THE NEED FOR SOCIAL WORK INTERVENTION IN A RURAL COMMUNITY REGARDING UNEMPLOYMENT AND HIV/AIDS

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THE NEED FOR SOCIAL WORK INTERVENTION IN A RURAL COMMUNITY REGARDING UNEMPLOYMENT AND HIV/AIDS

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"The test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have too little" 

(Franklin Delano Roosevelt, 2006)
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SUMMARY

Title: The need for social work intervention in a rural community regarding unemployment and HIV/AIDS.

Key terms: HIV/AIDS, poverty, rural community, unemployment, social work.

South Africa is characterized by large-scale unemployment and it has been severe among women, especially those in rural areas. Unemployment has increased the vulnerability of many households therefore most rural households rely mainly on state social grants of which the child support grant is most popular. Education is one of the most important factors determining employment and thus income. Illiteracy among Black people in rural areas is higher than the national average. The lack of education of the head of a household is closely correlated with poverty in households.

HIV/AIDS on the other hand, is one of the most rapidly spreading pandemics in the world and there is well documented evidence that the largest number of people living with the HI-virus is found in Africa and especially in South Africa. The majority of people living with HIV in the North West Province are part of households living in unfavourable economic situations. The extent to which people can protect themselves from HIV infection depends on their knowledge of perceived risk and their capacity to apply that knowledge. Based on the above, it is clear that professional and structured intervention is necessary to address these socio-economic problems rural communities are facing.

The aim of the research was to engage in an exploratory investigation to determine the need for social work intervention in a rural community with regard to unemployment and HIV/AIDS.

The population studied in this research consisted of 230 households in the rural community called Heuningvlei which was randomly selected. The interview schedule was utilized and the head of household or the next in charge completed the interview schedule. The findings showed that unemployment and HIV/AIDS are dual problems that negatively affect the rural community and therefore needs to be addressed in a structured and professional manner.
In conclusion it can be said that the research has proved that social work intervention is necessary to address unemployment and HIV/AIDS in a rural community.
SAMEVATTING

Titel: Die behoefte aan maatskaplikework-intervensie in 'n plattelandse gemeenskap met betrekking tot werkloosheid en MIV/Vigs. *(The need for social work intervention in a rural community regarding unemployment and HIV/AIDS).*

Sleuteltermee: MIV/Vigs, armoede, plattelandse gemeenskap, werkloosheid, maatskaplike werk.

Suid-Afrika word gekenmerk deur grootskaalse werkloosheid en dit is ernstig onder vroue, veral dié in plattelandse gebiede. Werkloosheid het die kwesbaarheid van talle huishoudings laat toeneem, gevolglik maak die meeste plattelandse huishoudings hoofsaklik staat op die Staat se maatskaplike toelaes waarvan die kinderonderhoudtoelaag die gewildste is. Onderwys is een van die belangrikste faktore wat werkloosheid bepaal en dus inkomste. Ongeletterdheid onder swartmense in plattelandse gebiede is hoër as die nasionale gemiddelde. Die gebrek aan onderwys van die hoof van die huishouding hou ten nouste verband met armoede in die huishoudings.

MIV/Vigs, aan die ander kant, is een van die vinnigste verspreidende pandemies in die wêreld en daar is goed gedokumenteerde bewyse dat die grootste aantal mense met die MI-virus in Afrika aangetref word, en veral in Suid-Afrika. Die meerderheid mense met MIV in die Noordwes-Provinsie maak deel uit van huishoudings wat in ongunstige ekonomiese toestande lewe. Die mate waartoe mense hulle kan beskerm teen MIV-infeksie word bepaal deur hulle kennis rakende waargenoemde risiko en hulle vermoe om daardie kennis toe te pas. Gebaseer op voorgenoemde, is dit duidelijk dat professionele en strukturele intervensie noodsaaklik is om hierdie sosio-ekonomiese probleme wat plattelandse gemeenskappe in die gesig staar, onder die loep te neem.

Die doel van die navorsing was om 'n verkennende opname te maak om die behoefte aan maatskaplikework-intervensie in 'n plattelande gemeenskap met betrekking tot werkloosheid en MIV/Vigs te bepaal.

Die populasie wat in hierdie navorsing bestudeer is, het bestaan uit 230 huishoudings in die plattelandse gemeenskap, genaamd Heuningvlei, wat ewekansig geselecteer is.
Die onderhoudskedule is benut en die hoof van die huishouding of die volgende in bevel het die onderhoudskedule voltooi. Die bevindinge het getoon dat werkloosheid en MIV/Vigs beide probleme is wat die plattelandse gemeenskap negatief beïnvloed en dat dit dus op 'n gestruktureerde en professionele wyse moet hanteer word.

Ten slotte kan gesê word dat die navorsing bewys het dat maatskaplikewerk-intervensie noodsaaklik is om werkloosheid en MIV/Vigs in 'n plattelandse gemeenskap die hoof te bied.
FOREWORD

This research will be presented in article format in accordance with Rule A.11.5.3 and A.11.5.4 as stipulated in the North-West University Year book (2002:17). The content and technical requirements of the articles are based on the South African Journal Social Work/Maatskaplike Werk.
INSTRUCTIONS TO THE AUTHORS

The Social Work/Maatskaplike Werk publishes articles, short communications, book reviews and commentary on articles already published from any field of Social Work. Contributions relevant to Social Work from other disciplines will also be considered. Contributions may be written in English or Afrikaans. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style or presentation does not conform to the Journal practice. Commentary on articles already published in the Journal must be submitted with appropriate captions, the name(s) and address(es) of the author(s) and preferably not exceed 5 pages. The whole manuscript plus one clear copy as well as a diskette with all the text, preferably in MS Windows (Word or WordPerfect) or ASCII must be submitted. Manuscripts must be typed double spaced on one side of A4 paper only. Use the Harvard system for references. Short references in the text: When word-for-word quotations, facts or armaments from other sources are cited, the surname(s) of the author(s), year of publication and page number(s) must appear in parenthesis in the text, e.g. "..." (Berger, 1967:12). More details about sources referred to in the text should appear at the end of the manuscript under the caption "References". The sources must be arranged alphabetically according to the surnames of the authors.
SECTION A: GENERAL INTRODUCTION

1. PROBLEM STATEMENT

In South Africa, unemployment is extremely high and it is seen as one of the most pressing socio-political problems facing the government (Kingdon & Knight, 2005 a).

The unemployment rate is not only of economic significance, but of social significance as well, since it is also a key variable in alleviating poverty. With a high unemployment rate it will be difficult, if not impossible, to alleviate poverty and inequality in South Africa over the long term (Loots, 1997).

Employment is extremely inequitably distributed in South Africa and certain groups are much more likely to enter unemployment, and to stay in it, than others. A particularly striking feature of South African unemployment is the fact that rural unemployment rates are higher than urban rates (Kingdon & Knight, 2005 b). According to Barker (2003:3), unemployment is far higher among Black people than amongst other race groups, and greater among women than among men. Most at risk of being unemployed are uneducated Black women living in a rural area.

South Africa is facing a dual crisis of HIV/AIDS and unemployment. HIV/AIDS undermines the economic security of households by reducing the productivity of (and eventually killing) mainly prime-age adults while simultaneously diverting scarce household resources towards health care. Poor households are especially vulnerable to these shocks (Nattrass, 2005:30). By killing large numbers of productive and reproductive adults, HIV/AIDS erodes the human development infrastructure and increases health and welfare demands while adding to the cost of providing services (Aheto & Gbesemete, 2005:25). It is particularly tragic that South Africa's HIV/AIDS epidemic is occurring at a time when over a third of the labour force is without work (Nattrass, 2005:30).

The most disturbing long-term feature of the HIV/AIDS epidemic is its impact on life expectancy (The World Bank, 2000:6). HIV/AIDS has already resulted in life expectancy dropping to 56.6 years (from 63 in 1990), and child mortality increasing to 91 per 1000 (from 67 per 1000 in 1990). This will result in a sharp drop in the
growth of the total population, with some projections even indicating a decline in the population (Barker, 2003:55).

Women are most at risk from unemployment and they are also at great risk of HIV/AIDS infection (Baker, 2000:260). In many countries, women are the carers, producers and guardians of family life. This means they bear the largest AIDS burden. The impact of HIV on women has had a profound impact on the unemployment statistics of women (Adams, 2006:47).

Underdevelopment, lack of economic opportunities for both sexes, and entrenched inequalities in the distribution of power, resources, and responsibilities between men and women (gender inequalities) create a risk environment that supports high levels of both HIV infection and intimate-partner violence (Pronyk, Hargreaves, Kim, Morison, Phetla, Watts, Busza & Porter, 2006:1973). According to Baylies and Bujra (2000:5), women's vulnerability to AIDS follows from social, but also physiological factors. While physiological factors increase the risk of transmission to women from unprotected sex and accelerate the course of illness in a woman who is living with HIV, women's social location can also place them in the context of risk or inhibit their ability to protect themselves. According to Booysen (2003:420), households headed by AIDS widows are also particularly vulnerable. Women have limited economic opportunities and traditional norms and customs may see them severed from their extended family and denied access to an inheritance.

Tladi (2006:369) maintains that it is widely accepted that poverty and disease are inextricably linked. Poverty relates to unemployment in the manner that people in poverty and who are infected may not have access to health services as they live far from the clinic and have no money to pay for transport because they are unemployed. Subsequently they will remain sick and unemployed. HIV infection increases unemployment in the manner that people who are ill are often absent from work. They may lose their jobs, depriving families of their main source of income. Children, especially females, are forced to leave school to care for relatives who are ill, denying them education (Adams, 2006:47).

HIV/AIDS is an impediment to poverty reduction. In particular, HIV/AIDS affects the Poverty Reduction Strategy Plan (PRSP) implementation in rural areas as it
amplifies rural poverty at household and community levels; reduces rural productivity and production levels; sets in motion new and long-term impoverishment; leads to appearance of an unusual number of "rural destitute"; makes rural population more vulnerable to the epidemic; increases poverty in general and women's poverty in particular (UNAIDS, 2003).

Infection raises many concerns, especially in rural communities, and one of them is stigmatization which sustains the HIV/AIDS epidemic. For several decades stigmatization has been recognized as a major influence on treatment and care of ill persons and groups for the reason that it strongly relates to the way persons are viewed within their communities. The stigma, discrimination, and resulting isolation mean that people do not easily, if ever, disclose their diagnosis (Duffy, 2005:13). Duffy also states that the stigma associated with HIV/AIDS appears to be more serious for women. When they (or their husbands) are recognized as being infected with HIV/AIDS, women are often blamed for the infection as they have been blamed throughout history in relation to other sexually transmitted diseases.

The human resource capacity in the welfare field is inadequate to address the social development needs in the country. The number of social workers per capita is not high enough. The North West Province amongst others is one of the provinces that are particularly under resourced (South Africa, 1997:26).

Little information is available on social work intervention in rural communities and this issue needs to be addressed. The infrastructure that delivers educational, health and social work services is poor as a result of poor economic situations in especially Black rural areas (South Africa, 1997:26).

Unemployment and HIV/AIDS are two major challenges South Africa is experiencing and, as documented in the literature, these challenges are much more concentrated in non-urban areas as opposed to urban ones. With regard to the afore-mentioned problem statement, the researcher attempted to find answers to the following questions:

- What is the effect of unemployment on a rural community?
- What are the perceptions of a rural community of HIV/AIDS?
- What is the need for social work intervention in a rural community with regard
to unemployment and HIV/AIDS.

2. **AIM AND OBJECTIVES**

2.1 The aim of the research was to engage in an exploratory and descriptive investigation to determine the need for social work intervention in a rural community with regard to unemployment and HIV/AIDS.

2.2 The research had the following objectives:

- To examine unemployment in a rural community.
- To investigate the perceptions of the community of HIV/AIDS.
- To investigate the need for social work intervention in a rural community.

3. **THEORETICAL ASSUMPTION**

Social work intervention is essential to address unemployment and HIV/AIDS in a rural community.

4. **RESEARCH METHODOLOGY**

4.1 **LITERATURE REVIEW**

By compiling a review of research findings already published on a particular topic, researchers may become aware of inconsistencies and gaps which may justify further research. Such reviews enable researchers to indicate exactly where their proposed research fits in (Welman & Kruger, 1999:34).

A literature study was aimed at gaining a clear understanding of unemployment and HIV/AIDS as major challenges in the South African country. It is well documented in literature that unemployment as well as the HIV/AIDS as dual concerns both vastly impacts on the poor rural communities. The researcher wanted to determine the need for social work intervention regarding unemployment and HIV/AIDS in a rural area.

