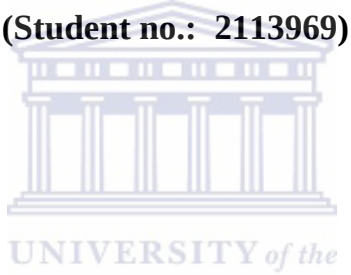
PERCEPTIONS OF SERVICE DELIVERY BY THE PHILIPPI TRUST TO THE HIV/AIDS SUPPORT GROUPS IN THE HELDERBERG REGION

Charlene E. Abels
(Student no.: 2113969)



Thesis submitted in partial fulfilment
of the requirements for the degree of
Master's in Human Ecology

University of the Western Cape

Supervisor: Dr Ruth M. Albertyn

November 2008

Declaration

I the undersigned hereby declare that the work contained in this thesis is my own original work and has not previously in its entirety or in part been submitted at any university for a degree.

Signature:……..

Date:……..

ACKNOWLEDGEMENTS

I would like to express my sincere appreciation to:

- God our Father for blessing me with the desire to question and to learn;
- My family for always believing in me;
- Dr R.M. Albertyn, my supervisor, for her guidance and motivation;
- Mrs. E. Smith for her assistance and support regarding the HIV/AIDS support groups in the Helderberg region;
- The Philippi Trust for permission to involve the organisation as the sample for the investigation thus providing the opportunity to benefit from this learning experience;
- The support group members and support group facilitators for their time and trust during this endeavour.

ABSTRACT

AIDS is a global pandemic. In 2005 the Joint United Nations Programme on HIV/AIDS estimated that 40.3 million people were living with HIV and almost five million people were newly infected with the virus. The prevalence and spread of the epidemic is largely determined by social factors such as family disruption due to *apartheid* and labour migration. People living with HIV and AIDS often do not get support and understanding from family members. This has lead to HIV/AIDS support groups being established as a key intervention for people living with HIV and AIDS. Such a support group provides a sense of belonging as members share their feelings with one another.

This descriptive study investigated the utilisation of and perceptions about service delivery by Philippi Trust in the HIV/AIDS support groups in the Helderberg region. A questionnaire and individual interviews were applied to gather the data from the HIV/AIDS support group members and their facilitators. The quantitative data analysis was done, using the Statistical Packaging for Social science (SPSS) aiming to determine the descriptive statistics of the database and variables. The qualitative analysis was conducted using thematic analysis. Anonymity was assured but complete confidentiality was not possible as the investigator had knowledge of the HIV status of the study population, however no names appeared in the research report.

The questionnaire that was applied to gather the data from the HIV/AIDS support group members revealed that more females than males attended the support groups and that they were between the ages of 45-49. More than half of the support group members had not received secondary education and the majority had attended the support group for more than a year. In the first section the responses to the structured questions documented the participants' utilisation of the groups by focusing on administration, experience and roles in the support groups. In the second section, perceptions regarding relationships, communication, participation, consciousness raising and critical reflection were identified. These aspects played an integral role in creating conditions that

promote adult learning in the support groups. The HIV/AIDS support groups provided their members with skills however, the members felt that they could not apply these skills at home. More focus should therefore be placed on facilitation regarding the application of skills learned in the support group. Group learning might increase if the facilitators and the group members develop the skills to address issues that concern them, make conclusions for themselves and express their opinion. The facilitator can clearly develop facilitation skills in this regard.

The data gathered about the HIV/AIDS support group facilitators disclosed that the three female facilitators were under the age of 50 and only two had secondary education. They have been operating their respective support groups for more than a year. Individual interviews revealed the perceptions of HIV/AIDS facilitators regarding support group functioning. The facilitators clearly play an important role in creating conditions that was beneficial for adult learning in support groups. They displayed a democratic leadership style that resulted in empowering group members.

HIV/AIDS support group facilitators should increase the group members' participation within the support group, as well as building on the self-esteem of individuals. A facilitator should feel comfortable when group members express their emotions and also when they periodically behave in a reluctant manner toward the facilitator. The facilitator should ultimately aim to encourage and advance the process of empowerment among the group members.

Recommendations were made, aimed at the service providers who train facilitators, as they relate to principles of empowerment in adult education within the group setting. Recommendations for further research include assessing needs for training amongst facilitators, and investigation of methods to increase efficiency of groups. Human ecologists who are trained in the adult education principles clearly have a potential role to play in the facilitation of support groups for people living with HIV/AIDS (PLWHA).

CONTENTS

LIST OF TABLES

Table

LIST OF FIGURES

Figure

Chapter One

INTRODUCTION AND MOTIVATION

1.1 INTRODUCTION

AIDS is a global epidemic that shows no sign of weakening its grip on human society and whose impact transcends gender, age, sexual orientation, socio-economic status and nationality (Van Den Boom, Catalan, Hedge, Fishbein & Sherr, 2006). Stigma, discrimination and the negative social responses to the HIV/AIDS epidemic, have been increasingly recognised as major obstacles for effective HIV/AIDS prevention and care programmes. Group work is embraced as a valuable meeting place in which children and adults come together to talk and develop ideas about the nature, impact of, and way of dealing with problems in their lives (Want & Williams, 2000 in Blom & Bremridge, 2003). Sharing the meaning of how to live with HIV/AIDS can create emotional closeness as it takes courage to share experiences. But this process of sharing to create closeness or cohesion is dependent on the listeners, on who listens and in what ways (Blom & Bremridge, 2003). Instead of bearing the pain alone and believing that pain is inherently an individual and personal matter, the boundaries of support are expanded beyond the family to a community of caring persons (Weingarten, 1999 in Blom & Bremridge, 2003).

1.2 MOTIVATION

Human suffering and discrimination against those infected with HIV may lead to rejection and social isolation (Guma, Henda & Petros, 2006). Hays, Chauncey and Tobey (1998) state that a considerable body of research demonstrates that the support provided by one's informal social network of friends and family is a significant contributor to coping successfully with serious illness (Wortman & Lehman, 1985; Bloom, 1982), including HIV/AIDS (Britton, Zarski, & Hobfoll, 1993; Green, 1993; Hays, Turner & Coates, 1992; Joseph, Caumartin & Tal, 1990). Friends and family can provide people living with HIV/AIDS (PLWHA) with a wide range of valuable resources that may meaningfully enhance the PLWHA's quality of life (Posluszny, Hyman & Baum, 1998). For more than a decade, support groups have been proposed as a key intervention for PLWHA.

Support groups for PLWHA appear to reduce stress, improve coping and provide social support (Spirig, 1998). Gant and Ostrow (1995) state that in studies of the psychosocial coping activities of HIV-infected individuals, the presence and use of social support have gained importance as an indispensable component of psychological care (Flynn, Smith, Bradbeer & Watley, 1991; Lackner, Joseph, Ostrow, Kessler & O'Brien, 1991; Ostrow, Fraser, Nelson, Schork, Thomas, Whitaker, Gant & Fisher, 1991; Reisbeck, Buchta, Hutner, Oliveri & Schneider, 1991). Harrison, Smit and Myer (2000) indicate that the main behaviour change strategies available to prevent HIV infections include raising awareness, educating people about the nature of the epidemic and ways to prevent infection, promoting condom-use and reducing high-risk behaviours.

Fear of stigma and discrimination remains a barrier to becoming involved with HIV/AIDS support groups. Despite recognition of the benefits of HIV/AIDS support groups, it was evident that PLWHA were reluctant to use the HIV/AIDS support groups service because of reasons that include fear of being stigmatised, abandoned and discriminated against. Renewed efforts and strategies in HIV/AIDS support groups for PLWHA will be needed to stop the stigma and discrimination that is associated with PLWHA.

Philippi Trust have a need for research on the subject because clients continue to cite fear of breach of confidentiality by facilitators and counsellors as one of the reasons for non-acceptance of support group services of Philippi Trust in the Helderberg region. It is good for the PLWHA to know about the existence of the service in order to make use of it. A need to provide better support group services was identified by Philippi Trust. The support groups that are provided by the Philippi Trust facilitators are not as well utilised as would be expected. The service provider thus requested this research be conducted to provide feedback regarding the perceptions of support group members, as well as their facilitators, on service delivery of the HIV/AIDS support groups. The value of such an investigation would be to suggest changes in current practice, especially related to adult education principles in support groups.

1.3 AIM OF THE STUDY

The aim of the study is to investigate the perceptions of the support group members and facilitators about the current service delivery by the Philippi Trust to two HIV/AIDS support groups in the Helderberg region. Furthermore, the study focuses on the perceptions of service delivery to establish what needs to change in the service currently provided by Philippi Trust to improve this service to the community.

1.4 OBJECTIVES

1.4.1 To describe the utilisation of the HIV/AIDS support groups in the Helderberg region;

1.4.2 To identify the perceptions of service delivery by HIV/AIDS support group members;

1.4.3 To identify the perceptions of the support group functioning by the HIV/AIDS support group facilitators.

1.5 OPERATIONAL DEFINITIONS

*Adult Education is a*ny form of learning undertaken by or provided for mature men and women.

HIV/AIDS support group is a group of people that come together to share and express their feelings and where members are exposed to information regarding HIV and AIDS.

HIV/AIDS support group facilitators are the people who usually start the support group and who lead and guide the processes in the support group. In this study the facilitators are the employees of Philippi Trust.

HIV/AIDS support group members are the people who are directly affected by HIV/AIDS and attend meetings arranged by the Philippi Trust.

Utilisation of a support group is the practical usage of the HIV/AIDS support group services.

Service delivery, in the case of this study, refers to the psychosocial services provided by the Philippi Trust and operated by the HIV/AIDS support group facilitators that are offered to the PLWHA in the HIV/AIDS support groups.

PLWHA is the acronym for "People Living With HIV/Aids".

Chapter Two

LITERATURE REVIEW

2.1 INTRODUCTION

Sub-Saharan Africa has moved into the century carrying the crippling burden of AIDS, a disease that is reducing life expectancy and destroying families. The concept of discrimination and stigmatisation that is associated with people living with HIV/AIDS (PLWHA) will be discussed, as well as reviewing literature on the need for HIV/AIDS support groups and how they should operate (Figure 2.1).

Social contact in support groups plays an important role in helping PLWHA manage and adapt to living with the disease. It is in this regard that the small group requires further attention and thus will be examined by focusing on the group dynamics. In the context of HIV/AIDS, the group is seen as an ideal platform for support and learning. It is important to consider the formation of small groups within the context of adult learning as many support groups operate for adults. Thus this literature review will focus on a further examination of the theories of adult education in conjunction with small group concepts. See figure 2 for the framework for the literature review where the linkages of the concepts are indicated.

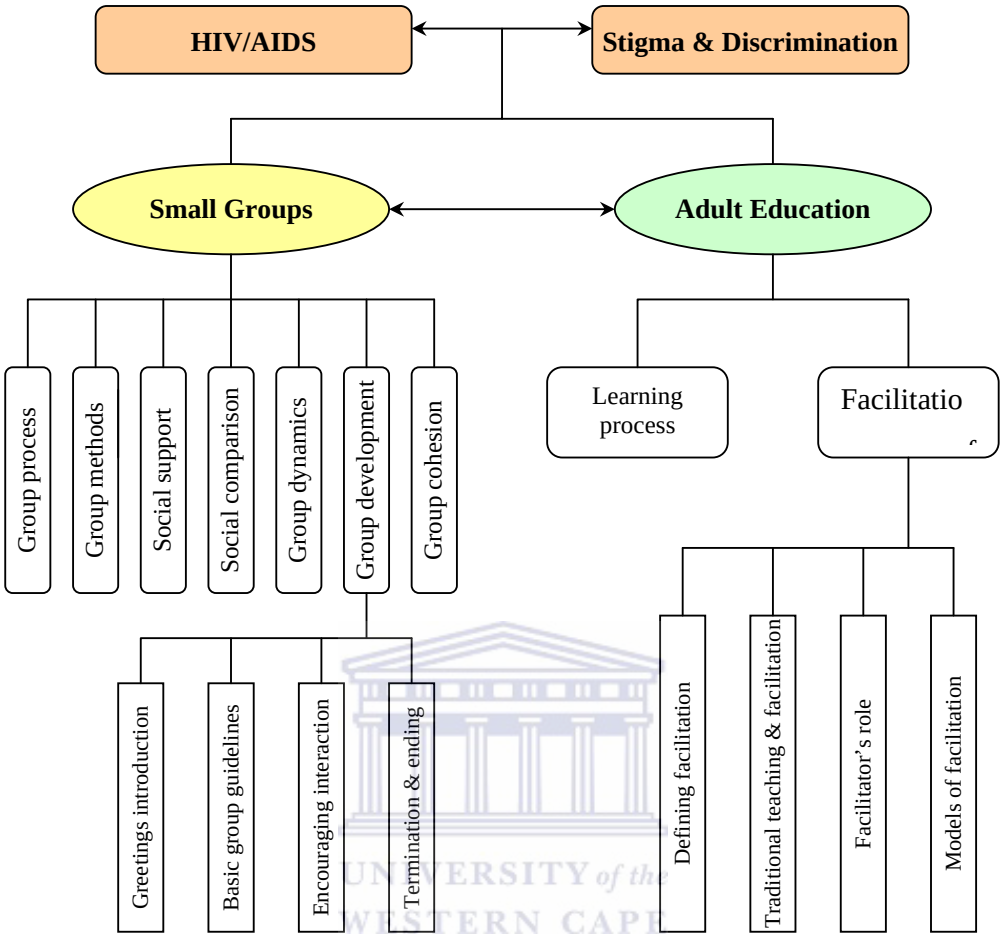


Figure 2.1 **FRAMEWORK FOR LITERATURE REVIEW**

The small group is discussed in seven sections: group process; group method; social support; social comparison; group dynamics; group development and group cohesion. The group processes will view the behaviours and activities of people in groups. Social support and social comparison will examine the aspect of well-being within the group. Group members' interaction leads to teamwork that is developed through communication among group members, which in turn will increase group cohesion. Group dynamics will develop as group members interact and influence each other. The group moves through four developmental stages: greetings and introduction; basic group guidelines; encouraging interaction; and termination and ending. Small groups function within the context of adult learning. Educating adults differs from educating children. Adults have

accumulated knowledge and experience that can add or hinder the learning experience. The learning process of adults should be considered when structuring the learning programme. When facilitating the process of learning, one needs to be acutely aware of the elements of power between the facilitator and the participants. The various aspects of the facilitation of learning that will be examined in more detail include defining facilitation, the facilitator's role, traditional teaching and facilitation, and finally models of facilitation within groups.

2.2 HIV/AIDS

In this section the statistics of HIV/AIDS will be viewed. AIDS is a global disease. The severe impact of HIV/AIDS in South Africa is illustrated by dramatic statistics. In 2005, the Joint United Nations Programme on HIV/AIDS estimated that 40.3 million persons were living with HIV and almost five million persons were newly infected with the virus (UNAIDS, 2005:2). The HIV/AIDS is non discriminatory and it effects all cultures. The prevalence of the disease varies among regions but the HIV/AIDS pandemic is most threatening in Sub-Saharan Africa. UNAIDS (2005:2) stated that Sub-Saharan Africa has just over 10% of the world's population, but is home to more than 60% (25.8 million) of all people living with HIV. South Africa's estimated HIV prevalence in 2005 for persons aged two years and older was 10.8% (Shisana, Rehle, Simbayi, Parker, Zuma, Bhana, Connolly, Jooste & Pillay, 2005:33).

The 2005 household survey reported higher HIV prevalence among youth 15-24 years (10.3% vs. 9.3%) and a similar prevalence in adults 25 years and older (15.6% vs. 15.5%) (Shisana *et al.*, 2005:45). Prevalence was highest among women aged 25-34 years old and more than one in three was estimated to be living with HIV (UNIAIDS/WHO, 2005:21). The HIV prevalence in the 15-49 age groups was 16.2% in 2002 and 15.6% in 2002 (Shisana *et al.*, 2005:45).

Females are more likely to be living with HIV, and this proportion has increased over time. The largest increase in prevalence is found among females aged 15-24 years – 12.0% in 2002 compared to 16.9% in 2005. The female to male ratio for HIV infection in 2005 is also highest amongst those aged 15-24 years, while the prevalence in females is almost four times that of males – 16.9% vs. 4.4% (Shisana *et al.*, 2005:45).

The low prevalence rate of HIV is noted in the larger towns outside Cape Town (DOH, 2001 in Abdullah & Shaikh, 2001:1). These include Paarl (8.3%), Stellenbosch (7.1%), Vredenburg (8.9%), Worcester (5.7%), Caledon and Hermanus (13.3%), as well as the Somerset West area of the Metropole (19%). The rate of 19% is in the Helderberg area where this study is being conducted. This is the second highest rate in the province after Khayelitsha (22%) (Abdullah & Shaikh, 2001:1).

In attempt to deal with the high HIV/AIDS prevalence rate, pressure is exerted on health care facilities to provide adequate services to people with HIV. The discussions of AIDS care in HIV/AIDS support groups have focused on how to achieve greater community participation, both in minimising the impact on the formal health sector and in meeting the needs of people both infected and affected by HIV/AIDS. Attempts toward greater community participation have however been hampered by the stigma and discrimination surrounding HIV/AIDS.

2.3 STIGMA AND DISCRIMINATION

Goffman (1963:1 in Duffy, 2005:14) stated that stigma is originally a Greek term and refers to “bodily signs designed to expose something unusual and bad about the moral status of the signifier”. Goffman noted that when people are marked as different, it means they are “thus reduced in our minds from a whole and usual person to a contaminated one”. Goffman (1963:5 in Duffy, 2005:14) contends that because the stigmatised person is seen as “not quite human”, as substandard, it is easier to discriminate and this results in reduced opportunities for that person.

Bos, Schaalma and Mbwambo, (2004) stated that AIDS-related stigma hampers effective HIV-prevention activities. For several decades, stigmatisation has been recognised as a major influence in treatment and care of ill persons and groups for the reason that it strongly relates to the way persons are viewed within their communities (Duffy, 2005). Stigma prompts people to act in ways that directly harm others and deny them HIV related services (UNAIDS/WHO, 2005).

The communities are central to the provision of care for people living with HIV/AIDS. But community life often has a darker side to it. It is within the family, for example, that people are most likely to experience violence (be it mental or physical) and it is not unknown for communities to react negatively towards people with HIV and AIDS. Discrimination and stigmatisation are by no means unknown in either setting as communities do not always react with support and understanding to news that one of their members is zero-positive or has AIDS (Aggleton, Hart & Davies, 1999). The negative impact on social relationships, social support provision and psychological well-being of PLWHA is pervasive (Bos *et al.*, 2004).

