

**SOCIAL WORK SERVICES FOR  
CHILDREN AFFECTED BY HIV/AIDS  
IN A RURAL AREA**

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**SOCIAL WORK SERVICES FOR CHILDREN  
AFFECTED BY HIV/AIDS IN A RURAL AREA**

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## **SUMMARY**

**TITLE:** Social work services for children affected by HIV/AIDS in a rural area

**Key words:** Children, social work, services, HIV, AIDS, rural area.

HIV/AIDS infections are an increasingly alarming pandemic, therefore it will remain being a challenge and a priority. The efforts of all participating and active stakeholders are appreciated in the fight against HIV/AIDS.

This research dissertation gives an overview of the HIV/AIDS status and impact on the affected children around Kagisano (Ganyesa) service point. This information has been collected in Pomfret, which is a village near Ganyesa.

The survey was undertaken with the **aim** to investigate social work services for children affected by HIV/AIDS in the rural area in which Pomfret is situated.

The objectives of this study were:

- To investigate the needs of children affected by HIV/AIDS in a rural village called Pomfret through a literature study and empirical research.
- To investigate the role of the social worker in providing for the needs of children affected by HIV/AIDS in Pomfret.

These objectives were achieved by means of a study of the relevant literature and through empirical research. The available literature on the subject was consulted to determine whether any research has been conducted in this field and whether the subject was researchable. The empirical research was conducted to confirm the previous research findings. The literature study and the empirical research were vital in formulating recommendations.

In this study the survey method was used as a systematic data gathering procedure. Data was gathered through a self-formulated schedule. The researcher administrated the schedules by holding personal interviews with the respondents. The research was conducted in the Pomfret district and 50 respondents were willing to be part of the research.

The findings of this research reflect that social workers still have much to do in order to address the needs of children affected by HIV/AIDS in rural areas.

## OPSOMMING

**TITEL:** Maatskaplikewerk-dienste vir kinders wat deur MIV/VIGS in 'n plattelandse gebied geraak is.

**Sleutelterme:** kinders, maatskaplike werk, dienste, MIV, VIGS, plattelandse gebied.

MIV/Vigs-infeksie is 'n toenemend ontstellende pandemie, en sal dus 'n uitdaging en prioriteit bly. Die pogings van alle deelnemende en aktiewe betrokkenes in die stryd teen MIV/VIGS word waardeer.

Hierdie verhandeling gee 'n oorsig oor die MIV/VIGS-status en impak van die geaffekteerde kinders in die omgewing van die Kagiso (Ganyesa)-dienspunt. Hierdie inligting is in Pomfret, 'n dorpie naby Ganyesa, ingesamel.

Die ondersoek is onderneem met die **doel** om maatskaplikewerk-dienste vir kinders wat deur MIV/VIGS geraak is en wat woon in die plattelandse gebied waarin Pomfret geleë is, te ondersoek

Die doelwitte van hierdie studie was:

- Om die behoeftes van kinders wat in 'n plattelandse dorp, genaamd Pomfret, deur MIV/VIGS geraak is, aan die hand van 'n literatuurstudie en empiriese navorsing te ondersoek.
- Om die rol van die maatskaplike werker met betrekking tot die voorsiening in die behoeftes van kinders in Pomfret, wat deur MIV/Vigs geraak is, te ondersoek.

Hierdie doelwitte is bereik deur middel van 'n studie van die relevante literatuur en deur empiriese navorsing. Die beskikbare literatuur oor die onderwerp is nagegaan om te bepaal of enige navorsing al op hierdie gebied gedoen is en of die onderwerp navorsbaar is. Die empiriese navorsing is gedoen om die bestaande navorsing te bevestig. Die literatuurstudie en die empiriese navorsing is noodsaaklik vir die formulering van aanbevelings.

In hierdie studie is die opnameprosedure gebruik as 'n sistematiese feite-insamelingsprosedure. Data is deur middel van 'n selfgeformuleerde skedule ingesamel. Die navorser het die skedule aangewend deur persoonlike onderhoude met die respondente te voer. Die navorsing is in die Pomfret-distrik uitgevoer, en 50 respondente het ingewillig om daaraan deel te neem.

Die bevindinge van die navorsing laat duidelik blyk dat daar vir maatskaplike werkers nog heelwat te doen is om in die behoeftes van kinders in plattelandse gebiede wat deur MIV/Vigs geraak is, te voorsien.

## **FOREWORD**

The article format has been chosen in accordance with Regulations A.11.2.5 for the degree MA (SW). The two articles will comply with the requirements of one of the journals in Social Work, entitled *Social Work/Maatskaplike Werk*.

## **INSTRUCTIONS TO AUTHORS**

### **SOCIAL WORK/MAATSKAPLIKE WERK**

The Journal 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 Word Perfect) 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 arguments 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, 1976:12). 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**

Keywords: Social work, service, children, affect, HIV/AIDS, rural, area.

#### **1. PROBLEM FORMULATION**

The HIV/AIDS pandemic is the principal challenge facing South Africa and will have an enormous impact on children. Recent statistics of the Department of Social Development (SA, 2001:6) show that South Africa has the second fastest growing epidemic in the world with nearly 5 million people already infected. The Actuarial Society of South Africa (ASSA) estimates that there were 6,5 million people in South Africa living with HIV/AIDS on 1 July 2002 (Dorrington *et al.*, 2002:4). According to Abdool Karim (2005:31) the number of HIV/AIDS-infected people at the end of 2003 was 40 million worldwide with 5,3 million infected people in South Africa by December 2002.

Some of the latest statistics indicate that 800 000 children under the age of fifteen worldwide were infected during the year 2001 (Anon., 2002:6). It is also indicated that in the North West alone, 26 151 people have already died since 1996 (Ferreira, 2002:4). As South Africa is mainly rural, most of these children live in rural villages where there are no support systems. In these villages, vulnerable families care for vulnerable children and they live in vulnerable communities. Communities with a high prevalence figure of HIV/AIDS are already disadvantaged with a high level of poverty, poor infrastructure and limited access to services (2001:7). One consequence of this loss of income and support is that the affected poor sink even deeper into the mire of poverty and neglect.

In working with families, it is important to note that HIV/AIDS has an impact on both the infected and the affected. The diagnosis of HIV/AIDS puts a family in crisis (Boyd-Franklin *et al.*, 1995:114-115). This is as a result of the stigma attached to those infected and their families.

The HIV/AIDS pandemic calls for a multidisciplinary approach in working with both the infected and affected. These aspects include the emotional, financial and social aspects. Given that HIV/AIDS impacts on every aspect of human existence, it is therefore demanding the involvement of professionals such as social workers to provide care for the infected. Practitioners in the health care and social services find themselves on the frontline regarding both preventing the spread of HIV and dealing with its consequences, especially in rural areas (Lerole, 1994:9).

In South Africa, children are protected by the constitution of South Africa and the United Nations Convention on the Rights of the child that South Africa signed and agreed to on 16 June 1995. Some of the rights outlined in the document include:

- The right to equality and non-discrimination
- The right to privacy and dignity.

Section 28 of the constitution also sets out special rights just for children. The most vital factor on the issue of rights is access to education. The South African School Act (cited in Barrett-Grant *et al.*, 2001:266) says that schools must admit all learners and must not discriminate against any learner. The National Policy on HIV/AIDS for learners and Educators in public schools, and students with HIV/AIDS state that they should live as full a life as possible and should not be denied an opportunity to receive education that fits their ability (Barrett-Grant *et al.*, 2001:266).

According to Boyd-Franklin *et al.* (1995:115) therapeutic designs must be created whereby partnership will be developed with service providers. This will help to mobilize family support networks and provide a flexible system of care. Boyd-Franklin *et al.* (1995:115) explore two therapeutic approaches that can be used to work with families that have been affected by HIV/AIDS. The two are family systems intervention and family therapy.

Family systems intervention is explained as direct intervention after short-term problem focused intervention that mobilizes family support systems at various key points in the process of medical care. On the other hand, family therapy is referred to as ongoing family treatment sessions conducted by health or mental health

professionals, such as a family therapist, social worker, psychologist, psychiatrist, or nurse with mental health training (Boyd-Franklin *et al.*, 1995:115). The Primary role of the social worker will be to advocate for clients through casework, community and home-based care, to receive all the benefits and make sure that their rights as equal citizens are protected.

The social workers must also provide for the financial needs of children infected with HIV/AIDS. There are different grants such as foster grants, child support grants and care dependency grants. These grants are available to children depending on the nature of the problem. The grants are administered in terms of the Social Assistance Act 59 of 1992 (Barrett-Grant *et al.*, 2001:280-83).

HIV/AIDS is accompanied by an omnipresent stigma which often elicits guilt, shame, anger and fear of disclosure. These features therefore differentiate the therapeutic treatment of HIV/AIDS patients. According to Boyd-Franklin *et al.* (1995:129), there are focus key tasks in providing therapy for HIV/AIDS-infected children. Social workers must take notice of the following:

- Developing a sense of safety in the therapeutic setting as a component of a working alliance
- Understanding the child's perception of the illness
- Sensitive handling of the disclosure of diagnosis
- Understanding the impact of HIV/AIDS on the therapeutic process

The information of this research was collected by the researcher, a social worker, from children who are either orphaned or in distress because of HIV/AIDS. These children have been put in programmes run by local volunteers with the supervision of a social worker who works for the Department of Social Development. Those programmes are coordinated by the Local AIDS Council (LAC).

The following questions developed from the information provided.

- What are the needs of children affected by HIV/AIDS in a rural area?

- What is the role of the social worker in caring for children affected by HIV/AIDS in a rural area?

## **2. GOAL AND OBJECTIVES**

The goal of this research study was to investigate social work services for children affected by HIV/AIDS in a rural area.

The objectives of the research study were:

- To investigate the needs of children affected by HIV/AIDS in a rural area through a literature study and empirical research.
- To investigate the role of the social worker in providing for the needs of children affected by HIV/AIDS in a rural area.

## **3. CENTRAL THEORETICAL ARGUMENT**

Social workers play an important role in providing services for the needs of children affected by HIV/AIDS in rural areas.

## **4. RESEARCH METHODOLOGY**

The methods used for investigation were a literature study and empirical research.

### **4.1 Literature Study**

The central focus of this study was on the impact of HIV/AIDS on the children who are affected in rural areas and to establish how these children are cared for, especially where no resources and facilities are available. Focus was also on the social work services in rural areas. From a literature study and empirical research, guidelines for effective caring of HIV/AIDS-affected children in rural areas were formulated.

### **4.2 Empirical Research**

The Developmental Research and Utilization Model (DR&U model) was used as a guideline (Grinnell, 1981:590-591, Strydom, 2000:151-154). The DR&U model is directed at the ways whereby social technology is analyzed, developed and evaluated.

The survey procedure was used to investigate the needs of children affected by HIV/AIDS in a rural village called Pomfret which is in the far northern part of the North West Province. Not many resources and facilities are available in this part of the North West Province for caring for the children affected by HIV/AIDS.

#### **4.2.1 Research design**

The descriptive design was used to investigate the needs of children affected by HIV/AIDS in rural areas where no resources and facilities are available, as well as to explore the role of social workers in caring for the children affected by HIV/AIDS.

#### **4.2.2 Participants**

Rural households with children aged between ten and nineteen years, from Pomfret in the North West Province, affected by HIV/AIDS were used as a sample for the research purpose. A non-probability sampling technique was used and specifically the convenience sample (Grinnell, 1993:162; Strydom, 2000:69). The number of respondents from the researcher's caseload who were willing to take part in the research, was 50.

#### **4.2.3 Measuring Instrument**

According to Neuman (1997:30), gathering data for the research is divided into two categories, namely qualitative and quantitative. For purposes of this research, a reconnaissance survey was firstly done, which involved identifying households with children affected by HIV/AIDS and their distribution in Pomfret. Secondly, the field enquiries consisted of the distribution of schedules that were pre-tested and revisited before their final use. The data was gathered through a self-formulated schedule. The schedule included both qualitative and quantitative questions (see Addendum 3). The open-ended questions gave the respondents the opportunity to express their views on the issues being investigated.

#### **4.2.4 Procedures**

The survey procedure was used for purposes of this research, permission was obtained from the Department of Social Development Ganyesa where the researcher was active

as a social worker at that time (see Addendum 2). Permission was also obtained from the respondents as well as the head of the household of the affected child (see Addendum 4). The affected children were interviewed by the researcher herself at their homes, using questionnaires.

#### **4.2.5 Ethical aspects**

Ethics is a set of moral principles which is suggested by an individual or group, is subsequently widely accepted and which offers rules and behavioural expectations concerning the most correct conduct towards experimental subjects and respondents, employers sponsors, other researchers, assistants and students (Strydom, 2002:63). To ensure that all ethics are practiced, the questionnaire was compiled, tested and then used. It also ensured that the information provided was confidential. It also ensured that the findings do not impact negatively on the respondents. Accurate and complete information concerning the aim of the research as well as the procedure was given. The completion of the questionnaire was done anonymously and the respondents' identities were not disclosed. The information was treated confidentially.

