# Health promotion strategies for families with adolescents orphaned by HIV and AIDS

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PEU M.D. (2014) Health promotion strategies for families with adolescents orphaned by HIV and AIDS. *International Nursing Review*

**Purpose:** This paper aims to explore and describe health promotion strategies for adolescents orphaned by human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), as well as the evaluation thereof.

**Introduction and Background:** Among the Sub-Saharan countries, such as Swaziland, Botswana and Lesotho, South Africa is rated as fourth in the list of countries with the highest number of people living with HIV and AIDS.

**Method:** The study employed phenomenological qualitative design. The population consisted of the purposively selected health promoters working in the Hammanskraal region, directly and indirectly involved with families with adolescents orphaned by HIV and AIDS. Following the focus group interviews, data were analysed using the seven steps of Colaizzi.

**Results:** Four categories and eight subcategories were concluded as the strategies for adolescents orphaned by HIV and AIDS as well as the evaluation thereof. The main categories identified were: the door-to-door outcome, workshop outputs, statistical data and community projects.

**Discussion:** It is evident that the health promotion strategies informed by the four themes will be implemented. The outcomes may raise an awareness in the community, support families and provide statistics on the impact of HIV and AIDS on families.

**Study Limitations:** The study was limited to one subdistrict and to health promoters in a rural area, therefore the results cannot be generalized to all other subdistricts including health promoters, especially those in urban areas.

**Conclusion:** The successful evaluation programme will pin out the strong points and challenges while assisting in improving the quality of work provided in the communities.

**Implication for nursing and health policy:** Continuing professional and practice development are required to maintain the standard of health care in South Africa. Therefore the policymakers need to include relevant information regarding health promotion strategies in reducing the statistics of people living with HIV and AIDS.

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Conflict of interest: There are no conflicting interests.

Funding: The project was funded institutionally by the University of Pretoria.

The South African National Department of Health was part of the development of health promotion guidelines and acted as the support system during development process.

*Keywords*: Evaluation Strategies, Families, Guidelines, Health Promotion, HIV and AIDS, Orphaned Adolescents, Phenomenology, South African Health Promoters, Sub-Sahara

## Introduction

Health promotion is an essential and critical way of ensuring that the communities practice healthy behaviours within their context (Peu et al. 2012). This concept of health promotion operates within the framework of primary health care where health promotion services should be made available and accessible to individuals, families and groups through their participation and involvement. These services include among others the promotion of health and prevention of diseases including human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). Therefore communities are expected to be part of health promotion initiatives at grassroot level in order to promote, maintain and sustain their own health.

While HIV and AIDS are components of globalization affecting the welfare and health of people and the environment (Coovadia & Hadingham 2005), they remain the focus of attention of various institutions. Governmental bodies and non-governmental organizations (NGOs) are expected to form partnerships and collaborate towards reducing the impact of HIV and AIDS. These partnerships promote the health of families with children orphaned by the disease. The consequences of the prevalence of HIV and AIDS orphans, a national and global concern, are also observed and felt in Sub-Saharan Africa, including the 15 countries of the Southern African Development Community (SADC).

Relating to complex and multiple health promotion strategies in place addressing the HIV and AIDS epidemic, a 50% reduction in the rate of new HIV infections has been achieved in 25 countries with low- and middle-income populations between 2001 and 2011 (UNAIDS 2012). Globally, in the same period, the prevalence of HIV among people aged 15–24 years has dropped by 27% (UNAIDS 2012), with the greatest reduction in HIV and AIDS cases observed in Southeast Asia. These achievements, however, did not have the effect of reducing the current incidence of HIV and AIDS orphans on a national or global level.

Although there is evidence of progress in lowering the incidence of HIV and AIDS among adolescents, young people still account for 40% of all new adult infections and remain the centre of the epidemic. As the actions of young people are shaping the future of HIV worldwide, adolescents are encouraged to take full responsibility for their own health and well-being. With positive direction given to young people, this group can change the course and pattern of the epidemic (UNAIDS 2012).

