AN EVALUATION OF A PSYCHOSOCIAL SUPPORT INTERVENTION FOR VULNERABLE CHILDREN

By

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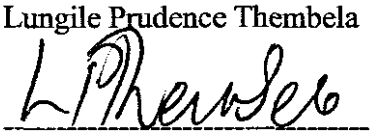
DECLARATION

I declare that the contents of this thesis otherwise specified, represents my original work.

Lungile Prudence Thembela



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This thesis is dedicated to the following:

Community volunteers whom I interviewed for their willing participation and dedication to the children's plight

My dearest husband, Dr Bongani Thembela. His love, support, patience, wisdom, and strength have inspired me to be the best I can be.

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This thesis is dedicated to the communities and children who face adversity on a daily basis. Their courage, tenacity, and motivation have inspired me at a very personal level.

ABSTRACT

This study evaluates two psychosocial support intervention programmes for vulnerable children. Psychosocial support intervention programmes are geared towards strengthening of participation, intergration and cooperation between members of the community. The present study follows upon recommendations by Killian (2003) that more research needed to be done on the effectiveness of psychosocial intervention programmes on vulnerable children. It falls within the framework of a person-centred approach towards primary prevention. This research thesis aimed to explore the community volunteers' experiences on the impact and effectiveness of the psychosocial intervention programmes on vulnerable children.

Twenty four community volunteers were interviewed for this research. Qualitative measures were utilized for data collection purposes. A standardized interview schedule, comprising four open-ended questions was used to elicit in-depth responses from the research participants. To test the appropriateness of the research questions, a pilot study was conducted on eight participants who had been sensitized on this programme and also formed part of the bigger research process.

Data was analyzed using qualitative measures to elicit in-depth responses from the research participants. Based on the themes that emerged from the analyzed data, the evaluation process of these two intervention programmes yielded positive results, in terms of effectiveness and impact on the lives of vulnerable children in the communities. The thematic analysis of the collected interview data showed significantly that all the research participants appreciated the skills offered and learned from participating in the programme. They reported increased confidence in dealing with various psychosocial challenges faced by vulnerable children in their communities. A common theme that emerged in the present study both in the individual and group interviews, was the community volunteer's renewed sense of community participation, belonging and empowerment. From the research participants' responses, this study has managed to meet the aims and objectives of the training programme, to make people rich in their understanding of children who face adversity and difficult circumstances in their lives. Providing community members with a sensitization programme offering psychosocial support to vulnerable children, then becomes a sustainable, empowering and ongoing process for children affected by HIV/AIDS, poverty and violence. The main findings suggest that the community intervention programme offering psychosocial support for vulnerable children is effective and has had a positive impact on the community volunteers.

In terms of values of the community psychology model, this evaluation is meaningful since it shows that community volunteers benefited from participating

in this programme in an empowering way, while gaining valuable skills and disseminating knowledge to vulnerable children in their communities. This thesis offers suggestions for future research on vulnerable children with more emphasis on community poverty alleviation strategies. Finally, it concludes that community oriented programmes offering psychosocial support to children affected by HIV/AIDS, poverty and violence are appropriate and ideal interventions to reduce vulnerability and increase resilience.

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CHAPTER ONE

1.1 Background to the study

The pilot study was a five-day community based intervention programme intended to be holistic and empowering. It had to be disseminated at grass-roots levels in order to make a meaningful difference in the lives of vulnerable children suffering under a high prevalence of HIV/AIDS, poverty and violence in communities. The major objective of such programmes is to lessen the long-term negative effects of HIV/AIDS, poverty and violence on children (Hunter & Williamson, 1998). Another objective is to give children the experience that external support systems exist at the meso-systemic level as described by Bronfenbrenner (1989). This will in turn encourage children to look for and to use other support systems. These children will also be able to ask for help when required, without creating dependency needs (Grotberg, 1997). This approach is based on community development models that emphasize the need to focus on alerting community members to the psychosocial needs of children and then empower them to meet those needs (Madorin, 1999).

Killian (2003) asserts that the basic intention of these programmes is to facilitate community mobilisation through which community members take ownership of their vulnerable children. This view is based on the premise that community programmes need to be community owned. The basic ideology in adopting this approach is one of Ubuntu, an Afrocentric philosophy which sees every individual in a community, child or adult, as the privilege and responsibility of all in the community, with shared goals for survival (Lewis, 1999; Mbiti, 1990). In support of the Ubuntu principle, Oakley-Smith (1991), in Killian, (2003) asserted, "a man is man through others" (p.45).

The original work behind this research thesis began in 2003, when Liz Towell, from SINOSIZO Home Based Care Organization in Durban, contacted the School of Psychology at the then University of Natal now known as University of KwaZulu Natal (UKZN) (Killian, 2003). They had identified the need to develop a training programme to help the volunteers offering psychosocial care to terminally-ill individuals to be more sensitive to the psychosocial needs of vulnerable children in the community. In addition, SINANI, the KwaZulu Natal Programme for Survivors of Violence were requesting assistance to further develop their community based children's programme. It was through working with these two organizations and exposure to the PhD Community Psychology Course Work Programme from the University of Zululand Spearheaded by Professor Steve Edwards, now nurtured by Dr Jabulani Thwala, that the holistic psychosocial intervention programme was conceived and developed in order to meet the needs of vulnerable children. The premise was that ordinary people living under difficult circumstances needed to develop their confidence in order to continue giving to others at an emotional, social and spiritual level. It was hoped that through this intervention programme, the major objective will be achieved (Killian, 2003).

Figures on the devastating impact of HIV/AIDS on children reveals that since the beginning of the epidemic, almost 13 million adults and more than three and half million children have died of AIDS worldwide (Hunter & Williamson, 1998). In addition, 4 million children under the age of 15 have been infected with HIV since the start of the HIV/AIDS pandemic. More than 90% of these infants were born to HIV infected mothers. In Africa, AIDS is one of the leading causes of death among both children and adults worldwide (Foster & Williamson, 2000).These statistics paint an alarming picture of the magnitude of the AIDS orphan situation in the world and particularly in Africa. Many of these children experience a double tragedy. Not only do they have to deal with their HIV infection, but they also have to deal with a wide range of

psychosocial seqeulae that might arise as a result of the HIV infection of either parents or close significant others (Hunter & Williamson, 1998). Among some of the deprivations and vulnerabilities that orphaned children face include: dealing with their parents illness; economic deprivation; lack of schooling because of absence of funds; homelessness; crime; depression; complicated grieving process and the increased likelihood of exposure to HIV infection (Hunter & Williamson, 1998). Although families are under great stress, one sad reality is that the very same extended family that previously provided a cushion and safety-net for orphaned children seems to have collapsed due to the demands placed on it by the HIV/AIDS pandemic. This has resulted in this family resource becoming more fragile and weakened and not being able to provide the on-going support needed by these children (Smart, 2000).

The vulnerabilities of these children are further compounded by the fact that they are cared for by vulnerable families and reside in equally vulnerable communities. To counteract these vulnerabilities, mobilization and coordination of services at a community level is urgently required if we are to effectively address the impact of HIV/AIDS on children, families and communities at large. The major objectives of such initiatives would be to stem the tide of the epidemic, to lessen the long-term negative effects of this disaster on children and the future generation and the alleviation of further human suffering associated with this disease (Killian, 2003). Most researchers are of the opinion that that those children whose families can no longer provide for their basic needs, the community provides the second safety net thus reducing their vulnerabilies and the risk of exploitation in order for them to survive. The ideal solution to the problem of trying to address the problems of children affected by HIV/AIDS, poverty and violence is through programmes and policies that enable families and communities to cope themselves, that is, programmes with a strong capacity building component (Foster & Williamson, 2000).

In response to this pandemic, the pilot study was a five-day community based programme intended to be holistic and empowering. It had to be disseminated at grass-roots levels in order to make a meaningful difference in the lives of vulnerable children suffering from a high prevalence of HIV/AIDS, poverty and violence in communities. The premise behind this psychosocial intervention programme was that both the problems of vulnerable children and most of the solutions lie within the communities in which these children reside. It was therefore important that the communities are mobilized to deal with these challenges, in order to mitigate the impact placed by HIV/AIDS, poverty and violence on children. This community based intervention programme was used as an entry point to the communities in order to enhance their abilities to cope with the problem of vulnerable children. The major objective of such programmes is to lessen the long-term negative effects of HIV/AIDS, poverty and violence on children (Hunter & Williamson, 1998). Another objective is to give children the experience that external support systems exist at the meso-systemic level as described by Bronfenbrenner (1989). This will in turn encourage children to look for and to use other support systems. These children will also be able to ask for help when required, without creating dependency needs (Grotberg, 1997). This approach is based on community development models that emphasize the need to focus on alerting community members to the psychosocial needs of children and then empower them to meet those needs (Madorin, 1999).

1.2 Research problem

The HIV/AIDS pandemic, poverty and violence, presents one but many challenges and adversities that many children in the Sub-Saharan African continent face (Hunter & Williamson, 1998). As a response to this devastation, various psychosocial programmes have been developed and implemented in an attempt to meet the enormous challenge posed by this pandemic in

various communities. This research therefore, endeavours to evaluate such interventions and in the process ascertain their effectiveness in making a meaningful and positive difference in the lives of vulnerable children in various communities. Perry (2004) advocates that regardless of the format of questioning adapted in a study, the researcher should prepare questions that are short, simple and unambiguous. It is stressed that complex vocabulary and jargon should be avoided at all cost. Prosser and Bromley (1998) add that the guidelines of questioning in research be the use of single clause sentences, active verbs, present tense, avoid colloquialisms and ensure readability of questions. An attempt was made to ensure that the present research questions adhered to those guidelines, unless in cases where it was thought that using the present tense would change the intended meaning of the question being posed. The four questions that will form basis for our data collection phase are:

1. Have the participants been able to use anything covered in the programme?
2. What did they find useful in the programme?
3. What, in their opinions, was not useful?
4. What were their individual experiences as volunteers rendering psychosocial support to vulnerable children?

1.3 Justification for the research

Although this study is based on interventions that have been piloted and are known to have been effective, an extensive programme of evaluation is critical so as to measure the impact, and also refine and improve these interventions if need be. This research will also contribute to the vast knowledge of existing research on psychosocial programmes. This will in turn increase community volunteer's confidence in rendering psychosocial support to vulnerable children,

thus maximizing the impact of HIV/AIDS, poverty and violence on the children and their families. Children affected by HIV/AIDS, poverty and violence are faced with an enormous and unique set of challenges, and the need for effective community based child-oriented intervention programmes for these vulnerable children is urgent and long-overdue.

There had been a number of attempts across the country to respond to children that are in distress, including those affected by HIV/AIDS, poverty and crime. Given the scale of the problem, and the well known fact that those hardest hit are also the most disadvantaged, our response was seen as not sufficient enough in communities that were both under-resourced and under-developed. This research thesis forms an integral part of a holistic community based programme to assist vulnerable children living in poverty stricken, violent and high prevalence HIV/AIDS communities in Sub-Saharan Africa. The number of vulnerable children in South Africa has increased at an alarming rate and there is a great need for an effective intervention programme that would address the immediate and future psychological, social and community oriented problems caused by HIV/AIDS, poverty and violence in South Africa. This multi-faceted, four layered approach that was developed with an aim of addressing the psychosocial needs of vulnerable children in affected communities. This approach is based on the ecological framework, which considers the individual as existing within a multi-systemic environment (Bronfenbrenner, 1979).

The basic aim of the present study is to evaluate the effectiveness of two community based psychosocial support intervention for vulnerable children and their impact. It is a sequel to research by Dr Kurt Madorin, a Tanzanian, who developed and used such a programme with vulnerable children, as well as Dr Killian, Clinical Psychologist based at the University of KwaZulu Natal, School of Psychology, Pietermaritzburg Campus. These programmes were

various combined interventions drawing together expertise and experience from a variety of sources, pooling existing knowledge in terms of working effectively with children and communities (Killian, 2003). The researcher of this present study was deeply involved in the facilitation of a pilot study of this programme in two targeted areas around Pietermaritzburg in 2003. The pilot study of this programme also formed part of the present researcher's community project during the first year study towards her Masters in Clinical Psychology degree (M1) in 2001. In community psychology terms, the present study falls within the framework of the person-centred approach towards primary prevention. In such approaches the focus is on a particular community rather than the society as a whole. As a facilitator in this programme, the researcher of the present study took primary and ethical responsibility for the well being of the children, as well as volunteers who were apprenticed during the programme, in the therapeutic skills required to work with vulnerable children. It became clear that there was a need for a thorough evaluation to assess the programme and its impact on volunteers rendering psychosocial support on vulnerable children. Experience has shown that the difficulty associated with many programmes which aim to address psychosocial needs of vulnerable children, is lack of ongoing support. This formed the basic motivation for the present psychosocial interventions programme evaluation. Psychosocial support is clearly essential for vulnerable children to enable them to feel cared for, accepted and belong to a social group (Grollman, 1995; Killian, 2003).

Various authors within the field of psychology have called for a greater understanding of the impact of HIV/AIDS, poverty and violence on children in order to assist them more effectively. Foster and Williamson (2000), for example, point out that little focus and attention has been paid to the psychosocial needs of vulnerable children affected by HIV/AIDS, poverty and violence.

1.4 Methodology

For the purposes of this present study, qualitative measures will be used to evaluate these interventions. Data will be gathered mainly from two (2) sources: one on one interview; group interviews (focus group). These interviews will be later used for data analysis purposes to elicit the themes that have emerged. A standardized interview schedule consisting of four (4) open-ended questions will be utilized for data collection purposes. Thematic analysis will be used as a data analysis unit to elicit emerging themes from the gathered data.

1.5 Outline of the study

The chapters of this dissertation are organized as follows:

Chapter 1 firstly, discusses the background to the present study. Secondly, it goes on to describe the research problem pertaining to the study. Thirdly, this chapter justifies the rationale behind the present research. Fourthly, it explores the methodology utilized in the data collection phases of the research process. Lastly, the definitions in the study, delimitations, and the value of this present study are also examined.

Chapter 2 examines Bronfenbrenner's ecological framework on child development. In this chapter the impact of HIV/AIDS and other risk factors (poverty and violence) on children in South Africa will be explored in detail. Programme evaluation strategies will also be discussed.

Chapter 3 outlines the characteristics and dynamics of the target communities, Trustfeed, outside Pietermaritzburg, and Sweetwaters in Pietermaritzburg-in which the intervention

programmes were undertaken. In this chapter, a fairly detailed description of the aims of the present research, its design, and research procedures, and the research questions utilized in the present study is provided. The data collection process, the instruments used and their translation, will also be discussed.

Chapter 4 provides an analysis of the data that has been collected using qualitative approaches undertaken to evaluate the efficacy of the psychosocial intervention programmes, with particular reference to the examination of its impact on the quality of life of vulnerable children.

Chapter 5 this chapter highlights conclusions drawn from embarking on this study and recommendations for further research are made. In this chapter, the strengths of the study will also be highlighted.

1.6 Definition of terms

Programme evaluation- is the systematic collection of useful information about the characteristics, activities, and outcomes of intervention programmes, that makes judgements about the programme's effectiveness, and/or inform decisions about future programming.

Psychosocial support is offered to children living in vulnerable circumstances to enable them to feel cared for, accepted and to belong to a social group. It has been defined as an ongoing process of meeting the emotional, social, mental, and spiritual needs, all of which are considered essential elements of a meaningful and positive human development. It goes beyond meeting children's physical needs. It places great emphasis on children's psychosocial and emotional needs and their need for social interaction.

Volunteer is an individual who gives their time or expertise without any form of monetary payment. At times they may be given some stipend as an incentive for providing an essential service but this is not mandatory. This person plays an important caretaking role for vulnerable children. She provides all aspects of care and responsibility for children under her care (Human Sciences Research Council, 2004). Within the context of the present study, they provide psychosocial support and development to vulnerable children in their communities.

Child- is primarily defined by age, with most common agreement being 18 years. In some cases this was increased to 21 years. Ultimately it was felt by some people to depend on the period of dependence of the child on the parents or caretakers of the household (HSRC, 2004). The period of dependence could be extended by many situations, including unemployment, studying, physical or mental handicap or in cases of severe illness where this dependence could be extended (HSRC, 2004).

Vulnerable children-vulnerability is much more difficult to define. It is not an absolute state. There are varying degrees of vulnerability, depending on the situation of the child. There are a number of factors that contribute to a child's vulnerability. Each of these could add to the cumulative load that the child carries. World vision (2002) listed some identities, such as children who live in a household in which one person or more is ill, dying or deceased; children whose caregivers are too ill to continue to look after them; and children who live with very old or frail caregivers. These categories focus on factors related to HIV/AIDS. There is also an entire set of variables that needs to be considered in relation to general aspects of the children's contexts, such as poverty, access to shelter, education and other basic services, stigma-all these factors could impact negatively on a developing child and influence vulnerability. Vulnerability can also mean those children who have special needs due to their life circumstances. Some of

them have been affected or are infected with HIV/AIDS, or other poverty related illnesses, affecting them or their families; extreme poverty, child abuse, or neglect; or some form of adversity. This term refers to all those children with special needs that their families cannot meet for a variety of reasons. The community context in which the child lives also influences vulnerability.

Orphan-This term has its own difficulties, since it has no implicit definition or clear statement of inclusion or exclusion. It therefore, works as a theoretical construct, but requires explanation and definition. UNAIDS defines an orphan as a child under 15 years of age who have lost their mother (maternal orphan) or both parents (double orphan) to AIDS. Some researchers increase the age to 18 years, but most appear to rely on the UNAIDS definition. The most accepted definition of an orphan is a child who has lost both parents through death.

1.7 Delimitations of the study

A number of limitations are important to consider when examining the results and implications of this research. First, our sample was very limited in terms of racial or ethnic diversity of our research participants. Therefore, our results may not used to generalize to certain groups of people that were not included in the study. It important to acknowledge that our sample was based mainly on convenience, and is thus not very representative of the entire culture. As a result we cannot make sweeping generalization statements about collectivized individual behavior, this is both demographically and socio- economically. Doing so would be ignoring the tremendous behavior diversity and variability that each culture is likely to have and bring to other cultures. Conducting studies among a rural population obviously has a number of limitations and constraints. Besides the limitations of local resources, there were problems of concepts, sampling, measurements techniques, and a host of epidemiological questions which

had to be answered. Because of these inherent constraints, the research procedure had to be limited to a few items, and the methodological techniques had to be relevant to the socio-cultural setting.