Letamo (2004) stated that the HIV/AIDS epidemic has been accompanied by an epidemic of fear, ignorance and denial, leading to stigmatisation of and discrimination against people with HIV/AIDS and their family members (International Centre for Research on Women, 2002 in Letamo, 2004). HIV/AIDS related stigma and the resulting discriminatory acts create circumstances that fuel the spread of HIV (Busza, 1999 in Letamo, 2004). The fear of being identified with HIV prevents people from learning their zero-status, changing unsafe behaviour, and caring for people living with HIV/AIDS. Stigma stems from the lack of awareness and knowledge about HIV (UNIAIDS/WHO, 2005). A study in Botswana and Namibia found that stigma against HIV–positive people and fear of mistreatment prevents people from participating in voluntary counselling and testing and programmes to prevent mother-to-child transmission (Nyblade & Field, 2000 in Letamo, 2004).

It is due to this reality that the HIV/AIDS support groups are important. A holistic continuum of HIV prevention and care structures is needed to prevent the stigmatisation, discrimination and trauma associated with HIV/AIDS. If there are no such supportive structures, discrimination against people with HIV infection can continue. One support structure that can be considered is group work that offers support to people infected with HIV and other diseases (Blom & Bremridge, 2003).

Guma *et al*., (2006) indicate that a nationwide study on the association of HIV/AIDS with stigma has implications for the way in which individuals, families and communities relate to PLWHA, and also to children who have lost their parents. When participants in the ethnographic study conducted by Duffy in 2002 were asked how people with AIDS are treated, there seemed to be an understanding that they should be seen as normal (Duffy 2005). However, reality suggests that fear, suspicion, and victim blaming are still very common. Duffy (2005:16) reported that a village health worker noted that treatment of people living with AIDS very much depends on individual families: "But mostly they are ill-treated. Nobody likes to associate or share anything with an AIDS patient. In most cases they are considered repugnant or repulsive". A woman whose son was HIV-positive said: "People will run away, they are given separate eating utensils and towels; any leftover food is thrown away (instead of being shared with others)". Care in HIV/AIDS support groups contributes to the well-being of PLWHA and has been proposed as a useful vehicle for intervention.

2.4 HIV/AIDS SMALL SUPPORT GROUP

The instinctive need to belong to a group can be applied to relieve emotional and psychological distress. In a support group, members share feelings and can build relationships that can provide understanding when it is most needed, and can help people face the personal crises so often associated with AIDS (Spirig, 1998). Support groups are ideal for dealing with the effects of stigma and, for example, isolation and loneliness that can result. Support groups for PLWHA provide a sense of belonging and a place where they are encouraged to express and share feelings and accept help to prevent the increase of HIV infection. This social

contact in support groups can play an important role in helping PLWHA cope and adapt. Not only do groups provide support, but they also provide an audience of people who can witness and authenticate the process of change for every group member (Blom & Bremridge, 2003). Group work can be described as an extension of individual support. Group work settings are considered a valuable tool in the breakdown of secrecy and isolation (Want & Williams, 2000 in Blom & Bremridge, 2003).

Research and theory on groups have for years been applied to the treatment of mental health, and group therapy has emerged as a major component of psychological intervention. It is cost-effective, often brings together several useful perspectives or experiences, and provides environments that are fundamentally different from individual therapy. Recently, group interventions have been applied to treating physical health problems and adapted for use with patients or families of people with AIDS, coronary heart disease and genital herpes, among other diseases (Kelly *et al*., 1994 and Van Elderen *et al*., 1994 in Posluszny, *et al*., 1998; Longo, Clum & Yaeger, 1988).

Tindale, Heath, Ewards, Pasavac, Bryant, Suarez-Balcazar, Henderson-King & Myers (1998) have reported evidence of the benefits of providing support, education and coping skills as part of individual therapy, but groups may prove to be an unusually effective setting for providing them. Similarly, groups provide more extensive social support, the opportunity for social comparison and may contribute to enhance learning of coping skills (Tindale *et al*., 1998). It is in this regard that the small group needs further attention thus various aspects such as group processes, group methods, social support, social comparison, group dynamics, group development and group cohesion within groups will be examined in more detail.

2.4.1 Group process

'Group process' refers to the understanding of the behaviour of people in groups, such as task groups that are trying to solve a problem or make a decision. The

group is basic to experiential learning and action for change (Acharya & Verma, 1996). Group processes are a series of changes taking place in a definite manner (Garvin, 1997). There is a need to understand how groups perform their tasks while maintaining their group identity. Any inability to recognise these processes creates a problem in helping the group to get involved in the learning. Therefore, the facilitator's insight into the group is essential in order to facilitate collective learning (Acharya & Verma, 1996).

2.4.2 Group methods

To examine how group activities influence their learning, group methods will be viewed to enable individuals to develop active learning. Group methods refer to the educational procedure designed to stimulate learning by firsthand experience that takes place within the group (Kroehnert, 2000). Groups may have any number of members, sometimes up to 50 or more. Small groups, such as those of about four to eight members, demand and produce more intimacy than larger groups (Garvin, 1997). Some are primarily inspirational in that their main aim is to raise members' morale and combat feelings of isolation by cultivating a sense of group belonging through slogans, rituals, testimonials and public recognition of members' progress. Certain of these groups have developed into autonomous movements conducted solely by their members. Group methods strive to foster free discussion and uninhibited self-revelation mostly in small face-to-face groups, typically composed of five to eight members with similar problems. Members are helped to self-understanding and more successful behaviour through mutual examination of their reactions to persons in their daily lives, to each other, and to the group leader in an emotionally supportive atmosphere. Intensive group discussion and interaction is encouraged to increase individual awareness of self and others (Britannica, 2002). Methods to employ as suggested by Mezirow (1991a) include the use of role-play, metaphor analysis and buzz groups. These methods stimulate participation, consciousness raising and critical reflection. Methods of training have been applied to a wide range of social problems to enhance trust and communication among individuals and groups (Britannica, 2002).

2.4.3 Social support

Social support enables individuals to develop a sense of security within a group. Freud believed that adults need to be in groups because in groups they can recapture the sense of security that they felt with nurturing parents and form sound relation with others, just as they bonded with their brothers and sisters (Lee & Robbins, 1995 in Forsyth, 1999). Belonging to a group actually seems to assist in meeting the primary needs of survival (Brandler & Roman, 1999). Baumeister and Leary (1995:497 in Forsyth, 1999) assumed that all people need to belong to social groups: "human beings have a pervasive drive to form and maintain at least a minimum quantity of lasting, positive and impact interpersonal relationship".

Defined as the belief that one is a valued member of a group and that one is loved and cared for (Cobb, 1976 in Tindale, *et al.*, 1998), social support appears to be one of the most useful and important tools for increasing quality of life and reducing distress associated with life threatening disease according to Posluszny *et al.* (1998). Humans are social animals, concerned primarily with survival and secondarily with a need to belong with others of their kind (Brandler & Roman, 1999). Groups can provide support to their members by giving a sense of belonging (Table 2.1) and universality that helps to offset the isolation often associated with HIV/AIDS (Forsyth, 1999:100; Spiegel & Yalom, 1978 in Tindale *et al.*, 1998; Spirig, 1998). Discussions of HIV/AIDS-related struggles and empathetic listening to members' concerns can contribute to each member's belief of being an esteemed part of the group. In addition, being part of a group can provide a sense of emotional support (Table 2.1) when members compliment and encourage one another, express their friendship for others and listen to others' problems without offering criticism or suggestions (Forsyth, 1999).

Table 2.1 **SOME FORMS OF SOCIAL SUPPORT PROVIDED BY GROUPS** (Forsyth, 1999:100).

Types of support	***Examples***
Belonging	Expressing acceptance of person Expressing approval for entire group Demonstrating inclusion in group
Emotional support	Complimenting and encouraging others Showing respect for abilities or skills Listening to others' problems without offering criticism or suggestions Sharing feelings

There is abundant evidence that social support is linked to psychological and physical health outcomes (Cohen & Wills, 1985 in Tindale *et al*., 1998). Studies have shown that social support is associated with decreased mortality (House, Robbins & Metzner, 1982; Berkman & Syme, 1979). Mortality from all causes, as well as morbidity for several diseases, is greater among people with relatively low levels of social support than among those with more substantial support (Posluszny *et al.*, 1998). Social support is also associated with lower levels of stress and appears to have a stress buffering function as well, reducing psychological distress during times of threat or demand (Wills & Cleary, 1996 in Forsyth, 1999; Gant & Ostrow, 1995; Billing & Moos, 1982 and Fleming, Baum, Gisriel & Gatchel, 1982 in Tindale, *et al.*, 1998).

2.4.4 Social comparison

Social comparison involves the group members' personal beliefs and attitudes by comparing themselves to others in the group. The Joint United Nations Programme on HIV/AIDS estimated that 40.3 million persons were living with HIV and almost five million persons were newly infected with the virus (UNAIDS, 2005:2). The potentially devastating nature of the disease may

contribute to feelings of uncertainty and unrealistic fears. Groups designed exclusively for PLWHA can provide an opportunity for social comparison, where PLWHA can discuss and compare their thoughts and feelings with one another in hopes of normalising their experiences.

Social comparison theory stems from Festinger's (1954) idea that people seek to evaluate their opinions and abilities. The method of choice is a physical test involving comparison with objective standards, but in the absence of standards, comparison with other people may be used. Research and theory of informal social communication and social comparison focused social psychology on the individual as the primary unit of analysis. Social psychology began to examine how attitudes, values, personality and thoughts internal to an individual guided and influenced social behaviour (Johnson & Johnson, 2000). An opinion or belief is interpreted as "correct" or valid, or interpreted as "incorrect" or invalid, based on the consensus of the opinions that relevant others hold (Tindale *et al*., 1998:91). The ideal place to access this evaluation is from members of a cohesive group of similar others. Thus, a group of PLWHA can allow people to discuss and validate their beliefs and fears and provide an effective comparison for members to evaluate their experience (Tindale *et al*., 1998).

Comparison may not always produce positive outcomes or improve mood, but in general, group members may compare themselves against less fortunate others when they need to enhance their well-being, but they often prefer to associate with better functioning group members in order to gain information and increase hope. Other research has demonstrated that under conditions of threat, people prefer to compare themselves to those who are in a worse shape in order to feel better about their own circumstances (Helgeson & Mikelson, 1995 and Wood, 1996 in Forsyth, 1999: 81; Wills, 1981 in Tindale *et al*., 1998:91).

To examine how the group members' attitudes, values, personality and thoughts guide and influenced their social behaviour, group dynamics will be viewed to enable individuals to develop satisfying social interaction.

2.4.5 Group dynamics

According to Johnson and Johnson (1997), Lewin is the founder of the movement to study groups scientifically. Lewin used the term group dynamics to stress the powerful impact of these complex social processes on group members (Forsyth, 1999). Johnson and Johnson (1997:36) suggested that group dynamics should be seen as the scientific study of behaviour in groups to advance our knowledge about the nature of groups, group development, and the interrelation between groups and individuals, other groups and larger entities.

Group dynamics theorists maintain that the central issue for individuals when they join a group is the unconscious tension generated by the conflicting fears of de-individualisation (the learner's identity is obliterated or totally consumed into the group identity) at one extreme and of estrangement from the group at the other extreme (Smith, 2005). In any group of adults there will be a wider range of individual differences than is the case with a group of youths. Any group of adults will be more heterogeneous in terms of background, learning style, motivation, needs, interests and goals (Knowles, Holton & Swanson, 2005). Unger (1984 in Smith, 2005) explains that all humans crave the possibility for self-expression that they gain in association with one another. Tension starts within a group if individual voice is not expressed and creates strong, negative feelings toward the group situation (Dirkx & Smith, 2004 and Wells, 1995 in Smith, 2005). No interaction exists when individuals work independently without any interaction or interchange with each other (Johnson & Johnson, 2000). Lin, Yang, Arya, Huang and Li (2005) stated that interaction leads to multiple types of interpersonal relationships, and that a group's distinctive network patterns will emerge and evolve. Such patterns would further influence the behaviour of group members. Group members tend to psychologically or socially withdraw from the group to eliminate the tension.

To achieve individuation (a personal and distinct identity within the group), group members must release aspects of their individuality (subjectivity) to connect

(intersubjectivity) with one another and to share and empathise with one another's common fears (Smith & Berg, 1987 in Smith, 2005) of estrangement or obliteration. Moving from subjectivity to intersubjectivity within groups is inhibited by the learners' inability or unwillingness to release the tight hold on their previous schooling socialisation (competitiveness and mistrust) with its embedded subjective and individualistic understandings of teaching and learning. The group work runs the risk of minimising or even ignoring individual identity or subjectivity (Dirkx & Smith, 2004 in Smith, 2005). A continued collegiality also threatens learners' abilities to maintain their sense of individual voice within the group (Smith, 2005).

Group members also make quick judgments about their fellow group members' ability to contribute to the group in ways that mirror societal hierarchical structures (Chae & Gunn, 1998 and Wheelan, 1994 in Smith, 2005; Cheng, 1994; Wells, 1990; Winter, 1974). Wheelan (1994 in Smith, 2005) contends that during early group developmental stages, group members unconsciously assign roles based on the limited information they have about one another. Consequently, members will, more or less, act on the pattern consciously and unconsciously. Once interpersonal relationships are established, members tend to interact more with those they already know (Lin *et al*., 2005). Once the roles are assigned, it is difficult to change them because the group is unaware that it assigned the roles (Smith, 2005).

2.4.6 Small group development

The group dynamic or the mental, emotional and physical energy of the group is constantly changing (Heron, 1999). Various theoretical models of group development will be positioned to demonstrate the utility of this framework. Furthermore, this framework can enable direct comparison between competing models of group development and guide researchers' and practitioners' selection of appropriate models. Four stages of group development will be presented.

Chang, Duck and Bordia (2006) state that despite the popularity of the research topic, the term *group development* is rarely defined. Throughout the literature, there seems to be an assumption that there is a shared understanding of what the term means. For group development researchers, development can mean anything from the growth of group solidarity or cohesiveness, changes in the relationship toward the leader, changes in the relationship among group members, changes in the primary concerns of group members, and changes in task orientation and output. It might also involve questions of why the group came together initially and why it ceased being a group. Table 2.2 illustrates three of the most common models namely, that of Tuckman (1965), Fisher (1970), and Poole (1983) small group development theory.

The broad stages of small group development that will be discussed include: greetings and introductions, basic group guidelines, encouraging interaction, and termination and endings in groups.

Table 2.2 **GROUP DEVELOPMENT THEORIES**

Tuckman's Small Group Development Theory (1965)	**Fisher's Small Group Development Theory (1970)**	**Poole's Small Group Development Theory (1983)**
Forming ➢ Group members learn about each other, ➢ Learn about the task at hand.	**Orientation** ➢ Get to know each other, ➢ Experience primary tension (awkward feeling people have before communication), ➢ Rules and expectations are established, ➢ Groups should take time to learn about each other and feel comfortable communicating around new people.	**Task track** ➢ Groups jump back and forth between three tracks: task, topic and relation (can be compared to the intertwined strands of a rope), ➢ Task track concerns the process by which the group accomplishes its goals.
Storming ➢ Group members become more comfortable with each other, ➢ Engage each other in arguments, ➢ Vie for status in the group.	**Conflict** ➢ Marked by secondary tension, (tension surrounding the task at hand), ➢ Group members will disagree with each other and debate ideas, ➢ Conflict is good (it helps the group achieve positive results).	**Topic track** ➢ The topic track concerns the specific item the group is discussing at the time.
Norming ➢ Group members establish implicit or explicit rules about how they will achieve their goal, ➢ Address the types of communication that will or will not help.	**Emergence** ➢ The outcome of the group's task and its social structure become apparent.	**Relation track** ➢ Deals with the interpersonal relationships between the group members. ➢ At times, the group may stop its work on the task and work instead on its relationships. ➢ When the group reaches consensus on all three tracks at once, it can proceed in a more unified manner.
Performing ➢ Groups reach a conclusion, ➢ Implement the conclusion.	**Reinforcement** ➢ Group members bolster their final decision by using supportive verbal and nonverbal communication.	**Breakpoints** ➢ Breakpoints occur when a group switches from one track to another. (Shifts in the conversation, adjournment, or postponement are examples of breakpoints)
Adjourning ➢ As the group project ends, the group disbands in the adjournment phase.		

Greetings and introductions

Dimock (1987) states that the *orientation stage* involves group members getting to know each other and building some degree of comfort in working together. This correlates with Fisher's 'orientation' and Tuckman's 'forming' in their group development theory (Table 2.2). When the group session starts, the members are usually concerned about what is expected of them and what the goals of the session are. Group members want to know what is going to happen, what is expected of them, whether or not they will be accepted, influential and liked, how the group is going to function and who the other group members are (Johnson & Johnson, 1997). Introduction and ice-breaking activities are appropriate at this stage for members of the group to learn something about each other and to ease the possible tension and anxiety that some may feel about how others in the group may regard and react to them. It is the responsibility of a facilitator to make the atmosphere as inviting and conducive as possible for the type of participants and the task at hand (Hogan, 2002).

Basic group guidelines

The *transition stage* is for group development to work out the learners place in the group and resolve communication and leadership issues shows a relation with Tuckman's 'storming' and Poole's 'task track' (Table 2.2). Activities that reinforce the value of the group input and the importance of differing points of view are crucial for the development of an effective collaborative group (Dimock, 1987). As members' commitment to one another and to the cooperative accomplishment of the group goals increase, the group achieves maturity, autonomy and productivity. A definite sense of group identity emerges as the group becomes a mature working unit, possessing the skill and attitude necessary for effective collaboration in minimising all members' learning (Johnson & Johnson, 1997).

Encouraging interaction

At the *work stage* the group performs at its peak in communication the same manner as Tuckman's 'norming' stage (Table 2.2). Indicators of a group working at this stage are a positive, enthusiastic attitude, where members support each other (Dimock, 1987). All members participate and are influenced by each other according to the expertise and information each possesses (Forsyth, 1999). There is a sense of pride in the group's achievement and a sense of gratitude to other members for their contributions to the group's success (Johnson & Johnson, 1997).