South Africa is one of the SADC member states in the Sub-Saharan region contributing to this region's very high population of 22.4 million people living with HIV and AIDS, the highest HIV and AIDS population in the world (UNAIDS 2009). South Africa is rated fourth on the list of countries with highest HIV and AIDS populations, with Swaziland, Botswana and Lesotho taking first, second and third place, respectively (WHO 2011). In addition, there are an estimated 1.95 million HIV and AIDS orphans in South Africa (DoH 2010). This figure shows the extent to which South African families are affected by the HIV and AIDS epidemic. Additionally, it indicates that many adolescents within families are left with the burden of heading households and taking care of siblings. The Hammanskraal region in North West, one of South Africa's nine provinces, has an HIV prevalence rate of 30% among antenatal clients (DoH 2010). While HIV infection rates in South Africa are stabilizing, the impact of HIV and AIDS has left many people living with the effects of the disease. The number of adolescents orphaned by HIV and AIDS, a problem the country never had in the past, has grown over the past few years.

In their study on the needs of South African adolescents orphaned by AIDS, Thupayagale-Tshweneagae & Mokomane (2012) remarked that adolescents want to feel secure, safe and supported. These adolescents lack role models and social support systems, which are important for healthy development. Support for adolescents orphaned by HIV and AIDS could be carried out through monitored health promotion strategies implemented to enhance their health status. The implementation by health promoters aimed at adolescents orphaned by HIV and AIDS complements current measures to eliminate new HIV infections among young people in Africa. To ensure the healthy development of these adolescents, health promoters should also conduct health promotion activities aimed at educating communities on the needs of adolescents (Peu et al. 2008).

Peu et al. (2008), in their study on the health promotion needs of families with adolescents orphaned by HIV and AIDS, stressed that these orphans are experiencing challenges relating to their health needs. These needs include lack of health-related

resources, lack of health services and lack of available information about the promotion of their own health. They recommended that social activities relating to HIV and AIDS awareness campaigns should be mobilized within communities by communities to enhance health promotion interventions among adolescents.

As a direct result of the study by Peu et al. (2008), health promotion guidelines for families with adolescents orphaned by HIV and AIDS were developed in 2008. Since then, with the assistance of health promoters, the guidelines have been implemented in the Moretele subdistrict in Hammanskraal in North West. To monitor and measure the effectiveness of these guidelines at no distant date, applicable evaluation strategies had to be identified. The researcher, as part of a post-doctoral study on planning, implementation and evaluation of health promotion guidelines, engaged health promoters in Moretele to assist in determining evaluation strategies that could be applied to monitor and measure the effectiveness of the health promotion guidelines aimed at families with adolescents orphaned by HIV and AIDS.

With respect to every set of guidelines designed or policy made, developers need to ensure that the actual or intended change effected (Regenesys Management 2011) meets the desired outcome. Evaluation of implementation and impact is noted by Clark (2008) as the final stage of the stage-sequential model of policy development. Evaluation is important for the following reasons: first, it allows one to obtain a better understanding of the community under study; second, it helps in motivating for increased funding to address identified needs; and third, it provides support for policy and system change (Cullen et al. 2006).

Fischer & Blommaert (2005, 165) believe that, for the effective implementation of monitoring mechanisms, an investigation into human perception of evaluation is essential. This post-doctoral study was conducted within a qualitative paradigm to identify health promoters' perceptions of evaluation strategies in order to enable the researchers to evaluate project implementation among families with HIV and AIDS orphans in the Hammanskraal region (Ruffeis et al. 2010). However, it would be impossible to evaluate the project without making use of the specialized skills of these health promoters, as inadequate monitoring and evaluation would yield indecisive results (Ruffeis et al. 2010). The expectation was that these health promoters would propose original and effective evaluation strategies for evaluating the impact of health promotion guidelines implemented in the community with their assistance.

Like in other countries, health promotion in South Africa is based on the Jakarta Declaration of 1997. This classic declaration is not only a strategy for health promotion but it also serves as a global standard for health promotion (Global conference 1997 Jakarta Declaration). However, in South Africa, health promotion is mainly provided by health promoters who are either professionals or non-professionals. Professionals include nurses while non-professionals embrace migrate village health workers. However, a Finnish study indicated that health promotion by nurses led to positive health outcomes including adherence and quality of life (Kemppainen et al. 2012). Additionally, Kemppainen et al. (2012) alluded that it appears that nurses failed to demonstrate a clear and obvious political role in implementing health promotion activities. Therefore, nurses including health promoters need to be supported in implementing health promotion in their roles in variety of healthcare services (Kemppainen et al. 2012). Therefore, it implies that this paper reports excellent results that will assist in the successful evaluation and monitoring of health promotion by health promoters with the community.