The following databases was utilised for a systematic library search: Eschohost, Internet and Ferdikat. A selection of overseas books, publications, articles and government publications was also consulted.
4.2 EMPIRICAL RESEARCH

4.2.1 Research design

The research design is a blueprint of a research or the initial planning of the research. The study design was exploratory in nature. Bless and Higson-Smith (1995:42) and Fouché and De Vos (2005:134) are of opinion that the purpose of the exploratory design is to gain insight into a situation.

Although much has been written on HIV/AIDS there is still a need to gain insight on the issue regarding unemployment and HIV/AIDS as challenges in a rural community. Emphasis must also be set on the need for social work intervention to address such complex issues as mentioned. The study was of a quantitative nature and the numerical data from the sample was used to generalise the findings to the universe (Maree & Pietersen, 2007:145).

4.2.2 Research participants

There are 700 households in Heuningvlei village a rural area in the North West Province where the inhabitants are Setswana-speaking. A random sample was taken out of the study population. In the simplest case of random sampling, each member of the population stands the same chance of being included in the sample and each sample of a particular size stands the same chance of being chosen (Welman & Kruger, 1999:52).

To make sure that an error of not greater than 5% does not occur for the population, the sample consisted of 230 households. The sample was taken from the population by starting at a random point. From there on every third house were included. The head of the household or the next in charge completed the schedule. The researcher went to the left side of the house chosen if there were no one at a specific house.

The statistical consultation services of the Potchefstroom campus North West University assisted with the validity and reliability of the measuring instrument. The sample was taken from the entire community because it was not possible to identify which household was affected by HIV/AIDS. The researcher wanted to gain the opinion of the community on HIV/AIDS and unemployment.
4.2.3 Measuring instrument

For purposes of the study a survey was conducted. The interview schedule was utilised. A schedule is a set of questions on a form which is completed by the interviewer in respect of a research project (Terminology committee for social work, 1995:55). The schedule mostly contained closed-ended questions with a few open-ended questions. It was compiled after examining similar schedules (Makhubele, 2004:184-192; Raath, 2001, Addendum A; Strydom, 2002:395-399). One comprehensive measuring instrument was used for the whole project, but for purposes of this research only information relevant was extracted from the data.

4.2.4 Procedures

The researcher is a member of the Tshwaragano project. During December 2005 the identified rural community was visited to make arrangements for the proposed research. Permission to conduct the research was obtained from the tribal Chief, Mr Bareki. The schedule was compiled in English by the team of researchers and was pilot-tested. Two interpreters from Heuningvlei were utilised, as there was a language barrier. The schedules were personally completed by the team of researchers, comprising of two lecturers, three doctoral students and seven masters students. The two lecturers trained the students during an afternoon session to complete the questionnaires.

4.2.5 Ethical aspects

Ethical behaviour helps protect individuals, communities and environments, and offers the potential to increase the sum of good in the world (Israel & Hay, 2006:2). The proposal for the Tshwaragano project was submitted to the Ethical committee at the Potchefstroom Campus at the North West University. Written permission was granted and the registration detail of the project is as follows: Tshwaragano Project number 06k07.

The researcher respected each respondent's right to privacy and the issue of confidentiality applied, hence the questionnaire was completed in the privacy of the respondent's home and treated as confidential. Israel and Hay (2006:2) states that ethical behaviour may help assure the climate of trust in which we continue our
socially useful labours. If the researchers act honestly and honourably, people may rely on them to recognize their needs and sensitivities and consequently may be more willing to contribute openly and fully to the work researchers undertake.

Informed consent implies two related activities: participants need first to comprehend and second to agree voluntarily to the nature of their research and their role within it (Israel & Hay, 2006:61). The aim of the research process as well as the respective roles of the respondents were explained to them. Each respondent completed a consent form in this regard.

Respondents were debriefed by the field workers after the interview schedule to enable them to function normally as before the schedule. Debriefing is very important especially with an emotional research topic such as HIV/AIDS, even unemployment.

4.2.6 Data analysis

The SAS System for Windows Release 9.2 TS Level 1MO programme was used to process and analyse the data (SAS Institute, 2005). The assistance of the Statistical Consultation Services of the North West University was used to process and analyse the data by making use of the programme. The data from the few open-ended questions was processed and analysed by the researchers making use of the techniques of ordering and classification in order to identify themes and relations.

5. LIMITATIONS TO THE STUDY

The limitations to the study were as follows:

- South African scientific literature with regard to HIV/AIDS and unemployment as a dual problem is limited;
- Scientific literature with regard to social work intervention in a rural community is very limited;
- The completion of the questionnaire was time consuming due to the language barrier and having to make use of an interpreter in certain instances;
- HIV/AIDS is a sensitive topic and it could be expected that respondents may withhold information even though the issue of confidentiality was explained.
6. **DEFINITIONS OF KEYWORDS**

**Black rural community**

According to Lentswe (2005:5), a Black rural community in South Africa is a dark skinned race of people who find themselves in an environmentally, socially, and economically more vulnerable position than their white counterparts and have to compete for scarce resources.

**Unemployment**

The state of being unemployed; out of work (Thompson, 1995:1525).

**Poverty**

The state of being poor; want of the necessities of life (Thompson, 1995:1071).

Poverty can be described as the situation of a low level of human and financial resources, such as low levels of education with an associated low level of literacy, generally poor health status and, as a result low productivity (Poku, 2001:195).

**HIV**

Human Immunodeficiency Virus, a retrovirus which causes AIDS (Thompson, 1995:644).

**AIDS**

Acquired Immune Deficiency Syndrome, a condition caused by a virus transmitted in the body fluids, marked by severe loss of resistance to infection and so ultimately fatal (Thompson, 1995:27). AIDS is the final stage of the HIV infection, also called full-blown AIDS (Van Dyk, 2003:4, 19). A person is described as having AIDS when the HIV-related immune-deficiency is so severe that various life-threatening, opportunistic infections and/or cancers occur. These conditions only occur because the immune system is weakened (Evian, 2000:8).

**Social work**

Work of benefit to those in need of help or welfare, especially done by specially trained personnel (Thompson, 1995:1320).
7. CONTENTS OF THE REPORT

Section A

This section serves as the general introduction to the study. The problem statement, research aims and objectives, theoretical assumption, research methodology, limitations to the study, definitions of keywords, contents of the report and listed references.

Section B

Two articles make up this section. The titles of the respective articles are as follows:

- **Article 1**: Unemployment and HIV/AIDS in a rural community.
- **Article 2**: The need for social work intervention in a rural community regarding unemployment and HIV/AIDS.

Section C

This section consists of the findings, conclusions and recommendations of the study.

Section D

A complete list is given of all the references used in this study.

Section E

The addendums used in this study are found in this section.
8. REFERENCES


ABSTRACT

Unemployment and HIV/AIDS are two major challenges South Africa experiences, and these challenges are far more concentrated in non-urban areas compared to urban ones. Unemployment is higher among Black people than amongst other race groups and greater among women than among men; thus Black rural communities are greatly affected by it. With a high unemployment rate, the issue of poverty is difficult to challenge and communities find it hard to survive. HIV/AIDS has already taken a terrible human toll, laying claim to millions of lives, inflicting pain and grief, causing fear and uncertainty and threatening economic devastation. The majority of the people living with HIV in the North West Province are part of households living in an unfavourable economic situation and the AIDS pandemic has made their poverty situation even worse. This article focuses on the effect unemployment and HIV/AIDS have on a Black rural community.

1. INTRODUCTION

The aim of this article was to collect data through a quantitative empirical research and a literature study with the purpose of examining unemployment and investigating the perceptions of a Black rural community of HIV/AIDS. Data was also collected with regard to poverty and its effect on the rural community. The findings of the study were discussed.

2. PROBLEM STATEMENT

The distribution of income and wealth in South Africa is among the most unequal in the world, and many households still have unsatisfactory access to education, health care, energy and clean water (May, 1998). This is confirmed by Kingdon and Knight (2005 b) and Barker (2003:3) who are of opinion that Black rural communities in South Africa generally have lower incomes and higher unemployment and poverty rates than do urban areas.
In the North West Province, 40% of the Black population is living below the poverty line and the poverty gap ratio, which implies the total shortfall of an individual welfare below the poverty line, was twice as high as the South African average in 2002 (Feitsma, 2005:10). According to Tladi (2006:369), poverty relates to unemployment in the manner that people in poverty and those infected with HIV/AIDS may not have access to health services as they live far from the clinic and have no money to pay for transport, since they are unemployed. From this information it is clear that unemployment, poverty and HIV/AIDS are affecting rural communities vastly.

In this section the quantitative data collected during the empirical investigation and literature study is set out schematically. The objectives of this article are:

- To examine unemployment in a rural community.
- To investigate the perceptions of the community of HIV/AIDS.

3. RESEARCH METHODOLOGY

The literature study was aimed at gaining a clear understanding of unemployment and HIV/AIDS as major challenges in rural communities. The researcher intended to determine the need for social work intervention regarding unemployment and HIV/AIDS in the community.

A random sample was taken from a study population of 230 households in a rural village in the North West Province by means of random sampling. With random sampling each member of the population stands the same chance of being included in the sample and each sample of a particular size stands the same chance of being chosen (Welman & Kruger, 1999:52). Due to the nature of the topic the sample was taken from the entire community as it was not possible to identify which of the households in the study were affected by HIV/AIDS and unemployment.

For purposes of this study a survey was conducted and the interview schedule was utilized. The schedule mostly contained closed-ended questions, with a few open-ended questions.
4. **RESULTS**

The empirical data was organized in accordance with the schedule and is discussed as follows:

4.1 **DEMOGRAPHIC DETAILS**

In this section, the demographic details of the respondents were examined to gain background information on the respondents.

4.1.1 **Age of respondents**

**TABLE 1: AGE**

<table>
<thead>
<tr>
<th>AGE IN YEARS</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-30</td>
<td>44</td>
<td>19.21</td>
</tr>
<tr>
<td>31-40</td>
<td>50</td>
<td>21.83</td>
</tr>
<tr>
<td>41-50</td>
<td>63</td>
<td>27.51</td>
</tr>
<tr>
<td>51-60</td>
<td>43</td>
<td>18.78</td>
</tr>
<tr>
<td>Above 60</td>
<td>29</td>
<td>12.66</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>229</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Frequency missing=1

The age of most of the respondents ranged between 41 and 50 years.

4.1.2 **Gender of respondents**

A total number of 180 (78.60%) female and 49 (21.40%) male respondents were involved in the research. The frequency missing is 1. The female respondents were significantly more than the males. This could be as a result of more women staying home and men searching for work or working. It can also be due to the increase in female-headed households.
4.1.3 Marital status of respondents

TABLE 2: MARITAL STATUS OF RESPONDENTS

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>54</td>
<td>23.68</td>
</tr>
<tr>
<td>Never married</td>
<td>111</td>
<td>48.68</td>
</tr>
<tr>
<td>Divorced</td>
<td>8</td>
<td>3.51</td>
</tr>
<tr>
<td>Widowed</td>
<td>30</td>
<td>13.16</td>
</tr>
<tr>
<td>Separated</td>
<td>5</td>
<td>2.19</td>
</tr>
<tr>
<td>Live together</td>
<td>20</td>
<td>8.77</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>228</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Frequency missing=2

Table 2 reveals that 111 (48.68%), thus the majority of respondents, were unmarried and 54 (23.68%) married.

Today, family members may or may not be biologically related, and bonds that unite them may or may not be legal ties. Hartman and Laird (1983:30) explain that '...a family consists of two or more people who have made a commitment to share living space, have developed close emotional ties, and share a variety of family roles and functions". Although the majority of respondents are single, they are part of a family or household, not always biologically related or legally tied.

4.1.4 Level of education of household heads

TABLE 3: HIGHEST LEVEL OF EDUCATION OF HOUSEHOLD HEADS

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>59</td>
<td>26.22</td>
</tr>
<tr>
<td>Primary, Gr. 1-7</td>
<td>98</td>
<td>43.56</td>
</tr>
<tr>
<td>Secondary, Gr. 8, 9, 10</td>
<td>36</td>
<td>16</td>
</tr>
<tr>
<td>Secondary, Gr. 11 &amp; 12</td>
<td>32</td>
<td>14.22</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>225</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Frequency missing=5
From Table 3 it is evident that most of the household heads, 98 (43.56%), have a low level of education, with 59 (26.22%) that have no education whatsoever. Education can be defined as the intentional, planned activities through which the learners are equipped by the educator with the required knowledge, skills and attitudes to meet their responsibilities in all aspects of life (Steyn, Steyn & De Waal, 1998:2).

