGOs, for example, the SCI in the delivery of services. Gumede (2011:179) concurs and emphasises the role of ward committees, which are expected to work with municipalities on many matters,

especially in ensuring that the needs of the communities are taken into account in policy-making processes and by extension projects and programmes on HIV and AIDS. Relatedly, IOM (2011:11) indicates that private and civil society partnerships and the lessons learned from these mutually beneficial arrangements need to be documented, shared and costed to support replication. The Northern Cape Provincial Strategic Plan on HIV and AIDS, STI's and TB (NCPSP) (DOH, 2012b:48) advocates for a multi-sectoral approach in the fight against HIV and AIDS and encourages various role-players, for example civil society, the private sector, non-profit organisations, and communities to assist the provincial government in reducing new infections and reducing the impact on individuals, families and community by developing their own implementation plans targeting their areas of expertise.

- **Sub-theme 9.6: Greater local level involvement from national office**

The following section and quotes will focus on participants' recommendations for greater local level involvement from the SCI national office.

> Participant G stated: "How do I know that this is working well. I said according to the report that I must get and things of myself I can see is not good …. It is better if you do such a dialogue you must be there so that you can see what's going on."

> Participant M stated: "Soul City must also come to the ground, maybe during the dialogue … National Office to come …. To be part of the dialogue so that they can monitor, maybe mentor us, every hear from the community what we do a dialogue we're seeing that this people they just do a dialogue. They must come down to be part of the dialogues."

> Participant D stated: "… Because when I make some reports, give it to Soul City, Soul City don't give me back the answer, go them, this and this and this …."

This sub-theme revealed that field workers of the SCI participants, who were programme implementers at ground level, had a need for greater involvement, guidance and support from their employer, especially their supervisors or coordinators at their national office. The SCI Annual Report (2014:17) also reflects that the Northern Cape and another five provinces as well as community youth interventions, for example, Phuza Wize, were notably excluded from this very important component of Soul City's fieldwork support programme. The latter could be considered as a shortcoming because field workers are the central human resource tool for communicating the HIV prevention message to the youth.

Literature concurs that volunteer workers working in a formal capacity for AIDS care organisations, for example, SCP facilitators, should not be neglected (Van Dyk, 2013:419). Van Baleen and De Coning (2011:191) concur with the latter by indicating that many projects have failed, because of inadequate organisational support, lack of management and training exposure. Van Dyk (2013:432) therefore emphasises that employers should

also recognise the importance of comprehensive training programmes which can include initial training, refresher courses, and workshops to upgrade skills and on-the-job mentoring and coaching.

- **Sub-theme 9.7: Youth programmes for specific sub-sections of the youth**

The following section and quotes will focus on participants' recommendations for youth programmes for specific sub-sections of the youth.

> Participant B stated: "… So if we can have programs per age group or group ages and have programs running, concurrently it will also assist in bettering Soul City services ...."
>
> Participant D stated: "… Maybe we want one group of the age of 18 until the age of 25. Just make a trip for them. Go out man, sit down discuss …."
>
> Participant I stated: "… There are some information that are too much for a 14 year-old, I belief …. Yes, it was at some of the dialogues, cause like I'm saying, you can't expect a 13 year-old to sit with an 18 year-old and 17-year-old those are …."

This sub-theme revealed a need for youth programmes for specific sub-sections of the youth. The mixing of age sub groups among the youth in terms of attendees may have problematic implications. Furthermore, certain subsections of the youth due to their development stages for example adolescents, young adults, females and so forth, have specific developmental challenges that need unique intervention focus. UNAIDS (2014b:19) for example illustrates that the Global Fund emphasises community systems strengthening (CSS) framework, provides a clear space for youth organisations to advocate for tailored services that meet youth needs, both as part of a Global Fund grant and within the broader national policies and processes.

In line with the literature findings that females are disproportionately affected by HIV infection, there is a need to ensure that poverty and its impact on females in general and young girls, particularly, are addressed Cluver, Boyes, Orkin, Pantelic, Molwena and Sherr (2013) in HSRC (2014:108). UNWOMEN (2015:23) declare that much of the HIV-related spending specific to women focuses on eliminating mother-to-child transmission to avert new infections among children. However, although it is an important element in the fight against HIV, it remains a limited response when considering the needs and priorities of women, young women, and girls specifically. Furthermore, underlying gender and social inequalities undermine prevention, treatment and care efforts and therefore, must be central to an effective HIV prevention programme. Van Dyk (2013:183) continues by stating HIV education programmes should always be tailored to a young person's developmental stage. Programme facilitators should, therefore, have a clear idea of the level of cognitive,

emotional, social and moral development in specific age groups so that the HIV education programme could be appropriately aligned to attendees' developmental stage. Programmes should also take into account and be sensitive to the individual and cultural developmental needs and differences and be adjusted accordingly (Van Dyk, 2013:183). Furthermore, and in the context of the previously highlighted cultural resistance identified by certain SCP facilitators, programmes must also consider traditional belief systems and popular myths that are prevalent amongst young people and their broader communities. In view of the latter and given the earlier highlighted reluctance by males to attend dialogues presented by the SCP among the youth. It could also be functional for the SCP to adjust their future programmes to specifically target more males to attend on issues such as medical male circumcision. Therefore, this sub-theme reflected that the SCP should strive to develop programmes for these and other specific sub-subsections of the youth.

- **Sub-theme 9.8: More programme implementation tools**

The following section and quotes will focus on participants' recommendations for more programme implementation tools.

> Participant M stated: "Uhm to provide if next time they want us to go do the dialogues, they must provide us with some of the resources to the facilitators cause some we had to use in the CDs .... Some of the facilitators didn't have maybe but a projector or a laptop."

> Participant J stated: "… If they (the Soul City Institute) come with the dialogue they must come with the video for the youth they must see what we talking about …."

> Participant I stated: "… At schools, we have a chalkboard and then. There was not a lot of tools if I might say ja …."

> Participant C stated: "… More booklets and then more specially at they ask us about pens because they like pens, because every time we want to do something that will make you think twice …."

This sub-theme revealed that many programme implementers did not have all the necessary tools to present the dialogues to the youth. Van Dyk (2013:156) states that it is important for HIV programme facilitators to know which equipment they will need and if it is actually available to them. Furthermore, by accelerating the tempo of availing HIV prevention and treatment tools, the number of new HIV infections would be 89% lower in 2030 than in 2010, and so also the number of AIDS-related deaths in 2030 (UNAIDS, 2014a:12).

Discussion of Theme 9

It was found in Theme 9 that participants made a variety of recommendations alluding to the sub-themes such as the SCP needed to be staying in communities for longer periods of time; more funding to do more dialogues and implement dialogue resolutions; the introduction of formal evaluation tools; youth support beyond once-off dialogues; more local and provincial government financial support; national SCI office ground level involvement; Youth programmes for specific sub-sections of the youth, and lastly that more programme implementation tools were needed by participants especially amongst those in rural villages. All the recommendations are supported by the literature and highlight important areas for future improvements by the SCI or similar intervention programmes with the youth.

Other findings from Theme 9 that stood out were: the need for financial sustainability of programmes as well effective monitoring and evaluation tools. Meaningful and specific recommendations were also made to support the youth beyond once-off dialogues and the role of local government, as well as the national management of the SCI was strongly indicated by participants. The need for youth sub-section specific interventions with regard to HIV and AIDS is supported by the literature. All of these findings are, as discussed in Chapter 4, section 4.1, consistent with Weyers' (2011:20) view, that from an ecosystems perspective, the sustaining environment comprises the wide range of institutionalised and other less intimate services, resources and opportunities that can sustain, enhance, aid or damage a person's well-being. Resources such as, for example, the SCP for the youth in the Northern Cape were often found under-resourced. Coupled to this, the social environment is referred to as 'the community.' A characteristic of the community as a social system is that its sub-systems have linkages to each other and with other systems outside its borders. Bronfenbrenner and Garbarino (in Ambrosino et al., 2012:54) therefore suggest that for all individuals, each of these environmental levels has both risks and opportunities. Opportunities within the environment, for example, sustained community HIV-related resources, such as the SCP could have encouraged an individual youth to meet his or her needs and to develop as a healthy, well-functioning person.

7.4   Summary

Nine themes were generated from the data in this qualitative phase of the research. The thematic analysis focussed on determining participants' views related to the formulation, implementation, monitoring and evaluation of the SCP with the youth in the Northern Cape. The first theme focussed on the working experience of participants. The second theme focussed on recruitment strategies and criteria employed by participants to recruit youths to attend dialogues. Theme 3 was concerned with the focus areas of SCP programme from

an ecosystems perspective. Theme 4 the Types of projects, described the process of SCP implementation.

The fifth theme explored which dialogues participants implemented. A few facilitators also facilitated additional programmes with youth separate from the dialogues, for example, issues of human trafficking drama, storytelling. The sixth theme investigated how participants chose the most relevant dialogue to implement within the communities they served. The seventh theme explored the limitations of the SCP from the perspective of the participants.

The eighth theme explored how participants evaluated their interventions, whereas the ninth theme focussed on recommendations by participants on how to improve the SCP

The following chapter will focus on the guidelines for youth programmes emanating from the quantitative and qualitative investigation.

8. CHAPTER 8: PRACTICE GUIDELINES FOR HIV AND AIDS RELATED SOCIAL PROGRAMMES TARGETING THE YOUTH

8.1 Introduction

In this chapter guidelines are provided regarding the content, applicability, implementation, monitoring and evaluation of the SCP for the youth with regard to HIV and AIDS in order to meet Objective 7 of this study, namely:

> To provide guidelines for the content, applicability, implementation, monitoring and evaluation of the Soul City social intervention programmes for youth regarding HIV and AIDS in the context of the NSP 2012-2016, in order to enhance efforts to mitigate the impact of HIV and AIDS among the youth in the Northern Cape.

The guidelines are in line with the principles of both the ecosystems perspective and programme evaluation. Where applicable the study's empirical findings are contextualised within the NSP 2012-2016. As the research findings show that the SCP has a considerable exo- (community) level focus and without claiming that Soul City programme is consistent with the full continuum of community work processes, the researcher deems it functional to incorporate selected ideas of Weyers (2011) usually associated with the community work/community development process in offering recommendations to the Soul City Institute (SCI) in targeting the youth and structuring its programme content. Ideally, all this should enhance efforts to mitigate the impact of HIV and AIDS amongst the youth in similar social programmes in future. The chapter is structured to provide practical guidelines and questions to enable those working in the helping professions to facilitate HIV prevention programme implementation processes with the youth, as well as show how the SCI could support field workers towards the latter. The sections of this chapter consist of practical guidelines to target and structure the programme content, how best the Soul City field worker as human capital can be supported and capacitated by SCI management in implementing HIV social intervention programmes with the youth, the practical implementation of the SCP and how monitoring and evaluation of the SCP should unfold.

8.2 Practical guidelines to target and structure programme content

This section offers some practical guidelines to target and structure the SCP.

8.2.1 Guidelines for social programme implementers

As previously highlighted in Chapter 2, section 2.4.11, D'Eriico et al. (2009:392), argue that a fundamental problem with African HIV-prevention efforts is that they originate from Euro-American HIV prevention efforts which do not necessarily apply to those at risk for HIV

infection in Southern Africa. The risk factors in Southern Africa are not necessarily the same as in most first world countries. It is therefore imperative to target and structure any HIV and AIDS social intervention programme with the youth as relevant and as practical as possible in a particular community context and setting. A one size fits all approach is not recommended as the dynamics in all practice settings and client systems are not the same. As explained in Chapter 4, section 5, the NDP (The Presidency, 2013:357) emphasises that, in order to provide support to communities, it needs to build and utilise the capabilities of individuals, households, communities and NGOs to promote the self-reliance and sustainable development of communities. This is consistent with the ecosystems framework, in that it does not solely fall on the traits of individuals or a specific environment, but also on the transactions between the micro- and exo- level systems within the social environment of the youth (Ambrosino et al., 2012:58). Furthermore, and as highlighted in Chapter 3, section 3.4.4.2, the NSP calls for the strengthening of exosystemic factors such as the capacity of community systems to expand access to services, and requires a systematic and comprehensive strategy to address capacity, referral networks and coordination and feedback mechanisms. Hence the researcher recommends in line with Weyers' (2011:91) thinking that a thorough situational analysis be made of the practice setting when embarking on any project, for example an HIV and AIDS social intervention programmes with the youth in communities which will be elaborated on in the following subsection.

8.2.1.1   Situational analysis

As noted in Chapter 4 section 4.4, Payne (2005:152) states that, from an ecosystems perspective, social workers and related practitioners like SCI field workers should come to shared agreements with clients and client systems about what issues are important. For example, listening to life stories and assessing ways that allow clients to make informed choices about appropriate ways of responding. As previously stated, before embarking on the actual implementation of any social intervention programme with the youth, the Soul City field worker should embark on a thorough situational analysis of the communities targeted for programme implementation, analyse impediments, develop a programme for implementation and so forth. Therefore, much information must be collected before actually implementing a youth HIV and AIDS prevention, care and support programme. The researcher therefore has drawn from the DPSA (2002:88) and makes the following recommendations about which type of information should be collected:

- The success or failure of previous programmes of either the SCI itself or other organisations and particularly the cost-effectiveness of such initiatives.

- The resources both within the SCI as an organisation or within a particular community.
- Staff views on the nature of care, treatment and support they require as was highlighted through the empirical investigation.

Furthermore, in doing a situational analysis, a field worker or institution such as the SCI may not have all the necessary data available (DPSA, 2002:58). It is, however, often possible to use the data that is available to estimate the current position at a particular setting of programme delivery, by considering the following:

- The HIV youth prevalence within for example the Northern Cape.
- Overall HIV prevalence in a province currently and the projections thereof in 5 and 10 years.
- The number of new HIV infections in a province currently and projections in 5 and 10 years.
- To gather information by conducting anonymous, unlinked surveillance testing provided that such testing complies with ethical and legal principles. HIV sero- prevalence– surveillance data are for example used to estimate HIV prevalence rates and geographic distribution of infection. This information could then be utilised to assist the SCIs and similar programme efforts to plan and evaluate prevention programmes.

As part of doing a situational analysis and before proceeding with any intervention, it would further be important for the SCI field worker to ascertain what exactly is expected from him or her by his employer as well as intended community beneficiaries. This will be described briefly in the following section.

- **Analysing the expectations that the employer has of the Soul City field worker**

It will be important for the Soul City field worker to analyse the expectations of the important role-players (Weyers, 2011:93). The first is that of the employer organisation, in other words the SCI in the context of the present study.

The employer's formal expectations of a practitioner could be deduced from an analysis of his or her job description. This ought, however, to be supplemented by an analysis of the background of the particular post as well the unwritten expectations of management and colleagues.

During the empirical investigation in the present study, the researcher found that to a certain extent there appeared to be limited communication between field workers and management of the SCI, especially regarding mentoring and supervision. This situation often led to

frustration and confusion when confronted with challenging practice situations or issues pertaining to programme evaluation for example. Hence key questions that the SCP field worker needs to be able to answer easily with regard to the latter could include:

- What exactly is expected of him or her?
- Why do they expect it from him or her?
- Where does the Soul City field worker fit in within a particular rural or urban setting where the programme is intended to be implemented?
- What is he or she allowed to do and not to do?
- On what kind of support, technical or otherwise, can the Soul City field worker rely on?
- What kind of infrastructure do the Soul City field workers have at their disposal?
- What support could he or she expect from colleagues?
- Will the SCI as an organisation back Soul City field workers up if something goes wrong?
- May the Soul City field worker move outside the organisation to gain support?

The following sub-section focusses on analysing communities' expectations of the field worker.

- **Analysing the expectations that the youth in a community has of the Soul City field worker**

As previously explained in Chapter 4 section 4.4.2, Campbell et al. (2007:29), identify four areas that managers of national HIV prevention programmes such as Soul City should focus on, namely a general improvement in their strategies of targeting, selection, and delivery of prevention interventions and optimisation of funding. Although it is often extremely difficult to ascertain beforehand what expectations the youth within a community would have of the field worker and of change, some insight in this regard could be gained from contact with key informants. Key informants could include community youth leaders and members of various organisations, as well as from analysis of the links that exist between those organisations and the community. As highlighted in Chapter 2 section 2.6, youth participation in HIV-prevention programmes is notoriously difficult to achieve (Campbell et al., 2010:153). The researcher recommends the adoption of Weyers' (2011:94-95) key questions that each Soul City field worker could ask him/herself.

- What image does the youth in a community have of the Soul City Institute?
- What does the community expect from my organisation and me? As highlighted in Chapter 3 section 3.3.1, community participation can take place through involvement in getting individual opinions in the community through community meetings and opinion

polls, using literally a "door-to-door" strategy to get to know communities better (Gumede, 2011:178).

- To what extent are the community's youth prepared to become involved?
- What are the youths' views of the power structure, for example the traditional chief, local councillor, clinic user, school principal and other community leaders such as youth leaders? This could include the views of government involvement in local affairs. Furthermore, it could include to what extent the community's power structure sees the SCI as allies or opponents in the fight against HIV and AIDS and whether they see the SCI as part of the power structure. Lastly, the communities' perceptions regarding HIV and AIDS and the youth after the SCI implemented its programmes?

The following sub-section will focus on identifying impediments/challenges related to high youth HIV prevalence rates.

8.2.1.2   Identifying challenges

Ambrosino et al. (2012:58), suggest that the ecosystems framework is functional in that it allows for a broad view in identifying the causes of a specific social problem such as HIV and the youth. It also focuses on the interrelatedness of causal factors of the social problems. Weyers (2011:96) thinks that it is important to identify and gain an understanding of the nature of the social problems, social needs and/or the unutilised potential within communities that should be the focus of practitioners. For example, the Soul City field workers' attention could be on identifying and analysing impediments to resolve a particular community problem such as high youth HIV prevalence which could be the next step following the situational analysis done by the SCI. Depending on the availability of financial and human resources available to the SCI, some of the tasks to consider in identifying challenges may include: Defining, analysing, prioritising the impediments to programme implementation and doing a feasibility study first, will be described as follows:

- **Identifying the challenges that should receive attention**

In identifying the challenges that should receive attention it is important to analyse existing services available within a geographical area, for example other organisations dealing with HIV and AIDS to avoid duplication. This is in line with the NSP (DOH, 2011:37) which states that the faith-based sector in various communities has an extensive network of institutions coupled with infrastructure such as halls, hospitals and so forth which can be utilised to enhance existing programmes and the SCP. Identifying the challenges that should receive attention could also include doing research in the community, for example by the SCI Research Unit. Lastly, the process of identifying challenges could also include focussing on

reactions to external demands, for example the influx of truck drivers travelling through this particular community in the Northern Cape Province.

- **Define, analyse and prioritise the challenges**

Defining, analysing and prioritising the challenges to successfully implementing youth HIV prevention programmes in communities could include answering questions such as:

- Is it a lack of local government involvement?
- Is it cultural resistance, or gender stereotypes with regard to sexual activities?
- Or is it a lack of financial resources?
- As well as, negative attitudes regarding HIV and AIDS.

- **Doing a feasibility study**

Depending on the availability of financial and other resources it would be prudent for the SCI before embarking on any youth HIV prevention programme in a specific community, to first assess their state of readiness and willingness to deal with each of the identified impediments to programme implementation (Weyers, 2011:101). This could include assessing the availability of resources as previously indicated. The latter for example could include:

How much would it probably cost to deal with the identified challenges and are the required financial resources readily available in the employer organisation, community and/or broader society which is also in concurrence with as previously noted in the present chapter section 8.2.1.1 DPSA's (2002:88) recommendations. A number of techniques can be used by field workers in the specific communities in which they are deployed, which Weyers (2011:135) categorises as: education techniques, group capacity building techniques, funding techniques, research techniques and marketing techniques. Given the finding in the present study, that funding challenges were key to the cessation of the SCP programme with the youth in the Northern Cape. Hence, the researcher will elaborate specifically on funding techniques.

- **Funding techniques**

As highlighted in Chapter 4 section 4.2.5.5, Perlman (2013:44), argues that obtaining funds is all about building and maintaining relationships with funders. Efforts to involve donors and sponsors should be attempted by involving them in all aspects of projects through regular reports, meetings and so forth. By doing this, programmes may be able to secure on-going funding. Inadequate budgeting for the direct costs of HIV and AIDS programmes

includes failing to sustain or increase funds given to HIV and AIDS activities, as was found in the present study. Hence the researcher draws from the DPSA (2002:66-67) amongst others, recommendations in order to source and sustain funding for any youth social intervention programme by recommending the following four steps to the SCI:

→ **Step one**

Arrange the management team of the SCI and relevant funders such as UNAIDS or the Centre for Disease Control (CDC) to be briefed on the costs relating to youth HIV and AIDS programmes. This could be achieved through a presentation and by circulating relevant materials.

→ **Step two**

Develop a protocol outlining the information that will be needed to inform the SCI's budgeting processes and contract or if necessary delegate research to gather such information.

→ **Step three**

Prepare guidelines for those involved in organisational programme planning, setting out key considerations, including the risks and benefits of funding or not funding certain activities.

→ **Step four**

Develop proposals on how costs may be met and shared with other role players such as other organisations in the HIV and AIDS field or government departments for example the Department of Health (DOH) or Department of Social Development (DSD). Proposals could also be developed on how costs could also be recouped, absorbed or separately funded by fundraising.

→ **Step five**

- Reviewing SCP activity expenditure against set indicators in accordance with relevant financial guidelines and legislation.
- In the context of the present study, the researcher concurs with Kirst-Ashman (2013:124) that many programmes fail to consider availability of on-going resources. Therefore, funding techniques should not only be confined to raising of funds from the public or business sector. They should also include the acquisitions of state and other forms of subsides as well as financial management and material resources. The Department of Public Service and Administration (DPSA) (2002:64) for example, states that an organisation concerned with addressing the HIV pandemic, can generally incur direct costs which can include the cost of running HIV and AIDS programmes, such as

awareness activities, increased cost of field workers and employee benefits and the potential additional costs incurred through increased recruitment and training.

In proposing strategies to the SCI for establishing a programme budget, the researcher draws from the DPSA'S (2002:67) general checklist of strategies for establishing an HIV and AIDS budget for example the SCP, which could include the following:

• Arranging a high-level presentation to SCI management and high level stakeholders such as community leaders and donor companies to raise their awareness of the socio-economic impact costs of HIV and AIDS on the community.
• Liaise with other similar organisations to the SCI to establish how they have budgeted for the costs relating to their youth HIV and AIDS programmes.
• Develop partnerships with the private sector, government departments and donors to help cover the costs of the youth HIV and AIDS programme.
• Develop a draft programme budget and motivation and submit it to the SCI senior management and potential funders during the planning process.

The feasibility study may also include assessing the impact that dealing with challenges will have, as well as the workability of the programme. Weyers (2011:101) postulates that it is important to ascertain what the potential consumer/client system's views are of the challenges, how other significant role-players view them and for the practitioner to come to their own conclusion regarding the demarcation, definition, nature, causes and priority rating of each impediment. It would therefore be important for the SCI field worker to be aware of the difference between the youth's "felt needs" and their so called "real needs" when doing an assessment of their state of readiness to deal with HIV and AIDS amongst the youth.

