CHAPTER ONE

INTRODUCTION

The United Nations Conventions on the Rights of the Child, the legal foundation for the rights of children, pleads for a standard of living with adequate physical, mental, spiritual, moral and social development of children in the present and the future (Article 27). The Convention defines a 'healthy' child development as one that strives for the *protection* (Article 19), *health and well-being* (Article 24) and *education* (Article 28/29) of the child (United Nations, 1989). However, the reality always appears somehow different from legal ideals. In 2004, the United Nations Children's Fund (UNICEF) reported that *poverty, conflict and AIDS* are denying more than one billion children worldwide a peaceful childhood. These three conditions create seven basic deprivations that children feel and which have a powerful impact on their futures, namely inadequate shelter, no access to sanitation or clean water, lack of access to information and education, no access to health care services, and food insecurity (UNICEF, 2004).

Article 24 (1) of the United Nations Conventions on the Rights of the Child recognises the fact that the treatment of illness and the restoration of health have to have the highest attainable standard of health care and facilities to ensure the *health and well-being* of a child. This means that combating disease and malnutrition includes securing basic needs like nutritious food and access to clean drinking water, as well as taking into consideration the dangers and risks of environmental pollution (United Nations, 1989, Art. 24 (2)). The South African National Department of Health (SANDH) estimates that 14 million (approximately 30%) of the South African population experience food insecurity (Figure 1.1). Within this context, children, especially those in rural and semi-urban areas, are the most vulnerable to malnutrition which causes health implications ranging from intra-uterine brain damage and growth failure, a reduced physical and mental capacity in childhood, to an increased risk of developing (diet-related) non-communicable diseases later in life (Mvulane, 2003). Malnutrition, as an indicator for poverty, is a pervasive risk factor that not only leads to physical health problems but also to poor psychosocial development (Patel et al., 2005).

The *protection* of a child, the second precondition for a healthy child development, is in the hands of carer(s), parent(s) and legal guardian(s), who ensure, together with state parties, the protection of the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse (United Nations,

1989, Art. 19 (1)). The loss of parents through AIDS puts children in unsafe living conditions which most probably has negative effects on their physical health and mental well-being, and exposes them to a magnitude of insecure life situations.

About a decade ago, the situation regarding HIV/AIDS in South Africa was better than in some of its neighbouring countries. Today, HIV infection in South Africa is spreading at a rate of at least 1 700 new infections per day; one of the fastest-growing rates of HIV infection in the world. More than half of these new infections occur in young people (Skinner, 2000). A study by the Human Sciences Research Council (HSRC) (2005) revealed that the highest HIV prevalence can be found in the 20- to 34-year-old age group, among which 24- to 29-year-olds are the worst infected (23.2%). Most infected people live in urban informal areas (25.8%) and are African and female (24.4%) (HSRC, 2005). It has been estimated that by 2010, there will be more than 2 to 3 million orphans under the age of 16 who will be fending for themselves and their siblings in what is known as child-headed households (Padayachee, 2004). It is also indicated that being orphaned by AIDS increases the risk of exposure to sexual abuse (child trafficking) and other kinds of abuse (child labour). The increase in poverty and the spread of the AIDS pandemic with all its effects on the South African society, reasons for serious concern over children in a very insecure living environment in the present and in the near future.

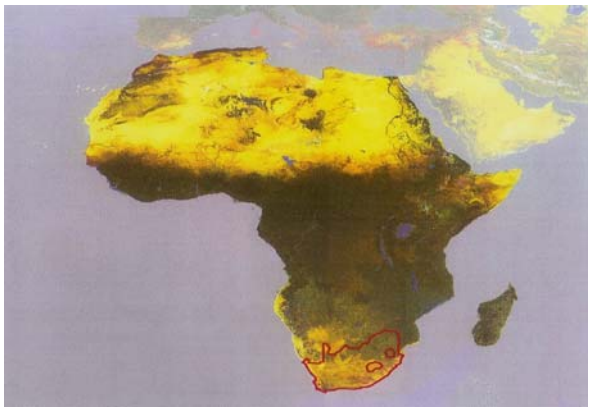

Figure 1.1. Map of Africa and Location of South Africa (Dennerlein & Adami, 2004).

In South Africa, a country which has first- and third-world society structures, the AIDS epidemic ultimately functions like a catalyst, worsening already unbalanced social, health and educational conditions. These conditions, together with wide-spread and growing poverty, high levels of violence in all its forms and an increasing intergenerational epidemic, have a

tremendous influence on the mental and physical development of children, especially those growing up in impoverished areas.