## Methods

The study employed descriptive phenomenological qualitative design to explore lived experiences and health promotion strategies of health promoters working with families with adolescents orphaned by HIV and AIDS (Polit & Beck 2012). The purpose of descriptive phenomenology is to examine health promotion strategies as experienced by health promoters and to describe without causal explanation (Martins 2008).

### Population

Population, as defined by Burns & Grove (2005), is all elements that meet certain criteria for inclusion in a given universe, and, in this study, consisted of purposively selected health promoters working in the Hammanskraal region, who were directly or indirectly involved with families with adolescents orphaned by HIV and AIDS.

Eight health promoters agreed to participate in the research process. Health promoters are healthcare providers who are involved in preventive and promotive health services. They act as an extended arm of community nurses and they serve communities. These health promoters are employed by the government and NGOs and act as advocates for various communities. They conduct awareness campaigns, also through door-to-door visits, with the aim of reducing HIV infections and the impact of the disease on adolescents in rural communities. The study participants, all from the Moretele subdistrict in Hammanskraal, were purposively selected based on their extensive knowledge of health promotion. Ethical principles were adhered to during the selection of participants.

### Data collection

Data collection occurred over 4 months, between May and September 2009, by the researcher and a research assistant. Focus group interviews supported by field notes were the preferred methods of data. The interviews were held in a quiet room at a selected rural hospice centre. Before conducting the interviews, the researcher conducted a pilot study to test the feasibility and complexity of the research questions. The main research question was: '*What are the strategies for evaluating the health promotion guidelines for families with adolescents orphaned by HIV and AIDS*'?

Various communication skills such as probing, paraphrasing, listening and reflecting were used for facilitating the exploration and description of strategies applicable to health promotion guidelines assessment. The researcher also posed a subquestion, namely: '*What can be done to ensure that evaluation of the health promotion guidelines is achieved*'? (The subquestion was put to participants to ensure that they fully understood that, in this context, the concept 'evaluation' meant a strategy aimed at ensuring continued health promotion.) The focus group had four monthly meetings. The first meeting was used for negotiating access for participants and providing them with information about the nature and purpose of the study and the research process. The second, third and the fourth contacts were used as focus group discussions. Three focus group interviews were conducted during the research process with the same participants.

### Data analysis

The data were processed and analysed applying Colaizzi's (1978) seven steps as set out in Polit & Beck (2008). The researcher's interest in this data analysis method stems from the fact that it allows the researcher to submit the final findings to the study participants for result validation purposes, which adds to creating trustworthiness (Polit & Beck 2008).

The researcher read and reread all the transcripts to get a sense of the whole and became immersed in lived experience of health promoters regarding health promotion strategies. Each transcript was reviewed to extract significant statements relating the study theme in order to formulate meaning from participants' statements (Colaizzi 1978). The researcher then organized the formulated meanings into clusters of themes. The results were integrated into an exhaustive description of the participants' description of health promotion strategies and their meaning. The researcher formulated exhaustive description into statements of identification (Colaizzi 1978) in the form of categories and subcategories. Finally, the researcher met again with the study participants for validation of results. One reason for validating the results was to agree or disagree on issues omitted (Polit & Beck 2008).

### Ethical considerations

Ethical clearance to conduct the research was obtained from the University of Pretoria Research Ethics Committee. Permission was also requested from North West Department of Health officials in Hammanskraal. The principles of beneficence, respect for human dignity and justice were observed throughout the research process, and participants were protected from any ethical misconduct. Participants were allowed to withdraw from the study at any time for any reason. All participants were treated fairly at all times (Polit & Beck 2008). The researcher ensured fairness and equity during the selection of participants by not selecting on the basis of vulnerability and by not discriminating against a particular group (Polit & Beck 2008).

## Measures to ensure trustworthiness

In this study, trustworthiness was ensured by achieving credibility, dependability and confirmability.

### Credibility

Credibility is achieved when research methods engender confidence in the truth of the data and the researcher's interpretation of data (Polit & Beck 2008). To ensure credibility, the criteria prolonged engagement, triangulation and member checking were met.

#### *Prolonged engagement*

Data collection took place over 4 months. The researcher was actively engaged with participants during interview sessions that lasted between 45 and 60 min each, depending on the information elicited and the ability of the participant to respond to the research questions. The researcher spent prolonged time with the participants to build trust and rapport, which assisted with data collection.