As part of the feasibility study it is important to comprehend the different role-players' state of readiness and willingness, for example is the employer organisation such as the SCI to commit itself and its resources to such an endeavour. Furthermore, it is also necessary to establish whether a particular community is ready and willing to commit itself and its resources to an attempt to deal with the identified impediment. This is consistent with the NSP (DOH, 2011:37) which calls for a strengthening of community systems to address HIV-related challenges. The focus could further be to determine the extent dealing with different challenges meets the consumer/client system's needs and expectations and how receptive will they be to the change that this will require. In other words, what will the impact of dealing with the challenges of implementing an HIV and AIDS prevention programme with the youth be?

In the following section, the focus will be on the formulation of an action plan to address the problem of HIV and the youth.

8.2.2 Formulating a plan of action with regard to HIV and the youth

After identifying challenges, the next step would be to formulate a plan of action to address the problem following the situational analysis conducted by the field worker (Weyers, 2011:104). The researcher will briefly outline proposals to formulating an action plan regarding youth HIV programmes.

- **Verifying and operationalising the most relevant practice model**

Verifying and operationalizing the practice model (e.g. community education, community development; social planning; or -social marketing models etc.) that the Soul City field worker or the SCI as an organisation decides to embark upon could include using the results of the situational analysis to inform action plans.

Furthermore, in operationalising the chosen practice model the researcher recommends the community education model. Its basic goal is empowering the youth as individuals, groups or communities with knowledge, skills and attitudes (KAS) to take control of their lives when it comes to HIV environmental risk factors. Ambrosino et al. (2012:54), state from an ecosystems perspective over time systems that have been relatively closed such as the individual youth's family system may have used up their internal energy and developed *entropy,* which implies they may have lost their ability to cope functionally for example and especially with the risk factors associated with HIV and AIDS. Therefore, in utilising the community education model and from an ecosystems perspective, the goal could be for the youth's system to reach a state of *equifinality*, implying assisting youth to determine what is best for them based on a variety of choices available to them specifically regarding safe sexual practices as well HIV education (Ambrosino et al., 2012:54).

Fields of domains of human functioning to be targeted by KAS–focussed empowerment include: intellectual, emotional, physical, social, occupational, environmental, financial/ material and spiritual cultural domains. The education activities of field workers could therefore include promoting the increase of awareness of HIV and STIs among the youth through the following:

- Conducting informal small group discussions about HIV and AIDS.
- Teaching youth about productive health and STI detection.
  - o Given the fact that most respondents indicated that the SCP should focus on educating the youth on condom usage and consistent with the NSP (DOH,

2011:23) which calls for increased condom use among key populations such as the youth, the researcher argues for the expansion of education efforts about safe usage of it, given the variety of sexual practices young people may possibly engage in. Van Dyk (2013:16) highlights that condoms are commonly considered as the most effective HIV prevention method which the South African government appears to agree with (as highlighted in Chapter 6, Section 6.3.7) where it embarked upon rolling out three billion flavoured, scented and colourful male condoms; 54 million female condoms and 60 sachets of lubricant to 4000 sites across the country free of charge to the public. Therefore, the researcher draws from Van Dyk (2013:172-174) with regard to condom usage and recommends the following information to be added to programme content and or activities of the SCI:

- Avoid all high-risk sex practices such as vaginal, anal and oral sex without a condom.
- If necessary to share dildos, vibrators and other sex toys, it is important to ensure that they are clean and that a person uses a new condom on the dildo or sex toy before sharing it.
- If a person performs oral sex on a man, known as fellatio, that person should always use a condom. Even though the risk of HIV transmission through oral sex is low, it appears that fellatio is the riskiest kind of oral sex if the partner performing the fellatio receives semen into his or her mouth. Furthermore, when performing oral sex on a woman (cunnilingus) a latex sheath, called a dental dam, placed over the vagina could ensure that the person does not get vaginal fluid or menstrual blood into the mouth. A male or female condom can be cut open for that purpose as well. Adding lubricants between the sheath and the vagina will also help to keep the condom in place.
- Oral-anal sex, called anilingus or 'rimming,' does not appear to carry a high risk of HIV infection unless there is blood present. Thus a sliced-open condom should be used to cover the anal area to protect the mouth from fluids or faeces.
- When having open wounds on your fingers, it is recommended to wear a condom over your finger before inserting it into the vagina or anus of your sexual partner.
- When a person practices vaginal and anal fisting, which implies inserting the whole fist into the vagina or anus, that person should take care of his or her nails because sharp edges can tear gloves and condoms, or injure the partner.

- Organising commemoration days such as World AIDS Day activities and other public events.
- Within the SCP youth could be encouraged to adopt alternative safe sexual practices that are still enjoyable but less likely to result in infection (Van Dyk, 2013:174). The latter could include erotic massage, petting, masturbating alone, masturbating together and using personal sex toys. It could also include "thigh sex" which is the practice where the penis is rubbed between the thighs of the woman, who crosses her legs (Van Dyk, 2013:174). However, it is important to mention that no penetration occurs during thigh sex.
- Display posters and other educational material and use them as teaching aids.
- Present video screenings regarding HIV and AIDS prevention education.
- Organise sports events with HIV and AIDS as the theme.

In the context of the present study the researcher also recommends that the SCP should focus more extensively on the emotional, cultural, physical, social and environmental domain of the community education model as applied to HIV prevention programmes and the youth. This will be expanded upon in the section 'The Implementation of the SCP.'

In the following sub-section, the selection the operational elements of action that have to be included in the SCI youth HIV and AIDS prevention programme will be described:

- **Selecting the operational elements of action**

In formulating any youth HIV prevention action plan, it is important to select the operational elements of action through the following:

- Identify, select and mobilise the action systems that would bring about the required change (Weyers, 2011:105). This may include identifying potential role-players such as youth leaders (as was recommended by participants in the empirical investigation of the present study). The action systems should be brought formally together at a meeting, for example at the SCP dialogues, to formulate an action committee to sustain the implementation of dialogue resolutions.
- Select and formulate programme goals.
- Select the specific consumer/client system, for example alcohol abusing youth. Taverns in various shanty towns or villages that expose the youth to risky sexual behaviours.
- Select the specific impediment(s) to be addressed.
- Select and formulate specific objectives.
- Identify and select specific services.

In summary, it can be concluded that before embarking on any HIV and AIDS programme with the youth it is essential that a thorough analysis be done about the problem situation and that an ecosystemic approach be utilised when deciding which and how the social problems of high HIV and AIDS prevalence amongst the youth need to be addressed.

The next sub-section will focus on providing guidelines to the Soul City Institute for formulating youth-focused HIV programmes and projects**.**

- **Formulating youth-focused HIV action programmes**

The researcher concurs that in the most basic sense providing a solution to a social problem, like HIV prevalence amongst Northern Cape youth is the main reason for a social programme's existence (Chambers & Wedel, 2005:141). Böning (2009:52) refers to stress in ecosystems interactions as a dysfunction between the needs and demands of the individual and the resources that are available to that individual. Associated negative feelings may include anxiety, guilt, anger, fear, depression, helplessness, or despair and are usually accompanied by lowered levels of self-esteem and self-direction when it comes to peer pressure with regard to early sexual debut. From an ecosystems perspective, the goal could be for the youth's system to reach a state of equifinality, implying assisting youth to determine what is best for them in dealing with the various environmental stressors related to HIV based on a variety of choices available to them (Ambrosino, Heffernan, Shuttleworth & Ambrosino, 2012:54). The programme design therefore should consist of sets of carefully defined programme activities that the SCP field worker or the implementing organisation need to deliver to the benefit of beneficiaries – the youth in relation to HIV and AIDS.

The formulation of youth intervention programmes and projects presents represents the final task that should be undertaken in the planning step of a community related HIV youth intervention (Weyers, 2011:107). It involves the phase where all the identified and selected elements are brought together in some or other form of coherent, integrated and preferably written plan of action. An HIV and AIDS community dialogue/programme with the youth should be a structured, written plan of action that usually consists of two or more projects. Within these plans, it is important to provide an overall picture of the SCI as an organisation's intended services. It further involves formulating projects and accompanying timetables and implementation instruments.

There are currently no set rules for the conceptualisation process that practitioners should go through in the designing programmes within communities (Weyers, 2011:108). The same could be said of many youth HIV intervention programmes. The result has been a

tendency to design programmes in a haphazard way, or to "import" and blindly implement those of other institutions or countries without taking cognisance of a distinct intended outcome. For example, as highlighted in Chapter 2 section 2.4.11, D'Eriico, Dlamini, Duby, Green and Ruark (2009:392) argue that a basic problem with African HIV-prevention efforts is that they have developed from Euro-American HIV prevention efforts. Therefore, central to any programme such as HIV and Youth programmes in terms of its relevance, are: the field workers/practitioners, the youth as programme consumers, and programme specification (Chambers & Wedel, 2005:142). Hence, since there are no set rules for the conceptualisation process of youth HIV programmes, there are a variety of tools available to help practitioners such as field workers of the SCP to design programmes for their contextual needs. In the context of the present study, the researcher proposes the programme logic model (PLM) in Weyers (2011:108-109) and considers it a functional tool or instrument to formulate HIV and AIDS intervention programmes with the youth. Subsequently, the focus will be on the nature of the PLM and how to use it in practice and its advantages in context of HIV and AIDS youth programmes.

- **The Programme Logic Model (PLM)**

Weyers (2011:108-109) states that the PLM can be used as a stand-alone instrument or be combined with other tools by practitioners. It can be summarised as follows:

- It illustrates the logical relationships among the resources that are invested in the activities that take place and the benefits or changes that will result.
- It can be applied as an organising principle in the planning, management and evaluation of programmes and the communication of relevant information to role-players and would entail:
  - Planning to provide structure to understand the factors that drive the need for an intervention for example, high youth HIV prevalence.
  - Programme management to display connections between resource activities and outcomes and, in so doing, provide insight into the data required for the development of a detailed programme management plan.
  - Evaluation: a logic model will indicate when and what to evaluate.
  - If used appropriately, it would also enable the practitioner for example the Soul City field worker, to test the validity of the programme theory.
  - Communication: The PLM provides simple, clear graphic representation of the programme to employees, funders and other important stakeholders. This ability is often critical for programme success and sustainability.

- It is flexible enough to be used for a wide variety of levels of intervention for example meso- and exolevel interventions, such as community education as well as awareness raising programmes, like the Soul City HIV social intervention programmes with the youth.

The researcher argues that HIV intervention programmes of an educational nature aimed at improving and extending existing services, ought to be structured in their design and should therefore entail the following:

- The problem statement that describes the impediment that the social intervention programmes are designed to address.
- A list of required inputs or resources.
- The activities that will be undertaken and who will be involved. In DPSA (2002:78) it is recommended that research and planning must precede the implementation of HIV and AIDS programmes. During this phase, the development of objectives of the programme should be undertaken together with an assessment of what activities need to take place to achieve the objective of the programme.
- The intended outputs or short term results of these social programme activities must have a context such as a geographic location, programme consultants, supervisors, programme directors and so forth (Chambers & Wedel, 2005:142).
- The expected long term outcomes.
- Implementation and results.
- Assumptions on which the SCI programme is based that provide explicit and logical casual linkage between the observed problems, the activities, the intended outputs and envisaged outcomes.
- The format that the review of the programme could take.

In formulating any social intervention programme such as the SCP with the youth, Chambers and Wedel (2005:57) assert that it is important for programmes to comply with financing evaluation criteria to address the adequacy of resources committed to resolve the social problem. In this context, it is recommended that the SCI and by extension its field workers need to ensure that the goals and objectives of the programme or policy system fit the social problem as defined. Furthermore, the formulated programme should make a significant impact on the causal factors of a social problem of, for example the high youth HIV incidence. Lastly, the formulated programme should also recognise or build on the strengths or assets of those affected by the social problem of HIV and AIDS amongst the youth.

The NSP (DOH, 2011:58) advocates that in social change and behavioural change communication is critical in changing risky sexual behaviour. Thus awareness-raising initiatives regarding an intended programme in communities is important, for example: raising awareness about high youth HIV and AIDS incidence, human rights and different social pathologies. As noted in Chapter 4 section 4.1, Peltzer et al. (2012:1), concur that communities' exposure to various communication campaigns in South Africa is often associated with various outcomes relevant to addressing aspects of HIV and AIDS, such as sexual attitudes. These campaigns provide a broad backdrop to strengthen HIV prevention efforts conducted at individual, group, community and other levels. Therefore, one of the key elements of all programmes and projects is the communication opportunities or media that the field worker will need to use to influence target systems. This is consistent with the NSP (DOH, 2011:57) that states that media campaigns have a pivotal role in changing high risk sexual behaviour. The NSP (DOH, 2011:58) also highlights that communication through the media involves the individual, community and political levels which implies ecosystems levels. The media can vary from an interview with a community leader, posters, a mass march and television programmes. It is further important to choose between three levels of communication which are interpersonal, intermediate and mass level (Weyers, 2011:122). When making a choice, it is important to remember that specific changes occur, as one moves from the interpersonal level to the mass level.

The interpersonal, intermediate and mass levels include the following:

- **Interpersonal media**

Interpersonal media have a more microlevel focus and could include the telephone, audio recordings, face-to-face interviews, SMS's and e-mail; personal letters; non-verbal communication and so forth. Weyers (2011:123) suggests that as a result of its inherent impact the media on the interpersonal level will always play a pivotal role in interventions. The interpersonal media are not only restricted to face-to-face interviews, but can also be done through the use of telephone interviews and through e-mail messaging and written letters. "Word of mouth" networks and day-to-day contacts are also very powerful tools that should not be underestimated in the role they could play in communication interventions. For example, in the present study most of the respondents indicated that they heard about the SCP from their personal friends who heard about the SCP being presented to the youth.

- **Intermediate media**

Seen as a whole, the biggest advantage of the intermediate media with its exo- or community level focus, is their ability to convey specialised information at a low unit cost

with a relatively high impact on specific target systems. The value of the visual media therefore includes the fact that they can easily be adapted, be used repeatedly, have a relative long life-span and can be used alone or in combination with other types of media (Weyers, 2011:124). Examples include official letters and reports, circulars notices, short information documents, pamphlets and service centre advertisements. Further examples include external advertisement media posters, banners and billboards. For example, in the present study more than twenty percent of respondents indicated that they had heard about the SCP through brochures that were circulated in the areas where they reside.

- **Mass media level**

When considering using one of the mass media, it is important to keep in mind that although this type of media has a broad impact this does not necessarily equate with effectiveness, especially at the local level (Weyers, 2011:126). It could however assist in creating familiarity in terms of the subject matter of HIV and AIDS with the youth. For example, in the context of the present study, the Soul City television series broadcast at macro or nation level in South Africa. The mass media could include:

→ **Visual mass media**

Visual mass media could consist of regional and national newspapers and, in context of the present study, the Soul City television series. It could also consist of trade, technical, professional and user's journals and magazines.

→ **Auditive mass media**

Auditive mass media could consist of local or regional radio services, national radio services, international radio services, television as well as the Internet. For example, in the present study it was found that many field workers marketed the SCP through local community radio stations.

The researcher asserts that the formulation of an HIV youth intervention design process is an intense process and that there are a variety of media that can be utilised during actual programme implementation based on the need and relevance.

The following section focusses on the importance of human capital management of field workers that the SCI could consider before actual implementation of social HIV intervention programmes with the youth.

8.3　Human capital management

Field workers as the implementers or human capital of the SCP with the youth gave realisation to actual programme implementation and played a pivotal role in communicating the HIV and AIDS prevention message to the various communities where the programme was presented. As noted in Chapter 4 section 4.2.5.6, Van Baleen and De Coning (2011:191) are of the view that many projects have failed because of inadequate organisational support, lack of management and training exposure. It is therefore of vital importance that the most appropriate persons are recruited for the type of work and they are suitably capacitated, guided and supported. The current section will focus on the recruitment and qualities of field workers, as well as supporting field workers in the area of youth HIV and AIDS prevention programmes.

8.3.1　The recruitment and qualities of field workers

The selection of field workers must not be a top-down approach by SCI management, but should be a collaborative effort between the SCP project management office and the members of the target community. Furthermore, as highlighted in Chapter 2 section 2.3.1.1, for adolescents and youth in general there is a requirement for clear information and guidelines regarding sex and how to cope with their sexuality (Bezuidenhout & Dietrich, 2008:84). The researcher draws from SAPS (2002:30-31) as well as Van Dyk, 2013:230) when recommending that the SCI should proceed to recruit field workers and suggests that functional field workers should have the following personality traits and abilities:

- Ability to communicate clearly and persuasively with the youth
- Ability to demonstrate care, compassion and respect for the people affected by HIV and AIDS.
- Ability to organise their personal schedules to be able to do their duties and responsibilities well.
- Ability to work irregular hours.
- Being active, lively and enthusiastic.
- Being consultative, non-autocratic and flexible.
- Being respectful towards others and sensitive to other people's needs.
- Being willing to learn about and teach peers about HIV and AIDS.
- In line with objective four of the NSP (DOH, 2011:27) having a non-judgemental attitude by protecting the human rights of people infected and affected by HIV and AIDS.
- Having a strong motivation to work toward HIV risk reduction.
- Having good knowledge about the subject.

- Having similar characteristics to the target audience which may include age, sex, nature of work and so forth.
- Having the potential to be a "safer-sex" role model for the youth.
- Having the time and energy to devote to youth HIV prevention work.

The above points highlight that field work in the Northern Cape working in the area of HIV and the youth is not an easy calling, but requires that the individual possesses passion, dedication, while simultaneously has a methodical mature disposition. It is also required in line with the NSP (DOH, 2011:21) that field workers should be able to demonstrate that their programme initiatives are based on evidence of the need for it, as well as that their programme objectives are indeed met.

The next section will focus on how the SCI can support SCP field workers as well as how they can support themselves.

8.3.2 Supporting the field worker as implementing agent of the Soul City Programme with youth

After selecting the most suitable persons to implement HIV prevention dialogues and programmes with the youth, the SCI has the important task of supporting field workers through creating a supportive working environment for them. Van Dyk (2013:92) states that people working in the area of HIV and AIDS such as field workers and counsellors spend their time listening to others and giving support. The researcher therefore concurs that in order to do their job well, they do need support, such as the following:

- Continued motivation, such as acknowledgment for hard and reliable work often under difficult circumstances, as was highlighted during the empirical investigation of this study.
- Psychological and emotional support, such as debriefing and counselling sessions.
- Spending some time away from work to replenish their energy.
- Adequate logistical support, such as communication facilities, audio visual equipment, transport and so forth.
- Consulting field workers about their learning needs.
- Networking, exchange visits and field worker support groups to keep in touch with field workers. This is in line with the NSP (DOH, 2011:21) which indicates that the challenges of inadequate coordination of responses to the HIV pandemic by the NGO institutions such as the SCI should be addressed.

- Professional development and training to keep up to date on HIV and AIDS issues, in line with the NSP's (DOH, 2011:62) governing and institutional arrangements guiding which calls for access to relevant information.

- Back-up support and personal protection when facing angry clients due to cultural resistance or potentially violent unfaithful spouses or sex partners blaming the field worker who encourages the partner to insist on condom use.

In the following subsection, capacity building activities that SCP implementers may require from time to time to enhance their general HIV youth relation implementation capabilities are discussed.

8.3.3   Capacity building

SAPS (2002:4-28) suggests that people involved in HIV management and prevention programmes, require continuous updates on new HIV information. Opportunities for enhancing the knowledge of field workers and improving their skills in HIV prevention programmes could include workshops, conferences and meetings, and bilateral exchanges between other organisations, enhanced inter-organisational co-operation and to enable the acquisition and or development of specific skills that are not necessarily available in the SCI at a particular point in time. The aim should be for field workers to be holistically capacitated for HIV interventions regarding the youth.

Field workers could further enhance their work-related capacities through the following:

- Reflecting and building on their existing information, skills and resources by constantly updating their information on the latest HIV prevention alternatives such as pre-exposure prophylaxis (Prep) versus post-exposure prophylaxis, for example the recently announced medical breakthrough, Truvada (Prep) by the South African Department of Health in December 2015 in the South African media. Child (2015:1) reports that the Medicines Control Council announced it had approved the drug at its November 2015 meeting. Truvada has been used in South Africa with doctors prescribing it "off label" for use as prevention, but now that it is legally registered for prevention, it is easier to prescribe to more people at high risk of HIV. According to the same article the Deputy Director of the Desmond Tutu HIV Foundation, Professor Linda Gail Bekker, campaigned for the drug to be licensed, because she says it is cheaper and better to prevent HIV infection especially in high risk groups such as young women, sex workers and gay and bisexual men. Furthermore, Bekker considers that introducing Truvada to the current tools available to fight new HIV infections is a major step forward for South Africa and that the country needs to become even more serious about reducing new

infections in all populations, especially those who are young and particularly vulnerable to infection. The drug is however not freely available as prevention in the state sector and it is also not clear yet if medical aids will pay for its use as prevention (Prep) in high risk individuals (Child, 2015:1). Therefore, according to the same article, the next step for South Africa is to support the Department of Health to hastily figure out the best way to make Truvada available to those most at-risk for HIV infection, for example poverty stricken South African youth.

- Reviewing dialogue/training notes and educational materials frequently to ensure the accuracy of the information shared with the youth.
- As previously mentioned, capacitation through training of SCP field workers in basic monitoring and evaluation practices could not only enhance their skills, but add to improving programme performance and outcomes.

SAPS (2002:4-32) as well as Van Dyk (2013:420) concur further that those in HIV prevention programmes, for example field workers, also ought to have self-awareness and critical self-reflection skills for understanding the success and problems associated with their own work. Van Dyk (2013:420) identified that, if occupational stress is not addressed appropriately, it can lead to burnout. Stress and burnout in the workplace and in the personal lives of HIV field workers, manifests in the following ways:

- A loss of interest in the commitment to work and lack of job satisfaction.
- Lack of punctuality and neglect of duties.
- Reduced sensitivity when dealing with clients.
- An indifference to the suffering of others.
- A reduction in quality work.
- Feeling that the work lacks meaning and that efforts are wasted. The decision to leave the job.

In this context, it is important for field workers to physically and mentally take care of themselves (Van Dyk, 2013:429). The following suggestions were made to the SCP field workers and their supervisors with in this regard:

- Developing and maintaining a healthy lifestyle in order to build up physical resistance to stress. The latter could involve a balanced diet, exercise, rest and sleep which are also important. Field workers must be trained to recognise the early signs of burnout.
- Field workers nurture themselves and take time to do things that they enjoy.
- Relaxation exercises.
- Setting of a strict boundary between work and personal lives.

- Learning how to be professional.
- Understand the reality of early anxiety.
- Not being afraid to accept offers of help from others, for example colleagues. Examine own attitudes and feelings to issues such as HIV and AIDS, sex and death, for example which subjects they are comfortable discussing and which ones they would prefer to avoid; and are there some subjects related to how the virus is passed on, that they realise that they may have strong opinions about.

The following sub-section will focus on how the SCI as an organisation can support its field workers.

8.3.4 Supporting the Soul City field worker

As was highlighted in the empirical findings, the Soul City Institute ought to play an active role in supporting its field workers by providing a supportive working environment and being aware of other general issues if programmes presented to the youth are to be successfully implemented.