In a developing country like South Africa, where the illiteracy levels is relatively high, self reporting methods for example, may not be suitable, and should therefore not be considered. Alternative and simpler instruments may be more appropriate. This study had several potential limitations reflective of the difficulties inherent in conducting population based research within a developing country such as South Africa. The reason for this is because South Africa has a culture that is so vastly different from a culture of other well developed countries like United States Of America (USA). While we believe that the precincts sampled are reflective of the impact of community based intervention programmes generally, we cannot be certain that the sample is truly representative of the country's overall population. Because our sample was drawn exclusively from only two areas in Pietermaritzburg, it may not truly reflect other community based intervention programmes in other rural and urban areas not evaluated. This is mainly because these two areas have somewhat totally different cultural traditions. The sample was 100 % Black, therefore, results may not be generalizable to other racial groups, including vulnerable children from other black cultures outside South Africa, with their diverse ethnic groups and traditions that are different from those that are practiced here in South Africa. A more representative sample would have provided an opportunity to examine intervention programmes across the wider racial divide.

An additional limitation of this study was the skewed gender distribution of our sample. All our research participants were females, thus information and findings derived from this study may not be generalized to the wider population of male experiences. A more gender balanced sample

may have yielded different findings. Maybe future researchers need to replicate this study using a more heterogenous sample, for both generalizability and understanding of effectiveness of intervention programmes on vulnerable children.

1.8 Value of research

Although this study is based on interventions that have been piloted and are known to have been effective, an extensive programme of evaluation is critical to measure the impact, refine and improve the value of these programmes if it need be. This research will also contribute to the vast knowledge of existing research on psychosocial programmes. This in turn will help community volunteers develop confidence in rendering psychosocial support to vulnerable children, thus maximizing the impact of HIV/AIDS, poverty and violence on children and their families.

1.9 Conclusion

This chapter laid the foundation for the present study. It began by briefly giving the background to the study. It introduced the research problem and research questions. Then the research was justified, the methodology was briefly described and justified, the study was outlined, definitions were presented, the delimitations were given and value of the research was also provided.

CHAPTER TWO

RESEARCH ISSUES

This chapter presents a theoretical and contextual foundation of the present study. Since this study is based on Bronfenbrenner's ecological framework, his theoretical perspectives on child development will be examined in this chapter. An attempt will be made to put his orientation within the context of clinical practice versus research in terms of its advantages, disadvantages, and usefulness. The previous chapter briefly discussed the impact of HIV/AIDS on children. This chapter aims to examine in detail, the impact of HIV/AIDS and other risk factors on children in South Africa. This will include discussion of the following factors pertaining to children's vulnerability (vulnerable children); children's basic needs; definition of children affected by HIV/AIDS; how children cope with parental illness; the impact of parental death; disruption of their attachment; effects of poverty on children; effects of violence on children; risk and resilience on children; the role of caregivers and other external support systems in mediating the effects of HIV/AIDS, poverty, and violence on children. Lastly, since this study aims to evaluate a psychosocial intervention programme on vulnerable children, it is, therefore, appropriate and crucial to discuss programme evaluation strategies.

Numerous authors (Cicchetti & Lynch, 1995, in Stockhammer, Salzinger, Feldman, Mojica & Primavera, 2001) have discussed the role of human ecological framework for understanding the impact of adversity on child development. This framework is based on Bronfenbrenner's (1979) pioneering work. Bronfenbrenner developed a theoretical perspective that looked at the developing person and his/her environment, particularly with reference on the interaction between a person and the environment. Bronfenbrenner (1989), sees a growing person as a

dynamic and active participant not just a tabula rasa-a blank slate waiting to be written upon.

Many theories of human development tend to focus mainly on the individual, his/her abilities, personality, and behaviour, other theories focus on the environment. Bronfenbrenner's theory, on the other hand, focuses on how the environment influences behaviour (Bronfenbrenner, 1979; Bronfenbrenner, 1989). This theory looks at the individual in various settings, as well as the relationship between settings. This ecological model of community psychology focuses on the person-environment interdependence and adjustment, recycling of resources and succession through constant dynamic community change (Edwards, 1999). Bronfenbrenner (1989) conceptualizes the individual as existing within the broader ecological environment. He postulates that the connections between other people within settings and the nature of these links are as important as the environment itself. Bronfenbrenner (1979) emphasizes the interconnectedness between settings and within the settings in which the developing person exist.

For Bronfenbrenner (1979) human development requires the examination of a number of multi-person systems, the interaction between them and the effect these systems have on the individual's development and behaviour. Bronfenbrenner (1979, 1989) views this interaction as two-directional and reciprocal at the same time. Most importantly, for this author how a person perceives the environment, the interpretation of events and how he/she makes sense of his/her role in it, is important. A strong point of view is not just the presence of a stressor that results in an individual's failure to adjust, but rather how that particular individual's interpretation of those stressors that is important. In support of this view, Kurt Lewin (1951) a recognized pioneer of this model in his formula $B=f(P.E.)$ i.e. behaviour is a function of person-environment relationships (Orford, 1992). If people and their environment are interdependent in

determining behaviour, this means that people are a function of their environment and /or the environment is a function of people.

Unlike Piaget's (1977) teleological theory of development, that advocates that all children develop towards moral and formal operation stages. Aldridge and Sexton (1997) discard the teleological perspective and suggests that all individuals are unique depending on the context and characteristics. Piaget's (1977) theory of development is more sequential, and focuses on universals, that is, what all children have in common, a useful perspective one looks at developmental issues common to all children (Beilin, 1992). The sequential nature of theories such as Piaget and that put forward by Erikson, has been highly criticized for their narrowness and exclusivity. Bronfenbrenner, is not concerned with commonalities between individuals nor their differences, he focuses on the individual's uniqueness and contextual factors, other theories have paid less attention to this aspect (Beilin, 1992). An advantage with Bronfenbrenner's theory of development is that it does not focus on one element of a child's development like other theories, instead it focuses broadly on the intra and intercontextual development (Aldridge & Sexton, 1997). Another factor that makes Bronfenbrenner's theory more useful is that, it focuses on ongoing child and family dyad, not only during early infancy and childhood, but looks at the individual throughout the life span (Thomas, 1992). He examines how a child develops over time and across different contexts.

When evaluating developmental theories, it is important to consider just how useful the theory is in practise. Bronfenbrenner's framework has been used in a variety of settings, such as, mobilization of parental involvement in school–related issues, encouraging participation in family-oriented and family-driven interventions, family and community empowerment, and is relevant and useful. Bronfenbrenner's ecological theory have played an important role in both

research field and facilitated the development of various child-centered interventions. In support of this assertion, (Aldridge and Sexton, 1997) points out that by looking at the interactions between the developing individual and the setting, this theory of child development have formed a foundation for child education and early intervention. Even now in the 21st Century, Bronfenbrenner's theory still holds true in terms of addressing the needs of children world-wide. Whilst it is true that other theories hold the Western world view in their approaches, and have been highly criticized for that, Bronfenbrenner's theory focuses on the interplay between the context and the child, regardless of the context (Aldridge & Sexton, 1997). It may be argued, therefore, that Bronfenbrenner's theory holds true in all cultures and on all continents, including Sub-Saharan Africa. Moreover, because of its flexibility, generalizability, cross-cultural applicability and its all-encompasing nature, Bronfenbrenner's theory is useful in both clinical practice and research. It is appropriate to then attribute his principles and their contribution in the development of various psychosocial intervention programmes for vulnerable children. This includes the very same programme being evaluated in the present research study.

The environment that children grow up in has a greater role to play in a child's adjustment process during stressful life periods. It can be argued that no child is born with emotional and behaviour problems, but they develop these problems because something is happening to them in their environment. This view is well supported by Crain (1980) and Ohuche and Otala (1981), when they asserted that the environment has a much greater influence on the moulding of societies and societal norms than genetic causes do. They again mentioned that children are not born with behaviour problems, but rather develop those problems because something is happening to them in their environments. An example could be a child who grows up witnessing his/her parents fighting: that child is at a risk of developing aggressive behaviour

problems in early childhood because of modelling that behaviour from adults. This view is also linked to the assertion that behaviour is learned through interaction during the socialization process. Perry et al., (1986) in Lewis and Miller (1990) mentioned that social learning theorists asserted that children like observing adult interaction and then imitating age adult behaviour. Work by Campbell (1990), suggests that a child's family structure and the environment play a crucial role in either maintaining or exacerbating emotional behaviour in vulnerable children. The responsibility of finding out what causes childhood psychopathology and how to remedy those psychopathologies, rests with concerned adults in society. Campbell (1990) also found that there was a link between good interpersonal relationships of adults in communities that children are exposed to and how those affected children turn out emotionally.

2.1 Children's Five Basic Needs

Many children in South Africa do not have their needs met, partly because people are not aware enough about the issues that could be presenting huge challenges for children. Training of community volunteers helps to raise awareness of various psychosocial issues faced by vulnerable children in the communities. The aim was to conscientise community volunteers to advocate for the children's in their day to day lives (Killian, 2003).

2.1.1 Physical needs-According to Killian (2003), children have many physical needs which include material/financial needs for clothing, shelter, school basic survival needs such as food, health care and hygiene. The simple provision of financial and physical needs is simply not sufficient enough for children to grow into healthy, and well-adjusted adults in future. The physical needs often appear to be the most urgent basic need. But the emotional needs of children who have lost a parent or both should not be forgotten. Having a parent become sick

and die is clearly a major trauma for any child, and may affect them for the rest of their lives (Madorin, 2001).

2.1.2 Emotional needs-Children need to love and be loved and a sense of belonging to society. Children are also viewed as needing a voice to be heard and to feel that they are important and valued in their communities. The basic sense of being a worthy individual who is important to those who love you, is an essential part of being a human being (Killian, 2003).

When GOD spoke about human beings being distinct from animals, HE was primarily referring to these emotional needs to have others love us and accept us and for us to reciprocate these feelings. When children are distressed in any way, their emotional needs become critically important (ibid). Various activities that support orphans and vulnerable children need to do more than simply meet their physical needs (Killian, 2003). They also need to address their psychosocial needs and needs for social interaction. These are termed psychosocial needs. HIV/AIDS has a wide range of psychosocial effects on affected children, their families and the community at large (Madorin, 2001). There are several important principles for responding effectively to the psychosocial needs of orphans and other vulnerable children. These have been identified from practical experience in dealing with vulnerable children in different family and community contexts. One of the most important of these principles is that children are best cared for in their own communities. Institutions are particularly poor at providing for the children's psychosocial needs (Madorin, 2001). Children affected by HIV/AIDS, poverty and violence may have particular psychosocial needs. Psychosocial support has been defined as an ongoing process of meeting emotional, social, mental and spiritual needs of vulnerable children, all of which are considered essential elements of a meaningful and positive human development. It goes beyond meeting children's physical needs (Killian, 2003; Madorin, 2001).

It places great emphasis on children's psychosocial and emotional needs, and their need for social interaction. Orphans and other vulnerable children require psychosocial support because of the trauma and stress they have experienced in their lives. Parental illness, parental death, poverty and violence are the main causes of emotional trauma for children. The premise behind this approach is that children who nurse their dying parents and watch them die are at risk of psychological trauma unless they receive adequate psychosocial support (Madorin, 2001).

2.1.3 Social needs-On the social learning theory, John. B. Watson shared Locke's views that the child was a blank slate on which experience writes on. He held that a child learns to be what he/she becomes, usually in a social context (Killian, 2003). He believed that with the correct techniques anything could be learned by almost anyone. In support of this view, another theorist Albert Bandura, accepted the idea that conditioning, reward and punishment all contribute to social development. Children learn by observation, he argued, and all type of learning can take place without any direct reward or punishment at all (Kail & Wicks-Nelson, 1974). Humans are also social beings, they have to live among others. No man is an island. We need to feel that we belong in our families, and our communities, that we form part of a cultural group and national group (Mota, 1997). This basic need to feel as if we belong gives us a sense of identity and belonging. This is more linked to the concept of ubuntu which characterizes life within the African communities (Milford, 1999). According to the ubuntu ethic, the individual is encouraged to achieve but never at the cost of his/her fellow community men. Within this way of life, there is a strong feeling of solidarity, reciprocity, and maximum cooperation through which cultural identity is formed and maintained. Odetola and Ademola (1987) described the traditional African way as strongly characterized by feelings of togetherness, coupled with strong emotional ties. The African value of being human boils down to "I am because you are" (Mota, 1997). In the African viewpoint "man is not man on his own", the individual gains

significance from and through relationships with others in the community. Within the African Zulu context the phrase "umuntu ungumuntu ngabantu" that is, a person is a person because of other people is very common (Gambu, 2000). In African culture the individual exists in relation to other people in the community.

2.1.4 Cognitive needs-There are three main categories of cognitive needs: (i) formal education where we are taught from infancy what we need to know and then attend school to help us to survive within an industrialized society; (ii) informal education where we learn by observing others, their reactions and also learning what it takes to be part of particular community setting; (iii) general life skills and general knowledge (Killian, 2003). This is linked to the notion that behaviour is learned through interaction during the socialization process (Owens, 1993).

The cognitive theory of Piaget focuses more on the development of thought processes (reasoning) and stresses the child's active role in determining his/her developmental level. Each stage is associated with the development of certain kinds of behaviours and reasoning strategies (Wood, 1981). Piaget was primarily interested in the interaction of biological maturity and environmental experience. He emphasized that these two forces worked together to cause most developmental changes observed in children. An important aspect with this theory is that it is holistic. That is, in Piaget's theory, cognitive and social development was closely linked. Piaget did not believe that adult teachings or other environmental influences alone shape children's thinking. In Piaget's view the environment is important but only partly so. The environment nourishes, stimulates, and challenges children, but children themselves build cognitive structures (Crain, 1980). Like Rousseau, Piaget thinks learning is a process of active discovery and should be geared to the child's developmental stage. For Piaget, true learning comes from

the child and is not something handed down by parents or teachers. His second fundamental concept is that children think differently from adults, they do not merely know less, but they think in an entirely different way (Crain, 1980; Kail & Wicks-Nelson, 1974).

2.1.5 Spiritual needs- It is through our belief in the Higher Being that we develop a sense of hope in the future. Being able to pray in times of hardship enables us to cope and deal better with life's challenges. It gives us a sense of purpose and also enables us to think beyond the hardships of the present life circumstances to a life hereafter (Killian, 2003). This aspect is seen as more crucial in the context of the present study of evaluation of a psychosocial support programme for vulnerable children. Without spiritual support most of the children would have ended up not being able to cope and survive the escalating scourge of HIV/AIDS, poverty and violence (Madorin, 2001).

2.1 HIV/AIDS pandemic in Sub Saharan Africa

HIV/AIDS is an illness like no other and its devastating effects are felt worldwide (Whiteside & Sunter, 2000). To date more than 60 million people worldwide have been infected with the HIV virus since its discovery. An estimated 28, 9 million people have died from AIDS related deaths since the beginning of the epidemic. With almost 14,000 new infections per day, AIDS is the fourth leading cause of death globally including in the Sub-Saharan Africa (USAID, 2003). Approximately 90% of people living with HIV/AIDS live in the developing countries, with 70% of those people living in Africa (Guest, 2001; USAID, 2003). Sub-Saharan Africa has been described as the epicentre of the virus because its statistical figures have the highest number of people living with HIV/AIDS. For Africa, HIV/AIDS is deadlier than war or any other disease, and continues to sweep through the entire continent, tearing apart households,

leaving millions dead along its path (Guest, 2001; HSRC, 2003). In South Africa, KwaZulu Natal has been projected as the highest hit province, and the HIV/AIDS prevalence is on the increase. According to Guest (2001), Whitehead & Sunter, (2000), Africa is home to 95% of the entire world AIDS orphans and this rate continues to increase at an alarming speed. Reports predict that South Africa will have 2, 5 million orphans by 2010 (Whiteside & Sunter, 2000). These predictions are based on the number of already existing infections, these figure may change, but only time will tell. Children are a particularly vulnerable group among those affected by the HIV/AIDS crisis, poverty and violence.

From the statistics mentioned above, it is clear that the number of HIV/AIDS orphans in our province, KZN is on the increase, this puts an immense challenge for the province with regards to meeting the psychosocial needs of these vulnerable children. South Africa is facing a crisis of massive proportions due to HIV/AIDS, poverty, violence and the dwindling economic strength. Nearly three-fourths of the South African people live in poverty. These figures paint a very grim picture for Africa, to date there is no cure nor a vaccine for this disease, as a result very few South African children, families and communities can claim to be unaffected one way or the other by this HIV/AIDS pandemic (Guest, 2001).

As a result of the HIV/AIDS pandemic, the care of millions of orphaned children is a matter of immense and urgent concern (Loening-Voysey &Wilson, 2001). Traditionally, a child's basic needs were met by an extended family, which provided a secure and protective environment in which a child could develop. The death, from HIV/AIDS, of productive adults have left millions of children without primary caregivers, forcing them to either become caregivers themselves or needing care from significant others in the community. This has placed a tremendous strain and burden on the extended family especially on grandparents and older

siblings who have to take on new roles as caregivers with limited or no resources at times. It is crucially important therefore, that the care of orphaned and vulnerable children be enhanced by providing needed support and guidance to caregivers for the benefit of the children at a community level. Serious concerns have been raised over the quality of care received by orphaned children in alternative care (Chisholm, 2000; Lis, 2000). The implications of millions of poorly adapted children developing into poorly adapted adults is highly predicted.

2.3 How children are affected by HIV/AIDS

HIV/AIDS is not new, in many areas of KwaZulu Natal (KZN) communities have been living with AIDS for more than 20 years (Erskine, 2005). But unlike most other diseases, the HI virus attacks prime age adults and this has a number of implications for society, one of which is increased morbidity and mortality among the workforce (Erskine, 2005). South Africa has one of the fastest and highest HIV infection rates in the world (Shisana & Simbayi, 2002). The estimated adult prevalence of HIV among the 15-49 age group in 2001 was 20, 1% (UNAIDS, 2002). In South Africa, HIV infection is highest among women between the age of 15 and 35. Why? The gender inequality between men and women, particularly when negotiating sexual relations, makes women vulnerable to being infected with HIV/AIDS than men (Tapper, 1998). HIV/AIDS can affect children in many different ways besides being orphaned by it. Because of the HIV/AIDS pandemic, there are an overwhelming number of orphaned children needing care and nurturing from their families and communities.