#### *Triangulation*

According to Polit & Beck (2012), triangulation is the use of multiple methods of data collection. In this regard, triangulation was done through the use of focus group as well as individual interviews in order to confirm collected data. Additionally, person triangulation (Streubert & Carpenter 2011) was used and it comprised nurses, social workers and lay counsellors in order to verify data. The aim of person triangulation was to validate data through multiple perspectives (Polit & Beck 2012) on health promotion strategies.

*Member checking*

Member checking entailed sharing the results of the analysis and interpretation of data with peers. Feedback was provided to participants on an ongoing basis (Polit & Beck 2008).

**Dependability**

The researcher and co-coder reached consensus on the findings and results. The data obtained were kept safe and were only accessible to the researcher.

**Confirmability**

Confirmability was established through the use of field notes, interview reports and recorded data. The involvement of a co-coder ensured objectivity. Although generalization of study results would be limited (see 'Study limitations'), the above strategies ensured that this study could be transferred to another setting or group.

## Results

From the data analysis, four categories and eight subcategories emerged as strategies applicable to evaluating health promotion guidelines for families with adolescents orphaned by HIV and AIDS. See Table 1.

The four main categories identified were 'door-to-door outcome', 'workshop outputs', 'statistical data', and 'community projects'.

**Category 1: Door-to-door outcome**

The study participants identified door-to-door outcome as the most convenient strategy for evaluating the health promotion guidelines for families with adolescents orphaned by HIV and AIDS. From this category, three subcategories emerged namely, needs assessment, social services and follow-up.

*Needs assessment*

Participants argued that a needs assessment guiding health promoters with respect to the types of service needed, should be conducted by health professionals before meaningful health promotion could be conducted in any community. By using such a needs assessment, the researcher would be able to evaluate needs met, shortfalls and the impact of health promotion in relation to identified needs. This was emphasized as follows: '*We need to conduct an assessment of the needs of all clients before recommending support*'.

*Social services*

Participants were convinced that with a social worker on their team during door-to-door campaigns, they would be able to record a number of social cases that needed intervention. The professional expertise of social workers might also aid in keeping and updating data on reported cases, and social services data could serve as a good source of data for evaluation purposes. Participants confirmed that a '*social worker [is] required during door-to-door campaigns*'.

*Follow-up*

The participants recommended that follow-ups be done to evaluate the impact made by health promoters with respect to services rendered to these families. This was expressed as follows: '*We need to follow up on cases referred . . . [by] the hospital and other institutions. It is our duty to see where these people*

**Table 1 Categories, subcategories and sub-subcategories**

| *Category* | *Subcategory* | *Sub-subcategory* |
|---|---|---|
| 1. Door-to-door outcome | Needs assessment | We need to conduct an assessment of the needs of all clients before recommending support. |
| | Social services | Social worker required during door-to-door campaigns |
| | Follow-up | We need to follow up on cases referred. |
| 2. Workshop outputs | In-service training | More workshops and in-service training on HIV and AIDS are necessary because we benefit from them. |
| | Awareness campaigns | Create awareness of existing projects |
| | | Facilitate support structures |
| | Planning and implementation | To plan and implement actions that lead to optimum health |
| 3. Statistical data | Monitor statistics | Determine status of programme |
| | | Monitor progress using graphs |
| 4. Community projects | Food gardening | Facilitate food gardens for families |

*stay*'. However, the participants also recommended that a different team should follow up on identified families in order to do assessments.

**Category 2: Workshop outputs**

From the category workshop outputs three subcategories emerged: in-service training, awareness campaigns, and planning and implementation.

*In-service training*

Participants highlighted the need for workshops and in-service training on HIV and AIDS. Participants added that during workshops and in-service trainings, presenters may conduct pre-tests and post-tests to evaluate the knowledge level and knowledge deficiencies of participants. The participants noted that '*. . . more workshops and in-service training on HIV and AIDS are necessary because we benefit from them*'.

*Awareness campaigns*

Health promoters expressed the need for awareness campaigns as follows: 'Awareness campaigns are important because they make the community and families aware of the existing projects. These workshops can generate information regarding support structures and bereavement counselling'. The participants could identify many bereaved families in need of support and counselling. They could also identify families with orphaned adolescents that were not coping with the loss of family members and the stress of taking care of surviving children. Participants argued that if they initiate support groups and create awareness in the community by providing evidence of the necessity of support services, more people would be involved in the health promotion programme, thereby ensuring continued health promotion among families.

