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RIISING TO THE CHALLENGE: THE CRITICAL ROLE OF SOCIAL WORKERS IN THE FACE OF THE HIV/AIDS PANDEMIC

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ABSTRACT

This paper discusses the critical role that the social worker has to play in the current HIV/AIDS context. The writer will specifically examine the social worker's role in sharing her skills, knowledge and attitudes (hereon SKAs) with different professional bodies. In examining this role, it becomes apparent that the professional SKAs of social workers are insufficient to "go around" and reach all who are in need. His/her role cannot, therefore, purely be one of "treatment provider" or problem-oriented interventionist. In order to effectively redistribute some of the relevant SKA of the profession, more time and energy need to be channelled into his/her role as educator and skills disseminator. The dissemination of such SKAs may better equip lay and professional people to meet the critical needs of many isolated and alienated South Africans.

HIV/AIDS IN AFRICA

"AIDS is the worst infectious disease to hit Africa in recorded history" (Whiteside & Sunter, 2000). Sub-Saharan Africa is currently the epicentre of HIV and AIDS. The continent of Africa holds approximately 70% of the global total of people living with HIV/AIDS (Whiteside & Sunter, 2000). South Africa's situation is different from that of the rest of Africa as infection rates have not yet reached a plateau, but instead continue to rise (Whiteside & Sunter, 2000). In December 2000 UNRISD (Rau & Collins, 2000:1) reported that "South Africa now has the fastest growing epidemic". It is estimated that on average 1500 people are becoming infected each day in South Africa and that over the next five years HIV prevalence is expected to rise to 5-7 million South Africans (Evian, 2000).

THE IMPACT OF AIDS IN SOUTH AFRICA

"Around half of all people who acquire HIV become infected before they turn 25 and typically die before their 35th birthday" (Whiteside & Sunter, 2000). Therefore, HIV infection is concentrated in age groups with critical social and economic roles.

This group also constitutes the current generation of parents (Rau & Collins, 2000), i.e. the group that performs critical social and economic roles (UNAIDS/UNDP; Taylor, 1998). It is estimated that by 2005 nearly one million South African children under the age of 15 will have lost their mothers to AIDS (Whiteside & Sunter, 2000). AIDS is not only predicted to increase poverty and inequality, but as the number of AIDS deaths accumulates over time, it will have a severe impact on South Africa's economy and on the welfare of South Africa's children (Whiteside & Sunter, 2000).

In order to highlight the value of the social work profession's SKA in working in the context of HIV/AIDS, a brief discussion of two familiar models follows. The first is a model which is acutely focused on the individual in isolation of his/her environment. The second is more appropriate to the social work profession.

The medical model is inadequate as an approach to be utilised in the field of HIV/AIDS. "Medical decisions have massive reverberations" (Dansky, 1994:107) and "the medical diagnosis of seropositivity is a presenting problem, but not exclusively" (Dansky, 1994:104). It is reductionist and misleading to focus on the diagnosis alone (Dansky, 1994).

This model illustrates the lack of synthesis of the wide spectrum of issues confronting a person with HIV. While the medical perspective must be considered, so the psychological and social perspectives must receive equal attention (Dansky, 1994; Gilbert, 1995). This is where the strengths of the social work profession come into play. A tripartite framework may manifest itself in the form of the psycho-socio-environmental (hereon PSE) model.

The PSE model is congruent with the social work profession's recognition of "the capacity of people both to be affected by and to alter the multiple influences upon them, including biopsychosocial factors" (International Definition of Social Work, 2001). An HIV-positive person's reactions to medical diagnosis and treatment can be expected to be profound and will reverberate throughout the social context (Dansky, 1994).

A SOCIAL WORK APPROACH TO HIV/AIDS

Social work practice may vary in its method (casework, group work or community work), in its orientation (primary, secondary, tertiary prevention) and in terms of the system which is worked with (resource system, change agent, client, target and/or action system) (Pincus & Minahan, 1983). However, in the South African context characterised by high HIV/AIDS prevalence, social workers may increasingly experience an inability to continue in their current roles with the same effectiveness. With changing external demands there is a greater pull on social work resources and, of course, a negative but common reaction to change is resistance. Instead, social workers need to allow themselves to move in the same direction as these forces. Social workers need to reassess their own resources and perform an audit of the various SKAs they possess.

Enabling all people to develop their full potential, enriching their lives and preventing dysfunction (International Definition, 2001) is by its nature a demanding and highly challenging mission for a profession. It therefore makes sense that "an interrelated system of values, theory and practice" (International Definition, 2001) comprises the social work profession. Social workers have often felt territorial about this set of skills, knowledge and attitudes that are inherent to their profession. However, this possessiveness will only inhibit the effectiveness of social work itself.