Termination and ending

The *ending stage* is a time of closure and saying goodbyes together, which correlates with Fisher's 'orientation', Tuckman's 'forming' and Poole's group development theory (Table 2.2). The more mature and cohesive the learning group and the stronger the emotional bonds that have been formed among group members, the more potentially upsetting the termination period is (Johnson & Johnson, 1997). It may involve sharing highlights about the learning process, consolidation and generalisation of learning through group discussions (Dimock, 1987). Groups tend to cycle repeatedly through some of these stages as group members strive to maintain a balance between task-oriented actions and emotionally expressive behaviours (Bales, 1965 in Forsyth, 1999).

The final aspect of the small group to receive attention is group cohesion.

2.4.7 Group cohesion

Cohesion has been defined in many ways over time (Siebold, 2007). The essence of strong group cohesion, which believed to be generally agreed on, is trust among group members (e.g. to watch each other's back) together with the capacity for teamwork (e.g. pulling together to get the task or job done) (Siebold, 2007). Group cohesiveness develops by means of communications among group members. They test the extent to which they can trust each other to treat everyone seriously and

fairly. This takes time to develop. As trust develops so does readiness to give learners feedback and group members are increasingly willing to commit personal time and effort to group tasks (Soliman, 1999).

The primary group is typified by cooperative, holistic, supportive, face-to-face relationships involving particularistic criteria and that extend over time (Siebold, 2007). The social relationships involved in peer group and vertical bonding are based on direct personal interactions in relatively closed networks. The group members know each other not just by name, face and role, but as individuals with a history, personality, and attributes beyond those of the position they occupy. Group cohesion is considered an indicator of an effective learning group because it affects the interaction between group members (Michaelsen, Fink & Black, 1996 in Soliman, 1999). The openness of communications between members and their motivation to ensure that the group achieves its goals are considered the two most important interaction dimensions (Michaelsen *et al.*, 1996 in Soliman, 1999).

2.5 ADULT EDUCATION

In the context of HIV/AIDS, the group is seen as an ideal context for support and learning. It is within the context of adult learning that many support groups operate. Therefore it is important to further examine the theories of adult education.

Walters (1995) stated that the term adult education is an inclusive way to refer to all educational provision for adults excluding formal tertiary education. Adult Education is also called Continuing Education, and is described as any form of learning undertaken by or provided for mature men and women. The understanding of adult education is that it is an integral part of social, political, economical and cultural processes. It may include literacy, primary health care, and some home craft skills; education and training for the formal and informal sectors of the economy; cultural and political education, which aims at empowerment of women and men to participate actively in society (Walters, 1995).

The term adult education is restricted to those topics, which can be learned or best learned only as adults, because they rely on experience or because they relate to adult roles. Some have suggested that the key ingredient of adult education is that it is life related, that it helps adults to solve their own problems from real situations (Rogers, 2002). Jarvis (1995:21) argues that the term adult education has a social definition as being a form of liberal education undertaken by those people who are regarded as adults. The concept of adults is socially constructed by different societies. An adult who engaged in further studies at a university meets the stated criteria, as does a non-literate adult who is involved in basic education (Gravett, 2001). Furthermore, in any group of adult learners there will be more differences than similarities between the learners due to their varying life experiences. However, it is impossible for an adult educator to be aware of and accommodate every individual difference that may exist among a group of adult learners.

The learning is more than just about the learning processes. The learning processes contribute largely to the success of learning. A participative learning process, which fails to assist the learners in acquiring knowledge and competence, is a failure. A participative learning process may take more time because it means active involvement of everybody and discussing all the pro's and con's so that it leads to concrete results combining commitment with competence (Müller, 1993). The learning process will be discussed in more detail.

2.5.1 Learning process

Very little has been written about everyday learning processes or about the sort of conditions that enable or constrain these learning processes (Plumb, 2005). Everyday learning is thought to be an under-theorised notion because of the predominance of individualistic theories of learning (Wenger, 1999 and Hutchins, 1995 in Plumb, 2005). Such theories typically characterise knowledge as bits of

information that are carried in individual brains, with learning understood to be the process by which knowledge is transferred from person to person (often from a teacher or curriculum developer, an expert possessor of knowledge to a learner, someone who is a novice and who does not possess knowledge). Individualistic theories of learning also characterise 'successful' people (those who are productive, healthy, adjusted) to be diligent implementers of 'positive' individual and organisational processes. Thus, through learning, individuals can integrate the knowledge that enables them to employ these positive processes identified, of course, by expert holders of the most valid and valuable elements of knowledge (Plumb, 2005:68).

Insight into the learning process of adults can help in structuring the learning programme. People often avoid structured learning, as it requires unlearning, which is painful. Learning creates several emotional feelings like stress, anxiety, fear, confusion, agitation and happiness (Acharya & Verma, 1996). It has been found that people learn best when learning is useful, relaxing, concrete and when their own experiences and understandings are valued. Such an understanding helps in building an appropriate learning environment and in preparation of the trainer.

If people are treated as objects rather than as active participants, they feel alienated. Adults participate best in learning when they are given a safe, supportive and accepting environment in which to express and take action (Acharya & Verma, 1996). Mezirow's (1991b) transformational learning theory asserts that learners critically examine their beliefs and assumptions through self-reflection and by talking with others and arrive at a broader, more inclusive worldview. Adults learn best through effective group facilitation where the adults discover the resources to help the group learn more effectively. For this to take place, learning needs to be facilitated in a specific manner.

2.5.2 Facilitation of learning

It is important to consider the facilitation of the process of learning as there needs to be an awareness that should exist between the facilitator and the participants. Facilitators need to be aware of the elements of power at work in a group intervention, as the disempowered participants will view the facilitator as powerful. The intervention could be unsuccessful if the facilitators do not have a thorough knowledge of the various aspects of their role (Albertyn, 1995). The various aspects of facilitation that will be examined in more detail include: defining facilitation, traditional teaching and facilitation, the facilitator's role and finally models of facilitation within a small group.

2.5.3 Defining facilitation

Finger and Asún (2001:69) state that the learners feel the intrinsic need to grow, and the facilitator clarifies his or her needs, motivation and goals. In addition, the facilitator helps the person to take control of this process, creating a favourable climate and environment. Heron (1999 in Hogan, 2002) defines a facilitator as a person whose participants learn in an experiential way. Heron (1999 in Hogan, 2002) does not believe that it is possible for facilitators to empower others. Facilitators can merely aim to provide some of the conditions for empowerment to occur by encouraging cooperative and autonomous modes in the workshop, using legitimised authority and charismatic effect. He goes on to note that implicit in this debate is the fundamental right of individuals and their free will and right of choice in deciding how to be and how and when to act.

Facilitation is the art of leadership in group communication. A facilitator is one who fulfills this leadership role (Feenberg & Xin, 2004). Facilitation aims to promote a congenial social atmosphere and a lively exchange of views. The facilitator has to issue warm invitations to people; send encouraging private messages to people complimenting them or at least commenting on their entries, or suggesting what they

may be uniquely qualified to contribute. The facilitator must prepare an enticing-sounding initial agenda and announce when it is time to move on to a new topic. Finger and Asún (2001:69) stated that Knowles' ideal facilitator is someone who involves the learner in setting the learner objectives, always within the goal that these objectives must be meaningful for the learner. Without this kind of active facilitator role, a group is not apt to get off the ground (Feenberg & Xin, 2004).

Facilitation describes the process of taking a group through learning or change in a way that encourages all members of the group to participate (Clarke, 2006). Thus, facilitation would involve a broader set of skills that cover not only processing of the activities but also programming, communication, leadership and instruction (Dickson & Gray, 2006). This approach assumes that each person has something unique and valuable to share. Without each person's contribution and knowledge, the group's ability to understand or respond to a situation may be reduced. The facilitator's role is to draw out knowledge and ideas from different members of a group, to help encourage them to learn from each other and to think and act together.

2.5.4 Traditional teaching and facilitation

In the context of adult education, the group is seen as an ideal setting for learning. Many support groups operate within the framework of adult education. Therefore it is important to further look at traditional teaching and facilitation.

According to Clarke (2006), facilitation involves the sharing of information in several directions between the facilitator and the group and among the members of the group. Freire (1985) believes that education should be liberating. Rather than giving learners answers, education should aim to increase the learners' awareness so that they are able to identify problems and their causes, and find solutions themselves. Lipman, Yaffee and Wondolleck (1997) state that facilitators play a number of important roles in promoting effective communication. The facilitator works to focus

the attention and efforts of the group members, ensure that agenda items are addressed, and prevent the group from getting off track. The facilitator makes sure the group is in agreement on the process they will use to discuss and address issues, and may suggest alternative processes if the group discussions become unproductive. The role of the facilitator is to ensure that the group works as a constructive and cohesive unit (Anon, 2005). The facilitator also has a primary responsibility for ensuring that the group's ground rules are respected by all members and that there is an atmosphere conducive to open, productive communication. The group atmosphere of learning will affect satisfaction in learning, as well as the products of learning (Knowles *et al*., 2005). Thus, the facilitator must protect individuals from personal attacks and encourage shy or quiet members to also contribute their ideas. Finally, a facilitator handles meeting logistics, such as drafting and circulating an agenda and ensuring that the meeting room is arranged properly (Lipman *et al.*, 1997).

Teaching involves the sharing of information or giving instructions in one direction from teacher to student (Clarke, 2006). The relationship between a facilitator and a group of adults is different from that of a teacher and a class. For example, a teacher normally presents ideas from the front, but a facilitator usually sits with a group and encourages group discussion. The function of the facilitator is thus wider than that of a teacher of information. Rather, the facilitator constructs a sequence of learning activities for the group to engage in (Rogers, 2002). A facilitator involves the group in activities that help adults with low levels of formal education, literacy or confidence to take part fully. A teacher usually has a formal relationship with their students, where the teacher is in authority. A facilitator is an equal and is often someone from within the community, without a formal leadership role, who wants to work with others to make positive changes in their community. The facilitator's relationship with the group members is based on trust, respect and a desire to serve (Clarke, 2006).

Facilitation works best when certain values are accepted and practised not only by the facilitator, but also by the entire group in which facilitation occurs. These values are the basis behind the guidelines of a group. A facilitator's responsibility does not only demonstrate values in their own behaviour, but fosters them in the group they are facilitating. Therefore, it is important to examine the facilitators' role.

2.5.5 Facilitators role

A facilitator's job is to focus on how well people work together (Brian, Betsy, Scott & Micheal, 2002). The purpose of this focus is to ensure that members of a group can accomplish their goals for the meeting. The facilitator trusts that each member of the group can share responsibility for what happens, whether it involves calling the members to remind them of the next meeting, making sure that each person has an opportunity to contribute to a discussion, or seeing that the agenda serves the group's purpose. The effect of this sharing can be to equalise the responsibility for the success or failure of the group (in whatever way that group has defined its goals and function) and to allow more people to have control in determining what happens within the group and what decisions are made (Brian *et al.*, 2002). There have been many and increasingly complicated attempts to describe the role of the facilitator. One way to discuss this subject is under the five values of democracy, responsibility, cooperation, honesty and egalitarianism, as suggested by Brian *et al.* (2002).

Democracy is important and each person has the opportunity: to participate in any group of which he or she is a member without prejudice; to ensure that the planning of any meeting is open and shared by the facilitator and the participants; to design an agenda that meets participants' needs and is open to participant changes; and for the period of time during which the facilitator is working with the group, to avoid that any hierarchical organisational structure is functioning (Brian *et al.*, 2002). The facilitator should recognise the attitudes toward the groups concerns and handle it with sensitivity, flexibility and innovativeness. There should be a willingness to experiment, to adapt the material to meet the specific needs of the learning group and

to not just be stuck with one set of teaching-learning methods and content (Rogers, 2002).

Each person is ***responsible*** for his or her own life, experiences and behaviour. This extends to taking responsibility for one's participation at a group meeting. A facilitator is responsible for the plans they make, what they do, and how this affects content, participation and process at the session. Through experience, participants can learn to take on an increasing amount of responsibility (Brian *et al.*, 2002). The facilitator must be sensitive to how much responsibility the participants at any meeting are prepared and able to take. The effectiveness of what the facilitator does depends on the clarity with which the logic frame of the activity progresses. The facilitator needs to know and understand the concepts of adult learning. The aim of the work of the facilitator is to help the group learn consciously (Rogers, 2002).

The importance of ***cooperation*** is that the facilitator and participants work together to achieve their collective goals. One might say that leadership is something you do to a group; facilitation is something you do with a group (Brian *et al.*, 2002). The main belief behind group facilitation is that full cooperation between all persons is both possible and desirable – values of equality, shared decision-making, equal opportunity, power sharing and personal responsibility are basic to cooperation (Hunter, Bailey & Taylor, 1998: 38).

A facilitator represents ***honesty*** through their own values, feelings, concerns and priorities in working with a group, and should set the tone for expecting honesty from all participants. This also means that facilitators must be honest with the group and with themselves about what their abilities are. Facilitators must represent themselves fairly and not attempt to go beyond their own capabilities in the role of facilitator (Brian *et al.*, 2002). Many facilitators are sometimes guilty of controlling the support group, rather than facilitating. It should be remembered that the group functions on

providing mutual support to one another and that the group therefore works best when everyone feels that they are involved in group matters (Anon, 2005).

Egalitarianism is important and each member has something to contribute to the group and is provided a fair opportunity to do so, the facilitator understands that they can learn as much from the participants as they can from them. A facilitator's role is to help a group through this process by asking questions that encourage new ways of thinking about and analysing their situation (Clarke, 2006). At the same time, any participant has the right to choose not to participate at any particular point in a meeting (Brian *et al*., 2002).

2.5.6. Models of facilitation

Berge (1995 in Feenberg & Xin, 2004) has proposed a widely used classification of facilitating activities under four categories: social, technical, pedagogical and managerial. Berge argues that successful facilitation requires a friendly social environment. Warmth, empathy and genuineness are interpersonal skills that are characteristics that enable facilitators to provide an environment to which participants are eager to return (Pequegnat & Szapoczik, 2000).

The **social** role of the facilitator includes promoting human relationships, affirming and recognising group members' inputs, providing opportunities for group members to develop a sense of group cohesiveness, maintaining the group as a unit, and helping group members to work together on a mutual cause. Pequegnat and Szapoczik (2000) argue that as important as environment and attendances are, interpersonal skills are not sufficient for a facilitator to be effective. Facilitators' interpersonal skills must be coupled with important technical skills.

The **technical** role concerns responsibility for ensuring that participants are comfortable. There must be technical support for participants with difficulties, and

pedagogical practices such as asking questions and explaining concepts. According to Berge, the **pedagogical** role concerns the facilitator's contribution of specialised knowledge and insights to the discussion, using questions and probes to encourage group member responses, and to focus discussion on critical concepts. It could be improving skills, learning a subject or solving a problem (Rogers, 2002).

Feenberg (1989 in Feenberg & Xin, 2004) offers a communication-theoretic approach to facilitation emphasising face-to-face activities. Focusing on these communicative differences is helpful in gaining a fuller understanding of the setting and the special demands it makes on facilitators. In addition, by modelling such behaviour, the facilitator prepares the group members' to lead the pedagogical activities themselves. This approach highlights the specific communicative activities belonging to the facilitators' role. These can be distinguished for analytic purposes from other activities of facilitators such as the social management of personal relationships in the group.

The **managerial** role concerns organisational, procedural and administrative activities. Rogers (2002) stated that this role involves providing objectives, setting timetables, setting procedural rules and decision-making norms to achieve their goals.

Anderson, Rourke, Garrison and Archer (2001 in Feenberg & Xin, 2004) present a model for assessing 'facilitator presence' in courses. Facilitator presence is defined as the extent to which the participants, especially the facilitator, are able to design educational experiences, facilitate discourse and provide direct instruction. Facilitation involves identifying areas of agreement and disagreement, seeking consensus, acknowledging group member contributions, prompting discussion and assessing its efficacy. The facilitator, through participant observation, monitors the interaction within the group and the structure it builds for itself (Rogers, 2002). Among other activities included in the model are establishing etiquette, posing

questions, diagnosing and dealing with misconceptions, and summarising discussions.

2.6 CONCLUSION

The contribution of adult education to the field of HIV/AIDS is clear. AIDS-related stigma hampers effective HIV prevention activities. Persons working in HIV prevention, as well as those providing care and services to persons living with HIV (and their families), infuse their work with principles integral to adult education (Egan, 2005). The value of learning is in questioning traditional forms of knowledge and of learning (particularly the idea that learning occurs best in formal settings), and it opens us to understand the powerful ways learning transpires in our everyday lives (Plumb, 2005).

Social expectations motivate and empower an adult to search for more knowledge, better proficiency and more suitable performance. Adults prefer to meet as equals in small groups to explore issues and concerns and then to take common action as a result of dialogue and inter-learning by discourse (Müller, 1993). The group becomes the learning co-operative. Groups provide the opportunity for inter-learning. Within the group the teacher as well as the other group members play the role of facilitators. All group members become co-agents in learning (Müller, 1993).

Facilitation is about empowering others. It involves letting go of control over the outcome of a process and giving that responsibility to the group. This demonstrates a sincere commitment to the value and potential of people. A facilitated participatory process will take time and patience. However, it will eventually lead to change that is more far-reaching and sustainable, due to building up strong relationships, the quality of learning and because the group owns the process (Clarke, 2006). It helps us see learning and to understand its capacity to produce meaning, effective practices, strong identities and resilient communities (Plumb, 2005).

The literature provides the theoretical background for the research methodology, which is underpinned in the empirical part of the study as described in chapters Three and Four.

Chapter Three

RESEARCH METHODOLOGY

This chapter introduces the methodological practices that were used to collect data. It covers the following: the background to the study, methods, techniques, the target population and the sample, research procedure, validity, reliability, trustworthiness, data processing, limitations and ethical consideration.

3.1 BACKGROUND

The mission of Philippi Trust is to provide accessible service delivery of professional lay counselling and counselling training to interested members of the community (Beeselaar, n.d.). The Trust is a non-profit organisation and provides a service of counselling and educational programmes relating to abuse, prevention of addiction to dependence-forming substances, family instability and HIV/AIDS. Programmes are presented to people who are already working in the field of counselling, nursing, teaching and/or pastoral care. The Philippi Trust is a service provider ensuring the services are delivered to the support group members making use of the HIV/AIDS facilitators, which they have trained.