- **A supportive working environment**

Caring for the field workers should be integrated into the organisational culture of SCI. Managers and provincial programme co-ordinators should consciously try to ensure that an effort is made to keep the stress of their staff within reasonable limits (Van Dyk, 2013:432). They should acknowledge that field workers experience feeling of stress, which are legitimate reactions to their experiences rather than signs of personal weakness or lack of professionalism. Hence the SCI could consider the following in enhancing the working environment of field workers:

- Managers should make allowance for adequate personnel, salaries and vacation leave.
- Communication channels between employers and field workers should be open. This implies for SCP programme to be effectively attained and that feedback to field workers regarding their performance is necessary. Feedback can contribute to the field worker taking ownership of programme goal achievement which can lead to personal satisfaction and job motivation.
- Managers should create a supportive environment by ensuring that a good support network system is in place.
- Words of praise and thanks from superiors are important as was highlighted during the empirical investigation.

This section of supporting and capacitating the SCP fieldworker highlighted the necessity for HIV prevention programme management to be accessible and have functional communication channels with employees so that they do not operate in silos so that programme implementation can succeed. It also implies that a supportive work environment as well as capacitated fieldworkers may lead to SCI field workers becoming more resistant to burnout.

The above subsections of SCP field worker support and capacitation highlight that it is important for the SCP, from an ecosystems perspective, to be empowered through education and to be supported emotionally if programme implementation is to succeed. This is important because the human capital aspect of any youth HIV prevention programme cannot be neglected if a goodness-of-fit between programme content and actual implementation is to be achieved.

After the critical element of HIV youth intervention programme formulation has been completed and adequate attention has been given to planning for adequate human capital management of the SCI field workers, the next step of SCP implementation could unfold and will be discussed in the next section.

8.4 Implementation of the SCP

After the initial situational analysis and programme planning and formulation, the implementation step that follows, places the greatest demands on practitioners or field workers to win support and influence people. Its outcome will primarily depend on field workers' ability to execute change. In the following section of actual implementation of programme content, the focus will fall on the roles and responsibilities of the SCP field worker in the youth HIV social intervention programme facilitation context, important role players in programme implementation, basic dialogue facilitation principles, cultural sensitivity and explaining how the Soul City programme could expand or improve its micro-/individual- level focus.

The responsibilities and roles of the SCP field worker in the actual programme facilitation context will now be briefly described.

8.4.1 Responsibilities and roles of the SCP field worker in the actual programme facilitation context

In the SCP the field worker has several roles to fulfil and programme execution techniques to prepare for in order to successfully implement programmes. The roles and execution

techniques relevant to the SCI field worker pertaining to the youth will be expanded upon in the following section.

- **Responsibilities relevant to the SCI field worker**

As highlighted in section 8.2.3 of the present chapter, Böning (2009:52) refers to stress in ecosystems interactions as a dysfunction between the needs and demands of the individual and the resources that are available to that individual or group. Related to the latter, negative feelings may include anxiety, guilt, fear or despair and are usually accompanied by lowered levels of self-direction when it comes to negative peer pressure with regard to unsafe sexual behaviour. In this context, as indicated in Chapter 4 section 4.4.2, Low-Beer and Stoneburner (2004:28) suggest that members of a community particularly the youth should have opportunities to discuss HIV and AIDS with their peers in face-to-face settings, referred to as "social spaces." Furthermore, Van Dyk (2013:155-156) identified that evidence shows that people learn best when they participate rather than observe. In this study, most respondents indicated that the material was effective but there was insufficient programme material or tools available to all groups in various geographical areas of the Northern Cape. In addition, and from a more practical implementation stance, on days of programme implementation for field workers of the SCP, it would be important to take cognisance of the following responsibilities and questions before implementing dialogues with youth:

- Is existing material available to the field worker?
- Who are the people in the audience? Are they female, male, transsexual, rural or urban youth, educated or less well educated?
- What does the field worker hope to achieve with the youth with regard to HIV and AIDS education?
- What outcome does the field worker expect the education session to produce?
- How will he or she access the information they need to conduct the session?
- How long will the education session take?
- How much will the education session cost?
- What equipment will the field worker need?
- Is the language appropriate? (For example, in the empirical investigation the need for hand-outs in more languages was highlighted by some respondents).
- Are the illustrations appropriate and culturally sensitive?
- Is the audio-visual material appropriate for a specific group?
- Do educational materials look good and attract the youth's attention?
- Does the educational material avoid discrimination in line with objective four of the NSP?

- Does the illustration foster stigma or fear?
- Does the educational material generate feelings of fear?
- Does educational material avoid moralising and preaching?
- Does the educational material help to build a supportive environment?
- What educational material works best for participants such as the youth?
- Do the participants leave with any materials that will enforce their learning?
- Have they considered pre-testing the educational material before it is printed or published?
- What method of evaluating the dialogue sessions have they considered? For example, where can possible evaluation of student learning be done by using questionnaires.

With the above questions, it can be concluded that SCP field workers should try to ensure that programme education is appropriate, available, relevant and has an exosystemic focus towards creating a goodness of fit between the youth's need for HIV prevention knowledge on the one hand, and education resources on the other. For practitioners, such as field workers of the SCI, it could be functional to visit their nearest Department of Health (DOH); DSD or nearest HIV and AIDS training, information and counselling centre and collect available pamphlets, posters, fact sheets and other training material in addition to the existing material provided by the SCI. Furthermore, field workers should also evaluate all their material by using the relevant criteria for the development of effective educational material discussed above and list strengths and weaknesses of the pamphlets or other material in terms of content applicability.

In the following sub-section, the roles and responsibilities of the SCP field worker in the actual programme facilitation context will be discussed.

- **Roles relevant to the SCI field worker**

The implementation step of a programme places the greatest demands on a field worker's ability to win support and influence people, for example at the exolevel, culturally resistant community leaders such as traditional chiefs and others. In the present study most respondents indicated that the SCP should address negative cultural practices regarding HIV and AIDS. Hence, the outcome of the SCP will largely depend on the field workers' ability to execute change.

In order to assist them in their self-help endeavours, SCP field workers may have to fulfil the roles of catalyst, facilitator/enabler, consultant trainer/educator, spokesperson and conferee (Weyers, 2011:130-131).

- **Catalyst**

A catalyst is someone that initiates or stimulates a change process without becoming actively involved in its implementation. Kirst-Ashman (2013:124) contends that if an absolutely necessary programme for clients does not exist, it may be the field worker's responsibility to initiate one to get clients the resources they need. Sometimes they need to explore new ways to accomplish goals and new avenues to empower clients. Hence at the end of the HIV dialogue presentation it would be prudent that when resolutions are taken the best working teams from the youth in attendance should be selected to oversee that resolutions are implemented.

- **Consultant**

The role of a consultant is much more neutral than that of a guide (Weyers, 2011:131). In this, the field worker would on request give advice to community stakeholders. For example, community leaders such as local chiefs, local counsellors or school principals where SCP dialogues or programmes were presented.

- **Trainer or educator**

As indicated in section 8.2.2 of this chapter, the researcher recommends community education as the predominant practice model to empower youth with HIV and AIDS knowledge and to have a positive attitude and skills. In community education it is believed that the effectiveness of a community's social functioning is determined by its members' individual and collective knowledge (Weyers, 2011:131). In order to fulfil the community's educational needs, the SCP field workers will have to perform the key role of an "educator." This role includes – but is not limited to – providing information on various topics, ranging from the nature of problems within the community to specific indicators, for example substance abuse as it relates to risky sexual behaviours amongst the youth (Weyers, 2011:131).

- **Conferee**

Weyers (2011:132) suggests that by adopting the role of conferee, practitioners such as Soul City field workers could attend prominent conferences such as the biannual South African AIDS Conference, where valuable insights and ideas are exchanged with field workers of similar programmes to the SCI's or with experts in youth HIV prevention programmes.

- **Spokesperson**

In dealing with the public or media, practitioners will often have to perform the role of a spokesperson (Weyers, 2011:132). The spokesperson speaks on behalf of the organisation or the cause that is being promoted, for example the promotion of HIV education amongst Northern Cape youth towards a decline in HIV incidence and prevalence.

In the following section of actual implementation of programme content, the focus will fall on important role players in programme implementation, basic dialogue facilitation principles, cultural sensitivity and explaining how the Soul City programme could expand or improve its micro-/individual- level focus.

8.4.2 Important role players in programme implementation

From a micro-, meso-, exo- and macrosystems perspective, implementing an HIV awareness programme or plan of action entails that the practitioner should pursue gaining the relevant role-players support to proceed with attempts to change some facet of community life. This may include community leaders concerned with the number of illegal shebeens and taverns the youth are exposed to. Furthermore, local government bodies and the community itself would also be important role-players whose support for the process would also assist. The community education model proposed by the researcher would, in essence, require a variety of community members and groups, for example traditional leaders, clinic nurses and local councillors to be involved in the Soul City programme in order for it to be successfully implemented. In the present study, the majority of respondents indicated the importance of engaging important leaders in the community among the youth, as well as traditional leaders. Weyers (2011:129) deduced that programme implementation could also include amongst other aspects the following:

- Mobilising the SCIs as an organisation's members and resources.
- Allocating responsibilities, resources and tasks. On a macrolevel, level practitioners such as field workers of the SCP and social workers can advocate for policies supporting sustainability and serve as leaders in implementing them. Furthermore, at community level when social programmes are developed to help communities, the communities' potential to continue them on an on-going basis should be considered. In planning and administering social programmes practitioners such as field workers and management of the SCP can also use the concept of sustainability to assess programme dependence on material and human resources, available leadership talent and human energy (Kirst-Ashman, 2013:124).
- Controlling operations and resources.

- Motivating people.
- Influencing the target systems such as the youth, and as earlier discussed, increasing their knowledge.
- Giving feedback.
- Adapting plans and revising objectives as needed.

HIV and AIDS prevention programmes can be successful only if they are backed by political will and leadership (Van Dyk, 2013:152). From an ecosystems perspective, at macrolevel, no HIV-prevention programme can be successful without commitment and high profile advocacy of a country's leaders. A single comprehensive powerful national AIDS plan involving a wide range of role players ranging from government to private sector is necessary.

In the following section the roles and responsibilities of the SCP field worker in the actual programme facilitation context will be discussed.

8.4.3   Basic dialogue facilitation principles

Van Dyk (2011:162) asserts that facilitators should understand and have basic facilitation skills in order to render effective HIV prevention programmes. Toseland and Rivas (2005:128) state further that facilitators may have to work with youth from a wide range of backgrounds such as social class, sexual orientation, gender and culture. From an ecosystems perspective it is important to remember the interrelations of systems of the youth which imply constant motion, fluidity in terms of new information and change (Ambrosino et al., 2012:53). HIV programme attendees may also consist of youth with diverse social and cultural backgrounds. In this context as well as in the views of Van Dyk (2011) and also Toseland and Rivas (2005), field workers facilitating youth, HIV prevention programmes should take cognisance of the following:

- To remember that people have the right to disagree.
- To keep the group focused.
- To remain as objective as possible.
- To not force their ideas on the group and allow attendees the freedom to explore.
- To ask open-ended questions.
- As an informed guide, it is the practitioner's role to help the group chart its course and accomplish its goals.
- To circulate but not to become permanent part of one group, for the field worker to avoid unwillingly leading or influencing the group discussions.

- To review portions of the small group tasks that are causing confusion.
- To frequently ask the group whether there are questions.
- To provide a sounding board for youth to express their concerns or talk about specific issues.
- To help the youth to improve their communication skills, especially if they are preparing to disclose their HIV status.
- Be aware of different meanings of certain concepts. The SCP field worker should therefore make sure that they are understood correctly.
- In their own functioning as a facilitator of learning, recognise and accept their own limitations.
- Speak the language of the group, for example where applicable and appropriate, use popular youth slang concepts in a specific setting.
- If they do not know the answer to certain questions from the audience, they should simply be honest and say so.
- They should not put self-imposed pressure on themselves by believing that they should be an expert in knowing everything there is to know about HIV and AIDS.

The above points require the SCP facilitator to provide a programme facilitation environment to help the youth improve their overall knowledge, attitude and practices when it comes to safe sexual practices. The present study revealed that SCP field workers were viewed by most respondents as good presenters or facilitators and if they and other similar youth HIV social prevention programmes in future could also incorporate most of the above facilitation points it could improve their facilitation skills.

In the following section, cultural sensitivity in terms of SCP implementation is discussed.

8.4.4   Cultural sensitivity

From an ecosystems perspective, some systems such as communities may be relatively *closed systems,* implying they have rigid boundaries. In this study and its key findings, it is important to encourage and reinforce positive cultural behaviour with regard to sexual practices in relation to HIV and AIDS. Furthermore, as was highlighted in Chapter 4 section 4.4.2, it is critical for HIV social programmes or interventions to be integrated with indigenous knowledge systems and it should be treated with great respect. According to the Positive-exotic-negative (PEN) model, positive cultural beliefs, values and sexual behaviours known to be beneficial should be encouraged and reinforced (Van Dyk, 2013:230). As highlighted in Chapter 2 section 2.4.11, D'Eriico et al. (2009:398), think that it has taken programme donors or government a relatively long period of time to undertake

or consider alternative indigenous community solutions to the HIV and AIDS epidemic. These solutions have been available in the past, but they have never or seldom been sought. Examples of positive values and behaviour are those that discourage or forbid sexual intercourse before marriage, immediately after birth, during menstruation, and with women who have aborted or miscarried. Other functional beliefs are that intercourse with a person with an STI is dangerous. Furthermore, accepting and respecting exotic cultural behaviour could also be functional. Exotic behaviours are customs and behaviour that are strange to anyone from outside a specific culture or community. These behaviours, such as polygamous marriages, cultural ritual ceremonies and herbal remedies should be respected. Field workers should appreciate the importance of rituals in the cultural existence of people. Toseland and Rivas (2005:129) concur that it may be difficult to develop cultural competence for some practitioners in a multicultural society such as South Africa. Some steps that can assist the field worker in developing the ability to practice in a culturally sensitive fashion can include the following:

- Exploring own cultural identity.
- Learning how youth programme attendees culturally identify and define themselves.
- Facilitating discussions about the strengths and limitations of different cultures, especially in the context of HIV and risky sexual practices.
- Providing group members with the opportunity to describe their own cultural identities and experiences.
- Becoming acquainted the cultural identities of youth attendees' who the field worker often works with.
- Becoming immersed in a particular cultural practice setting.
- Exhibiting acceptance of the client systems' values, beliefs and lifestyles by recognising the value of diversity. Honestly explore group members' prejudices and stereotypical assumptions about fellow programme attendees.

The above-mentioned steps attempt to further encourage and capacitate the SCP to continuously aspire towards cultural sensitivity in providing youth related HIV prevention programmes that are both functional and pragmatic. From an ecosystems perspective, field workers ought to be familiar with the cultural and other systems in which they present HIV prevention programmes how change subsystems might affect the whole and therefore appropriately target and implement HIV social prevention programmes with the youth.

In the following section measures on how to improve the SCP at the microlevel will be discussed

8.4.5 Soul City programme at the microlevel

The empirical study revealed a limited microlevel SCP programme focus, a lack of programme sustainability and the limitations of once-off dialogues with the youth as important shortcomings of the SCP. From an ecosystems perspective the individual youth's intrapsychic aspects and psychosocial aspects which include his/her motivation to change are part of any system involving individuals which cannot and should not be ignored (Ambrosino et al., 2012:54). The researcher therefore concurs with the DPSA (2002.89) which states that HIV programmes could involve a variety of activities that would assist youth HIV prevention efforts at the microlevel in a counselling context. From an ecosystems perspective SCP microlevel focus should aim towards youth's self-direction (Payne, 2005:150) which implies their sense of having control over their lives, alongside taking responsibility for their actions while respecting other's rights when it comes to their sexual behaviours. The implementation of a youth HIV prevention programme could involve the following:

- The establishment of a continuum of care, through the forming of partnerships with and developing referral procedures to health care providers and specialised agencies.
- Facilitating access to on-going counselling and support groups either on-site of the dialogue presentation or through referrals.
- Support to develop positive living skills.
- Facilitating access to family assistance programmes by field workers having their own referral resource list. Furthermore, liaising with social workers to work with the family to improve the client's social support, or to help create more openness within the family.

A field worker may furthermore require basic field worker counselling principles during microlevel interventions with the youth. Given the empirical finding that many field workers identified the need among some youth dialogue attendees for individual engagement with them, the researcher draws from Van Dyk (2013:250) and recommends the following short term basic counselling skills that field workers should be equipped with:

- Have basic communication skills such as empathy, attending and listening skills. Empathy is the ability to recognise and acknowledge the feeling of another person without experiencing those same emotions and it is an attempt to understand the client holistically (Van Dyk, 2013:250). Empathy should be used in all the phases of the field worker's engagement process with the youth. Attending refers to the ways counsellors can be with their clients, both physically and psychologically when individually with youth at a microlevel. This could imply facing the client squarely and adopting a posture that

shows involvement. From a culturally sensitive perspective, if facing a person squarely is perceived as threatening to that person, a more angled position may be preferable, as long as attention is paid to the client (Van Dyk, 2013:250).

- Adopt an open posture thereby communicating availability to the client.
- Lean towards the client when appropriate to show involvement.
- Try to be relaxed with the client.
- Listening attentively and understanding the client's verbal messages.
- Listening and interpreting the client's non-verbal messages.
- Listening to and understanding the clients' context and responding to the core messages in a client's conversation.

In the following section the researcher draws from Van Dyk (2013:250) in identifying stumbling blocks to effective listening that field workers should be guarding against:

- Evaluative listening which could imply the councillor may be labelling the youth client as right or wrong leading to the client feeling incompetent.
- Filtered listening distorts our understanding of the clients
- Labels as filters. Diagnostic listening can prevent the field worker from listening to a client for example as a "woman or black person with AIDS" which may lead to severely distorted listening of the client's real problem on the part of the field worker without empathy.
- Fact-centred rather than person-centred listening may lead to the youth client feeling interrogated and misunderstood.

The following section will focus on monitoring and evaluation of the SCP.

8.5 Monitoring and evaluation of the SCP

Based on the present study's key findings, adequate monitoring and evaluation practices were seriously lacking within the SCP, the next section will follow monitoring practices that the Soul City Institute could consider when implementing HIV and AIDS programmes with the youth. Specifically, in this section the focus will be on defining and drawing up of a monitoring and evaluation plan, regular reviewing of a programme; impact measure indicators of a monitoring and evaluation plan and lastly promoting programme impact sustainability.

8.5.1   Defining and drawing up of a monitoring an evaluation plan

As highlighted in Chapter 3, section 3.2.2, Chatterjee and Vadapalii (2009:83) consider that social policies and programmes should be carefully evaluated to determine whether they do in fact meet their stated objectives. Also, and as indicated in Chapter 4 section 4.2.1, the Soul City Institute has indicated that it remains committed to achieving measurable social change for individuals and marginalised communities in South and southern Africa as a whole (SCI, 2014:1). Adamson and Burgess (2012:5) argue that practitioners often think of monitoring and evaluation as a single process but at it is important to be aware that they are in fact two separate observational activities which are often intrinsically linked, but are not the same process. It is therefore impossible to correctly evaluate the impact of a particular intervention if there is not a clear and effective monitoring process in place which continually records the correct variables.

Hence monitoring is the systematic, regular collection and analysis of information to identify and measure change as an intervention progresses. Monitoring is further performed while a project is being implemented with the aim of improving the project design, delivery and functioning while in action (Adamson & Burgess, 2012:6).

As highlighted in Chapter 3 section 3.4.2, the overall impact of the NSP implementation will be measured through impact indicators, such as HIV prevalence amongst women and men aged 15-24 to monitor trends. However, it is possible to accurately record the progress of a detailed set of indicators and still not have an appropriate evaluation strategy in place to utilise the data. Hence, complimentary to the monitoring, evaluation is the analysis of the effectiveness of an activity and involves making a judgement about progress and impact. Kirst-Ashman (2013:124) continues by stating that evaluation is the process of analysing, monitoring and determining the effectiveness of the intervention in relation to a specific social programme. Therefore, programme evaluation of the Soul City Social Intervention Programme with the youth should be considered as the systematic examination of the success, effectiveness and efficiency of the programme. Evaluation further implies studying the outcomes of a project, for example a reduction in risky sexual behaviour or an increase in knowledge about HIV and AIDS amongst the youth and so forth, with the aim of informing the design and delivery of future projects (Adamson & Burgess, 2012:7). Furthermore, Shapiro (2001) in Adamson and Burgess (2012:7) states therefore that what monitoring and evaluation have in common is that they both focus on establishing the efficiency, effectiveness and impact of interventions.

Monitoring and evaluation should form an integral part of HIV prevention programmes when it is developed. Bertrand et al. (2006:4), assert that monitoring and evaluation are important but often neglected components of HIV and AIDS programmes. Furthermore, responses to the HIV epidemic were also too few, too small, lacked focus and were not evidence-based. Miller, Riley, Poulsen and Swart (2011:418) continue by stating that Evidence-based Interventions (EBI), are an important component of HIV sexual risk prevention among youth in sub-Saharan Africa and that many intervention strategies have been undertaken in response to the HIV and AIDS pandemic; nevertheless, infection rates are growing. Moreover, few organisations have the tools needed to implement a sustainable EBI programme in real world settings with integrity and validity (Miller et al., 2011:418).

Potter (2008:411) deduces that usually when a programme has taken place or it is in operation, its recipients, managers, funding institutions and other stakeholders need to know whether it is beneficial to the communities, if it is effective and efficient and if it is well planned towards achieving the intended goals. Therefore, the researcher concurs that monitoring and evaluation have a significant role to play in any youth or other HIV and AIDS intervention as they assist in assessing whether a programme is appropriate, most-effective, and efficient and meets the set programme objectives.

The drawing up of a monitoring and evaluation plan for a HIV and AIDS social intervention programme should start with a baseline (DPSA, 2002:107). The purpose of a baseline is to establish the position before any intervention is introduced, and to consolidate information that can later be used as a benchmark against which any change is measured. The researcher therefore recommends that the management of the SCI should ensure that monitoring and evaluation are a priority, and that the necessary system and resources are in place to allow monitoring and evaluation to take place. Field workers and other trainers can therefore play a pivotal role to assist in monitoring and evaluation of, for example, youth attendance of SCI related HIV and AIDS dialogues and their levels of awareness of HIV and AIDS related issues.

The following subsection will focus on the importance of the regular reviewing the SCP with the youth.

8.5.2 Regular reviewing of programme

A functional programme design and programme specification is essential to managers for monitoring the quality of programme operations. Hence programme design ought to answer the question of what to monitor in order to know whether programme implementation is functionally on track (Chambers & Wedel, 2005:147). The researcher concurs with The

Charities Evaluations Services (2012) suggestion as quoted from Adamson and Burgess (2012:5) that monitoring information should contain the following:

- Profile information on your users for example the youth.
- Basic project record keeping, such as the minutes of meetings and case records.
- Statistical information on take-up of services.
- Feedback sheets from training courses and workshops.
- Diaries and other records of events.
- Complaints and compliments from users.

Other methods as proposed by Toseland and Rivas (2005:395) include administering questionnaires, asking for verbal feedback by participants; tape recordings or video recordings of dialogues or programmes presented. Furthermore, summary recordings are recommended which are time-effective and focussed. Summary recordings focus on critical incidents that unfolded during programme implementation and involve a series of open ended questions. It is important for the field worker using summary recordings to record information as soon as possible after the dialogue sessions so that key events or information are remembered as accurately as possible (Toseland & Rivas, 2005:129).

In context of the above SCP field workers as well as programme coordinators should be assisted in conducting the effectiveness of their programmes within or during a particular financial year and in general. Effective monitoring should therefore further focus on all HIV and AIDS activities. Programme co-ordinators should furthermore ascertain what they have achieved in terms of their planned HIV and AIDS programme activities with regard to the youth and also which corrective actions they need to take to achieve their planned HIV and AIDS activities and programmes if they identify such a need (DPSA, 2002:109).