In South Africa, illiteracy rates are high at around 24% of adults over 15 years old (6- to 8-million adults are not functionally literate), teachers in township schools are poorly trained, and the matriculation pass rate remains low (Education In South Africa, 2006). The functional literacy of the North West Province (the proportion of population older than 20 years of age and who have completed at least Grade 7 or higher) is 62% (PPT Pilot Project in Southern Africa, 2004:6).

None of the household heads indicated that they have a higher education. While 65% of whites over 20 years old and 40% of Indians have a high school or higher education, this figure is only 14% among Blacks and 17% among the coloured population (Education in South Africa, 2006). From this information it is clear that the respondents from this community do not resort under that 14% of Blacks with higher education, or tertiary education.

Bezuidenhout (1998:170) points out that an individual may be forced to discontinue their formal education at a young age to help supplement the family's income. In some instances children leave their homes to earn a living on the street. When on the street, they do not attend school and in later years they have difficulty competing with their peers on the open labour market.

There is a very strong correlation between level of education and standard of living: the poverty rate among people with no education is 69%, compared to 54% among people with primary education, 24% among those with secondary education, and 3% among those with tertiary education (May, 1998). Low levels of education reduce the chances of people getting well-paying jobs and therefore the poverty rate increases, especially in rural communities. Without proper education, household heads will find it difficult to fulfill their responsibilities in their different roles in life, roles such as being members of a family, as people in occupations, as citizens, and as readers of daily papers.
4.1.5 Language of respondents

All the respondents were Setswana-speaking, as it is the language mostly spoken in that area of the North West Province.

4.2 LIVING CONDITIONS

In this section, the living conditions of the community were examined to illustrate how people of limited income live in order to gain a clear understanding of the problem surrounding unemployment and HIV/AIDS.

4.2.1 Housing

Of the entire group respondents, 120 (54.36%) live in a traditional hut, whilst 95 (42.99%) live in brick houses. The rest of the respondents live in Mokukus. Napier and Beghin (2006) note that approximately 13% of the South African population live in traditional huts.

Thirty-nine (17.11%) respondents indicated that their households consist of five members, whilst one indicated that his consists of 20 members. Of the total number of respondents, 51 (22.37%) indicated that they live in a two-roomed home. This means that family members have to share bedrooms. Due to a lack of finances, individuals or families tend to share housing facilities.

Overcrowded living arrangements are indicative of low socio-economic status and class (Bezuidenhout & Joubert, 2003:59). Overcrowding leads to a lack of privacy, irritation with one another and children who may tend to wander around and even desert the home (Bezuidenhout 1998:171; Bezuidenhout & Joubert, 2003:59).

4.2.2 Access to water

Access to water seems to be a problem for respondents as the main source of drinking water for 220 (96.07%) households comes from a public tap which is shared among community members. None of the respondents indicated that they are supplied with their own piped water from a tap.

Water is essential for life; all forms of life are dependent on water. It is the principal constituent of living things and the human body is made up of about 65% water by
weight. Water is used for a wide range of domestic purposes; laundry, drinking, food preparation and the maintenance of personal and environmental hygiene (Obi, Onabolu, Momba, Igumbor, Ramalivahna, Bessong, Van Rensburg, Lukoto, Green & Mulaudzi, 2006:331). The primary cause of many diseases is water related. Diseases such as typhoid, cholera, dysentery, gastroenteritis, and hepatitis (waterborne), and scistosomiasis and guinea-worm (water based) are brought about by a lack of safe water for drinking, for hygiene purposes, and for sanitation (The World Bank, 2001:80).

### 4.2.3 Access to adequate sanitation

Most of the respondents, 216 (97.74%) indicated that they make use of a pit latrine toilet facility. At the beginning of 2001 the national backlog of persons without access to adequate sanitation facilities was estimated to be 18 million persons or 3 million households. The majority of persons falling in this category live in rural areas. It is also estimated that up to 76% of rural households in South Africa have inadequate sanitation (South Africa, 2002:3).

Inadequate sanitation frequently results in the loss of privacy and dignity, and increases risks to personal safety when toilets are placed at a distance from the home. This is particularly true for women and the elderly. Poor sanitation and unusable facilities in many rural areas contribute to absenteeism and an uncongenial learning environment and is cited as an important reason why many girls drop out of school (South Africa, 2002:10).

Access to improved water supply is not only a fundamental need and human right, it possesses considerable health and economic benefits. Inadequate access to water supply and sanitation limits opportunities to escape poverty and exacerbates the problems of vulnerable groups, especially those affected by HIV/AIDS and other diseases (Obi et al., 2006:331).

### 4.2.4 Food consumption

Only 30 (13.33%) of the respondents indicated that they have a food garden. Due to a lack of financial supply to purchase seeds and the shortage of water supply, it can be expected that most respondents would not have food gardens. Food gardens could be
a good source of fresh fruit and vegetable supply which can assist respondents in addressing the issue of food scarcity for consumption. Food gardens could also assist in generating income by selling the products to the community and at food markets, but since only a few households have them, the rest might not benefit from its produce.

A disturbing number of 140 (61.14%) respondents indicated that people in their community often go to bed hungry, while 65 (28.38%) reported that they occasionally went to bed hungry. Only 9 (3.93%) of the respondents were of opinion that they never went to bed hungry. According to Napier and Beghin (2006), one-third of Black people in South Africa say that they often or occasionally go without food; in other words food insecurity is a problem in South Africa.

Oxfam International (2002) indicates that there is a clear and critical two-way relationship between HIV/AIDS and food insecurity in Southern Africa. The pandemic is being driven by the very factors that cause malnutrition: poverty and inequality. The hunger currently experienced by millions across the region increases the likelihood of HIV infection, since people are driven to adopt risky coping strategies in order to survive.

4.2.5 Energy resource

The majority of respondents 161 (70.00%) indicated that they have electricity in their homes while 69 (30.00%) are without it. Lehohla (2007:12) indicates that in South Africa the use of electricity as the main energy source for lighting increased substantially between 1996 and 2007 (from 57.6% in 1996 to 80.0% in 2007).

Only 112 (49.34%) respondents indicated that they make use of electricity for cooking and heating, while most of the respondents 202 (88.99%) make use of wood for that purpose. The use of electricity for cooking in South Africa increased from 47.1% of households in 1996, to 51.4% in 2001, to 66.5% in 2007. The use of electricity by households as the main energy source for heating increased from 44.5% in 1996, to 49.0% in 2001, to 58.8% in 2007 (Lehohla, 2007:15).
4.2.6 Household appliances

TABLE 4: HOUSEHOLD APPLIANCES

<table>
<thead>
<tr>
<th>APPLIANCES</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio</td>
<td>88 (38.26%)</td>
<td>142 (61.74%)</td>
</tr>
<tr>
<td>Television</td>
<td>62 (26.96%)</td>
<td>168 (73.04%)</td>
</tr>
<tr>
<td>Telephone (land-phone)</td>
<td>4 (1.74%)</td>
<td>226 (98.26%)</td>
</tr>
<tr>
<td>Cell-phone</td>
<td>109 (47.39%)</td>
<td>121 (52.61%)</td>
</tr>
<tr>
<td>Refrigerator</td>
<td>89 (38.70%)</td>
<td>141 (61.30%)</td>
</tr>
<tr>
<td>Washing machine</td>
<td>5 (2.17%)</td>
<td>225 (97.83%)</td>
</tr>
<tr>
<td>Personal computer</td>
<td>2 (0.87%)</td>
<td>228 (99.13%)</td>
</tr>
</tbody>
</table>

In the Community Survey conducted in 2007 by Statistics South Africa it was found that 76.6% of households own radios, 65.5% own televisions, 18.6% own landline telephones, a total that has decreased since 2001 probably as a result of availability of cell-phones, 72.9% own cell-phones, 63.9% own refrigerators and 15.7% of households own computers (Lehohla, 2007:17). Table 4 indicates that few households in this study own household appliances, less than the average household. In electrified rural and urban households the main barrier to owning household appliances is the energy/appliance cost (Sparknet, 2004).

4.2.7 Ownership of vehicle and/or livestock

TABLE 5: OWNERSHIP OF VEHICLE AND/OR LIVESTOCK

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car</td>
<td>0 (0%)</td>
<td>230 (100%)</td>
</tr>
<tr>
<td>Motorcycle</td>
<td>1 (0.43%)</td>
<td>229 (99.57%)</td>
</tr>
<tr>
<td>Bicycle</td>
<td>7 (3.04%)</td>
<td>223 (96.96%)</td>
</tr>
<tr>
<td>Donkey/horse</td>
<td>79 (34.35%)</td>
<td>151 (65.65%)</td>
</tr>
<tr>
<td>Sheep/cattle</td>
<td>59 (25.65%)</td>
<td>171 (74.35%)</td>
</tr>
</tbody>
</table>

Seventy-nine (34.35%) respondents indicated that they own donkeys and/or horses. A mere 59 (25.65%) respondents indicated that they own sheep and/or cattle; and none
of the respondents indicated that they own a car. Due to a lack of financial means, not many of the respondents can afford to own livestock and vehicles which can be defined as assets.

4.3 POVERTY

In this section, poverty in the household was examined to illustrate its effect on people with limited income and gain a clear understanding of what they experience.

4.3.1 Employment of household heads

Most of the household heads, 116 (55.24%) are unemployed. Loots (1997) states that with a high unemployment rate it will be difficult, if not impossible, to alleviate poverty and inequality in South Africa over the long term. Poverty can be defined as the inability to attain a minimal standard of living, measured in terms of basic consumption needs or the income required to satisfy them.

When individuals are not married and/or do not have relatives to support when they are unemployed such persons may eventually be considered poor. Poverty may also be prevalent among those families in which either the breadwinner or both parents are not employed and experience difficulty making ends meet (Bezuidenhout, 1998:165-166).

Poverty is also more pronounced in rural areas, where 60.7% of people live in poverty, compared to 39.0% in urban areas. Poverty rates in the North West Province vary greatly between racial groups. An estimated number of 4.6% of the White population and 8.8% of the Asian population live in poverty. About 32.1% of the Coloured population and an estimated 56.7% of the Black population live in poverty (Pauw, 2005:12; PPT Pilot Project in Southern Africa, 2004:1).

With most of the household heads in this study unemployed, poverty is a definite problem in this community.
4.3.2 Household income

TABLE 6: HOUSEHOLD INCOME

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child support grant</td>
<td>144 (70.94%)</td>
<td>59 (29.06%)</td>
</tr>
<tr>
<td>Disability grant</td>
<td>24 (11.82%)</td>
<td>179 (88.18%)</td>
</tr>
<tr>
<td>Forster care grant</td>
<td>3 (1.48%)</td>
<td>200 (98.52%)</td>
</tr>
<tr>
<td>Old age pension</td>
<td>51 (25.12%)</td>
<td>152 (74.88%)</td>
</tr>
</tbody>
</table>

Frequency missing=27

According to the information in Table 6, most of the households rely on social grants for an income. The child support grant seems to be more common among respondents in this study, seeing that 144 (77.94%) of the respondents indicated that they receive an income in the form of the child support grant. Masango (2004) states that the greatest poverty-reducing potential lies with the progressive extension of the child support grant to 14 years of age, which would yield a 57% poverty gap reduction. By the year 2006, 75% of eligible children aged 0-13 years in the North West Province received the Child Support Grant (CSG), a number that has increased vastly since 2005 (Children's Institute, 2006).

4.4 FACTORS LEADING TO POVERTY

In this section the factors that lead to poverty were examined to illustrate the link between poverty and unemployment. The respondents were asked which factors they thought contributed to poverty (they were allowed to indicate more than one).

TABLE 7: FACTORS LEADING TO POVERTY

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>High fertility rate</td>
<td>119 (52.19%)</td>
<td>109 (47.81%)</td>
</tr>
<tr>
<td>Low income</td>
<td>177 (77.63%)</td>
<td>51 (22.37%)</td>
</tr>
<tr>
<td>Lengthy unemployment</td>
<td>180 (78.95%)</td>
<td>48 (21.05%)</td>
</tr>
<tr>
<td>Low educational level</td>
<td>171 (75.00%)</td>
<td>57 (25.00%)</td>
</tr>
<tr>
<td>No job opportunities</td>
<td>217 (95.18%)</td>
<td>11 (4.82%)</td>
</tr>
</tbody>
</table>

Frequency missing=2
As is the case with many social phenomena in society, it is difficult to determine a single causative factor for poverty (Bezuidenhout, 1998:168). A large number of respondents, 217 (95.18%), indicated that the lack of job opportunities is the main cause of families living in poverty. This is confirmed by Loots (1997) who indicates that the high unemployment rate in South Africa, which has devastating effects for the poor, can be attributed to factors such as the inability of the economy, especially the formal economy, to create sufficient employment opportunities for the growing population.