*Planning and implementation*

Set goals and objectives can be met by proper planning and implementation of services. The participants stated that they needed defined goals and objectives, and requested management to set clear goals and objectives that health promoters should achieve. One respondent said: *'Of course it is necessary to plan and implement actions that lead to optimum health*'.

**Category 3: Statistical data**

Participants believed that proper monitoring and interpretation of statistics would indicate progress or lack thereof with respect to the health promotion of adolescents orphaned by HIV and AIDS. Statistics were therefore proposed as an evaluation strategy.

The impact made by health promotion should be monitored and reflected in HIV and AIDS statistics. Analysing data collected by health promoters would assist the researcher in evaluating the impact of health promotion in the community. The participants also believed that a visual display of data by means of graphs and charts would encourage and motivate them to work harder and with a purpose. Participants remarked: *'As health promoters, during monitoring and evaluation, we are able to assess the current statistics of HIV and AIDS. We always use instruments to monitor progress. We always complement monthly statistics with graphs to evaluate health promotion*'.

**Category 4: Community projects**

From the final category community projects, one subcategory, food gardens, emerged. Participants believed that to attain a healthy lifestyle and to combat the impact of poverty, families needed to grow vegetable gardens in their backyards. In the absence of vegetable markets, a food garden environment should be created by encouraging families to produce their own vegetables and fruits.

Participants believed that if they continued to encourage community members to grow their own food gardens and educated them on maintaining these gardens, food gardens could be used as a strategy for evaluating health promotion in the community. Sustainable food gardens would help to alleviate poverty, thereby improving the health of families with adolescents orphaned by HIV and AIDS. A participant said: *'We empower families with information . . . to establish and facilitate . . . food gardens*'.

## Discussion of results

Health promoters in Hammanskraal, as the study participants, conduct quarterly door-to-door campaigns to identify the health needs of families in the community. During these campaigns, identified clients are referred to various service points according to their specific needs. Social problems are dealt with by social workers, while health needs are met by the nearest clinic or hospice centre. Clients needing follow-up care are attended to but, as mentioned by the participants, a different group of health workers could conduct follow-up visits to establish if identified problems still exist. Although such a strategy could yield the desired outcomes for evaluation purposes, Cullen et al. (2006) argued differently. With reference to the Arizona Blowing Smoke Project, they argued that having evaluators who are involved with the programme, not just the evaluation, would yield good results as the evaluators could assist with the evaluation design from the beginning of the programme.

The RE-AIM conceptual framework (with its five dimensions 'reach, effectiveness, adoption, implementation and maintenance'), could be used to evaluate effectiveness of public health interventions as 'Reach' is regarded as the most important aspect of programme performance. According to McKenzie et al. (2007), 'Reach' implies maximum engagement as it maximizes the participation of the targeted population groups in order to realize project objectives. In this study, the targeted population groups included researchers, health promoters and clients. In evaluating health promotion in schools, Pommier et al. (2010) used the theory of change model, designed by Chen & Rossi (1983), which is concerned with how human organizations work and how social problems are generated. This theory holds that professional interventions are carried out through an implementation system that includes rules, organizational structures and personnel with responsibilities to administrate those interventions (Chen & Rossi 1983, cited in Pommier et al. 2010).

Regarding workshop output, participants recommended that the trainer conduct a pre-test and post-test to assess the level of understanding of a topic before and after in-service training. By marketing the services rendered by health promoters in the community through awareness campaigns, more community members would become aware of and enroll for these programmes. Concerning all services rendered, participants argued that clear objectives with set targets could serve as good indicators to evaluate achievements.

Similarly, Pommier et al. (2010) developed strategies such as teacher training, school team support, resources, and institutional lobbying that positively influenced a teacher's health promotion practices. Teacher training led to the development of health promotion practices, which resulted in an enhancement of children's social, physical and emotional health (Pommier et al. 2010). Cullen et al. (2006), evaluating community-based child health promotion programmes, recommended an implementation strategy and a defined set of outcomes for the 'healthy eating, active communities' project. Their evaluation design was based on expected outcomes related to the project. Concerning effective health promotion, process evaluation can be used for assessing the elements of programme development and delivery. This type of evaluation can be used during the entire life of the programme, from planning through to the end of delivery (Round et al. 2008).