The 2002 HSRC study of HIV/AIDS (HSRC, 2003) found that 5.6% of South African children between the ages 2-14 years old are HIV positive. Most of them are infected through mother to child transmission (Brown & Lourie, 2000). A number of children are also infected through

sexual abuse and rape (Stolar & Fernandez, 1997). Furthermore, many children live in HIV/AIDS afflicted households, that is, households that have directly experienced the impact of the epidemic. This is when one of the household members is either ill, has died from the illness or the household has lost income or support due to illness for this disease (Sher, 1995). In some cases it is when an orphan joins the family because of HIV/AIDS related death of both parents.

The effects of HIV/AIDS have far reaching consequences and leave many children with unfulfilled and unmet social, educational and health needs (Barnet & Blaik, 1992; Sher, 1995). HIV/AIDS, poverty, and violence are brutal escalators of other cruelties which the majority of children in the Sub-Saharan African continent endure in their childhood (UNICEF). Massive populations of families and children are displaced and often separated because of ongoing conflict in the African region. Millions more have been injured, disabled, orphaned and died in armed conflict. They are at times raped by soldiers and infected with the HIV virus and are sometimes made to watch their mothers and sisters raped and their families murdered. This tends to leave these orphaned children with serious long-term psychological scars if left unattended, further confirming why they should receive ongoing psychosocial care.

2.4 The effect of parental HIV/AIDS related illness on children

One of the direct ways that HIV/AIDS has affected children is by impacting on the effectiveness of parenting. Children are affected by HIV/AIDS in ways that can diminish their childhoods and as a result limit choices and opportunities for successful survival throughout their lives (Lyons, 1997). It us estimated that about 85% of women with AIDS are of reproductive age at the time of diagnosis and the majority of these women already have children (Miller & Murray, 1999). This means that many parents are contracting the HIV virus either

before or after having their children and often fall ill while their children are still relatively young. The unpredictable course of the illness exacerbates the situation even further because parents spend long period of time away from their children either due to hospitalization. Miller & Murray (1999) point out that with HIV positive mothers, this bond is jeopardized very early in a child's life because infected mothers are discouraged from breastfeeding their infants, depriving an infant and the mother of that close physical and emotional bond. In poor socioeconomic circumstances, breastfeeding provides an infant with the best chance for optimum growth and survival. These prolonged periods of absences make it extremely difficult for them to meet the emotional and physical needs of their children on consistent basis (Miller & Murray, 1999; Wild, 2001).

Due to the parents poor health many children end up missing out on usual child and family activities and their parents are unable to care for their children. At times these ill parents may never get a chance to watch their children grow into mature adults. This in turn robs the children of an opportunity to form parent-child bonds because of the illness. The death of a parent, both parents or guardians because of HIV/AIDS can also rob a child of emotional and physical support that defines and sustains childhood. It leaves a void where parents or guardians once provided love, protection, care and support. Since HIV is often but by no means always transmitted sexually, children are likely to lose both parents to HIV/AIDS.

When parents die, someone is needed to step into parental roles so that children can survive and develop into healthy and productive adults. Grandparents, aunts, uncles and other caring family and community members frequently assume responsibilities for these vulnerable children (Lyons, 1997). However, where the infection rate is high or harsh social and economic conditions exist, adults may be unable to assume the additional responsibilities of these children

affected by HIV/AIDS. Fear, ignorance, discrimination and social stigma associated with HIV/AIDS, in addition to overwhelming demands on caring adults, leave children isolated with their grief and suffering while they helplessly watch their parents or significant others succumb and eventually die from this disease. HIV has found a wealth of opportunities to thrive among human conditions fuelled by poverty, violence, abuse, ignorance and prejudice (Lyons, 1997). In the absence of capable adult caretakers, children themselves take responsibilities for the survival of the family and the entire household (Salaam, 2005). Children assume adult roles as heads of households because there are no alternatives. At times these children are forced to care for their parents and younger siblings who are sick and dying from HIV/AIDS. They work long hours doing household chores, supervising younger siblings and engaging in income generating work in order to support their families (Lyons, 1997; Salaam, 2005; World Bank, 1998). Many quit school and jeopardize their own health and developmental needs to take on roles as parents, nurse and provider (Gaffeo, 2003). Instead of children receiving special care and support, childhood is spent providing care and assistance to the significant others in their families and communities.

These vulnerable children become decision makers, responsible for the social and economic future of their families and fill these roles without the physical and emotional protection, guidance and support that, as children, they deserve (Lyons, 1997; Summers, Kates and Murphy, 2002). They may act like adults, but it cannot be forgotten that these "heads of households" are children, but children whose childhood has been impoverished by HIV/AIDS (Lyons, 1997). In such households, all children are affected. The loss of material, emotional and developmental support from adults exposes children to the distress due to lack of attention, insecurity, fear, loneliness, grief, and despair. It limits the possibility of a successful childhood which in turn, affects the future as adults (Lyons, 1997).

Furthermore, in most cases children with HIV positive parents are faced with the unique and stressful situation of watching their parents or siblings get ill, go through the uncertain clinical course of the illness and then die (Miller & Murray, 1999). A Zambian study that looked at the psychosocial adjustment of young children during parents' terminal illness, revealed that children of terminally ill parents had significantly high levels of depression, anxiety and no motivation to play (Foster & Williamson, 2000). These children are more likely to exhibit various emotional problems at schools through aggressive, difficult or at times withdrawn behaviour. Coping with the emotional stress of being ill and impending death, places a tremendous burden on the parent. A terminally ill parent experiences feelings of guilt at having to abandon their children through death, and they may react by either being overprotective or distance themselves from their children in an attempt maybe to prepare and protect their children in the long-term-after they have died (Wild, 2001).

It is clear that HIV related parental illness not only disrupts the entire family but often imposes new dynamics on the already burdened system. Just as the virus depletes the human body of its natural defenses, it can also deplete families and communities of the assets and social structures necessary for the successful prevention and provision of care and treatment for the person living with HIV/AIDS. This is demonstrated by the estimated 30 million people living with HIV/AIDS, mostly in developing countries (Lyons, 1997).

The impact of HIV/AIDS extends far beyond those living with the virus, as each infection produces consequences which affect the lives of the family, friends and communities surrounding an infected and ill person. The overall impact of the epidemic encompasses effects on the lives of the millions of people living with HIV/AIDS or those who have died. Those mostly affected by HIV/AIDS are children (Lyons, 1997). When children are faced with an ill

parent, it is a very confusing stage for them and they often struggle to make sense of the situation at hand. Words cannot describe the profound sadness of children as they watch their parents, mother of father, or at times both fall ill and succumb to AIDS (Summers *et al.,* 2002). According to recent United Nations estimates, 8 million children have lost their mothers from HIV/AIDS related deaths. In the Sub-Saharan Africa, it is an experience that has been endured by more than 14 million children under the age of 15 years (UNAIDS, 2001; 2002). The effects of HIV/AIDS on children who are orphaned, or families where parents are living with the virus, not only include these calculable losses, but also the immeasurable effects of altered roles and relationships (Lyons, 1997). While the majority of the 2, 3 million predicted HIV/AIDS related deaths this year will occur in developing countries, and this is where 87% of the world's 2 billion children will be trying to grow up (Lyons, 1997).

By year 2010 it is predicted that as many as 40 million children in developing countries will have lost one or both parents to HIV/AIDS. Clearly HIV infection has its greatest impact on children. As Nicholas and Abrams (1992, in Sher, 1995) points out, many children coming from HIV afflicted households are in effect orphaned long before their parents actual death because of watching their parents slowly succumb to the illness. The loss of a parent is terrible enough, but this is often precipitated further by the way society treats these orphaned children, often shunning them, denying them love and care and more often living them with very few resources to utilize. As a result of their inability to cope financially, most of these vulnerable children are forced to drop out of school. For those children who survive longer, for uninfected children whose parents or guardians are incapacitated by HIV/AIDS, for those who are orphaned, childhood can be dramatically shortened in other ways (Lyons, 1997). Circumstances of vulnerable children and their social context in family and community during their childhood can increase the probability they will one day be exposed to, infected by, HIV (USAID; UNAIDS;

UNICEF, 2002).

Another complicated issue facing parents with HIV is whether to disclose their status to their children or not. This includes fears about disclosing their children's HIV status as well. The most commonly mentioned reason for non-disclosure was a concern about the amount of emotional distress that could be caused by disclosing. As Strode and Grant (2001) point out, HIV positive children have significantly high stress levels, deterioration of their health and fears of death. It seems that disclosing a child's or a parent's HIV status is a complicated task that is mostly left uncompleted. Most parents do not disclose for fear and guilt of adding more emotional burden to an already burdened child. However, it is the same secrecy surrounding HIV/AIDS that prevents families from seeking help early, thus denying the same children they are trying to protect with further practical emotional support that is vital to a grieving child (Strode & Grant, 2001).

Both the problems of vulnerable children and most of the solutions lie within the community. It is therefore important that the community is able to mobilize itself to deal with the problems, to mitigate its impact, and even reduce its occurrence. This current programme being evaluated used community members as an entry point to the community in order to enhance its capacity to deal effectively and cope with various psychosocial problems affecting vulnerable children.

With the increasing rates of HIV/AIDS related deaths among the productive young members of society, South Africa's economy is negatively affected (Lindegger & Woods, 1995). This is more so because in many cases HIV/AIDS affects families and communities that are already subjected to extensive poverty, poor infrastructure and limited resources (Wild, 2001). In most South African families the HIV/AIDS crisis worsens the poverty rate and for other families

poverty is as a direct result of HIV/AIDS (Strode & Barret Grant, 2001). The socio-economic impact of HIV/AIDS serves to create a vicious cycle of poverty and disease (Booysen, 2003). This happens more commonly when a family breadwinner loses his/her job because of the illness. As adult members become ill and are forced to give up their jobs, household income will fall. Yamano and Jane (2002), Booysen (2003) and Cogneau and Grimm (2003) report empirical evidence on the link between poverty and HIV/AIDS. Shisana and Simbayi (2002) in turn reported HIV prevalence to be higher among households of low economic status. When one or both parents die from this illness, children are often left destitute by treatment which is very expensive and at times by exorbitant funeral costs (McKerrow, 1995 in Wild, 2001).

Estimates suggest that as many as 100 million children worldwide are homeless or are on the streets because of their parent's deaths (UNICEF, 2003). Many vulnerable and orphaned children usually seek financial help from their neighbours and community members. As the HIV/AIDS epidemic spreads, the needs of these vulnerable children also becomes greater than the available community resources (Foster & Williamson, 2000). Economic factors also play an important determining role in how families or communities respond to the provision of care to these orphans who are often viewed as an added financial burden on an already financially strained family or community (Wild, 2002).

Many of the communities that are seeking to support vulnerable children effectively face many other challenges apart from HIV/AIDS. The most important one is poverty. Practical experience of working with communities and children that have been severely affected by HIV/AIDS have shown that many of the issues do not arise directly as a result of HIV/AIDS. Many are in fact poverty-related. Many responses have tried a variety of ways to meet the ever increasing poverty related needs, including charity and welfare-based activities aimed at strengthening the

impoverished community's economic status to benefit vulnerable children. Regrettably, some of these responses have been inappropriate in terms of addressing the poverty related needs of vulnerable children. Statistics points that poor children are more likely to be neglected or abused and are also more likely to be experience violence. It is a well known and extensively documented fact that HIV/AIDS affects poor communities the most and makes poverty worse. The economic burden of the HIV/AIDS epidemic is shifting with communities taking on the increasing responsibilities.

2.5 Effects of poverty on children

Poverty is clearly a factor in the spread and impact of HIV/AIDS. The struggle to survive everyday overshadows attention and concern about the virus that does not demonstrate any immediate harm (UNAIDS, 2006). Poverty is the condition of being poor, owning nothing at all or not having enough for all the necessities of life, such as clothing, food and shelter. When HIV/AIDS appear in an impoverished household and community, there are limited means to respond, the mortality rate is higher, the impact is severe and the pressures and pain of poverty also increases. Children who are brought up in conditions of abject poverty do not have their basic needs met, such as clothing, food or shelter. Many authors have written in support of the assertion that abnormal child behaviour is caused by poverty. Duncan et al., (1994), McLoyd (1990, 1998), and Richter, (2004) argued that the link between poverty and behavioural problems is based on the fact that economic hardship weakens individuals' ability to cope with new problems and difficulties, and hence are they are more likely to succumb to the debilitating effects of negative life events. Most behavioural problems like aggression were linked to children coming from poor families. This view is also well supported by various authors, who concluded that a child's socio-economic background influences behaviour in childhood. Similar

views were also put forward by McKelvey, Davies, Sang, Pickering, and Tu , (1999) who asserted that poverty and poor nutrition place children at risk for the development of psychiatric disorders. They believed that parents from poor families often leave their children unattended when they go out in search of work. This they concluded, leads to a sharp increase in the rates of alcohol and drug abuse, and conduct disorders among children. Poverty pushes families, often unaware of the risks, to send their children into the work force or to hand over their children to recruiters promising good jobs in a distant place, where unprotected, they might be forced into a childhood of harsh labour or even sexual abuse (Lyon, 1997; UNICEF, 2000; UNICEF, 2005b). Previous literature such as the study by Noshpitz (1979), has reported that children brought up in poverty are more at risk for psychopathology than children from well-off families. In a similar vein, Burman and Reynolds (1986), also reported that in poverty stricken homes there is lack of alternative care for children which may pose problems. This they based on the fact that poor families cannot afford to fully meet children's basic needs. According to Lyon (1997), children being reared in an environment characterized by poverty have impeded development. This is particularly the case during the early years. These children are deprived of both cognitive and affective dimensions that are essential to development.

Within the South African context, the past apartheid racial policies that were based on geographical and socio-economic discrepancies, have resulted in uneven distribution of resources (Biersteker & Robinson, 2000). South Africa has one of the fastest growing and largest gaps between the "haves" and the "have nots". Terreblanche, (2002) comments that though South Africa has undergone tremendous and significant political changes, the socio-economic changes have not been parallel. Six out of ten South African children still live in abject poverty (Guthrie, 2003; UNAIDS, UNICEF, and USAID, 2004). According to The Labour Force Survey done in 1991, about 45% South Africans are estimated to live in poverty,

and between 10.5 and 14.5 million children live in deep poverty-around a quarter of our total population. The survey estimates that about 27% of the South African population (11 million) live among the poorest 20% of households and 71% of the poorest people reside in rural areas (Whiteside & Sunter, 2000). An astounding number of South African children are reported to be living in households with an income below the poverty line, an estimated 1 in 5 nationally. Great variation exists in child poverty rate by region, locality, neighbourhood and race. For instance, in South Africa, one child in five living in families with incomes far below the poverty line are disproportionately Black. Poverty routinely denies children their righ to education, health services, justice, adequate material living conditions, and nutritious food. Poverty enormously increases the vulnerability of these children to rape, abuse and neglect.

Homicide rates with other indices of violence also vary enormously by region, locality, neighbourhood, with Black children being the most affected victims. Both nationally and internationally, children's fates are worst in areas that suffer from extreme poverty and extreme violence (National Research Council, 1993). For instance, nationally within the South African context, the effects of poverty and violence on children has long worried and commanded the attention of writers and scientists. But these two overwhelming influences rarely have been understood together. In this section I hope to make a modest contribution to teasing apart and untangling the psychosocial effects of family and community poverty and violence on children. Issues of family and community poverty and violence are as old as recorded history and are central to the religious heritage of the Judeo-Christian tradition. The most extreme form of family violence, infanticide, is at the core of the history of Abraham and Isaac. Issues of community poverty, in the Old Testament and toady, is so intractable that it requires miracles like manna falling from heaven to solve (National Research Council, 1993). Even hard statistics from various sources in South Africa, reinforce this historical concern-for family and

community poverty and violence. Nationally, 2 million reports of child abuse and neglect are made each year, half of which are confirmed (National Research Council, 1993). The infant mortality rate is reported to be very high in very poor and violent communities. A recent report suggests that childhood rape has increased by 400% in South Africa in the last decade. In all, 25% of females and 15% of males report being victimized in their childhood and adolescent years. Added to these, children are victimized and trafficked as commodities for sale in local and global sexual prostitution and pornography industries (Lyons, 1997). Estimates are that at any given time, as many as one million children are involved in commercial sexual exploitation arena everyday. Countless others are physically, sexually, and psychologically abused in what should be the secure confines of their homes and neighbourhoods (Lyons, 1997).The roles that children fill as poor, hungry, exploited and abused human beings increase their vulnerability to HIV infection. While certain vulnerable groups of children experience high levels of abuse, victimization of children occur in all communities of our country irrespective of socio-economic or racial background (Guthrie, 2003). The striking fact is that while poverty and violence are not identical, they are interrelated and reciprocally influential (National Research Council, 1993).

A greater awareness of vulnerable and victimized children has been created in recent years with the involvement of community social networks, special empowerment agencies, education sector and the media. Several households falling into poverty as a result of HIV/AIDS desperately need support systems. Many African communities have modified existing safety nets mechanisms and pioneered new responses such as home-based care programmes, support groups and orphans and vulnerable children initiatives. These community safety nets protect vulnerable children from the worst effects of HIV/AIDS, poverty and violence, through as many avenues as possible (Richter, 2006). Many in the field however, believe the current

statistics do not begin to define the full extent of the problem of the effects of poverty and violence on children (Guthrie, 2003).

Guthrie (2003) points out that poverty encompasses more than just an insufficient income within families and communities, it also includes lack of opportunities, poor access to poverty alleviation services and resources. Although poverty is a mountainous and ubiquitous obstacle faced by many children, I would agree that life experiences often facilitate adaptive coping strategies that would ameliorate negative effects of living in impoverished circumstances. Within the South African context, children living in poverty are likely to be less educated, less likely to be working, and more likely to be recipients of a Government welfare grant. These children are also more likely to attend poorly resourced schools-without resources needed to negotiate an everchanging and complex world (Kozol, 1991). There are also psychosocial consequences associated with poverty and economic hardship including low self-esteem and depression (McLoyd, 1990). In spite of all the minuses emanating from a life of poverty, some children appear to survive it and in some instances, across the life course, some are propelled to rise above it all (Frank, Klass, Earls, & Eisenberg, 1996; Wild, 2002). Moreover, vulnerable children are more likely to witness violence in varying degrees in real life.