#### **4.2.6 Data analysis**

Data were quantitatively and qualitatively analyzed in terms of categories (discrete descriptions). It was transformed into statistically accessible forms by counting procedures (McKendrick, 1990:275).

### **5. SHORTCOMINGS OF THE RESEARCH**

The respondents were children affected by HIV/AIDS and the programme was subjected to children whose parents were positive, sick or had already passed away. It also targeted children where any other member of the family was HIV positive. Due to poor communication, it became very difficult to access participants because most of them were not aware of the HIV status in their households. In addition, some of the participants were resistant because they were not certain about the mention of confidentiality. They thought it was only used to access information from them. The issue of stigma, especially in Pomfret, also had a negative effect because nobody wanted to be associated with the interviewer as that, in itself, indicated that one of

their family members was HIV positive. The problem of distance also impacted negatively on the whole process, because not all fifty respondents could be interviewed in a day. When the researcher returned after a day or two, it looked as if the whole process was something completely new. The section also explored how communities are involved in helping households that are affected. It also brought forward the emotions and feelings of children affected by HIV/AIDS.

## **6. DEFINITION OF THE TERMS USED IN THE RESEARCH**

### **6.1 Social Work**

According to Boehm, as cited in Skidmore, Thackeray and Farley (1994:5), social work "seeks to enhance the social functioning of individuals, singly and in groups, by activities focused upon their social relationships which constitute the interaction between man and his environment. These activities can be grounded into three functions: restoration of impaired capacity, provision of individual and social resources, and prevention of social dysfunction". According to Du Bois and Miley (2005:4), "social work activities empower client systems to enhance their competence and enable social structures to relieve human suffering and remedy problems". Social work as a profession is therefore concerned with promoting positive social functioning by helping people cope more effectively with problems such as HIV/AIDS and by working to create systems which are more humane and responsive to the needs of the people. Social workers, according to Du Bois and Miley (2005:5), are people who wish to work with people, who want to do something that counts, who want to have a career that makes a difference. It is very important that social workers in rural areas should know that they are the people who can make a difference in rural and especially deep rural areas such as that in which Pomfret is situated.

### **6.2 Social Services**

According to Du Bois and Miley (2005:102), there are "two views of social service delivery system. In one view, the system is a collection of discrete programme options that are available to eligible clients. The other view pictures the social service

delivery system as a coordinated system of services that addresses quality-of-life issues and flexibly responds to the needs of clients". According to Pearsall, (2002:131), social services is a public department or organization run by the state. It is also action or process of serving. For purposes of this research, the focus will be on the services of the social worker and social work.

### **6.3 Children**

According to Barker (1995:56), children refers to youngsters who are younger than the legal age of responsibility or emancipation. In most states and nations, this age is 18 years.

### **6.4 HIV/AIDS**

- **HIV**

HIV stands for the Human Immunodeficiency Virus (Strydom (b), 2002:19; Whiteside & Sunter, 2000:2). "HIV attacks and slowly destroys the human immune system by killing the important CD4 and T4 cells that control and support our immune system" (Buthelezi, 2003:19). According to Evian (2000:77) the CD4 cell count is the best indicator or predictor for the risk of developing opportunistic disease or infection and the likely severity of such infections.

- **AIDS**

AIDS stands for Acquired Immunodeficiency Syndrome (Strydom, 2002:18). According to Visagie (1999:1), Aids can be described as "...a collection of diseases resulting from the breakdown of the immune system after it has been invaded and weakened by the HIV...". Aids is not a specific disease. Aids is a collection of several conditions that occur as a result of damage the virus causes to our immune system. People do not die of AIDS but of opportunistic diseases and infections, which attack the body when immunity is low (Buthelezi, 2003:19).

## **7. PRESENTATION OF THE REPORT**

### **SECTION A**

This section gives a brief overview of the research study that allows the reader to understand the fundamental principles of the study. These include problem formulation, objectives, central theoretical argument as well as research methodology and procedure that were utilized during the whole research process.

### **SECTION B**

#### **ARTICLE 1**

This section is basically directed at comparing the data collected from respondents to the existing literature. It is in this section that the emphasis and focus is on the needs of children affected by HIV/AIDS.

#### **ARTICLE 2**

This section mainly looks at social work and the role of the social worker. The discussions are basically driven to what social work is, the social work skills as well as the roles of the social worker. More information is also provided on the different methods of social work, such as clinical social work, social group work and community work. All the literature is analyzed and compared with existing situations through the study.

### **SECTION C**

In section C, the conclusions and recommendations with regard to this research is explained. Recommendations are made in this final section.

### **SECTION D**

All addendums that are referred to in this manuscript are contained in this section.

### **SECTION E**

Although each article has its own source list, a combined source list of the entire research project is presented in this section.

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## **SECTION B**

### **ARTICLE 1**

#### **THE NEEDS OF CHILDREN AFFECTED BY HIV/AIDS IN RURAL AREAS**

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#### **OPSOMMING**

Suid-Afrika het die grootste getal persone wat met die MI-virus in die wêreld geïnfekteer is. Persone in die ouderdomsgroep 25-49 jaar is dié wat die meeste geraak word. Dit is meestal hierdie persone wat ook die ouers van kinders is. Kinders word op verskeie wyses deur MIV/VIGS geraak. Hulle word geraak deur veral ouers wat MIV-positief is of familieledede wat deur die MI-virus geraak is.

Hierdie navorsing is onderneem met die doel om die behoeftes van kinders wat deur MIV/VIGS in Pomfret geraak is, te bepaal.

#### **1. INTRODUCTION**

The HIV/AIDS pandemic is the principal challenge facing South Africa and will have an enormous impact on children. According to statistics, the AIDS pandemic will be beyond control by the year 2000 (Lerole, 1994:9). Recent statistics of the Department of Social Development (2001:6) show that South Africa has the second fastest growing epidemic in the world with nearly 5 million people already infected. According to Gouws (2005:74), more than 25% of women attending public antenatal clinics in 2002 were HIV-positive.

The latest statistics indicated that 800 000 children under the age of fifteen years worldwide were infected with the HI virus during the year 2001 (Anon, 2002:6). It is also indicated that, in the North West Province alone, 26 151 people have already died since 1996 (Ferreira, 2002:4). As South Africa is mainly rural, most of these children

live in rural villages where no support systems are available. In these villages, vulnerable families care for vulnerable children and they live in vulnerable communities. Communities with a high prevalence figure of HIV/AIDS are already disadvantaged with a high level of poverty, poor infrastructure and limited access to services (Department of Social Development, 2001:7). Therefore, one consequence of this loss of income and support is that the affected poor sink even deeper into the mire of poverty and neglect.

## **2. PROBLEM FORMULATION**

In working with families, it is important to note that HIV/AIDS has an impact on both the infected and affected. The diagnosis of HIV/AIDS puts a family in crisis, (Boyd-Franklin *et al.*, 1995:114-115). This is as a result of the stigma attached to those infected and their families.

According to Boyd-Franklin *et al.* (1995:115) therapeutic designs need to be created whereby partnership will be developed with services providers. This will help to mobilize family support networks and provide a flexible system of care. Boyd-Franklin *et al.* (1995:115) explore two therapeutic approaches that can be used to work with families that have been affected by HIV/AIDS. The two are family systems intervention and family therapy. Community as well as home-based care and support enables the individual, family and community to have access to services nearest to home which encourages participation by people, responds to the needs of people, encourages traditional community life and strengthens mutual aid opportunities and social responsibilities.

According to the White Paper for Social Welfare (SA, 1997:90), home-based, family orientated and community care strategies are the preferred options for coping with social consequences of HIV/AIDS and the need for care. These strategies also ensure the provision of a continuum of care and normalization of services for children who have become vulnerable due to HIV/AIDS. Furthermore, it ensures that children who are infected have access to integrated services which address their basic needs for food, shelter, education, health care and family as alternative care and protection from abuse and maltreatment.

The following question developed from the information provided:

- What are the needs of children infected with HIV/AIDS in a rural area?

### **3. RESEARCH METHODOLOGY**

#### **3.1 Goal of the research**

The goal of this research was to investigate the needs of children affected by HIV/AIDS in a rural area through a literature study and empirical research.

#### **3.2 Research methodology**

The methods used for investigation was a literature study and empirical research.

##### **3.2.1 Literature Study**

The central focus of this study was on the impact of HIV/AIDS on the children who are infected in rural areas and to establish how these children are cared for, especially where no resources and facilities are available. From a literature study and empirical research, the needs of these children in Pomfret were evaluated.

##### **3.2.2 Empirical Research**

The development research and utilization model (DR&U model) was used as a guideline (Grinnell, 1981:590-591; Strydom, 2000:151-154). The DR&U model is directed at the ways whereby social technology is analyzed, developed and evaluated. The survey procedure was used to investigate the needs of children affected by HIV/AIDS in rural areas where no resources and facilities are available for caring for the children affected by HIV/AIDS.

###### **3.2.2.1 Research design**

The descriptive design was used to investigate the needs of children affected by HIV/AIDS in rural areas (Strydom, 2000:77-78).

### **3.2.2.2 Participants**

Rural households with children aged between 10 and 19 affected by HIV/AIDS were used as a sample for the research purpose. This group was chosen because they are able to understand the questions and could communicate their needs. A non-probability sampling technique was used and specially the convenience sample (Grinnell, 1993:162; Strydom, 2000:69). Fifty respondents were willing to participate in the research.

### **3.2.2.3 Measuring Instrument**

According to Neuman (1997:30), gathering data for the research is divided into two categories, namely qualitative and quantitative. For purposes of this research, a reconnaissance survey was firstly done, which involved identifying households with children affected by HIV/AIDS and their distribution in Pomfret. Secondly, the field enquiries consisted of schedules that were pre-tested and revisited before their final use. The data was gathered through a self-formulated schedule. The schedule included both qualitative and quantitative questions. The respondents could express their views on the issues being investigated through the close-ended questions.

### **3.2.2.4 Procedures**

The survey procedure was used. For the purpose of the research, permission was obtained from the Department of Social Services, Arts, Culture and Sport as well as from the families of the affected children. The affected children were interviewed at their homes by the researcher who was a social worker in Ganyesa district which included Pomfret.

### **3.2.2.5 Ethical aspects**

Ethics is a set of moral principles which are suggested by an individual or group, is subsequently widely accepted and which offer rules and behavioural expectations concerning the most correct conduct towards experimental subjects and respondents, employer sponsors, other researchers, assistants and students (Strydom, 2005:63). To ensure that all ethics are practiced, the questionnaire was compiled, tested and then used. The questionnaire ensures that the information provided remains confidential.

It also ensured that the findings do not impact negatively on the respondents. The respondents and the head of their households gave consent. Accurate and complete information concerning the aim of the research as well as the procedure were given. The completion of the questionnaire was done anonymously and the respondents' identities were not disclosed. The information was handled confidentially.

#### 4. DATA ANALYSIS

Data was quantitatively and qualitatively analyzed in terms of categories (discrete descriptions). It was transformed into statistically accessible forms by counting procedures (McKendrick, 1990:275).

#### 5. PERSONAL PARTICULARS OF THE RESPONDENTS

##### 5.1 Age of children

It was decided to include children who can easily answer questions in the study. The ages of the respondents who were willing to participate in the study vary between 10 and 19 years. A description of the different age groups is displayed in Table 1.

**Table 1: Age of the children**

<b>VALUABLE LABEL</b>	<b>f</b>	<b>%</b>
10 – 13 years	10	20
14 – 16 years	20	40
17 – 19 years	20	40
<b>N =</b>	<b>50</b>	<b>100</b>

The table above indicates the distribution of the 50 respondents. 20 (40%) were between 17 and 19 years, another 20 (40%) were between 14 and 16 years while 10 (20%) were between 10 and 13 years.

This information clearly indicates that children are affected by HIV/AIDS at their earliest years of development.

Youths are highly vulnerable to HIV/AIDS infection and to being affected (Shisana & Simbayi, 2002:7). According to Shisana and Simbayi (2002:11), 1 390 children aged 2-14 years had lost a mother, father or both parents.

## 5.2 School grade

The children were from different grades at school. Table 2 illustrates the different grades that the children were in.

**Table2: School grades of children**

VALUABLE LABEL	f	%
Lower than grade 7	8	16
Grade 7	7	14
Grade 8	7	14
Grade 9	6	12
Grade 10	3	6
Grade 11	7	14
Grade 12	12	24
N =	50	100

The table above shows that 8 (16%) were lower than grade 7, 7 (14%) were doing grade 7, 7 (14%) average doing grade 8, 6 (12%) were doing grade 9, 3 (6%) were doing grade 10, 7 (14%) were doing grade 11 and 12 (24%) were doing grade 12. This is an indication that the impact of HIV/AIDS is also high among children of school-going age.