Poverty can be described as the situation of a low level of human and financial resources such as low levels of education with an associated low level of literacy, generally poor health status and, as a result, low productivity (Poku, 2001:195). Thus 171 (75.00%) of respondents indicated that poverty leads to a low educational level. Many workers, due to a low standard of education and training, are unable to compete for a higher paid job. Often these workers are the first to be retrenched in times of economic recession. Many come from families in which their parents could not afford to give them an education or specific training opportunities, and it was necessary for them to work from a young age to help supplement the family income (Bezuidenhout, 1998:169-170).

A notable 180 (78.95%) respondents indicated that lengthy unemployment is a factor leading to poverty. In households where members have been without a job for a lengthy period, the level of poverty would increase rapidly as food-stuffs become exhausted and the basic needs of household members cannot be attended to, due to financial constraints.

4.5 EFFECTS OF POVERTY

In this section the experience of households on the effects of poverty were examined.
TABLE 8: EFFECTS OF POVERTY ON THE HOUSEHOLD

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health effects</td>
<td>130 (57.02%)</td>
<td>98 (42.98%)</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>181 (79.39%)</td>
<td>47 (20.61%)</td>
</tr>
<tr>
<td>Unhealthy accommodation</td>
<td>137 (60.09%)</td>
<td>91 (39.91%)</td>
</tr>
<tr>
<td>Family members driven to crime</td>
<td>111 (48.68%)</td>
<td>117 (51.32%)</td>
</tr>
<tr>
<td>Children tend to take to the streets</td>
<td>106 (46.49%)</td>
<td>122 (53.51%)</td>
</tr>
<tr>
<td>Excessive substance abuse</td>
<td>114 (50.00%)</td>
<td>114 (50.00%)</td>
</tr>
<tr>
<td>Family disorganisation</td>
<td>107 (46.93%)</td>
<td>121 (53.07%)</td>
</tr>
<tr>
<td>Low self-esteem</td>
<td>133 (58.33%)</td>
<td>95 (41.67%)</td>
</tr>
<tr>
<td>Limited educational opportunities for children</td>
<td>164 (71.93%)</td>
<td>64 (28.07%)</td>
</tr>
<tr>
<td>Suicide tendencies</td>
<td>70 (30.70%)</td>
<td>158 (69.30%)</td>
</tr>
<tr>
<td>Chronic depression</td>
<td>101 (44.49%)</td>
<td>127 (55.51%)</td>
</tr>
</tbody>
</table>

Frequency missing=2

Of the total number of respondents involved in this study, 181 (79.39%) indicated that, due to poverty, families suffer from malnutrition. This is confirmed by Napier and Beghin (2006) who state that one in every five South Africans claim that they cannot afford to eat properly, which results in malnutrition.

Bezuidenhout (1998:171) states that little or irregularly acquired income may cause ill health and a high mortality rate among the poor. Without adequate financial means or social support the poor cannot purchase or acquire nutritional foodstuffs necessary to maintain their health. Thus 130 (57.02%) of respondents indicated that poverty affects their health.

Tladi (2006:371) is of opinion that poverty deprives people of the necessities of life, e.g. food and shelter, thus causing them to respond in ways that, although harmful, will ensure that they obtain these necessities. Thus 111 (48.68%) respondents indicated that poverty drives family members to crime.
4.6 MEANS OF SURVIVAL DESPITE POVERTY

The experiences of households on poverty were examined in this section to illustrate how they survive despite it.

4.6.1 Support from relatives and neighbours

Most of the respondents indicated that they rely on extended family as well as neighbours for assistance in times of hardship. These support systems might be able to assist in providing for the basic needs of respondents such as food and clothing for a limited period. The more complex issues such as unemployment and HIV/AIDS among family members are difficult to be addressed by relatives and neighbours who might also be affected by and experience the same situations. This is particularly true with regard to HIV/AIDS as Smit (2007:7) found in a similar study in another rural area, that families with ill or dying members carried the burden of caring.

4.6.2 Support by means of the child support grant

Some of the respondents indicated that they rely on child support grants for survival. Although most parents wish to be able to provide for their children, the reality is that it is not always possible. The cost of living is high and many are unemployed. The government can be approached for assistance through a number of grants of which the child support grant is one. By 2006 an estimated number and proportion of 604,525 (75%) of eligible children aged 0-13 years received the Child Support Grant (CSG) in the North West Province (Children’s Institute, 2006). Social grants are the main source of income for many respondents in this study and the child support grant seems to be the most popular among these households.

4.7 HIV/AIDS

The issue of HIV/AIDS was examined under this heading to illustrate rural people's knowledge and perception of the subject.

4.7.1 Awareness

Many respondents, namely 183 (81.70%) indicated that they have at some stage heard of the disease called HIV/AIDS, though 41 (41.15%) claim to have never heard of the
disease, meaning that they have no idea of what the disease entails. HIV/AIDS is affecting many South Africans and with the disease claiming millions of lives, one would expect awareness to have reached its peak in this country but in this study it seems that not all respondents are informed.

The most rapid increase in South Africa's HIV/AIDS prevalence took place between 1993 and 2000, during which time the country was distracted by major political changes. While the attention of the South African people and the world's media were focussed on the political and social changes occurring in the country, HIV/AIDS was rapidly becoming more widespread. Although the results of these political changes were positive, the spread of the virus was not given the attention it deserved, and the impact of the epidemic was not acknowledged.

The fact that some respondents do not view HIV/AIDS to be a problem in their community could be the result of them being preoccupied with issues pertaining to unemployment and poverty rather than to HIV/AIDS.

4.7.2 Knowledge

A reasonable number of respondents, namely 133 (58.85%), indicated that they do have knowledge of what HIV/AIDS entails, while 93 (41.15%) claim to have no knowledge of the subject. Seeing that HIV/AIDS is such a widespread disease affecting numerous households in the country, one would expect a larger number of respondents (if not all) to be aware of it, but it seems not to be the case in this study.

4.7.3 Sources of information on HIV/AIDS

Respondents were asked from which sources they obtain information regarding HIV/AIDS.
TABLE 9: SOURCES OF HIV/AIDS INFORMATION

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>100 (46.08%)</td>
<td>117 (53.92%)</td>
</tr>
<tr>
<td>Parents</td>
<td>65 (29.95%)</td>
<td>152 (70.05%)</td>
</tr>
<tr>
<td>TV</td>
<td>103 (47.47%)</td>
<td>114 (52.53%)</td>
</tr>
<tr>
<td>Radio</td>
<td>121 (55.76%)</td>
<td>96 (44.24%)</td>
</tr>
<tr>
<td>Newspapers</td>
<td>75 (34.56%)</td>
<td>142 (65.44%)</td>
</tr>
<tr>
<td>Magazines</td>
<td>66 (30.41%)</td>
<td>151 (69.59%)</td>
</tr>
<tr>
<td>Clinic sister/Doctor</td>
<td>180 (82.95%)</td>
<td>37 (17.05%)</td>
</tr>
<tr>
<td>Religious leader</td>
<td>106 (48.85%)</td>
<td>111 (51.15%)</td>
</tr>
<tr>
<td>Politicians</td>
<td>76 (35.02%)</td>
<td>141 (64.98%)</td>
</tr>
<tr>
<td>Teacher</td>
<td>95 (43.78%)</td>
<td>122 (56.22%)</td>
</tr>
</tbody>
</table>

Frequency missing=13

From Table 9 it is clear that respondents mainly receive information regarding HIV/AIDS from clinic sisters and doctors and they indicated that they prefer to receive the correct information from clinics.

The fact that most of the respondents, 201 (89.73%) indicated that they are not aware of any organisation or Non-Governmental Organisations (NGOs) that provides information or lectures on HIV/AIDS is an indication that the community of Heuningvlei are not reached by such sources with regard to HIV/AIDS-related services.

4.7.4 Transmission of HIV/AIDS

The respondents were asked to indicate whether or not they agreed or not with the following statements. The questions were put forward so that their knowledge could be tested.
TABLE 10: KNOWLEDGE ON HIV/AIDS

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you share a meal</td>
<td>81 (36.65%)</td>
<td>140 (63.35%)</td>
</tr>
<tr>
<td>When you share drug needles</td>
<td>177 (80.09%)</td>
<td>44 (19.91%)</td>
</tr>
<tr>
<td>Having unprotected sex</td>
<td>202 (91.40%)</td>
<td>19 (8.60%)</td>
</tr>
<tr>
<td>An infected mother can pass the virus to her child</td>
<td>168 (76.02%)</td>
<td>53 (23.98%)</td>
</tr>
<tr>
<td>When an HIV-infected person coughs on you</td>
<td>128 (57.92%)</td>
<td>93 (42.08%)</td>
</tr>
<tr>
<td>When you donate blood</td>
<td>178 (80.54%)</td>
<td>43 (19.46%)</td>
</tr>
<tr>
<td>Through a blood transfusion</td>
<td>175 (79.19%)</td>
<td>46 (20.81%)</td>
</tr>
<tr>
<td>An infected mother can pass the virus to her child before birth</td>
<td>175 (79.19%)</td>
<td>46 (20.81%)</td>
</tr>
<tr>
<td>An infected mother can pass the virus to her child during birth</td>
<td>178 (81.28%)</td>
<td>41 (18.72%)</td>
</tr>
<tr>
<td>An infected mother can pass the virus to her child through breast feeding</td>
<td>183 (82.81%)</td>
<td>38 (17.19%)</td>
</tr>
<tr>
<td>When sharing a toilet</td>
<td>94 (42.53%)</td>
<td>127 (57.47%)</td>
</tr>
<tr>
<td>Mosquito's</td>
<td>156 (70.91%)</td>
<td>64 (29.09%)</td>
</tr>
</tbody>
</table>

Most of the respondents seem to know how HIV is transmitted; thus they linked transmission directly to unprotected sex. Respondents were, however, unsure about sharing a toilet and sharing a meal. It is alarming that there still is a vast number of respondents who believe in myths concerning the disease such as mosquito's transmitting the virus, sharing a toilet and when an HIV-infected person coughs on another person. Maritz and Lessing (2004:107) are of opinion that education plays a vital role in spreading information on HIV/AIDS. They state that, given the absence of a vaccine, preventions involve some learning and some relatively permanent change in behaviour arising from a communication process.

4.7.5 Stigma

HIV/AIDS, especially in the context of poverty, results in considerable suffering. The issues surrounding prevention, transmission, and mitigation are complex, but one very important concept sustaining the epidemic is stigma (Duffy, 2005:13). Feitsma
(2005:55) states that stigmatization makes it difficult for HIV-positive people to accept their status.

There seems to be reluctance among community members with regard to discussing HIV/AIDS. This could be the result of fear of stigmatization. The public response to HIV/AIDS affects how people view themselves. For several decades, stigmatization has been recognized 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, 2005:13).

Stigmatization among community members can contribute to members infected with the HI-virus to not declare their status openly fearing the public's response. This can have a major influence on the treatment and care of such members.

4.8 UNEMPLOYMENT IN THE COMMUNITY

In this section, the views of the community on unemployment were examined.

A large portion of respondents, namely 220 (99.10%), indicated that unemployment is a problem in their community. This can be expected with more than half of the household heads being unemployed.

With the number of work seekers increasing and employment growth at less than the population growth rate, the official unemployment rate has almost doubled between 1995 and 2002, rising from 15.9% to 30.5% (Perold & Jooste, 2004:13).

Minister Trevor Manuel (2004), Minister of Finance of South Africa, stated that poverty has a strong racial dimension with a greater proportion of Black people being poor. It also seems to be the case that poverty is more likely if people do not have jobs. But it suggests that a large number of unemployed would materially benefit – move out of poverty – if they were able to take employment.

Unemployment rates among Blacks were higher than for all other race groups in 1995 and remained so in 2002 (Perold & Jooste, 2004:13). According to Kingdon and Knight (2005 b), employment is extremely inequitably distributed in South Africa and certain groups are much more likely to enter into unemployment, and to stay in it than others. Rural unemployment rates are higher than urban rates.
According to Barker (2003:3), unemployment is far greater among women than among men. Most at risk from unemployment are uneducated Black women living in rural areas. This statement seems to be true, especially in this study, as most of the household heads are female and unemployed.

Poverty and unemployment are closely correlated: 55% of people from poor households are unemployed, compared to 14% of those from non-poor households. Poor households are characterized by a lack of wage income, either as a result of unemployment or of low-paying jobs (May, 1998).

4.8.1 Factors leading to unemployment

The respondents were asked to indicate what they view to be factors leading to unemployment.

