

SUMMARY

Approximately two thirds (25.8 million) of the world's population infected with HIV are currently living in the sub-Saharan region. In South Africa, more than five million inhabitants are infected and every day 1 700 more people become infected with this virus. The South African group most vulnerable to HIV infection are young people between 20 and 34 years of age. Consequently, it is assumed that adolescents and children under the age of 15 are a less infected group and should therefore be the major target of primary preventive approaches.

The aim of the study is to encourage skills and competencies to cope with prevalent life tasks and to enhance the development of health behaviour to reduce the risk of HIV infection among pre-adolescent children (10-11 years of age) before sexual onset. This is done by means of a non-governmental and school-based life skills programme on AIDS and sex education, called the Child Mind Project (CMP) in Kayamandi in the Western Cape Province of South Africa.

The study, which is theoretically based on the social cognitive theory (SCT) by Bandura (1986), used three types of evaluation to assess the personal, interpersonal and social context of the intervention undertaken. The outcome evaluation comprised a quasi-experimental research design with four test phases and was conducted by means of a self-administered questionnaire containing three psychological variables (self-esteem, self-efficacy and knowledge of HIV/AIDS) and two social variables (gender communication and social responsibility) which are assumed to contribute to mental and protective health behaviour later on in life. A process evaluation used the instruments of participant observation and reports to examine attitudes towards the intervention and towards others, as well as the health promotion trainers' confidence in their professionalism and their assessment of the programme. A needs analysis, using the qualitative instrument of field interviews, examined risks and resources for child health within the environment of the case study.

The results of the quantitative evaluation verify a significant increase in the participants' knowledge about HIV/AIDS from pre-test to post-test phase. However, the follow-up tests show that the effect of the programme is not sustainable due to a relapse into a pretest knowledge level. Facing the insufficient sustainability of the evaluated programme, the results of the field interviews support the assumption that a magnitude of risk factors are evident in the environment of the intervention group. These conditions assumingly not only negatively influence the mental, physical and social health from an early age on but reduce the effect of the intervention undertaken in this context.

The thesis is concluded with recommendations for AIDS preventive and strengthening approaches for non-infected children living under these specific socioeconomic and sociocultural conditions, as they are most vulnerable to HIV infection.