2.6 Effects of violence on children

In South Africa, Apartheid policies had harsh effects on families, communities and children. This resulted in unemployment, poverty and homelessness for a large number of African people, children were particularly vulnerable. The continued lack of health services for Blacks further exacerbated their situation. Black children had little or no protection from the State, this saw some children engaging in resistance activism, for example, the 1976 Soweto uprisings that

gave rise to their detention and maltreatment. Today's children are faced with a different kind of activism, their survival from the devastating effects of HIV/AIDS, poverty and violence. Many authors such as Herbert (1991); Flower, Lanclos, and Kelley (2002) have indicated that violence is the root cause of childhood psychopathology. This violence was mostly attributed to the role played by adults in various communities. Their argument was that children who grow up in violent society grow up to be violent and aggressive as adults because they tend to internalize violence as normal and acceptable. Jaffe et al., (1990), in Silverman and Ollendick, (1990) reported that a number of causal mechanisms between violence and behavioural problems have been posited including being exposed to modeling aggressive solutions and conflict resolution by adults. Younger pre-school children appear more at risk and vulnerable to the negative impacts and effects of witnessing violence in the community. As a result, children internalize this aggressive behaviour as appropriate means of solving problems, with negative consequences for them in future because violence begets violence.

There are many similarities between HIV/AIDS and violence. Like HIV/AIDS, violence impacts negatively on a child's development thus increasing his/her vulnerability. Within the South African context, both HIV/AIDS and violence have eroded families and communities and in the process created widespread emotional and social chaos and disruption (Machel, 2001). For many South African families and communities, violence has become an everyday occurrence. South Africa has the high levels of violence within communities, and the legacy of our past apartheid regime still lives on. Children may either witness violence or are at times directly exposed or involved in violent situations (Fitzpatrick & Boldizar, 1993). According to survey done by Richter, (1996) family violence was found to be common in South Africa, with physical violence found in as many as in one third of 1, 615 homes sampled in Soweto alone. South Africa has the highest levels of domestic violence, and in every six hours a woman is

murdered by her intimate partner. Our levels of homicide are also very high. For every 1, 000 reported rapes in South Africa, there are 12 homicides-a figure 12 times higher than in the US. Girl children in South Africa are especially vulnerable to sexual and gender-based violence. South Africa is a mere twelve years into democracy, we come from a situation that saw 90% of our population being treated unequally, denigrated and dehumanized, over a period of nearly five decades, with devastating effect on their human psyche.

Our unique South African history of deep patriarchal and conservative social constructions of masculinity and femininity, has had very negative effects on the way society views and treats women and girl children. In general, South African society prescribes rigid roles for men and women, a women's status is largely determined by their relationship to men-father, husband, son, or brother. It is about being weak and subservient, with no power even to negotiate sex, it is more linked to a sense of entitlement men have over women. Though these issues are slowly being addressed at the highest level of Government, we are a long way from removing them from the face of our society. Statistically South Africa has an exceptionally high rate of sexual abuse perpetrated against children. South Africa also has the highest rate of reported rape in the world, and some 50,000 rapes are reported each year (Bower, 2004). Although it is difficult in South Africa to obtain disaggregated statistics, it has been true that approximately 40%-50% of reported rapes are committed against children. Given that rape is under-reported in South Africa (as in other parts of the world) and that only 1 in 20 is estimated to be reported. It is estimated that approximately 400, 000 and 500,000 children are raped in this country each year. Similarly, physical and sexual abuse of children is rife in South Africa, with as many as 1,800 cases of child sexual abuse being reported to the Child Protection Unit in a single month (Biersteker & Robinson, 2000). The patriarchal ethos of viewing children as owned by their parents, could also be contributing to these high rape statistics of children being raped almost on daily basis.

In South Africa, children are not safe anywhere including their homes. Despite various pieces of legislation and policies being in place, it remains true that the rights of children in South Africa are in general not protected in both their homes and in communities. There seems to be a very poor understanding of the inalienable nature of children's rights in society at large. A common comment one often hears is "the problem with children today is that we have given them too many rights". There is failure to understand that children are bearers of rights in their own right-rights which are not ours as adults to withhold or allow as a right.

Being on the receiving end of, and/or witnessing, such high levels of intimate partner, family and community violence has devastating consequences for children. These challenges are further exacerbated by HIV pandemic and the deep poverty in which many South African children live in (Wessells & Monterio, 2000). Children affected by violence show signs of post traumatic stress disorder and usually exhibit symptoms such as flashbacks, concentration and attention difficulties, nightmares and other sleep-related problems (Wessells & Monterio, 2000). These children are also likely to suffer from a range of emotional problems such as low self-esteem, aggression, anger and other relationship-related challenges, affecting either their peers or family members' interactions.

Like HIV/AIDS, violence has created its own orphans because some children have lost both their parents, sibling/s through violent means, thus resulting in an increasing number of orphans, street-children and child-headed households. Violence has dislocated families and communities exposing them to various risk factors and vulnerabilities. Furthermore, both HIV/AIDS and violence are compounded by poverty and a child affected by either HIV/AIDS or violence is more vulnerable to the negative effects of the other. Both HIV//AIDS damages children both physically and psychologically and also destroys the children's social support

systems, thus denying them of their basic human rights (Machel, 2001).Vulnerable children require psychosocial support because of the trauma and stress they have experienced in their lives. Trauma is an emotional shock that produces long-lasting harmful effects on children. Parental illness and death are causes of emotional trauma for the children. Stress is an emotional condition experienced or felt when an individual has to cope with unsettling, harmful or frustrating situations (Machel, 2001). It is a disturbing sense of helplessness, which creates uncertainty and doubt. Psychosocial support aims to help vulnerable children cope with their trauma and stress.

In this study, vulnerable children are defined as those children whose safety, well being, and development, are, for various reasons, threatened. Of the many factors that accentuate children's vulnerabilities, the most important are lack of affection, adequate shelter, education, nutrition, and psychological support (Subbarao & Coury, 2004). Although children exposed to many facets of deprivation and poverty are vulnerable, children who have lost their parents may be particularly vulnerable, because they do not have the emotional and physical maturity to address adequately and bear the psychological trauma associated with parental loss (Williamson, 2005). The definition just given of vulnerable children is very broad and encompasses a huge proportion of children. Millions of children worldwide have been orphaned or made vulnerable by the HIV/AIDS epidemic. The degree of vulnerability faced by these children are shaped by the risk and stress characteristics, that is, magnitude, frequency, duration and history to which households and communities are exposed to (Subbarao & Coury, 2004). The idea of providing these vulnerable children with psychosocial support is meant to enhance their abilities to rise above their adverse circumstances, build resilience, thrive and become more adaptive as individuals and as community members. Communities meet the individual's primary needs, affect the individual's daily life and acts as an intermediary between the individual and society

as a whole.

According to Mann (1978), the interdependent aspects of social life have been used as one of the defining characteristics of communities. The principle of interdependence implies taking the entire community as a concern and targeting community interventions at multiple levels (Edwards, 1999).

2.7 Risk and resilience factors in children

All across the country, adults concerned about the healthy and adaptive development of children are forever searching for answers to alleviate the impact of HIV/AIDS, poverty and violence on children. Research has shown that there are number of risk factors that can increase the chances of children developing maladaptive behaviour (Williamson, 2005). Equally important is evidence that certain protective factors can help shield or protect children from developing behaviour problems and help them adjust well in life despite challenges they might face. These protective factors buffer children from the negative consequences of exposure to the risks by reducing the impact of the risk. Estimates by the joint United Nations Programme on HIV and AIDS (UNAIDSa) indicate that the epidemic of HIV in South Africa is one of the fastest growing in the world (SA Health Review, 1999). The national prevalence "translated into percentages or absolute numbers in millions of South Africans, defies acceptance and belief" (Cameron, 2001). There is widespread recognition of the profound emotional, social and behavioural consequences for patients infected or affected by Aids (Seeley & Wagner, 1991, in Fawcett, 2001). As these unfold in South Africa, there needs to be an urgent focus on the psychosocial support for those infected and affected by the pandemic. One of the most tragic social consequences of the Aids pandemic in South Africa is the growing number of Aids

orphans. For these bereaved children, the lack of parental or adult care raises huge concerns around their vulnerability and the risk factors threatening their social, physical, psychological and developmental well-being. Within the social sciences there is a growing trend toward promoting resilience in children.

Resilience is a universal capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity (Grotberg, 1997). Resilience in children is increased through their, experiencing support, love and trusting relationships with adults (caregivers and others), structure, role models and access to health and educational services. Promoting resilience in children centers around providing the above as well as providing environments/experiences in which the child can develop self-esteem and feelings of self-efficacy, autonomy, communication skills, problem-solving skills, responsibility and pride in their abilities, a sense of control in identifying and managing feelings and impulses, insight into the behaviours of others and a sense of connectedness to peers (Grotberg, 1997).

This intervention programme is a very exciting therapeutic tool that has been developed at a time when we are seeing only the start of what will be growing numbers of Aids orphans in the world and more especially in the Sub-Saharan African region. The project is in line with contemporary theories around resilience and incorporates all the resilience-building principles outlined above. As an intervention, it attempts to minimize the trauma of the loss of significant caregivers for Aids orphans and encourages mastery over feelings of loss and helplessness.

Families and communities have shown remarkable resilience and compassion in dealing with children affected by HIV/AIDS, poverty and violence. However, in many communities the scale of the crisis is overwhelming the ability to cope. Within the context of HIV/AIDS, it is

often poor women and the elderly who usually shoulder the brunt of the burden placed by this pandemic on them. Thousands of community programmes have been implemented to support orphans and vulnerable children. But often these some of these programmes meet only immediate short term needs, leaving desperate young children with bleak futures long term. The current pragramme being evaluated was designed with the main objective of addressing this discrepancy, for the long-term benefit on community children on ongoing and continuous basis.

From most of the research findings on children and poverty, some light have been shed into the role that parents can play in protecting as well as in putting their children at risk. Variables such as poverty, violence, divorce, single parent families, family conflicts, alcohol abuse and child abuse failure by adults to provide for their children's basic necessities and lack of parental guidance and support is viewed by the majority of adults as risk factors that lead to the development of childhood behavior problems and inability to survive difficult life circumstances (Leadbeater, 1994).

The above mentioned view finds support in the work of Mathiesen & Sanson, (2002) who believed that the emergence and maintenance of childhood behaviour problems appears to be best explained by a combination of environmental and intrinsic factors within the child. Among the protective factors were issues such as, good parent-child communication, being good role models, teaching them respect and learning to listen to adults, provision of their basic needs, provision of a safe and healthy environment for bringing up a child "well", learning effective parenting skills could help children have better coping and resilient strategies and become mentally healthy and socially adaptable adults in the future (Grotberg, 1997; Ungar, 2005). Social adaptability in terms of social activities and leisure time, for an example, going to the library, sports and attending school is seen as one of the protective factors that could help

children deal and cope better with their life challenges as well as stay out of troublesome situations. These views clearly highlight the responsibility that parents and adults have in society in combating the occurrence of poor adjustment and coping skills, thus helping vulnerable children get better instead of getting worse (Grotberg, 1997; International Rescue Committee, 2002-2007). This means that in order for the child's character to be mentally sound, the primary influences comprising of parents and the environment in which the child is born into, should be in harmony with each other (Boyden & Cooper, 2007). A child's character formation, therefore, lies in the hands of parents. Adults in various communities need to take full responsibility for how children affected by HIV/AIDS, poverty and violence turn into.

Socio economically, a number of studies have shown that many Black children born into abject poverty experience retarded development and behavioral problems. This raises a question of whether within the South African context, Black children have more behavior problems than children of other racial groups. Studies have found that the frequency of adjustment behavior problems was higher among Black children than among White children. Maybe replicating this study within the context of the New South Africa could shed a light on this matter.

A study by (Graham, 1986) stressed that in developing countries such as South Africa, for an example, certain stressors such as poor social conditions because of poverty, break down of traditional patterns of belief may compound problems experienced by children living in these conditions. An interesting observation has been that children from a low socio economic status tend to have more behavior problems than upper middle class children. Another finding of this study was that children of single parents are more likely to show behavioral and emotional

problems, especially if there is lack of social support system, which is sometimes common among children affected by HIV/AIDS, poverty and violence. Single parenting and absent fathers have often been identified as the seeds of pathology (McLeod and Shanahan, 1993; Noshpitz, 1979; Williamson, 2004). Within the present era crippled by HIV/AIDS, poverty and violence, this observation is very true. This study stressed the importance of the support provided by family members to dilute the impact brought in by environmental factors on children. These findings highlighted the viewpoint that portrayed a child as a flower to be provided with all the necessary basic nourishment in order to blossom and show its full beauty. The view is that culture sensitive-community centered intervention programmes implemented early in a still developing and vulnerable child's life, have a better chance of succeeding than those intervention programmes implemented later in a vulnerable child's life.

A similar view is also shared by Bornstein (1991) and Foster (2006), who asserts that family and communities' culture sensitive and pro-active intervention strategies determines whether a vulnerable and needy child's living circumstances changes, remain the same or becomes worse. Traditionally, orphaned children have been cared for by extended families. However, due to the social and economical strain some families are no longer willing or indeed are unable to do this. Within the era of HIV/AIDS, lack of psychosocial support for vulnerable children can lead to secondary social problems such as crime, violence, teenage pregnancy, child sexual abuse, street children, and increased HIV infection. Lack of psychosocial support for these affected by HIV/AIDS has a cascading effect on the social problems that affect them, their families, communities and societies at large (Chapman, 2006; Williamson, 2005). In South Africa, like in many other countries with a high prevalence of HIV, efforts to provide care and support for vulnerable children have been underway for many years now. As a response to this escalating

epidemic, a variety of community organizations have been formed and mobilized to provide support for orphans, and the Government does encourage communities to provide care for these vulnerable children within their communities (International Rescue Committee, 2002-2007; Stein, 2003). To provide orphan care, it is essential to empower communities to take responsibility for the well-being of orphans and vulnerable children by strengthening capacity and community resources in order to keep children in their communities. Studies suggest that vulnerable children develop best when they remain with their siblings in a family situation with an adult caregiver in their own community (Lewis, 2005; Stein, 2003; Ungar, 2005b). This helps to mitigate the grief process, allay and deal with insecurities and fears commonly experienced by orphans. Staying within their own families and communities also gives these vulnerable children opportunities to participate in their own traditions and cultures. In turn, they are more likely to succeed in developing socialization skills, and in preparing them for their future livelihood as adults.

Models that maintain familiar environments and family ties have been found to be the preferred models of care when dealing with psychosocial support to vulnerable children (Stein, 2003). The Children In Distress Network (CINDI) is one such organization, based in Pietermaritzburg, this organization was set up to care for and educate Aids orphans and also assists with their basic needs and provision of psychosocial support. Although existing initiatives are encouraging, many of these are operating on a very small scale and are struggling with the increasing number of children that require assistance and care.

In support of the crucial need for the provision of psychosocial support to vulnerable children, The UN General Assembly Special Session on HIV/AIDS in June 2001 agreed that all countries

should work towards implementation by 2005 of comprehensive national programmes to protect and support children affected by AIDS, including

...providing appropriate counselling and psychosocial support, ensuring their enrollment in school and access to shelter...and protect (ing) orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance (UNGASS Declaration, 2001).

HIV/AIDS is a deadly disease that spreads in conditions of ignorance and silence. The consequences of it are borne by individuals and communities affected by it, again in silence and shame. Only by shedding more light on the dynamics of vulnerability to the epidemic, by researching appropriate ways of dealing with its impact, and by seriously up-scaling human and financial resources available for battling the epidemic can we stand a chance of overcoming a global catastrophe of this magnitude.

In working towards lessening the impact of HIV/AIDS on children, especially with regard to education, it has been recommended that a rights-based approach be adopted. This means that children coming from HIV/AIDS affected households or not-have certain basic rights that Governments in most countries of the world have promised to withhold or fulfill in numerous declarations, treaties and commitments. UNAIDS puts the importance of a 'rights-based approach' as follows:

An environment in which human rights are respected ensures that vulnerability to HIV/AIDS is reduced, those infected with and effected by HIV/AIDS live a life of dignity without discrimination, and the personal and societal impact of HIV infection is alleviated (UNAIDS, 1998).

2.8 Programme evaluation

The main objective of programme evaluation (PE) is to establish whether or not a programme is needed, and ascertain its usefulness in the context for which it was developed (Katzennellenbogen, Joubert & Abdool-Karrm, 1997; Potter, 1999; Wilson & Mehryar, 1991). According to Patton (1997) programme evaluation is the systematic collection of useful information about the characteristics, activities, and outcomes of intervention programmes, that makes judgements about the programme's effectiveness, and/or inform decisions about future programming. Such an approach is described as the "systemic application of social research procedures for assessing the conceptualization, design, implementation and utility of social intervention programmes" (p.18).

The present study falls in the category of evaluating whether the intervention was relevant and appropriate for the target population and also ascertain its effectiveness in the provision of psychosocial support to vulnerable children. Programme evaluation is thus useful and necessary for accountability purposes, and the development of social community-oriented programmes (Patton, 1997). Patton (1997) points out that programme evaluation undertakes to provide information about programmes within certain community settings, thus informing decisions, identifying options and making recommendations for programme improvements. A community intervention programme can be evaluated by means of assessing those individuals involved in the programme offering psychosocial support, by measuring the outcomes of the programme (Killian, 2003). To achieve this evaluation, there are many available methodologies that can be employed, depending on the context and the assumptions made by the programme (Potter, 1999). It is clear from the literature that a community based intervention programme focusing on the psychosocial needs of children affected by HIV/AIDS, poverty, and violence is urgently

required. Literature reiterates the lack of interventions that cater for the psychosocial needs of vulnerable children. Furthermore, literature highlights the significant increase of HIV infection rates in South Africa and the increase of AIDS orphans (Guest, 2001). Programme evaluation also focuses on the implementation, quality and effectiveness of the intervention programme (Potter, 1999). The quality and implementation of this current programme being evaluated were of the highest standard, as it was based on the work that had been developed by Madorin (2002) and later adapted by Killian (2002). This programme had been declared UNAIDS best practice model for vulnerable children (Madorin, 2002). Moreover, the community volunteers chosen for this programme were carefully selected, underwent comprehensive training on this programme, and were supervised to ensure that they correctly implement the programme as intended. On evaluation, this intervention programme yielded positive feedback in terms of its applicability to the targeted population. This programme was found to possess strength because of its contextual-relevance, effectiveness in terms of meeting the psychosocial needs of vulnerable children in the affected communities.