The HIV/AIDS support group services are offered by Philippi Trust to meet the needs of PLWHA. There are seven support groups in Helderberg. Somerset West, Gordon's Bay, Sir Lowry's Pass, Gustrouw and Casablanca, which fall under the auspices of the Philippi Trust. Macassar and Ikhwezi are operated by the Hospice organization.

The Philippi Trust has 18 lay counsellors deployed at nine health facilities, as well as the Hottentots Holland Hospital and Eersteriver Hospital. The Provincial Administration of the Western Cape (PAWC) pays the salaries of lay counsellors. The main focus of the lay counsellors are to offer pre- and post-test counselling, to follow-up counselling, to facilitate support groups, pre-antiretroviral (ARV) counselling and adherence counselling for people on Antiretroviral drugs. The

value of this study to Philippi Trust is to receive feedback so that their service delivery to the HIV/AIDS support groups can be improved. The focus would be on providing guidelines to improve adult education processes in the small group context.

The researcher is a volunteer who has been involved with Philippi Trust for 12 months. Her involvement in the NGO includes statistical work on pre-, post- and follow-up counselling whereby ARV and mother-to-child transmission (MTCT) graphs are produced for the clinics of the Helderberg region. The researcher has also attended the course presented by Philippi Trust on HIV/AIDS support group training for facilitators in order to gain greater understanding of the training methodology of the HIV support groups. She has also been present at monthly HIV/AIDS support group meetings to gain understanding of the functioning of the support groups and to become acquainted with the group members.

3.2 METHODS

This research was descriptive while employing qualitative and quantitative methods of data collection to address the research objectives of this study. The purpose of a descriptive survey is to obtain data about a particular social problem (Williams, Tutty & Grinnel, 1995). The combination of quantitative and qualitative research methodology will make use of multiple data collection techniques to identify common themes to check the validity of the findings. This process is referred to as triangulation (Leedy & Ormrod, 2001; Denzin, 1978).

Structured questionnaires provided the quantitative data and individual interviews the qualitative data of the HIV/AIDS support group participants and facilitators. The qualitative method was used to answer questions about the complex nature of phenomena, with the purpose of describing and understanding phenomena from the participants' point of view (Leedy & Ormrod, 2001).

3.3 TECHNIQUES

Structured questionnaires were administered and individual interviews conducted to collect data to address the utilisation and perceptions of HIV/AIDS support

group participants as well as the perceptions of their facilitators (Objectives 1.4.1, 1.4.2, 1.4.3). The researcher designed and constructed the two structured questionnaires (one for support group members and one for facilitators), as well as two interview schedules for the study based on the framework (p.6) used for the literature review, observation in the support groups and consultations with experts (see Addenda 2-5). This led to the compilation of a list of concepts, which served as guide for the construction of the questionnaire (Figure 3.1 & 3.2). The framework indicating the questions associated to the relevant constructs are set out in Addendum 8.

The first section of the questionnaire dealt with the demographic details of the research participants, while the second section ascertained the participants' utilisation and perceptions of the service delivery in the HIV/AIDS support groups. Questions were organised to cover participant's utilization of the support group in terms of administration, experience and roles, and perceptions related to knowledge, relationships, communication, participation conscious raising and critical reflection (Tindale, 1998 and Mezirow, 1991a). The third section dealt with the interview questions to provide information about ***group members*** regarding (Figure 3.1): knowledge (education), relationship, communication (Tindale, 1998), and participation, consciousness raising and critical reflecting (Mezirow, 1991a). Information about of the ***group facilitators*** in their current practices included (Figure 3.2): the operational principles of democracy, cooperation, responsibility, honesty, egalitarianism (Brian *et al.*, 2002); and their operational roles (social, pedagogical, technical and managerial) (Berg 1995 in Feenberg & Xin, 2004).

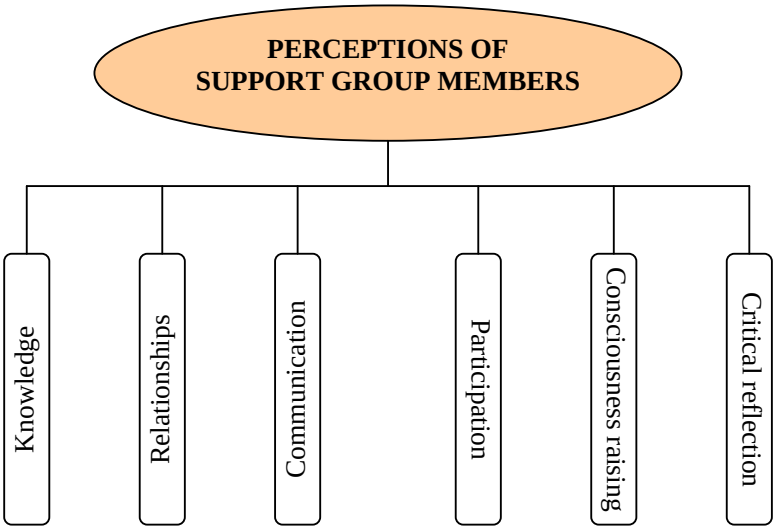


Figure 3.1 **COMPONENTS OF PERCEPTIONS OF SUPPORT GROUP MEMBERS**

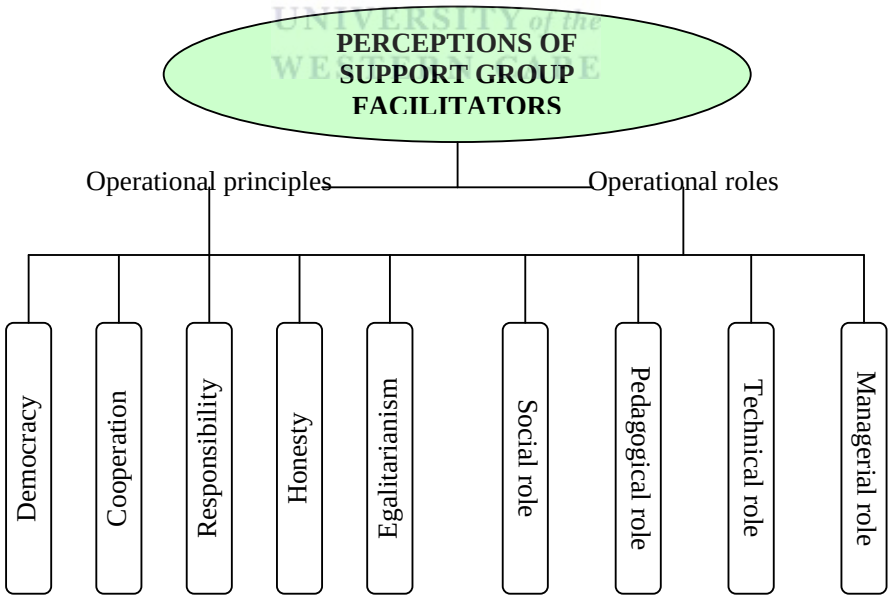


Figure 3.2 **COMPONENTS OF PERCEPTIONS OF SUPPORT GROUP FACILITATORS**

Patton (1982) states that the advantage of an interview guide is that it makes sure that the interviewer has carefully decided how best to use the limited time available in an interview situation. The interview guide helps make interviewing across a number of different people more systematic and comprehensive by delimiting the issues to be discussed in the interviews (Patton, 1982). According to Mason (2002) semi-structured interviews have four common core features: interaction or dialogue between interviewer and interviewee; relatively informal conversational interviewing as opposed to the rigid formal questions and answer sessions; a topic or theme by theme narrative approach; and point out specific context within which knowledge is to be constructed or reconstructed. However, as Neuman (2000) and Du Plooy (2001) state that every interview, regardless of technique, runs the risk of interviewer bias, vague questions and leading questions to mention but a few of the problems associated with interviewing. These problems are minimised by conducting the interview using the conversational technique, which facilitates an open exchange of feelings and opinions.

3.4 TARGET POPULATION AND SAMPLE

The Helderberg district in the Cape Metropole was the region where the study was undertaken. The universum in the study was HIV positive men and women in this region. The target population was all HIV positive individuals in two HIV/AIDS support groups and their facilitators based in Sir Lowy's Pass and Gustrouw in the Helderberg district.

A sample is a subset of measurements drawn from a population in which we are interested (Powers, Meenaghan, & Toomey, 1985). In this study, purposive convenience sampling was applied to select HIV positive individuals attending two HIV/AIDS support groups and the four facilitators of these groups. Due to time constraints, two support groups were selected to take part in the semi-structured questionnaire and interview guide. This convenience sample of 2 groups was considered sufficient as this descriptive study aimed to identify perceptions prevalent in groups and not for generalisation to all support groups.
PLWHA not attending the HIV/AIDS support group services were not included in the study. Only the HIV/AIDS support group members' perceptions of service

delivery within the Philippi Trust organization were assessed. The results of this study were used as feedback to the organisation and will in no way be generalised to other groups.

3.5 RESEARCH PROCEDURE

Permission to undertake the study was obtained from the University of the Western Cape Ethics Committee and the Philippi Trust. The researcher administered the questionnaire. She assisted the respondents with any questions they may have about the study and clarified any questions that they may not have understood. The two support groups started at the usual meeting time of 14h00 at the various HIV support group venues.

The individual interviews with support group members and support group facilitators were conducted after they had completed their questionnaires. The structured questionnaire and individual interviews were conducted on the usual meeting days during the two-week period of 8 to 15 November 2006. All the participants met the inclusion criteria: men and women who were HIV positive and attended the HIV/AIDS support groups in Sir Lowry's Pass and Gustrouw in Helderberg. The individual interview was conducted after respondents had completed their questionnaire.

3.6 VALIDITY

Joppe (2000) provides the following explanation of what validity is in quantitative research. Validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are (Golafshani, 2003). The researcher designed and constructed the questionnaire for the study that was derived from a conceptual framework that was drawn up based upon the literature review, observation in the support group and consultations with experts (Figure 3.1 & 3.2). This led to the compilation of a list of concepts, which guided the construction of the questionnaire.

A pilot test was conducted in an HIV/AIDS support group in another region (Gordon's Bay) by applying and testing the questionnaire. This may result in

adaptation of the questionnaire developed by the researcher, where necessary, and facilitate better fieldwork and analysis. For this study no adaptations were necessary.

The pilot group in Gordon's Bay consisted of four members and one facilitator, and the meeting lasted two hours. The participants completed Section A and B of the questionnaire with the assistance of the researcher and the field worker. This lasted 45 minutes because the participants in Gordon's Bay were all literate. After the completion of the questionnaire, the group members and facilitator took part in the individual interviews.

3.7 RELIABILITY

A useful measuring instrument must not only be valid, it must also be reliable. It must be capable of measuring the same variable over and over again with the same or almost the same result each time (Williams *et al*., 1995). The researcher administered all instruments so there were not variations due to different fieldworkers.

3.8 TRUSTWORTHINESS

Trustworthiness is an essential component of qualitative research. Findings should reflect the reality of the experience. Koch (1994) and Guba and Lincoln (1989) emphasise the trustworthiness or credibility of research. The strategy that was used to maximise the trustworthiness in this study was to undertake member checks (Lincoln & Guba, 1985). This involved checking with the HIV/AIDS support group members and HIV/AIDS support group facilitators after the data had been collected to ensure it represented reasonable description of their perceptions about service delivery (Parahoo, 1997) thus, minimising researcher bias and determining trustworthiness of the data collected. The fact that the researcher is familiar to the members of the groups and is involved with them on a monthly basis facilitated this checking process. Trustworthiness of the researcher needed to be ensured so that her beliefs did not influence the collection of the data and analysis. The fact that the researcher was not employed but working voluntarily may have helped to ensure this. In this way biased results can be avoided and a reliable description of a given phenomena provided (Beck, 1994).

3.9 DATA PROSESSING

The quantitative data analysis was done in consultation with a qualified statistician. The Statistical Packaging for Social Science (SPSS) was used with the aim of determining the descriptive statistics of the database variables. The information gathered was displayed in the form of frequency tables and graphs. After the completion of the interviews, the data were analysed. The taped information was transcribed. For the qualitative analysis of the interviews, data was analysed thematically.

3.10 LIMITATIONS

The research was conducted in two HIV/AIDS support groups in the Helderberg region and not in the whole of the Western Cape. The Gustrouw support group was not as large as the group in Sir Lowry's Pass therefore a comparison between groups was not pursued.

3.11 ETHICAL CONSIDERATION

Participants gave their informed consent to participate. Before any data collection took place, the researcher explained the purpose of the study, which was explained in Afrikaans and English language and translated into Xhosa by the interpreter. They were informed that participation in the study was voluntary and they may decline to participate without penalty. Participants could receive professional counselling from the lay counsellor of Philippi Trust at any time if they felt traumatised and uncomfortable with the questions. To protect the respondents from possible negative effects of their response, the names of the support groups and respondents were withheld in the final report.

Chapter Four

RESULTS AND DISCUSSION

4.1 INTRODUCTION

The aim of the study was to investigate the perceptions of the support group members and facilitators about the current service delivery by the Philippi Trust in HIV/AIDS support groups in the Helderberg region. The objectives of the study were to describe the utilisation of the HIV/AIDS support group (Objective 1.4.1), to identify the HIV/AIDS support group members' perceptions of service delivery and to identify the support group facilitators' perceptions of support group functioning (Objective 1.4.2 & 1.4.3).

This chapter presents the results of the research conducted with purposively selected participants in HIV/AIDS support groups of Sir Lowry's Pass and Gustrouw in the Helderberg district. Firstly descriptive statistics of the demographic information is reported. Variables such as the length of time the respondents have been in the support group and their employment status were cross-tabulated. The support group members' perceptions and the facilitators' perceptions of the service delivery are explored and presented. Throughout the data, the participants' voices, the facilitators' voices and the researcher interpretations are interwoven. The chapter concludes with a summary of the key findings.

4.2 SITUATIONAL CONTEXT

The two support groups (Sir Lowry's Pass and Gustrouw) start their meetings at 14h00 at their venues in Helderberg. The meeting lasts for an hour and a half and it takes place one a month. There is one support group facilitator at Gustrow but at Sir Lowry's Pass there are two facilitators because it is a larger group. At each meeting food and clothing are provided to members by Philippi Trust and community churches. The meeting outlines of topics are sometimes planned before hand and at each meeting they have a specific discussion. Examples of topics could be general HIV/AIDS information, nutrition, and disclosure amongst other topics. The group contract is a set of rules that is drawn up by the group and must be adhered to in the group sessions. These rules might include amongst others, confidentiality, respect for each other and mutual respect. Group members may also decide on other guidelines

in addition to these basic rules. The HIV/AIDS support groups in Helderberg have a low attendance rate and groups often collapse due to an insufficient number of participants. In Sir Lowry's Pass 19 participants including the two facilitators took part in the research project, but eight participants had to leave early and thus were not interviewed. The members in the Gustrouw support group generally do not attend due to work and health problems. On the day of collecting the research data there were three participants.

4.3 DEMOGRAPHIC CHARACTERISTICS OF SUPPORT GROUP MEMBERS

The respondents in this study consisted of a total of 20 support group members With 17 group members from Sir Lowry's Pass and 3 group members from Gustrouw (Table 4.1). In Gustrouw the facilitator informed the researcher that members generally do not attend the group meetings due to work and health related problems.

4.3.1 Gender

Seventy percent (14/20) were females and 30% (6/20) were males (Table 4.1). In general it has been reported that females are more likely to be living with HIV (Shisana *et al*., 2005).

Table 4.1 **PARTICIPANTS: GENDER**

	Sir Lowry's Pass	Gustrouw	Tot. n	%
Females	12	2	14	70
Males	5	1	6	30
Total	**17**	**3**	**20**	**100**

4.3.2 Age

In this study more females (25%) were in the younger age group (30-34 years) compared to the highest frequency of males (20%) in the age 45-49 years category. Antenatal surveys have been providing statistics of the childbearing women aged 15 to 49 years who are sexually active having higher HIV rates. Batter, Matela, Nsuami, Manzila, Kamenga, Behets, Ryder, Heyward, Karon & St Louis (1994) reported that

monitoring the HIV pandemic among childbearing women is a useful approach to examine the HIV pandemic in the sexually active female population.

Table 4.2 **PARTICIPANTS: AGE ACCORDING TO GENDER**

Gender / Age (yrs)	Male		Female		Total	
	n	%	n	%	n	%
20-24	0	0	1	5	1	5
25-29	0	0	1	5	1	5
30-34	0	0	5	25	5	25
35-39	1	5	3	15	4	20
40-44	1	5	1	5	2	10
45-49	4	20	2	10	6	30
50+	0	0	1	5	1	5
Total	**6**	**30**	**14**	**70**	**20**	**100**

The majority of all group members were over the age of 45-49 years old. The group members in the age group of 20-29 years old are the least represented in the support group (Table 4.2). In total there are nine members in the age group of 30-39 years old of which eight are females. There are eight in total in the age group of 40-49 where five are male. Maybe older members are represented to a greater extent than those who are younger because the younger ones are at work or otherwise occupied. This might be because there are more females and the males are more economically active.

4.3.3 Marital status

Of the total group, the majority (55%) of the participants were never married (Table 4.3). Ten percent (10%) of the members were separated.

Table 4.3 **PARTICIPANTS: MARITAL STATUS**

Marital status	n	%
Married	3	15
Widowed	3	15
Separated	2	10
Never married	11	55
Other	1	5
Total	**20**	**100**

4.3.4 Education level

In relation to education, 25% participants have not completed school, 40% participants had some schooling at primary level and 35% had some secondary education (Table 4.4). Seventy five percent (75%) of the members received some form of education and 65% had no secondary education.

Table 4.4 **PARTICIPANTS: EDUCATION LEVEL**

Education	n	%
No schooling completed	5	25
Primary Education	8	40
Secondary Education	7	35
Total	**20**	**100**

4.3.5 Employment status

Eighty five percent (85%) were unemployed (Table 4.5). This high rate of unemployment might be due to the 65% of the participants who have not had secondary education.

Table 4.5 **PARTICIPANTS: EMPLOYMENT STATUS**

Employment status	n	%
Employed	2	10
Unemployed	17	85
Other	1	5
Total	**20**	**100**

Most of the respondents that have been in the support group for more than two years were unemployed, which may be an indication that they have more time to attend (Table 4.6). The food and clothing that are provided by the group facilitators to support group members may be a draw card for these members. It might also be that the members are too ill to work.