Weyers (2011:113) supports that any programme, for example the SCI Social Intervention Programme with the youth, should be regularly reviewed once implementation has started. Hence, the following questions are recommended in reviewing the SCI Social Intervention Programme with the youth:

- Firstly, do the outcomes represent significant and important changes for those expected to benefit?
- Secondly, do the programme outputs and outcomes relate to each other logically?
- Thirdly, is each of the outcomes realistically achievable given the available resources and the programme's influence over the targeted population?
- Fourthly, have [potential] negative outcomes of the programme been identified?

Weyers (2011:143) argues further that field workers and programme co-ordinators should constantly be aware of what is going on during programme implementation in terms of whether it is still on the appropriate track, and also what is needed to keep the programme on track when they evaluate programme implementing processes.

The following subsection will focus on the impact measure indicators of a monitoring and evaluation plan of a programme.

8.5.3 Impact measure indicators of a monitoring and evaluation plan

As highlighted in Chapter 3 section 3.2.2, Chatterjee and Vadapalii (2009:83), think that social policies and programmes should be carefully evaluated to determine whether they do, in fact, meet their stated objectives. Bertrand, O'Reilly, Denisson and Sweat (2006:4) have found that international donor agencies and government have invested millions of dollars in different types of HIV prevention communication intervention in developing countries, but relatively few have been subjected to any type of rigorous evaluation to date. Furthermore, policy makers, donors and practitioners are often frustrated at evaluators' inability to answer the question: what makes some campaigns more effective than others? In other words, did they get a return on investment when funding youth HIV prevention programmes such as that of the SCP? In the context of the present study, return on investment is not meant in monetary terms but rather to determine whether the SCP impact translates into a decline in high risk sexual behaviours and HIV incidence amongst the youth. The researcher therefore deems it prudent before implementing or evaluating any social intervention programme with the youth that the SCI is clear what precisely it needs to establish from its monitoring and evaluation plan and concurs with DPSA (2002:111) that a checklist should be formulated for establishing the adequacy of a M&E plan by answering the following questions:

- Has a monitoring and evaluation plan been developed?
- Has the plan been allocated the necessary resources?
- Have useful and reliable targets and indicators been identified? It is therefore important for the SCI to set realistic output performance targets against which to measure achievement of HIV and AIDS programme performance targets. Hence there must be agreement on results that the field worker intends to achieve. For example, the numbers of youth programme attendees openly living with HIV and AIDS. Also the number of youths attending voluntary HIV counselling and testing at local community clinics.
- Has the plan been communicated to relevant stakeholders, for example youth and community leaders and SCP implementing field workers?

- Is there commitment to using the results of the monitoring and evaluation to review and adjust the SCI HIV and AIDS youth programme? This could entail establishing process and mechanisms to facilitate corrective action relating to HIV and AIDS activities and programmes when required. For example, if necessary re-working existing training materials to make them more user-friendly.
- The budget for youth HIV and AIDS programme sustenance.
- The number of condoms distributed per month at strategic community areas where youth often congregate – bars, taverns, night clubs, sports events and so forth.

Given the research findings that the SCP focused on different levels of the environment, the afore-mentioned indicators should in principle require that when the SCP is evaluated it should be from an ecosystems perspective. The latter is to determine whether it succeeded in reaching the different levels of the environment albeit to varying degrees at micro-, meso-, exo- and macrolevel, given the interactive nature of the levels of the youth's social environment.

The following section will focus on how to promote programme impact sustainability.

8.5.4 Promoting programme impact sustainability

As highlighted in Chapter 3 section 3.4.2, the NSP (DOH, 2011:9) requires that intervention regarding HIV and AIDS, should show results that are evidence-based. Chambers and Wedel (2005:75) argue that accountability means that a programme, the Soul City programme for example, must be willing to be evaluated on achieving outcome objectives for specified programme participants, and for whatever else it may or may not still need to address. Impact monitoring therefore generally refers to ascertaining whether or not an intervention made a difference to the problem situation the practitioner tried to address (Shapiro, 2001 in Adamson & Burgess, 2012:7, 30). Such an analysis is important in assessing whether any programme is still worth pursuing. Successfully determining the outcomes or impact of any intervention clearly requires good working synergies between the processes of monitoring and evaluation from the outset of any intervention and it is important to understand each process in its own right (Alston & Bowles, 2003:150). The South African Police Services (SAPS) (2002:24) as well as the DPSA (2002:111) suggest practical ways on how the impact of primary HIV prevention programmes can be measured – which the researcher concurs with – and adapted in the present study as follows:

- Monitoring the number of youth and people attending SCP dialogues and the frequency of this within a certain community or setting.

- The SCI management should interview field workers at random to get their views on programme impact.
- Consistent with the NSP (DOH, 2011:17) the HIV incidence in young women and men aged for example 14 to 35.
- Annual behaviour surveys amongst the youth can illustrate behaviour changes within a year and guide further programme implementation.
- The establishment of a community youth HIV and AIDS committee to continue with dialogue resolutions and monitoring and evaluations of progress made. Therefore, it is important to determine the process and format of performance reporting in terms of the impact of HIV and AIDS dialogues with the youth.
- Consistent with the NSP (DOH, 2011:14) knowledge, attitude and behavioural surveys to provide evidence of the impact social prevention programmes on knowledge gained as well as attitudinal and behavioural changes towards sexual intercourse and AIDS amongst the youth within the community where the SCP is implemented.
- The interpretation of data collected of impact assessments of HIV and AIDS on communities to describe its impact on youth mortality, because HIV and AIDS leads to the death of mainly youths in various communities in which the SCP may operate.
- Consistent with the NSP (DOH, 2011:17) trends of HIV related stigma and discrimination.

As noted in Chapter 4 section 4.2.2, Levy (2011:1) stated that the Soul City Behavioural Chance Model (SCBCM) is driven by critical reflection on interventions and the broader context in which it is implemented. Alston and Bowles (2003:151) as well as Weyers (2011:144) suggest that practitioners should take a look at the nature and extent of the change that has been brought about, for example a reduction in risky sexual behaviours and attitudes among the youth. The latter could in part be established by the following:

- Looking into the past when the HIV programme with the youth was first started in order to determine where and why the process had succeeded or went wrong and that would imply determining success in programme implementation, as well as gaps in service delivery.
- The SCP fieldworkers thoroughly familiarising themselves with the programme objectives.
- The SCP fieldworker should do critical introspection in order to answer questions such as:
  o Did he or she plan and manage the programme implementation process correctly?

- Did he or she involve the correct people? For example, local youth and cultural leaders?
- Were the most appropriate goals and objective chosen?
- Could he or she have made better provision for unforeseen circumstances?
- Could he or she have made better provision for the measurement of results?
- What did he or she learn from the whole experience?

The SCP fieldworker, together with the SCI as employer, should also take an in-depth look into the future in order to gain a vision of what must still be achieved and the best ways to pursue it. Alston and Bowles (2003:151) as well as Weyers (2011:145) advocate that the latter could include the following:

- For the SCP field worker to consider how the changes such as a reduction in alcohol and risky situations amongst the youth in the community can be maintained in the long run.
- For the SCP field worker to consider if the community development strategy used was the most appropriate.
- How improved services and youth programmes can basically be sustained both financially and in terms of effective programme management.
- Conduct a survey amongst youth clients after a specified period of time since the programme was last implemented.
- Analyse whether inter-agency cooperation could be developed or improved upon.
- Communication of ideas and changing of people's perceptions.
- Social action that would require constant vigilance to ensure that changes in policies and practices would be maintained, for example a crackdown on illegal taverns or selling alcohol to under aged youth in relation to the risk it poses in terms of youth sexual behaviours.
- Reporting findings of impact analysis regarding success in achieving programme objectives and areas for improvement to donors, government and SCI management.

Alston and Bowles (2003:154) postulate that internal evaluations could be cost effective, allowing programme changes to be implemented effectively and would allow staff, such as the SCI field workers to own the data. However, a negative drawback could be that the evaluation results might be viewed as subjective and thus lack credibility to potential programme funders. It would therefore be important for the management of the SCI and the evaluator to communicate clearly to all stakeholders that the purpose of the evaluation is to improve programme outcomes and sustainability. External evaluations may also have a

level of bias, because evaluation results might be unduly reported in a positive or negative light in order to secure future contracts with the funder. In conclusion, whether the evaluation of the SCP is evaluated by internal or external persons it is for the SCI management to decide.

From an ecosystems perspective monitoring and evaluating of the SCP M&E should ideally have a holistic focus in terms of whether it adequately reached or influenced an ecosystemic goodness-of–fit in the interactions of micro, meso-, exo- and macro related systems of the youth with regard to HIV and AIDS prevention programmes and environmental HIV risk factors.

8.6   Summary

In this chapter guidelines were provided to the Soul City Institute regarding the content, applicability, implementation, monitoring and evaluation of the Soul City social intervention programmes for youth with HIV and AIDS in the context of the NSP 2012-2016 and the ecosystems perspective, in line with the research findings, in order to enhance efforts to mitigate the impact of HIV and AIDS among the youth in the Northern Cape.

Specifically, the focus was on contextualising the SCP to appropriately plan intervention programmes with the youth in terms of being relevant and sustainable. Explanations were provided on the role of the field worker as well the role of SCI management in that regard. The focus fell on identifying the challenges that should receive attention and on formulating youth specific programmes based on locality.

The chapter further focussed on best practices of how SCI management could develop and support Soul City field workers as the human capital or primary instrument for successful youth HIV programme implementation. Specific attention was given to the recruitment criteria and qualities field workers should have. In addition, adequate capacitation of the field worker was expanded upon. Furthermore, work-related coping skills were discussed as well as how SCI management could emotionally support the field worker by creating a supportive working environment. General important issues which both employers and field workers need to remember to further enhance programme delivery and field worker capabilities were also presented.

The focus fell further on the actual implementation of the SCP youth HIV prevention programme. With regard to the latter, there was a specific focus on the roles and responsibilities of the SCP field worker, basic dialogue facilitation principles, as well as basic field worker counselling principles.

The last part of the chapter focussed on monitoring and evaluation of the SCI and practical guidelines were presented to the practitioner and organisations on how to formulate and implement an effective monitoring and evaluation system of the Soul City Programme. The focus fell further on the regular reviewing of programme content, applicability and milestones. In addition, it focussed on formulating programme impact, measure indicators and on promoting programme impact sustainability.

In Chapter 9, which is the final chapter, the researcher will discuss whether the goal and objectives of the study were met, while the key findings and conclusions from the study will be outlined. Lastly, recommendations will be offered.

9. CHAPTER 9: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

9.1 Introduction

The HIV and AIDS prevalence in South Africa is of pandemic proportions despite several preventative programmes and efforts. However, very limited scholarly work is in existence about evaluating social intervention programmes with the youth. In this study the researcher focussed on evaluating the SCP with the youth in the Northern Cape Province. The research findings, conclusions and recommendations attempt to contribute to the knowledge base whereby HIV prevention programmes with the youth could be enhanced. The latter could be applied to youths from both rural and urban areas regardless of race or gender.

This chapter commences by addressing the goal, objectives and research question of the study and how they were achieved. Thereafter, recommendations in the form of guidelines for the content, applicability, implementation, monitoring and evaluation of the SCP for the youth and HIV and AIDS within the context of the NSP 2012-2016 will follow in order to enhance efforts to mitigate the impact of HIV and AIDS among the youth in the Northern Cape. Recommendations for future research will also be provided.

9.2 Goal and objectives of the research study

The goal, objectives and research question of this research study will subsequently be outlined, as well as their realisation.

9.2.1 Goal of the research study

The goal of the study was to evaluate the content, implementation and applicability of the Soul City Social intervention programme with regard to HIV and AIDS targeted at the youth in the Northern Cape within the context of the ecosystems perspective.

The goal of this study was achieved through the realisation of the following objectives of the study.

9.2.2 Objectives of the research study

The objectives of the study were:

Objective 1: To describe the phenomenon of HIV and AIDS among the youth, with specific reference to South Africa and the Northern Cape, from an ecosystems perspective

In order to contextualise HIV and AIDS in the context of South Africa, the researcher, described, discussed and analysed contributing factors to the high prevalence of HIV among the youth in the South African context, and the Northern Cape in particular, from an ecosystems perspective.

Objective 1 was further met in Chapter 2, where the researcher provided a discussion of contributing risk factors regarding the high prevalence of HIV among the youth in the global and South African context. Furthermore, the Northern Cape in particular, was described, analysed and discussed from an ecosystems perspective. The theoretical framework that underpinned this study was the ecosystems perspective as described by Ambrosino et al. (2012), Payne (2005), Germain and Gittermain (1996) and other authors and it was linked to the empirical findings.

The researcher throughout this study ascertained among other things, the extent to which implementers of social programmes during their interventions with the youth aspired to identify the factors that have an impact on HIV among the youth, and the interrelationships between the factors. It provided various risk factors such as micro-, meso-, exo- and macrolevel factors, where interactions could contribute towards the youth's vulnerability to HIV and AIDS in the South African context, and in the Northern Cape in particular. For example, microlevel factors such as adolescence, early adulthood and behavioural determinants were described. Meso-, exo- and macrolevel factors such as demographic outlook, environmental challenges, knowledge and attitudes about HIV transmission and prevention were discussed and analysed from an ecosystems perspective. In addition, contributing factors regarding the high prevalence of HIV among the youth in the South African context and the Northern Cape in particular, were described, analysed and discussed from an ecosystems perspective.

Objective 2: To describe the NSP 2012-2016 and the Provincial Strategic Plan (PSP) for HIV and AIDS in South Africa

In Chapter 3 the researcher discussed public policy and the National Strategic Plan (NSP) on HIV, STIs and TB (2012-2016) as a social policy. The latter was done on the premise that social programmes, such as the SCP, should be based on, amongst others aspects, the aims and objectives of the NSP, and that its implementation gives actual life to public policies on HIV and AIDS.

Objective 3: To describe and critically analyse the Soul City social intervention programme's focus on the youth within the context of the ecosystems perspective

In Chapter 4, the conceptual framework for this study, namely the ecosystems perspective, was described and postulated to what extent the Soul City programme (SCP) takes into account how youth in relation to HIV and AIDS are influenced by the different levels of their social environment.

In the second part of Chapter 4 focused on describing the Soul City programme with the youth from an ecosystems perspective. A historical overview of the Soul City social intervention programme with the youth was outlined, followed by an outline of key focus areas and programme contents of the Soul City Institute (SCI). Following the latter, an outline of the different Soul City television series was given and the last part of this specific section focussed on describing the Phuza Wise campaign as a dialogue programme that was implemented with the youth in the Northern Cape.

In order to further meet the goal set for the research study, the researcher has used mixed-methods research in which the quantitative findings were described in Chapter 6 and the qualitative findings were described in Chapter 7. More specifically, data was collected by means of a survey amongst the youth in the Northern Cape (i.e., quantitative research approach). Furthermore, field workers of Soul City who work in the field of HIV and AIDS in the Northern Cape and who met the sampling criteria were also included in the study and data were collected by means of interviews (i.e., qualitative research approach). The field workers in service of the Soul City programme were the actual implementers of the SCP at ground level and were strategically suited to offer comments about the challenges and strengths of the programme content and implementation and to make meaningful recommendations on how to improve the programme.

Objective 4: To evaluate the content of the Soul City social intervention programme for the youth with regard to HIV and AIDS in the Northern Cape within the context of the NSP 2012-2016 on HIV and AIDS from the perspective of the field workers

In line with the study's qualitative approach, field workers of Soul City who work in the field of HIV and AIDS in the Northern Cape, were included in the study and data were collected by means of semi-structured interviews. The field workers in the employ of the Soul City programme were the actual implementers of the SCP at ground level and were strategically suited to provide their comments about the challenges and strengths of the programme content and implementation, and furthermore to offer recommendations on how to improve the programme. The qualitative part of the empirical study was conducted with thirteen Soul

City programme implementers in the main study who presented HIV dialogues to the youth in the Northern Cape Province, specifically in the Frances Baard and John Taolo Gaetsewe districts. The researcher attempted to select research participants from various ethnic groups in South Africa, but could find only black Africans as well as one coloured person that was and still is the dominant racial group of the Northern Cape Province. At the time of the study, the population of field workers of the SCP consisted of all trained volunteers of the SCP, working at various NGOs in the Northern Cape, for example from the Northern Cape Coalition.

Participants' experiences concerning the SCP dialogues they implemented with youth were explored and each interview was audio recorded. The subjective descriptions of participants' experiences regarding programme evaluation mechanisms utilised to monitor and evaluate interventions, key work-related challenges at individual and organisational levels within the area of HIV and AIDS, as well as its strengths and/or best-practice approaches which they employed the youth were investigated. The latter experiences were portrayed in the form of direct quotations and the data collected provided the researcher with detailed descriptions of the experiences of participants.

Objective 5: To evaluate the implementation of the Soul City social intervention programme for the youth with regard to HIV and AIDS in the Northern Cape within the context of the NSP 2012-2016 on HIV and AIDS from the perspective of the youth as service users

In essence of Chapter 6 was the content and results of a quantitative investigation into the perspectives of the youth as service users of the SCP. The population of youth consisted of youth who attended the SCP in the two districts, Frances Baard and John Taolo Gaetsewe of the Northern Cape, and not the entire youth population of the Northern Cape. Approximately 6000 youths per annum from the two districts between the ages of 14 and 35 were recipients of the Soul City Social Intervention Programme in the province (Nika, 2013). The population of youth who attended the Soul City dialogue pertaining to alcohol and risky sexual behaviour known as 'Phuza Wise' and from which the research sample was drawn was 1159 consisting of 730 respondents from the Frances Baard district and 429 from the district of John Taolo Gaetsewe.

With regard to the sample of youth, the researcher specifically first utilised non-probability sampling, specifically purposive sampling, based on the sampling criteria. The following clear and specific criteria applied to the youth research participants to be included in the sample: They needed to be youth from Frances Baard and John Taolo Gaetsewe districts of the Northern Cape within the last seven months of 2013. They had to be between the

ages of 17 and 35 at the time the programme was presented to them and be at least 18 years old on the day of the study's implementation. Youth should have been youth who actually participated in the Soul City social intervention programme in the two indicated districts. During dialogues they must have been exposed to the same dialogue topic, namely alcohol and risky sexual behaviour also known as 'Phuza Wize' of the Soul City social intervention programme, as well as having their names on the attendance list of those attending that specific dialogue 'Phuza Wize' and related discussion tools and questions. Finally, they had to be functionally literate in English.

The specific data that was collected by means of a group-administered questionnaire which focussed on the Soul City social programme service needs of the respondents, their service use patterns, and their perceptions regarding the effectiveness of the Soul City social intervention programme aimed at young people The quantitative data was analysed by means of statistical analyses and was presented by means of percentages, charts, graphs, tables, and frequency distributions. The Department of Statistics of the University of Pretoria was consulted for statistical support.

The results were presented and discussed to serve as a scientific framework for the SCP and other social programme interventions with regard to HIV and the youth. This chapter was discussed in chronological order of the questionnaire followed by a general summary of the chapter.

Objective 6: To provide guidelines for the content, applicability, implementation, monitoring and evaluation of the Soul City social intervention programmes for the youth with regard to HIV and AIDS within the context of the NSP 2012-2016, in order to enhance efforts to mitigate the impact of HIV and AIDS among the youth in the Northern Cape

This objective was achieved in Chapter 8, based on the research findings by providing practice guidelines to social programme implementers such as social workers and HIV and AIDS programme field workers on how to target their intervention regarding HIV and the youth in line with principles of both the ecosystems perspective framework and programme evaluation theory and research. Feedback and recommendations from the SCP fieldworkers, the youth as programme recipients, as well as colleagues in the field of social work, psychologists, SCI management and research unit staff as well other interested parties who attended the research seminar were obtained. Specific guidelines were provided regarding the content, applicability, implementation, monitoring and evaluation of the Soul City social intervention programmes for the youth with regard to HIV and AIDS

within the context of the NSP 2012-2016 in order to contribute to enhancing efforts to mitigate the impact of HIV and AIDS among the youth.

9.2.3   Research questions

The main research question was*:*

To what extent is the content and implementation of the Soul City social intervention programme applicable for the youth in the Northern Cape?

The following sub-question was asked:

Does the Soul City social intervention programme take the different levels of the ecosystems perspective into account in terms of programme content and implementation?

These questions were answered by the key findings and conclusions from the quantitative and qualitative research components of the study in the next section of the chapter.

9.3   Key findings and conclusions

Subsequently, the key findings and conclusions of the literature review, research methods, as well as the key findings and conclusions of the empirical study are presented.

9.3.1   Key findings and conclusions of the literature review

The researcher read as much as possible about the subject before conducting the empirical investigation. This enabled him to enter the empirical investigation process with a thorough theoretical background about the research topic. The literature study revealed that the present study was unique in the sense that very few, if any, social programmes have undertaken rigorous evaluation of the subject of HIV and AIDS and the youth, which highlighted a gap in social research, because no study has yet been conducted in the Northern Cape or elsewhere in South Africa on the Soul City social intervention programme for the youth.

The literature studies were presented in Chapters 2, 3 and 4. The rationale for including three chapters was to create an understanding of the most important key findings and themes that were derived from the study's quantitative and qualitative research approaches.

In Chapter 2 it is clear that during adolescence there is a need for unambiguous information and guidelines regarding sexual intercourse and how to cope with sexuality, in an attempt to mitigate the impact of HIV and AIDS on South African youth, especially in the Northern

Cape Province. The Northern Cape Demographic Profile Report (Department of Social Development, 2008:1) illustrates that the population of the Northern Cape is young, because the majority (63.89%) are under 34 years old. Therefore, an effective social intervention programme is essential to attempt to address the HIV and AIDS pandemic amongst the youth sector.

Campbell et al. (2007:29), identify four areas that managers of national HIV prevention programmes such as Soul City should focus on, namely improvement in their strategies of targeting, selection, and delivery of prevention interventions; and optimisation of funding. The researcher concluded that many social programme interventions lack sufficient or in some instances any data at all about their effectiveness, as well as country-specific or province epidemiology which implies that social work and other HIV and AIDS programme managers have operated, and continue to operate, in a relative amount of uncertainty.

Bautista-Arredondo et al. (2008:831), inquired as to the extent national programme managers or international funders are guided by evidence of effectiveness and they found that there are no indicators to measure this directly. It also appeared that current HIV prevention strategies seem largely to ignore the existing evidence base, because there is so little consistency in applying various intervention strategies in countries with similar socio-economic circumstances. Against this background, it appears that a synergy of multiple interventions is needed, tailored specifically to address risks and opportunities at all levels, for example, amongst the youth and that effective evaluation of social work programmes about HIV and the youth is critical to determine whether they effectively and efficiently achieve what they set out to do.