Thus, *education* can not only be regarded as the last resource to eliminate ignorance and illiteracy and to facilitate access to scientific and technical knowledge that conveys adequate information and skills for the protection and well-being of the individual (United Nations, 1989, Art. 28), but can also be considered an important strategy to ensure child rights. According to the United Nations (1989, Art. 29a), the development of the child's personality, talents and mental and physical abilities to their fullest potential should be in the centre of every educational process. A child needs to be prepared for a responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship with all peoples, ethnic, national and religious groups and persons of indigenous origin (United Nations, 1989, Art. 29b). In other words, children and young people have to be considered important segments of the population as targets for health-promoting intervention purposes that strive to prepare them for present and future life demands. Teaching life-enhancing competencies and skills attempt to guarantee a child's given right to health, education and protection.

Thus, the aim of the presented study is to evaluate the effects of the applied life skills programme on AIDS and sex education in order to encourage psychological and social competencies to cope with prevalent life tasks and to enhance the development of health behaviour, with the overall aim to reduce the risk of HIV infection among pre-adolescent children (10 – 11 years of age), before they become sexually active. The intervention was a non-governmental and school-based life skills programme on AIDS and sex education, called the Child Mind Project (CMP) in Kayamandi, located in Stellenbosch in the Western Cape Province of South Africa (Figure 1.2). The intervention was characterised by a primary preventive approach, proposing that children should be given health and sex education before they develop a full value system and become sexually active, in order to avoid HIV infection and to support an awareness of health, well-being and protective behaviour among the participants. The study uses the term 'health behaviour' or 'risky health behaviour', and not 'sexual behaviour' as in other studies, because it is assumed that pre-adolescents have neither developed health behaviour nor been sexually active, yet. Pre-adolescents are in a life stage where wishful thinking occurs and intense interpersonal relationships are formed; both lead pre-adolescents to develop relative independence and an increased cognitive capacity to acquire knowledge and skills in an organised fashion. Children have at this point in development made "sense of themselves as persons in relation to the proximate world in

which they live" (Illeris, 2002) and, thus, have started to form an identity. During this life stage, value and attitude systems develop, bodily changes take place and the individual's social environment expands to no longer just include the family system but also the school and community.

Therefore, the assessment of the development and changes on the personal and interpersonal level of pre-adolescents stand in the centre of the study. Underlying aims are to examine the larger physical environment in order to identify prevalent health and developmental risk factors in an impoverished setting, as well as to assess the obstacles and challenges facing such a health-promoting intervention for the reason that these complex and multilayered factors are also assumed to influence the proposed outcomes of the study.

Figure 1.2. Location of Kayamandi Settlement in Stellenbosch (Dennerlein & Adami, 2004).

Chapter 2 presents related results of recent studies on the psychosocial causes of unhealthy (sexual) behaviour among South African young people and children that contributes to HIV transmission. The chapter starts with a brief overview of the HIV/AIDS pandemic and related statistics. With regard to the development of health behaviour during different developmental stages from childhood to adolescence, three examples of risk factors for HIV infection of children and young people in South Africa are discussed. First, sociodemographic factors which have a tremendous impact on the high incidence of HIV in South African society are outlined. Second, sexual abuse of children is very common in South Africa, and not only causes physical injuries but also negatively influences health behaviour from an early age on. In the last instance a description of several studies evaluating the sexual behaviour of adolescents in South Africa is given. These results shall clarify that risky sexual behaviour even exists in these younger populations and causes a further spread of HIV in South African society. As this study is meant to examine the effects of a life skills programme on AIDS and

sex education for pre-adolescent children, a theoretical model is introduced. The social cognitive theory (SCT) by Bandura (1986) is presented to explain how learning processes in the interaction between individual, interpersonal, and environmental level take place, and encourage the development of health behaviour amongst the pre-adolescent participants of the programme. Finally, the research model is introduced in conjunction with its independent variable, intervention, and a range of dependent variables; the psychological indicators such as self-esteem, self-efficacy, and knowledge assess the personal level whilst social competencies on the interpersonal level are studied with regard to gender communication and social responsibility.

The foci of interest in chapter 3 are prevention strategies targeting mainly children and young people in the sub-Saharan region. Governmental and non-governmental school-based health promotion interventions, mainly life skills programmes on HIV/AIDS and sex education, are introduced as main prevention strategies to avoid HIV infection in the next generations. The last part of chapter 3 deals with the specific factors that influence the implementation and evaluation of school-based prevention programmes, especially in South Africa.

In chapter 4, the sociodemographic conditions within the case study community, Kayamandi, are highlighted. The description of this particular community is meant to illustrate the need for health interventions for children growing up in these living conditions. The chapter includes a description of the geographical and political history of the case study community, as well as sociodemographic aspects, for example the health status of the population, crime rate and level of education of the population. The chapter concludes with a description of the existing infrastructure, which can also be interpreted as a needs analysis to embed this study in its physical context.

Chapter 5 illustrates research conditions for psychology and health research in third world conditions. The aims, objectives, ethics and context of research are outlined before describing specific negotiation procedures on community, school, and personal level. Finally, challenges that arose from unanticipated events and the resulting limitations that affected the quality and design of the survey are reported.