TABLE 11: FACTORS LEADING TO UNEMPLOYMENT

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of education</td>
<td>169 (74.12%)</td>
<td>59 (25.88%)</td>
</tr>
<tr>
<td>Illiteracy</td>
<td>162 (70.94%)</td>
<td>66 (29.06%)</td>
</tr>
<tr>
<td>Lack of skills</td>
<td>189 (82.89%)</td>
<td>39 (17.11%)</td>
</tr>
<tr>
<td>Ill health</td>
<td>80 (35.09%)</td>
<td>148 (64.91%)</td>
</tr>
<tr>
<td>Too old</td>
<td>48 (21.05%)</td>
<td>180 (78.95%)</td>
</tr>
<tr>
<td>Too lazy</td>
<td>49 (21.49%)</td>
<td>179 (78.51%)</td>
</tr>
<tr>
<td>Few job opportunities</td>
<td>218 (95.61%)</td>
<td>10 (4.39%)</td>
</tr>
</tbody>
</table>

Frequency missing=2

A total of 218 (95.61%) respondents indicated that few job opportunities lead to unemployment. High unemployment has been a problem since the 1980s. Human Sciences Research Council (HSRC) director, Mirriam Altman, estimated 5m net new jobs will be required to halve unemployment from 26% to 13% by 2014 – the ambitious target spelt out in government's Accelerated & Shared Growth Initiative for SA (AsgiSA) plan. This equates to 500 000 net new jobs a year or an annual average jobs growth of 4.3% against the 3.5% SA has achieved on average over the past four years (Financial Mail, 2007:37).
From this information it seems that, for most of the respondents, the lack of job opportunities not only leads to unemployment but also to poverty. In this study it can be stated that there is a link between unemployment and poverty, which is confirmed by Bezuidenhout (1998:173). A lack of skills and training was also stated by the respondents as major causative factors.

4.8.2 Effects of unemployment on households

Experiencing unemployment has an effect on households, which was examined in this section.

TABLE 12: EFFECTS OF UNEMPLOYMENT ON HOUSEHOLDS

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflict in the home</td>
<td>173 (75.22%)</td>
<td>57 (24.78%)</td>
</tr>
<tr>
<td>Physical violence</td>
<td>137 (59.57%)</td>
<td>93 (40.43%)</td>
</tr>
<tr>
<td>Family breakdown</td>
<td>171 (74.35%)</td>
<td>59 (25.65%)</td>
</tr>
<tr>
<td>Alcohol and drug abuse</td>
<td>163 (70.87%)</td>
<td>67 (29.13%)</td>
</tr>
<tr>
<td>Crime</td>
<td>159 (69.13%)</td>
<td>71 (30.87%)</td>
</tr>
<tr>
<td>Depression</td>
<td>149 (64.78%)</td>
<td>81 (35.22%)</td>
</tr>
<tr>
<td>Gangs</td>
<td>106 (46.09%)</td>
<td>124 (53.91%)</td>
</tr>
<tr>
<td>Lack of self-esteem</td>
<td>150 (65.22%)</td>
<td>80 (34.78%)</td>
</tr>
<tr>
<td>Financial problems</td>
<td>219 (95.22%)</td>
<td>11 (4.78%)</td>
</tr>
<tr>
<td>Prostitution</td>
<td>111 (48.26%)</td>
<td>119 (51.74%)</td>
</tr>
</tbody>
</table>

A huge number of respondents, namely 219 (95.22%), indicated that unemployment brings about financial problems in households. With most of the household heads being unemployed and households having to rely on social grants for survival, as previously mentioned, it can be expected that financial problems would arise in these poor households.

A considerable number of respondents, namely 173 (75.22%), indicated that unemployment brings about conflict in homes. This can be expected, as most of the household heads are unemployed. The demands of family members increase, which can ultimately result in frustration and conflict in homes. Bezuidenhout (1998:171)
states that living in a lower-class environment may cause stress and family conflict.

The abuse of alcohol and drugs has also been mentioned by 163 (70.87%) respondents. Individuals who experience a feeling of powerlessness, which can be the result of being unemployed, tend to drink heavily and have a drinking problem. At first the use of alcohol may give such persons more confidence, but when they can no longer function without alcohol, both physical and psychological dependence can occur (Bezuidenhout & Joubert, 2003:94).

The high portion of 149 respondents (64.78%) indicated that unemployment brings about depression among them. Bezuidenhout (1998:173) states those individuals who find themselves impoverished, and especially those who may have families to care for, may experience episodes of depression. From the information in Table 12 it is clear that unemployment can bring about a number of negative issues in households.

5. CONCLUSIONS

Unemployment in this community is a major problem, since most of the respondents involved in this study were unemployed. Literature states that unemployment is much more concentrated in Black rural communities and especially among women, which was confirmed in this study, since most of the household heads were women. Rural unemployment rates are higher than urban rates, seeing that employment in South Africa is inequitably distributed.

Most of the respondents are unemployed and many rely on social grants, and this seems to be the only source of income for some households. This shows that job scarcity is a virtual problem in this community and households struggle with income. With a lack of income and too few families having food gardens families suffers from malnutrition and as a result their health is being compromised.

There seems to be a link between unemployment and poverty in this study. Most of the respondents indicated that the lack of job opportunities not only leads to unemployment but also to poverty.

The North West Province has one of the highest HIV/AIDS prevalence's in South Africa. Some of the respondents in this study seem not to be aware of the disease and
others seem reluctant to discuss it. HIV/AIDS-related services are necessary in this community as it seems that the respondents of Heuningvlei are not reached by HIV/AIDS-related services of NGOs.

It is important that efforts should be made by government to speedily resolve the housing, water and sanitation issues of the community.

6. **RECOMMENDATIONS**

In view of the above-mentioned facts, the researcher recommends the following, in which the social worker must be actively involved:

- The government should provide resources to improve the education system in the community. Teachers need to receive guidance on advanced skills in education, and community members should be empowered by means of programmes such as the Adult Basic Education and Training (ABET) for adult learners.

- Government should provide proper and affordable housing and adequate sanitation services.

- Community members should be assisted to start and sustain projects such as food gardens to address the issue of food scarcity and malnutrition.

- Community members should be trained on agricultural skills in order to start a community market garden project to sell their produce at nearby markets and/or towns.

- Families should be empowered to start their own projects (e.g. sewing projects) to generate funds to address unemployment and poverty in the community. Entrepreneurial skill training in this regard is important.

- Non Governmental Organisations (NGOs) that provide services related to HIV/AIDS should be encouraged to volunteer their services and be actively involved in the community of Heuningvlei with regard to awareness, prevention and counselling.

- Influential community members (youth and adults) should be trained on peer
educating so as to spread awareness of HIV/AIDS and what the disease entails.

- Voluntary counselling and testing (VCT) should be made available and affordable.

- More intense research is needed to obtain knowledge on the community's challenges and more solutions should be sought in order to address the problem situations that the community faces.

- Household heads must be taught teaching skills in order to informally teach their household members safety issues with regard to water, for example to cook water before consuming it and always wash their hands before preparing food so as to rule out water-related diseases.

- Households with existing food gardens need to be formally trained and taught training skills in order to train other households on how to start and maintain their own food gardens in order to address the issue of food scarcity and malnutrition.

- Selected members from the community need to be trained on agricultural issues in order to start a community market garden project to sell their produce in bulk, as a community, to nearby communities or in the city.

- Community members must be empowered to start their own projects for instance sewing projects to generate funds to address poverty and unemployment.

- Adults identified by the community should be educated in marketing and entrepreneurial skills to be equipped for selling the produce from the community market project as well as to manage the financial issues of such a project. This is also necessary for other projects such as sewing projects.

- NGOs and other organisations that provide HIV/AIDS related services should be encouraged to volunteer their services and be actively involved in the community with regard to HIV/AIDS awareness, prevention and counselling.
REFERENCES


SECTION B: ARTICLE 2

THE NEED FOR SOCIAL WORK INTERVENTION IN A RURAL COMMUNITY REGARDING UNEMPLOYMENT AND HIV/AIDS

ABSTRACT

Non-urban areas in South Africa face enormous challenges with regard to unemployment and HIV/AIDS. The high unemployment rate makes it difficult for rural communities to combat poverty and they struggle to survive on their own. HIV/AIDS is an impediment to poverty reduction and its impact on rural communities has contributed to family life that is increasingly characterized by a loss of function. The majority of the people living with HIV in the North West Province are part of households living in unfavourable economic situations and the HIV/AIDS pandemic has made their poverty situation even worse. The infrastructure that delivers educational, health and social work services is inadequate as a result of poor economic situations in especially Black rural communities. This article focuses on the need for social work intervention in a Black rural community.

1. INTRODUCTION

The aim of this article was to collect data through a quantitative empirical research and a literature study with the purpose of determining the need for social work intervention with regard to unemployment and HIV/AIDS in a Black rural community.

2. PROBLEM STATEMENT

Among the complex socio-economic problems that are common across the African continent and among Black rural communities in South Africa are poverty, unemployment, HIV/AIDS and illiteracy (Gray & Mazibuko, 2002:197). The dimensions of poverty are reflected in a multitude of social groups, namely children, youth, women, the elderly, the homeless, rural dwellers and pandemic victims (International Federation of Social workers, 2006:3).
Amongst others children suffer deprivations from hunger and malnutrition. Women comprise the majority of those affected by poverty and poverty rates for single-parent mothers remain shockingly high (IFSW, 2006:3). This is confirmed by the Department of Welfare that states that women-headed households are most affected by poverty (South Africa, 1997). The IFSW (2006:5) also adds that rural people suffer from a lack of available work and that epidemic diseases such as HIV/AIDS, contribute to poverty and those in poverty are more vulnerable to disease.

People in poverty have reduced health care services, fewer educational opportunities and limited work opportunities. They may live in rural areas where transportation is non-existent or limited, and security, social protection and social participation is limited. Individuals are part of a social environment and must have effective interactions with their social environment in order to survive and thrive. The social environment involves the type of home a person lives in, the type of work a person does and the amount of money that is available (Zastrow & Kirst-Ashman, 2001:8). Many of the respondents in this study struggle with housing and are unemployed, thus these individuals are facing difficulties in surviving and thriving in their social environment. Rural households rely mainly on state social grants for income (South Africa, 1997).

In South Africa, the social welfare system and social work, in particular, was introduced in the 1930s as a response to poverty. However, until the early 1990s, poverty alleviation within social welfare and social work was executed selectively within racially separatist social policies and programmes (Gray & Mazibuko, 2002:192-193).

The lack of education, employment opportunities, and access to services has deprived many people of their dignity and the ability to look after themselves. These factors necessitate additional support mechanisms to allow people to live in some degree of comfort and security (South Africa, 1997). Steyn and Strydom (2007:33) state that in the rural and deep rural areas of the North West Province, services are still mainly rendered in an ad hoc fashion within the generic framework of social work intervention.
As a professional person, the social worker must seek an objective understanding of all relevant factors in the situation, which will encompass a broader view than the people involved. Seen from a preventive point of view, consideration must be given to the problems of all persons suffering from the same difficulties as those he/she is currently working with (Strydom & Tlhojane, 2008:34).

According to Lombard, Weyers & Schoeman (1991:214), the purpose of community work is to establish a balance between social welfare needs and the social work resources and to maintain this balance. The community of Heuningvlei does not only lack physical resources but also needs social workers and the professional services they are able to offer.

The objective of the research was to investigate the need for social work intervention, as a support mechanism, in a rural community.

3. **AIM AND OBJECTIVE**

3.1 The aim of the research was to determine the need for social work intervention in a rural community with regard to unemployment and HIV/AIDS.

3.2 The objective was as follows:

- To investigate the need for social work intervention in a rural community.

4. **RESEARCH METHODOLOGY**

A literature study was aimed at gaining a clear understanding of unemployment and HIV/AIDS as major challenges in rural communities. The researcher intended to determine the need for social work intervention regarding unemployment and HIV/AIDS in the community.

A random sample was taken from a study population of 230 households in a rural village in the North West Province by means of random sampling. With random sampling each member of the population stands the same chance of being included in the sample and each sample of a particular size stands the same chance of being chosen (Welman & Kruger, 1999:52). Due to the nature of the topic the sample was taken from the entire community, as it was not possible to identify which of the
households in the study were affected by HIV/AIDS and unemployment.

5. **THE SOCIAL WORK PROFESSION**

5.1 **INTRODUCTION**

For as long as social work has existed, it has been concerned with addressing the holistic needs of individuals and communities who, for some reason, experience disadvantage and have been variously described as living in relative or absolute poverty (IFSW, 2006:1).