From an ecosystems perspective, the different levels of the environment are in constant interaction with each other and have a reciprocal effect on each other that can either be negative or positive. The individual youth can be seen as a microsystem constantly interacting with the community environment as an exosystem that might affect the individual youth's values, attitudes and sexual behaviours for example, a high level of substance abuse and unemployment or lack of educational centres about HIV related issues. Individuals' responses are markedly affected by the influence of experiences in people's families, for example a spiral of HIV incidences amongst the youth sector in a particular community. In context of the different levels of the environment, the ecosystems perspective allowed the researcher to identify the interdependence and interaction across all the mentioned levels, such as the micro-and macrosystems level and it allows social workers and other practitioners to target their interventions at various levels to attempt to address social problems, HIV in relation to the youth as an example. Therefore, and in line with the

ecosystems perspective as described by Ambrosino et al. (2012:54-57), the researcher ascertained what impact the Soul City social intervention programme had during their interventions with the youth, and he strived to identify the factors that had an impact on HIV in the youth and the interrelationships of those factors throughout the study.

In Chapter 3, the primary focus was on discussing public policy and the National Strategic Plan (NSP) on HIV, STIs and TB (2012-2016) as a social policy. It was based on the premise that social programmes such as the Soul City social intervention programme should be based on the aims and objectives of the NSP, and that its implementation should foster public policies on HIV and AIDS. Thus it is very important for human services to understand the policies that created certain social programmes such as for example the Soul City programme with the youth (Dobbelstein, 2003:6). In this explanation, the researcher views the National Strategic Plan on HIV, STIs and TB (DOH, 2011) as an example of a social policy which could be realised through a number of different social programmes, such as the SCI, which were developed by different institutions, namely the Department of Health, and Department of Social Development and the SCP with the youth.

It can thus be concluded that the scope of social policy includes all areas of personal and social life which contribute to the well-being of citizens or the public in general. To enhance the understanding of the difference between social and public policy further, certain general characteristics of public policy were discussed.

It was concluded that the NSP and by extension the NCPSP is very high on the government's public policy agenda and was also influenced by elected political office-bearers and the high HIV prevalence rates in South Africa which is a very important policy problem. The NSP and also the NCPSP were further influenced by the media, for example the Soul City television series and other popular media and critically through community participation in putting pressure on government to formulate, implement and monitor a plan against the scourge of the HIV pandemic in South Africa.

Also in Chapter 3 it was seen that social programmes give life to public policies and this chapter provided the context from which the SCP derived its operational mandate and showed how it may have been influenced by macrolevel factors, such as public policies, like the NSP which from an exosystemic perspective could invariably influence the SCP planning and implementation at the micro-, meso-, exo- and macrolevels.

In Chapter 4, it was seen that the 2014 SCI Annual report (2014:16) prides itself that the monitoring and evaluation of their programmes were on-going and yielded positive results

among communities in sharing information with them and equipping them with tools and information required to bring about positive behaviour change. The researcher however cautiously concurs with Chambers and Wedel's (2005:75) opinion that accountability means that the programme must be willing to be evaluated on achieving outcome objectives for specified programme participants, in this case the youth in the Northern Cape Province. Specifically, SCI monitoring should have micro, meso-, exo- and macrolevel focus areas to ascertain whether its interventions are holistically effective, given the reciprocal interactive nature of the different social environmental levels. Therefore, the SCI programmes' focus specifically with regard to HIV and the youth, appeared to have an overemphasis on the exolevel while completely neglecting the individual (microlevel) and/or mesolevel, which eventually may strain the overall programme impact.

Furthermore, it was particularly functional from an ecosystems perspective to explore and identify gaps or shortcomings in the SCP, in their current planning, policy and decision making practices, as well as their intervention strategies.

In the following section, key findings and conclusions pertaining to the research methods of the study will be presented.

9.3.2   Key findings and conclusions: Research methods

Following, the key findings and conclusions with regard to the research methods of this study will be presented:

9.3.2.1   Key findings and conclusions

- **Research approach**

The researcher found the mixed-methods research very functional because it allowed him to obtain a more complete picture of the problem. The study's quantitative approach successfully allowed the researcher to analyse and describe the strengths and limitations of the SCP with regard to HIV and AIDS targeted at the youth in the Northern Cape. The qualitative part of the research approach assisted in understanding the meaning that Soul City field workers gave to their experience in implementing dialogues with the youth.

- **Research design**

Triangulation, as a mixed-method design, was adopted in this study. This enabled the researcher to produce more complete and well-validated conclusions. It also added to the comprehensiveness of research findings in answering the research question.

- **Research population**

This study had two populations, namely the field workers or social programme implementers who were the trained volunteers of the SCP, as well as programme consumers who were the youth of the Northern Cape. The population of youth were those SCP attendees in the two districts, of Frances Baard and John Taolo Gaetsewe in the Northern Cape, and not the entire youth population of the Northern Cape. The boundary or parameter of living in the Northern Cape Province separated the population from the rest of South Africa.

- **Purposive sampling**

With regard to the sample of youth, the researcher specifically first utilised non-probability sampling, specifically purposive sampling, based on the sampling criteria. The population size was determined to be 1159. Secondly, the researcher utilised probability sampling, more specifically stratified random sampling proportionate to the size, to ensure that a sufficient number of youth from each stratum of the population of youth were drawn. A response rate of 62.54% was attained.

The whole population of trained volunteers/field workers was targeted to be interviewed and no sampling was applicable. A response of 86.66% was attained.

- **Size of sample**

Approximately 6000 youths per annum from the two districts between the ages of 18 and 35 were recipients of the Soul City social intervention programme in the province. The population of youth who attended the Soul City dialogue pertaining to alcohol and risky sexual behaviour known as "Phuza Wise" and from which the research sample was drawn was 1159 consisting of 730 respondents of the district of Frances Baard and 429 of the district of John Taolo Gaetsewe.

Since the population of trained volunteers/field workers in both these districts numbered only 17, the researcher is convinced that this number was sufficient in providing significant insight regarding the views and challenges SCP field workers in the Northern Cape face when implementing HIV prevention programmes with the youth.

- **Data collection**

Permission to conduct the study was obtained from the management of the SCI. The method of data collection for the part of the study pertaining to the youth was a group-administered questionnaire. The researcher was assisted to a large extent to overcome

challenges such as logistical challenges by certain tribal chiefs, local councillors, school principals, clinic sisters as well as some SCP implementers.

The questionnaire consisted mainly of closed questions which had advantages as respondents generally understood questions better and responses were easier to analyse statistically, and there were fewer irrelevant and confused responses to questions.

For the qualitative part of this study, semi-structured interviews, with an interview schedule, were utilised to collect data related to the contents, applicability, implementation, monitoring and evaluation of the SCP from trained field workers working in the youth sector and specialising in the area of HIV and AIDS. The interviews held had several advantages, such as the fact that they allowed in-depth investigation of issues. The interview schedule consisted of open-ended questions only. These enabled participants to elaborate on experiences and challenges they encountered in working within the area of HIV and AIDS, or clients.

- **Data analysis**

In the current study with regard to its quantitative part, interval level variables were reduced to an ordinal measurement level, by collapsing discrete values into ranges. Furthermore, the quantitative data was analysed by means of descriptive statistical analyses and were presented by means of percentages, charts, graphs, tables, and frequency distributions. Once respondents completed the questionnaires, the data were organised in order to arrive at findings, conclusions and recommendations.

The Fisher's exact test was applied and it successfully assisted in determining statistically significant associations between variables such as gender and age and the items of sections in the questionnaire. In the remainder of the chapter, descriptive statistics were utilised to interpret findings and draw conclusive findings in context of the literature and the theoretical framework which is the ecosystems perspective. In the present study, the researcher strived to ensure a high degree of face validity by allowing experts in the field, for example social workers practicing in the field of HIV and AIDS, to scrutinise the research instrument as part of the pilot test. The questionnaire was further enhanced and piloted with 20 youths to further enhance both face and content validity. Internal reliability of the research instrument was important in the present study.

The qualitative data of the semi-structured interviews with Soul City programme implementers was analysed by means of a thematic analysis. In the current study the recorded interviews were transcribed verbatim and repeatedly read by the researcher.

Consistent with Dudley (2005:28) and with regard to the theme generation and analysis a high premium was placed on ensuring consistency "interrater reliability in the results" by also making use of the services of an independent coder. To ensure trustworthiness of data, a priority was placed on credibility, transferability, conformability and dependability.

9.3.3 Key findings and conclusions of quantitative study

In this section regarding the quantitative part of this study, the key findings will be presented and conclusions drawn based on the quantitative findings of this research which represented the perceptions of the youth about the SCP.

9.3.3.1 Biographical details of respondents

- **Key findings**

The following key findings associated with the biographical details of respondents are:

- Out of the total number of 172 respondents (N=172) who participated in the study 114 were female and 58 (33.7%) were male. The gender distribution of respondents does not reflect the actual gender distribution of the province. This finding highlights the fact that since there are more youthful males than females in the province, it is suggested that more should be targetted to attend the SCP to actualy reflect the youth male age profile of the province.
- Out of the 172 respondents, most were between the ages of 18 and 27.
- Most respondents had never been married; a small percentage were married; an even smaller percentage were separated, while an even smaller percentage were widowed and the smallest percentage co-habited. The marital status distribution of respondents is important because the finding that HIV prevalence is the highest among unmarried individuals who co-habit is a finding that stands out particularly in South Africa where evidence suggests that marriage levels are low among black Africans.
- Most respondents indicated Setswana as their home language, followed by Afrikaans, isiXhosa, English and isiZulu as home languages. Another very small number of respondents had another language as their home language, such as SeSotho.

- **Conclusions**

The following conclusions are made about biographical details of respondents:

It was useful to describe the gender, age, marital status and home language to obtain a profile of the respondents and how it related to literature. It was concluded that most respondents were single, have Setswana as home language and were mostly between 18

and 19 years old at the time of study. As previously indicated, the gender distribution of SCP programme attendee respondents of the present study did not reflect the actual gender distribution of the province. This is a concern, because the HSRC (2014:115) indicates that females are more likely than males to believe they are at a risk of being infected with HIV because of generally being more knowledgeable about HIV than their male counterparts. This lack of urgency amongst males about their risk of HIV infection therefore puts them particularly more at risk of HIV infection, especially when their attendance at HIV prevention programmes such as that of SCP is low.

9.3.3.2 Objectives of the Soul City programme for the youth in the Northern Cape

- **Key findings**

The following key findings associated with the respondents' opinion regarding whether the SCP reached its objectives are:

Most respondents agreed that the SCP succeeded in educating the youth about how to reduce dangerous (risky) sexual behaviour among the youth through a combination approach which entails but is not limited to HIV prevention: Medical Male Circumcision (MMC), Prevention of Mother to Child Transmission (PMTCT), Multiple Concurrent Partnerships (MCP) and Alcohol and Risky Sexual Behaviour. Furthermore, most of the respondents agreed that the SCP succeeded in educating the youth about creating awareness about illegal taverns and their link to violence, risky sex and HIV infection, while a large majority agreed that SCP succeeded in highlighting the risk between alcohol abuse and new infections.

- **Conclusions**

The following conclusions are made about the objectives of the SCP:

The SCP substantially succeeded in implementing process goals by for example enhancing the youth programme attendees coping, negotiation, and problem-solving skills when facing challenges with regard to HIV and AIDS.

9.3.3.3 Applicability and relevance of the content of the Soul City Programme

- **Key findings**

The following key findings associated with the applicability and relevance of the content of the Soul City Programme are:

- Most of the respondents agreed that the SCP succeeded in promoting the human rights of people infected and affected by HIV. Furthermore, the majority of respondents agreed that the SCP encouraged the fair treatment, care and support of all people infected and affected by HIV and AIDS.
- The majority of respondents agreed that the SCP succeeded in involving all parts/sections of the community or society.
- In terms of achieving sustainable impact, the majority of the respondents agreed that they have learnt much by attending the SCP and it made a lasting impact on their lives. Both of the two findings are consistent with macrolevel factors such as the NSP and its focus areas.

- **Conclusions**

The following conclusions are made about the applicability and relevance of the SCP:

Given the fact that the research findings have indicated that the SCP content was very relevant and applicable in the communities it served, it can be concluded that a vacuum would be left in those communities if the SCP did not refer them to another resource system or introduce a viable alternative to their community dialogues held with youth.

9.3.3.4   Knowledge gained through attending the Soul City Programme

- **Key findings**

The following key findings associated with the respondents' opinion regarding whether they gained knowledge through attending the Soul City Programme are:

- There was a statistical association found where information gained by attending the SCP contributed to respondents achieving their personal life goals. With regard to knowledge gained by respondents there was statistical association found where the respondents could see the impact of the SCP on their lives and gender.
- Across all age groups the majority of respondents agreed that the SCP information could contribute to them achieving their personal life goals and most respondents agreed that through the SCP they learned a new approach to their sexual behaviour. The majority of male respondents agreed that they could see the impact of the SCP on their lives, while the majority of females indicated that they did see the impact of the programme on their lives.

- **Conclusions**

The following conclusions are made about the knowledge gained by respondents through attending the SCP:

- It can be concluded that since in the present study most male respondents saw an impact on their lives and that the SCP should target more males in future to attend programmes given the effect it had on those who did actually attend it in the past.
- It can be concluded that youth attendees of the SCP gained knowledge, abilities and skills by attending the SCP community dialogues. It can also be concluded that the SCP through its content and implementation methods succeeded in empowering youth who attended with specific knowledge, skills and attitudes with regard to HIV and AIDS prevention in their social environments.

9.3.3.5   Attitudinal change

- **Key findings**

The following key findings associated with respondents' attitudinal changes are:

Across all age groups the majority of respondents agreed that they were able to learn new ways to prevent or handle risky or dangerous sexual situations and most respondents now have better knowledge of how to make better decisions regarding sex.

- **Conclusions**

The following conclusions are made with regard to respondents' attitudinal change:

- It can be concluded that the SCP contents are relatively successful in terms of its goal processes both in terms of educating the youth in communities, as well as potentially influencing positive behavioural changes with regard to HIV and safe sexual practices among the youth. This could imply that HIV prevention skills and knowledge were internalised by most youth attendees of the SCP programme.
- It can furthermore be concluded that the SCP through its content and implementation methods, succeeded in empowering youth with specific knowledge, skills and attitudes with regard to HIV and AIDS within their social environments. However, evaluation of the programme impact in terms of monitoring and measuring negative sexual behaviour change among the youth as recipients of the programme was not effectively or sufficiently done.

9.3.3.6 Programme delivery

- **Key findings**

The following key findings associated with programme delivery are:

- There was no statistical association found between age or gender and programme participation challenges in the SCP as indicated by respondents. Across all age groups it was found that most of the respondents agreed that there was not enough time for most youth to participate in the programme; that the majority of respondents agreed that the SCP facilitators succeeded in treating the youth of the community as equals; and that most respondents agreed that they could tell their facilitator about their personal circumstances.
- There was no statistical association found when age or gender and participant's views on the programme facilitators of the SCP were correlated. The majority of respondents agreed that that the SCP presenter knew a lot about all topics and others indicated that presenters made topics clear when asked for clarity.

- **Conclusions**

The following conclusions are made about programme delivery:

- It can be concluded from the research findings that programmes need to be sustainable and repetitive for them to be effective.
- The SCI mostly identified, trained and utilised local community members to implement dialogues with the youth by utilising indigenous workers and this can be considered a functional service-delivery or programme implementation strategy.
- Programme presenters functionally established rapport with youth programme attendees which is a critical basis for the youth to learn and internalise information towards behavioural change with regard to HIV and AIDS.

9.3.3.7 Recommendation on programme content

- **Key findings**

The following key findings associated with recommendations made by respondents regarding programme content are:

- There was a statistical association found where respondents agreed that the SCP should focus on involving important people/stakeholders such as youth leaders. In this the majority of male respondents agreed and most of female respondents agreed.

326

- Most respondents agreed that the SCP should focus on ways/strategies to fight poverty in their communities.
- In terms of age and gender, there was a statistical association found where the respondents indicated that the SCP should focus on ways/strategies to fight poverty in their communities and gender.
- There was a statistical association found where the respondents indicated that the capacity of the youth in the community to fight the further spread of HIV and AIDS could be built by visiting the community. Most respondents agreed that the SCP should focus on involving stakeholders such as traditional healers on how to deal with HIV and AIDS in the community.
- The majority of respondents agreed that the SCP should focus on educating youth to use condoms more often when being sexually active, for example by increasing the availability and use of the male and female condoms.
- Most of the respondents agreed that the SCP should also focus on how to deal with "bad" cultural habits when it comes to sex.
- The majority of respondents agreed that the SCP should also focus on empowering women with regard to deciding on participating in any sexual activities.
- Most respondents agreed that the content of the SCP was appropriate for the youth in their community.
- Most respondents agreed that programme content was consistent as was said when the programme started and that the content helped them get a better understanding of HIV prevalence among the youth.
- Most respondents agreed that the content was presented in an organised way and they agreed that it was presented effectively and helped them to understand how to reduce or prevent risky sexual behaviour.

- **Conclusions**

The following conclusions are made about respondents' recommendations regarding programme content:

- It can be concluded that HIV prevention programmes should be contextualised so that they are sensitive to local customs, cultural practices and religious beliefs and values, as well as to other traditional norms and practices. This could also potentially enhance HIV prevention efforts amongst the youth.
- Respondents' recommendation that the SCP should intensify its condom use promotion efforts is relevant to the South African government's macro level plan, to further promote the sexual appeal of using condoms during HIV preventative sexual activities.

- Economic capital implies that human development should be integrated into the economy through various strategies, for example job placement, micro-enterprises, cooperatives and community-based projects. In the context of the findings of the current study in which most respondents call for women empowerment when it comes to HIV prevention efforts, it is concluded that empowerment necessitates providing education and advocacy on behalf of women, and that appreciates the existence of individual differences and personal accomplishments regardless of gender. It also concludes from this specific research finding that the SCP was not doing enough in terms of individual economic empowerment as a microlevel HIV prevention strategy. Empowerment therefore would also entail the economic development of not only women, but youth in general, given the previously discussed link between poverty, unemployment and HIV infection.

- The SCP encourages interventions that strive towards the concept of an "AIDS-competent community" defined as one where community members work collaboratively to support each other in achieving sexual behaviour change and the reduction of stigma, hence the making of community HIV prevention resolutions at the end of dialogues.

- This research finding is consistent with macrolevel policies such as the 2012-2016 NSP, which calls for more sustainable HIV prevention programmes in order to make a sustainable difference in people's lives. The research findings therefore suggest that the SCP, at the time, was lacking in that regard.

9.3.3.8   Programme facilitation methods

- **Key findings**

The following key findings associated with programme facilitation methods are:

- Less than half of the respondents agreed that the SCP showed an episode from the Soul City television series to them (DVD). The majority of respondents agreed that explanations of topics were given through oral presentations and agreed that pamphlets were used. Also the majority of respondents agreed that booklets as well as posters were used. Only a third of the respondents agreed that other tools were used during sessions, for example a play/drama and information from the internet.

- In terms of the effectiveness of methods and tools utilised by facilitators in the SCP it was found that less than half of the respondents agreed that visual aids were used, for example DVDs. The majority of respondents also agreed that oral presentations made everything in the programme clear to them, and that hand-outs, for example pamphlets, booklets and so forth made everything in the programme clear to them. Lastly the

majority of respondents agreed that facilitation methods or the way the programme was presented were appropriate for the subject matter.

- **Conclusions**

The following conclusions associated with programme facilitation methods are:

- The SCP facilitation methods and tools of the SCP in bringing HIV prevention messages over to the youth, were relatively effective, but some such as audio-visual tools were not readily available to all groups of youths to which the SCP was presented, especially those in the John Taolo Gaetsewe district which has mostly and often technologically underdeveloped deep rural villages.

9.3.3.9   General comments made by respondents

- **Key findings**

The following key findings associated with the general comments made by respondents are:

- It was found that the majority of respondents agreed that the venues where sessions were held were appropriate and agreed they were free from disturbances.
- Most respondents agreed that they would want a longer programme than the present practice employed by the SCI when it presented dialogues with the youth.
- Less than half the respondents agreed that they needed less than 1 month; slightly more than a third of respondents needed 4 to 6 weeks and only 15.7% needed more than 6 weeks' notification in advance of the date of the programme to be able to attend the SCP.
- A third of the respondents agreed that they got to know about the SCP through friends; slightly more than a quarter of respondents indicated that this was through community leaders; slightly more than a fifth of the respondents indicated it was through brochures and a tenth of respondents got to know about the SCP by other means.
- Most respondents agreed that the venues where sessions were held were less than 5 kilometres from their homes. Furthermore, the majority of respondents indicated that they travelled on foot, followed second by travelling by taxi and lastly by bicycle.
- It was found that half the respondents rated the programme as excellent, while another third rated it as good; a few rated it as average, while only a few respondents rated it as poor.

The majority of the respondents made additional comments or suggestions. Most of the comments or suggestions that were made were that the SCP should also be offered in more

---

329

© University of Pretoria

schools in the communities where it had operated before and furthermore that the SCP should be offered more regularly in communities and that it should return to communities. Others suggestions were that the SCP should empower them beyond the dialogue itself but also cater for other constructive activities in the communities, such as job creation and sport and recreation activities.

- **Conclusions**

The following conclusions are made regarding the general comments made by respondents:

- It is concluded that the time the programme field workers used to implement the SCP with youths (the sessions were normally planned to last for two hours) was clearly insufficient based on the research findings.
- The SCP marketing strategy was mostly personalised as is highlighted by participants' responses. For example, 39% of respondents indicated that they got to know about the SCP through friends and 27.9% got to know about the SCP through community leaders.
- The SCP did not adequately or consistently evaluate the effectiveness of the marketing strategy of their programmes and whether it reached those for whom it was intended. The researcher discovered during the empirical investigation that in some instances programme attendance was lower than expected. During the doctoral seminar, held at the SCI, regarding SCP marketing, the following comment was made by the programme manager: "some people arrived for the programme, thinking it (the SCP) was about job creation and that they did not come for this (actual programme content) and then they disappeared …. Others had the expectation that they will receive money - SCI money when they attended the programme" (Ndlovu, 2016). Concerns that could be raised are about the appropriateness of marketing plans; their impact, the cost effectiveness of the marketing strategy and what else would be required to reach the identified marketing goals and objectives.
- The SCP in most cases was presented close enough to where participants lived or worked and thus avoided transport and also critically safety issues for participants that attended dialogues, for example female youths.
- Most respondents' view the SCP was good and even excellent and this can be considered a source of information to programme developers, funders and facilitators about the merits of continuing or not with a programme such as the SCP with the youth in the Northern Cape and elsewhere in South Africa.

9.3.3.10   Additional comments by respondents

- **Key findings**

The following key findings associated with the additional comments made by respondents are:

- Most of the additional comments respondents made are that the SCP should also be offered in in more schools in the communities where it operated previously.
- Other suggestions centred around the fact that the programme should be offered more regularly in communities.
- Some respondents reiterated that the SCP should empower them beyond the dialogues themselves, and also cater for other constructive activities in the communities, for example economic empowerment activities.
- The more active use of popular social media as part of HIV prevention campaigns was also suggested by many respondents.

- **Conclusions**

The following conclusions are made about additional comments made by respondents:

From the additional comments provided by respondents, most comments centred around calls for sustainable intervention programmes, as well as to use popular media amongst the youth such as social media by the SCP. Thus, it is the researcher's opinion by utilising ecosystemic reasoning that most of the respondents' suggestions were practical, were consistent with the literature and could add value to the SCP or similar HIV social intervention programmes with the youth in the Northern Cape and elsewhere in South Africa.

The following section focuses on the qualitative findings of this research.

9.3.4   Key findings and conclusions of the qualitative study

The key findings and conclusions of the qualitative part of this study will be discussed according to each theme as follows.