Table 4.6 **PARTICIPANTS: PERIOD OF INVOLVEMENT ACCORDING TO EMPLOYMENT STATUS**

Employment status / Attendance	Employed		Unemployed		Total	
	n	%	n	%	n	%
1-3 months	0	0	4	20	4	20
4-6 months	0	0	2	10	2	10
7-9 months	0	0	1	5	1	5
10-12 months	0	0	3	15	3	15
2 years	0	0	2	10	2	10
More than 2 years	2	10	6	30	8	40
Total	**2**	**10**	**18**	**90**	**20**	**100**

In summary, there are more females who attended the support group. The majority of the support group members were between the age of 45-49 and of 20-29. The over 50 category were least represented. More than the half of the support group members were never married and only three were married.

In relation to education, more than the half of the support group members had not received secondary education. The majority of the members who attended the support group have been with the group for more than a year, which might be due to their needs that are met for the support group members. The unconscious need to belong to a group can be used to relieve emotional and psychological distress. In a support group, members share opinions and can build relationships that can provide understanding when needed, and can help people face the personal crises that are often associated with AIDS (Spirig, 1998).

4.4 DEMOGRAPHIC CHARACTERISTICS OF SUPPORT GROUP FACILITATORS

A total of three females made up the sample of facilitators. There were two group facilitators from Sir Lowry's Pass and one from Gustrouw. The group from Gustrouw is the smaller of the two groups hence the presence of only one facilitator in this group.

4.4.1 Age

The two of the three facilitators at the support groups were between the ages of 45-49 years old (Table 4.7). This is possibly a positive factor in a support group as there is not a large gap in terms of age between the facilitators and the support group members; therefore there might be a lowering power aspect of the relationship. The support group members possibly relate better to someone of a similar age. The nature of the disease may contribute to feelings of uncertainty and unrealistic fears. Groups designed exclusively for PLWHA can provide an opportunity for social comparison, where PLWHA can discuss and compare their thoughts with one another in hopes of normalising their experiences (Tindale *et al*., 1998:91).

Table 4.7 **FACILITATORS: AGE**

Age	**n**
25-29 years	1
45-49 years	2
Total	**3**

4.4.2 Education level

Two of the facilitators had secondary education. One facilitator has never been to school (Table 4.8). Support group facilitators might not need specific formal education but good people skills, training and a certificate in facilitating HIV/AIDS support groups is important (Smith, 2006).

Table 4.8 **FACILITATORS: EDUCATION LEVEL**

Education	**n**
No schooling completed	1
Secondary Education	2
Total	**3**

Of the three females facilitators two were married and one was never married. One facilitator was unemployed and had focused most of her adult life on domestic work related to her husband and children. The three facilitators were under the age of 50 and two have secondary education. One facilitator had not completed her schooling. They have been working with their support group for one year and longer. None of the facilitators have previous experience in facilitating a support group and have had no adult education training. The facilitators all agreed that the participation within the support groups is good. All facilitators felt that they can deal with opposing opinions of their group members and will recommend the support group to other HIV positive individuals.

4.5 UTILISATION OF THE HIV/AIDS SUPPORT GROUP

The responses to the structured questions highlight the utilisation of support groups. Two aspects will be covered. Firstly related to individual's knowledge and practices, and secondly their attitudes. The first section documents the participant's utilisation of the groups by focusing on administration, experience and roles in the support groups. In the second section their attitude towards knowledge, relationships, communication, participation, consciousness raising and critical reflection will be discussed.

According to Tindale *et* al. (1998), the literature review of HIV/AIDS small groups highlight three themes namely, knowledge through education, building relationships and communication. To gain a deeper understanding, three further themes mentioned by Mezirow (1991a) will be highlighted namely, participation, consciousness raising and critical reflection.

4.5.1 Utilization

This section documents the participant's utilisation of the groups by focusing on administration, experience and roles of the support groups.

Administration of groups

Support groups members have knowledge of the ground rules and goals of the groups.

Table 4.9 **PARTICIPANTS: What kind of rules do you have in the support group contract?**

	Respect		Confidentiality		Freedom		Responsibility	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Yes	15	75	18	90	12	60	16	80
No	5	25	2	10	8	40	4	20
Total	20	100	20	100	20	100	20	100

According to the support group members the rule most agreed upon in the support group is confidentiality, followed by responsibility, then respect and lastly freedom (Table 4.10). It has been found that people learn best when learning is useful, relaxing, and concrete and when their own experiences and understandings are valued. Such an understanding helps to build an appropriate learning environment. Adults participate best in learning when they are given a safe, supportive and accepting environment in which to express themselves and to take action (Acharya & Verma, 1996).

Table 4.10 **PARTICIPANTS: What are the goals for this support group?**

	To support one other		To encourage positive thinking		To encourage positive living		To receive hand-outs	
	n	%	n	%	n	%	n	%
Yes	18	90	12	60	18	90	2	10
No	2	10	8	40	2	10	18	90
Total	20	100	20	100	20	100	20	100

The group members agreed that the goal of the support group is to support one another (90%) and to encourage positive living (90%). The goal of the support groups at Philippi Trust is psychosocial as noted by Smith (2006). Psychosocial support is a continuing method of meeting the physical, emotional, social and spiritual

needs of adults (Spirig, 1998). According to Tindale *et al.* (1998), all of these elements are essential for meaningful and positive human development. It is encouraging to note that only 10% of the members felt that to receive handouts is one of the goals in the support group (Table 4.11).

The goal of *encouraging positive thinking* was the second lowest score of the issues noted in Table 4.11. This may be linked to the fact that members think that they do not have much freedom (60% in Table 4.10) in the support group. Group methods should strive to encourage free discussion and candid self-revelation. Members should be helped to self-understanding and more successful behaviour through mutual examination of their reactions to persons in their daily lives. Intensive group discussion and interaction should be encouraged to increase individual awareness of self and others (Britannica, 2002). This freedom could then lead to increasing positive thinking in the participants. According to Paulsen (2006) the real issues emerging in the feminist popular education literature have been identified as self, identity and emotions. These concepts need to play a more fundamental role in adult education programmes. This links to the recognition that self-awareness starts within the self and then only moves to the outer world. An individual needs to be aware of their own issues first and understand what has happened in their own lives so that they can be more effective in looking beyond themselves and taking action in the HIV/AIDS support groups.

Experience

The experience of the group members forms a basis for their participation within the support groups.

Table 4.11 **PARTICIPANTS: UTILIZATION OF SUPPORT GROUP**

	How did you find out about this support group?		**Who sent you to attend the HIV/AIDS support group?**	
	n	**%**	**n**	**%**
Clinic sister	9	45	6	30
HIV/AIDS counsellor	10	50	13	65
Friend	1	5	1	5
Family	0	0	0	0

Regarding utilisation of the HIV/AIDS support groups, the group members indicated (Table 4.12) that they heard about the support group from their HIV counsellor and this person also sent them to attend. The sister was more instrumental in informing the respondents than in sending them to attend.

Roles

The roles within the support groups determine the part each member plays.

Table 4.12 *PARTICIPANTS:* What are your roles in the planning of the session?

	n	%
None	0	0
Confirming topic of interest	15	75
Telling my topic of interest	3	15
Don't know	1	5
Missing system	1	5

The role played in the planning of the sessions, which is most often noted by the group members, is that of confirming the topic of interest (Table 4.13). This indicated that the members feel they have a say in the topics and that they are interesting to them. In this regard they felt the needs of the group members are met. This is an important aspect of adult education (Jarvis, 1995).

Table 4.13 **PARTICIPANTS: What are your roles within the support group?**

	n	%
Organising the seats in the venue	1	5
Confirming to support group dates	6	30
Confirm with other support group members	8	40
Responsible for the beverages and snacks	2	10
Don't know	2	10
Missing system	1	5

The role played by the group members within the support group is that of confirming with other support group members (40%) (Table 4.14). The facilitator trusts that each

member of the group can share responsibility for what happens, whether it involves calling the members to remind them of the next meeting, making sure that each person has an opportunity to contribute to a discussion, or seeing that the agenda serves the group's purpose. The effect of this sharing can be to equalise the responsibility for the success or failure of the group (in whatever way that group has defined its goals and function) and to allow more people to have control in determining what happens within the group and what decisions are made (Brian *et al.*, 2002). Only 10% of the members are responsible or able to provide beverages and snacks. This might be due to the 10% of the employed members who may be able to provide for the snacks.

Table 4.14 **PARTICIPANTS: Can you tell me whether or not the topics are planned beforehand?**

	n	%
Yes	16	80
No	0	0
Sometimes	4	20
Don't know	0	0

The majority (80%) of the support group members have indicated that the topics are planned before hand (Table 4.15). This high percentage might be due to the roles of the group members in the topics that are of interest (75%) to them.

4.5.2 Perceptions

The attitudes of the group members' will be viewed in the members' knowledge, relationships, communication, participation, consciousness raising and critical reflection within the groups (see Table 4.15). The positive and negative scores were aggregated in places to illustrate trends in the discussions.

Table 4.15 **PARTICIPANTS: UTILISATION OF HIV/AIDS SUPPORT GROUP**

Construct	Statement	Strongly disagree %	Disagree %	Agree %	Strongly agree %
Knowledge	I have learned new skills in the group	0	0	53	47
	I apply new skills I have learned from the group when I get home	10	0	50	40
	I will recommend this group to other HIV positive individuals	0	0	50	50
Relationships	We respect one another in the group	0	5	55	40
	There is a feeling of common concern within the group	0	5	70	25
	I feel supported by those in the group	0	0	50	50
Communication	I talk about my problems within the group	0	5	74	21
Participation	I come to this support group because I want to	0	5	45	50
	I come to this support group because I feel I should	0	0	50	50
Consciousness raising	I like the group discussions in the support group	0	0	65	35
	I like the group topics in the group	0	0	74	26
	I keep this support group's identity confidential	0	0	30	70
Critical reflection	After being a part of the support group meeting discussions I could relate the discussions to my life experiences	0	0	44	56

Knowledge

When aggregating strongly agree and agree it was found that all respondents were positive regarding the statement relating …*to learning new skills in the support group* (Table 4.16). Cumulatively the majority (90%) are positive regarding the statement describing …*applying new skills from the support group when they are home.* It has been found that people learn best when learning is useful, relaxing and concrete, and when their own experiences and understandings are valued (Acharya & Verma, 1996).

Relationships

When summating strongly agree and agree it was found that 95% of the members are positive regarding the statement about …*respecting one another in the support group*

(Table 4.16). The majority of the respondents were positive regarding the statements relating to …*a feeling of a common concern* (95%) *and feeling supported by those in the group* (100%). The high percentage of the participants that support one another suggests that they can relate to and support one another. Lee and Robbins (1995 in Forsyth, 1999) noted that groups could recapture the sense of security that they felt with nurturing parents and form sound relations with others.

Communication

Only 5% were negative regarding the statement … *to talk about my problems* (Table 4.16). When combining strongly agree and agree it was found that the majority (95%) are positive regarding this statement. The fact that there are those who do not talk about their problems does deserve attention by facilitators. Facilitators should learn skills to encourage sharing and talking in the group setting. Facilitation describes the process of taking a group through learning or change in a way that encourages all members of the group to participate (Clarke, 2006). Thus, facilitation would involve a broader set of skills that cover not only processing of the activities but also communication (Dickson & Gray, 2006).

Participation

When combining strongly agree and agree it was found that the majority (95%) are positive regarding the statement relating to …*coming to this support group because they want to.* All respondents were positive regarding the statement …*coming to the support group because they feel they should* (Table 4.16). The fact the support group is voluntary in nature, the members have the choice to participate and attend the support group without external compulsion. Group learning creates several emotional feelings like stress, anxiety, fear, confusion, agitation and happiness (Acharya & Verma, 1996). If members are treated as objects rather than as active participants they might feel confused. Adults participate best in learning when they are given a safe, supportive and accepting environment in which to express and take action (Acharya & Verma, 1996).

Consciousness raising

When strongly agree and agree are combined, it is clear that all of the respondents were positive regarding the statements relating to …*liking the group topics in the support group* ; …*liking the group discussions in the support group; and …I keep this support group's identity confidential* (Table 4.16). Support group members feel committed to keep the status of the members confidential. They realise the importance of confidentiality maybe because this is stressed by the facilitators or because they themselves know how important confidentiality is within their own circumstances. Through consciousness raising the members might begin to understand themselves and other PLWHA by looking at situations in their own lives and participating in discussions. Members are helped to self-understanding and more successful behaviour through mutual examination of their reactions to persons in their daily lives, to one another, and to the group leader in an emotionally supportive atmosphere. Intensive group discussion and interaction is encouraged to increase individual awareness of self and others (Britannica, 2002).

Critical reflection

All respondents were positive regarding the statement relating to … *after being a part of the support group meeting discussions I could relate to the discussions to my life experiences* (Table 4.16). Critical reflection is valuable when working with adults (Mezirow, 1990a). Through support groups that include interaction, adult learners receive a meaningful and long lasting experience, as well as the opportunity to think critically. Lin, Yang, Arya, Huang and Li (2005) stated that interaction will lead to multiple types of interpersonal relationships, and a group's distinctive network patterns will emerge and evolve. Such patterns would further influence the behaviour of group members. If members contribute to the construction or adaptation of the support group, the members will stay more involved and focused.

In summary, the knowledge and practices of the support groups revealed that the members believed that confidentiality was the most agreed upon rule in the support group, followed by responsibility, then respect and lastly freedom. The majority of the members agreed that the goal of the support group is to support one another and to encourage positive living. A minority said the receiving of hand-outs is one of the

goals in the support group. The majority of the members agreed that they applied their new skills when they are home and most of the members are positive regarding respecting one another in the support group. The support group members can relate to and support one another and evoke a sense of security from their relationship with other group members. Most were positive regarding communication within the support group. The majority are positive regarding their attendance thus indicating positive participation. The members were positive regarding the issues raised during the group discussions. The majority are positive about keeping the support group's identity confidential.

4.6 SUPPORT GROUP MEMBERS' PERCEPTIONS OF SERVICE DELIVERY

The responses (Addendum 6) to the interview questions (Table 4.17) to gather qualitative data are discussed by highlighting the main areas of concern based on the components: knowledge, relationship, communication, participation, consciousness raising and critical reflection.

The ***knowledge***-related questions measured the concepts in response to the question regarding what they think a support group should be. The majority of respondents had mixed thoughts in this regard (Question 1). Two participants from the groups (12%) said a support group is a place to receive food. The remainder of the participants (88%) said it is a place of learning and working together as a group. Examples of respondents' comments are as follows:

> "*A place where you get food and go on trips*." (Respondent 1; Gustrouw)
>
> "*It is a place to learn and listen to each other and we learn what to do when you have HIV/AIDS*." (Respondent 12; Sir Lowry's Pass)

This is in accordance within a support group where members share feelings and can build relationships that can provide an understanding when it is most needed, and can help people face the personal crises so often associated with AIDS (Spirig, 1998).

Regarding ***relationships***, the response to the question of how conflict had been experienced within the group, reflects that the majority of the respondents had not experienced conflict in the support group (Question 3). One participant from the total

group referred to one case where there was conflict. This can be illustrated by the following comment:

> "*Sometimes conflicts arise when support group members argue with one another and it gets solved by the facilitators and support group members*". (Respondent 4; Sir Lowry's Pass).

Group members will disagree with each other and debate ideas. Fisher (1970) stated that conflict is good; it helps the group achieve positive results.

In response to the questions regarding what they think is the best aspect of the support group (Question 4), the concept of ***consciousness raising*** of the group members was uncovered. Comments from two of the participants were:

> "*The friendliness of one another and everybody talks to one another*." (Respondent 1; Gustrouw)
>
> "*Encourage people with HIV/AIDS to live a positive life*." (Respondent 11; Sir Lowry's Pass)

The responses of the group members indicated that the support group members are becoming aware of positive observation within the group.

With reference to the question of what they think the worst aspect of the support group is (Question 5), it was noted by one respondent that the support group members are introverted and show little support. This seems to be an isolated reaction because the rest of the support group members mention no bad thing about the support group. This is illustrated by the responses of two respondents who stated:

> "*There are no problems here*." (Respondent 2; Gustrouw)
>
> "*I haven't notice anything bad here*." (Respondent 12; Sir Lowry's Pass)

These responses may be due to the presence of the researcher (Hawthorne effect).

The question on how their facilitators guide the group (Question 8) reflects that the majority of the participants' (70%) have a good relationship with the facilitator(s) and can be illustrated by the following comment:

> "*The facilitators are very good.*" (Respondent 4; Sir Lowry's Pass)

The facilitators have much to do with setting the initial mood or climate of the group experience (Knowles *et al*., 2005). The facilitators generate a calming and peaceful atmosphere be using prayer at the start and the ending of the support group session.

The ***participation*** related question regarding what they would like to change in the group (Question 6) in order to see how involved they would be in the change process evoked the following responses:

> "*To invite teenagers and young adults who are HIV positive and negative*." (Respondent 3; Gustrouw)
>
> "*We must have our own building that is bigger because this place can get to be small for all of us.*" (Respondent 6; Sir Lowry's Pass)

These illustrate that the changes that they suggest are external changes.

The rest of the support group members (81%) mention that they would not want any changes in their support group:

> "*I will not change anything to this support group*." (Respondent 1; Gustrouw).
>
> "*Here in the support group I will not change anything. Everything is excellent as it is.*" (Respondent 2; Sir Lowry's Pass).

The support group members do have freedom in the support group to voice their opinion regarding bringing any changes to the support group.

The responses to the question on what the group members do in this support group (Question 2) reflect that all of the participants come to the support group to relieve emotional and psychological distress.

> "*We pray together and we solve our problems.*" (Respondent ; Gustrouw).
>
> "*It's a place where I grow stronger emotionally especially when outsiders are rude to me about being infected with HIV*." (Respondent 7; Sir Lowry's Pass).

The concept of ***critical reflection*** was also addressed. The issues that arose were living a healthier life and finding new hope and happiness by sharing and discussing their feelings. The question on how this support group impacted on their lives (Question 7) is illustrated by the following comment:

> *"I was an introvert before I joined the support group but now I talk with the other members*" (Respondent 6; Sir Lowry's Pass)

The aspect of ***communication*** was the last question regarding the group members' involvement within the support group (Question 9). The members stated issues that arose like; talking and participating in group discussions and attending each group meeting. The following emerged:

> "*I talk with everybody and give advice where I can*." (Respondent 3; Gustrouw)
>
> "*I was one of the first persons that started this support group*." (Respondent 2; Gustrouw)
>
> "*I participate in the group discussions but most of the time I sit and listen to the others talking*." (Respondent 2; Sir Lowry's Pass)
>
> "*I'm always here at the support group and I invite others to come*." (Respondent 12; Sir Lowry's Pass)

The most important aspect is for the members to share their feelings and build relationships with each other. This will increase their ability to express their emotions in multiple domains such as hurt, anger, excitement, desire or rage (Grossman & Silverstein, 1993). The majority of the support group members (81% in the *participation* related questions) felt to be involved in the support groups indicated they have the ability to look beyond themselves and take action in the HIV/AIDS support groups.