Currently there are fewer than 10 000 registered social workers (South African Council for Social Services Professions, 2001) working in a context where 4.2 million South Africans are infected with HIV. Even though some social workers may not choose to work directly in the field of HIV/AIDS, there is now no way of avoiding the epidemic. It is the writer's opinion that it is each social worker's obligation to ensure that a portion of his or her role involves an education and training component. The process of disseminating basic social work SKAs to a wide-range of lay and professional interventionists is increasingly invaluable in the context of a social and biological disease such as HIV/AIDS. The writer wishes to emphasise the need for skills dissemination towards multifarious target groups. These may range from various other professional groups, such as medical professionals, active youth groups, women's projects, the business sector and allied medical professionals, such as nurses, occupational therapists (hereon OTs), physiotherapists and alternative/traditional healers. The training programme which provided a basis for this paper was originally designed to help fifth-year medical students to better manage the challenges of HIV/AIDS work. This programme has proven to be adaptable and suitable for a wide range of target groups.

The writer will now describe some steps which may act as a guide for social workers undertaking the process of disseminating SKAs in order to maximise their effectiveness in the context of the HIV/AIDS pandemic.

(a) Starting point for the social worker

"Serving people with AIDS encompasses the traditional social work role of advocate for an underserved client population" (Shernoff in Aronstein & Thompson, 1998:28). However, according to the International Definition of Social Work (2001) this role also involves moving beyond "advocating for" client groups to taking on developmental functions (Jackson, 1991) whereby target groups are empowered to not only do for themselves, but enabled to do for others.

Many social workers are still completing their graduate education and sometimes even postgraduate training with various inadequacies in their SKAs relevant to the AIDS epidemic (Shernoff in Aronstein & Thompson, 1998). In order to ensure that newly qualified social workers are adequately equipped to face the challenges of HIV/AIDS in the South African context, social work curricula need to include certain components. In order to adequately improve the skills of all social workers, the following components require attention:

- HIV/AIDS education: social workers require basic, factual knowledge about the disease and its routes of transmission;
- Assessing risk behaviours: social workers must ascertain both the client's current and past sexual practices;
- Talking about human sexuality: Shernoff (in Aronstein & Thompson, 1998) states that few curricula prepare social workers to discuss sex and sexuality with their clients. Although doing so may cause discomfort, Shernoff believes that every clinical social worker has a moral and ethical responsibility to introduce the issue of sexual practices in relation to AIDS prevention with particular client groups.
- Knowledge about local resources: resource work may be the core of successful intervention. Social workers therefore need to be able to identify resources in any given person-in-environment situation (Woods, 1998) and successfully form network linkages to these services in order to better meet client needs and acknowledge their own limitations;
- Honing intervention skills (Shernoff in Aronstein & Thompson, 1998): social workers should be *au fait* with the appropriate skills that are required to meet the needs of clients who are preparing to test for HIV (pre-test counselling) and those who have recently been diagnosed or need ongoing counselling (post-test counselling);
- Heightened awareness of ethical and legal issues: particularly in South Africa, where the lack of court cases means there are no precedents, social workers need to be hypervigilant about the ethical and legal decisions which they make about their practice in relation to HIV/AIDS work. Issues of disclosure and confidentiality raise ethical dilemmas in an area where there are still many unanswered questions.

A new discourse within affected communities is about "ownership of knowledge, decision making and programme development leading to appropriate and sustainable responses" (Reid, 1994:554). The mindset of the social worker who perceives people as manipulable objects of interventions needs to shift to one where the target groups, as responsible actors, become a community mobilised for change. This discourse of optimism and empowerment is "a language of processes rather than interventions" (Reid, 1994:554).

(b) Targeting education interventions at a core group

A core group may be a group of people who are already in central positions to drive a cause forward (e.g. a youth group) or in focal positions whereby others will be receivers of the SKAs that they cascade down (e.g. teaching professionals). A core group whose focus is on HIV/AIDS-related issues will own HIV/AIDS as a problem that will impact upon them and their community; they are willing and motivated to champion the cause to respond to the problem and they exhibit the potential to develop the necessary SKAs for this work and, thereafter, for training others in the field. For maximum effectiveness social workers will target such core groups for their education and training interventions.

Six components have been identified as necessary components of such training:

- **Self-awareness work.** For anyone beginning to work with people with HIV or AIDS, the major obstacle may be their own degree of discomfort about various issues (Aronstein & Thompson, 1998). The social worker needs to confront, and not avoid, the prejudices, stereotypes and biases that the trainees may hold. These attitudes may range from stereotypes about HIV/AIDS itself, people living with HIV/AIDS, sexual minorities or underprivileged groups.
- **Basic knowledge about HIV/AIDS.** Although this may be a relatively straightforward component of the training, the area of skills development that is challenging is enabling the trainees to explain and help others to understand this information. Many trainees, particularly professionals, find it difficult to simplify their language and pitch it at a level that can be clearly understood by an illiterate, uneducated client, for instance. Didactic teaching is therefore not the aim, but rather facilitating the opportunity for group members to begin explaining to each other what HIV/AIDS is, the progression from HIV to AIDS, routes of HIV transmission and, most important, safer sex education.

At this stage the trainees are equipped to implement Step (c).