## 5.3 Sex

The female respondents were significantly more than male respondents. The female respondents were 27 (54%) and the male respondents were 23 (46%). This might be because of the proportion of females that is more than that of males. Generally speaking, more females are infected with and affected by HIV/AIDS than males (Roux, 2002:72).

#### 5.4 Composition of the families

The question was posed as to whom the children live with? In Table 3 the family composition of the children is displayed.

**Table 3: Family composition**

<b>VALUABLE LABEL</b>	<b>f</b>	<b>%</b>
Biological parent	12	24
Adoptive parent	4	8
Guardian	22	44
Other sibling	12	24
<b>N =</b>	<b>50</b>	<b>100</b>

The table above indicates that only 12 respondents (24%) live with their biological parents, who are HIV positive. Respondents living with their adoptive parent were 4 (8%), 22 respondents (44%) were living with guardians and 12 respondents (24%) were living with other siblings.

Children of parents or guardians who are sick or who have died are very vulnerable to neglect and abuse. They need to be identified as soon as possible to ensure that their needs are addressed and their rights protected. Most children are usually in a position to receive help within their homes in the care of relatives. However, there are situations where the child might need to be removed to a foster home or to residential care or placed with adoptive parents. It is important to note that vulnerable families care for vulnerable children and they live in vulnerable communities. Table 3 shows that 26 (52%) children are orphaned and living outside their families of origin. According to Skeleton (1994:23) "the AIDS epidemic will create a generation of children abandoned and orphaned. It is therefore imperative that alternative structures are in place to provide them with the care and support they will need".

**Table 4: Number of children in household**

<b>VALUABLE LABEL</b>	<b>f</b>	<b>%</b>
1 – 3	3	6
4 – 6	23	46
7 – 9	22	44
10 – 11	2	4
<b>N =</b>	<b>50</b>	<b>100</b>

The table above indicates that 23 (46%) of the respondents are living in households having between 4 to 6 children, 22 respondents (44%) live in households having 7 to 9 children.

The HIV pandemic is the principal challenge facing South Africa and will have an enormous impact on children. Recent statistics show that South Africa has the second fastest growing epidemic in the world with nearly 5 million people already infected (Anon, 2002:3). This implies that there will be vast differences in family composition as a result of an increase in the number of HIV/AIDS-related deaths reported. This highly affects children, as some are orphaned and others move to live with extended families (Roux, 2002:61-63). This causes further problems such as financial, emotional and psychological as well as housing problems.

## **6. ACCESS TO SERVICES**

The question was asked as to whether the children have access to medical services. The answers received from the children are subsequently discussed.

### **6.1 Medical services**

On the question as to whether they have access to medical services in their area, 50 (100%) indicated that they have access. According to Ntuli (2001), among significant events that affected the health systems during 2001 are the process of decentralization of health services, heightened attention to proper corporate governance especially with regard to financial reporting, and the profound impact of HIV/AIDS.

Decentralization of health care and the treasured policy goal of health services being managed by the sphere of government closest to the people are slowly becoming a reality to South Africans. The 2001 South Africa Health Review reflects on this process of transformation, including the necessary enabling legislation and funding of local government for health care delivery at this level (Ntuli, 2001).

When asked where they receive the services, all the respondents 50 (100%) indicated that they received them from the clinic. They all received the services offered by the clinic nurse. According to the researcher, rural residents, especially people from rural areas, use health care services to a lesser extent than their urban counterparts. Their children also see physicians less frequently. Those in need of primary care services are less likely to receive them than are residents of urban areas.

The researcher also established that rural residents with limited resources have more difficulty contending with the limited supply of health care providers. Primary care physicians provide the majority of care in rural areas. Nevertheless, the supply of physicians participating in each of the primary care specialties is much more limited in rural than urban areas.

## **6.2 Financial assistance**

On a question as to whether their households receive any financial assistance, 44 (88%) respondents indicated that they received assistance while only 6 (12%) received nothing. The effects of the HIV/AIDS epidemic impact most at a household level where families experience considerably worsening social and financial situations (Department of Social Development, 2001:5). Because of chronic medical conditions, infected breadwinners cannot maintain sustainable employment in the formal sector, which diminishes access to household income. Furthermore, families face additional expenses such as the cost of diet supplement for the infected person (Roux, 2002:61-63). A household's ability to limit the impact of HIV/AIDS depends on its capacity to stabilize the internal household economy. The other 6 (12%) respondents who did not receive any assistance may reflect that they were not aware of the services available to them. It is therefore the responsibility of all service providers to ensure that information campaigns aimed at increasing access to services are successful.

Information should be disseminated through media, community forums, government and institutions as well as society structures.

Of the 44 (88%) respondents who indicated that they received assistance, 31 (70,45%) received assistance from government, 2 (4,55%) received assistance from Faith Based organizations (FBOs). The other 11 (22%) respondents received assistance from the following:

- Government department and Faith Based Organization = 7;
- Government department and Non–Governmental Organization / Community Based Organization = 4.

According to the Department of Social Development (2002:11), "Government structures, non–governmental organizations and community based structures have to be mobilized to contribute to an integrated system of care and support at community and household levels". In working with families, it is important to note that HIV/AIDS impacts on both the infected and the affected. This calls for a multidisciplinary approach in working with both. It also implies that all aspects of life need to be covered while working together. The South African Government, through the Department of Health and the Department of Social Development, has introduced a community based care model. It aims at ensuring the provision of a continuum of care and normalization of services for children who have become vulnerable due to HIV/AIDS. Furthermore, it also ensures that children who are affected have access to integrated services which address their basic needs for food, shelter, education, healthcare, family or alternative care, and protection from abuse and maltreatment (Department of Social Development, 2002:11).

When the 44 respondents were asked about the type and nature of assistance they and their households receive, the following responses were given:

- 22 respondents (50%) indicated that they received social grants;
- 12 respondents (27, 28%) received social grants and food parcels;

- 5 respondents (11,36%) received food parcels;
- 5 respondents (11, 36%) received social grants and home-based care.

These figures reflect that an average of 77 (28%) respondents received financial assistance from the government. According to Guthrie (2003:13) "poverty, unemployment and inequality appear to be increasing in South Africa". According to Guthrie (2003:13), "it is estimated that in 2002 about 11 million children under 18 years in South Africa are living on less than R200 per month and hence, are desperately in need of income support". According to Barrett-Grant *et al.* (2001:274) "The South African Government accepts that it has a responsibility to care for people who cannot take care of themselves. When people are too young, sick, old or injured to look after themselves, government will provide social support where possible. This kind of support is called social assistance". According to Barrett-Grant *et al.* (2001:274), the different types of Social Assistance for children offered by the Department of Social Development in the North West Province are:

- **Child support grant (CSG)**

It is given to a person who takes care of the child. The caregiver does not have to be the natural mother of the child. It amounts to R180.00 and caters for children up to 14 years of age.

- **Foster care grant (FCG)**

A foster care grant is paid to somebody who takes care of the child that has been placed in their care under the Child Care Act 74 of 1983. There is no means test for the foster parents and they are usually not related to the child.

- **Care dependency grant (CDG)**

This grant enables the caregiver to care for a child who is ill or needs special medical attention. The care dependent child must be in an applicant's full-time care.

On the other hand, home community based care seems to be a popular approach to deal with people suffering from HIV/AIDS. Community based care and support

enables the individual, family and community to have access to services nearest to home, which encourages participation by people, responds to the needs of people, encourages traditional community life and strengthens mutual aid opportunities and social responsibilities. The Department of Social Development (2001:11) cited the following as goals of community based care:

- To address immediate issues of poverty as they relate to basic needs and resources, and to facilitate and enable sustainable development and income generation, which can address medium and longer-term issues of poverty.
- To enable communities at prevention, early intervention, and care and development level to prepare and deal effectively with HIV/AIDS and its consequences.
- To address the needs of the most vulnerable people, for example older persons, children, women and people with disabilities.
- To support and facilitate the delivery of services and to built the capacities of communities, especially NGOs.

### **6.3 Recreational facilities**

The respondents were asked about their access to recreational facilities. Forty two (84%) respondents indicated that they did not have access to recreational facilities while eight (16%) indicated that they have. The eight respondents (16%) who had access to the facilities said they used them. It is common knowledge that rural communities are disadvantaged. According to the Department of Social Development (2002:4), one finds that communities with a high prevalence of HIV/AIDS are already disadvantaged and experience a high level of poverty, poor infrastructure and limited access to services. Therefore, one consequence of this loss of income and support is that the affected poor sink even deeper into the mire of poverty and neglect.

Roux (2002:60-61) stated that HIV/AIDS leads to financial, resource and income impoverishment. Households become poorer as a result of the illness and death of members, and in many cases, it is the income-earning adults who are lost. We are

bound to consider impoverishment as a characteristic of systems rather than solely of commonly identified social and economic units. The notion of social reproduction is of great importance. It is not the same as social capital. The term is used to refer to the effort that goes into the reproduction of social and economic infrastructure.

Steinberg (2002), in his report on how households cope with the impact of the HIV/AIDS epidemic, indicated that no sector of the populations is unaffected by the HIV epidemic, but it is the poorest South Africans who are most vulnerable to HIV/AIDS and for whom the consequences are inevitably most severe. The effects of these often affect children in one way or another because they are also members of the households.

The report by Reynolds (2003:8) indicates that the minister of Social Development,

Dr **Zola Skweyiya**, has often told South Africans that the child is in deep trouble in South Africa. The Early Childhood Development White Paper of 2001 estimated that 40% of all children grow up in conditions of neglect and poverty.

#### **6.4 Assistance respondents would like to receive**

On a question about what other assistance they would like to receive, 56 responses were received. The respondents gave the following responses:

- 26 respondents (52%) would have liked to receive emotional support;
- 10 respondents (20%) would have liked to receive financial support;
- 3 respondents (6%) would have liked to receive counselling and money;
- 3 respondents (6%) would have liked to receive material and financial assistance;
- 2 respondents (4%) would have liked to receive materials assistance;
- 12 (24%) respondents did not answer this question.

According to Pequegnat and Szapocznik (2000:215), "families affected by HIV/AIDS face multiple health care and psychosocial problems. Problems may include complex medical management and care giving issues, disruption of family roles and routines and concerns about the family's further as illness progresses". The unique nature of the AIDS-related losses, coupled with the pattern of shame, secrecy and isolated surrounding children affected by HIV/AIDS, lends urgency to the need for increased counselling services for adolescents and other family members affected by AIDS (Draimin, Hudis, Segura and Shire, 1999:47). Geballe *et al.* (1995:119) give the important factors to help children survive trauma and stresses of any disaster. They are:

- The child's temperament;
- Family support of a stable adult in the home or extended family and friends – who can maintain a sense of cohesiveness; and
- External support.

## **7. SUPPORT FROM COMMUNITIES**

A question was asked as to whether their households receive support from their communities. Twenty respondents (40%) indicated that they received support from their community, whereas 30 (60%) did not receive any. Of the 20 respondents who said they receive communal support, 13 (65%) said that they are often assisted by volunteers through providing home-based care, 6 (30%) respondents received food parcels from the nuns and 1 (5%) receive handouts from friends.

The Department of Health and Social Development recommends that hospitalization of people living with HIV/AIDS should be minimized. This calls for different communities to actively take part in providing for those infected by the virus. This approach points to more home community based care. There are a number of volunteers who have been trained to offer support and guidelines to different families. Community based care has thus become a popular approach to deal with people infected and affected. It allows for people with AIDS and their dependents to be cared for by their communities in their communities. Many positive aspects are

attached to this approach, including that the disease may become normalized within society, expensive institutionalized care is avoided and social networks are maintained and even strengthened. According to Uys (2003:5), home-based care is one of the most suitable methods for launching orphan care in communities.

## 8. INFECTED PEOPLE IN HOUSEHOLDS

When the respondents were asked who in the household is infected, the following responses were received:

**Table 5: Infected people**

<b>VALUABLE TABLE</b>	<b>f</b>	<b>%</b>
Biological mother	18	36
Biological father	12	24
Brother	2	4
Sister	3	6
Guardian	18	36
Could not say	15	30

The table above indicates that 68 people in the households were HIV-positive. In some households there was more than one person HIV-positive. According to the table above, more women were infected with the HIV/AIDS virus than men. This implies that 40% of the infected are biological mothers compared to 12 (24%) biological fathers, and 6% sisters compared to 4% brothers who were HIV positive. According to Pequegnat and Szapocznik (2000:282), women comprise an increasing proportion of persons with HIV. This is also a reflection in this study whereby 36% of mothers and 6% sisters were infected. Furthermore, it has also been indicated that children living with an HIV-positive mother comprise the largest group of AIDS-affected biologic families (Taylor-Brown, 1999:101). According to Aronstein and Thompson (1998:432), women are at a greater risk than men of acquiring HIV through heterosexual contact, because virus transmission from men to women is more efficient than from women to men, since women are the receptors of the man's semen.

This is the biology of the double standard. Another factor is that a larger proportion of men are infected, increasing the likelihood that women will have infected sex partners.