Social workers have been defined by the National Association of Social workers, in Zastrow (2004:40) as: "Graduates of schools of social work (with either bachelor's or master's degrees), who use their knowledge and skills to provide social services for clients (who may be individuals, families, groups, communities, organizations for society in general). Social workers help people increase their capacities for problem solving and coping and help them obtain needed resources, facilitate interactions between individuals and between people and their environments, make organizations responsible to people, and influence social policies".

Thompson (1995:1320) expands on this definition by adding that social work is work of benefit to those in need of help or welfare, and is especially done by specially trained personnel. The practice of social work requires knowledge of human development and behaviour; of social, economic, and cultural institutions; and of the interaction of all these factors (Zastrow, 1992:7).

When there are problems in families, social services are often needed. Social services with families require the social worker to perform a variety of roles, for example, broker, advocate and teacher/educator (Zastrow, 1992:139). Community social work is as important as social work with individuals and families. Thus understanding how communities work is essential for the practice of social work.

According to Gray and Mazibuko (2002:194), social workers in South Africa see the need to design holistic interventions to deal with burgeoning social problems such as street children, drug abuse, HIV/AIDS, crime and gangs, and to advocate for better policies and services. This gives a clear indication of the need for social work
intervention and collaborative programmes taking into account the number of socio-economic problems rural communities are faced with in the country.

5.2 GOALS OF SOCIAL WORK PRACTICE

Social work is the professional activity of helping individuals, groups, families, organizations and communities to enhance or restore their capacity for social functioning and to create conditions favourable to their goals (Zastrow, 1992:7). The goals of social work that have been identified by Zastrow (2004:38-58) are to:

- Enhance the problem solving, coping and developmental capacities of people;
- Link people with systems that provide them with resources, services and opportunities;
- Promote the effectiveness and humane operation of systems that provide people with resources and services;
- Develop and improve social policy; Ginsberg (1998:9) adds that the rural social worker has to analyze, develop and implement social policies of all kinds;
- Enhance human well-being and alleviate poverty, oppression and other forms of social injustice;
- Pursue policies, services, and resources by means of advocacy and social political actions that promote social and economic justice;
- Develop and use research knowledge and skills that advance social work practice; and
- Develop and apply practice in the context of diverse cultures.

The afore-mentioned goals are especially important in social work with needy communities and this in itself indicates that the social worker would have to take on a variety of roles which signifies the roles of teacher/educator, advocate etc. in order to fulfil these goals.

5.3 SOCIAL WORK VALUES

Egan (1998:42, 43) states that helpers' values influence clients' values over the course of the helping process. The assumptions and beliefs held by helpers about themselves, their clients, the helping process, and the world around them interact with
their values to generate norms that drive patterns of behaviour in the helping relationship. He further points out that helpers without a set of working values are adrift.

Lentswe (2005:30) maintains that there are several values applicable to social work as a profession. Social workers identify social work values as a distinctive feature of the profession. One of social work's most successful achievements is the way it reviews and adapts its values by drawing on new ideas from outside social work (Higham, 2005:1).

The National Association of Social Workers (NASW) in Zastrow (1992:29) has identified the following broad-based values as being needed for social work practice:

- Commitment to the primary importance of the individual in society;
- Respect for the confidentiality of relationship with clients;
- Commitment to social change to meet socially recognized needs;
- Willingness to keep personal feelings and needs separate from professional relationship;
- Willingness to transmit knowledge and skills to others;
- Respect and appreciation for individual and group differences;
- Commitment to developing clients' ability to help themselves;
- Willingness to persist in efforts on behalf of clients, despite frustration;
- Commitment to social justice and the economic, physical, and mental well-being of all in society;
- Commitment to a high standard of personal and professional conduct.

For purposes of this research, the following social work values are discussed in more detail:

5.3.1 Respect for Persons

Basic to the profession of social work is the recognition of the value and dignity of every human being irrespective of origin, status, sex, age, belief or contribution to society (Lentswe, 2005:30). The National Association of Social Workers (NASW) mentions the importance of respect and appreciation for individual and group differences (Zastrow, 1992:36). Egan (1998:44) defines respect as a particular way of
viewing oneself and others. Poverty, amongst other things, is about rights and relationships, about how people are treated and how they regard themselves, about powerlessness, exclusion and loss of dignity (Strydom & Tlhojane, 2008:34). Often social workers come from an advantageous background and deal with individuals and communities who for some reason experience disadvantage and have been often described as living in relative or absolute poverty.

Respect for persons can be viewed from a multicultural angle. This is a focus on understanding the cultural and ethnic factors that influence social behaviour (Baron & Byrne, 1997:20). The social worker must always take into account cultural backgrounds, values and norms when dealing with clients and should empower him/herself with knowledge on different cultural backgrounds and understand the influence thereof on clients' behaviour. Egan (1998:193) is of opinion that the social worker should challenge clients to clarify their values and to make reasonable choices based on them.

Given this information, it is clear that respect for others is an essential value in the practice of social work, especially with disadvantaged individuals, families and communities.

5.3.2 Clients' Self-Determination

Social workers should stimulate and enhance the clients' capacity for making their own decisions and living their own lives by their own standards (Lentswe, 2005:30). Social workers believe that clients have the right to express their own opinions and to act upon them as long as by so doing they do not infringe upon the rights of others. Enhancing the community members' capacity for making their own decisions and equipping them with the necessary information on life skills will assist community members in functioning at an acceptable level of independence, especially in the instance of having to search for employment.

5.3.3 Confidentiality

Zastrow (1992:42) describes confidentiality as the implicit or explicit agreement between a professional and a client to maintain the private nature of information concerning the client.
Social workers should maintain confidentiality regarding information on people who make use of their services. Exceptions to this may only be justified on the basis of a greater ethical requirement (such as preservation of life) (Adams, Dominelli & Payne, 2005:212). Lentswe (2005:30) indicates that a social worker would not reveal information he/she has received on a confidential basis to anyone, unless given permission by the client due to the compelling professional reasons.

The dignity of the individual must be protected at all times as it is ethical to do so. Violating the dignity of the client can lead to intimidation, half-truths, feelings of being overwhelmed, and mistrust. Confidentiality is founded on respect, maintenance of dignity, and trust. It is substantial for the social worker to behave in a professional and ethical way when intimate, private, humiliating and degrading experiences such as those surrounding HIV/AIDS are shared with them. The negative perceptions surrounding disclosure in the rural areas have kept the HIV/AIDS pandemic relatively invisible (Le Marcis & Ebrahim-Vally, 2005:226).

5.4 CHARACTERISTICS OF THE SOCIAL WORKER

Potgieter (1998:99) adds the following characteristics that social workers should possess with regard to service:

- Acceptance;
- Warmth;
- Trust;
- Congruence and genuineness;
- Empathy;
- Concern for others;
- Commitment and obligation;
- Authority, competence and power;
- Concreteness and objectivity; and
- Humour.

These characteristics are inherent necessities to social work practice with individuals and communities affected by unemployment taking into account the low level of education of respondents, which contributes to the struggle for finding jobs. A good
education, leading to a well-paid job, is one way out of poverty. It is important that disadvantaged rural community members should be accepted and respected as individuals and understood to have a need for social work intervention, while always bearing in mind their rights to self-determination.

The social worker involved in service delivery with clients affected by unemployment and HIV/AIDS should specifically convey acceptance, warmth, empathy and confidentiality (Spies, 2007:145). Individuals infected with the HI-virus not only suffer from the disease but often are also subjected to discrimination and disrespect. The social worker should also convey confidence, knowledge, competence and commitment.

5.5 **SKILLS ESSENTIAL FOR SOCIAL WORK PRACTICE**

Social workers should have the following skills:

- Skill in listening to others with understanding and purpose;
- Skill in eliciting information and in assembling relevant facts to prepare a social history, assessment, and report;
- Skill in creating and maintaining professional helping relationships and in using oneself in relationships;
- Ability to function under stress;
- Ability to deal with conflict situations or contentious personalities;
- Ability to relate social and psychological theory to practice situations;
- Ability to identify the information necessary to solve a problem;
- Ability to conduct research studies of agency services or one's practice (Zastrow, 1992:28).

The skills indicated above specifically relate to service rendering in less advantaged communities and are particularly relevant to this study.

6. **SOCIAL WORK ROLES**

The essential and unique quality of social work in rural areas is the way the profession is practised. Small communities are likely to have fewer resources than larger communities, especially professional resources such as social workers. The social
worker in the rural community would have to know how to do a bit of everything, or at least know how to make a bit of everything available to clients in smaller communities. No matter the setting, the rural social worker would have to provide direct counselling or casework services, community development skills, administrative ability and research competence. The rural social worker would also have to analyze, develop, and implement social policy of all kinds (Ginsberg, 1998:9).

For those reasons, the builders of rural and small community social work theory concluded that the social worker in less-populous areas would have to be a generalist. That is, the worker would have to understand and demonstrate skill in the whole range of services-to individuals, to families, to small groups, and to communities—and show mastery of the social work processes (Ginsberg, 1998:9).

In working with individuals, groups, families and communities it is expected of the social worker to be knowledgeable and skilful in filling a variety of roles. The particular role that is selected should be determined by what will be most effective, given the circumstances (Zastrow, 1992:14).

In order to assist a client to reach his/her potential while finding and implementing solutions to the problems, the social worker takes on a variety of interventive roles. The worker's interventive roles constitute the behaviour expected of the social worker by both the client and the social worker to accomplish objectives (Compton & Gallaway, 1999:309). Zastrow (2004:77-79) identifies the following social work roles:

TABLE 13: SOCIAL WORK ROLES

<table>
<thead>
<tr>
<th>ROLE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabler</td>
<td>Articulates needs, clarifies and identifies problems</td>
</tr>
<tr>
<td>Broker</td>
<td>Links individuals and groups with the community</td>
</tr>
<tr>
<td>Advocate</td>
<td>An active, direct role, advocates for clients' rights</td>
</tr>
<tr>
<td>Activist</td>
<td>Seeks change, shift in power, resources for disadvantaged groups</td>
</tr>
<tr>
<td>Mediator</td>
<td>Intervention in disputes, finds compromises, reconciles, reaches agreements: a neutral role</td>
</tr>
<tr>
<td>Negotiator</td>
<td>Conflict bargaining and compromise: mutually accepted acceptable agreements</td>
</tr>
</tbody>
</table>
### 6.1 ENABLER

Helping clients review their problems and the options they have for dealing with them is a central part of the helping process (Egan, 1998:5-6). One of the goals of social work is to enhance the problem-solving, coping and developmental capacities of people. With this focus a social worker serves primarily as an enabler. In the enabler role the social worker helps individuals or groups to articulate their needs, to clarify and identify their problems, to explore resolution strategies, to select and apply a strategy, and to develop their capacities to deal with their own problems more effectively (Zastrow, 1992:19).

Compton and Gallaway (1999:34) add that the social worker assists clients in finding the coping strengths and resources within themselves in order to produce the changes required by the objectives. This role model is perhaps the most frequently used approach in counselling individuals, groups and families. The model is also used in community organization – primarily when the objective is to help people organize to help themselves.

The inhabitants of Heuningvlei should be assertive when articulating their needs. The social worker should encourage this by engaging rural community members in small task groups which will accept responsibility for working at the identified problems in the community. The social worker should make significant inputs into these groups,
but they should be encouraged to function autonomously. For instance, there could be a task group on education, or welfare or transport matters.

Mutual aid groups should be initiated and encouraged by the social worker as enabler. These support groups can serve as a significant resource in rural development and include the likes of burial societies, women's groups, single parent groups and health groups. These groups should as far as possible function independently.

6.2 BROKER

A broker links individuals and groups who need help (and do not know where help is available) with community services (Zastrow, 1992:14). The social worker as broker should have an extensive knowledge of resources in the community as well as the functioning thereof to be able to help clients find and use needed resources (Lombard et al., 1999:309).

A broker also helps put "various segments of the community" in touch with one another "to enhance their mutual interests (Zastrow & Kirst-Ashman, 2001:45). As a broker of community services, the social worker must ensure that the community is provided with resources, mobilize communities, and also identify and network to ensure that resources are responsive to the needs of the community (Spies, 2007:149).

The social worker should liaise with relevant stakeholders, including the following departments and institutions:

- The Department of Water Affairs and Forestry to assist with water supply for food gardens;
- The Department of Agriculture should provide seeds and advice in this respect;
- The Department of Public works in collaboration of the North West Tender Board should assist the community with construction programmes. This includes building houses, schools, toilets and clinics;
- The Department of Labour should assist the youth in obtaining job skills;
- The Department of Social Development should help the community members to develop business plans.
6.3 ADVOCATE

This is an active directive role in which the social worker is an advocate for a client or for a citizen's group. When a client or a citizen's group is in need of help and existing institutions are non-interested in providing services, the advocate provides leadership for collecting information, for arguing the correctness of the client's need and request and for challenging the institution's decision not to provide services (Zastrow, 1992:14).