Table 9.1:   Themes and sub-themes

THEMES	SUB-THEMES
1. Working experience	1.1 Positive working experience
	1.2 Additional working experience with the youth
2. Recruitment	2.1 Age criteria

THEMES	SUB-THEMES
	2.2 Ways of recruiting
3. Focus of programme	3.1 Microlevel factors
	3.2 Mesolevel factors
	3.3 Exolevel factors
	3.4 Macrolevel factors
4. Process of programme implementation	4.1 Authorisation to implement programme
	4.2 Marketing of programme practices
	4.3 Actual programme implementation
5. Types of projects	5.1 Most common programmes/ projects implemented with youth
	5.2 Additional projects with the youth
6. Choosing relevant dialogue	6.1 Facilitator observation
	6.2 Presenter team meeting
	6.3 Consulting community stakeholders
	6.4 Community day of dialogue
	6.5 Monthly planning
7. Limitations	7.1 Funding challenges
	7.2 Monitoring and evaluation tool
	7.3 Once-off dialogues
	7.4 Cultural resistance
	7.5 Political influence
	7.6 Gender
	7.7 Lack of national support
	7.8 Lack of community support
8. Evaluation	8.1 Evaluation by facilitators
	8.2 Facilitator reports
	8.3 M&E only on medical male circumcision dialogue
	8.4 Contrasting views on monitoring and evaluation
	8.5 Result of evaluation
9. Recommendations	9.1 Introduction of formal evaluation tools
	9.2 More funding to do more dialogues and implement dialogue resolutions
	9.3 Staying in communities for longer periods
	9.4 Youth support beyond once-off dialogues
	9.5 More local and provincial government financial support
	9.6 Greater local level involvement from national office

THEMES	SUB-THEMES
	9.7 Youth programmes for specific sub-sections of the youth, e.g. 18-25
	9.8 More programme implementation tools

9.3.4.1 Theme 1 - Working experience

- **Key findings**

The following key findings associated with the working experience of SCP field workers are:

- Most of the participants' views pertaining to their working experience were of a positive experience both personally and in a work-related capacity. Only one participant was not able to implement all dialogues in the communities to which she was assigned due to unforeseen cultural resistance. She was only able to present a dialogue on one occasion.

- All Soul City programme facilitators received training on how to present the dialogues and related subjects to the youth. The working experience with the Soul City Institute fluctuated amongst participants in terms of length. Some participants also had other previous experiences of working with youth in other organisations. The majority of participants worked for the Soul City Institute on a contract basis and only two were permanently employed. The majority of participants also had experience of working as caregivers for other organisations.

- **Conclusions**

The following conclusions are made associated with the working experience of the SCP field workers:

- Most participants were motivated to do their work. A lack of job security for the majority of field workers could potentially have been a threat to their morale.

- Since the majority of participants also had experience of working as caregivers for other organisations in the area of HIV of AIDS, the researcher concludes it could have positively impacted on their understanding of the illness, its impact on individuals and communities as well as encouraging a passion for their work.

9.3.4.2 Theme 2 - Recruitment

- **Key findings**

The following key findings associated with the recruitment practices of SCP field workers to recruit youths in their respective communities to attend dialogues follow:

- It was found that field workers targeted the youth as their target audience. Furthermore, it was found that all facilitators were obliged to target a minimum of 100 people to attend dialogues and prove it by means of signed attendance registers and only in a few instances this was not achieved.
- Most participants used multiple strategies to recruit the youth to attend dialogues ranging from posters, notices, radio, door-to-door, flyers and a combination of all these strategies which mostly yielded positive results in terms of programme attendance.

- **Conclusions**

The following conclusions are made associated with the recruitment practices of the SCP field workers to recruit youths in their respective communities to attend dialogues:

- Age was the dominant criteria that participants used to recruit youth programme attendees.
- The use of multiple recruitment strategies implemented by participants was relatively successful because attendance targets were reached in most instances.

9.3.4.3 Theme 3 - Focus of programme

- **Key findings**

The following key findings associated with the focus of the programme implemented by the SCP field workers are:

- The SCP had a micro-, meso-, -exo-, and- macrolevel focus albeit to various degrees. These findings are also consistent with (as highlighted in Chapter 4, section 4.4.2) the fact that the SCI, from an ecosystems framework perspective, should identify all the diverse and complex factors associated with a social welfare problem or an individual problem; understand how all the factors interact to contribute to the situation; and determine an intervention strategy or strategies which can range from intervention with a single individual to an entire society and can incorporate a variety of roles. This framework therefore accounts for individual differences, cultural diversity and growth and change at the individual, family, group, organisational, community, and societal levels.
- It was further found that the SCP had a strong meso- and exolevel focus involving key stakeholders such as the department of health, counsellors, schools, traditional and other community leaders, the police, tavern owners and so forth. Again, the findings also revealed that much attention had not been given to micro-/individual level needs of the youth regarding HIV and AIDS. For example, individual or family counselling and

therefore programme attention mostly focused on sharing information affecting individual youths in a community dialogue capacity.

- Findings had limited reference to macrolevel factors by the programme implementers, although they did refer to the liquor board and laws governing alcohol distribution amongst the youth, hours of operating and liquor licencing. Theme 3 also emphasised again that the SCP programme content and focus areas were largely influenced by macrolevel factors such as the NSP 2012-2016 although SCP did not make reference to it.

- **Conclusions**

The following conclusions are made associated with the focus of the programme implemented by SCP field workers:

- The SCP approach to the youth does focus to a certain degree on risky sexual behaviour change regarding micro level factors.
- The SCP dialogue topics of Phuza Wise, and MCP Medical Male Circumcision are consistently aligned with the objectives of the NSP as a macrolevel factor. However, it appears youth economic empowerment as an HIV prevention strategy advocated by the NSP was unattended to by the SCP.
- Certain topics sometimes overlapped and were at times presented in combination with each other.

9.3.4.4   Theme 4 - Process of programme implementation

- **Key findings**

The following key findings are associated with the process of programme implementation of SCP field workers:

- It was found that the process of actual programme implementation was largely supported by the literature and was consistent with ecosystem practice and aligned to the NSP which calls for a multi-faceted approach because it involved various stakeholders and expertise in the community.
- Also, as previously explained in Chapter 4 section 4.4, these findings are also consistent with Payne's (2005:152) view that from an ecosystems perspective social workers and related practitioners should work in eight modalities: with individuals, families, groups, social networks, communities, physical environments, organisations and political action.

- Furthermore, findings from Theme 4 were that there was general consistency on how the programme unfolded amongst implementers with only slight variations here and there by individual programme implementers.

- **Conclusions**

The following conclusions associated with the process of programme implementation of SCP field workers are:

- The process of actual programme implementation was largely supported by the literature and was consistent with ecosystem practice and aligned to the NSP which calls for a multi-faceted approach because it involves various stakeholders and expertise in the community.
- There was general consistency on how the programme unfolded amongst implementers with only slight variations here and there by individual implementers.

9.3.4.5 Theme 5 - Types of projects

- **Key findings**

The following key findings associated with the types of projects SCP field workers implemented with the youth are:

- Theme 5 revealed that some of the key findings were that most participants, with the exception of one, implemented all dialogue subject matter they were trained on which were: Medical Male Circumcision (MMC), Prevention of Mother to Child Transmission (PMTCT), Multiple Concurrent Partnerships (MCP) and Alcohol and Risky Sexual Behaviour. Since certain topics sometimes overlapped, at times they were combined. All these dialogues were aligned to the macro factors such as the NSP.
- Furthermore, and as indicated in Chapter 4 section 4, Weyers (2011:20) believes that the science of human ecology emphasises the relationship and reciprocal and adaptive transactions among individuals, couples, families, groups, organisations and communities.
- The thematic analysis further revealed that a minority of facilitators also facilitated additional programmes with youth separate from the dialogues they were trained on by the SCI, but it was unclear whether these were funded by the Soul Institute. For example, issues of human trafficking drama, storytelling, and traditional dances, domestic violence as well as gay and lesbian rights were discussed with the youth by some presenters.

- **Conclusions**

The following conclusions are made associated with the types of projects SCP field workers implemented with the youth:

- Although the dialogue topics were relatively comprehensive and important, not enough provision was made to address the economic needs of the youth in all communities and the SCI did not make provision through funding and other support measures in their programmes to allow for initiatives that are needs-based to be presented in communities by programme implementers.
- Most findings are also consistent, as highlighted in Chapter 4 section 4.3.1, that the SCI has embraced combination prevention as a framework for HIV and AIDS prevention.
- Findings regarding the types of projects Soul City implemented are consistent with an ecosystems perspective and these focus areas could be considered positive because they focussed on the individual (micro) - meso - (community) –exo - as well as macro systems.
- Most, if not all, dialogues were aligned to the NSP 2012-2016.

9.3.4.6   Theme 6: Choosing relevant dialogues

- **Key findings**

The following key findings are associated with the working experience of SCP field workers and how they chose the relevant dialogues they presented to the youth:

- The participants had diverse approaches and views on how they selected the most appropriate dialogue topics for the youth within the communities in which they worked. Some of the methods were relatively successful while some lacked scientific substance, which therefore raised questions whether they were needs-based.
- Methods such as informal observations or "gut feelings" with no clear indicators informed their observations and related selection of a dialogue topic. Some of the other selection methods, such as consulting various community stakeholders and communities and deciding on the day of the programme, enjoyed more scientific merit.

- **Conclusions**

The following conclusions are made associated with the working experience of SCP field workers and how they choose the relevant dialogues they presented to the youth.

- In some instances, the topics were presented only because they formed part of the curriculum of dialogues of the SCP and were not necessarily consistently needs-based

---

in certain communities. A comprehensive community needs analysis was not done by the majority of fieldworkers. Therefore, the findings raise a concern which is consistent with Payne's (2005:152) view that from an ecosystems perspective social workers and related practitioners should come to shared agreements with clients about what issues are important.

9.3.4.7 Theme 7: Limitations

- **Key findings**

The following key findings associated with programme limitations as expressed by SCP field workers are:

It was found that there were a multitude of limitations in terms of programme implementation as highlighted by participants. These included no formal monitoring and evaluation tools; funding challenges, the ineffectiveness of once-off dialogues without follow-ups; cultural resistance; political influence, gender stereo-types and discrimination, lack of national support from the Soul City Institute and fluctuating community support in terms of attendance.

- **Conclusions**

The following conclusions are made regarding the general comments made by respondents:

- As discussed in Chapter 4, human systems can be divided into different levels of the environment and that for all people each environmental level has risks and opportunities which can either assist them in achieving positive social functioning, or serve as a direct threat to positive social functioning, for example youth facing the environmental challenges or risk factors associated with HIV and AIDS in the Northern Cape and elsewhere. The identified limitations expressed by participants presented a serious threat to the effectiveness and sustainability of the SCP and may have created a vacuum in the communities in which it operated and also the unintended consequence of alienating communities after trust and expectations may have been established. The latter may have developed especially after the programme was unexpectedly stopped in 2013 without apparently replacing it with alternative youth programmes by the SCP.
- That management of the SCP together with its funder did not adequately plan for the financial sustainability of its programmes with the youth or how its seizure should sensibly be phased in, because all participants indicated that there is still a great need

---

for the SCP within the communities where it operated before it was "prematurely" seized around December 2013.

- Other high priority areas of the NSP, for example bio-medical interventions, can potentially lead to funding of social and behavioural programmes being side-lined, even stopped due to limited funding from government and donor organisations, ultimately frustrating programmes such as the SCP in terms of continuing despite the need for them. The SCP does not have an adequate monitoring and evaluating system in place, or if it does, most programme implementers are unaware of it.

- The SCI contradicted its own principles, specifically in the Northern Cape by suddenly stopping its programmes with the youth thereby running the risk of alienating even frustrating those communities after gaining their trust. The SCI may have created a level of expectation as a very relevant and applicable HIV programme that it was going to be present for a much longer period of time than it actually was.

- There appears to be a disconnection between traditional leaders' thinking and the predominant global HIV-prevention programme approach on matters as pertaining to sex and safe sexual practices, especially in the South African and Northern Cape context in particular. All the noted limitations from a literature and practical perspective threatened the effectiveness of the SCP in terms impact and sustainability.

9.3.4.8   Theme 8: Evaluation

- **Key findings**

The following are the key findings associated with the programme evaluation processes implemented by SCP field workers:

- There were contrasting views by participants on whether monitoring and evaluations did actually take place. Monitoring appeared to be largely limited to completed attendance registers in terms of how many community members actually attended the dialogues. One participant mentioned the existence of a Monitoring and Evaluation Unit situated at the SCI's National Head Office, but could not provide much detail on the unit's role and functions.

- Findings further revealed that no impact evaluation was done, although most participants revealed that they only measured the impact of the dialogue pertaining to medical male circumcision specifically, by informally monitoring or inquiring about the uptake of youths going for medical male circumcisions at local clinics after the dialogue topic pertaining to medical male circumcision had been implemented. However, no formal statistics were kept or reported on by participants. Further findings were that the SCP does not have any monitoring and evaluation tools in place and participants mostly

used their own informal observations and opinions regarding the effectiveness of their programmes.

- Efforts were made during dialogues to ascertain if participants understood the intended programme content through attendees making resolutions and making pledges towards behavioural changes but, as previously explained, no post-dialogue impact evaluations were done in terms of behavioural change and so forth amongst the youth.

- **Conclusions**

The following conclusions are made regarding the programme evaluation processes implemented by SCP field workers:

- Evaluation was limited to the level of the process of programme implementation on the days that dialogues were implemented, which were written in report form and submitted to the SCI National Head Office. Evaluation on programme impact in terms of monitoring and measuring negative sexual behaviour change among the youth as recipients of the programme was not done.

- Overall participants did attempt to evaluate whether programme attendees understood the content of discussions, but there were no systems in place to evaluate impact in terms of behavioural change amongst the youth within the communities they serviced. This could be attributed to the lack of a formal monitoring tool in place, a lack of knowledge of what monitoring and evaluation entail and lastly the single dialogue presentations within communities the SCP operated in.

9.3.4.9 Theme 9 – Recommendations by participants

- **Key findings**

The following key findings associated with the recommendations towards programme improvement made by SCP field workers are:

- It was found that participants made a variety of recommendations alluding to the sub-themes such as the SCP needed to stay in communities for longer periods of time; the need for more funding to do more dialogues and implement dialogue resolutions; the introduction of formal evaluation tools; youth support beyond once-off dialogues; more local and provincial government financial support; National SCI office ground level involvement; Youth programmes for specific sub-sections of the youth, and lastly that more programme implementation tools were needed by participants, especially amongst those in rural villages. All of the recommendations are supported by the

literature and highlight important areas for future improvements by the SCI or similar intervention programmes with the youth.

- Other findings include the need for the financial sustainability of programmes as well as the use of effective monitoring and evaluation tools. Meaningful and specific recommendations were also made to support the youth beyond once-off dialogues and the role of local government, as well as the national management of the SCI were strongly indicated by participants.

- The need for youth sub-section specific interventions with regard to HIV and AIDS is supported by the literature.

- Resources, such as the SCP for the youth in the Northern Cape, were often found to be under-resourced.

- **Conclusions**

The following conclusions are made regarding the recommendations made by respondents:

- Most respondents are open to the idea that their interventions should be adequately evaluated and they are eager to be capacitated as such by the SCI.

- Often at the end of dialogue, youth or the communities in attendance would receive something to eat as refreshments. This raises the concern about the financial sustainability of the SCP in the context of the limited financial resources the SCP had.

- The SCP's once-off implementation was insufficient to sustain or build recipients' knowledge and other needs, for example recreational or economic needs as a HIV and AIDS prevention strategy.

- The SCP did not have an adequate supervision and mentoring of fieldworkers in place, which often left them frustrated and unknowledgeable about how to address key programme implementation challenges such as programme monitoring and evaluation, targeting or sustenance.

- The SCI should provide field workers with more discussion tools especially because they did not have a sufficient amount of diverse discussion tools such as audio-visual tools, and episodes from the Soul City television series discussion tools, pamphlets and other educational material. Discussion tools therefore need to be distributed more equitably amongst field workers.

- The recommendations made by the vast majority of participants could serve as a guideline to the SCI, as well as to similar programmes and were consistent with the literature and macrolevel factors such as the NSP, which calls for all interventions to be sustainable beyond the NSP itself.

9.4 Recommendations

Subsequently the recommendations will be discussed, focussing on recommendations for practice and for future research.

9.4.1 Recommendations for practice

The proposed practice guidelines, to capacitate social workers, community development workers, psychologists and related practitioners such as field workers of the SCP in implementing social programmes with the youth, were a result of the empirical study.

Evaluating or implementing these guidelines was not an objective or part of the goal of this study. The practice guidelines from this study in Chapter 8 are recommended and can be further refined and adapted to other implementing social programmes with regard to HIV and AIDS and the youth. Based on the research findings of this study as discussed and presented in Chapter 6 and 7, the researcher mentions some key guidelines for practice consideration (see also chapter 8 for more detailed information):

- Ecosystemic programme design and programme specification is essential for monitoring the quality of programme operations for the SCP to focus on in terms of HIV and AIDS amongst the youth.
- To visit the relevant community leaders and first explain the reason for the programme's involvement with the youth related to HIV prevention efforts in order to enhance their support of the programme.
- The SCP could in future consider doing a feasibility study first, as well as structured or participant observation and secondary analysis, before embarking upon any youth HIV and AIDS programme.
- More males should be targetted to attend the SCP.
- Attention should be given to the explanation of programme purpose as well as age appropriateness of marketing plans, their impact as well the cost effectiveness of the SCP's marketing strategies.
- The Soul City Institute should also share information, make more use of technology such as social media, their Facebook page and the WhatsApp application and so forth.
- In terms of programme content, the SCI should also consider recent announcements in the South African media - December 2015 - from the medical fraternity of the Truvada HIV prevention drug (PREP) and consider including that information as part of HIV prevention programmes in combination with other prevention methods.
- HIV prevention programmes should have key activities that include, amongst others, delaying sexual debut; reducing multiple and concurrent sexual partnerships and

challenging gender norms that drive this; cough hygiene (TB); reducing alcohol consumption and so forth.

- The SCI should consider not being rigid in targeting a minimum of a 100 for a community dialogue.

- Soul Programme facilitators ought to have a thorough understanding of the NSP as a macrolevel influencing factor that contributed to the development of the SCP.

- The SCI needs to ensure that adequate programme implementation tools are always and equitably available to ensure that programme tools for urban and especially rural geographical area facilitators and that HIV youth social programmes / interventions are integrated with indigenous knowledge systems.

- At the microsystem level, the SCP could broaden knowledge and insight regarding HIV and AIDS, by providing individual counselling to the youth, counsel their families, and help them develop support networks when dealing with HIV and AIDS related challenges and risks. Evaluation of programme impact in terms of monitoring and measuring negative sexual behaviour change among the youth by introducing monitoring and evaluation tools should be considered. Regular structured individual and group supervision and mentoring should be provided by the SCI to all field workers.

- Management continuously emotionally supports and capacitates training the field workers as implementing agents of the SCP.

9.4.2 Recommendations: Future research

For future research the following should be considered:

- An empirical study to explore the nature of supervision to SCP implementers in the Northern Cape, with the view of identifying appropriate strategies for dealing with the challenges experienced by SCP implementers in the Northern Cape and elsewhere.

- Similar studies must be conducted in other provinces in order for the SCI to determine the impact of SCP, with regard to HIV prevention programmes amongst the youth nationally.

- There is the need to undertake further research into areas for potential expansion to quantify the opportunities and constraints of implementing HIV and AIDS preventative programmes amongst the youth in South Africa.

- From the doctoral seminar, held at the SCI, a recommendation was made for future research on what happened to the SCI field workers involved in the programmes, in terms of their employment and work-related activities.

- There is a need to do more research into appropriate organisational monitoring mechanisms and systems relating to SCP delivery and the internal project management capacity required by SCP implementers for adequate programme delivery.

- Future research with larger and more diverse samples is needed to confirm and extend the findings of this study. In selecting future samples, attention should be given to including representation from all South African cultures to further refine our knowledge regarding cultural differences and sexual practices. Such a representative sample would contribute to refining the theoretical conceptualisation of the HIV risk factors associated with South African youth.

- The age range of youth participants in this study was between 18 and 36 years. For future research, the age bracket could include a wider age range. It is advisable to form specific age cohorts focusing on younger people starting from age 14 to 17. People younger than the age of 18 have different needs to that of older youths. The researcher believes that in looking at the various age groups in more detail, specific recommendations can be made to professionals, as well as to other institutions dealing with the HIV and youth risk factors.

- Youth come from various cultural and social environments and therefore future research should represent the cultural diversity of the South African population. Further investigation can be made into the influence of culture in dealing with HIV risk factors and in the South African context because this could enhance our understanding of cultural differences when dealing with HIV, sexual practices and youth risk factors.

- Research in the South African context regarding gender differences in dealing with HIV and youth risk factors can be beneficial. Knowledge of these differences can empower the professional and/or practitioner to gain alternative viewpoints to assist the youth risk factor problem. For both genders, this can be important in their process of acquiring safe sexual knowledge, attitudes and behavioural practices.

10.   REFERENCES

Adamson, D. & Burgess, K. 2012. *Monitoring & evaluation: A guide.* Available: http://www.psucymru.org.uk/rba (Accessed 15/10/2013).

Alston, M. & Bowles, W. 2003. *Research for social workers: An introduction to methods.* 2nd ed. London: Routledge.

Ambrosino, R., Heffernan, J., Shuttlesworth, G. & Ambrosino, R. 2012. *Social work and social welfare: An introduction.* 7th ed. Belmont, CA: Thomson/Brooks.

Bertrand, J.T., O'Reilly, K. Denison, J., Anhang, R., & Sweat, M. 2006. *Systematic review of the effectiveness of mass communication programs to change HIV–related behaviours in developing countries.* Available: www.ncbi.nlm.nih.gov. (Accessed 2009/06/15).

Babbie, E. & Mouton, J. 2001. *The practice of social research.* Cape Town: Oxford University Press.

Babbie, E. 2007. *The practice of social research.* 11th ed. Belmont, CA: Thomson/Brooks.

Baltra-Ulloa, A.J. 2009. Book review of "*Indigenous Social Work around the world. Towards culturally relevant education and practice.*" Available: www.socwork.net./2009/1/book reviews/baltra-ulloa (Accessed 2009/12/14).

Bautista-Arredondo, A., Bertozzi, S., Coutinho, A. & Laga, M. 2008. Making HIV prevention programmes work. *Lancet,* 5(372):831-844. Available: www.thelancet.com (Accessed 2012/10/25).

Bezuidenhout, F.J. & Dietrich, V. 2008. Adolescent risk-taking behaviour. In Bezuidenhout, F.J. (ed). 2008. *A reader on selected social issues.* 4th ed. Pretoria: Van Schaik.

Black, T.R. 1999. *Doing quantitative research in the Social Sciences: An integrated approach to research design, measurement and statistics.* London: Sage.

Böning, A.E. 2009. *'n Ekologiese perspektief op pleegsorg as alternatiewe sorg vir kinders.* Bloemfontein: UFS. (PhD Proefskrif).

Booysen, S. 2006. Public policy making in South Africa. In Venter, A. & Landsberg, C. (Eds). *Government and politics in the new South Africa policies.* 3rd ed. Pretoria: Van Schaik.