Only 35 respondents knew the HIV/AIDS status within their households. The fact that 15 (30%) respondents could not say anything about the HIV/AIDS status within their households reflects the point that there is still no open communication among a high percentage of family members regarding HIV/AIDS issues. This further supports the fact that, especially within African families, HIV/AIDS is regarded as a taboo and not easily disclosed to children. Many people who have tested HIV positive, usually say they have been bewitched.

According to Pequegnat and Szapocznik (2000:193), families need a forum in which they can discuss disclosure, custody and other HIV related issues and decide on the best course of action for their family. There is still a barrier to parents providing information. Moore *et al.* (1996:107) indicate that a primary barrier is that of embarrassment for both the parent and the young person.

When asked how they found out about the HIV/AIDS status of these people, the 35 respondents gave the following responses:

- 15 were informed by the social worker;
- 8 were informed by the clinic nurse;
- 3 were informed by a volunteer;
- 8 were informed by members of the family;
- one saw it on the clinic file.

These figures indicate that disclosure still becomes a very problematic issue to handle, especially when parents have to disclose their status to their children. This has a negative impact on professional intervention. According to Aronstein and Thompson (1998:323), parental refusal to openly discuss the disease will prohibit interventions that can reduce the anxiety which results from secrecy in the home. Disclosure of

diagnosis is a process that takes place over time. One cannot expect children to understand all aspects of a parent's illness after one discussion.

In addition, Geballe *et al.* (1995:75) stated that many families respond to the dilemma of the uncertain present and the all too certain future of HIV infection with secrecy and denial. Clinical experience strongly suggests that fewer than half of parents in HIV affected families tell their children about the infection. Interviews with parents and new guardians documented significant difficulties with disclosure, both within and outside the family unit. Some of the parents interviewed and many of those who had died had chosen not to inform all or some of their children of their HIV status (Draimin *et al.*, 1999:42).

When the 35 (70%) respondents were asked to indicate how they felt when they became aware of the HIV status in their households. The following responses were received:

**Table 6: Feelings of respondents**

<b>VALUABLE LABEL</b>	<b>f</b>	<b>%</b>
Could not believe it	19	54,28
Was confused	6	17,14
Was afraid	8	22,86
Was sad	1	2,86
Other feelings (shocked)	1	2,86
<b>N =</b>	<b>35</b>	<b>100</b>

According to Boyd-Franklin *et al.* (1995:173), "...the diagnosis of HIV/AIDS is a shock, since the family members trusted the life of their relative during a medical procedure to professionals". The responses above indicate that respondents had different reactions and feelings. The above table illustrates that most of the respondents (54, 28%) could not believe it.

Since it is difficult to disclose one's status, it is also difficult to deal with conflicting feelings. Usually when the status is disclosed, the infected person becomes medically compromised. During that time everything happens all at once. Boyd-Franklin *et al.* (1995:173) add that family members often stumble upon the truth, occasionally in an abrupt and embarrassing manner. This makes uninformed family members also feel angry at not being trusted, appreciated, and included in knowing the family secret. Often the disclosure comes too late so that family members are denied the opportunity to prepare for loss and grief when the infected relatives die. Thus, the social stigma and secrecy issues associated with HIV/AIDS affect the entire family system, and effectively strip all members of their social support system.

## **9. MEDICAL ATTENTION**

When the 35 respondents who know the status of their family members were asked whether their households received any medical assistance, 14 respondents (40%) indicated they received medical assistance, whereas 21 (60%) did not receive any. The 14 (40%) who received medical assistance, received it from the clinic. This shows that the clinic plays an important role in delivering health services, especially in rural and disadvantaged areas.

The respondents who said they did not receive medical attention outlined that people who were supposed to receive the service had passed away, the reason being that they did not receive treatment. This clearly indicates that there is an increase in the number of HIV/AIDS related deaths. According to Geballe *et al.* (1995:24), "AIDS has become increasingly prevalent. It has emerged as a leading cause of deaths, causing increasing numbers of children to be affected through the loss of their parents and other family members".

Death also has an impact on productivity. The declining productivity of HIV positive individuals is primarily and initially felt within the family. The illness and subsequent death of those individuals have external effects. The loss of adults in their productive prime also reduces the capacity of communities. Simultaneously, extra costs are imposed upon these same communities. The main manifestation of these costs is orphaning resulting from AIDS deaths.

## 10. THE EFFECT OF HIV/AIDS ON THE CHILD

The 35 respondents were asked to describe how the HIV/AIDS status in their households or families had affected them as children. They were differently affected and the following are their responses:

- Sixteen (32%) respondents were emotionally and psychologically affected. They also experienced denial of and embarrassment regarding their situations. They also felt emotionally torn apart and abandoned. They felt tortured, needed more care and support and had to deal with life without a parent or both. They saw their lifestyles change, and also became lonely.
- Eleven (22%) respondents experienced changes in their personalities. They developed mixed feelings, they also had a feeling of shock and denial that affected their entire personal conduct at home and from school. They shifted from being dependent to taking on an adult role of taking care of other siblings.
- Eight (16%) respondents had performed poorly at school. They have change in social life and were emotionally affected. They also could not concentrate and their minds were always preoccupied; they feared stigma from friends and relatives. They felt abandoned and neglected by other children at school. HIV/AIDS affects children in different ways. The main reason is that, although there is a high prevalence of HIV/AIDS today, we are not prepared to experience its effects either as infected or affected. Often, when we learn that we are either infected or affected, it usually comes as a shock, and the impacts differ.

According to Geballe *et al.* (1995:84), "many adolescents living in families with HIV disease are called upon to assume care-taking responsibilities for younger siblings and ill parents. Some may miss many days of school while others may drop out, thereby increasing their isolation from social support. Placement for these adolescents after their parents' deaths can be extremely difficult, especially if they have been functional heads of households, were "acting out, or wanted to establish a new household as guardians for their siblings". Geballe *et al.* (1995:101) further stated that "the role

that children, particularly older children, are expected to assume in caring for parents becoming increasingly ill and surviving siblings is of particular concern. Children, even young children, may be expected to function as primary caregivers for ailing parents, especially if other relatives live far away. This burden may be immense, particularly on older children and teenagers".

Pequegnat and Szapocznik (2000:215) see families affected by HIV/AIDS as being faced with multiple health care and psychosocial problems. Problems may include complex medical management and care giving issues, description of family roles and routines, and concern about the family's future as illness progresses. The most common effect of HIV/AIDS on children is lack of acceptance by peers, especially at school. This may result in poor performance in the classroom. The child usually feels neglected and abandoned by both peers and teachers. According to Boyd-Franklin *et al.* (1995:239) the child affected by HIV/AIDS may suffer at school as well as at home. In addition, children with HIV/AIDS may suffer from anxiety and depression in anticipation of serious illness and death. Such concerns frequently have an adverse effect on school performance.

Geballe *et al.* (1995:86) outlined the experience of children affected by HIV/AIDS in a broad spectrum. According to them the needs assessment of children affected identifies four primary themes, namely (a) multiple losses, (b) isolation and lack of social support, (c) destructive coping behaviours and (d) problems identifying and maintaining new custodial placements.

### **Multiple losses**

Loss, related and unrelated to Aids, is a predominant theme in the lives of children. Some have experienced at least one major loss while other have multiple experiences.

### **Isolation**

The losses and associated changes in their living situation, neighbourhood of residence, and school, often result in significant isolation of these youths from their peer and adult social networks.

## **Negative coping behaviour**

Adolescents exhibit a wide range of responses to the stress of living with a parent with AIDS. Some are supportive, others are self-destructive. Families face different placement dilemmas. In some, the older teenager may be the only person able to assume permanent custody of the younger children when the parent dies. Other families may be willing to take custody of the younger siblings but not of the older youth.

The issue of custody remains a challenge, and a good mutual relationship needs to be maintained. This problem arises in two general contexts, as outlined by Geballe *et al.* (1995:147). They are firstly, custody disputes between members, and secondly, state dependency proceedings where the state may seek to remove a child from home to protect him or her from harm.

## **11. MEANING OF HIV/AIDS**

When asked what HIV/AIDS means, the respondents gave different answers. Basically, what many of them think of HIV/AIDS is that it ultimately leads to death and that HIV/AIDS is sexually transmitted. The following is a summary of their responses:

- 18 (36%) respondents held the view that HIV/AIDS is sexually transmitted through unprotected sex;
- 14 (28%) said that HIV/AIDS is dangerous and may cause death. It is also associated with being ill for a long time and losing weight;
- 3 (6%) believed that it is transmitted through contact infected blood;
- the other 15 (30%) could not provide answers to this question.

The above answers correlate with research done by Roux (2000:84), which indicates that the respondents have a broad view about HIV/AIDS.

## **12. THE NEEDS OF THE AFFECTED CHILDREN**

When asked about the needs that the 50 respondents experience, the following were identified:

- 10 (20%) respondents needed clothing, education, food and money.
- 15 (30%) said they needed emotional support, care and counselling.
- 10 (20%) needed counselling, financial, education, food, clothing and emotional support.
- 15 (30%) could not give specific answers.

It has been established that the needs of children are mostly material, financial and emotional support. All the programmes aimed at addressing the needs of children have to cover all the aspects so as to support a holistic person. According to Lerole (1994:10), programmes combining medical care, education, counselling, financial aid and respite care provision can largely enhance the quality of life for children and families affected by AIDS.

The 35 respondents who knew the HIV/AIDS status within their households were asked whether there are people in their household whom they could talk to about HIV/AIDS. The following responses were received:

- 9 (25,7%) of the respondents indicated that there are people they can talk to;
- 25 (71,4%) found nobody within the family to talk to;
- 1 (2,9%) were not sure about individuals within the family to talk to.

This analysis indicates that there is no open communication that allows members to share information about HIV/AIDS. Table 7 illustrates the people whom the nine children feel comfortable talking to and sharing information with.

**Table 7: People to share information with**

<b>VALUABLE</b>	<b>F</b>	<b>%</b>
Biological mother	2	22,22
Adoptive parents	1	11,12
Brother	3	33,33
Sister	3	33,33
<b>N =</b>	<b>9</b>	<b>100</b>

The table above also reflects that respondents are more comfortable to talk to others such as brother (33,33%) and sister (33,33%) as compared to biological mother (22,22%).

When the 35 children were asked whether there were any other people that they could talk to about the feelings they experienced, 17 of the respondents (48,57%) said there were no other people they could talk to. This means they kept everything to themselves and felt bottled up. The other 16 (45,71%) had someone to talk to. A further 2 (5,7%) were not sure of whom to talk to. The people mentioned by respondents as those they could talk to are:

- 11 respondents (68,75%) said they were able to talk to their friends
- 2 respondents (12,50%) said they could talk to their counsellor/volunteer
- 2 respondents (12,50%) said they could talk to their boyfriends
- 1 respondent (6,25%) said he/she could talk to his/her teacher

Poor communication within a family setting or even outside is a detrimental factor. It may have negative effects on an affected child whereby unnecessary and unwanted outcomes may ensue. As a result, it is emphasized that parents need to initiate open communication with their children. Communication must be reciprocal, whereby both parents and children are free to share sensitive matters. There are different people they can talk to.

### 13. CONCLUSION

This study indicated that most of the respondents stayed with their guardians. It was also identified that the biological parents of these children were either terminally ill and unable to provide them with proper care and support or had already passed away. It is therefore concluded that HIV/AIDS leaves increasingly more children orphaned and vulnerable.

The 50 respondents who were interviewed had access to medical services in their area. The government, through the Department of Health, ensures that there is easy access to medical services, even in the deep rural areas. This enables people who are very sick to have monitored and supervised treatment. The conclusion therefore is that, although families with terminally ill members need more support, at least they may easily take their patients to the nearest clinics.

Many of the respondents also indicated that they had access to financial services. Those who said they did not receive any services were not aware of the available resources. Although the government has put more effort through different Imbizos to make communities aware of the services provided by different departments, it seems that there is still much to be done. Most deep rural areas have not yet been reached. It is unfair to them not to receive financial services, although they qualify.

The services provided to different communities are not solely received from the government. It is important to note that other sectors of communities are role players in service delivery. This study has indicated that sectors such as faith based organizations, non-governmental organizations and community-based structures are also actively involved. This indicates that the government's plea for partnerships to service communities that are affected by the scourge of HIV/AIDS has been answered. It is concluded that an integrated community home-based care model for people living with HIV/AIDS seems an immediate response in addressing an increasing statistics of HIV/AIDS.

Recreational facilities are not evenly distributed among different communities. There are communities that have almost everything as far as recreational facilities are

concerned, while other communities have nothing. This brings an imbalance, especially in the upbringing and socialization of children. The imbalances have negative impacts especially on young people, whereby they tend to develop their own alternatives such as alcohol and drugs or sex to substitute recreation. The outcomes may also be negative and it usually includes HIV/AIDS infections, teenage pregnancy or crime.