As an advocate, the social worker presents and argues the client's cause, when necessary, in order to accomplish the objectives (Strydom & Tlhojane, 2008:47). Zastrow and Kirst-Ashman (2001:46) confirm that advocacy involves "the act of directly representing, defending, intervening, supporting or recommending a course of action on behalf of one or more individuals, groups or communities with the goal of securing or retaining social justice". Gray and Mazibuko (2002:194) maintain that social workers in South Africa see the need to advocate for better policies and services.

The social worker should present the cause of the community of Heuningvlei to the necessary Government departments who should provide resources and services for them and emphasise the need to be put on the equitable distribution of resources. The social worker should speak to the chief of the village on behalf of the community members concerning a piece of land to develop a food garden project.

6.4 ACTIVIST

An activist seeks basic institutional change; often the objective involves a shift in power and resources to a disadvantaged group. An activist is concerned about social injustice, inequity and deprivation. Tactics involve conflict, confrontation and negotiation. Social action is concerned with changing the social environment in order
to better meet the recognized needs of individuals. The methods used are assertive and action-oriented (for example, organizing welfare recipients to work towards improvements in services and increases in money payments). Activities of social action include fact finding, analysis of community needs, research, the dissemination and interpretation of information, organizing activities with people, and other efforts to mobilize public understanding and support on behalf of some existing or proposed social program. Social action activity can be geared towards a problem that is local, state-wide or national regarding scope (Zastrow & Kirst-Ashman, 2001:46). The social workers as activist would use their skills to assist community members understand complex information on issues such as HIV/AIDS etc.

6.5 NEGOTIATOR

Negotiating is a process through which two parties with a vested interest in the issues at stake strive to reach a mutual behaviour-binding agreement through the exchange of structured information that becomes available through the communication relationship (Lombard et al., 1991:197). A negotiator represents an organization, a group or an individual that is trying to gain something from another group or system. Negotiation involves finding a middle ground that all sides can live with and reaching consensus whenever possible (Zastrow & Kirst-Ashman, 2001:46).

The social worker should negotiate with businesses in the neighbouring town(s) to invest in purchasing vegetables and fruit from the suggested Heuningvlei community food garden project. Negotiations should be done with Department of Housing for better housing and to make available the services of community members (for assisting with the building of houses). The health department should be approached to avail HIV/AIDS-related services such as counselling and testing in the form of mobile clinics moving around in the community.

6.6 TEACHER/EDUCATOR

In the teacher role the social worker provides clients with new information necessary for coping with problem situations, assisting clients in practicing new behaviours or skills, or model alternative behaviour patterns (Strydom & Thhojane, 2008:47). Lombard, Weyers and Schoeman (1991:194) further add that the educator helps the community to identify problems, determine the causes and consider the possible
resolutions thereof. The educator also has the task of encouraging the community to reach their potential by equipping them with adaptive skills. Zastrow and Kirst-Ashman (2001:44) state that, to be an effective educator, the social worker must first be knowledgeable (Zastrow & Kirst-Ashman, 2001:44).

Interpersonal relationship needs can be met by the social worker through identifying the need for establishing support groups and by creating a system for the supervision of these support groups. Workshops should be conducted by the social worker covering issues such as life- and parenting skills in an effort to educate community members.

The social worker should assist the community members of Heuningvlei in obtaining the practical skills in order to start and sustain projects, such as food gardens to sell the produce at food markets, and sewing projects.

The social worker should identify the need for establishing support groups and conduct informative workshops in Heuningvlei with regard to HIV/AIDS prevention. Strydom (2002:363) is of the opinion that education on HIV/AIDS should not only start in early elementary school but also at home so that children can grow up knowing which behaviours to avoid and not expose themselves to the HI-virus. It is important that the social worker should be knowledgeable about the disease, its route of transmission and treatment. Social workers will increasingly become involved in primary prevention efforts due to the fact that medical intervention alone is insufficient to prevent new HIV infections (Spies 2007:145; 150).

To address the education need in Heuningvlei, the social worker in conjunction with the Department of Education should embark on implementing an Adult Basic Education and Training (ABET) project educating adults in the community.

6.7 EMPOWERER

According to Zastrow (2004:78), an empowerer helps to increase strengths by improving circumstances. This is confirmed by Engelbrecht (2005:143) who indicates that, to empower means to enable people and to elicit and increase their power by various means. It is an act of skill and confidence building and should be developed through cooperation, sharing and mutual learning. Gathiram (2005:128) is
of opinion that social work intervention should include empowering communities to pressurize authorities to ensure that they have access to good quality employment and economic opportunities.

To quell the spread of HIV/AIDS the state has introduced various awareness programmes that are meant to empower individuals through diffusion of knowledge on combating the scourge of HIV/AIDS. Yet, such crucial information on counteracting the devastation this epidemic causes is not implemented or made available equally in the rural and urban areas (Le Marcis & Ebrahim-Vally, 2005:217).

Egan (1998:51) indicates that empowerment is helping clients identify, develop and use resources that will make them more effective agents of change within both the helping session and their everyday lives.

Empowering poverty stricken communities by enhancing their skills, building their confidence and providing access to information and resources will ensure that they obtain the necessary attention; assistance and support they require from authorities to especially address the issues of poverty, unemployment and HIV/AIDS.

6.8 INITIATOR

The initiator calls attention to a problem, or to a potential problem. The issue may be a problem existing in the community or a need. It is important to recognize that a problem does not have to exist before attention can be called to it. Often, preventing problems or enhancing existing services are satisfactory reasons for a change effort (Zastrow & Kirst-Ashman, 2001:46).

An alarming issue around HIV/AIDS in this study is that most of the respondents involved are not aware of the transmission mode of the disease and receive little service from Non-Governmental Organizations (NGOs) and other institutions with regard to HIV/AIDS. The latter is a clear indication that a problem exists to which the social worker as initiator can call attention. Existing services can thus be enhanced and new intervention strategies can be initiated and instituted.
6.9 PUBLIC SPEAKER

It is important for social workers to be skilled at public speaking and public education. The public speaker informs regarding available resources and advocates new services (Zastrow, 2004:79). Potential clients and service providers are often unaware of present services or gaps in services. Social workers occasionally talk to a variety of groups (e.g. high school classes, public service organizations, police officials) to inform them of available services for clients having unmet needs. In recent years a variety of new services have been identified as being needed (for example, services for persons with AIDS). Social workers who have public speaking skills are therefore better able to interpret services to groups of potential clients (Zastrow, 1992:14.15).

The social worker as public speaker should plan and conduct community meetings to address the inhabitants of Heuningvlei on available resources and services such as group work programmes and projects, education, training, development and economic opportunities.

The researcher is of opinion that all the above-mentioned roles in their own capacity can be of great value to individuals, groups and families when applied by professional, knowledgeable and skilled social workers. These roles do not have to be applied solo, but can be interlinked for the sake of having a much greater impact in addressing the holistic needs of individuals and communities who experience disadvantage and live in relative or absolute poverty.

7. SOCIAL WORK SERVICES REQUESTED BY THE COMMUNITY

Respondents were requested to indicate which services they would require from a social worker and indicated the following:
### TABLE 14: SERVICES BY SOCIAL WORKER

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide material assistance</td>
<td>182 (79.82%)</td>
<td>46 (20.18%)</td>
</tr>
<tr>
<td>Give advice</td>
<td>188 (82.46%)</td>
<td>40 (17.54%)</td>
</tr>
<tr>
<td>Provide marriage guidance</td>
<td>111 (48.68%)</td>
<td>117 (51.32%)</td>
</tr>
<tr>
<td>Refer people to resources</td>
<td>168 (73.68%)</td>
<td>60 (26.32%)</td>
</tr>
<tr>
<td>Help to obtain pensions and grants</td>
<td>208 (91.23%)</td>
<td>20 (8.77%)</td>
</tr>
<tr>
<td>Start projects like sewing, groups, market gardens</td>
<td>206 (90.35%)</td>
<td>22 (9.65%)</td>
</tr>
<tr>
<td>Start clubs for children and youth</td>
<td>155 (67.98%)</td>
<td>73 (32.02%)</td>
</tr>
<tr>
<td>Teach people skills</td>
<td>195 (85.53%)</td>
<td>33 (14.47%)</td>
</tr>
</tbody>
</table>

Frequency missing=2

The table explicates that the respondents need assistance in securing grants and pensions. For the respondents of the Heuningvlei community, social grants seem to be the main source of income for many families. To help clients find and use needed resources, the social worker should have an extensive knowledge of the resources in the community and of the functioning thereof as stated by Lombard, Weyers and Schoeman (1991:180) as well as Compton and Gallaway (1999:309).

Respondents also indicated that they require assistance from the social worker with regard to initiating and sustaining projects such as sewing, groups and market gardens. Not only could food/market gardens be a good source of fresh fruit and vegetable supply for household consumption, but it can also assist in generating income by selling the products at food markets. Sewing projects could also assist in alleviating poverty as community members can sell the handmade products to generate an income.

### 8. CONCLUSIONS

In this study one of the objectives was to investigate the need for social work intervention in a Black rural community. It is clear that the Heuningvlei community have very little exposure to social work intervention in poverty alleviation, unemployment and HIV/AIDS-related issues. Issues with regard to the low level of
education, proper housing, access to water and adequate sanitation, and HIV/AIDS are serious socio-economic challenges not only this particular community is faced with, but the whole of South Africa. Households in this instance are not in the position to tackle these challenges on their own strength and capabilities and would need professional assistance.

Individuals are part of a social environment and must have effective interactions with their social environment to survive and thrive. Individuals and communities who struggle to have effective interaction with their social environment need someone with the relevant skills and knowledge to guide them. This is a clear indication that social work intervention is necessary to address challenges this Black rural community faces. The intervention would be applied in the form of a variety of roles the social worker would have to adapt, either individually or interlinked based on the practical situation. The roles the social worker should apply are those of enabler, broker, advocate, activist, negotiator, teacher/educator, empowerer, initiator and public speaker. It is without a doubt true that these roles, and applied by the social worker in particular, will have a positive impact on HIV/AIDS prevention, poverty alleviation and the search for employment.

The active participation of all the community members is essential and would assist the social worker in service delivery. After all, the intervention will benefit the community. Networking with the relevant stakeholders, Governmental departments, NGOs and private institutions can play a vital role in alleviating poverty in the Heuningvlei community.

9. **RECOMMENDATIONS**

In view of the afore-mentioned facts, the researcher recommends the following in which the social worker must be actively involved:

- Resources should be increased and capacity building should take place at provincial and district levels to manage, organize and implement HIV/AIDS programmes in the community.

- Social workers must work in multidisciplinary teams in service delivery to less advantaged rural communities.
• Community-based social workers should be considered for poverty stricken rural communities and to ensure effective and available social work intervention.

• Group work intervention programmes are necessary to bring about behavioural change among community members with regard to HIV/AIDS prevention.

• Social workers should encourage the community to establish and maintain mutual aid groups.

• Cultural differences must be taken into account when presenting programmes, and an elementary language must be used to convey messages.

• More research should be done on social work intervention and the need thereof in Black rural communities.
10. REFERENCES


INTERNATIONAL FEDERATION OF SOCIAL WORKERS. 2006. International policy on poverty alleviation and the role for social workers.


SECTION C: FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

1. INTRODUCTION

This section contains the most important findings, conclusions and recommendations from the study. The theoretical assumption is tested and, based on the findings and conclusions, some recommendations are presented.

2. FINDINGS AND CONCLUSIONS

The findings and conclusions from this study will be set out in accordance with the research methodology in Section A and the articles as set out in Section B.

2.1 RESEARCH METHODOLOGY

The aim of the research was to determine the need for social work intervention in a rural community by investigating unemployment and HIV/AIDS. Data was collected by means of the interview schedule. The method of investigation was a literature study and an empirical research.

2.1.1 Literature study

The resources utilized for this study were books, journals, publications, articles and government publications on poverty, unemployment and HIV/AIDS. South African and international literature on above-mentioned subjects was also utilized for the research. Information from the subject fields of Psychology and Sociology was added, since the study fields overlap. Literature on social work intervention in South African rural communities is a scarce source. The literature studies lead to the delimiting of the study, to developing a questionnaire and to comparing empirical data research and existing literature.