Among some of the strengths of this programme was the fact that it was disseminated at community and grass-roots level. All the individual and group interviews were held in the research participant's homes and communities. This means that children will be able to access psychosocial support within their own families and communities, without having to travel far for help (Foster & Williamson, 2000). The community-based nature of the programme means that both the children and the community volunteers will bond within their communities and expand the community support networks for vulnerable children. As a result, vulnerable children are easily incorporated back into their own communities, equipping volunteers with skills to offer to vulnerable children ensures empowerment to concerned community members to care for its children long-term and on ongoing basis. As pointed out by Foster & Williamnson, (2000), as

the HIV/AIDS pandemic continues to spread, the social support family and community networks that provide care and support for vulnerable children have been depleted. They emphasize the need for community interventions to aim at empowering these community structures instead of placing vulnerable children in institutions.

A significant strength with this programme, is its ecological perspective based on Bronfenbrenner's theory. This intervention programme considers the important interdependence between the child and its social context in which he/she lives. By taking these systems into account, this programme tries to intervene holistically. The focus on the reduction of risk and increasing of resilience on vulnerable children by this intervention, finds support in Masten (2001) when he points out that when aiming to reduce risk or increase resilience through psychosocial intervention programmes, it is equally important to look at both the child and the social system in which that particular child lives.

Another strength with this programme is that it promotes and also raises awareness about the plight of vulnerable children in South Africa. The number of children affected by HIV/AIDS and AIDS orphans has increased significantly and communities are struggling to contain and cope with this epidemic (Whiteside & Sunter, 2000). Community based intervention programmes such as this one being evaluated, helps to make communities aware of vulnerable children, their psychosocial needs and also mobilizing volunteers' assistance in dealing with their plights.

Similarly, this intervention programme helped raise awareness about various HIVAIDS related issues in the communities. Providing community volunteers with skills on providing vulnerable children with psychosocial support gave them platforms and avenues to open up and speak

about their individual experiences (Guest, 2001). This helped to break the long issues of silence surrounding the HIV/AIDS epidemic, thus aiding in combating the stigma attached to this disease (Strode & Barret Grant, 2001; Whiteside & Sunter, 2000). This programme also aimed not only to alleviate symptoms, but also to build and strengthen resilience in vulnerable children. This it did by equipping community volunteers with skills to impart on affected children in their communities (Strode & Barret Grant, 2001). Interventions involving community members and skills that are transferable to the community by the community members who understand the culture and language of the community are perceived as more effective than short-term crisis interventions delivered by experts.

CHAPTER THREE

3. 1 Research methodology

Whenever one embarks upon any study, one of the questions which need to be addressed immediately is the issue of methodology, that is, how is one going to go about conducting the proposed research. Although many of the decisions which are involved here are concerned with the technical aspects of the research process, such as sample size, research design, research instruments to be utilized in the study, one of the most basic but often overlooked issues is the choice of the research methodology. This chapter examines the methodology utilized in the study. It begins with a description of the research participants and their setting. It will consider how the research instrument chosen was translated and later used by the researcher. This will be followed by a discussion of the pre-test data collection procedures. The rationale for utilizing the standardized interview schedule will also be outlined. The interview guide used in the present study will be discussed, together with the advantages and disadvantages of choosing the qualitative interview schedule as a data gathering tool. This chapter will also provide a brief outline of the value underpinning qualitative research and the theories of community psychology. The rationale for using group interviews (focus group), as well as the disadvantages, and factors to be considered when conducting these groups will be explored. An overview of the focus group design, sampling concerns will be discussed. Various steps undertaken in the qualitative data analysis phases will be examined. The chapter concludes by addressing the ethical issues considered in this study.

The approach used in this study was determined by considering the importance of understanding people and programmes in their context, and the commitment of studying naturally occurring phenomenon without introducing external controls. It is based on the assumption that understanding emerges most meaningfully from an inductive analysis of open-ended, detailed, descriptive data gathered through direct contact with the research participants involved in the study. It was thus felt that the most appropriate technique for achieving the goals of this study would be one that placed the least constraint on the data to be collected. For this reason, a qualitative research design was utilized as it was considered to be the one that would best meet the requirements of this type of investigation. Before embarking on the study, it was important that researchers introduced the study to the participants. To facilitate this

process, a letter describing the project invited all participation from the chosen community volunteers, to find out about their experiences with regards to the provision of psychosocial support to vulnerable children in their respective communities. Permission to carry out the study was granted verbally, by either the ward counselor, or the person in charge of the area where data was to be collected. For a copy of this letter see **Appendix B.** Costello (2003) points out that the decision about data collection should consider ethical concerns associated with the data collection prepared. If there is a necessity to obtain permission to undertake research, maintain confidentiality, and protect the identity of participants, which, like in most research cases, necessary, the researcher should commit and plan to do just that.

The standard introduction was done so as to inform prospective participants about the nature of the study, including how they were selected, that is, the selection criteria used for selecting them as research participants, the objectives of the study, the voluntary nature of their participation, and confidentiality involved in this research project. The aim was to ensure that the participants made an informed decision whether to take part in the study or not. Informed consent has been defined as a process whereby prospective participants are informed about the general nature of the investigation and about their expected role in research. On confidentiality, Shore (1996) recommended that research participants must be given an adequate time to decide whether to participate or not. Research participant's freedom to withdraw at any time without any negative repercussions is an essential part of the informed consent process. All the prospective research participants were informed of the procedures to be followed to ensure that their anonymity is protected. Shore (1996) recommend that it be made clear that anonymity cannot be guaranteed, but rigorous procedures will be followed to ensure that participants are protected. Participants were not made to sign any written consent to participate because by agreeing to be interviewed verbally, the researcher assumed that the participants had understood the rationale for participating in the present study and were giving their consent to participate in this study. The informed consent process involves the solicitation of individual informed consent after transmission of information about the research study.

Another aim of introducing the study was to establish rapport with the prospective participants, to gain their full cooperation, and also to facilitate communication during the interviews.
In view of the above, it was necessary that the impact of these community programmes be evaluated and explored further, since it might impinge upon how children are viewed by adults

in society as well as their development and intervention programs that are designed for them. This could then be used to inform researchers on various factors within families and communities, that is seen to be influencing these behaviors and views on childhood. This is more crucial especially when one considers the multi cultural society like South Africa where HIV/AIDS related problems are increasingly reported to be on the rise cross culturally. This information will then be used to develop services and culture sensitive intervention programs to deal with these problems that interfere with children's development and learning. Hugo (1990) identified the need for researchers to be sensitive when doing social research in South Africa, due to the Apartheid system, violence, social class extremes and polarities that exist between the poorly educated and well educated; and between disadvantaged Black people and advantaged Whites. In the present study great care was taken to explain to the research participants that the study was carried out for the purposes of informing both on the academic and social levels.

3.2 Research participants

The target group for this study included community based volunteers who were at the time of the research, working actively with vulnerable children in the communities. These volunteers had undergone this sensitization programme on rendering psychosocial support to children in 2003. All the participants were chosen on the basis of them being community caregivers in the two areas where these psychosocial programmes had previously been implemented. The study population was drawn from two rural areas in and around Pietermaritzburg. For logical reasons, the gathering of data for this study was restricted to these areas only. The researcher had both knowledge of the local areas, cultural sensitivities and the research design. Bulmer (1983) identified the following remedies for errors: the interviewer should be able to speak the subject's language and understand their culture; the interviewer should be competent, and need to be able to relate to those being interviewed. This study ensured that these errors were avoided.

In this study twenty four (24) individual interviews were conducted. There were twelve (12) community volunteers from each participating research group. The mean age of our sample ranged between twenty four (24) years right up to age 42 (forty two). Participants for this current research were all females. The rationale behind the exclusion of males is that the

majority of women are a matter of fact, the primary care givers during the first five years of a child's life. Obviously, the sample for this study came from a small portion of the country's culture. This is mainly because our sample was that of convenience. The ethnic distribution of the research participants was 100 percent (100%) Black South Africans. All the research participants had shown great concern about the plight of vulnerable children in their communities and were ready and committed to providing all the support that the children needed in order to cope better with various difficult situations they faced in their day to day lives.

The research participants that had been selected from two areas in Pietermaritzburg, each representing different cross - sections of South African culture. The areas included Sweetwaters and Trustfeed. Sweetwaters is a rural area just outside Pietermaritzburg, where the majority of people living there are illiterate, unemployed and economically disadvantaged. Trustfeed is another rural area situated about 300 kilometres outside Pietermaritzburg. This area is known for its past violent history during the late 1980's and early 1990's.

In terms of the educational status, all the research participants had nine to ten years of schooling. What is apparent is that our sample presented a well distributed cross- section of socioeconomic, gender, age, religion and educational levels. The choice of the sample made it possible to work in only one language, a language that both the researcher and the participants were familiar with.

The format of the research instrument was designed to ascertain the participant's experiences, opinions, viewpoints, and mind sets concerning community based programmes offering psychosocial support on vulnerable children. The research design was aimed at a greater understanding of participant's experiences towards various issues affecting vulnerable children in the communities. Before data collection could commence, the researcher had to translate the research instrument from English to Zulu which was the vernacular language of the research participants. This was done so as to capture their interpretations better and more effectively as intended by the research participants. The fact that the researcher was a Zulu speaker played a significant role in the facilitation of the research process; this is, in terms of ensuring that the translated data did achieve its intended meaning. The researcher's fluency in the Zulu language

also enabled her to understand the participants' responses better and lead the research process in the interview conduction without the help of a research assistant to translate for her. This aspect ensured that no unnecessary time was wasted interpreting the participants responses. Translation of the research instrument was as follows:

3.3 Translation of the research instrument

Because Zulu was the language of our participants, it was important that research instruments be translated from English into Zulu. The standardized interview schedule was translated into Zulu. Translation was also important and necessary to enable the researchers to adapt the research instruments and make concepts more relevant to the Zulu population group. According to Brislin (1980) the aim of translation is to ascertain that the target population, which speaks a different language then that spoken by the researcher, understands the research process.

For this purpose two Zulu mother tongue speakers were used for the initial translation of the research instruments. One of these two translators was this project's researcher, together with a bilingual clinical psychologist. They reviewed the translations in order to resolve discrepancies that might occur and ensure that the translated items maintained their original intended meaning. Translation was done to ensure that the responses given by the participants were based on their feelings and understanding about the topic being discussed, and not distorted by any language barriers and difficulties. This also enabled them to stay with the research process. The translations went smoothly without any challenges being encountered. This view was also confirmed when the two Psychologists agreed that the translated Zulu version retained the meaning of the original English version.

An interesting observation made during data collection, was that the majority of the participants tended to switch between Zulu and English in their responses. This was done more particularly when participants felt that using English could facilitate better understanding than when Zulu was used. Such an exception was allowed and accommodated in this study because the study's participant's level of education varied substantially from person to person. The translated data had to be pilot tested by the two researchers before confidence could be given in terms of

scientific reliability of the research instrument. A brief description of the pilot study is as follows.

3.4 Pilot study

Before the pilot study began each interviewer introduced the purpose of the study to each participant, and informed them the reasons for conducting the pilot study on them. After informed oral consent was obtained from the participants, pilot studying of the research instrument began.

Pilot testing was conducted so as to assess the feasibility of the proposed study (Bless & Achola, 1990). The researcher also wanted to test whether the questions contained in the study were accessible and appropriate for the population group being studied. Perry (2004) advocates that regardless of the format of questioning adapted in the study, the researcher should prepare questions that are short, simple and unambiguous. This was to ensure that no ambiguity or vague statements were used and if present to modify them for better results. Another rationale behind pilot studying was the belief that this would enable the researcher to gain a far better insight into a diverse range of responses to be expected from the study. It was also important to see through a pilot study how some issues are handled by the respondents during the interviews. Pilot studying was also to serve as a platform for assessing whether or not other pertinent issues had been overlooked. Pilot studying was also done so as to estimate the time that each interview will take to conduct (Gasa, 1999). Eight (8) community volunteers were interviewed as a measure of the present study's feasibility. These interviews were conducted mainly in Zulu with English being used occasionally. This was when code switching was used during the interviews by switching between both languages (Kunene, 1994; Alyson, 1995). This approach was considered necessary and appropriate because most learned people seem to use this more often.

During piloting of the study participants were subjected to all the questions contained in the interview schedule. Each participant was given enough time to think through the question before giving the answer. This was done to ensure that any vague and ambiguous questions are dealt with through correction and modification where necessary. In the case where participants indicated some uncertainty with their responses, further probing to obtain the desired level of

understanding was done. This approach proved very informative with regard to the preparation of the research instrument for the main proposed study. The feedback from this pilot study was that research questions were indeed appropriate and accessible to the population to be studied. No further modifications were necessary in this study. The pilot study proved informative with regard to what could be expected from the main study. Participants did not indicate that any important issues or ideas had been omitted in the interview schedule.

However, the question that came up frequently during pilot studying was "what will we get for taking part in this study?" and "what is the researcher going to do with the information she gets from them?" The researcher had to explain to the research participants that she was also not going to be paid for this study, that the research formed part of her PhD degree requirements. The researcher also had to inform the research participants that the knowledge gained from the research will be used to improve further and implement existing psychosocial programs that will be of benefit to vulnerable African children in the future. This seemed to put them at ease and improved communication between the researcher and the participants. These questions also helped to prepare the researcher to expect similar questions in the main study. The researcher had to think of ways to increase participation in the main study. This was done in the form of incentives given to each participant at the end of the interview process. This approach seemed highly appreciated by the participants who indicated their willingness to participate in any research that the researcher might do in future. Piloting the interviews proved useful in that it familiarized the researcher with the study and also enabled her (the researcher) to have confidence in the method being utilized, and the researcher's expertise was enriched with each pilot interview being undertaken. By the end of the pilot study, the researcher felt ready to tackle the main study. After pilot testing, the research instrument was then prepared for the main study. The researcher then began data collection for the main study. The data collection procedure was as follows:

3.5 Data collection procedure

Prior to data collection, as had been previously mentioned, the data collection interview schedule was translated from English into Zulu so as to cater for our chosen population sample of Zulu speaking participants.

3.5.1 Procedure for the main study

Data collection was a cyclical process. After all the necessary arrangements had been made with the research participants, appointments were set with participating research participants. After permission to participate had been obtained through informed oral consent from all the participants, structured interviews were used as the primary means of our data collection. In introducing the study, the participants were told that they would be participating in the study which was evaluating the impact of programmes providing psychosocial support to vulnerable children in certain communities where these programmes had been ran.

All the interviews were conducted verbally with individuals (one on one) and group session (focus group), whereby each question was posed to the volunteers and there were given enough time for each person to respond in a written form.

The four questions that formed the basis for data collection phase are:

1. Have the participants been able to use anything covered in the programme?
2. What did they find useful in the programme?
3. What, in their opinion, was not useful?
4. What were their individual experiences as volunteers rendering psychosocial support to vulnerable children?.

Thematic analysis will be used as a unit of data analysis to elicit emerging themes from the research participants.

The interview is a central research method in the social sciences as it enables the interviewer to enquire about people's attitudes, beliefs and values. The participants had to relate to the researcher, how they felt they benefited from taking part in these programmes as caregivers in their respective communities. This information was written down in memos that had been provided to them, for later analysis by the researcher. The venues where the interviews were held varied according to where each participant felt was neutral and easily accessible. For convenience, some interviews were conducted in the privacy of the participant's homes to

ensure that a more relaxed atmosphere was provided. Some interviews were held at the clinics where the participants involved with the study worked. Each interview usually required approximately 45 -60 minutes (1 hour) to complete. This however, depended on the individual participant. Because the research participants had expressed reservations about the interviews being tape recorded, it was decided to write down their responses. This method of recording meant that the interview interactions were done more slowly and in a staccato-like manner, punctuated by long pauses in between our interviews. The pauses were meant to ensure that the researcher captures every detailed and in-depth responses, as verbatim as possible from the research participants.

To ensure free-flowing of the interviewing process, a second researcher was included to capture and write down as much information on the memo, as she possibly could. The researcher using the qualitative approach seeked to capture what the research participants related in their own words, the perceived facts. This included what the research participants actually said, their direct quotations as well as what they wrote down as additional information during the data collection phase. Rapport was established between the researcher/s and the research participants, and this was maintained from the beginning and throughout the data collection stages. There was a general attitude of openness and honesty towards the researcher and vice-versa. After each interview the researcher felt it was necessary to assess how the interview process went. This included finding out from the participants how they felt after the interviewing process, anything that the participants thought was missed by the study, and the clarification of any misunderstanding that might have occurred during the interviews. This was in both part one (individual interviews) and part two (group interviews) of the research process. This proved very crucial in terms of the recommendations for future research that the participants came up with after each interview. On completion of data collection, participants were thanked, and given a copy of the letter explaining the study in the event they wanted to contact the researcher at a later stage. Participants were informed that they will be contacted after data had been analyzed and be given the copy of the research findings, interpretations, and conclusions of the study.

Anonymity was guaranteed to all the participants. Explanation as to how data was to be analyzed was done. In evaluating the outcome of the data collection process, one would say that the overall participation was extremely good. This was more so because all the research

participants that had been approached were willing, enthusiastic and eager to participate in the study. All the interviews were performed by the researcher involved in this present study. She is familiar with the use of the interview schedule. The next section deals with the discussion of the standardized interview schedule, its advantages and disadvantages.

3.6 Why use the standardized interview schedule?

As form of qualitative research, the interview schedule with open-ended questions was used for data collection purposes. The interview schedule was selected for the present study because it was felt that this approach will be appropriate for the exploration and asking of questions that will illuminate the subject under discussion. Using this approach, the interviewer is able to access different perspectives from people being interviewed, rather than imposing on them with her own ideas. With this approach the interviewer gains insight into how people organize the world and the different meanings they attach to what goes on in the world around them. With this approach, all the relevant issues to be discussed are outlined well in advance before the research process is undertaken. Interviewing a number of different people thus becomes more systematic and comprehensive. The limited time that the researcher has to conduct the interviews, needs to be used as effectively as possible. The standardized interview schedule ensures that all the groups involved in the study discuss relevant issues in a comparable fashion and in details (Maxwell, 1998). In addition, moderator involvement keeps the discussion concentrated on the topic pertinent to the study.