Communities have an important and essential role to play to assist households and children affected by HIV/AIDS. However, although people have been educated with regard to HIV/AIDS and the effects thereof, people are still afraid of coming too close to people infected, including the whole family. It is concluded that the stigma surrounding HIV/AIDS still prevails, and it is even attached to the affected. Children who are affected are being discriminated against either from school or the communities, or by their peers. When communities do not assist, usually children affected become victims because they now have an added and extra responsibility of taking care of their ailing parents.

HIV/AIDS still remains a not talked about matter. Children who are affected by HIV/AIDS became aware of the status of HIV/AIDS after having been informed by people outside their families. Children as a result react in different ways, because they think they are not trusted or they feel betrayed by their own family members. Parents do not easily open up to their children and they end up having ambivalent feelings about the whole issue.

Children and young people in this research do have information on HIV/AIDS. They easily say what it means and they know the signs and symptoms of HIV/AIDS. They are also aware of how it is transmitted. The other ratio of respondents interviewed was not able to provide information on HIV/AIDS. This could mean that they honestly do not know what HIV/AIDS is and how it is transmitted or were not in a position to talk about it due to the stigma attached. Most people do not want to open up and to be associated with HIV/AIDS. This proves the point that stakeholders and role players still have a lot to do to teach people about HIV/AIDS so as to minimize the effects of the stigma attached to the disease.

#### 14. RECOMMENDATIONS

- Since it is evident that many children have already lost their parents and that many of them are staying with guardians, it is recommended that parents must prepare memory boxes for their children whereby custody is discussed and arrangements be made for prospective guardians. This will help social workers and other role players to determine who will better take care of orphaned and vulnerable children.
- According to responses from this study, some people are not aware of other financial assistances that are available to them. It is here recommended that more social workers be appointed so that they can reach even remote areas and offer assistance in accessing financial services.
- Concerning the issue of recreation, facilities must be evenly distributed and more attention should be given to previously and currently disadvantage communities where there is none. Young people should be encouraged and motivated to utilize the available facilities so as to lessen the impacts of involvement in alcohol and drug usage as well as experimenting sex in early ages.
- According to the responses given from this study, the role of the communities regarding affected households is not yet evident and sufficient. It is recommended that more emphasis should be placed on conscientising communities concerning their roles in assisting to fight against HIV/AIDS as well as to implement the integrated community home-based care model.
- The study also shows that the stigma surrounding HIV/AIDS has negative outcomes when it comes to disclosure and open communication among family members. Social workers and other professionals directly involved with parents who are HIV-infected must establish support groups whereby disclosure and open communication within the family will be emphasized. This may also help in curbing further infections, especially in instances where children are carriers.

- HIV/AIDS education should be extended to other sectors such as churches and other public venues where more people will be reached. Efforts should be made that education reaches everybody including those who are not attending school.

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## ARTICLE 2

### THE ROLE OF SOCIAL WORK FOR CHILDREN AFFECTED BY HIV/AIDS

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#### SUMMARY

Presently, South Africa is confronted by the most extensive pandemic in history, namely HIV/AIDS. Not only those who are infected experience problems, but also those who are affected, such as children whose parents are HIV positive and those who are orphaned due to the death of a parent or parents.

Everyone who is affected by the HIV/AIDS pandemic experiences certain needs and problems, but it is especially people in rural areas who do not always have appropriate services available, who are most affected by the illness. Social workers who deliver services in the rural areas are the people capable of delivering efficient services to the children affected by HIV/AIDS, especially by means of the three primary methods of social work, namely clinical social work, social group work and community work.

#### 1. INTRODUCTION

The HIV/AIDS pandemic calls for a multidisciplinary approach in working with both the infected and affected. These aspects include the emotional, financial and social aspects. Given that HIV/AIDS impacts on every aspect of human existence, it is demanding the involvement of professionals such as social workers to provide care for the infected. Practitioners in the health care and social services find themselves in the frontline regarding both preventing the spread of HIV and dealing with its consequences, especially in rural areas (Lerole, 1994:9).

This study was conducted in Pomfret which is an area in the far north of Ganyesa service area. The area was chosen for the reason that there is an alarming increase in the numbers of HIV-infected persons. It was further noted that Pomfret, rural as it is, is regarded as an island. This results in people, including service providers, alienating themselves from the area. The main barrier for this alienation is language, because most of the people in the area, especially the elderly and the uninformed, cannot communicate in either Afrikaans or English. Furthermore, there is the problem of asbestos that is inhaled from the air and causes severe permanent damage to human life. These two barriers make the community to be more disadvantaged.

## **2. PROBLEM FORMULATION**

According to Smale, Tuson and Statham (2000:5) "social work is about the interventions made to change social situations so that people who need support or are at risk can have their needs met more appropriately than if no interventions were made". This study aims at establishing the needs of children affected by HIV/AIDS in rural areas and how best social workers can work with them in order to meet the identified needs.

General knowledge informs us that rural areas are originally disadvantaged. It is very important to lessen the gaps and imbalances that have been created between rural and urban communities. The social worker needs to fit in to become part of a multidisciplinary team that works in enhancing that standard of living for communities in rural and disadvantaged communities. Smale *et al.* (2000:5) further pointed out that an ecological perspective on our world and our actions within it helps us understand the knock-on effects of many of our actions upon the environment, both physically and socially. We need an ecological perspective to grapple with complex social problems at all levels, from individual work to national and international policy.

It has been identified that rural communities have no access to various services, including social work services. They have learned to survive through difficulties and are self-sufficient and independent. The tradition of self-help among people in rural communities is undoubtedly strong. Many people in rural areas are eligible

beneficiaries of social grants. However, they have no information on what is available to them, they do not know where to go to make applications.

Social workers have to serve as agents of these communities in order to make them aware of what is available and of who qualifies. There are different methods and techniques that social workers can utilise to assist. This is emphasized by Northen (1995:ix), namely that "social work is a multifaceted profession. The practitioners in social work have assumed responsibility for the interaction between people and their environments. They practice in varied settings with diverse populations and perform numerous roles. This simply means that social workers need to go and see people in their different settings by conducting home visits and conducting awareness campaigns and educational talks in rural areas. This will help in conscientising communities concerning the different services rendered by social workers.

### **3. RESEARCH GOAL**

The goal of this research is to investigate the role of social work in providing services to children affected by HIV/AIDS in a rural area.

### **4. RESEARCH METHODOLOGY**

The methods used for investigation were a literature study and empirical research.

#### **4.1 Literature Study**

The central focus of this study was on the role of social work to provide services to children affected by HIV/AIDS in rural areas.

#### **4.2 Empirical Research**

The development research and utilization model (DR&U model) were used as a guideline (Grinnell, 1981:590-591, Strydom, 2000:151-154). The DR&U model is directed at the ways whereby social technology is analyzed, developed and evaluated. The survey procedure was used to investigate the role of social work services for children affected by HIV/AIDS in a rural area.

#### **4.2.1 Research design**

The descriptive design was used to investigate the role of social work services for children affected by HIV/AIDS in a rural area.

#### **4.2.2 Participants**

Rural households with children aged between 10 and 19 years affected by HIV/AIDS were used as a sample for the research purpose. This group was chosen because the children were able to understand the question and could communicate their needs. A non-probability sampling technique was used and specifically the convenience sample (Grinnell, 1993:162, Strydom, 2000:69). Fifty respondents were willing to participate in the research.

#### **4.2.3 Measuring Instrument**

According to Neuman (1997:30), gathering data for the research is divided into two categories, namely qualitative and quantitative. For purposes of this research, a reconnaissance survey was firstly done, which involved identifying households with children affected by HIV/AIDS and their distribution in Pomfret. Secondly, the field enquiries consisted of schedules that were pre-tested and revisited before their final use. The questions were closed and open-ended questions. The respondents could express their views on the issues being investigated.

#### **4.2.4 Procedures**

For purposes of the research, permission was obtained from the Department of Social Development Ganyesa where the researcher was a social worker at that time. Permission was also obtained from the respondents as well as from the head of the household of each of the affected children. The affected children were interviewed by the researcher herself at their homes, using a self-formulated schedule.

#### **4.2.5 Ethical aspects**

Ethics is a set of moral principles which are suggested by an individual or group, is subsequently widely accepted and which offers rules and behavioural expectations

concerning the most correct conduct towards experimental subjects and respondents, employer sponsors, other researchers, assistants and students (Strydom, 2002:63). To ensure that all ethics were practiced, the questionnaire was compiled, tested and then used. The questionnaire ensures that the information provided remained confidential. It also ensured that the findings did not impact negatively on the respondents.

#### **4.2.6 Data analysis**

Data was quantitatively and qualitatively analyzed in terms of categories (discrete descriptions). It was transformed into statistically accessible forms by counting procedures (McKendrick, 1990:275).

### **5. SERVICES RECEIVED FROM THE SOCIAL WORKER IN POMFRET**

According to the White Paper for Social Welfare (SA, 1997:90) the departments of welfare will assess, monitor and promote the meeting of the needs of children who are affected by the HIV/AIDS pandemic. The White Paper for Social Welfare (SA, 1997:90) further stated that "(a)ppropriate and innovative education and prevention programmes as well as social services will be promoted in partnership between Government, civil society and the private sector. Home-based, family-oriented and community care strategies are the preferred options for coping with the social consequences of HIV/AIDS and the need for care". With this in mind the researcher investigated the services and the role of the social worker in Pomfret, a deep rural area of the North West Province.

A question was put to the 50 respondents as to whether their households received any services from a social worker. Thirty eight (76%) of the respondents answered "yes", 3 (6%) answered "no" and 9 (18%) were not sure. The services that the 38 respondents received from social workers were the following: 31 (81,58%) received social grants, 2 (5,26%) received food parcels and 5 (13,16%) received counselling and grants. On a question as to who received these services, the answers are listed in Table 8 were received:

**Table 8: People who received social work services**

<b>People</b>	<b>f</b>	<b>%</b>
Biological mother	8	21,05
Biological father	3	7,89
Adoptive parents	2	5,26
Guardian	13	34,21
Brother	1	2,63
Sister	1	2,63
Other	10	26,33
<b>N =</b>	<b>38</b>	<b>100</b>

According to the results, the 13 (34,21%) guardians are the people who mostly received the services. The other 10 (26,33%) people in the household who receive services were friends who lived in these households.

A question was put to the 50 respondents concerning what services they thought a social worker should deliver to children affected by HIV/AIDS. The following answers were received:

- Counselling and emotional support (6).
- Counselling, food, clothing and money (33)
- Clothing, food, money and education on HIV/AIDS (8).
- Not sure about services of the social worker (3).

Services of the social worker in supporting not only the infected but also the affected, and especially the children, are very important. According to Uys (2003:5), it "has increasingly become clear that home-based care programmes are one of the most suitable avenues for launching orphan care in a community".

A question was asked as to how often the respondents and their households visited a social worker. Three (6%) respondents visited the social worker once a month, 7 (14%) could not give an answer and 40 (80%) never visited a social worker. It is very clear from this research that the respondents do not visit the social worker very often. This may be because it is too far to Ganyesa where the offices of the social workers are. On a question as to how often the social worker visited the respondents as well as their households, the following answers, as shown in Table 9, were received:

**Table 9: Visits of the social worker**

<b>Visit respondents</b>	<b>f</b>	<b>%</b>	<b>Visit households</b>	<b>f</b>	<b>%</b>
Once a month	2	4	Once a month	2	4
Once in two months	6	12	Once in two months	9	18
Once in three months	3	6	Once in three months	4	8
Once in 4 months	14	28	Once in 4 months	1	2
Once or twice a year	1	2	Once a year	1	2
When needed/occasionally	11	22	When needed/occasionally	14	28
Never	13	26	Never	19	38
<b>N =</b>	<b>50</b>	<b>100</b>	<b>N =</b>	<b>50</b>	<b>100</b>

Although the results differ, it is clear from these results that social workers did not visit these people often. The researcher agrees with Roux (2002:310) that Social Work and social workers have a task and responsibility regarding the prevention of HIV/AIDS and for supplying direct assistance to the HIV/AIDS-infected, but also to the people affected by HIV/AIDS.

The respondents were asked to rate the services they received from the social worker. The answers supplied were the following:

- Very good (0).
- Good (22).
- Average (16).

- Bad (11).
- Very bad (1).

Their motivation for their answers were the following:

- No easy access to the social worker. Social workers fail to come to the area (32).
- The social worker gives advice (4).
- They only come when there is a problem (6).
- They do not show commitment to their work (2).
- They give emotional support to families to cope with death (4).
- Not aware of the services of a social worker (2).

Most of the respondents rated the services of the social worker good, but also stressed that they are not easily accessible. Two respondents who rated the social worker bad, said that social workers do not show commitment in their work and they only come when there is a campaign or crisis. Two respondents stated that they were not aware of the services of the social worker and had never had contact with a social worker.

If one looks at the answers received from the respondents concerning the services received from the social worker in a rural area, the question can be posed "What are the roles of social work and the social worker?"