2.1.2 Empirical study

The research design is a blueprint of a research or the initial planning of the research. The study design was exploratory by nature so as to gain insight into the situation at hand. Coupled with the empirical research, a literature study was done to support or reject the findings. The study was of a quantitative nature. For purposes of this study
a survey was conducted and the interview schedule was used on a sample consisting of 230 households randomly selected.

The schedule mostly contained closed-ended questions with a few open-ended questions. One comprehensive measuring instrument was used for the entire project, but for purposes of this research only information relevant was extracted from the data.

2.2 FINDINGS AND CONCLUSIONS FROM THE LITERATURE STUDY

From the theoretical study it seems that poverty, unemployment and HIV/AIDS are some of the most pressing socio-economic problems rural communities in South Africa are faced with. Resources, income and wealth is inequitably distributed and many households still have unsatisfactory access to education, health care, energy, clean water and sanitation. These problems leave communities destitute, since they are helpless without some form of intervention. In this study it was found that a need exists for intervention especially in the form of social work services. Social work intervention, implemented by qualified professionals, can assist the community in its fight against poverty, unemployment and HIV/AIDS. It is a given that, to assist the community properly, the social worker needs to have command of extensive knowledge of community resources and knowledge of the community he/she will be dealing with. Social workers must also have certain characteristics and take on a number of social work interventive roles to be able to address the manifold problems the community is facing.

3. TESTING THE THEORETICAL ASSUMPTION

This study is based on the following theoretical assumption:

Social work intervention is essential to address unemployment and HIV/AIDS in a rural community.

Based on the findings and conclusions of this study, it seems that the theoretical assumption is confirmed.
4. **FINDINGS**

- Unemployment and HIV/AIDS are two major socio-economic problems that require well-informed, empirically grounded policy and practice responses.
- Unemployment is more concentrated in Black rural communities relative to urban ones.
- The lack of proper education plays a major role in poverty, unemployment and the search for good quality jobs.
- Poverty compels families to rely on social grants for an income as most of them are unemployed.
- The lack of job opportunities causes families to live in poverty.
- The interaction between individuals and their social environment is ineffective which leads to them struggling and thriving.
- Poverty has the effect of poor nutrition, limited educational opportunities and ill-health.
- HIV/AIDS is a relatively invisible pandemic due to the negative perceptions surrounding disclosure in the rural communities, and the scarcity of resources dealing with related issues.
- Knowledge regarding HIV/AIDS is very limited among community members.
- Social work values and characteristics are essential for the profession and dealing with less advantageous clients.
- Social workers can take on a variety of interventive roles to assist clients in reaching their potential.
- The participation of the entire community is necessary for social work intervention to be effective.
- Support structures and service networks should be put in place to attend to the needs of the community disempowered by unemployment and HIV/AIDS.

5. **RECOMMENDATIONS**

The researcher recommends the following in which the social worker must be actively involved:

- The government should provide resources to uplift the education system in the community. Teachers need to receive advanced skills in education, and
community members should be empowered by means of programmes such as the Adult Basic Education and Training (ABET) for adult learners.

- Government should provide proper and affordable housing and adequate sanitation services.

- Community members need to be trained on agricultural skills to start a community market garden sustainable project to sell the produce at nearby markets and/towns.

- Community members must be empowered to start their own projects (e.g. sewing).

- NGOs and relevant institutions that provide HIV/AIDS-related services should be encouraged to volunteer their services.

- Influential community members should be trained on peer education so as to spread awareness of HIV/AIDS.

- Voluntary counselling and testing (VCT) should be made available and affordable.

- Support structures and service networks should be put in place to attend to the needs of rural communities. Women's networks should be established and monitored by the social worker with the purpose of empowering rural women.

- Resources should be increased and capacity building should take place at provincial and district levels to manage, organize and implement HIV/AIDS programmes.

- Social workers must work in multidisciplinary teams in service delivery to less advantaged rural communities.

- Community-based social workers should be considered for poverty stricken rural communities and for effective and available social work intervention.
• Group work intervention programmes are necessary to bring about behavioural change among community members with regard to HIV/AIDS prevention.

• Cultural differences must be taken into account when presenting programmes and an elementary language must be used to convey messages.

• More research should be done with regard to social work intervention and the need thereof in Black rural communities. More research on the issue of unemployment, HIV/AIDS and its effect on the disabled rural people should also be done.

6. **CONCLUDING REMARK**

The task of the social worker with regards to poverty, unemployment and HIV/AIDS is essential in South Africa and especially in disadvantaged rural communities. The social worker as skilled and professional people can bring about a major positive change in the issues at hand the rural community struggles with.
SECTION D: COMPILED REFERENCES


INTERNATIONAL FEDERATION OF SOCIAL WORKERS. 2006. International policy on poverty alleviation and the role for social workers.


ADDENDUM A: INFORMED CONSENT FORM

I, the undersigned (full names) read/listened to the information on the project and I declare that I understand the information. I was afforded the opportunity to discuss aspects of the project with the project leader and I declare that I participate in the project as a volunteer. I hereby give my consent to be a subject in this project.

I indemnify the University, also any employee or student of the University, of any liability against myself, which may arise during the course of the project.

I will not submit any claims against the University regarding personal detrimental effects due to the project, due to negligence by the University, its employees or students, or any other subjects.

(Signature of the subject)
Signed at .................................. on ........................................

Witnesses
1. ........................................
2. ........................................

Signed at .................................. on ........................................
ADDENDUM B: QUESTIONNAIRE

DEMOGRAPHIC DETAILS: TSHWARAGANO PROJECT

1. Age in years

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-30</td>
<td>1</td>
</tr>
<tr>
<td>31-40</td>
<td>2</td>
</tr>
<tr>
<td>41-50</td>
<td>3</td>
</tr>
<tr>
<td>51-60</td>
<td>4</td>
</tr>
<tr>
<td>Above 60</td>
<td>5</td>
</tr>
</tbody>
</table>

2. Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
</tr>
</tbody>
</table>

3. Marital status

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>1</td>
</tr>
<tr>
<td>Never married</td>
<td>2</td>
</tr>
<tr>
<td>Divorced</td>
<td>3</td>
</tr>
<tr>
<td>Widowed</td>
<td>4</td>
</tr>
<tr>
<td>Separated</td>
<td>5</td>
</tr>
<tr>
<td>Live together</td>
<td>6</td>
</tr>
</tbody>
</table>

4. Highest level of education

<table>
<thead>
<tr>
<th>Education</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>Primary, Gr 1-7</td>
<td>2</td>
</tr>
<tr>
<td>Secondary, Gr 8, 9, 10</td>
<td>3</td>
</tr>
<tr>
<td>Secondary, Gr 11 &amp; 12</td>
<td>4</td>
</tr>
</tbody>
</table>

LANGUAGE

5. Home language of respondent

<table>
<thead>
<tr>
<th>Language</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setswana</td>
<td>1</td>
</tr>
<tr>
<td>English</td>
<td>2</td>
</tr>
<tr>
<td>Afrikaans</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
</tbody>
</table>
### HOUSING

6. What type of house do you live in?

<table>
<thead>
<tr>
<th>Type</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional hut</td>
<td></td>
</tr>
<tr>
<td>Mokuku</td>
<td>2</td>
</tr>
<tr>
<td>Brick house</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
</tbody>
</table>

7. What is the main source of drinking water for members of your household? (Choose only one)

<table>
<thead>
<tr>
<th>Source</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own piped water (tap)</td>
<td></td>
</tr>
<tr>
<td>Piped water in yard</td>
<td>2</td>
</tr>
<tr>
<td>Public tap (share water)</td>
<td>3</td>
</tr>
<tr>
<td>Water carrier/tanker</td>
<td>4</td>
</tr>
<tr>
<td>Borehole/well</td>
<td>5</td>
</tr>
<tr>
<td>Dam/river/stream/spring</td>
<td>6</td>
</tr>
<tr>
<td>Rain-water tank</td>
<td>7</td>
</tr>
<tr>
<td>Other/Remarks:</td>
<td>8</td>
</tr>
</tbody>
</table>

8. What kind of toilet facility does your household have?

<table>
<thead>
<tr>
<th>Facility</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flush toilet (own)</td>
<td></td>
</tr>
<tr>
<td>Flush toilet (share)</td>
<td>2</td>
</tr>
<tr>
<td>Bucket latrine</td>
<td>3</td>
</tr>
<tr>
<td>Pit latrine</td>
<td>4</td>
</tr>
<tr>
<td>No facility/Bush/Field</td>
<td>5</td>
</tr>
<tr>
<td>Other/Remarks:</td>
<td>6</td>
</tr>
</tbody>
</table>

9. What does your household use for cooking and heating? Record all mentioned.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electricity</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Gas</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Paraffin</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Wood</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Coal</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Animal dung</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other/Remarks:</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
10. How many people are in your household
   .......................... people

11. How many rooms are in your household?
    .......................... people

12. Do you have a food garden? If answer is No ask reason
    |   |   |
    | Yes | 1 |
    | No  | 2 |

13. Would you say that the people here often, sometime, seldom or never go hungry?
    |   |   |
    | Never | 1 |
    | Seldom | 2 |
    | Sometimes | 3 |
    | Often | 4 |

14. Does your household have one or more of the following?
    | Statement         | Yes | No |
    | Radio             | 1   | 2  |
    | Television        | 1   | 2  |
    | Telephone (land-phone) | 1   | 2  |
    | Cell-phone        | 1   | 2  |
    | Refrigerator      | 1   | 2  |
    | Washing machine   | 1   | 2  |
    | Personal computer | 1   | 2  |

15. Does any member of your household own one or more of the following?
    | Statement         | Yes | No |
    | Car               | 1   | 2  |
    | Motorcycle        | 1   | 2  |
    | Bicycle           | 1   | 2  |
    | Donkey/horse      | 1   | 2  |
    | Sheep/cattle      | 1   | 2  |

POVERTY

16. Are you employed? Yes/No
    |   |   |
    | Yes | 1 |
    | No  | 2 |

77
17. Does anyone in the household receive any grant from social services?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

18. If you answered yes, what type of grant? Yes/No

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child grant</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Disability grant</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Foster care grant</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Old age pension</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

19. What do you consider to be the causes of the family living in poverty?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>High fertility rate</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Low income</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Lengthy unemployment</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Low educational level</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No job opportunities</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other (specify):</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

20. What are the effects of poverty on your family?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health effects</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Unhealthy accommodation</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Family members driven to crime</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Children tend to take to the streets</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Excessive substance abuse</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Family disorganisation</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Low self-esteem</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Limited educational opportunities for children</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Suicide tendencies</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Chronic depression</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other (specify):</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
21. How does your family survive if there is no income? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. Have you ever heard of the disease called HIV/AIDS? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

23. Do you know what HIV/AIDS is? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

24. From whom do you get information on HIV/AIDS? 

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Parents</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>TV</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Radio</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Newspaper</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Magazines</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Clinic sister/Doctor</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Religious leaders</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Politicians</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Teacher</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

25. From whom would you mainly prefer to get correct information on HIV/AIDS? 

<table>
<thead>
<tr>
<th>Statement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic</td>
<td>1</td>
</tr>
<tr>
<td>Hospital</td>
<td>2</td>
</tr>
<tr>
<td>Religious leader</td>
<td>3</td>
</tr>
<tr>
<td>Social worker</td>
<td>4</td>
</tr>
</tbody>
</table>
26. Do you know any organisation/NGO, etc. that provides information/lectures on HIV/AIDS?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

SECTION 2

KNOWLEDGE ON HIV/AIDS

27. How can a person become infected with HIV?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you share a meal</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>When you share drug needles</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Having unprotected sex</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>An infected mother can pass the virus to her child</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>When an HIV-infected person coughs on you</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>When you donate blood</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Through blood transfusion</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>An infected mother can pass the virus to her child before birth</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>An affected mother can pass the virus to her child during birth</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>An affected mother can pass the virus to her child through breast feeding</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

FACTS ON UNEMPLOYMENT

28. Is unemployment a problem in your community?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

29. Which of the following factors lead to unemployment?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of education</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Illiteracy</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Lack of skills</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Ill health</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Too old</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Too lazy</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Few job opportunities</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Others, specify:</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
30. Which of the following problems exist as a result of unemployment?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflict in the home</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Physical violence</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Family breakdown</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Alcohol and drug abuse</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Crime</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Depression</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Gangs</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Lack of self-esteem</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Financial problems</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Prostitution</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

SOCIAL WORK INTERVENTION

31. Which of the following services could be rendered by the social worker to the community?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide material assistance</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Give advice</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Provide marriage guidance</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Refer people to resources</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Help them to obtain pensions and grants</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Start projects like sewing, groups, market gardens</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Start clubs for children and youth</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Teach people skills</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>