Patton (1990) described the interview guide as a list of different questions or issues that are explored in the interview process. This list is prepared with the aim of ensuring that the same information is obtained by the interviewer from a number of people by covering the same material. Using this approach, the interviewer is free to build the conversation around the subject of the research; wording of the questions can also be done spontaneously. By so doing, the researcher is free to establish a conversational style that suits each and every research participant being interviewed thus maintaining the focus on issues that had been prepared for discussion. The interview guide approach is more flexible in terms of how the questions pertaining to the study are worded and the sequence that they follow allows diverse individual perspectives to emerge during data collection. The interview guide is tailored for use to different research participants from diverse backgrounds (Patton, 1990). Another interesting

thing with the interview guide is that it enables the free flowing of information between the interviewer and the research participants. However, the disadvantage with using this approach is the fact that important topics might be omitted due to the flexibility of the interview guide. During data collection, the researcher took great caution not to guide the participant's responses and reduce the comparability of the responses given by the respondents. In the section that follows, the format of the interview guide will be presented.

3.6.1 The interview guide

The interviewer introduced the interview sessions with a briefing defining the situation for the participants, briefly telling them about the purpose of the interviews. Participants were asked if they had any questions before the interviews were started. After that the researcher began the interviews.

3.6.1.1 The interview guide contents

All the questions in the interview guide were open ended and dealt more with the general views pertinent to provision of psychosocial support and its impact on vulnerable children in the communities. This began with the interviewer asking general questions around community based intervention programmes. Here participants were told to express themselves freely, because there were no right or wrong answers. With each and every question that was asked from the participants, the researcher allowed some time for the participants to respond. In the instances where clarity seemed needed by the participants, the question was usually followed by a probe "in order to enrich the data to be obtained, and give the interviewee some cues about the response level that the researcher required and desired from each respondent" (Patton, 1990, p. 324).

It was felt that the significance and contribution of this study will be immensely crucial and beneficial to the knowledge of how community oriented intervention programmes benefit both volunteers rendering psychosocial support as well as children in communities. It was also felt that findings derived from this study will be informative to Western trained practitioners

working with vulnerable African children affected by poverty, violence and HIV/AIDS.

3.6.1.2 Advantages of individual qualitative interviews or theoretical justification.

The debate between the merits of qualitative versus quantitative research has been comprehensively presented by various writers (Banyard & Miller, 2000; Patton, 1990). It was decided that for the purposes of this study, a qualitative evaluation method would be the most appropriate, as it is directly concerned with experiences as it is lived or felt. The focus of qualitative research is on the depth and essentially the quality of people's experiences (Stake, 1990, in Miles & Huberman, 1994). "Qualitative research, then, has the aim of understanding experiences as nearly as possible as its participants live it" (Sherman & Webb, 1988 in miles & Huberman, 1994, p.14). The various aspects of this method will be described in relation to the research undertaken.

In this research process, the evaluation of these programmes will be based on action research using qualitative measures to explore the effectiveness of these programmes on children in the communities. Qualitative research methods were seen as the best and appropriate method to extract the patterns that would emerge in the data. It is these patterns in the data that will assist the researcher to interpret or give meaning to the data. Costello (2003) asserts that during the data collection phase, the researcher should be able to decide how data is going to be collected and which method will answer the research questions in the best possible way within the given constraints. If only one method is necessary to answer the research questions, the other one should not be used for the sake of being used. Sometimes both methods need to be employed to varying degrees, and Newman (1997) recommends that they should be used together if such use will add value to the answers needed. A brief outline of how the values underpinning qualitative research and the theory of community psychology compliment each other will also be provided.

3.6.1.3 Qualitative research and Community psychology

Banyard and Miller (2000) put forward the rationale for advocating qualitative research methodologies by community psychologists: (i) Qualitative research methods are consistent

with the core values of community psychology, (ii) qualitative methods can lay a foundation for the development of culturally anchored quantitative methods, and (iii) qualitative methods are a powerful tool for understanding the subjective meanings that people make of their experiences.

The core values in community psychology presented by Banyard and Miller (2000) are mainly related to diversity, context and empowerment. Diversity is defined as appreciating the importance of studying the variety of contexts in which people live their lives. Culture, gender, religion, race and sexual orientation, all shape the experiences of individuals and communities and are thus important aspects for study by community psychologists. The research tools of qualitative research such as in-depth interviews, focus groups and participant observation allow for the researcher to capture these " rich descriptions of this diversity of human experience" (p.490). In contrast to quantitative research methods which may use forced-choice answers, qualitative methods provide the platform to enable the researcher to understand the points of views of different participants at both individual and societal levels (Banyard & Miller, 2000).

Banyard and Miller (2000) express concern about the failure of academic researchers to "adequately consider contextual factors that shape the behaviour of people in communities" (p.94). They warn that this neglect of context frequently results in overemphasis on individual determinants of behaviour that can often lead to the assumption that any hardship is a result of the individual. Qualitative research methods allow for the rich descriptions of specific behaviours and the role of the setting in which they occur. In so doing, qualitative researchers help to dissolve the inferred blaming of the individual for which traditional research has been criticized for.

In their articles, Banyard and Miller (2000) and Edwards (1999) also highlight the value of empowerment in community psychology. They describe how qualitative research methods are not only tools "for the gathering information", but for individuals and group empowerment as well as action and social change" (p 495). The utilization of open-ended interviews and focus groups by qualitative researchers, gives the participants an opportunity to tell their own stories, which is an empowering process on an individual level. Qualitative research is also an empowerment tool at a community level. Benyamor (1991) cited in Banyard and Miller (2000), describe sharing of stories by research participants leads to a shared sense of belonging and collective support that reduces self blame, raising group consciousness and helps individuals to

understand the context of their circumstances-all of which are key elements in empowerment. Quantitative methods are ideally suited for the identification of specific behaviour patterns and change across time (Newman, 2000). Qualitative methods on the other hand strive to reveal the subjective meanings that underlie and give rise to those behaviours (Babbie, 2002). They address the "why" of human behaviour. They allow the researcher to understand the meanings that people attach to significant events in their lives.

The above points do not by any means aim to diminish the value of quantitative research methods but rather it serves to highlight that both methods reflect distinct sets of beliefs about the nature and purpose of research (Leedy, 1997; Richardson, 1996). I support the view that both qualitative and quantitative research methods reveal different aspects of the phenomenon under study and can complement rather that work against each other. In support of Patton (1990), I advocate a "paradigm of choices", in that I do not reject one research method in favour of the other, but rather choose based on methodological appropriateness related to the purpose of the present study and the questions being investigated. I recognize "that different paradigms are appropriate for different situations" (Patton, 1990, p39). As such qualitative evaluation methods were seen as the best fit with this particular research, because it allows the participants to describe their unique experiences from which I can evaluate the effect and impact of the intervention programme in communities.

The interviews were conducted from a Rogerian client-centered approach. From a Rogerian perspective, the important questions would concern what volunteers experienced and feel when dealing with children. This question would attempt to elaborate and differentiate the meaning of these experiences and help adults deal with children presenting with various psychosocial behavior problems. The advantages that qualitative individual interviews offer in terms of control stems from close communication between the interviewer and the participants. The interviewer can use subtle cues to control the direction of a one to one conversation. Furthermore, the dynamics of individual interviews put more burdens on the participants to explain themselves to the interviewer. The other distinct advantage of individual interviews occurs when the goal of the research is to gain an in-depth understanding of people's opinions and experiences. Follow up interviews can also help provide depth and detail on topics that were

only broadly discussed in group interviews, that is, focus groups.

Another interesting thing about this study is that it combined individual and group interviews in its data collection process. Following individual interviews with focus groups allows the researcher to explore issues that came up only during the initial interviews. This suggests that focus groups and individual interviews can be complementary techniques across a variety of research designs. The goal of combining research methods is to strengthen the total research project, regardless of which method was the primary means of data collection (Morgan, 1997).

The next section will discuss how focus groups were conducted, the advantages of using focus groups, disadvantages of focus groups, problems encountered during focus group conduction, and factors to be considered prior to doing focus groups. The rationale for using focus groups will be explored in the section that follows.

3.7 Rationale for using focus groups

As form of qualitative research, focus groups are basically group interviews. Focus groups rely on interaction within the group. This interaction is based on topics supplied by the researcher who takes the role of a moderator, by assembling and directing the focus group sessions. In focus groups, group interaction is explicitly used to produce data (Morgan, 1997). During the focus group data collection phase, the researcher tried answering the research participant's questions as honestly and as openly as she could. All the procedures involved in focus groups were again explained to them. All the participants expressed relief after the aims of the study and all the processes involved in data collection were explained to them. Anonymity and confidentiality was again guaranteed. The next meeting for our focus group was scheduled for the following week after the individual interviews. The focus group was conducted without any problems being encountered. They were eight (8) participants, and they all actively took part in the discussion during data collection. The session lasted two hours.

3.7.1 Advantages of using a focus group

Firstly, focus groups are used as a self- contained method in studies in which they serve as the principal source of data. Secondly, they are used as a supplementary source of data in studies that rely on some other primary method such as surveys. Thirdly, focus groups are used in multi method studies that combine two or more data gathering means. Another distinguishing feature of focus groups is their formality or less formality. In particular, the use of either a more formal or less formal approach depends on the researcher's goals, the nature of the research setting, and the likely reactions of the research participants to the research topic (Morgan, 1997).

In most cases, focus groups are used primarily for convenience, as they allow more individuals to be reached at once (Khan & Manderson, 1992). McQuire, (1996) asserts that another thing that distinguishes focus groups from other data gathering methods is the size and the use of specialized facilities for the interviews (in Morgan, 1997).

The strength of relying on the researcher's focus is the ability to produce concentrated amounts of data on precisely the topic of interest. This strength is one source of focus group's reputation for being "quick and easy". The second broad strength for focus groups is their reliance on interaction of the group to produce data. As Morgan & Krueger, (1993) noted, the comparisons that participants make among each other's experiences and opinions are a valuable source of insights into complex behaviors and motivation (in Morgan, 1997. This too produces a corresponding weakness, however, because the group itself may influence the nature of the data it produces. The concerns for focus groups includes both the tendency towards conformity, in which some participants withhold things that they might say in private and a tendency towards "polarization ", in which some participants express more extreme views in groups than in private (Morgan, 1997).

It is clear, however, that for some types of participants discussing some types of topics, the presence of a group will affect what they say and how they say it. This is an inevitable source of focus groups that is considered as a potential source of weakness for any given research projects. Focus groups offer a concentrated insight into participants thinking on a topic, by exposing the researcher to the typical experiences and perspectives of those people the researcher is about to observe. Given the well-known problems of gaining access to and

establishing rapport in a new field site, preliminary focus groups drawn from similar locations can often be quite useful (Morgan, 1997). There are obvious factors that affect the ability to plan for doing focus groups. These are ethical concerns, budget issues, and time constraints. The next section will explore the disadvantages of utilizing focus groups.

3.7.2 Disadvantages of a focus group

First, like all forms of interviews, focus groups are largely limited to verbal behavior and self reported data. Secondly, even though focus groups bring about group interaction, they are still many interactions that cannot be re created in focus groups. Finally, because focus group discussions are controlled by the researcher, we can never be sure of how natural the interactions are. This control is also a disadvantage, because it means that focus groups are in some sense unnatural social settings. There is always some uncertainty about the accuracy of what the participants say (Morgan, 1997).

With regard to efficiency, there are many topics in which the rapid data gathering would supersede the need for depth and detail of particular observations. In each of these cases, focus groups could well be the preferred method. A 90 minute focus group discussion will generate roughly a tenth of the information that each participant would provide in an equivalently long individual interview. For focus groups to be effective there are some factors that need to be taken into consideration by the researchers prior to conducting focus groups, and these are dealt with in the section that follows.

3.8 Factors to be considered prior to conducting a focus group

In many respects, the ethical concerns in focus groups are similar to those raised in all qualitative research (Punch, 1986). But the specific concerns generated by focus groups also require attention. Issues concerning invasion of privacy are important whenever taping is the primary means of data collection. It is thus wise to decide up front who will hear or see the tapes. Researchers are advised to try to limit this to research staff only, unless presentation

publicly will be an integral part of the research process. One unique ethical issue in focus groups is the fact that what participants tell the researcher is inherently shared with other group participants as well.

Another factor to consider in planning for focus groups, is budget issues. Major costs factors include salaries to focus group moderators, travel to the research sites, rental of research sites, payments to participants, producing and transcribing of tapes. Many of these costs are essentially fixed by the circumstances of the specific research projects. But substantial savings are possible if the researcher has time and skills necessary to perform the moderator role.

Furthermore, the recruitment of participants in the planning phase may be time consuming, especially when using specialized populations. In the observation phase, each group takes about 2 hours to conduct. Finally, in terms of analysis and reporting, transcript typing is slow and transcript analysis is time consuming. Depending on the number of focus groups to be conducted, the availability of the participants, and the kind of analysis intended for transcripts, the project may take anything between 3 and 6 months longer if the researchers divide their time between the project and other commitments. It is important to have realistic expectations not just with regard to time and budget but also in terms of the total amount of researcher effort necessary to produce the desired data.

3.9 Overview of the focus group research design

Ghauri, Gronhaug and Kristianslund, (2002) defined a research design as an overall plan fro relating the conceptual research problem to relevant empirical research. It is the overall strategic choice made with the purpose of coming up with an approach that allows answering the research problem in the best possible way within the given constraints. In the present research, the focus group design included a number of decisions about how data was to be collected and who was to participate in the study. The next decision was determining how the groups were to be structured and the level of moderator involvement. Another decision dealt with the size of each group and the number of groups in the total project. We decided to use the rule of thumb, by having 6-10 participants per group, and have one focus group in this

project. With regard to the choice of the participants, questions of whether mixed groups would be more productive than homogenous groups for this research topic had to be posed by the researchers. The aim was to use participants that were to best serve the purposes of this study. Questions of whether a smaller number of groups will be sufficient or would it take a larger number of groups to cover the participant's range of opinions and experiences on this topic had to be addressed. For the purposes of the current study, we decided to settle for the smaller group.

3.10 Sampling concerns

In selecting participants for a focus group project, it is often more useful to think in terms of minimizing sample bias rather than achieving generalizability. Focus groups are frequently selected conducted with a purposively selected sample in which the participants are recruited from a limited number of sources. The bias of interpreting data from a limited sample as representing a full spectrum of experiences and opinions becomes a problem if ignored (Morgan, 1997).

The decision to control the group composition to match the carefully chosen categories of participants is important in focus groups. The group composition ensures that conversation is free flowing among participants within the group, and this also facilitates analysis that examines differences in perspectives between the groups. The group composition also ensures that each participant in the group has something to say about the topic and feels comfortable saying it to each other. In doing so, participants feel free to talk to each other and wide gaps in social background or lifestyle can defeat this requirement. The most common background variable that was considered in this study was age, sex, social class and occupational status.

It was taken into consideration that older and younger participants may have difficulty communicating with each other if they are combined together. This may be either because they have different experiences with a topic or because similar experiences are filtered through different generational perspectives. But for the purposes of this research, both young and old

were grouped together and there were challenges experienced as a result. Sex differences have been found to either reduce the comfort level between men and women in the discussion or affect how either perspective gets discussed. Class differences reflect segregation in our society, even when participants have few overt class differences in their experiences, they may be uncomfortable discussing personal experiences in each other's presence.

The choice between mixing and separating categories of participants occurs when participants occupy different social roles with regard to the topic. Fortunately, this was not the case with the present study, because all the participants occupied similar roles as caregivers. Differences in status or authority are likely to create this problem. Because of the nature of the data in the study, it was thought that thematic analysis would be the most appropriate and useful method. Thematic analysis will enable the researcher to gain insight into participant's experiences as volunteers offering psychosocial support to vulnerable children in communities. In the section that follows the steps on how data is going to be analyzed will be explored and various methods to be used will also be discussed.

3.11 Data analysis

Qualitative data analysis is enjoying a resurgence of interest among social scientists (Henning, 2004). Qualitative data analysis is described by Babbie and Mouton (2001) as those forms of analysis whose data were obtained using qualitative techniques. It is an approach of making sense of social research observations by utilizing methods of examining social research data without converting them to a numerical format. According to Macmillan and Schumacher (1997), qualitative data analysis is essentially an inductive process of organizing data into categories and identifying patterns or relationships among categories. Categories emerge from the data rather than being imposed on prior to data collection. Newman (2000) has highlighted the differences in quantitative and qualitative data analysis. For example, quantitative researchers choose from a specialized and standardized set of data analysis. Quantitative analysis is highly developed and builds on applied mathematics. By contrast, qualitative data analysis is less standardized. The wide variety in possible approaches to qualitative research is matched by the many approaches to data analysis (Babbie, 2002). Some authors have cautioned

against the creation of a sharp dichotomy between the quantitative and qualitative approaches to research (Leedy, 1997; Richardson, 1996). In particular, Richardson (1996) has observed that if one were to look at research done nowadays, one would recognize that much of this research hardly falls into one or other of the two categories. Furthermore, there is the issue of "hard" and "rich" data when one describes quantitative and qualitative data (hard-numbers; rich-words). As observed by Richardson (1996) there are no two kinds of researchers, that is one for numbers and one for words. He points out that a large proportion of research studies use both verbal and numerical data. Newman (1997) recommends that these two methods be used together if it will add value to the answers needed. There is an assertion that quantitative researchers collect their data in "artificial" settings, whereas their qualitative counterparts collect theirs in "natural" settings. This is misleading because research is in itself part of the social world, whether it is done in the classroom or in the laboratory (Richardson, 1996).

In this present study, all the interviews and the participant's responses to various questions will be subjected to qualitative analysis using the thematic approach. This approach helps in the identification of various meanings attached to people's responses in their field as community volunteers. Using this approach, an attempt is going to be made to identify themes that will emerge from the collected data. After relevant themes had been identified, an attempt will then be made by the researcher to interpret the information within the existing theoretical framework and literature. Thematic analysis conducted in this study will largely be informed by the work of Boyatzis (1988). The rationale for using qualitative data collection methods has been explained in the early sections of this chapter.

3.12 ETHICAL CONSIDERATIONS

The basic ethics of working with vulnerable children and protecting their identity was adhered to in this study (Meisel & Kuezewiski, 1996). Asking both the research participants and the researchers to pledge confidentiality verbally before embarking on the actual group research ensured this. This was based on mutual respect and trust that had developed between the researchers and the research participants over a long period of time. This chapter has described the research design, the apparatus and the administrative procedures involved in the present study. The analysis of the collected qualitative data will be presented in the next chapter.