## **6. THE NATURE OF SOCIAL WORK**

According to Devine cited in Mattaini *et al.* (2000:313), the two fundamental and concomitant goals of social work are enhancing the general welfare of individuals and helping individuals and families who face some form of adversity to overcome it or at least to find ways to manage their relationship to it. Thompson (2000:12) argues that there is no single answer to the question, what is social work? He maintains that social

work is what social workers do. Thompson (2000:13) described three different approaches to social work. These are:

- Individualism–reformism: This refers to a view of social work as an activity geared towards meeting social welfare needs on an individualized basis.
- Socialist–collectivist: This is part of a system which seeks to promote cooperation in society that the most oppressed and disadvantaged people can gain power over their own lives.
- Reflexive–therapeutic: This approach is geared towards promoting and facilitating personal growth in order to enable people to deal with the suffering and disadvantage they experience.

According to Pincus and Minahan, as cited in Kirst-Ashman and Hull (2002:4), the purpose of social work is "to (1) enhance the problem solving and coping capacities of people, (2) link people with systems that provide them with resources, services and opportunities, (3) promote the effective and humane operation of these systems, and (4) contribute to the development and improvement of social policy". Social work is a profession dealing with different people of different cultures and diversity. It is therefore important for the profession of that nature to have values that embrace the profession. Thompson (2000:104) defines social work values as "...a set of fundamental moral ethical principles to which social workers are/should be committed". Mattaini *et al.* (2000:49) highlighted the following as values that need to be infused throughout every social work curriculum:

- Social workers' professional relationships are built on regard for individual worth and dignity and are furthered by mutual participation, acceptance, confidentiality, honesty and responsible handling of conflict.
- Social workers respect people's right to make independent decisions and to participate in the helping process.
- Social workers are committed to assisting client systems in obtaining needed resources.

- Social workers strive to make social institutions more humane and responsive to human needs.
- Social workers demonstrate respect for and acceptance of the unique characteristics of diverse populations.
- Social workers are responsible for their own ethical conduct, the quality of their practice, and seeking continuous growth in the knowledge and skills of their profession.

Some of the facts provided are not applicable in all areas of service delivery by social workers. This research indicated that the community of Pomfret does not receive proper social work services, because social workers are not deployed in their localities. This also adds to the fact that services are unequally and inequitably distributed between rural and urban areas. The focus still is on urban areas. In addition, social workers do not want to be placed in rural and disadvantaged areas due to the fact that government does not provide rural allowance.

## **7. SOCIAL WORK METHODS**

Social work as a profession is divided into different methods of intervention. There are three basic methods, namely clinical social work, social group work and community work. For purposes of this study attention will only be given to two of the methods, namely clinical social work and social group work.

### **7.1 Clinical Social Work**

According to Thompson (2000:65), clinical social work or case work is a common form of practice and involves working on a one-on-one basis with clients in order to help resolve their difficulties. Clinical work, according to Kirst-Ashman and Hull (2002:22), "primarily involves direct interaction with individual clients". Woods and Hollis (1990:ix) define clinical social work as "a psychosocial therapy that is designed to give a clear presentation of the psychosocial approach. It deals with the "hows" and the "whys" of clinical social work practice in the treatment of psychological, interpersonal and social problems.

### **7.1.1 The process of helping the clients**

In helping the client system, social workers use a certain process. This process is, to a large extent, the same in clinical social work as well as in social group work. According to Compton and Galaway (1999:7), problem solving "is a rational, goal directed process that includes actions to define the problem; to collect information on which to base decisions; to engage the client in goal setting and decision making; to produce change; and to evaluate progress". To solve the problem of the client, for instance, the children affected by HIV/AIDS, the social worker focuses on the strengths of the client. The process of solving and helping the client will be divided into phases of engagement, building relationships, assessment, intervention and termination, as described below.

#### **7.1.1.1 Engagement**

According to Northen (1995:223) "engagement in the use of help requires recognition of some need or problem that is appropriate to the services offered, acceptance of some responsibility for a part in the situation; willingness to express feelings, thoughts or experiences with a practitioner and often also with members of a family or formed group and a decision to invest energy, time and perhaps money in the effort". In clinical work, the client must be willing to interact in one way or another with the social worker, and for some kinds of cases, a very intense relationship may be required. In many cases, clinical social work as a method is used when a client is attempting to overcome the emotional damage caused by problems or situations such as HIV/AIDS (Mattaini *et al.*, 2000:143).

#### **7.1.1.2 Building relationships**

Relationships with the client systems are based on mutual trust and the client's belief in the worker's genuineness, non-possessive warmth and professional capabilities. Empathy needs to be a part of every relationship between the social worker and the client. Understanding situations from the client's point of view is essential to any ongoing work. Worker-client relationships are directed at the needs and wants of the client system and not to those of the social worker. These relationships carry a certain

amount of authority, regardless of the setting in which they are carried out, and they are time-bound and controlled (Hoffman & Sallee, 1994:116).

On the other hand, Wood and Hollis (1990:217) comment that, on the worker's part, no matter what the form of treatment, the attitude must be a positive one, with concern for the client's well-being, liking, respect and acceptance of the client as an individual, and a wish for that person to be happier, or at least more comfortable and better able to handle situations. For themselves, workers need to have confidence in their skills and in the possibility of their effectiveness in aiding clients.

While working with children affected by HIV/AIDS, it is important to ensure that a good relationship is built prior to intervention. A good relationship between the social worker and the child enhances free and open communication as well as trust.

#### **7.1.1.3 Assessment**

Hoffman and Sallee (1994:116) define assessment as "a professional statement and process which makes sense of the information collected by applying theory, research and analytical skills to an area of concern based on one's professional knowledge. The basis of social work's professional knowledge is gleaned from the social and behavioural sciences and from the ways in which this knowledge is organized into a social work perspective. Northen (1995:164), on the other hand, sees it as "the process whereby a clinical social worker, with maximum participation of clients, acquires differential and accurate understanding of the family-situation gestalt".

According to Woods and Hollis (1990:247), the total process of assessment consists of trying to understand what the trouble is, what factors seem to be contributing to the trouble and what can be changed and modified. Diagnostic assessment takes place in two different ways. First, as the social worker listens to what clients are saying during the interview, he or she constantly tries to answer the three questions just posed, for what she or he does in the current interview will be determined by this understanding. Second, periodically during the total contact, the social worker needs to look back over all that is known about the person and the situation in order to answer these questions more fully in the light of this total knowledge (Woods and Hollis,

1990:248). Assessing the child is also vital in the relationship between the social worker and the affected child. It allows the social worker a chance to listen to what the child has to say.

#### **7.1.1.4 Intervention**

Intervention consists of using a series of skills or techniques to help clients achieve their goals related to the enhancement of their psychosocial functioning. In helping clients to change, social workers have available to them a repertoire of clusters of techniques or skills for selective use with clients at a given time (Zastrow, 1992:289-290). According to Zastrow (2001:118), social workers "need to listen carefully to clients, convey understanding, and identify specific fears so those fears can be alleviated". The practice process generally moves from assessment into intervention in a relatively seamless way with the social worker and client beginning to implement the tasks they have identified, some of which may happen in private sessions, some by working together in the client's natural environment, and others as homework to be completed by one or the other of the participants.

The intervention process in this instance becomes difficult because the worker and the client do not share the same environment. It often becomes difficult for clients to give feedback on tasks allocated. As indicated earlier, it becomes difficult for clients to initiate their contacts with the social worker; they only meet when they are aware of the presence of the social worker in their area or when the social worker visits the household. This could be long after the previous contact and it could result in not all the facts being discussed. Working in the client's natural environment also becomes impossible because some of the clients have to travel to either Morokweng or Ganyesa to see a social worker. Social workers also rely on information collected from clients to make decisions; where problems are considered urgent, no follow-ups are done to verify the information gathered.

According to Woods and Hollis (1990:24), there are three major strategy clusters of information that capture much of what social workers and clients do together:

- Facilitating exposure to new experiences.

- Working with cognitive and private events.
- Learning new skills.

The social worker needs to follow-up and do thorough intervention to what needs to be done in order to help the child. He/she needs to identify a proper environment that will be conducive for the child. A conducive environment enables the child to open up to the social worker and to develop trust.

#### **7.1.1.5 Termination**

According to Woods and Hollis (1990:443), termination is a time to consider the gains that have been made and ways that can be consolidated and built after a treatment is over. In both brief and long-term contacts, the way the termination process is managed can have significant implications for clients, occasionally long after treatment ends. Northen (2000:316) added that, ending an experience needs to be done in such a way that professional values are implemented. Ideally, individuals have entered into a relationship in which they have been treated with acceptance and respect, and encouraged to participate actively in the process and make their own decisions, with due regard for the welfare of self and others. Although careful handling during the initial phase of treatment can be extremely important, the process of ending a therapeutic relationship requires even greater skill, sensitivity and self-awareness. Woods and Hollis (1990:443–4) detailed termination in some special features in the following manner:

First, when clients initially come to see a social worker they are usually feeling pressured by the difficulties that led them to seek help and often with very little encouragement, they become involved in the treatment process if they feel the social worker is interested and accepting. During termination, however, even when complex issues are involved, there may be more reluctance to address them because they can be difficult, occasionally painful, and more easily denied or shelved than those that surround presenting problems. Thus, the social worker may need far more persistence to promote a therapeutic climate that fosters openness and honesty between client and worker.

Children need to know that they cannot only rely on the social worker for as long as they are. It is important to prepare them for termination on the initial contact. When working with children affected by HIV/AIDS, it becomes difficult to promote openness on issues affecting individuals. However, it is useful because children are prepared to deal with difficult issues and concerns on their own. In addition, children need to be linked with other resources such as love-life as part of the termination plan. However, in places such as Pomfret where there is scarcity of referral sources, children are left to deal with their own problems and to return to their difficult situations.

Second, especially when treatment is going well, there be very little discussion might take place between clients and worker about the feelings. Termination, on the other hand, generally requires some acknowledgment by clients of the meaning of the therapy and of their feelings towards the worker.

Third, many practitioners agree that when termination is incorrectly or carelessly handled, gains made in treatment may be interfered with or even totally reversed. Finally, terminations can often be very difficult for the worker. Ambivalence is more likely to be present around endings than beginnings. The worker's feelings towards and the treatment of experiences, the worker's general way of handling separations, the worker's current emotional and relational situation can all profoundly influence the course termination takes. Termination is not always pleasant and easily accepted. The child affected by HIV/AIDS needs to be prepared for termination beforehand because he/she is vulnerable and always needs a professional person for support. It is important to mention termination at the very beginning.

## **7.2 Group Work**

Toseland and Rivas (2005:12) define a group as a "goal-directed activity with small treatment and task groups aimed at meeting socio-emotional needs and accomplishing tasks. This activity is directed at individual members of a group and to the group as a whole within a system of service delivery". In Pomfret, the social workers can aim to support or educate the children affected by HIV/AIDS, help them socialize and achieve personal growth or provide treatment for their problems and concerns through

social group work. Group membership extends beyond the time that the members spend together; it involves a commitment and loyalty which arises out of the individual's interaction with group members and the group leader.

Group work can play an important role in assessing children affected by HIV/AIDS. According to Toseland and Rivas (2005:21) this can be done through different types of groups.

### **7.2.1 Types of groups**

Toseland and Rivas (2005:14) classify groups as either treatment or task groups. Five primary purposes for treatment groups are support, education, growth, therapy and socialization (Toseland & Rivas, 2005:21).

Task groups according to Toseland and Rivas (2005:28) "are common in most agencies and organizations. They are used to find solutions to organizational problems, to generate new ideas, and to make decisions. Task groups can have three primary purposes: (1) meeting client needs, (2) meeting organizational needs, and (3) meeting community needs".

In Pomfret the social worker can use different treatment groups to meet the needs of the children that are affected by HIV/AIDS.

- **Support groups** can help children cope with the effects of HIV/AIDS. This type of group can help to revitalize and enhance the children's coping abilities to effectively adapt to and cope with future stressful events caused by the HIV/AIDS illness in their households.
- **Educational groups** can help the children to learn more about HIV/AIDS. Educational groups are aimed at increasing members' information or skills. According to Zastrow (2001:5), educational groups "usually have a classroom atmosphere, involving considerable group interaction...". The social worker often assumes the role of a teacher.

- **Therapy groups** help children affected by HIV/AIDS to cope with problems and trauma they experience. Therapy groups focus on remediation and rehabilitation (Toseland & Rivas, 2005:21-25).

According to Zastrow (2001:4-10) there are a variety of groups in social work such as social conversation, recreation, education, task, problem solving, focus, self-help, socialization and therapy groups.