The methodology of the study is outlined in detail in chapter 6. The study used three types of evaluation to reach an in-dept view on the personal, interpersonal and social context of the undertaken intervention. The *needs analysis*, taking into consideration the risk-resource approach (see also Hurrelmann, Klotz, & Haisch, 2004), examined risks and resources for child health in the case study community. Information for the needs analysis was drawn from

regular field trips and field reports, an extensive literature review (e.g. maps, official statistics, published and unpublished articles), and accompanying photographic documentation. Main emphasis was put on the qualitative instrument of field interviews, undertaken with nine experts working in governmental and non-governmental institutions in the field of education, health, social and public welfare in the case study community. The instrument gathered data on the growing risks and resources in the socioeconomic conditions and family life, as well as on the quality of educational and health care sectors. A *process evaluation* was applied with the use of the qualitative instruments of the health promotion trainers' (HPTs) reports and project documentation, and with combined quantitative-qualitative instruments of the learners' reports and participant observations of four children in the intervention group. These instruments analysed the effect of the model by measuring the cognitive and emotional convictions among children and facilitators (HPTs). The *outcome evaluation* used two major instruments: a self-administered questionnaire and an opinion poll. The questionnaire, based on a quasi-experimental research design with four test phases, contains three psychological variables (self-esteem, self-efficacy, knowledge on HIV/AIDS) and two social variables (gender communication, social responsibility) which are assumed to encourage the development of cognitive and social competencies to cope with prevalent life tasks and to enhance mental and protective health behaviour, also for later life stages. The opinion poll was conducted in which learners expressed their long-term attitudes towards the programme, as well as attitudes towards their physical living environment.

Chapter 7 contains, foremost, a description of the implementation process of the evaluated intervention. The background of the study and its model (CMP) are outlined. The Child Mind Project, a specifically designed non-governmental school-based life skills programme on AIDS and sex education for the Ikaya Primary School in Kayamandi, used as educational starting point the life skills programme designed by the Planned Parenthood Association (PPASA) in 1997. During the implementation process extensive modifications were made; the new life skills programme accommodated cultural, contextual and developmental specifics of the target group. A general explanation of the programme's pedagogical concept is given and linked with implementation procedures and coordination structures. Furthermore, the networking of the project with governmental and non-governmental institutions within the Kayamandi community is outlined in detail. Finally, special events such as cases of corporal punishment at school and sexual child abuse in the intervention group, which are assumed to have hindered the intervention and compromised the outcome of the CMP on the individual level, are discussed.

Chapter 8 describes the process assessed by health promotion trainers as part of an instrument to evaluate the quality of teaching, based on their self-confidence to teach in their position as trainers and to implement the programme in the classroom. In addition, learners' attitudes towards the programme and its methodology, and their ease with HPTs and classmates of the same and the other gender are presented. The chapter is concluded with the results from the participants' observations of the social behaviour of two girls and two boys during intervention sessions over a period of seven months. These observations illustrate the appropriateness of the intervention targeting the specific age group.

Chapter 9 contains the results of the outcome evaluation. The effects of the intervention are presented by means of the analysis of the quantitative instrument, the self-administered questionnaire. The analysis of the quantitative data was performed by the researcher and the statistical analysis was supervised by Prof. Dr. F. Mengering. The results of the sociodemographic, psychological, cognitive and social competency research variables are presented descriptively and statistically; this is followed by a discussion of gathered quantitative data within the intervention group. An investigation into the specific segments of the model, for instance HIV/AIDS and sex education, and their learning outcomes, illustrate from a broader perspective the relevance of the intervention in terms of influencing knowledge, attitudes and skills regarding HIV/AIDS. The chapter concludes with the presentation of the results from the first part of the opinion poll that evaluated learners' long-term attitudes towards the Child Mind Project eight months after the end of Intervention II.

Chapter 10 examines in more detail the social factors influencing child development in a disadvantaged living environment such as Kayamandi from the perspective of experts working in governmental and non-governmental organisations. The chapter revisits the literature review in chapter 4 and gives a more personal depiction of the living and growing-up conditions of children in Kayamandi. The underlying goal of the chapter is to develop an understanding of the outside factors that have influenced the intervention. In addition, the ethnic diversity and cultural heritage of the inhabitants of the community are presented, followed by a description of the prevailing sociodemographic conditions, for example risky health conditions, prevalent childhood diseases, lack of security, and socialisation pillars (families, school system). At the end of the chapter results from the second part of the opinion poll are presented, where children were given the chance to speak about and identify their needs and demands in their community.

Chapter 11 discusses all the research findings regarding effects on the individual and interpersonal domain as well as the applicability of the programme and the identification of

contextual conditions influencing the outcomes of such a health promoting initiative. At the end of chapter 11 conclusions and recommendations are made for further research investigations on child development, as well as for the improvement of the applicability of a similar life skills programme on AIDS and sex education on a day-to-day basis.