CHAPTER FOUR

Research findings, interpretation and discussion

4.1 Introduction

This chapter presents the responses from all the research data collection measures utilized in the present study. Various themes that emerged from the individual and group interviews are presented, analyzed and discussed qualitatively. In this chapter, the research findings arrived at through an analysis of the interview data will be presented and interpreted. Interpretation of data depends on the flow from the research problem, the data collected, and the analysis made. In simple terms, is the extraction of useful information from the analysed data to answer the questions posed at the beginning of the research process. The researcher should ensure that the data is interpreted in such a way that it answers the questions posed and thus achieves the research objectives.

As it was mentioned in the previous chapter on methodology, the aim of analyzing the interviewees' responses is to identify major themes related to the research questions. Utilizing qualitative data collection approaches, a presentation of rich, holistic data and direct quotations from the interviews undertaken to illustrate and support the research findings. The effort at uncovering themes is a creative research process that requires the researcher to make carefully considered judgements about what is really significant and meaningful in the collected data being analyzed. The next section begins by discussion of the themes that emerged for the interview data from each question in the interview schedule.

4.2 Discussion of themes

4.2.1 What is it that you learnt in the programme?

A significant number of themes that emerged from analysed data in response to this question, were mostly characterized by the research participant's sense of contribution to improving the quality of lives of vulnerable children in their communities. All the research participants

seemed to identify with this need as their primary motivating factor. Among the twenty four participants interviewed in this research project, fifteen of them expressed the genuine need to add important and significant value and positive impact on the quality of lives of vulnerable children. The theme of community togetherness was also mentioned by the majority of the research participants involved in this present study. The following excerpts that have been selected from the interview protocols will serve to illustrate these views:

"My involvement in this programme was because I saw how these children were suffering and I wanted to help to make some difference in their lives. My passion for caring and supporting vulnerable children was also renewed during this training programme. I thought maybe this could help make them feel better and cope better with their stressful life situations"

"It is important that we as community members help these children handle their difficult and challenging circumstances better. As adults in the community, coming together to try and help the best we can, make these children feel loved and cared for and they know that some adults care. It helps to give them some sense of hope for the future. It is better to do something to change their life circumstances than do nothing at all"

"As women, as mothers, and aunts, we should always try and help these "poor" children whenever we can because if we do not help them who will help really?. I feel whatever little contribution we can make or offer goes a long way towards making their lives a little bit better and bearable. Life is already very hard for most of these children, shame. These children belong to us, we cannot afford to fold our arms and do nothing with the skills we have been getting. We try the best we can and personally I can see the difference and positive impact our skills have had on these children. I learnt that these children have a lot of psychosocial issues that they have to deal with in their lives. For me, helping the children have given me a great sense of belonging and fulfillment"

"What I learnt was the importance of having the required knowledge and skills to help needy children, makes it much easier for me to provide my services with pride knowing that children will benefit somehow through me intervening on their behalves. Taking part in this programme have been of tremendous help not only to the children but to us as community care workers because our community members trust us with their problems knowing that we are skilled to

deal with various issues affecting vulnerable children". Hopefully the children appreciate the kind of support we offer to them in their hour of need"

"I have lived in this area for more than twenty years and things have really changed and people are more than willing to come together for one common purpose and goal. Unlike before, they are now no longer willing to stand by and watch vulnerable children in their communities suffer alone. Because of this HIV/AIDS, everyone in this community is united to help improve the lives of our children. I can honestly say that attending psychosocial support programmes have helped to sharpen my helping skills, when my community needs me I am there to offer my services for the benefit of the children"

Based on the above mentioned interview data extracts, it became clear that the participants valued their involvement in improving the lives of vulnerable children in their communities. According to the majority of their responses, having the necessary skills needed to provide psychosocial support to vulnerable children has given the community volunteers a sense of community and a sense of belonging. This in turn has helped them to achieve their common community centred goals of being there for their vulnerable children. When analyzing the pertinent themes in response to this question, the need to take responsibility and address community problems as a collective, seemed to be the primary motivating factor among the research participants. These responses also highlighted that most research participants in this study valued community relatedness, interdependence and bonding experienced during the provision of their valued services and skills to vulnerable children in their communities. They felt that working with these children brought them together for the common cause. From the above mentioned responses, the research participants seem to have learnt a lot of skills through participating in this psychosocial intervention programme, in terms of rendering support to vulnerable children.

A second theme that emerged in response to this question was the benefit of continuous personal growth and learning process expressed by most research participants. Twelve of the research participants mentioned personal growth and ongoing learning benefit they gained from taking part in this psychosocial support programme. Evidence of this theme was found in some of the following responses provide by the participants:

"Learning new skills as a care giver is important because it refreshes you and gives you renewed energy, hope, personal fulfillment and growth. You go out there to the community to help knowing that you are doing something useful and you grow and learn so much as a person. I am now armed with the right and needed skills that is making such tremendous difference in the lives of children burdened by HIV/AIDS, poverty and violence"

"I can personally say this training programme has helped me grow a lot as a person in the helping field. It is amazing to compare what I know now after being involved in the programme. I do things differently now, because this programme opened my eyes about the plight of these vulnerable children in terms of dynamics involved in their predicament and what to do in order to help them. I feel more effective now in terms of my interventions in vulnerable children related issues, thanks to the programme"

"After taking part in this programme, I have been able to give the skills learnt back to the needy and vulnerable children in my community. I am grateful I was part of such an important child-oriented community intervention because now I am able to help poor children adjust better in life despite their challenging situation. I can now offer these children better options to cope and deal with their emotionally charged lives"

From the above mentioned interview extracts, it is evident that research participants had benefited from taking part in this psychosocial intervention programme and were in turn utilizing their learned skills and expertise back to vulnerable children in their respective communities. For eight of the research participants in this present study, an important consideration for joining in this psychosocial intervention programme, was based on religious reasons. Some of the extracts that serve to illustrate this are:

"As a Christian, it is important for me to help people who are in desperate need of care. This is an important virtue that I always try to adhere to in everything that I do and my involvement with vulnerable children in my community has been a crucial spiritual journey. I am so glad I was able to help and fulfill my spiritual purpose".

"I grew up under very strict and staunch Christian values, watching my mother being a source of hope and help in our community encouraged me to volunteer my services for the benefit of the children".

The next research question explored in this study will be discussed.

4.2.2 What is it about this programme did you find useful?

This question was intended to explore and probe deeper the research participants' individual views about the impact and the usefulness of this psychosocial training programme on them. This question was seen as crucial and central to what the present study was trying to evaluate, the positive impact of the programme on the lives of vulnerable children in communities affected by HIV/AIDS, poverty and violence. Though the responses that emerged in response to this question appeared to be diverse, themes of sense of community experienced because of participation was common. The most common trend expressed by the majority of the research participants was the great sense of personal fulfillment and sense of duty to serve, they reported to have experienced. They mentioned gaining mutual support networks within community involvement. What they also mentioned as useful, was knowing that vulnerable children's needs will be taken care of by their participation in this training programme. As it was stated in chapter 2 of this present study, that community cohesion and interaction was essential for the positive mental wellbeing of vulnerable children. This was seen as important in increasing the resilience and reducing vulnerabilities of these affected children. To illustrate the above mentioned themes, the following extracts were chosen:

"It was useful to know that as a community, we were all concerned about the plight of these vulnerable children in our communities. I felt the entire community was together in this fight and we shared the common goal of wanting to help ease their pain and load a bit"

"As a community member, I gained skills to help provide the much needed support to vulnerable children in my area. There is so much pain and suffering, it is just so sad, one has to help in order to make a difference in children's lives and contribute positively to their wellbeing. This will in turn help reduce the negative impact of their difficult and challenging life circumstances"

From the above analyzed interview extracts, it seems that by taking part in child-oriented psychosocial programmes and gaining valuable skills, research participants are able to make a positive impact on the lives of vulnerable children in their respective communities. These

responses also suggest that relevant psychosocial intervention programmes can help ease the children's vulnerabilities, increase their resilience and also decrese the negative effects of their challenging psychosocial contexts. This in turn benefits the entire affected families and communities. Some of the research participants reported that what they found useful in this psychosocial programme, was an opportunity to add positive impact and change affected families and children's lives. They felt better able to solve their problems and share ideas with other people involved in the care and support of vulnerable children in various affected communities. Extracts from some of the interviews that illustrate this point are:

"What I think I benefited mostly from this programme was knowing that the skills one had learned were helping to change the lives of these affected children. I learned that by mere listening to what a child tells you, you can then be able to help that particular child choose better options to face their often challenging and difficult live circumstances"

"Through this programme, I learnt effective communication and problem solving skills, which are essential elements needed by people working within my field of work. I also learnt how to deal with various challenging psychosocial issues affecting stressed, vulnerable and orphaned children in my community"

"I now feel adequately equipped to share my learnt skill with my other co-workers who are also caring for vulnerable children in their communities"

'There is nothing as satisfying as knowing that you have made a difference in a hopeless, helpless, desperate and needy child. Skills obtained from this programme have helped me intervene at a better level on behalf of these children, and I have seen how different most of them are now. Being of such positive help makes one feels proud of the service rendered and the positive effects thereof"

In response to the question of how useful the programme has been to them as community volunteers, four research participant gave the following feedback on how this program benefited them:

"I felt that personally helping these affected children has also helped me to deal with some of my personal psychosocial issues that I was going through"

"Taking part in this programme has been a developmental process for me, both spiritually and emotionally". It taught me how to deal with unresolved issues that were troubling me inside". I am coping and functioning better now"

"For me being part of this wonderful programme has helped me to forget about my own problems because all my energy is now focused on helping these vulnerable children cope with their challenging life circumstances".

"With my learned psychosocial support skills, in the process of helping them, their strength and resilience has helped me handle my own problems therapeutically".

Based on the above responses, it became clear that this programme has not only been useful to the vulnerable children but some of the volunteers seem to have benefited as well. Being part of this programme has helped some of the research participants to deal with their own personal psychosocial challenges as volunteers offering support to vulnerable children. This means that the same skills they used with the children, they have also used them for their personal benefit. They have learned to be self-less and dedicated to caring and nurturing the vulnerable children in their communities. The following extract seems to illustrate this point better:

"Through taking part in this programme, I am now able to talk openly about my personal problems unlike before where it was difficult and almost impossible. This programme has made me look at my life differently because most of these children have far worse and painful issues then mine. Funny enough, as an adult I have learnt so much from these children especially how they have dealt with devastating life circumstances, survived and became resilient"

"I now know it is okay to talk openly about one's personal issues and I am a better volunteer now since I attended this programme. I handle my own issues better and more effectively now. I even disclosed my HIV status two months after we finished attending the programme. I don't think I would have done that willingly should I not have attended the training programme"

The above mentioned interview extracts suggest that the majority of the research participants benefited immensely from taking part in this programme. These responses have revealed how being involved in this programme has been carthatic for some of the research participants. Some of the above responses given by research participants seemed to suggest that within the African culture a child does not only belong to the parents but the entire community is also responsible for nurturing and bringing that child up. The responsibility of childrearing is shared by all concerned members within the community. They described feelings that this programme added value and worth to their lives and that of their communities. Some of the research participants also revealed gaining sense of independence and mastery over their lives since their involvement in the programme. To illustrate the above mentioned point are the following extracts:

"Culturally, we know that child-rearing practices are shared by adults in the traditional African families and communities. This programme has enabled us to do just that, that is, nurture, care and support the vulnerable children in our affected communities. We are now sharing the responsibility of bringing up children, not because we gave birth to them, but the fact that they are children who belong to our community makes them our children as well"

"I can honestly say that this programme has given me some independence in terms of equipping me with the needed skills. I am now more professional and self-sufficient with what to do should a need arise for me to intervene on an emotional level. I no longer rely on social workers to guide me even with the simplest of the problems that these children sometimes present with"

"With the skills gained from this programme I am more confident to offer psychosocial support to the vulnerable children, it is not as frightening and emotionally overwhelming as it was before. It is true that knowledge is power because now I am working more independently as a volunteer. Before I went for this training programme I was forever following the Nurses and Social workers in my community because I was not sure of what I was doing most of the time!"

In response to the question of benefits of this programme on the volunteers offering psychosocial support to vulnerable children, one research participant mentioned the benefit of opening up lines of communication between different individuals and communities on various issues relevant to vulnerable children. She had this to say:

"One of the benefits of taking part in this programme is letting affected individuals, families and communities know that there is someone out there who is willing to listen to their problems and offer help. This makes children and families open up and express their pressing psychosocial concerns in a safe and contained environment. People in the community now know that there is help out there for them. This does not only empower us, but the community also gets empowered"

The third major theme identified in response to this question was the concept of ubuntu that this programme was seen to be providing to vulnerable children affected by HIV/AIDS, poverty and violence in the communities. It is also important to note that the majority of the research participants mentioned this theme as their most primary motivating and beneficial factor, this is illustrated in the following extract:

"As an African person, the important benefit one gets from taking part in such community intervention programmes, is their emphasis on community related issues. I see this as proving ubuntu to our own affected children because they are ours one way or the other, we cannot run away from them anymore"

"I was brought up to value ubuntu as an essential element in our community. I believe what affects these needy and vulnerable children affects us indirectly. You cannot pretend that these issues don't affect you because the truth is they do. This programme enables one to practice our value system that says what affects you also affects me"

"Culturally, a child does not only belong to its parents, but they belong to the entire community or even a village in which he/she grows up in"

"As community volunteers, it is very important to have ubuntu within ourselves because it makes it easier for you to empathize with other people. My belief is that what happens to these children can also happen to other children, even our own, who knows"

The fourth theme that emerged from these responses was that of empowerment. The idea of empowerment is uniquely powerful as a model for policy in the field of social and community intervention strategies. The useful aspect of this programme was its emphasis on instilling the

sense of power to the research participants as providers of psychosocial support to vulnerable children in the community. This indicated that the research participants were committed to empowerment. Taking part in these community intervention programmes was seen as important in reversing the feelings of helplessness and hopelessness usually experienced by the majority of these vulnerable children. This aspect was clearly reflected in their attitudes, beliefs and behaviour towards the benefits obtained from psychosocial training progarmmes. They explained this theme of empowerment in terms of fulfilling their purpose and meaning as community volunteers offering psychosocial support to vulnerable children. They also mentioned gaining as sense of mastery and control over their affairs which is empowering on its own. This theme is also relevant given the negative impact HIV/AIDS, poverty and violence has on the children's psychological states. The volunteers felt empowered with the skills that were in turn benefiting vulnerable children. In the past South African history, women have been politically, socially and economically disempowered, given the fact that the majority of the community volunteers are women, focusing on their empowerment seems like the most important thing to do. This training programme also aimed to empower women at both the individual and community level, thus fulfilling the goal of community psychology. Another question that this study wanted to explore was to find out if there was anything in the training programme that the research participants felt was not useful.

4.2.3 What is about the programme did you find not useful?

Based on the responses received from the research participants, the majority of them felt that the entire programme content has been useful to them in their field of work. They all indicated that they found everything contained in the training programme to be useful in their provision of psychosocial support to vulnerable children in their communities. They reported that they did not find anything that seemed irrelevant or inappropriate in the programme. They also mentioned that they were able to fully utilize all the skills they had learnt in the programme to help vulnerable children with their problems. This information is mostly important because it shows that the programme has managed to achieve its intended objective, that is, be an effective and holistic community-centred psychosocial intervention programme. This also means that this programme has been effective in making a positive impact in the lives of community volunteers offering psychosocial support to vulnerable children in affected areas. The following interview extracts will serve to illustrate these themes which emerged from this area of inquiry:

"No I think this programme was very useful, everything we learnt has been extremely useful and I have been able to plant it back to these vulnerable children, whenever the need to provide them with help arose"

"I think the entire training programme content was useful and relevant to the current challenging situation that these children find themselves in. I did not really find anything that was not useful, it's a great tool to use. I even carry the manual with me all the time, just to remind myself of some of the topics contained in the programme"

"I have been working non-stop since we did the training but I have not yet encountered anything inside the training programme manual that is not useful whether now or in future"

"No, I have found the programme to be very useful in dealing with various psychosocial issues that most of these children present with in the community. I do not leave my home without taking the programme manual with me, it always comes in handy, it is a useful programme that gave me insight into children's issues, especially bereavement"

This study also explored the research participants' individual experiences as community volunteers rendering psychosocial support to children affected by HIV/AIDS, poverty and violence.

4.2.4 What were your individual experiences as a volunteer rendering psychosocial support to vulnerable children?

The responses to this question indicated that the majority of the research participants shared similar views and experiences with respect to their participation in the programme. The majority of the research participants revealed that they gained invaluable skills with regards to issues of psychosocial support for vulnerable children. The major theme that emerged from this line of questioning was that this training programme gave them tools to provide effective psychosocial support and do more than simply meet the physical needs of these vulnerable children. They reported to be now able to go further and address their emotional, social, mental

and spiritual needs holistically. When a child is, for example, stressed, they are now able to deal with whatever it is that is stressing the child by providing healthy options. The majority of the research participants also reported that because of their involvement in the training programme, they are now seen as important source of knowledge, help and support in their communities. Their experiences have been that because they are based in their communities, they are always there to offer help to households and communities in greatest need and they also respond quickly to various crises within their communities. To illustrate these themes, the following interview extracts are presented:

"I am a better person because of attending this programme. My own experience has been that being more skilled and knowledgeable puts one at ease, you do not panic when you are called out to provide care and support because you know what to expect and also what to do. You also have numerous resources in terms of referring some of these children to appropriate help care centres by taking the child's history. You no longer find yourself in a situation where you are stuck with a child because of not knowing where to take that child"

"What I have noticed is that I no longer see myself as just a volunteer, but I now see myself as a community "social worker" because my skills are now so diverse and not as limited as before I went for this training programme. When a child has no food, I intervene, when a child has problems paying his/her school fees I intervene, when a child has sick parents, I also know what to do, when a child loses one or both parents Im able to provide bereavement support at a community level"

"Through taking part in this programme, I now know that not only children affected by HIV/AIDS are vulnerable but also children affected by poverty and violence. In the past I thought that only HIV/AIDS makes children vulnerable but now I know better. It has been a great learning curve and experience for me"

"This programme opened my eyes and I gained so much skills and information about different children's needs especially, the psychosocial need. Previously I was under the impression that if vulnerable children are provided with food and shelter, that is all they needed, the importance of emotional needs was renewed because I thought there were not that crucial in a child. I know all about those needs now".