Statistical data analysis, and interpretation, is another strategy for monitoring and evaluation. In this post-doctoral study, participants believed that monthly statistics displayed as graphs could be used for directing further planning. According to The Health Communication Unit (HCU) of the Centre for Health Promotion, University of Toronto, qualitative and quantitative methods of measurement can be used in programme evaluation. Analysis of large datasets is regarded as one of the commonly used methods (HCU 2005).

To evaluate the health promotion of adolescents orphaned by HIV and AIDS, participants identified community projects, including food gardening, as the final evaluation strategy. The participants argued that evidence of improved nutritional status, poverty relief and improved standards of living as a result of successful gardening could be incorporated into an evaluation strategy. Round et al. (2008) confirm that impact evaluation can be used for measuring immediate programme effects and the degree to which programme objectives are met. Areas that can be assessed through impact evaluation include changes in health literacy, behaviours and behavioural intentions, social actions, social delivery, organizational change, environmental change or policy development (Round et al. 2008).

When evaluating the sustainability of health promotion, outcomes can be considered at the level of individual benefits, organizational changes or even in relation to whether the health promotion focus of the original programme has been maintained (McKenzie et al. 2007). Long-term effects may include reductions in incidence of health conditions, changes in mortality, sustained behaviour change, improvements in quality of life, equity or improved environmental conditions. Outcome evaluation is used for measuring the longer-term effects of the programme and whether and to what extent which programme goals have been achieved (Round et al. 2008).

## Study limitations

The study was limited to one health subdistrict in North West and to health promoters in a rural area, and therefore the results cannot be generalized to other subdistricts, and especially not to health promoters working in urban areas. However, healthcare providers in other subdistricts may use these findings to think about and develop health promotion evaluation strategies applicable to health promotion programmes in their areas.

## Implication for nursing and health policy

Nursing requires a curriculum that includes planning, implementation, monitoring and evaluation of health promotion strategies for HIV and AIDS. This curriculum should be implemented at grassroot level to improve the training of community nurses. Continuing professional and practice development are required to maintain the standard of health care in South Africa. Therefore, the policymakers need to include relevant information regarding health promotion strategies in reducing the statistics of people living with HIV and AIDS. This study will also give support beyond an existing Integrated School Health Policy (DoH 2012) because it does not only concentrate

on the health of adolescents at school but also to those who dropped from school due to social and economic reasons.

## Implications for community nursing practice

The results of this study underline the importance to community nurses to involve health promoters in the community in evaluating health promotion. The study shows the importance of community nurses' responsibility to accept and treat HIV- and AIDS-affected people with respect and dignity, and evaluate health promotion programmes aimed at improving their quality of life. Health promoters could assist in monitoring and evaluating health promotion programmes aimed at reducing HIV infections and promoting the health of families affected by the disease. Door-to-door visits, awareness campaigns, workshops, statistics and community projects should be used as practical evaluation strategies in community nursing practice. An improvement in standard of living or poverty relief because of sustained food gardening would for example prove the value of food gardens as a feasible evaluation strategy. Monitoring and evaluation for sustained health promotion should be regularly conducted.

## Conclusion

In conclusion, the work performed by the study participants in the community yielded excellent results. Because of successful evaluation and monitoring, stakeholders could be made aware of the need to maintain the present group and improve their working conditions, while introducing more funding and more groups to help combat the effects of the HIV and AIDS epidemic. Health promoters committed themselves to bigger workloads, without sufficient resources. The evaluation programme succeeded in highlighting the successes of the health promotion programme as well as the challenges health promoters face in improving the quality of services rendered in the community.

## Acknowledgements

I would like to thank the following organizations and persons who contributed to this study: the University of Pretoria; the North West Department of Health, for allowing me to conduct the study; health promoters in Moretele, for participating in this study; Prof N. C. van Wyk, for mentoring me and encouraging me to proceed with my post-doctoral studies; Portia Mthobeni, for assisting with the data collection and analysis; and Mrs H. Liebenberg for editing my work.

## References

Burns, N. & Grove, S.K. (2005) *The Practice of Nursing Research*, 5th edn. Elsevier, Saunders.

Clark, M.J. (2008) *Community Health Nursing: Advocacy for Population Health*, 5th edn. Pearson Education, Upper Saddle River, NJ.