Brynard, P., Cloete, F. & De Coning, C. 2011. Policy implementation. In Cloete, F. & De Coning, C. (Eds). *Improving public policy: From theory to practice*. 3rd ed. Pretoria: Van Schaik.

Campbell, C., Gibbs, A., Maimane, S. & Nair, Y. 2010. Mismatches between youth aspirations and participatory HIV/AIDS programmes in South Africa. *African Journal of AIDS Research, 9*(2):153-163. Available:
htpp://dx.doi.org/10.2989/16085906.2010.517482 (Accessed 2012/10/19).

Campbell, C., Maimane, S. & Nair, Y. 2007. Building contexts that support effective community responses to HIV/AIDS: A South African case study. *American Journal of Community Psychology, 39* (3-4): 347-363. Available:
htpp://0www.Springerlink.com.innopac.up.ac.za/content/djn2t3947kp81341/fulltext.ht (Accessed 2012/10/24).

Carr, A. 2006. *The handbook of child and adolescent clinical psychology. A contextual approach.* 2nd ed. New York: Routledge.

Chambers, D.E. & Wedel, K.R. 2005. *Social policy and social programs: A method for the practical public policy analyst.* 4th ed. Boston: Allyn & Bacon.

Chambers, D.E. 2000. *Social policy and social programs: A method for the practical public policy analyst.* 3rd ed. Boston: Allyn & Bacon.

Chatterjee, P. & Vadapalli, D. 2009. The impact of social policy. In Midgley, J. & Livermore, M. *The handbook of social policy.* 2nd ed. Thousand Oaks, CA: Sage.

Child, K. 2015. Drug to prevent HIV gets the official nod. Available:
timeslive.co.za/lifestyle/?articleId=15997976 (Accessed 2016/01/15).

Cloete, F. & Meyer, I. 2011. Policy agenda setting. In Cloete, F., & De Coning, C. (Eds). *Improving public policy*: *From theory to practice*. 3rd ed. Pretoria: Van Schaik.

Cloete, F. 2011. Public policy in more and lesser developed states. In Cloete, F. & De Coning, C. (Eds). *Improving public policy*: *From theory to practice*. 3rd ed. Pretoria: Van Schaik.

Creswell, J.W. 2007. *Qualitative inquiry and research design: Choosing among five approaches.* London: Sage.

Creswell, J.W. 2009. *Research design: Qualitative, quantitative and mixed methods approaches.* 3rd ed. Los Angeles: Sage.

Cunningham, J. & Cunningham, S. 2012. *Social policy and social work: An introduction.* London: Sage.

D'Eriico, N.C., Dlamini, C., Duby, Z., Green, E.C. & Ruark, A. 2009. Mobilising indigenous resources for anthropologically designed HIV-prevention and behaviour-change interventions in Southern Africa. *African Journal of AIDS Research*, 8(4):389-400.

Dalton, T., Draper, M., Weeks, W. & Wiseman, J. 1996. Towards a framework for understanding and participating in social policy making. In Making social policy in Australia. Available: https://www.allenandunwin.com/.../social.../Making-Social-Policy-in-Australia (Accessed 2014/07/16).

De Coning, C. & Wissink, H. 2011. Nature, role and history of public policy. In Cloete, F. & De Coning, C. (Eds). *Improving public policy*: *From theory to practice.* 3rd ed. Pretoria: Van Schaik.

De Vos, A.S. 2005. Combined quantitative and qualitative approach. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at grass roots: For the social sciences and human service professions.* 4th ed. Pretoria: Van Schaik.

Debrework, Z. 2005. *The HIV/AIDS epidemic in Africa: Implications for development.* United Nations Commission on population and development. New York: United Nations.

Delport, C.S.L. & De Vos, A.S. 2011. Professional research and professional practice. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at grass roots: For the social sciences and human service professions.* 4th ed. Pretoria: Van Schaik.

Delport, C.S.L. & Fouché, C.B. 2011. Mixed methods research. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B., & Delport, C.S.L. *Research at grass roots: For the social sciences and human services professions.* 4th ed. Pretoria: Van Schaik.

Delport, C.S.L. & Roestenburg, W.J.H. 2011. Quantitative data-collection methods: questionnaires, checklists, structured observations and structured interview schedules. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B., & Delport, C.S.L. *Research at grass roots: For the social sciences and human services professions.* 4th ed. Pretoria: Van Schaik.

Deutsch, C. & Swartz, S. 2002. *Rutanang: Learning from one another.* Pretoria: Department of Health.

Dobbelstein, A.W. 2003. *Social welfare policy and analysis.* 3rd ed. Belmont: Thomson Brooks/Cole.

Dominelli, L. 2002. Feminist Social Work Theory and Practice. New York: Palgrave.

Dudley, J.R. 2005. *Research methods for social work: Becoming consumers and producers of research.* Charlotte: Pearson.

Dunn, W.N. 2007. *Public policy analysis. An introduction.* 4th ed. Englewood Cliffs, New Jersey: Prentice Hall.

Fouché, C.B. & Bartley, A. 2011. Quantitative data analysis and interpretation. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B., & Delport, C.S.L. *Research at grass roots: For the social sciences and human services professions.* 4th ed. Pretoria: Van Schaik.

Fouché, C.B. & Schurink, W. 2011. Qualitative research designs. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B., & Delport, C.S.L. *Research at grass roots: For the social sciences and human services professions.* 4th ed. Pretoria: Van Schaik.

Fouché, C.B., Delport, C.S.L. & De Vos, A.S. 2011. Quantitative research designs In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B., & Delport, C.S.L. *Research at grass roots: For the social sciences and human services professions.* 4th ed. Pretoria: Van Schaik

Friedman, I., Machedi, S., Ngubo, T. & Southgate, K. 2006. *Learning about community development.* Lansdowne: Juta Learning.

Garrard, E., Kalepeni, E., Craddock, S., Oppong, J.R. & Ghosh, J. 2004. HIV & AIDS in Africa: Beyond epidemiology. Available: www.amazon.com/HIV-AIDS-Africa-Beyond (Accessed 2008/08/10).

Germain, C.B. & Gitterman, A. 1980. *The life model of social work practice.* New York: Columbia University Press.

Germain, C.B. & Gitterman, A. 1986. *Social work treatment: Interlocking theoretical approaches.* 3rd ed. New York: The Free Press.

Germain, C.B. & Gitterman, A. 1987. Ecosystems perspective. In A. Minahan (Ed.-in-Chief), *Encyclopedia of Social Work*, 18th ed. 1:488–499. Silver Spring. Available: www.uncp.edu/home/marson/348_ecological.html (Accessed 2013/03/25).

Germain, C.B. & Gitterman, A. 1995. Ecosystems perspective. In *Encyclopaedia of Social Work.* 19th ed. Washington, DC: National Association of Social Workers Press.

Germain, C.B. & Gitterman, A. 1996. *The life model of social work practice: Advances in theory and practice.* 2nd ed. New York: Columbia University Press.

Geyer, L.S. 2012. *A content analysis of the National Drug Master Plan 2006-2011 from a social development perspective*. Pretoria: University of Pretoria. (MSW [Social Development & Policy] mini-dissertation).

Ginsberg, L. 2009. Conservative approaches to social policy. In Midgley, J. & Livermore, M. *The handbook of social policy.* 2nd ed. Thousand Oaks, CA: Sage.

Goldstein, S. 2011. Soul City's theory of social and behaviour change. Soul City Institute Health and Development Communication. 2013. Johannesburg. Available: www.soulcity.org (Accessed 2015/08/23).

Goldstein, S. 2016. Personal interview with Dr. Sue Goldstein, National Director Soul City Institute [Transcript]. 6 October 2016. Johannesburg.

Gow, P. & Desmond, C. 2002. *Impacts and interventions.* Pietermaritzburg: University of Natal Press.

Gray, M. 2010. Theories of Social Work Practice. 2010. In Nicholas, L., Rautenbach, J. & Maistry, M. (Eds). 2010. *Introduction to social work.* Claremont: Juta & Company Limited.

Greeff, M. 2011. Information collection: interviewing. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B., & Delport, C.S.L. *Research at grass roots: For the social sciences and human services professions.* 4th ed. Pretoria: Van Schaik.

Gumede, V. 2011. Public policy making in South Africa. In: Venter, A. & Landsberg, C. (Eds). *Government and politics in the new South Africa.* 4th ed. Pretoria: Van Schaik.

Hartell, C.G. 2005. HIV/AIDS in South Africa: A review of sexual behaviour among adolescents. Available: www.findarticles.com/p/articles (Accessed 2009/02/04).

Healy, K. 2005. *Social work theories in context: Creating frameworks for practice.* New York: Palgrave MacMillan.

Hearst, N. & Chen, S. 2004. Condom promotion for AIDS prevention in the developing world: Is it working? Available: www.jstor.org (Accessed 2009/05/13).

Henry J. Kaiser Family Foundation. 2008. love life: In South Africa's national HIV prevention program for youth. In Human Sciences Research Council. 2008. *South African national HIV prevalence, incidence, behaviour and communication survey, 2008.* Pretoria: HSRC.

Henry J. Kaiser Family Foundation. 2008. Love life: South Africa's national HIV prevention program for youth. Available: www.kff.org.about/lovelife.cfm (Accessed 2009/02/16).

Hervish, A. & Clifton, D. 2012. *Status report adolescents and young people in Sub-Saharan Africa: Opportunities and challenges.* Washington. United Nations Populations Fund and Population Reference Bureau.

Hoefer, R. 2009. Policy practice and advocacy. In Midgley, J & Livermore, M. *The handbook of social policy.* 2nd ed. Thousand Oaks, CA: Sage.

Hoff, M.D & McNutt, J.G. 2009. Social policy and the physical environment. In Midgley, J. & Livermore, M. *The handbook of social policy.* 2nd ed. Thousand Oaks, CA: Sage.

Human Science Research Council. 2014. *Cape Town, South African National HIV Prevalence, Incidence and Behaviour Survey.* 2012. Cape Town: HSRC Press.

Hyde, C. 2009. Feminist approaches to social policy in Midgley, J. & Livermore, M. *The handbook of social policy.* 2nd ed. Thousand Oaks, CA: Sage.

Iatridis, D. 2009. Critical social policy. In Midgley, J & Livermore, M. *The handbook of social policy.* 2nd ed. Thousand Oaks, CA: Sage.

International Labour Organization. 2015. *Corridor economic empowerment project: Case studies.* Sweden: ILO.

International Organisation for Migration. 2011. *Emerging good practices in migration HIV programming in Southern Africa.* Pretoria, South Africa.

Ivankova, N., Creswell, J. & Plano Clark, V. 2007. Foundations and approaches to mixed methods research. In Maree, K. (Ed.) *First steps in research.* Pretoria: Van Schaik.

Jana, M., Letsela, Scheepers, E. & Weiner, R. 2014. Understanding the role of the OneLove Campaign in facilitating drivers of social and behavioural change in Southern Africa: A qualitative evaluation. *Journal of Health Communication: International Perspectives,* 0:(1-7). Available:

htpp://dx.doi.org/10.1080/1080/10810730.2014/fulltext.ht (Accessed 2015/08/20).

Jane, V. 2009. Condoms are not the cure. Available: www.2seconds faster.com./2009/04/ condoms-are–not the-cure (Accessed 2009/06/22).

Jansson, B. 2009. Policy analysis. In Midgley, J. & Livermore, M. *The handbook of social policy.* 2nd ed. Thousand Oaks, CA: Sage.

Jiminez, J. 2010. *Social policy and social change: Toward the creation of social and economic justice.* London: Sage.

Kalideen, S. & Weiner, R. 2012. Linking alcohol consumption and HIV risk-stories from Galeshewe. *Soul City Institute Health and Development Communication 2013.* Johannesburg. Available online: www.soulcity.org (Accessed 2015/08/23).

Karabi, N. 2012. *Understanding and quantifying effect sizes.* School of Public Health. Los Angeles: University of California Los Angeles (UCLA).

Kirst-Ashman, K.K. 2013. *Introduction to social work and social welfare. Critical thinking perspective.* 2nd ed. USA: Thomson Brookes/Cole.

Leedy, P.D. & Ormrod, E. 2013. *Practical research: Planning and design.*10th ed. Upper Saddle River, NJ: Pearson Education.

Levy, J. 2011. Soul City's model of social and behaviour change*.* Johannesburg. Available: www.soulcity.org (Accessed 2015/08/23).

Lietz, C.A., Langer, C.L. & Furman, R. 2006. Establishing trustworthiness in qualitative research in social work: Implications from a study regarding spirituality. *Qualitative Social Work,* 5(4):441–458.

Louw, D., Edwards, D., Foster, D., Gilbert, A., Louw, A., Norton, G., Plug, C., Shuttleworth-Jordan, A. & Spangenberg, J. 2004. *Psychology: An introduction for students in southern Africa.* 2nd ed. Rivonia: Heineman Higher & Further Education.

Low-Beer, D. & Stoneburner, R. 2004. AIDS communications through social networks: Catalyst for behaviour changes in Uganda. *African Journal of AIDS Research*, 3(1):1-13.

Lunt, N., Davidson, C. & McKegg, K. (Eds). 2003. *Evaluation policy and practice: A New Zealand reader*. Auckland: Pearson Education.

Maduze, M. 2002. *Teenager's knowledge and attitude towards HIV/AIDS.* Johannesburg: University of the Witwatersrand. (MA Dissertation).

Maistry, M. 2010. Community Development. In Nicholas, L., Rautenbach, J. & Maistry, M. (Eds.). *Introduction to social work.* Claremont: Juta & Company Limited.

Makiwane, M. & Mokomane, Z. 2010. South Africa youth' high risk sexual behaviour: An eco-development analysis. *African Journal of AIDS Research*, 9(1):17-24. Available: htpp://dx.doi.org/10.2989/16085906.2010.484538 (Accessed 2012/10/19).

Mamburu, D.N. 2004. *Evaluation of the poverty relief programme in the Limpopo Province within the context of the Reconstruction and Development Programme: A social work perspective.* Pretoria: University of Pretoria. (DPhil thesis).

Manyathi, N. 2015. Government to spend billions on scented and coloured condoms. Available: www.destinyconnect.com (Accessed 2015/08/10).

Maree, K. & Pietersen, J. 2007. The quantitative research process. In Maree, K. (Ed.) *First steps in research.* Pretoria: Van Schaik.

Matheko, M. 2016. Personal interview with Masemelo Matheko, Monitoring and Evaluation Unit of Soul City Institute [Transcript]. 6 October. Johannesburg.

Michel, B. 2005. *Developing field generated standards of practice for HIV/AIDS peer education programmes for South African youth.* Johannesburg: University of the Witwatersrand. (MA Dissertation).

Midgley, J. 2009. The definition of social policy. In Midgley, J. & Livermore, M. *The handbook of social policy*. 2nd ed. Thousand Oaks, CA: Sage.

Miller K.S., Riley D.B, Poulsen, M.N., Swart, K. & Maringa, T.H. 2011. *Developing and sustaining. HIV prevention capacity for an evidence-based, pre-risk prevention.* Available: www.cdc.gov/globalaids/publications/fmp-full-overview----final-3.5.14 (Accessed 2015/10/16).

Mkalipe, P. 2006. Time to deliver. *International AIDS Conference,* 16th. Toronto, Canada.

Mogapi, M. 2015. Taverns and shebeens are drowning the lives of our children. Sowetan (opinion piece, 18 August 2015). *Soul City Institute Health and Development Communication. 2014. Annual Report*, Johannesburg. Available: www.soulcity.org (Accessed 2015/08/23).

Ndhlovu, B. 2016. Personal interview with Mr. Bongani Ndhlovu. Senior Manager: Soul City Institute [Transcript]. 6 October 2016. Johannesburg.

Neuman, W.L. 2000. *Social research methods: Qualitative and quantitative approaches.* 4th ed. Boston: Allan & Bacon.

New dictionary of social work. 1995. Terminology Committee for Social Work. (Eds.) Cape Town: CTP Book Printers.

Nieuwenhuis, J. 2007. Qualitative research designs and data gathering techniques. In Maree, K. (Ed.) *First steps in research.* Pretoria: Van Schaik.

Nika, V. 2013. (vuyi01@hotmail.com). 2013/08/27. Introduction letter to Soul City activities in the Northern Cape. E-mail to A. Le Tape (andre.rhyno@vodamail.co.za).

Nika, V. 2013. Personal interview with Mr. Vuiyisie Nika, Provincial co-ordinator of the Soul City Programme in the Northern Cape [Transcript]. 27 August. Kimberley.

Patel, L. & Selipsky, L. 2010. Social welfare policy and legislation in South Africa. In Nicholas, L., Rautenbach, J. and Maistry, M. (Eds). 2010. *Introduction to social work.* Claremont: Juta & Company Limited.

Payne, M. 2005: *Modern social work theory.* 3rd ed. New York: Palgrave.

Perlman, H., Jana, M. & Scheepers, E. 2013. Edutainment: Using stories & media for social action and behaviour change. *Soul City Institute Health and Development Communication 2013.* Johannesburg. Available online: www.soulcity.org (Accessed 2015/08/23).

Peltzer, K., Parker, W., Mabaso, M., Makonko, E., Zuma, K. & Ramlagan, S. 2012. Impact of National HIV and AIDS Communication Campaigns in South Africa to Reduce HIV Risk Behaviour. *Soul City Institute Health and Development Communication 2013. Johannesburg.* Available online: www.soulcity.org (Accessed 2015/08/23).

Pettifor, A., O'Brien, K., Machpail Miller, W.C. & Rees, H. 2009. Early Coital Debut and Associated HIV Risk Factors Among Young Women and Men in South Africa. *International Perspectives on Sexual and Reproductive Health*, 35(2):74–82. Available:htpp://dx.doi.org/10.1363/3508209 (Accessed 2015/09/06).

Pettifor, A., Rees, A., Kleinschmidt, I., Steffen, A., Machpail, C., Hlongwa, Madikizela, L., Vermaak, K. & Padian, N. 2005. *Young people's sexual health in South Africa: HIV prevalence and sexual behaviours from a nationally representative household survey.* 19(14):1525-34. Available: htpp:// PubMed PMID: 16135907. (Accessed 2013/02/17).

Pietersen, J. & Maree, K. 2007a. Overview of statistical techniques. In Maree, K. (Ed.) *First steps in research.* Pretoria: Van Schaik.

Pietersen, J. & Maree, K. 2007b. Standardisation of a questionnaire. In Maree, K. (Ed.) *First steps in research.* Pretoria: Van Schaik.

Plath, D. 2006. Evidence-based practice: Current issues and future directions. *Australian Social Work*, 59(1):56–72.

Potter, C. 2008. Programme evaluation. In TerreBlanche, M.K., Durrheim & Painter, D. (Eds.). *Research in practice: Applied methods for the social sciences.* Cape Town: University of Cape Town Press.

Rabie, B. & Cloete, F. 2011 Policy evaluation. In Cloete, F. & De Coning, C. (Eds). *Improving public policy: From theory to practice.* 3rd ed. Pretoria: Van Schaik.

Raniga, T. 2007. A critique of the South African national life skills and HIV/AIDS school policy: lessons for policy adjustment. *Social Work Journals* socialwork.journals.ac.za/pub/article/download/291/274 (Accessed 2015/11/25).

Republic of South Africa. Department of Health. 2012a. *The National Antenatal Sentinel HIV & syphilis prevalence survey in South Africa.* Pretoria: Government Printer.

Republic of South Africa. Department of Health. 2012b. *Northern Cape provincial strategic plan for HIV, TB & STI's. 2012-2016.* Kimberley: Government Printer.

Republic of South Africa. Department of Health. 2011. *The national strategic plan on HIV, STI's and TB 2012-2016.* Pretoria: Government Printer.

Republic of South Africa. Department of Health. 2007. *The national strategic plan on HIV, STI's and TB 2007-2011*. Pretoria: Government Printer.

Republic of South Africa. Department of Public Service and Administration. 2002. *Managing HIV/AIDS in the workplace*: *A guide for government departments*. Pretoria: Thetha Graphics & Print.

Republic of South Africa. Department of Social Development. 2015. *Annual performance plan 2015-2016*. Kimberley: Government Printer.

Republic of South Africa. Department of Social Development. 2011. *Strategic plan 2011-2015.* Kimberley: Government Printer.

Republic of South Africa. Department of Social Services and Population Development (DSSPD). 2008a. *Annual report of the Department of Social Services and Population Development*. Kimberley: Department of Social Services and Population Development.

Republic of South Africa. Department of Social Services and Population Development, (DSSPD). (2008b). *Demographic profiles*. Northern Cape Chief Directorate: Development and Research. Kimberley: Department of Social Services and Population Development.

Republic of South Africa. Department of Social Services and Population Development (DSSPD). 2007. Northern Cape human development report. Kimberley: Department of Social Services and Population Development.

Republic of South Africa. The Presidency. 2009. *The National Youth Plan 2009-2014*. Pretoria: Government Printer.

Republic of South Africa. The Presidency. 2013. *National Development plan RP27/2011*. Available: www.ncponline.co.za (Accessed 2013/03/08).

Ross, E. 2010. Diversity and multicultural practice. In Nicholas, L., Rautenbach, J. & Maistry, M. (Eds). 2010. *Introduction to social work*. Claremont: Juta & Company Limited.

Roux, N. & Cloete, F. 2011. Policy design. In Cloete, F. & De Coning, C. (Eds). 2011. *Improving public policy: From theory to practice*. 3rd ed. Pretoria: Van Schaik.

Rubin, A. & Babbie, E. 2005. *Research methods for social work*, 5th ed. Belmont, CA: Thomson Brooks/Cole.

Rubin, A. & Babbie, E. 2010. *Essential research methods for social work*. 2nd ed. Belmont, CA: Brooks/Cole.

SANAC (South African National AIDS Council). 2011. National strategic plan on HIV, STIs. Save the Children. 2002. Gender and HIV/AIDS: guidelines for integrating a gender focus into NGO work on HIV/AIDS., London. Save the Children Publishers.

Schurink, W., Fouché, C.B. & De Vos, A.S. 2011. Qualitative data analysis and interpretation. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. (Eds.) *Research at grass roots: For the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik.

Soul City Institute Health and Development Communication. 2013. *Annual report.* Johannesburg. Available: www.soulcity.org. (Accessed 2014/05/23).

Soul City Institute Health and Development Communication. 2014. *Annual report.* Johannesburg. Available: www.soulcity.org (Accessed 2015/08/23).

Soul City Institute Health and Development Communication. 2015. *Soul City television series 2015.* Johannesburg. Available online: www.soulcity.org (Accessed 2015/08/23).

South African Police Service. 2002. *HIV/AIDS Training & awareness: A handbook.* Pretoria: Police Social Work Services, Police Services Head Office.

Spies, G.M. 2006. *Sexual abuse: Dynamics, assessment, and healing*. Pretoria: Van Schaik.

Statistics South Africa. 2015. *National and provincial labour market: Youth*. Pretoria. Available: www.stassa.gov.za (Accessed 2015/09/26).

Strydom, H. 2011a. Sampling in the quantitative paradigm. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B., & Delport, C.S.L. *Research at grass roots: For the social sciences and human services professions.* 4th ed. Pretoria: Van Schaik.

Strydom, H. 2011b. The pilot study in the quantitative paradigm. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B., & Delport, C.S.L. *Research at grass roots: For the social sciences and human services professions.* 4th ed. Pretoria: Van Schaik.

Strydom, H. 2011c. Ethical aspects of research in the social sciences and human service professions. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B., & Delport, C.S.L.