"Being part of the volunteers offering psychosocial support in the affected communities makes it easier for people in the community to trust us and come to us for help. Because I have been equipped with essential skills for providing psychosocial support, I am able to help affected children and their families cope better with their difficult and often emotionally challenging lives. People also seem to respond positively to me because I am part of their community, they know me. I have also noticed that people are benefiting from my support, this is based on the positive feedback I receive from them during my interventions. To me that is all that matters, making their already burdened lives bearable. Generally my whole experience has been very positive and encouraging"

"I honestly believe that these children belong to us in the communities where they were brought up. Culturally, I do not think it is fair and right to neglect them and worse, put them into institutions. What do these institutions know about these children?. They no nothing they do not know their family history, but we do. We also know about their problems and I feel we are better equipped to help them and might do a better job of ensuring that despite their difficult life circumstances, they remain with us in their families, where they belong. I have witnessed these children thriving better in the hands of caring adults in the community"

"My experience has been that we increased our knowledge and in turn we are able to share these skills and knowledge with other community volunteers who did not have an opportunity to become part of this psychosocial programme. To me it has been an exciting learning experience"

"My greatest experience that I learned from this programme is the importance of factors that might help protect or exacerbate affected children's vulnerabilities"

Based on the above mentioned individual experiences reported by research participants, it is evident that they felt that they had increased confidence levels in strengthening the capacity of affected families and communities to take care of their own vulnerable children without putting them into institutions. They felt that institutions are poor at providing for the children's psychosocial needs. These research participants consider families and communities as the best foundation of effective, long term scaled up response for the protection, care and support of orphans and vulnerable children affected by HIV/AIDS, poverty and violence. A common

theme that also emerged from this question was that research participants were able to share their learned experiences in their day to day care of vulnerable children. This programme then benefited even those community volunteers who were not part of the training programme. Being more aware of diverse psychosocial issues affecting vulnerable children has made them more committed to providing the best support to these children. Being more aware and knowledgeable about psychosocial issues affecting these children has gave them better insight and understanding on the care and support of children who are themselves caring for a sick parent or parents or children who have lost one or both of their parents. These research participants also reported to be able to identify which factors increased the risk or protected children from the negative psychosocial effects of HIV/AIDS, poverty and violence in the communities.

4.3 Summary of findings

The evaluation undertaken in this present study revealed that the psychosocial intervention programme was indeed effective and was also impacting positively on the lives of the research participants offering psychosocial support to vulnerable children in the affected communities. The thematic analysis of the collected interview data showed convincingly that all the research participants appreciated the positive benefits of taking part in this community training programme. Most of the research participants responded by affirming the fact that this programme helped increase their confidence and reduce the apprehension they sometimes felt when working with vulnerable children. Their involvement and participation in the programme served as a community capacity building tool for cementing relationships within the affected families and communities for unity and common goals to be achieved. Another common theme that also emerged was that of the spirit of ubuntu being promoted among the research participants. This theme was seen as crucial for strengthening togetherness, unity, cohesion and interdependence among concerned adult in the affected communities. This theme was interlinked with the increased sense of belonging that the majority of the research participants reported to have felt due to their participation in the programme. The majority of the research participants saw their involvement in the programme as sacrifice for the other and the community at large. Knowing that they have made a significant contribution to the lives of the vulnerable children was also seen as beneficial by most participants in this study. The majority of the research participants seemed to derive pleasure from offering their help where it was

needed. The pertinent African belief that says "I am, therefore, you are" and "you are, therefore, I am" was repeated by the majority of the research participants in this present study. This theme was also more important in emphasizing the importance of focusing on the collective rather than the individual. The African view of looking at individual and families is more collective in its perspective unlike the Western worldview that is more individualistic in its focus. Most of the research participants felt that providing help to vulnerable children makes them feel accepted, loved, cared for and supported in their communities. This makes them deal and cope better with their current stressful life circumstances and their future adjustment is strengthened. The findings in the present study suggest that it is equally important to develop appropriate community centered intervention programmes to foster unity, empowerment and a greater sense of community to those offering psychosocial support to vulnerable children in affected communities. The psychosocial training programme being evaluated seems to be successful in meeting the psychosocial needs of those children affected by HIV/AIDS, poverty and violence in various affected communities. Based on the findings of the present evaluation, it is hoped that such community programmes would be made wide spread across the South African continent to provide psychosocial support on a much bigger and larger scale.

4.4 Concluding Comments

The two areas where the programme was evaluated, Trustfeed and Sweetwaters are examples of communites that have experienced the negative psychosocial consequences as a direct result of HIV/AIDS, poverty and violence. What has been observed is that most evaluation of programmes tend to focus largely on the effects of HIV/AIDS, there seems to be less focus on the negative effects of poverty and violence on children. Future evaluation of programmes should aim to address issues of poverty and violence on children because failure to do that can have negative consequences for the affected children. This is more so because there is research evidence of the link between HIV/AIDS, poverty and violence. The lesson this present research study hopes to have achieved and imparted is the urgent need for the development of various community oriented psychosocial support intervention programme that provides meaning and sense of control and direction to its community members. Programmes such as this psychosocial intervention programme being evaluated has immense potential for the mobilization and organization of concerned community members for the short and long term development and

psychosocial well being of vulnerable children in affected communities. No study is without limitations. In the next chapter these will be pointed out, recommendations made for future research and the conclusions drawn from the study will also be pointed out.

CHAPTER 5

5.1 Conclusion, limitations and recommendations for future research

This chapter concludes the present study. The findings based on themes that emerged from the analyzed data are at the core of this chapter. Limitations of this study and implications thereof will also be articulated. Recommendations for future research in this area concludes the chapter.

Indications are that this psychosocial intervention programme is extremely useful. This psycho social support intervention programme managed to promote care among adults and community members who are responsible for the care of orphans and vulnerable children in the community. This programme also improved the community care volunteers conception of the vulnerable child and his/her potential for development as well as the basic and psychosocial needs of a children. It improved the community volunteers' conception of themselves as competent and caring social support systems for vulnerable children in the community. This helped to make their caring a mutually rewarding emotional relationship between them and vulnerable children. Through this programme, an awareness and responsiveness to the various psychosocial issues affecting orphans and other vulnerable children was raised. Research participants reported that the quality of their intervention and mediation of the children's learning experiences in their day to day situations had improved since taking part in this programme. Continued use of this programme have indicated improvements in self-esteem of the children, they are better able to access social support in their own communities, they have developed more adaptive coping mechanisms, their school work has also improved and they are fewer behavioural and emotional problems. It is evident that the present evaluation study yielded positive results. The psychosocial support programme empowered the research participants and improved their effectiveness as providers of psychosocial support to vulnerable children in the community.

5. 2 Limitations of the study

A number of limitations are important to consider when examining the results and implications of this research. First, our sample was very limited in terms of racial or ethnic diversity of our

research participants. Therefore, our results may not used to generalize to certain groups of people that were not included in the study. It important to acknowledge that our sample was based mainly on convenience, and is thus not very representative of the entire culture. As a result we cannot make sweeping generalization statements about collectivized individual behavior, this is both demographically and socio- economically. Doing so would be ignoring the tremendous behavior diversity and variability that each culture is likely to have and bring to other cultures. Conducting studies among a rural population obviously has a number of limitations and constraints. Besides the limitations of local resources, there were problems of concepts, sampling, measurements techniques, and a host of epidemiological questions which had to be answered. Because of these inherent constraints, the research procedure had to be limited to a few items, and the methodological techniques had to be relevant to the socio-cultural setting.

In a developing country like South Africa, where the illiteracy levels are relatively high, self reporting methods for example, may not be suitable, and should therefore not be considered. Alternative and simpler instruments may be more appropriate. This study had several potential limitations reflective of the difficulties inherent in conducting population based research within a developing country such as South Africa. The reason for this is because South Africa has a culture that is so vastly different from a culture of other well developed countries like United States Of America (USA). While we believe that the precincts sampled are reflective of the impact of community based intervention programmes generally, we cannot be certain that the sample is truly representative of the country's overall population. Because our sample was drawn exclusively from only two areas in Pietermaritzburg, it may not truly reflect other community based intervention programmes in other rural and urban areas not evaluated. This is mainly because these two areas have somewhat totally different cultural traditions. The sample

was 100 % Black, therefore, results may not be generalizable to other racial groups, including vulnerable children from other black cultures outside South Africa, with their diverse ethnic groups and traditions that are different from those that are practiced here in South Africa. A more representative sample would have provided an opportunity to examine intervention programmes across the wider racial divide. An additional limitation of this study was the skewed gender distribution of our sample. All our research participants were females, thus information and findings derived from this study may not be generalized to the wider population of male experiences. A more gender balanced sample may have yielded different findings. Maybe future researchers need to replicate this study using a more heterogenous sample, for both generalizability and understanding of effectiveness of intervention programmes on vulnerable children. Perhaps the greatest limitation of this study is that the interviews were conducted in isiZulu, and the results had to be presented in English. The challenge with isiZulu as a Nguni language is that it is highly idiomatic and context dependant, and English tends towards abstraction. During analysis, attempts were made to ensure that the translated interviews did not lose their idiomatic flavour, but this could not be guaranteed.

Despite the above mentioned limitations, this evaluation study is important in highlighting the effect and impact of community oriented psychosocial intervention programmes on volunteers offering psychosocial support to vulnerable children in affected communities.

5.3. Recommendations for future research

The study undertaken in this thesis was limited in scope. It served as an evaluation of the effect and impact of the programme offering psychosocial support to children affected by HIV/AIDS, poverty and violence. A more comprehensive study which would bear in mind the following

consideration is suggested:

A bigger sampling population to include a wider spectrum of participants involved in the provision of psychosocial support to vulnerable children in various affected communities not only in the two communities included in this present study. This future study should also include male participants as the programme grow and becomes widely disseminated to all affected sectors in South Africa. This study highlighted the importance of providing psychosocial support to vulnerable children in affected communities within the wider South African context ravaged by HIV/AIDS, poverty and violence. Evaluating psychosocial programmes such as the one being evaluated in this study should be viewed as one of the steps needed in developing and implementing intervention programmes that address the psychosocial needs of vulnerable children. There is need for further research into understanding and increasing resilience building factors among vulnerable children in highly affected areas in South Africa. In the context of high HIV/AIDS prevalence in the Sub-Saharan African continent, programme evaluation is significantly important within the scientific field in guiding policy making with regards to issues affecting vulnerable children. This present study psychosocial programme was evaluated using the qualitative methodology, it is recommended that future programme evaluation utilize quantitative statistical methods to analyze the collected data. This will provide rich and varied information about the impact and effect of the intervention programme.

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Appendix A

Explanation of the programme structure

This programme was developed to help the volunteers offering care to community members to be more sensitive to the psychosocial needs of children affected by HIV/AIDS, poverty and violence. It was realized that a holistic intervention programme was required in order to meet the psychotherapeutic needs of vulnerable children. In this case, the focus had to move away from children infected or affected by HIV/AIDS, to all those children living in impoverished communities (Killian, 2003).

Networking with other people offering psychosocial support throughout Sub-Saharan Africa, further confirmed the need for a holistic community based intervention programme with a multi-layered approach in order to maximize the impact on children and their families (ibid). The basic intention and focus of these 15 sessions, 5 days programme, consisting of four layers as follows: (i) Community Mobilisation; (ii) Focus on Caregivers; (iii) Focus on the Psychotherapeutic Needs of Vulnerable Children; (iv) Focus on On-Going Support to Vulnerable Children. On community mobilization, the basic aim was to facilitate a process through which the community takes ownership of their vulnerable children. Credibility and open, and honest communication are the primary goals of the community entry phase. Research has shown that most communities are willing to assist with their children, but do not know how they can help (Madorin, 1999). They sometimes feel that their own resources are too stretched to accommodate the needs of additional people. What this programme does is provide a mean through which community volunteers can offer psychosocial support in a meaningful way to children.

The contents of this programme aim to sensitize community volunteers to the psychosocial needs of vulnerable children and to also give them insight into children's experiences. This fifteen session programme was run inconjunction with community based volunteers who had been sensitized to children's needs in the above mentioned training programme. During the running of the programme, the researcher of this present study acted as a facilitator in the programme. The programme began by breaking down the experience of alienation and isolation and simultaneously building a cohesive and cooperative group identity to form a therapeutic framework. The focus in the first eight sessions is on enabling children to focus on their experiences and therapeutically address the emotional turmoil arising out of their grieving and other circumstances of their lives. This programme then goes on to helping children to accept the circumstances of their lives; to enhance self-esteem; to boost resilience and to teach them problem solving skills. Pilot use of the programme indicated improvements in self-esteem of the children, improved access to social support, more adaptive coping mechanisms, improved school-work and fewer behavioural and emotional problems.

The ongoing support offered by the community based volunteers will include general monitoring and support, as well as focusing on the development of a structured programme in the context of fun, empowerment, skills development and enrichment (Killian, 2003). Another area of focus will be on how to make this a sustainable resource that can operate within a community with limited access to external resources.

Aims and objectives of the training programme

1. The main objective of the intervention programme was to make people rich in their understanding of children who face or will face difficult circumstances in their lives. It is only with the richness of understanding that we can make a real and significant impact on the lives of

vulnerable children, especially those living with HIV/AIDS, extreme poverty, political violence, abuse and neglect (Madorin, 2002).

2. To develop a holistic approach to assist children living with HIV/AIDS-facilitating an awareness of children's physical, psychological, spiritual and social adjustments when they are affected by the AIDS pandemic.

3. To enable community volunteers working with these children to incorporate the following onto their understanding of children:

> The development process
> The specific situation of bereaved children
> The risk and protective factors which may be utilized to facilitate coping in bereaved children
> The skills and knowledge required to support bereaved children
> Ways of assisting others to facilitate coping in children living with AIDS

4. To enable volunteers to communicate with children and to others about children's needs.
5. To enable volunteers to speak openly and explicitly about rituals associated with death, with the death experience, cultural attitudes and practices surrounding illness, HIV/AIDS, death and children's experiences of death.
6. To enhance the ability to reflect critically on practice, rituals, beliefs, procedures and attitudes that implicitly or explicitly impact on working with vulnerable children.
7. To enable the volunteers to identify and effectively manage their own stress reactions thereby increasing service efficacy and boosting the morale, capacity and reputation of home based care services. The method that was utilized in this programme was based on the principles of participatory learning. The main principle of this approach is that we learn a great deal more when each person in the group actively participates in the learning process. This is believed to enrich the group participants in a variety of ways, namely:

Firstly, each person brings his/her own unique experiences and insights to the group situation. Learning methods involving active participation will enable group members to share what we know and to learn from each other (Killian, 2003). Secondly, experiences that involve the "whole person" tend to be much more powerful and lasting learning experiences. Participative learning tries to involve participants in these different ways (ibid). Thirdly, we often rely on others for answers and doubt our own ideas and feelings. Participative learning respects that we all have knowledge and skills and helps us to develop trust and confidence in our own contributions (Killian, 2003).

It was equally important during this training process to encourage each participant to share their individual experiences and knowledge. Participatory learning can be a painful and difficult process because it tends to bring back painful memories and feelings. It is through recognizing these feelings that we as participants can learn more about ourselves and improve our skills (Killian, 2003).

COURSE CONTENT

1. Contextualization

The HIV/AIDS pandemic in South Africa

The psychosocial impact on community, personal, working and social life of children living with HIV/AIDS, as well as other vulnerable children.

Community profiles, assets and resources

The role of the volunteer

2. Multicultural understanding of Health, Illness, and Death

Rituals, customs, attitudes and beliefs about death

Bereavement counseling with children

Adjustment after death of a loved one

Parents adjusting to terminal illness

Adjustments to be made by families

Adjustments to be made by communities

3. Developmental Processes

Basic needs of children

Emotional development of children with special reference to attachment theory

Cognitive development

Social development

Children's understanding of health, illness, death and dying

4. Basic Tools of Communication

Basic communication and counseling skills

The patient-volunteer relationship

Communicating with relatives

Relating with children

Referral criteria, making referrals, and networking

5. Bereavement and Children

Bereavement and mourning in children

Children's reaction to death

Secondary stress factors affecting vulnerable children

6. Special Issues in Bereavement and Children

Living with Continuous stress

Guilt, Depression and Suicide

Dealing with aggression, Anger, and Revenge

Death and Dying, grief and bereavement

7. Techniques for working with children

Starting a therapeutic and trusting relationship with a child

Play techniques

Drawing and children

Talking to children about death and dying

8. Promoting Resilience in Children

Building resilience in children

Coping strategies for children

Adjusting to life after the death of a loved one

Accessing social supports

Memory boxes

Assisting significant others encourage successful adaptation

9. Supervision and Stress Management

Volunteer Stress

Support strategies for Volunteers coping with Helper Stress

Appendix B

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To whom it may concern

I am a PhD student in Community Psychology at the University of Zululand. I am currently engaged in a community project concerning the evaluation of two psychosocial intervention programmes for vulnerable children.

My basic concern is to evaluate the effect or impact of these social programmes on vulnerable children. I would appreciate your assistance by allowing me access to your community volunteers/ caregivers providing or offering social support to vulnerable children in your community. This research will add to already existing knowledge of intervention provided to children affected by HIV/AIDS, poverty and violence.

Your cooperation and contribution is of utmost importance and will be highly appreciated.

Thanking you in anticipation.

L.P. THEMBELA

PhD Community Psychology Student

Appendix C

Interview Schedule

Let me begin by thanking you for your willingness to participate in this interview. As someone who is involved in the intervention programme, you are in a unique position to describe what the programme does and how it affects vulnerable children (that is what the interview is about): your individual experiences as a volunteer rendering psychosocial support to vulnerable children using this programme: your thoughts about your experiences; what you found useful in the programme; what in your opinion was not useful. Your responses from this interview will help us understand if this programme has been beneficial to vulnerable kids and also make improvements if needed. Your participation is confidential and no names should appear on your responses. As we go through with the interviews, feel free to ask for clarity if you are not sure what the question means. I am interested to know as a participant:

i. Have you been able to use anything covered in the programme?
ii. What did you find useful in the programme?
iii. What in your opinion was not useful?
iv. What were your individual experiences as a volunteer rendering social support to vulnerable children?