### **7.2.2 Group dynamics**

According to Toseland and Rivas (2005:64), "(o)ne of the worker's most important tasks is to help groups develop dynamics that promote the satisfaction of members' socio-emotional needs while facilitating the accomplishment of group tasks". Group dynamics also determine the functioning and progress of groups. It is important to understand that working with children affected by HIV/AIDS is difficult and sensitive. This calls for working an extra mile and putting more effort to ensure that children develop trust in the worker as well as other co-members. The worker must therefore ensure that group dynamics such as communication, cohesion, social control mechanisms and group culture are developed.

Each member of a group is influenced by the other members and in turn influences them in the direction of her or his goals and the group goal. A member's influence over the member is derived from the meaning that group membership holds for them. It depends on the group's goals, norms, cohesiveness, communication and interpersonal interactions. In putting oneself in the position to influence and to be influenced, an individual aids and is aided by others in shaping behaviour towards the attainment of individual and group goals. The emotional climate of the group may affect the degree of control or influence exerted. Group influence and control result in some loss or modification of the self, as the individual identifies with the group and its direction of movement. The affected children need positive influence from others within a group. The study indicates that they occasionally rely on their peers for information. The group's influence has a positive impact on providing children with all the required information.

This study indicated that children are still dealing with feelings and experiences of HIV/AIDS on their own. There is no open communication among members of the family and nobody feels free to talk. Establishing a group with children affected may be a way of assertiveness training to these children and to teach them how to communicate.

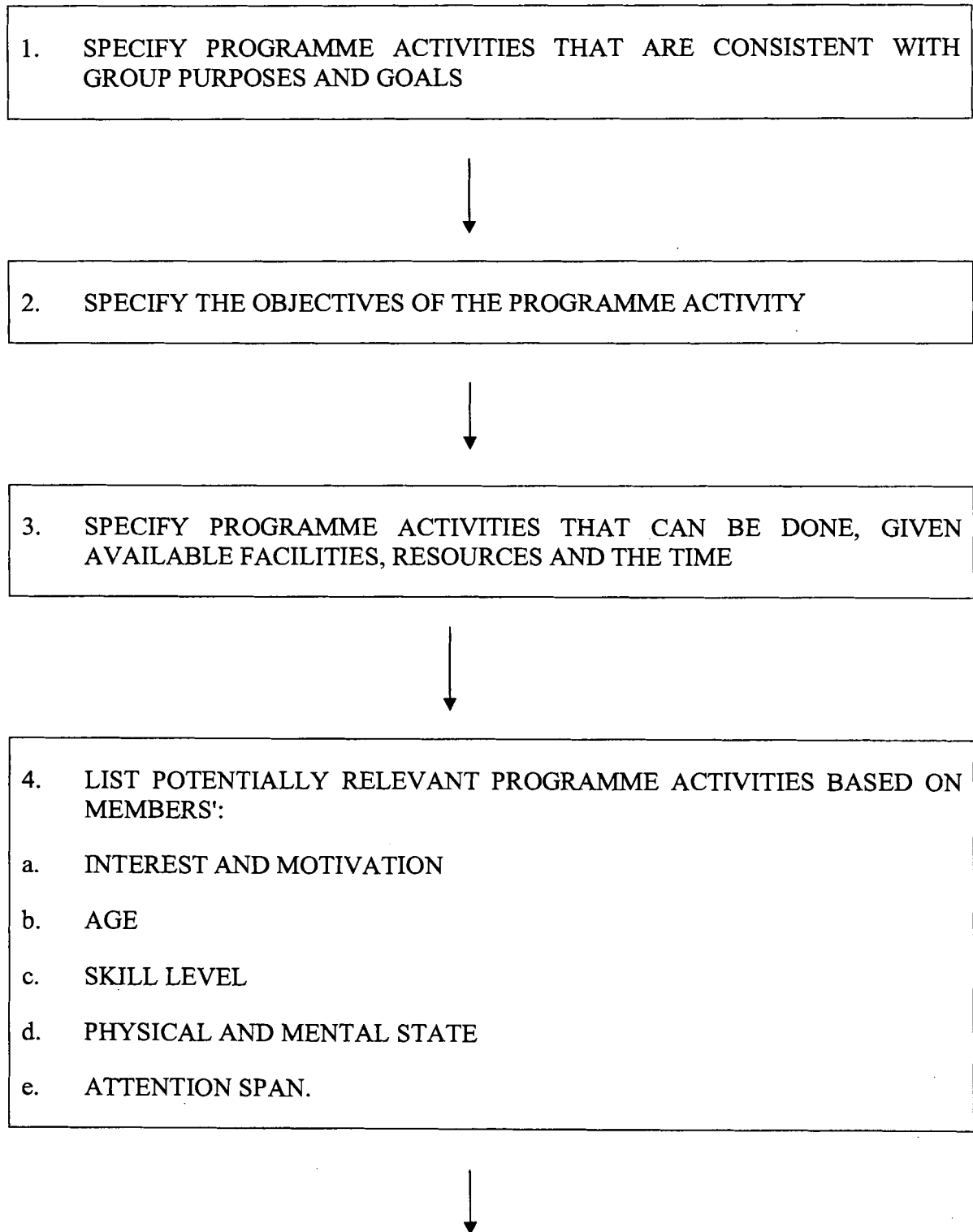
To establish such a group in Pomfret can be difficult, because the culture of people is different from that of the social worker. This is a challenge on the part of the worker; she needs to understand the culture of the local people in order to effectively establish group dynamics.

### **7.2.3 Programme activities**

Programme activities or programming are the resources used within the group context to assist individual group members and the group as a whole to achieve their objectives (Rootman, 1998:67). According to Toseland and Rivas (2005:259), programme activities "provide a medium through which the functioning of members can be assessed in areas such as interpersonal skills, ability to perform daily living activities, motor coordination, attention span and ability to work supportively". Skidmore *et al.* (1994:85) regard programming as the means of goal attainment and if appropriately developed, the programme will stimulate and free individuals to behave and release their feelings in acceptable ways. Programme activities include verbal programme activities such as group discussion, socio-drama and concerts as well as non-verbal programme activities such as art, music and games (Roux, 2002:184).

Toseland and Rivas (2005:261) present a clear schematic procedure on how to select activities for a programme, as represented in Figure 1.

**FIGURE 1: A PROCEDURE FOR SELECTING PROGRAMME ACTIVITIES**



5. CLASSIFY PROGRAMME ACTIVITIES ACCORDING TO:
  - a. CHARACTERISTICS OF THE ACTIVITY, e. g. LENGTH AND STRUCTURE, etc.
  - b. PHYSICAL REQUIREMENTS OF THE ABILITY, e.g. FINE MOTOR COORDINATION AND STRENGTH
  - c. SOCIAL REQUIREMENTS OF THE ACTIVITY, e.g. INTERACTIONAL, VERBAL, THOUGHTS, MOTIVES
  - d. PSYCHOLOGICAL REQUIREMENTS OF THE ACTIVITY, e.g., EXPRESSION OF FEELINGS, THOUGHTS AND MOTIVES
  - e. COGNITIVE REQUIREMENTS OF THE ACTIVITY, e.g., ORIENTATION TO TIME, PLACE AND PERSON



6. SELECT THE PROGRAMME ACTIVITY THAT IS BEST SUITED TO ACHIEVE THE OBJECTIVES SPECIFIED.

(Toseland & Rivas, 2005:261)

Toseland and Rivas (2005:260) continue by saying that the selection of programme activities should be made on the basis of:

- "the objectives of the programme activity;
- the purposes and goals of the group;
- the facilities, resources, and time available for the activity;
- the characteristics of the group members; and
- the characteristics of particular programme activities".

The use of the resources should be geared to objectives and goals. If plans in planning group work activities in Pomfret for affected children include discussion on

what is HIV/AIDS and how one can be infected, a health worker could be invited, and if the discussion is on how to handle stress, a clinical psychologist could be invited (Masisi, 2002:59).

#### **7.2.3.1 The requirements for programme activities**

In order to ensure that the programme activities selected for a specific group are appropriate for the group of children affected by HIV/AIDS, the programme must meet certain requirements. These are that it should:

- Be tuned in to group members' needs and their potential (Roux, 2002:186);
- be consistent with the group's objectives and purpose (Toseland & Rivas, 2005:262);
- provide the opportunity for active participation to all members (Roux, 2002:186);
- be interesting and stimulate members both physically and socially (Toseland & Rivas, 2005:262); and
- be planned together with group members (Roux, 2002:186).

#### **7.2.3.2 The value of programme activities**

According to Du Preez (1995:217-218), Masisi (2002:60) and Strydom (1990:203), the programme activities have the following values. It can:

- be utilised in respect of socialisation of group members;
- lead to the development of group members' interest and potential resulting in the improvement of social functioning;
- provide the opportunity to observe and diagnose in order to render effective service;
- lead to group members' acceptance of limitations, promote independence and relationships in general;

- help to promote communication;
- provide a confidential relationship between the social worker and the group members.

According to Masisi (2002:60), "(t)he different programme activities can be utilised in order to achieve the objectives and goals formulated. Activities that could be utilised in social work preventive programmes are: the ice-breaker, group discussions, working agreement, posters, drama, role play, relaxation exercises, speakers, and evaluation of questionnaire". In a group of children affected by HIV/AIDS, programme activities can include subjects such as "What is HIV/AIDS", "How can one become HIV-positive", "How to handle my stress", "How to improve my self-image", and "How can I help my infected household member(s)". These programmes are useful and effective in order to deal with children in a group. This study has indicated that Pomfret, is situated in a rural area and does not have recreational activities. To cater for children, having such activities will attract children to become part of the group. Other activities such as drama and role-play can be used to address problems of children who cannot openly communicate and talk about their experiences.

## **8. SOCIAL WORK SKILLS**

According to Cournoyer (2000:5), a social work skill is a circumscribed set of discrete cognitive and behavioural actions that derive from social work knowledge and from social work values, ethics and obligations; are consistent with the essential facilitative qualitative qualities; reflect the characteristics of professional integrity and comport with a social work purpose within the context of a phase or process of practice.

Social work is a profession that encompasses a large scope of life. It deals with people, their problems and the environments that come from different levels. This therefore calls for social workers to have skills that will enable them to offer an efficient and effective service to their clientele. Thompson (2000:81) defines a skill as "... the ability to carry out a particular activity effectively and consistently over a

period of time". He further says skills are characterized by the fact that they can be learned.

Thompson (2000:83-99) has grouped the basic skills of social workers into several categories. These categories are as follows:

### **8.1 Communication skills**

Communication has been identified as a key to the skills base component. According to Becker and Duncan (2005:38), the "essential means of developing interaction is through communication". Communication is a process "by which people convey meanings to each other through the transmission of verbal and non-verbal signals" (Becker & Duncan, 2005:39). It must be acknowledged that it comes in many forms, which include:

- **Verbal:** This refers to face to face interactions and involves the impact of the actual words we use in speaking, the way they are constructed into sentences, the way they are pronounced or emphasized and so on.
- **Telephone:** This is a sub- division of verbal communication but has the added dimension of not being able to see the other person.
- **Non-verbal:** verbal communication is usually accompanied by a range of other signals, commonly known as "body language". These can be powerful signals. Non-verbal communication is often an indicator of emotional state or mood.
- **Writing:** Communication in writing is also a very skilled activity, and it is one that social workers find themselves having to use quite often. Children affected by HIV/AIDS do not easily talk about their issues of concern. They often become over-burdened by many experiences and end up keeping quiet. They see the problems as their own, blame themselves and feel they do not want to burden other people. However, it is imperative for the social worker to recognize what they say in other forms of communication, e.g. the way they react to situations, how they present themselves and interact with other children.

These messages are just as important as they could have been when verbally pronounced.

## **8.2 Self-awareness skills**

Self-awareness involves having at least some notion of how other people perceive us, how we come across to them. It is important to know what impressions other people have about you, especially as a social worker, and whether they are the same as your own about you. Similar characteristics are often viewed differently by other people. For example, a strong and assertive person is often viewed as pushy and bossy.

It is necessary to gain feedback from others in terms of how they react to you. Supervision, training and peer support are all further ways in which this aspect of self-awareness can be explored and developed. The other side of self-awareness is that of developing an understanding of how external factors affect us. The social worker can often be affected by a situation without realizing straight away what impact it has had on him/her. It is important that the social worker develops the skills of keeping in touch with his/her own feeling. This skill is crucial in social work practice especially when working with vulnerable groups such as children. The initial contacts with them are regarded as critical. It is important to be welcoming and receptive towards them so that they are able to open up and develop trust. The children need to know the kind of person they are working with and they need to be certain about the limitations in the relationship. The worker therefore has to be aware of how he/she presents him/herself to them, because that will be how they will know him/her.

## **8.3 Analytical skills**

Hoffman and Sallee (1994:11) define analyse as to be able to think critically. Thompson (2000:99) on the other hand says the ability to analyse involves breaking a situation or issue down into its component parts, so that the interconnections and patterns can be uncovered. This can be seen to consist of the following elements:

- Identify the key issue within a particular situation, sorting out the important bits from a mass of information.