Colaizzi, P. (1978) Psychological research as the phenomenologist views it. In *Existential-Phenomenological Alternatives for Psychology*, (Valle, R. & King, M., eds.). Oxford University Press, New York, pp. 48–79.

Coovadia, H.M. & Hadingham, J. (2005) HIV/AIDS: global trends, global funds and delivery bottlenecks. *Globalization and Health*, **1** (13), 1–10. Available at: http://www.globalizationandhealth.com/content/pdf/1744-8603-1-13.pdf (accessed 30 July 2013).

Cullen, A., Giles, T. & Rosenthal, J. (2006) *Evaluating Community-Based Child Health Promotion Programs: A Snapshot of Strategies and Methods*. National Academy for State Health Policy, Portland.

Department of Health (DoH) (2010) National antenatal sentinel HIV and syphilis prevalence survey in South Africa, 2009. Government Printers, Pretoria.

Department of Health (DoH) (2012) Integrated School Health Policy. Governmental Printers, Pretoria.

Fischer, A.R.H. & Blommaert, F.J.J. (2005) Monitoring and evaluation of time delay. *International Journal of Human-Computer Interaction*, **19** (2), 163–180.

Global conference (1997) *Jakarta Declaration on Leading Health Promotion into 21st Century*. Available at: http://www.who.int/healthpromotion/milestones-jakarta.pdf (accessed 25 November 2013).

Health Communication Unit (HCU) (2005) *Evaluating comprehensive workplace health promotion. Info-pack*. The Health Communication Unit, Centre for Health Promotion, University of Toronto. Available at: http://www.thcu.ac (accessed 30 April 2011).

Kemppainen, V., Tossavainen, K. & Turunen, H. (2012) Nurse's roles in health promotion practice: an integrative review. *Health Promotion International*, **28** (4), 490–501.

McKenzie, R., Naccarella, L., Stewart, A. & Thompson, C. (2007) Targeting what matters in health promotion evaluation: using the RE-AIM approach to identify success in real-world settings. *Evaluation Journal of Australasia*, **7** (1), 19–26.

Martins, D.C. (2008) Experiences of homeless people in the health care delivery system: a descriptive phenomenological study. *Public Health Nursing*, **25** (5), 420–430.

Peu, M.D., Van Wyk, N.C. & Botha, A.D.H. (2008) Health promotion needs of Hammanskraal families with adolescents orphaned by HIV and AIDS. *Health SA Gesondheid*, **13** (1), 14–28. doi: 10.4102/hsag.v13i1.254.

Peu, M.D., et al. (2012) *Community Nursing: A South African Manual*. Oxford University Press, Cape Town.

Polit, D.F. & Beck, C.T. (2008) *Nursing Research: Generating and Assessing Evidence for Nursing Practice*, 8th edn. Lippincott, Philadelphia.

Polit, D.F. & Beck, C.T. (2012) *Nursing Research: Generating and Assessing Evidence for Nursing Practice*, 8th edn. Lippincott, Philadelphia.

Pommier, J., Guevel, M. & Jourdan, D. (2010) Evaluation of health promotion in schools: a realistic evaluation approach using mixed methods. *BMC Public Health*, **10**, 43–55.

Regenesys Management (2011) *Monitoring and evaluation*. Regenesys Management, Sandton.

Round, R., Marshall, B. & Horton, K. (2008) *Planning for Effective Health Promotion Evaluation*. Victorian Government Department of Human Services, Melbourne.

Ruffeis, D., Loiskandl, W., Awulachew, S.B. & Boelee, E. (2010) Evaluation of the environmental policy and impact assessment process in Ethiopia. *Impact Assessment and Project Appraisal*, **28** (1), 29–40.

Streubert, H.J. & Carpenter, D.R. (2011) *Qualitative Research in Nursing: Advancing the Humanistic Imperative*, 5th edn. Lippincott Williams & Wilkins, Philadelphia.

Thupayagale-Tshweneagae, G. & Mokomane, Z. (2012) Needs of South African adolescents orphaned by AIDS: evidence from photography and photo-elicitation. *International Nursing Review*, **60** (1), 1–8.

UNAIDS (2009) Report on Global Aids Epidemic. World Health Organization, Geneva.

UNAIDS (2012) Report on Global Aids epidemic. World Health Organization, Geneva.

World Health Organization (WHO) (2011) World health statistics 2011. WHO Library Cataloguing-in-Publication Data, Geneva.