In summary, the qualitative findings regarding the support group members' perceptions about service delivery by the Philippi Trust in the HIV/AIDS support groups in the Helderberg region, suggested that there was awareness surrounding the understanding of the purpose of a HIV/AIDS support group. All participants have some understanding and awareness of the causes and the benefits of the HIV/AIDS support group. The participants said they experience the support group as a place of learning and working together.

The concept of consciousness raising was identified by responses that reflected that support group members are involved in solving group conflict. This suggests that the group meeting is a safe haven and their emotional needs of encouragement and support are being met. The group members' experience of the facilitators who are

running the support group reflected that they appreciated the contribution of the facilitators and had a good relationship with them.

With reference to communication, the members noted involvement by talking and participating in group discussions and attending each group meeting. This in turn may increase their ability to express their emotions.

Participants would have liked to increase participation by having younger people of any HIV status in the group meetings and they would like to have a larger venue. The majority of the participants stated that they would not bring any changes to the support group, as they were satisfied with the status quo.

4.7 SUPPORT GROUP FACILITATORS' PERCEPTIONS OF SERVICE DELIVERY

The responses (Addendum 7) to the interview questions (Addendum 8) to gather qualitative data are discussed by highlighting the main components which include the operational principles of democracy, responsibility, cooperation, honesty, egalitarianism, and the operational roles namely, social, pedagogical, technical and managerial roles.

Democracy

The question of planning sessions within the support group (Question 4) examined the concept of democracy. The facilitators responded by saying they do all the planning for the support group at the beginning of each year and ask the members for their ideas for possible topics. The responses indicated that the planning during meetings is open and shared by the facilitators and group members. Each member should be free to have the opportunity to participate in the planning of any meeting with the facilitator (Clarke, 2006). The support groups' agenda should be open to accommodate group members' changes.

Cooperation

In response to the question regarding how you deal with stressful situations within the support group (Question 7), the concept of cooperation over stressful situations are identified.

> "*With the support of the members we all try to handle stressful situations and support one another*" (Respondent 1; Sir Lowry's Pass).

This illustrates democratic leadership style. The facilitators set rules through group discussions and decisions, encouraging and helping group members to interact, requesting the cooperation of others and being considerate of members' feelings and needs (Johnson & Johnson, 2000). This is conducive to empowering group members as participation is encouraged. The facilitator's role needs to help encourage members to learn from each other and to think and act together.

Responsibility

The concept of responsibility concerned how the support group is doing in terms of keeping the individuals within the group's identity confidential (Question 6). Each member had the responsibility for the success or failure of the group in whatever way that the group had defined its goals and functions. Comments from the facilitators were for example:

> "*The confidentiality was broken a few months ago and these members do not come to the support group anymore. This has caused devastation in the support group. When members are drunk outside the support group, confidentiality gets broken and they attack each other outside the support group.*" (Respondent 1; Gustrouw)

Within this group there might be cooperation lacking due to confidentiality that had been broken. This might lead to the low attendance of the support group.

Each member is responsible for his or her own behaviour. A facilitator is responsible for the planning and structuring of the session (Brian *et al.*, 2002). The facilitators should be sensitive to how much responsibility the group members at any meeting are prepared and able to take.

Honesty

Honesty was related to how the groups are involved in the group discussions (Question 2). The facilitator had to be an example of honesty through expressing their own feelings within the group discussions and setting the tone for the expectation of honesty from all participants. The facilitator had to make sure that each person had an opportunity to contribute to a discussion. At the same time, any participant has the right to choose not to participate at any particular point in a meeting (Brian *et al*., 2002) and in the group the following comments were made:

> "*They are quite involved; it also depends on who the facilitators are because the support group members will not open up with any facilitators here. This I have notice when I was here and other facilitators where facilitating the group and when the group was bigger*." (Respondent 1; Gustrouw)
>
> "*They are very much involved and everybody is involved.*" (Respondent 1; Sir Lowry's Pass)
>
> "*The healthy members participate in the group discussions and the ill members are quite quiet and later they will participate in group discussions and share their thoughts.*" (Respondent 2; Sir Lowry's Pass)

The most important aspect is for the members to share their feelings and build relationships with one another this will increase their ability to express their emotions in multiple domains such as hurt, anger, excitement, desire or rage (Grossman & Silverstein, 1993).

Egalitarianism

In response to the question regarding the facilitators' views of the strength of this support group (Question 5) the concept of ***egalitarianism*** was examined. The responses showed that the members support and participate within the group. This might indicate the fair contribution within the group. With reference to the facilitators' views of the weaknesses of this support group, the one response indicated absenteeism. This might be due to the lack of confidentiality within the group.

Social role

The social-related question related to the emotions the support group members express (Question 1). The following was said:

> "*They are quite introverted even if it is not their personality, but that is the norm when new members join the support group, but later on in time they*

become more comfortable because I try to know each one of them and find out what makes them tick." (Respondent F1; Gustrouw)

"*They feel excited to be here at the support group*." (Respondent F1; Sir Lowry's Pass)

"*The new members are introverted and they are feeling hurt, I make them feel comfortable and we pray with them*." (Respondent F2; Sir Lowry's Pass)

Siebold (2007) indicated that the social role of the facilitator includes promoting human relations and encouraging the members to develop a sense of group cohesiveness. Personal observation conducted during attending support group meetings indicated that prayer was an integral part of the proceedings of each meeting. The facilitator helps the members to take control of their emotions by creating a favourable social environment through prayer. To pray is an act of communication with God, which might lessen feelings of fear and loneliness and might improve their social interaction within the support group. These responses reflect that the group members had mixed emotions at the support group. The responses indicate that the facilitators found that most members are introverted and they thus provided opportunities to share feelings.

Pedagogical role

Regarding the pedagogical role concept, the question, *what problems the support group are experiencing* (Question 9), the problem noted was that of the drop-out rate of support group members. This might be due to the members struggling to express emotions relating to dying and to avoidance due to their friends and family finding out they are attending an HIV/AIDS support group. The response reflects that the facilitator is concerned about attendance and what needs to be done to rectify the drop-out rate. This reflects that the facilitators are experiencing reasonable awareness regarding to coping with the high drop out rate in the support groups. What the literature (Michaelsen *et al.*, 1996 in Soliman, 1999) mentions is that if no group cohesion is present in a group, it will have a bad influence on effective learning because it effects the interaction among group members.

Technical role

The concept of the technical role within the group questioned what resources are needed within the support group (Question 8). The responses were all economically linked like funding, transportation and a better venue.

Managerial role

The managerial role within the group was identified through the question of what the purpose of the support group was (Question 10). The responses indicated the facilitators' idea for the support groups as a place where members feel welcome, supported and where learning takes place within the group.

This chapter has presented a discussion of the findings of this study. The final chapter will draw conclusions based on the findings and make recommendations for further research.

Chapter Five

CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The goal of the study was to investigate the perceptions about service delivery by the Philippi Trust to the two HIV/AIDS support groups in the Helderberg region. In the previous chapter the findings of the study were presented and discussed in detail. In this chapter the conclusions, based on the objectives of the study are presented. These include a description of the utilisation of the HIV/AIDS support group, identification of the HIV/AIDS support group members' perceptions of service delivery and the identification of the support group facilitators' perceptions regarding support group functioning. Conclusions are drawn on which the recommendations are based.

The quantitative and qualitative findings regarding the support group members' perceptions about service delivery by the Philippi Trust to the HIV/AIDS support groups in the Helderberg region are highlighted. The demographic characteristics indicate that more females were part of the sample. The majority of the sample was between the ages of 45-49. More than the half of the sample was never married and only three support group members were married. In relation to education, more than the half of the sample had not received secondary education. The majority of the respondents who attended the support group have been with the group for more than a year.

5.2 DESCRIPTION OF THE UTILISATION OF THE HIV/AIDS SUPPORT GROUP

The knowledge through education concept indicated that the majority of the participants had learned new skills in the support group but fewer of them applied

their skills at their homes. Therefore, the facilitators need to learn and apply facilitation methods, which will encourage application. The majority of the sample stated that confidentiality was important in the support group whilst a minority identified freedom as being important in the support group. This indicated that the members lack independence and are looking to their peer members and facilitators for their opinions, guidance and support. The facilitators need to learn how to incorporate these needs of the members that attend the support groups. The majority of the sample agreed that the goal of the support group was to support one another and to encourage positive living.

The relationships of the group members within the support group revealed that the members had formed relationships with one another. The findings indicate that the members have built a sense of security and support among one another. The communication theme in the support group was identified and the majority of the sample stated support for one another, which suggest that the support group members can relate to each other. However, facilitators should note that there are group members that do not talk about their problems. The participation of group members revealed that more members feel they should attend (come to support group to search or explore) than that they want (that they desire) to attend the support group. The theme of consciousness raising in the support group reflected that the majority of the sample was positive regarding respecting one another through keeping the group's identity private. The critical reflection theme in the support group indicated that being part of the group, they could relate the discussions to their life experience.

It was pleasing to note that only a minority of the members said to “receive hand-outs” was one of the goals in the support group.

5.3 IDENTIFICATION OF THE HIV/AIDS SUPPORT GROUP MEMBERS’ PERCEPTIONS OF SERVICE DELIVERY

Qualitative methods of gathering data were used to realise the aim of implementing the framework to identify the perceptions of the HIV/AIDS support groups by the PLWHA. The literature framework indicated the main areas of

concern to be knowledge, relationships, communication, participation, consciousness raising and critical reflection.

The knowledge that the support group members displayed related to educational benefits and social support that might improve their skills. Participants identified a support group as a place of learning and working together as a group. It appears that the participants have improved their knowledge, and feel they benefit from the HIV/AIDS support groups. The respondents said both the facilitators and the support group members, and not only the facilitators, solved conflict. This fact gives the PLWHA a sense of responsibility. The group members feel that the support group is a place to feel safe and protected. The psychosocial goal appears to have been achieved in the support group. In these support groups the members shared their feelings and emotions and reported that this was most important in managing their emotions and feelings in multiple domains. The group members said that the support group had a positive impact on their lives. This may suggest that the support group is meeting their emotional needs of encouragement and support.

The members' participation in sharing of activities was indicated to be low. The support group members mentioned that they would not bring any changes to their support group. This might indicate that the members are content with the support group as it was. It may, however, also be due to apathy. The participants appreciated the work of the facilitators and had a good relationship with them. According to this study facilitators set a calming mood through prayer. Critical reflection is valuable when working with adults. Through support groups that include interaction and build a productive group of people, the adult learners receive a meaningful and long lasting experience. If they can contribute to the construction or adaptation of the course, they will stay more involved and focused. A conscious group of people is formed when there is a discussion about goals. Critical reflection in support groups is an effective way to gather feedback for effective group work or to make group work adjustment. It also is an effective way to track individual experiences within the support group meetings.

5.4 IDENTIFICATION OF THE SUPPORT GROUP FACILITATORS' PERCEPTIONS OF SERVICE DELIVERY

The aim of identifying the support group facilitators' perceptions of the HIV/AIDS support group functioning was to highlight the main operational principles namely, democracy, responsibility, cooperation, honesty, egalitarianism; and the operational social, pedagogical, technical and managerial roles.

Facilitators share the planning with group members. Group members have the opportunity to share in the planning of meetings. The concept of responsibility indicated how the facilitator handled group members' confidentiality. Developing a contract that emphasises what is expected from them in the support group might strengthen confidentiality. The facilitators draw up their contract only at the start of every greeting and introduction stage of the group development cycle. Therefore, facilitators should go over the contract at each group meetings in all the stages of the group development. It was gathered from the responses that the facilitators include the art of leadership in group communication. The democratic leadership style of the facilitators was identified in the support groups. This is conducive to empowering group members as participation is encouraged. Honesty appears to be a priority to the facilitators who felt that they needed to make sure that each person had an opportunity to contribute to discussion and to the group environment.

The egalitarianism theme is illustrated by the view of the facilitators that the strength of the group is the group members' participation within the support group. The social aspect of the support group facilitators indicated that they take control of emotions by creating a favourable social environment in their groups through prayer. The responses indicate that the facilitators tried to lessen feelings of isolation of the group members and to share their feelings. A problem noted was the drop-out of support group members. This might be due to health problems, lack of confidentiality or the struggle of exploring and expressing

emotions about themselves related to death and dying. In terms of their pedagogical role, facilitators should feel comfortable when group members behave in a needy and dependent fashion toward the facilitator especially at certain stages. Being able to tolerate these expressions on the part of the group members is the first step in helping the group members grow in these areas. The facilitators of Philippi Trust has to issue warm invitations to attend the support group; send encouraging private messages to members or suggesting what they may contribute to all group discussions. The initial supportive role should be continued but provision should be made for facilitating empowerment of group members. Technical aspects within the group included funding, transportation and a better venue. The facilitators felt it would contribute to the comfort of the participants. This might indicate that the group members are not experiencing being comfortable and secure. Regarding the managerial role within the group, the purpose of the support group was addressed. The facilitators' view of their managerial role indicated their idea for the support groups as being a place where members feel welcome and supported, and where they can learn within the group.

5.5 CONCLUSIONS

The research and the literature reviewed revealed important implications for HIV/AIDS support groups, which may contribute to improved service delivery at Philippi Trust. Changes in current practice, especially related to adult education principles in support groups are suggested.

One of the key findings in this research was related to the utilisation of the HIV/AIDS support group while reflecting on knowledge, relationships, communication, participation, consciousness raising and critical reflection. These aspects played an integral role in creating conditions that were conducive to adult learning in support groups. It can be concluded that the HIV/AIDS support groups provided skills to their members but that the members felt that they could not as yet apply these skills at home. There is thus still a gap in the HIV/AIDS support group in that there is too little focus of application. More focus should therefore be placed on facilitation regarding the application of skills learned in the support group. Group learning might increase if the facilitators and the group

members develop the skills in addressing issues that concern them, forming conclusions for themselves and in expressing their opinion. The facilitator can clearly develop facilitation skills in this regard.

The second conclusion related to the identification of the HIV/AIDS support group members' perception of the service delivery within the support group. The support group provided a service that focuses on adult learning where they share their feelings; therefore they might express their emotions more freely. However, the gap that was noted was that the group members and group facilitators have to focus on various dynamic topics and activities concerning HIV and AIDS. This would enable members to use their knowledge effectively to perform certain tasks. Group facilitators might include techniques such as activities and ice breakers to make members more receptive to listening and contributing. These activities can also serve to build a team atmosphere and to generate enthusiasm and will truly help to create group cohesion based on trust and understanding.

The third conclusion related to the identification of the HIV/AIDS support group facilitators' perception of the HIV/AIDS support group functioning. They clearly play an important role in creating conditions that were beneficial for adult learning in support groups. HIV/AIDS support group facilitators must increase participation of group members within the support group, as well as building on their self-esteem. This might add to their roles and responsibilities in the support group and, therefore, training in this regard is imperative. Facilitators should feel comfortable with the expression of emotions by the members and when group members sporadically behave in a reluctant manner toward the facilitator. The facilitator should ultimately aim to enable the process of empowerment for the group members. The support group members lacked the ability in applying the new skills that their group facilitators had taught them. Therefore, the facilitators need to be trained in using different approaches in the facilitation of applying the skills in other environments.

The conclusions regarding the utilisation of the perceptions of group members and group facilitators have been examined and implications for practice were discussed. Key findings revealed through the data and relevant literature serve to present recommendations for HIV/AIDS support groups where the focus is on training to empower PLWHA.

5.6 RECOMMENDATIONS

In this next section the recommendations to Philippi Trust and also for further research will be highlighted.

5.6.1 Recommendations to Philippi Trust

- Service providers should be more conscious of the characteristics of quality service delivery. This includes providing facilitators that are multi-skilled and who work in a way that will benefit and empower PLWHA in communities.
- The training of facilitators should be based on the principles of empowerment whereby group members are provided with the opportunities for freedom, autonomy and increased participation in processes in the groups.
- Facilitators should be trained in adult education techniques for the facilitation of empowerment of support group members.
- Support group facilitators should be educated about the importance of dealing with the expression of negative feelings of group members, as well as managing these processes.

5.6.2 Recommendations for further research

- Conduct a survey to determine the needs for adult education training amongst HIV/AIDS support group facilitators.
- Apply the action learning approach in support groups to investigate various effective methods and strategies for working with PLWHA.
- Investigate monitoring strategies for facilitators to ensure consistency of practice.
- Evaluate support group sessions in terms of content and facilitation techniques.
- Investigate the causes of non-attendance on the part of members of support groups.

The aim of the completed study was to investigate the perceptions of the support group members and facilitators regarding the current service delivery by the Philippi Trust in HIV/AIDS support groups in the Helderberg region. Human ecologists, in line with their mission and focus on individuals within families and communities, have unique access to playing a role in group behaviour in society. In accordance with the mission of the profession, the potential role of human ecologists in empowering support group members and support group facilitators within the context of HIV/AIDS should be emphasised. Human ecologists who have training in adult education would be ideally placed to make an effective and valuable contribution to the empowerment of PLWHA.

REFERENCES

Abdullah, F. & Shaikh, N. (2001). *The provincial district HIV antenatal survey: Western Cape*. Cape Town: Department of Health.

Acharya, B. & Verma, S. (1996). Participatory training for promotion of social development. *Adult Education and Development*, 47: 357-370.

Aggleton, P., Hart, G. & Davies, P. (1999). *Families and communities responding to Aids*. London: UCL Press.

Albertyn, R.M. (1995). The effect of a training programme on the empowerment status of women. Unpublished master's thesis. Stellenbosch: University of Stellenbosch.

Anon, (2005). HIV/AIDS support group training for facilitators. Unpublished Philippi Trust support group training manual. Cape Town: Philippi Trust.

Anon. (n.d.). Group Process. Online: http://en.wikipedia.org/wiki/group.process. Accessed 11 February 2008.