Research at grass roots: For the social sciences and human services professions. 4th ed. Pretoria: Van Schaik.

Strydom, H., Fouché, C.B. & Delport, C.S.L. 2011. Information collection: participant observation. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B., & Delport, C.S.L. *Research at grass roots: For the social sciences and human services professions.* 4th ed. Pretoria: Van Schaik.

Swart, K., Maringa, T.H. & Miller, K.S. 2011. Families matter! – An evidence-based HIV prevention program for South Africa. *5th South African AIDS Conference*, Durban, South Africa.

Synergy Project and University of Washington Center for Health Education and Research. 2005. *Putting on the brakes: Preventing HIV transmission along truck routes*. Available: www.synergyaids.com (Accessed 2009/02/12).

Toseland, R.W. & Rivas, R.F. 2005. *An introduction to group work practice.* 5th ed. Boston: Pearson.

UNAIDS. 2008. *Report on the global AIDS epidemic: executive summary*. Available: www.unaids.org b (Accessed 2009/07/27).

UNAIDS. 2013. *Report on the global AIDS epidemic.* 2013. Geneva, UNAIDS.

UNAIDS. 2014a. *Fast-track: Ending the AIDS epidemic by 2030.* Geneva, UNAIDS.

UNAIDS. 2014b. *Adolescent girls and young women. The GAP Report. 2014. Geneva, UNAIDS.*

UNAIDS. 2014c. *Report on the global AIDS epidemic.* 2013. Geneva, UNAIDS.

United Nations. 2010. *The millennium development goals report 2010.* Available: www.unmdg (Accessed 2011/10/15).

UNWOMEN. 2015. *Championing Gender equality in the HIV Response: The experience of five programme countries.* 2015. Geneva.

Van Baalen, J. & De Coning, C. 2011. Programme management, project management and public policy implementation. In Cloete, F. & De Coning, C. (Eds). *Improving public policy*: *From theory to practice.* 3rd ed. Pretoria: Van Schaik.

Van Dyk, A. 2013. *HIV and AIDS education, care and counselling. A multidisciplinary approach.* 5th ed. Cape Town: Pearson.

Weinbach, R.W. & Grinnell, R.M. 2015. *Statistics for social workers.* 9th ed. Boston: Pearson Education, Inc.

Weyers, M.L. 2001. *The theory and practice of community work: A South African perspective.* Potchefstroom: Keurkopie.

Weyers, M.L. 2011. *The theory and practice of community work: A Southern African perspective.* 2nd ed. Potchefstroom: Keurkopie.

Whiteside, A. & Sunter, C. 2000. *AIDS for demography and policy in Southern Africa*: Pietermaritzburg: University of Natal.

Wikipedia. 2015. *Ottawa Charter for Health Promotion.* 1986. Available: http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf as well as Wikipedia, 2015:1. (Accessed 2015/10/19).

World Health Organization. 2014. *Eliminating forced, coercive and otherwise involuntary sterilization - An interagency statement.* Geneva: WHO Press.

Zastrow, C.H. 2006. *Social work with groups. A comprehensive workbook*. 6th ed. CA: Thompson Brooks/Cole.

11. APPENDICES

11.1 Appendix A: Ethics

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

21 July 2014

Dear Prof Lombard

Project:	**Evaluation of the Soul City HIV and AIDS Social Intervention Programme for the youth in the Northern Cape, South Africa**
Researcher:	**A Le Tape**
Supervisor:	**Dr CL Carbonatto**
Department:	**Social Work and Criminology**
Reference number:	**12120554**

Thank you for your response to the Committee's correspondence of 3 June 2014

I have pleasure in informing you that the Research Ethics Committee formally **approved** the above study at an *ad hoc* meeting held on 21 July 2014. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should your actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

Prof. Karen Harris
Acting Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: karen.harris@up.ac.za

Research Ethics Committee Members: Dr L Blokland; Prof M-H Coetzee; Dr JEH Grobler; Prof KL Harris(Acting Chair); Ms H Klopper; Dr C Panebianco-Warrens; Dr C Puttergill; Prof GM Spies; Dr Y Spies; Prof E Taljard; Dr P Wood

11.2 Appendix B: Permission to do research on the SOUL CITY PROGRAMME in the Northern Cape

SOUL CITY INSTITUTE
HEALTH & DEVELOPMENT
COMMUNICATION

Soul City NPC

Company Reg. No. 1995 / 010944 / 08 • NPO Reg. No. 012-983 NPO

1st Floor, Dunkeld West Centre, 281 Jan Smuts Avenue, Dunkeld West • PO Box 1290, Houghton, 2041, South Africa
Tel: +27 11 341-0360 • Fax: +27 11 341-0370
Email:soulcity@soulcity.org.za• Website:http://www.soulcity.org.za

27 August 2013

To: Andre   Le Tape
Enquiries: Renay Weiner
Contact No: 0832884375
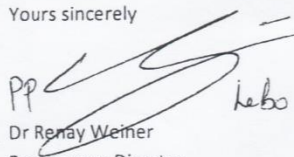
Dear Sir/Madam

Re: Permission to do research on the SOUL CITY PROGRAMME in the Northern Cape

This letter serves to give permission to Mr. A. Le Tape of the University of Pretoria to do his doctoral research on the program and activities of Soul City regarding the youth in the Northern Cape Province. The research will assist Soul City in evaluating and strengthening its interventions in the Northern Cape that aim to promote health of youth.

For further information do not hesitate to contact me.

Yours sincerely

Dr Renay Weiner
Programme Director
Soul City Institute

Directors:

Y Carrim (Chairperson), L L Ramafoko (CEO), J Broomberg, N Bulbulia, C Carolus, K Hofman,
K Kahn (Deputy Chairperson), T K Maslamoney, H Saloojee, E M Strydom (CFO)
Company Secretary: G Padayachee

11.3   Appendix C: Letter of informed consent for youth participants

Faculty of Humanities

Department of Social Work & Criminology

LETTER OF INFORMED CONSENT FOR YOUTH PARTICIPANTS

Section A: Research information

Dear participant,

Research Title:
Evaluation of the Soul City HIV and AIDS Social Intervention Programme for the youth in the Northern Cape, South Africa.

Purpose of study:
The purpose of the study is to evaluate the content, implementation and applicability of the Soul City Social Intervention Programme with regard to HIV and AIDS targeted at the youth in the Northern Cape Province within the context of the ecosystems perspective.

Procedures:
You will be expected to complete a questionnaire focusing on your needs from the Soul City social programme, how often people in the community participate in the programme and also how effective you consider the Soul City programme to be. It will further be expected of you to complete the survey individually within a group context. You can also ask the researcher any time if you need clarity about any question.

Confidentiality:
The data collected, which includes the completed questionnaire, will be archived in the Department of Social Work and Criminology, University of Pretoria for 15 years. Your identity will remain anonymous. The data collected will be reported in the research report and in scientific journals, but will not include any information that can identify you or any participant in this study. Your identity will not be disclosed unless required by law.

Voluntary participation:
Your participation in this study is voluntary and you may refuse to answer any question or discontinue involvement at any time without incurring any negative consequences. Furthermore, the data will be destroyed should you choose to withdraw from the study.

If you agree to the above, please sign the next page.

Kind regards
Mr. Andre Le Tape Researcher
Section B: INFORMED CONSENT FORM FOR YOUTH PARTICIPANTS

I, _____ (Full name and surname of participant) hereby acknowledge that I have been informed about the research study. I am aware of what is required of me as a participant. I have read and understand how the research process will be followed. I have asked the relevant questions I may have had and I am aware of the confidential nature of the study. As a participant I also understand that my identity will be kept anonymous. Finally, if at any point I choose to withdraw from the study I understand I will not suffer any negative consequences.

Please complete the form below:

I have read and understood the purpose of this study. The researcher has explained the study to me, and provided me with a copy of the research information sheet.

Participant:

Name and Surname: _____

Date: _____

Signature: _____

Researcher:

The researcher has explained the study to the participant, and provided him/her with a copy of the research information sheet.

Name and Surname: Andre Le Tape

Date: _____

Signature: _____

11.4   Appendix D: Letter of informed consent for field workers

<div align="right">

Faculty of Humanities
Department of Social Work & Criminology

</div>

LETTER OF INFORMED CONSENT FOR FIELD WORKERS

Section A: Research information

Dear participant

Research title: Evaluation of the Soul City HIV and AIDS Social Intervention Programme for the youth in the Northern Cape, South Africa

Purpose of study:
The purpose of the study is to evaluate the content, implementation and applicability of the Soul City Social Intervention Programme with regard to HIV and AIDS targeted at the youth in the Northern Cape Province within the context of the ecosystems perspective.

Procedures of study:
You will be expected to participate in a semi-structured interview in which you will be expected to provide your views related to the formulation, implementation, monitoring and evaluation of the Soul City programme. Before the interview commence, you will be requested to sign a consent form to participate in the study and know that an audio recording will be made of the interview.

Confidentiality:
All data collected, including the audio recordings and the transcribed interviews, will be archived in the Department of Social Work and Criminology, University of Pretoria for 15 years. Your identity will remain anonymous. Furthermore, the data collected will be reported on in the research report and in scientific journals, but will not include any information that can identify you or any participant in this study. Your identity will not be disclosed unless required by law.

Voluntary participation:
Your participation in this study is voluntary and you may refuse to answer any question or discontinue involvement at any time without incurring any negative consequences. Furthermore, the data you share will be destroyed should you choose to withdraw from the study.

If you agree to the above please sign the next page.

Kind regards,

Mr. Andre Le Tape
Researcher

Section B: Consent form for field workers

I, _____ (Full name and surname of participant) hereby acknowledge that I have been informed about the research study. I am aware of what is required of me as a participant. I have read and understand how the research process will be followed. I have asked the relevant questions I may have had and I am aware of the confidential nature of the study. As a participant I also understand that my identity will be kept anonymous. Finally, if at any point I choose to withdraw from the study I understand I will not suffer any negative consequences.

Please complete the form below:

I have read and understood the purpose of this study. The researcher has explained the study to me, and provided me with a copy of the research information sheet.

Participant:
Name and Surname: _____
Date: _____
Signature: _____

Researcher:
The researcher has explained the study to the participant, and provided him/her with a copy of the research information sheet.

Name and Surname: Andre Le Tape
Date: _____
Signature: _____

11.5   Appendix E: Evaluation of Soul City HIV and AIDS programme

F			

Evaluation of the Soul City HIV and AIDS Programme for the youth in the Northern Cape, South Africa

Dear research participant

This questionnaire is aimed to focus on your needs regarding the Soul City Programme (SCP), how often youth in your community attend and use the programme, and lastly, your opinion regarding the effectiveness of the Soul City Programme aimed at young people in relation to HIV and AIDS**.**

Instructions: *Please write your answer to a question in the shaded space provided or indicate your answer with a circle around the appropriate number in a shaded box.*

SECTION A: PERSONAL(biographic) DETAILS

1.   Indicate your gender?

Male	**1**
Female	**2**
Other (specify):	

A1 [ ]

2.   What is your age in years?

A2 [ ][ ]

[ ][ ]

3.   What is your marital status?

Never married (single)	**1**
Married	**2**
Separated	**3**
Divorced	**4**
Widowed	**5**
Living together/cohabiting	**6**

A3 [ ]

Other (specify):

4. What is your home language?

Afrikaans	**1**	A4
English	**2**	
seTswana	**3**	
isiZulu	**4**	
isiXhosa	**5**	
Other (specify):		

SECTION B: OBJECTIVES OF THE SOUL CITY PROGRAMME FOR THE YOUTH IN THE NORTHERN CAPE

Instructions: *Please circle the appropriate number by using the following codes:*

1   =   Strongly agree
2   =   Agree
3   =   Disagree
4   =   Strongly disagree

1.   After attending some sessions of the Soul City Programme to what extent do you agree with the following statements on whether the SCP succeeded in reaching its objectives? Remember there are no incorrect answers.

TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS	Strongly agree	Agree	Disagree	Strongly disagree		
To reduce risky sexual behaviour amongst the youth through a combination of ways (methods) to prevent the youth from getting HIV infected	1	2	3	4	B1	
To highlight the link between alcohol abuse and new infections	1	2	3	4	B2	
Creating awareness towards making less common (decreasing) the buying of alcohol at illegal places, e.g. taverns that may lead to people fighting, having	1	2	3	4	B3	

366

risky sex and getting infected with HIV					
To reduce dangerous (risky) sexual behaviour among the youth	1	2	3	4	B4
To give youth as parents and caregivers the skills to teach their children how to prevent getting infected	1	2	3	4	B5

C: APPLICABILITY AND RELEVANCE OF THE CONTENT OF THE SCP

Instructions: *Please read the following statements carefully and indicate whether you <u>agree</u> or <u>disagree</u> with the following statements by indicating:*

1	*=*	*Agree, or*
2	*=*	*Disagree.*

	Agree	Disagree	
Do you think the SCP made a permanent (lasting) difference to the lives of the youth in your community (Sustainable interventions)			C1
The SCP promoted the human rights of people infected and affected by HIV and AIDS			C2
The SCP had new ideas on how to face big challenges facing the youth for example HIV and AIDS (Innovation)			C3
The SCP involved all parts/sections of the community or society			C4
The SCP encouraged the fair treatment care and support of all people infected and affected by HIV and AIDS			C5
The SCP promoted the prevention of new HIV infections			C6
Do you have any other recommendations? Please explain?			C7

SECTION D: KNOWLEDGE GAINED THROUGH ATTENDING THE SCP

Instructions: *Please circle the appropriate number by using the following codes:*

1	*=*	*Strongly agree*
2	*=*	*Agree*
3	*=*	*Disagree*
4	*=*	*Strongly disagree*

1.   As a result of attending this SCP, I see the value to me in the following ways

TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS	Strongly agree	Agree	Disagree	Strongly disagree		
I gained more information about risky sexual behaviour that could affect my life	1	2	3	4	D1	
Information could contribute to achieving personal life goals	1	2	3	4	D2	
I gained one or more ideas that I can implement in my life regarding safe sexual intercourse	1	2	3	4	D3	
I learned a new approach to my sexual behaviour	1	2	3	4	D4	
I do not see the effect (impact) of this programme on my life	1	2	3	4	D5	

SECTION E: ATTITUDINAL CHANGE

Instructions: *Please circle the appropriate number by using the following codes:*

1 = ***Strongly agree***
2 = ***Agree***
3 = ***Disagree***
4 = ***Strongly disagree***

1. **By attending the Soul City Programme, I believe…**

TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS	Strongly agree	Agree	Disagree	Strongly disagree		
I was able to learn new ways on how to prevent or handle risky or dangerous sexual situations	1	2	3	4	E1	
I have better knowledge on how to make better decisions regarding sex	1	2	3	4	E2	

SECTION F: PROGRAMME DELIVERY

Instructions: *Please circle the appropriate number by using the following codes:*

1 = ***Strongly agree***
2 = ***Agree***
3 = ***Disagree***
4 = ***Strongly disagree***

1.	**What were some of the characteristics and challenges of participation that you identified during the Soul City Programme?**

TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS	Strongly agree	Agree	Disagree	Strongly disagree	
The youth of the community and the presenter/facilitator treated each other the same as where one is not better than the other (equals)	1	2	3	4	F1
The youth advised or told the facilitator about their personal circumstances when facing HIV and AIDS	1	2	3	4	F2
Time was not enough for most youth to participate in the programme	1	2	3	4	F3
Many youths in the community did not participate because there is often fighting (conflict) in the community during the times when the SCP was presented	1	2	3	4	F4
Programme participants failed to implement decisions taken at the end of the dialogue or programme session	1	2	3	4	F5

2.	**Please indicate whether you <u>agree</u> or <u>disagree</u> with the following statements regarding the SCP presenter by indicating:**

	**1 =	Agree, or**
	**2 =	Disagree**

	Agree	Disagree	
The SCP presenter knew a lot (knowledgeable) about all topics			F6
The SCP presenter made topics clear when we asked him or her questions about it			F7

SECTION G: PROGRAMME CONTENT

Instructions: *Please circle the appropriate number by using the following codes:*

	*1	=	Strongly agree*
	*2	=	Agree*
	*3	=	Disagree*
	*4	=	Strongly disagree*

1.	**Which of the following do you think should be included in the Soul City programme?**

TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS	Strongly agree	Agree	Disagree	Strongly disagree		
Ways/strategies to fight poverty in our community	1	2	3	4	G1	
To help or address the needs of the youth regarding HIV and AIDS needs in my community	1	2	3	4	G2	
Asking and involving important people/stakeholders such as traditional healers to deal with HIV and AIDS in the community	1	2	3	4	G3	
Asking and involving important people/stakeholders such as youth leaders	1	2	3	4	G4	
Asking and involving important people/stakeholders such as religious leaders	1	2	3	4	G5	
Asking and involving important people/stakeholders such as local clinics and hospitals	1	2	3	4	G6	
Youth should be educated or taught to use condoms when being sexually active	1	2	3	4	G7	
To look at the needs of families regarding HIV and AIDS and the youth	1	2	3	4	G8	
Prevention of new infections	1	2	3	4	G9	
Building the ability (capacity) of the youth in the community to fight the further spread of HIV and AIDS through sending them to training institutions	1	2	3	4	G10	
Building the ability (capacity) of the youth in the community to fight the further spread of HIV and AIDS by visiting the community	1	2	3	4	G11	
Building the ability (capacity) of the youth in the community to fight the further spread of HIV and AIDS through talking to various important people/role-players in the community	1	2	3	4	G12	
How to deal with risky/bad cultural habits when it comes to sex	1	2	3	4	G13	
Empowering women with regard to deciding on participating in any sexual activities	1	2	3	4	G14	

2.   **Please indicate whether you <u>agree</u> or <u>disagree</u> with the following statements regarding the SCP topics (content) by indicating:**

1   =   **Agree, or**

2   =   **Disagree**

	Agree	Disagree		
The content of the SCP was right (appropriate) for the youth in my community			G 15	
Content was the same (consistent) as was said when the programme started			G 16	
The topics helped me to get a better understanding of how common (prevalence) HIV is among the youth			G 17	
Topics/content was presented in an organised way			G 18	
Topic (content) was presented effectively and helped us to understand how to reduce or prevent risky sexual behaviour			G 19	

SECTION H: PROGRAMME FACILITATION METHODS

1. **Please indicate whether you <u>agree</u> or <u>disagree</u> that the following were used during the session that was presented to you by indicating:**

   1 = Agree, or
   2 = Disagree

	Agree	Disagree		
An episode from the Soul City television series was shown to us (DVD)			H1	
Explanations of topic was given by talking to us (Oral presentations)			H2	
Pamphlets			H3	
Booklets			H4	
Posters			H5	
Other			H6	

2. **Please indicate whether you <u>agree</u> or <u>disagree</u> with the following statements regarding the way the Soul City programme was facilitated or presented by indicating:**

1 = Agree, or

2 = Disagree

	Agree	Disagree		
Visual aids, e.g. videos or DVDs, were used which made everything in the programme clear to us			H6	
Oral presentations were used which made everything in the programme clear to us			H7	
Hand-outs that were given to us, e.g. pamphlets, booklets etc. made everything in the programme clear to us			H8	
Facilitation methods or the way the programme was presented were right (appropriate) for topics (subject matter)			H9	

SECTION I: GENERAL

1. **Please indicate whether you <u>agree</u> or <u>disagree</u> with the following statements regarding the venue where the programme was presented by indicating:**

   1 = Agree, or

   2 = Disagree

	Agree	Disagree		
Was right (suitable) and appropriate for session			I 1	
The venue was private with no disturbances, e.g. noise			I 2	

2. **Instructions: Please choose one option by circling the number you choose**.

How long do you prefer the programme session should be presented?

Half-day programme	**1**	I 3	
Full-day programmes	**2**		
Multi-day programmes	**3**		

3. **Instructions: Please choose one option by circling the number you choose**.

How long before the time do you need to be informed about the programme for you to

be able to attend?

Less than 1 month	**1**
4 to 6 weeks	**2**
More than 6 weeks	**3**

I 4

4. Instructions: Please choose one option by circling the appropriate number.
How did you get to know about the Soul City programme?

Brochure	**1**
Community leaders	**2**
Friends	**3**
Other	**4**

I 5

5. Instructions: Please write your answer in the space provided below.

How far in kilometres did you have to travel from your home to attend the programme, e.g. 5 km?

I 6

6. Instructions: Please choose one option by circling the appropriate number

How did you get to the place where the programme was presented?

on foot	**1**
Bicycle	**2**
Taxi	**3**
Got a lift from someone	**4**
Donkey cart	**5**
Other	**6**

I 7

7. **Instructions: Please choose one option by circling the appropriate number**.
Overall I would rate the Soul City Programme as:

Excellent	**1**
Good	**2**
Average	**3**

I 8

373

Poor	**4**

Do you have any additional comments or suggestions for future facilitation of programmes and contents? Please write your suggestions below:

_____

_____

_____

_____

Thank you very much for your time and co-operation in answering this questionnaire

11.6 Appendix F: Field workers Interview Schedule

<u>**Field workers: Interview Schedule**</u>

Theme 1: Working experience

How would you describe your working experiences in the Soul City Programme which you have implemented with the youth?

Theme 2: Recruitment
How did you recruit young people to participate in the Soul City Programme?

What were the criteria that you have used to make a final selection of the youth to participate in the Soul City Programme?

Theme 3: Focus of programme
On which aspects of the social environment of the youth does your programme focus?

Can you describe the Soul City Programme you implemented with the youth in sequence (process of programme implementation)?

Theme 4: Types of projects

Describe the types of Soul City projects you implemented with the youth in the community.

Theme 5: Relevant dialogue/series

How did you choose the most relevant Soul City Programme or dialogue that you have implemented with the youth?

Theme 6: Limitations

What do you consider as the limitations of the Soul City Programme when considering the youth as service users?

Theme 7: Evaluation

How do you normally evaluate your programmes?
What do you normally check for when you evaluate your programme?
Describe how you analyse the information (data) that you collect when you evaluate the Soul City Programme.
What do you do with the results after you evaluated the outcome of the Soul City Programme?

Theme 8: Recommendations

Do you have any other comments/recommendations?

11.7 Appendix G: Confirmation of editing letter

Mrs J E de Wet

P O Box 781510

SANDTON

2146

28 November 2016

<u>To whom it may concern</u>

This is to confirm that I have edited the Doctoral thesis entitled 'AN EVALUATION OF THE SOUL CITY HIV AND AIDS SOCIAL INTERVENTION PROGRAMME FOR THE YOUTH: NORTHERN CAPE',

by Andre Le Tape.

Please note that language, style, punctuation, spelling and paragraphing were the only aspects of the work that were edited and that no other alterations were made to the student's content in any way whatsoever.

References were also edited in accordance with the style guide provided.

Yours faithfully

J E de Wet (Mrs)

Tel. 011 802-3548
E-mail jen.dewet@yahoo.com

(Wits), Hons BA (English) (Unisa),
H. Dip.Lib.(Wits),
MA (Information Science (Indexing)(Wits)
English Honours module - Editing: Principles
and Practice (Pretoria)(distinction)
Basic Principles of Public Relations, Public
Relations Management (PRISA)

Member:
Professional Editors' Guild: Past Gauteng Chair & National
Executive; Full Member.
Association of SA Indexers & Bibliographers: Executive Committee & BA
Webmaster
South African Translators' Institute
Academic & Non-Fiction Authors Association of S A
American Society for Indexers
Editorial Freelancers Association (USA)