(c) Equipping the core group to disseminate SKAs further

The trainees themselves need to learn the actual SKAs required for effectively training others. Studies (Hedge in Green & McCreaner, 1996; Allen, Karita, N'gandu & Ticachek, 1999) show that in order to effectively reduce the spread of HIV, individuals need to be empowered by means of developing an increasing understanding about their disease and skills on how to live with it. This implies a critical need for education (Fanning, 1997; Bernard & Krupat, 1994).

Trainees may therefore require training which develops their understanding of their role as educator, the process of education and how to evaluate and monitor intervention. Certain skills such as reflecting back to a group, managing difficult questions and encouraging interactive, participative learning are simple and significant skills that the trainees may need to be equipped with.

- **Basic counselling skills.** The development of competence in basic counselling skills, particularly knowing how to listen to the individual's concerns, respond to their feelings, probe appropriately and share information in an interactive, non-didactic fashion is a critical component in working with people affected by or infected with HIV/AIDS. In conjunction with this comes the need for insight into the values and principles of counselling, particularly understanding the potential destructiveness of advice-giving and false reassurance.

- To effectively become competent in skills development the skills need to be rehearsed, practised and evaluated. The rehearsing of these particular skills can be facilitated by role-play activities.
- HIV-specific counselling SKA. With pre- and post-test HIV counselling being made a statutory requirement for all HIV testing (National Policy on Testing for HIV (2000 in Barret-Grant, Fine, Heywood & Strode, 2001), together with the need for accurate, informed consent (HPCSA Guidelines) (Barret-Grant *et al.*, 2001), many more people working in health care settings require the SKAs relevant to this area. This component includes development of an understanding of the goals, aims and principles of HIV counselling. It may also include training to provide pre- and post-test HIV counselling. It may also be important for trainees equip themselves with some knowledge of the psychological and social needs of people living with HIV/AIDS (PWH/A) (Gilbert, 1995).
- AIDS bereavement. The losses that people infected with or affected by HIV/AIDS have to confront go beyond that of the death itself and may incorporate a multitude of other losses. HIV/AIDS is increasingly forcing communities and individuals to confront human mortality (Green & McCreaner, 1996). Trainees may need to develop an understanding of the major emotional reactions of patients, family and sometimes even themselves from the beginning of the diagnosis of HIV up to the death of the patient (Kubler-Ross, 1993).
- Self-care. "... [T]his work is incredibly intense, profound, existentially seductive and sad" (Wiener in Aronstein & Thompson, 1998:xxviii). Anyone involved in providing a service to people living with or affected by HIV/AIDS needs to develop SKAs in the following areas: learning how to acknowledge one's personal needs in the face of highly stressful workloads and situations, recognising personal limitations and acknowledging achievements. The need for new trainees to receive adequate support in their personal and professional lives is critical in order for them to continue rendering an effective service and to prevent of burnout.

Through such training new agents of change have been created (Reid, 1994). These are people who wish to ensure that effective and compassionate interventions take place. They may also have a personal vested interest in their community and its members. At this point the wider community becomes a target for the newly trained. Volunteers within the community are, once again, an important source, together with financial, moral and other forms of support (Reid, 1994). Once these new volunteer trainees have been recruited, the valuable cascading down of SKAs sustains further, perpetual motion.

d. Challenges for the social worker

Throughout this process, the social worker will experience a multitude of challenges. In order to play an effective role in the HIV/AIDS struggle, social workers need to ensure that they face some of these challenges listed below:

- Underlying all of this training should be the development of relationships between the social worker and the other professionals/lay workers/trainees in order to strengthen networks and the facilitation of inter-member relationships;
- An awareness of the trans-cultural aspects such as approaches to discussing sex and sexuality (Woods, 1998) in order to be able to discuss sexual issues openly;
- Use of the language of emotions, vulnerability, sexuality and mortality (Reid, 1994);

- Confront their own stereotypes and intolerance with regard to intellectual abilities and education levels of trainees and their potential. In view of the fact that the majority of South Africans are illiterate, social workers are required to be creative in the training methods they draw upon;
- Confront their own biases and prejudices about specific HIV/AIDS-related issues, i.e. PWH/A, the HI virus itself;
- Confront the challenge of death (Woods, 1998), human mortality and loss;
- Constantly monitor and evaluate the social worker's training and the programme. Social workers should be aware of not transplanting their training programme as a standard package to each community group that is trained. It is essential to ensure that the training responds to the indigenous character of each unique community;
- Those involved in training social workers must ensure that the topic of HIV/AIDS is explicitly and implicitly included as a separate and inclusive component of the social work curricula.

CONCLUSION

“Those countries that are developing participative, community-based institutions, strong social cohesion and adequate redistributive policies will find the epidemic much easier to overcome” (Reid, 1994:555). Instead of suggesting taking control of situations on a micro-level, this description epitomises the role that an effective social worker will play in the face of the pandemic. Social workers can be at the cutting edge of HIV/AIDS interventions and should continue to be proactive by placing themselves in such positions. The battle against AIDS is not about anyone clamouring for power (Gumede, 2000) – for social workers it is about passing on this power to others.

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