Batter V., Matela B., Nsuami M., Manzila T., Kamenga M., Behets F., Ryder R.W., Heyward W.L., Karon J.M. & St Louis M.E. (1994). High HIV-1 incidence in young women masked by stable overall zeroprevalence among childbearing women in Kinshasa, Zaire: Estimating incidence from serial zeroprevalence data. *Aid*, 8:811-817.

Beck, C. (1994). Women's temporal experiences during the delivery process: A phenomenological study. *International Journal of Nursing Studies*, 31(3): 245-252.

Beeselaar, D. (n.d.). Philippi Trust South Africa. Online: http:www.ggsa.co.za/index.jsp. Accessed 16 February 2008.

Berkman, L., & Syme, S.L. (1979). Social network, host resistance and mortality: A nine year follow-up study of Alameda Country resident. *American Journal of Epidemiology*, 109: 186-204.

Blom, S. & Bremridge, C. (2003). Running support group for people with HIV/AIDS. In Uys, L. & Cameron, S. (2003), *Home-based HIV/AIDS care*. Cape Town: Oxford University Press.

Bloom, J.F. (1982). Social support, accommodation to stress and adjustment to breast cancer. *Social Science and Medicine*, 16: 1329-1338.

Bos, A., Schaalma, H. & Mbwambo, J. (2004). The importance of theory- and evidence-based interventions: Reducing AIDS-related stigma in developing countries. Sexual Health Exchange 2004-2. Online: http://www.kit.nl/frameset.asp?/ils/exchange_content.html/2004_reducing_aids-retaled.asp&frnr=1. Accessed 4 October 2004.

Brandler, S & Roman, C.P. (1999). *Groupwork: Skills and strategies for effective interventions* (2nd ed.). New York: Haworth Press.

Brian, A., Betsy, D., Scott, E.M.P. & Micheal, S. (2002). Group Facilitation. Online: http://findarticles.com/p/articles/mi_qa3954/is200001/ai_n8882373. Accessed 15 January 2007.

Britannica (2002). *Group therapy*. Deluxe Edition. 1994-2002, UK: Britannica.com Inc. [Computer Program].

Britton, P.J., Zarski, J.J. & Hobfoll, S.E. (1993). Psychological distress and the role of significant others in a population of gay/bisexual men in the era of HIV. *AIDS Care,* 5: 43-54.

Chang, A., Duck, J. & Bordia, P. (2006). Understanding the multidimensionality of group development. *Small Group Research*, 37(4): 327-350.

Clarke, S. (2006). Effective facilitation. Online: http://tilztearfund.org/Publications/Footsteps+51+60/Footsteps+60/Effective+Facilitation.htm. Accessed 6 December 2006.

Denzin, N. (1978). *The research act* (2nd ed.). New York: McGraw-Hill.

Dickson, T.J. & Gray, T. (2006). Facilitating experience: A snap shot of what is happening out there. *Australian Journal of Outdoor Education*, 10(2): 41, 12.

Dimock, H.G. (1987). *Groups: leadership and group development*. San Diego: Pfeiffer.

Duffy, L. (2005). Suffering, Shame & Silence: The stigma of HIV/AIDS. *Journal of the Association of Nurses in AIDS Care*, 16(1): 13-20.

Du Plooy, G.M. (2001). *Communication research: techniques, methods and applications*. Landsdowne: Juta.

Egan, J.P. (2005). Marginalized, not marginal: Adult Educator's unique contribution to the fight against HIV/AIDS. *New Directions for Adult Education*, 105: 85-73.

Feenberg, A. & Xin, C. (2004). Facilitation. Online: www.textweaver.org/facilitation.htm-19k. Accessed 10 February 2007.

Festinger, L. (1954). A theory of social comparison processes. *Human Relations*, 7: 117-140.

Finger, M & Asún. (2001). *Adult Education at the crossroads: learning our way out.* London: ZED Books, NIACE.

Flynn, R., Smith, A.P., Bradbeer, C. & Watley, J. (1991). The role of social support in modifying the relationship between stress and self-reported physical symptoms, cognitive deficits and psychopathology in gay men with HIV infection: A pilot study. Paper presented at the First International Conference, Biopsychosocial Aspects of HIV Infection, Amsterdam, The Netherlands, August.

Forsyth, D.R. (1999). *Group Dynamics*. Belmont, Brooks/Cole: Wadsworth.

Freire, P. (1985). *The politics of education*. London: Macmillan.

Gant, L. M. & Ostrow, D. (1995). Perceptions of social support and psychology adaptation to sexually acquired HIV among white and African American men. *Social Work*, 40 (2): 215-224.

Garvin, C.D. (1997). *Contemporary group work*. Boston: Allyn & Bacon.

Golafshani, N. (2003). Understanding reliability and validity in qualitative research: The qualitative report, 8(4):597-607. Online: http://www.nova.edu/ssss/QR/QR8-4/golafshani.pdf. Accessed 12 July 2006.

Gravett, S. (2001). *Adult learning*. Pretoria: Van Schaik.

Green, G. (1993). Editorial review: social support and HIV. *AIDS Care*, 5: 87-104.

Green, C., Botha, P. & Schönfeldt, H.C. (2004). Needs assessment in a rural community on a commercial farm in South Africa. *Journal of Family Ecology and Consumer Science*, 32: 46-59.

Grossman, A.H. & Silverstein, C. (1993). Facilitating support groups for professionals working with people with AIDS. *Social work*, 38(2): 144-151.

Guba, E. & Lincoln, Y. (1989). *Fourth generation evaluation*. Newbury Park: Sage Publications.

Guma, M., Henda, N. & Petros, G. (2006). Disparities in attitudes towards People Living with HIV/AIDS (PLWHA): A nationwide study. Online: http://wwwhsrc.ac.za/research/output/outputDocuments/2292_GumaetalDisparitiesin attitudestowardsPeopleL. pdf. Accessed 24 February 2006.

Harrison, A., Smit, J.A. & Myer, L. (2000). Prevention of HIV/AIDS in South Africa: A review of behaviour change intervention, evidence and options for the future. *South African Journal of Science*, 96(6): 285-290.

Hays, R.B., Turner, H. & Coates, T.J. (1992). Social support, HIV symptoms and depression among gay men. *Journal of Consulting and Clinical Psychology*, 60: 463-469.

Hays, R.B., Chauncey, S. & Tobey, L. (1998). The social support networks of gay men with AIDS. *Journal of Community Psychology*, 18: 374-385.

Heron, J. (1999). *The complete facilitator's handbook*. London: Kogan Page.

Hogan, C. (2002). *Understanding facilitation: Theory & principles*. London: Kogan Page

House, J.S., Robbins, C. & Metzner, H.L. (1982). The association of social relationship and activities with mortality: Prospective evidence from the Tecumseh Community Health Study. *American Journal of Epidemiology*, 116: 123-140.

Hunter, D., Bailey, A. & Taylor, B. (1998). *The art of facilitation: Discover the insight, tools and resources to help your group work together better*. Auckland: Fisher Books.

Hutchins, E. (1995). *Cognition in the wild.* Cambridge (Massachusetts): MIT Press.

Jarvis, P. (1995). *Adult continuing education: Theory and practice*. London: Routledge.

Johnson, D.W. & Johnson, F.P. (1997). *Joining together: Group theory and group skills.* Boston: Allyn & Bacon

Johnson, D.W. & Johnson, F.P. (2000). *Joining together: Group theory and group skills*. Boston: Allyn & Bacon.

Joppe, M. (2000). The research process. Online: http://www.ryerson.ca/~mjoppe/rp.htm. Accessed 12 July 2006.

Joseph, J.G., Caumartin, S.M. & Tal, M. (1990). Psychological functioning in a cohort of gay men. *Nervous and Mental Disorders,* 178: 607-615.

Koch, T. (1994). Establishing rigour in qualitative research: the decision trail. *Journal of Advanced Nursing*, 19(5): 976-986.

Kroehnert, G. (2000). *Basic training for trainers* (3rd ed.). Sydney: McGraw-Hill Professional.

Knowles, M.S., Holton, E.F. & Swanson, R.A. (2005). *The adult learner*. Elsevier Inc. Amsterdam: Butterworth-Heinemann.

Lackner, J.B., Joseph, J.G., Ostrow, D.G., Kessler, R.C. & O'Brien, K. (1991). Predictors of psychological distress in a cohort of gay men: the role of social support and coping. Paper presented at the First International Conference, Biopsychosocial Aspects of HIV Infection, Amsterdam, The Netherlands, August.

Leedy, P.D. & Ormond, J.E. (2001). *Practical research planning and design* (6th ed.). Columbus: Merrill Prentice-Hall.

Letamo, G. (2004). HIV/AIDS-Related stigma and discrimination among adolescents in Botswana. *African Population Studies*, 19(2): 191-203.

Lin, Z., Yang, H., Arya, B., Huang Z. & Li, D. (2005). Structural versus individual perspectives on the dynamics of group performance: Theoretical exploration and empirical investigation. *Journal of Management*, 31(3): 354-380.

Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic inquiry*. Beverly Hills (CA): Sage.

Lipman, S., Yaffee. S. & Wondolleck, J. (1997). Ecosystem Management Initiative, School of Natural Resources & Environment, University of Michigan. Online:

http://www.snre.umich.edu/ecomgt/lessons/stages/organizingthe.process/Effective%20Facilitation.pdf. Accessed 18 January 2007.

Longo, D.J., Clum, G.A. & Yaeger, N.J. (1988). Psychosocial treatment for recurrent genital herpes. *Journal of Consulting and Clinical Psychology*, 56: 61-66.

Mason, J. (2002). *Qualitative researching: Good coverage of qualitative techniques*. London: Sage.

Mezirow, J. (1991a). *Fostering critical reflection in adulthood*. San Francisco: Jossey-Bass.

Mezirow, J. (1991b). *Transformative dimensions of adult learning*. San Francisco: Jossey-Bass.

Müller, J. (1993). Adult education research in the new South Africa. *Adult Education and Development*, 41: 239-251.

Neuman, W.L. (2000). *Social research methods qualitative and quantitative approaches*. Boston: Allyn and Bacon.

Ostrow, D.G., Fraser, K., Nelson, C., Schork, T., Thomas, C., Whitaker, R., Gant, L. & Fisher, E. (1991). Social support and mental health among a biracial cohort of HIV-infected homosexual/bisexual men. Paper presented at the First International Conference, Biopsychosocial Aspects of HIV Infection, Amsterdam, The Netherlands, August.

Parahoo, A.K. (1997). *Nursing research: Principles, process and issues*. London: Macmillan Press LTD.

Patton, M.Q. (1982). *Thoughtful questionnaires, in practical evaluation.* Newbury Park: Sage.

Paulsen, D. (2006). Community adult education: Empowering women, leadership and social action. Unpublished master's thesis. Cape Town: University of the Western Cape.

Pequegnat, W. & Szapocznik, J. (2000). *Working with families in the era of HIV/AIDS*. London: Sage.

Plumb, D. (2005). Grassroots response to HIV/AIDS in Nova Scotia. *New Directions for Adult Education*, 105: 65-73.

Poole, M.S. (1983). Decision development in small groups: III. A multiple sequence model of group decision making. *Communications Monographs*, 50: 321-344.

Posluszny, D.M., Hyman, K.B. & Baum, A. (1998). Group interventions in cancer: The benefits of social support and education of patient adjustment. In Tindale, R.S., Heath, L., Ewards, J., Pasavac, E.J., Bryant, F.B., Suarez-Balcazar, Y.,

Henderson-King, E. & Myers, J. (1998). *Theory and research on small groups*. New York: Plenum Press.

Powers, G.T., Meenaghan, T.M. & Toomey, B.G. (1985). *Practice focused research: Integrating human service practice and research.* Englewood Cliff, N.J: Prentice-Hall.

Reisbeck, G., Buchta, M., Hutner, G., Oliveri, G. & Schneider, M.M. (1991). Coping, social support, and well-being of HIV-infected homosexuals, haemophiliacs and women: A qualitative-quantitative comparison. Paper presented at the First International Conference, Biopsychosocial Aspects of HIV Infection, Amsterdam, The Netherlands, August.

Rogers, A. (2002). *Teaching adults.* Berkshire: Open University Press.

Shisana, O., Rehle, T., Simbayi, L.C., Parker, W., Zuma, K., Bhana, A., Connolly, C., Jooste, S., Pillay, V. (2005). *South African national HIV prevalence, HIV incidence, behaviour and communication survey, 2005*. Cape Town: HSRC.

Siebold, G.L. (2007). The essence of military group cohesion. *Armed Forces & Society*, 33(2): 286-295.

Smith, E. (2006). HIV/AIDS support groups. Unrecorded interview. 15 March 2006.

Smith, R.O. (2005). Working with difference in online collaborative groups. *Adult Education Quarterly*, 55(3): 182-199.

Soliman, I. (1999). *Teaching small groups*. London: Teaching & Learning Centre, University of England.

Spirig, R. (1998). Support group for people living with HIV/AIDS: A literature review. *Journal of Association of Nurses in AIDS Care*, 9(4): 43-55.

Tindale, R.S., Heath, L., Ewards, J., Pasavac, E.J., Bryant, F. B., Suarez-Balcazar, Y., Henderson-King, E. & Myers, J. (1998). *Theory and research on small groups*. New York: Plenum Press.

Tuckman, B.W. (1965). 'Developmental sequence in small groups', *Psychological Bulletin*, 63: 384-399. The article was reprinted in *Group Facilitation*: A Research and Applications Journal - Number 3, Spring 2001. Online: http://dennislearningcenter.osu.edu/references/GROUP%20DEV%20ARTICLE.doc. Accessed 17 February 2007.

UNAIDS (2005). AIDS epidemic update: December 2005. Online: www.unaids.org. Accessed 5 November 2005.

UNAIDS/WHO. (2005). AIDS epidemic update: December 2004. Geneva: UNAIDS. Online: www.unaids.org. Accessed 5 November 2005.

Unger, R.M. (1984). *Passion: An essay on personality*. New York: Free Press.

Van Den Boom, F., Catalan, J., Hedge, B., Fishbein, M. & Sherr, L. (2006). Editorial-AIDS impact Cape Town 2005. *AIDS Care*, 18(3): 175-177.

Walters, S. (1995). Adult education research in the new South Africa. *Adult Education and Development*, 45: 45-60.

Weingarten, K. (1999). The politics of illness narratives: who listens, who tells and who cares? Narratives therapy and community work: A conference collection. *Dulwich Centre Journal*, 1&2: 13-26.

Williams, M., Tutty, L.M. & Grinnel Jr., R.M. (1995). *Research in social work: An introduction* (2nd ed.). Itasca (Illinois): F. E. Peacock.

Wortman, C.B. & Lehman, D. (1985). Reactions to victims of life crises: support that doesn't help. In Sarason, G. & Sarason, B.R. (eds), *Social support: Theory, research and application*. The Hague: Martinus Nijhof.

ADDENDA

ADDENDUM 1

Informed consent form

UNIVERSITY OF THE WESTERN CAPE
Private Bag X17 BELLVILLE 7535 South Africa
Telegraph: UNIBELL
Telephone: 27 021 959-2760 Fax: 27 021 959-3686

HUMAN ECOLOGY & DIETETICS

Date:

Principle investigator: Ms Charlene Abels

Telephone number: (H) 021 887 2438 (c) 083 7670 355

E-mail address: 2113969@uwc.ac.za

I am a Master's student at the University of the Western Cape and I am requesting your participation in a research project to investigate the perception of service delivery in the HIV/AIDS support groups in the Helderberg region.

Your participation in this study is voluntary and you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty. The information in this study will be kept strictly confidential.

If you agree to participate in this research, you will be requested to complete and submit a questionnaire and participate in an interview. The interview will be conducted after every respondent has completed their questionnaire. Should you feel traumatized and uncomfortable with the questions asked, feel free to request counselling.

Informed Written Consent Form for Research

I hereby consent voluntarily to participate in this study.

Name of respondent: ……...

Signature of respondent: ……....

Date: …….

ADDENDUM 2

Questionnaire:
Support group members

Please mark with an X in the appropriate block.

1. Your gender	
(1) Male	
(2) Female	
2. Your age	
(1) 15-19	
(2) 20-24	
(3) 25-29	
(4) 30- 34	
(5) 35-39	
(6) 40-44	
(7) 45-49	
(8) 50+	
3. Marital status	
(1) Married	
(2) Widowed	
(3) Separated	
(4) Never married	
(5) Other, please specify	
4. What is the highest level of education you have completed?	
(1) No schooling completed	
(2) Primary Education	
(3) Secondary Education	
(4) Tertiary Education	
(5) Other, please specify	

5. Employment Status	
(1) Employed	
(2) Unemployed	
(3) Other, please specify	
7. How long have you been part of this support group?	
(1) 1-3 months	
(2) 4-6 months	
(3) 7-9 months	
(4) 10-12 months	
(5) 2 year	
(6) Other, please specify	
8. How did you find out about this support group?	
(1) Clinic sister	
(2) HIV counsellor	
(3) Friend	
(4) Family	
(5) Other, please specify	
9. Who sent you to attend the HIV/AIDS support group?	
(1) Clinic Sister	
(2) HIV counsellor	
(3) Friend	
(4) Family	
(5) Other, specify	
10. What are your roles in the planning of the sessions?	
(1) None	
(2) Confirming topic of interest	
(3) Telling my topic of interest	
(4) Other, specify	

11. What are your roles within the support group?	
(1) Organising the seats in the venue	
(2) Confirming to support group dates	
(3) Confirm with other support group members	
(4) Responsible for the beverages and snacks	
(5) Don't know	
(6) None	
(7) Other, specify	
12. Can you tell me whether or not the topics are planned beforehand?	
(1) Yes	
(2) No	
(3) Sometimes	
(4) Don't know	
(5) Other, specify	

Please mark X in the most appropriate block.

13. What kind of rules do you have in the support group contract?		
	Yes	**No**
(1) Respect		
(2) Confidentiality		
(3) Freedom		
(4) Responsibility		
(6) Other, specify		

Please mark with an X in the most important block (may fill in more than one answer in question 14).

14. What are the goals for this support group?		
	Yes	**No**
(1) To support each other		
(2) To encourage positive thinking		
(3) To encourage positive living		
(3) To give hand-outs		
(4) Don't know		
(5) Other, specify		

Please mark with an X in the appropriate block.	**Strongly disagree**	**Disagree**	**Agree**	**Strongly agree**
15. "After being a part of the support group meeting discussions I could relate to the discussions to my life experiences."				
16. "I like the group topics in the support group."				
17. "I like the group discussions in the support group."				
18. "I talk about my problems within the group."				
19. "We respect one another in the support group."				
20. "I keep this support group's identity confidential."				
21. "I will recommend this support group to other HIV positive individuals."				
22. "I come to this support group because I want to."				
23. "I come to this support group because I feel should"				
24. "I have learned new skills in the support group"				
25. "I apply new skills I have learned from the support group when I get home."				
26. "There is a feeling of common concern within the support group."				
27. "I feel supported by those in the support group."				

ADDENDUM 3

Questionnaire:
Support group facilitators

Please mark with an X in the appropriate block.

1. Your gender	
(1) Male	
(2) Female	
2. Your age	
(1) 15-19	
(2) 20-24	
(3) 25-29	
(4) 30-34	
(5) 35-39	
(6) 40-44	
(7) 45-49	
(8) 50+	
3. Marital status	
(1) Married	
(2) Widowed	
(3) Separated	
(4) Never married	
(5) Other, please specify	
4. What is the highest level of education you have completed?	
(1) No schooling completed	
(2) Primary Education	
(2) Secondary Education	
(3) Tertiary Education	
(4) Other, please specify	
5. Employment Status	
(1) Employed	
(2) Unemployed	
(4) Other, please specify	

6. Do you have previous experience in facilitating a HIV/AIDS support group?	
(1) Yes	
(2) No	
7. How long have you facilitated this support group?	
(1) 1-3 months	
(2) 4-6 months	
(3) 7-9 months	
(4) 10-12 months	
(5) 2 year	
(6) Other, please specify	
8. Do you have Adult Education training?	
(1) Yes	
(2) No	

If yes, answer question 9

9. How long was the training on Adult Education?	
(1) 1-3 months	
(2) 4-6 months	
(3) 7-9 months	
(4) 10-12 months	
(5) 2 year	
(6) Other, please specify	
10. What is your understanding of a contract?	
(1) A set of boundaries	
(2) Is a set of rules	
(3) Don't know	
(4) Other, please specify	

Please mark with an X in the appropriate block.	**Strongly disagree**	**Disagree**	**Agree**	**Strongly agree**
11. "The level of participation within the support group is good."				
12. "I can deal with opposing opinions as a facilitator."				
13. "I will recommend this support group to other HIV positive individuals."				

ADDENDUM 4

Interview guide:
Support group members

1. Can you tell me what you think a support group should be?
2. Can you tell me what you do in this support group?
3. Can you tell me about any conflict that you may have experienced within the group?
4. What do you think is the best thing about this support group?
5. What do you think is the worst thing about this support group?
6. Is there anything you would like to change?
7. How has this support group impacted on your life?
8. Can you tell me about your experience of how your facilitators guide the group?
9. Can you tell me about your involvement within the support group?

ADDENDUM 5

Interview Guide:
Support group facilitators

1. Can you tell me some of the emotions the support group members express?
2. Describe the group members within the groups' involvement in group discussions?
3. Do you have some thoughts on how the support group is doing regarding keeping the individuals within the group's identity confidential?
4. How do you go about planning your sessions within your support group?
5. What in your view are the strengths of this support group?
6. What in your view are the weaknesses of this support group?
7. How do you deal with stressful situations within the support group?
8. Could you tell me what resources are needed within the support group?
9. What are some of the problems that the support group experience?
10. What are the purposes are of this support group

ADDENDUM 6

Transcriptions of interviews:
Support group members

1. Can you tell me what you think a support group should be?

1. "A place to get food and to go on trips" (Respondent 1; **Gustrouw**)
2. "It's a good place for people that are HIV positive"
3. "It's a place where we can grow emotionally and learn. Everybody is close with one another"

1. "The support group is a good thing because I feel much better than I did before I attended the support group" (Respondent 1; **Sir Lowry's Pass**)
2. "The support group provides me a better life and not to think of the future but of the present moment and to care for yourself. Here at this support group, I always feel uplifted"
3. "Here at the support group we support each other and we talk about our feelings"
4. "A place to get food and I can share my thoughts. The facilitators are friendly and they teach us what to do and how to behave when you are HIV positive"
5. "Here I learn about the sickness (HIV/AIDS)"
6. "I learned what HIV/AIDS is because before I got infected I did not know HIV/AIDS:
7. "The support group is a place where I can talk and give advice with each other and I share my feelings about being infected with HIV"
8. "Here I listen to a lot of things and we support each other and everything that are being said is kept strictly confidential"
9. "It's a place we I feel happy and share my problems about being infected with HIV"
10. "It's a where I feel great and we get anything here"
11. "A place to feel happy at and everybody can talk"
12. "It a place to learn and listen to one another and we learn what do when you have HIV/AIDS"
13. "A place of encouragement takes place and we learn from our past behaviour"

2. Can you tell me what you do in this support group?

1. "To get stuff" (Respondent 1; **Gustrouw**)

2. "We pray together and we solve our problems"
3. "Give me the openness to share my thoughts"

1. "I feel good and I receive love with each other and we support each other" (Respondent 1; **Sir Lowry's Pass**)
2. "I receive food and I receive strength from my heavenly Father and give me the to go forwards because without that it will be difficult for me to go forwards with my life"
4. "Here I have learned to be honest about my feelings and since I've joined the support group I don't drink anymore"
5. "I've learned a lot here at the support group"
6. "Its a place where we share our experiences about being infected with HIV and the information that we share here are kept confidential"
7. "It's a place where I grow stronger emotionally especially when outsiders are rude to me about being infected with HIV"
8. "In the support group we want to do needle work but do not have the resources to start with it than we can come together and sit and talk.
9. "I feel uplifted when I'm here and share my advice with the others here in the support group.
10. "To talk"
11. "Everything like food and clothes"
12. "We talk about our problems we don't feel scared anymore"
13. "I'm new here so it is still a learning process"
14. "Talk about certain topics within the support

3. Can you tell me about any conflict that you may have experienced within the group?

1. "No, everybody is friendly" (Respondent 1; **Gustrouw**)
2. "No, not that I know of, we are always happy here"
3. "The members don't share their feelings. They misuse the confidentially here in the support group and talk outside the support group. Therefore the members do not want to come to the support group, this leads to conflict that happens outside the support group"

1. "Not that I know of" **(**Respondent 1; **Sir Lowry's Pass**)
2. "No conflict here"
3. "No, not that I know of"

4. "Sometimes conflicts arise when support group members argue with one another and it gets solved by the facilitators and support group members"
5. "I have not experience any conflict here"
6. "No, not that I know of"
7. "I have not experience any conflict here"
8. "No, we respect each other'
9. "No, not that I know of"
10. "No conflict here"
11. "None, I have not experience in conflict within this support group"
12. "No, I don't know of any conflict"
13. "No, I have not experience in conflict within this support group"

4. What do you think is the best thing about this support group?

1. "The friendliness with one another and everybody talks with one another" (Respondent 1; **Gustrouw**)
2. "The support group is in a church building therefore I always feel so blessed when I'm here"
3. "To listen and learn from one another"

1. "I feel free to talk with the other members and to share my feelings. We support each other" (Respondent 1; **Sir Lowry's Pass**)
2. "We can openly discuss anything and everything that is being said is kept confidential"
3. "Here I can talk with feeling shy and to just be myself. At home I cannot talk bout my sickness"
4. "I learn to be stronger emotionally physically and spiritually"
5. "I can come here to talk about my sickness"
6. "I enjoy being here because we talk and understand each other"
7. "I am an introvert but here at the support group I feel free to talk with the members without being shy"
8. "We understand each other here at the support group and everybody works together to make you feel free to join in the discussions and to make you feel safe"
9. "To share what ever is on my heart"
10. "Everybody is friendly and talk with each other"
11. "Encourage people with HIV/AIDS to live a positive life"

12. “Everybody talks about their problems when you are HIV positive”
13. “What I like the leader she is a mother to all of us and she is very open person and it easy talk to her. I like the feeding scheme”

5. What do you think is the worst thing about this support group

1. “I can’t say because everything is nice here” (Respondent 1; **Gustrouw**)
2. “Here are no problems here”
3. “Everybody is introverted and do not want to talk with me outside the support group. Here is little support with the group”

1. “Here is nothing negative here that I know of” (Respondent 1; **Sir Lowry’s Pass**)
2. “Here is nothing negative here that I know of”
3. “Here is nothing negative here that I know of”.
4. “Here is nothing negative here that I know of”
5. “Here is nothing negative here that I know of, everything is alright for me”
6. “Nothing I can think of”
7. “Nothing, because I enjoy being here”
8. “No, nothing”
9. “Just good, nothing negative”
10. “No, nothing”
11. “Here is nothing negative here that I know of”
12. “I haven’t notice anything bad here”
13. “I can’t see any thing see anything bad here”

6. Is there anything you would like to change?

1. “No, I will not bring any change to this support group” (Respondent 1; **Gustrouw**)
2. “ I will not bring any change to this support group”
3. “To invite teenagers and young adults that is HIV positive and negative”

1. “I will not change anything, everything is alright” (Respondent 1; **Sir Lowry’s Pass**)
2. “Here in the support group I will not change anything. Everything is excellent as it is”

3. “I like the support group just like it is”
4. “No, Nothing”
5. “No, here is nothing that I will change”
6. “No, Nothing”
7. “We must have our own building that is bigger because this place can be small for all of us”
8. “No, Nothing”
9. “No, not anything”
10. “There are nothing that I would like to change”
11. “No, Nothing”
12. “I will not change anything”
13. “Yes, to have transport”

7. How did this support group impacted on your life?

1. “I don’t drink and smoke anymore” (Respondent 1; **Gustrouw**)
2. “Being part with the support group I know how to take my medicine”
3. “I was very introverted and I am living a positive lifestyle”

1. “I’m living a better life because of the support group” (Respondent 1; **Sir Lowry’s Pass**)
2. “I have found new hope to live because at the support group”
3. “I’ve learned that too much alcohol not good is for the body and I’ve stop drinking”
4. “I’ve been happier since I joined the support group”
5. “I am feeling all right with the fact that I’m HIV positive”
6. “I was an introvert before I joined the support group but know I talk with the other members...”
7. “I share my feelings and give advice to the other members”
8. “The support group has given such a pleasure just by being here”
9. “I was very sick when I joined but being on the ARV’s I am much better”
10. “I found new friend in the support group”
11. I was shy before but know I’m free to talk about my sickness.”

8. Can you tell me about your experience of how your facilitators guide the group?

1. "It is good" (Respondent 1; **Gustrouw**)
2. "She is good and I have not experience any problems with her"
3. "Good because she will always help and support me"

1. "Wonderful, wonderful. The two facilitators always encourage me" (Respondent 1; **Sir Lowry's Pass**)
2. "Great, they are one hundred percent"
3. "They are very friendly"
4. "The facilitators are very good"
5. "They are alright and will always ask me where I've been if I did not a support group meeting"
6. "They work with me to change my life and keep me on the right path"
7. "The facilitators set the boundaries for us in the support group. Good, they are very good"
8. "They are good for us. The one facilitator is like a mother for us"
9. "They give us good facilitation"
10. "They are great"
11. "They are OK, they really care about us"

9. Can you tell me about your involvement within the support group?

1. "I'm not really involved because I'm never here" (Respondent 1; **Gustrouw**)
2. "I was one of the first persons that started this support group"
3. "I talk with everybody and give advice where I can"

1. "I come to every support group meeting" (Respondent 1; **Sir Lowry's Pass**)
2. "I participate in the group discussions but most of the time I sit and listen to the others talking"
3. "I come to every support group meeting"
4. "I go to every support group meeting and I will always be here"
5. "I come to every support group meeting"
6. "I come to the support group"
7. "I take part in the group discussions"

8. “I come to every support group meeting accept if I’m feeling sick”
9. “I show up to every support group meeting”
10. “I come to every support group meeting”
11. “I’m always here at the support group”
12. “I’m always here at the support group and invite others to come”

ADDENDUM 7

Transcripts of interview:

Support group facilitators

1. Can you tell me some of the emotions the support group members express?

1. "The are quite introverted even if it is not their personality, but that is the norm when new members join the support group, but later on in time they become more comfortable because I try to know each one of them and find out what makes them tick." (Respondent 1; **Gustrouw**)

1. "They feel excited to be here at the support group" (Respondent 1; **Sir Lowry's Pass**)
2. "The new members are introverted and they are feeling hurt, I make them feel comfortable and we pray with them" (Respondent 2; **Sir Lowry's Pass**

2. Describe the group members within the groups' involvement in group discussions?

1. "They are quite involved; it also depends on who the facilitators are because the support group members will not open up with any facilitators here. This I have notice when I was here and other facilitators where facilitating the group and when the group was bigger" (Respondent 1; **Gustrouw**)

1. "The are very much involved and everybody is involved" (Respondent 1; **Sir Lowry's Pass**)
2. "The healthy members participate in the group discussions and the ill members are quite quiet and later they will participate in group discussions and share their thoughts" (Respondent 2; Sir Lowry's Pass)

3. Do you have some thoughts on how the support group is doing regarding keeping the individuals within the group's identity confidential?

1. "The confidentiality was broken a few months ago and these members do not come to the support group anymore. This has caused devastation in the support group. When members are drunk outside the support group, confidentiality gets broken and they attack each other outside the support group" (Respondent 1; **Gustrouw**)

1. "The keep responsible for what is being said here. And they are told how important confidentiality is" (Respondent 1; **Sir Lowry's Pass**)

2. "They don't talk out of the support group" (Respondent 2; Sir Lowry's Pass)

4. How do you go about planning your sessions within your support group?

1. "The planning of the sessions is done at the beginning of the year whereby I ask the group what they want to talk about" (Respondent 1; **Gustrouw**)

1. "I sit down and tell them about the group discussion and I take information from pamphlets and posters" (Respondent 1; **Sir Lowry's Pass**)
2. "We plan before hand and I ask the members what they want to talk about." (Respondent 2; Sir Lowry's Pass)

5. What in your view are the strengths of this support group?

1. "The older people that are living with the disease for a long time show support for the new people that are in the group. We have loyal members that try to be here every month." (Respondent 1; **Gustrouw**)

1. "All the members participate, support and respect each other and they come in numbers each month." (Respondent 1; **Sir Lowry's Pass**)
2. "When the members participate in the group discussions and getting emotionally stronger. Later in the year you can physically see they are getting healthier and are gaining weight" (Respondent 2; Sir Lowry's Pass)

6. What in your view are the weaknesses of this support group?

1. "The absenteeism, the way they rotate their coming and goings" (Respondent 1; **Gustrouw**)

1. "No bad things" (Respondent 1; **Sir Lowry's Pass**)
2. "None, everybody is friendly and respect one another" (Respondent 2; Sir Lowry's Pass)

7. How do you deal with stressful situations within the support group?

1. "I have not experienced a stressful situation yet, but if it does happen I will be able to deal with it and how I will deal with it depends on the situation" (Respondent 1; **Gustrouw**)

1. "With the support of the members we all try to handle stressful situations and support one another" (Respondent 1; **Sir Lowry's Pass**)

2. "We pray together and we give each other a change to talk" (Respondent 2; Sir Lowry's Pass)

8. Could you tell me what resources are needed within the support group?

1. "Donations, I would like to have own building with sufficient storage" (Respondent 1; **Gustrouw**)

1. "To have transportation and sponsors" (Respondent 1; **Sir Lowry's Pass**)
2. "To have transportation and a bigger venue" (Respondent 2; Sir Lowry's Pass)

9. What are some of the problems that the support group experience?

1. "Absenteeism is a big problem. Because I wonder if I did something wrong as a facilitator and my weakness as a facilitator is that I can't get grip of the way the members rotate their coming and their goings. I'm not mobile and I have to plan a contract next year to create discipline and to have rules so that the group can only benefit from the support group" (Respondent 1; **Gustrouw**)

1. "People that status is unknown also want to come to this support group" (Respondent 1; **Sir Lowry's Pass**)
2. "To be more confidential" (Respondent 2; Sir Lowry's Pass)

10. What are the purposes are of this support group

1. "To set the platform to feel welcome here at the support group" (Respondent 1; **Gustrouw**)

1. "To support one another and give information about HIV/AIDS" (Respondent 1; **Sir Lowry's Pass**)
2. "To help the members and to learn how to deal with stressful situation and to talk and listen to each other" (Respondent 2; Sir Lowry's Pass

ADDENDUM 8
Participants' constructs linked to Questions on Questionnaire

Construct	Question Statement	Interview Guide
Utilisation • Administration	What kind of rules do you have in the support group contract? What are the goals for this support group?	
• Experience	How did you find out about this support group? Who sent you to attend the HIV/AIDS support group?	
• Roles	What are your roles in the planning of the sessions? What are your roles within the support group?	
Perceptions • Knowledge	"I have learned new skills in the group" "I apply new skills I have learned from the group when I get home" "I will recommend this group to other HIV positive individuals"	Can you tell me what you think a support group should be?
• Relationships	"We respect one another in the group" "There is a feeling of common concern within the group" "I feel supported by those in the group"	Can you tell me about any conflict you may have experienced within the group?
• Communication	"I talk about my problems within the group"	Can you tell me about your involvement within the support group?
• Participation	"I come to this support group because I want to" "I come to this support group because I feel I should"	Is there anything you would like to change? Can you tell me what you do in this support group?
• Consciousness raising	"I like the group discussions in the support group" "I like the group topics in the group" "I keep this support group's identity confidential"	Can you tell me about your experience of how your facilitators guide the group? What do you think is the best thing about this support group? What do you think is the

		worst thing about this support group?
• Critical reflection	"After being a part of the support group meeting discussions I could relate the discussions to my life experiences"	How has this support group impacted on your life?
Facilitators • Background	Marital status Employment Status	
• Democracy		How do you go about planning your sessions within your group?
• Responsibility		Do you have some thoughts on how the group is doing regarding keeping the individuals' within the group's identity confidential?
• Cooperation		How do you deal with stressful situations within the group?
• Honesty		Describe the group members within the groups' involvement in group discussions?
• Egalitarianism		What in your view are the strengths of this group? What in your view are the weaknesses of this support group?
• Social role		Can you tell me some of the emotions the group members express?
• Pedagogical role		What are some of the problems that the support group experiences?
• Technical role		Could you tell me what resources are needed within the group?
• Managerial role		What are the purposes are of this support group?