- Recognizing patterns across a range of factors, noticing interconnection.
- Understanding processes that feed into the situation and flow from it. Children usually come to the social worker with complicated situations because, as an expert in the field, they expect the social worker to have all the solutions to their problems. As a social worker one needs to be analytical and able to focus on rather important issues form a wide variety of issues.

#### **8.4 Handling feeling**

It is important that social workers need to consider the significance of emotional issues for clients, caregivers and other significant people they deal with. This involves developing sensitivity and observation skills so that they are able to recognize the emotional signals that people give, but also involves understanding how emotions work and their role in human psychology.

Recognizing and responding appropriately to the feelings, dimension is an important part for a number of reasons, including the following:

- Intense emotions can prevent people from thinking or acting rationally.
- Emotions can occasionally paralyse people as they get stuck in a situation which is painful or distressing to deal with.
- Occasionally, people are overwhelmed by the emotions that they feel as though they have nothing to lose and can therefore behave in self-destructive ways (Thompson, 2000:90).

HIV/AIDS is a sensitive matter to deal with. Children often become highly emotional and traumatized when they discover that they are affected. The social worker needs to understand how they can be enabled to deal with their emotions. However, it is also an important guard against being too much involved or attached because this can hamper progress.

## **8.5 Presentation skills**

Presentation skills are essential because the social worker often acts as a focal point of a multidisciplinary network. In this role he/she needs to be able to present information clearly and effectively to groups of people. It is important to be clear about what is involved in making an effective presentation. The basic elements can be summarized as follows:

- **Be prepared:** Be clear about what you are going to say and why before you are called upon to speak.
- **Be clear about the purpose:** It is important to remember why you are making a presentation as the purpose should be a major influence on what is said.
- **Get the balance right:** This means avoiding the extremes of saying too much and saying too little.
- **Get the tone right:** The balance of what to say also needs to be matched with the balance of how to say it (Thompson, 2000:90).

Pomfret does not offer opportunities whereby people act independently such as accessing information from sources such as the library or internet. Communication is also limited. There is one radio station and two television channels that usually use language that the local people do not understand. This poses a challenge to the social worker because she ends up being a primary source of information to the client system. Information presented to the children has to be appropriate and reliable, because each child goes back to his/her family with it. If the social worker provides negative information, the entire community could be negatively affected.

## **8.6 Coordination skills**

Effective coordination is part of time management. Important aspects of coordination are:

- **Care management:** This means coordinating a package of care-related measures for an individual or family in need of community care services.

- **Multidisciplinary work:** Maintaining good links with a wide range of groups, particularly where some may have priorities and/or values that differ from your own, can be a highly skilled undertaking.
- **Work load management:** Social workers need to avoid situations where they overload themselves with work to the point that they are not functioning properly (Thompson, 2000:91-92).

This study indicated that not enough has been done to address the needs of children in Pomfret and that much still needs to be done. The social worker as the focal person in driving the whole process needs to know and understand exactly what is expected. The children as well as other role players depend on the social worker to ensure successes of all the initiated programmes such as group work sessions, community programmes and others. Coordination means referring children to relevant resources and dividing roles and tasks according to expertise.

### **8.7 Observation skills**

Being observation skilled means being a keen observer, being sensitive to the nuances of the situations the social workers are involved in. There are two central aspects of sensitivity that can be identified, namely:

- **Reading body language:** Non-verbal communication is a very powerful medium of conveying feelings. Developing sensitivity to what is going on in a particular scenario will therefore depend on the ability to read body language.
- **Empathy:** Sympathy involves sharing the same feeling with one or more people. Empathy is similar to sympathy, but subtly and importantly different. Empathy involves understanding or appreciating the feelings of others but without necessarily experiencing them (Zastrow, 2001:176). Observation is a mechanism that helps us to know and understand the person we are with. Children are usually good in lying about their experiences, however, through observation, the social worker is able to identify the non-verbal cues they send out. The situation in Pomfret is both distressing and depressing. There is no need for a social worker to live there in order to identify the ideal situation.

However, through observation the social worker can easily detect what is happening to individual children.

## 9. CONCLUSION

The study indicates that social work, as a profession, is essential in the lives of communities, especially in rural areas. This means that children affected by HIV/AIDS also need the services of a social worker. Social workers have ethical principles and standards that they utilize in order to help people. They also have responsibilities towards their communities. To ensure that they deliver an effective service, there are skills that each social worker needs to have. It is therefore concluded that the social work profession is needed to address the social needs of children affected by HIV/AIDS.

Clinical social work as a method ensures that the social worker gives the child his/her undivided attention. When social workers implement clinical social work, they stand a chance to engage with children on a one-on-one basis and to establish a good relationship with them. In assessing the child, the social worker does not encounter problems, because of the relationship that has been built. Clinical social work becomes effective as it gives the child an opportunity to open up without fear of prejudice.

Social group work is another method that social workers often use to work with children affected by HIV/AIDS. It is effective since it helps to address the needs of children in a group setting. Children with common problems and experiences are selected to be part of the same group. In this group, children are able to share their experiences as well as the solutions to these problems. A social worker facilitates the whole group process - helps children to develop their roles and their expectations from the group. Social group work is also an effective method that social workers utilize when working with children affected by HIV/AIDS.

Although not discussed in this article, community work is a method that social workers utilize to address the needs of children at a macro level. It is also effective, as it involves a larger number of children all at once. Social workers need to

acknowledge that the community home-based care model is comprehensive, thus appropriate to address the needs of children in a larger scale.

## **10. RECOMMENDATIONS**

- Since it is evident that social work is an essential profession in addressing the needs of children, it is recommended that the fact that there is a shortage and uneven distribution of social workers should be considered and addressed. The mission of government is to promote service delivery, especially to communities in far rural areas. To address this problem, more social workers need to be appointed and to be deployed in far areas where their services are urgently needed, such as in Pomfret.
- Social workers have the skills to deliver services to children affected by HIV/AIDS. They must make use of these skills and start delivering services on a more regular and orderly basis, especially in deep rural areas such as Pomfret.
- Social workers have to get used to implementing all the methods of social work. In rural areas it is of utmost importance that the social worker should not only make use of clinical work, but also implement social group work as well as community work.
- Social workers need to give attention to the image that they portray within communities. Due to the severity of the HIV/Aids pandemic, social workers, as professionals, cannot act indifferently towards service delivery in communities. Services cannot only be delivered in urban areas. It is extremely essential that social workers should make their services fully available to the communities in rural areas, and especially also in the remote rural areas.

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SA *see* SOUTH AFRICA

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## **SECTION C**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

Research was conducted to investigate social work services for children affected by HIV/AIDS in a rural area. This section constitutes the summary, conclusion and recommendations of the research.

#### **1. SUMMARY**

##### **1.1 Aim of the research**

The aim of this research was to investigate social work services for children affected by HIV/AIDS in a rural area. To accomplish this aim, the following objectives were formulated:

- To investigate the needs of children affected by HIV/AIDS in a rural area through a literature study and empirical research.
- To investigate the role of the social worker in providing services for the needs of children affected by HIV/AIDS in a rural area.

##### **1.2 Research Methodology**

In order to meet the objectives of this research, a literature study was conducted as a method of research, while the survey procedure was used as a method of gathering data.

##### **1.3 Literature Study**

A literature study was utilized to gather more information on the subject and to analyse the problem statement. The researcher mainly utilized literature from the library, handouts and Newsletters from the Government gazette, newspapers as well as Internet sources.

## **1.4 Survey Procedure**

Survey procedures differ from one research to another. In this research the following steps were followed:

- A sample of 50 children affected by HIV/AIDS in Pomfret was selected from the Social worker's caseload.
- Data was collected by the researcher through individual interview sessions by using self-formulated schedules.

## **2. CONCLUSION**

### **2.1 Aim of the research**

The aim of this research was accomplished through information collected from relevant literature as well as from the findings on the empirical research.

The literature consulted indicated that HIV/AIDS is the principal challenge facing South Africa and that it will have an enormous impact on children. In addition, it showed that many adolescents living in families with HIV/AIDS are called upon to assume care-taking responsibilities for younger siblings and ill parents. Some might miss school while others might drop out.

### **2.2 Method of investigation**

#### **2.2.1 Literature Study**

A literature study has proven that families affected by HIV/AIDS are faced with multiple health care and psychosocial problems. Problems may include complex medical management and care giving issues, description of family roles and routines, and concern about the families' future as the illness progress. The most common effect of HIV/AIDS on children is lack of acceptance by peers, especially at school. This may result in poor performance in the classroom. The child usually feels neglected and abandoned by both peers and teachers. The child affected by HIV/AIDS may suffer at school as well as at home. In addition, children with

HIV/AIDS may suffer from anxiety and depression in anticipation of serious illness and death. Such concerns frequently have an adverse effect on school performance. HIV/AIDS also leads to financial, resources and income impoverishment. Households become poorer as a result of the illness and death of members, and in many cases it is the income-earning adults who are lost.

The HIV/AIDS pandemic calls for a multidisciplinary approach in working with both the infected and the affected. These aspects include the emotional, financial and social aspects. Given that HIV/AIDS impacts on every aspect of human existence, it is demanding the involvement of professionals such as social workers to provide care for the infected. Practitioners in the health care and social services find themselves on the frontline regarding both preventing the spread of HIV and dealing with its consequences, especially in rural areas.

### **2.2.2 Survey Procedures**

Personal interviews ensure a good response because completed schedules are immediately available. This procedure also allows the researcher to observe signs such as emotions, attitudes and circumstances surrounding the researched concept. The empirical research provided the following:

- The study managed to reveal the level of knowledge concerning HIV/AIDS and its effects on children. How children are able to communicate about issues surrounding HIV/AIDS and how they cope with their different experiences.
- It also revealed their different reactions after discovering that they are also affected. HIV/AIDS has negative effects on both the infected and affected. The children had emotional and psychological effects resulting from denial embarrassment towards their situations. They also felt tortured and need more support to deal with life without a parent or both. Some of the children feel that there are changes in their personalities. They start developing mixed feelings such as shock; their conduct, both at home and at school, changes.

- The effects also appeared on their school performance which often drops; what becomes a concern also for the department is children who resume adult responsibilities at an early age – they start looking after their younger siblings when their parents pass away or they have to look after their terminally ill parents.

### 3. RECOMMENDATIONS

The following recommendations can be made, following the outcome of the study:

- Although a large number of respondents indicated that they received financial assistance, all the stakeholders need to intensify their approach aimed at addressing the financial needs of children. It is recommended that they work together to develop a database of their beneficiaries so as to avoid duplication of services. This will also assist in clarifying the role of each role player to avoid situations where some areas of the problem are addressed. In this study all respondents, for example, indicated that they received medical attention, however, there are no recreational and counselling services at their disposal.
- Communities need to be conscientised about HIV/AIDS. They also need to be taught that it affects everyone. This means that it is a call for everybody to play an active role in helping those infected and affected. People fear to intervene because of the myths and stigma attached to the disease, especially in rural areas. The government and its counterparts such as NGOs, CBOs and FBOs are faced with a responsibility of transmitting proper education to the communities and promoting the spirit of *Ubuntu*. The recommendation is that the role players need to continue with the community awareness campaigns that are aimed at educating people about taking joint efforts towards the fight against HIV/AIDS.
- The study indicated that children have different experiences as far as HIV/AIDS is concerned. Thus far, there has been little help provided to address the needs of children. It is recommended that the Department of Social Development addresses the imbalances in service delivery throughout

the province. Social workers have to be placed in all areas, including remote rural areas such as those in which Pomfret is situated.

- When children were asked to indicate what they know about HIV/AIDS, the information provided was based on common knowledge and uncertainties on whether or not what they knew was appropriate. They did not have self-confidence and it was noted that their level of knowledge was below average. There are life skills programmes available to enhance the level of knowledge of children. It is further recommended that the government must support the establishment of centres such as Love Life or PPASA (Planned Parenthood Association of South Africa) even in rural areas. These centres are effective in developing life skill and assertiveness training for children and youths. These programmes also help to motivate children to talk about their situations so that they do not depend on uninformed sources only.
- Looking at the situation in Pomfret for instance, where there are not enough professionals such as social workers, children become vulnerable and the victims of circumstances. They largely depend on peer advice, which is often misleading. Children need to be intensively educated to avoid instances where they rely on unreliable sources and on all the myths surrounding HIV/AIDS. Children also need to be provided with counselling services that will help to address their psychological as well as emotional trauma caused by the effects of HIV/AIDS on them.
- The study also revealed that, although the majority of respondents indicated that they receive the services of the social worker, it is not convincing, because there are others who do not receive such services and some who are not sure. This could mean that people are not yet aware of the kind of social work services available to them. It is recommended that social workers need to move out of their offices and to start implementing a community oriented model. They also need to market their services to communities so that people can have an understanding of the services available to them.

#### **4. CONCLUDING REMARKS**

In conclusion, the aims that were highlighted for this research were accomplished in that the needs of children were identified and it was also established that social work services have not been appropriately rendered to address the needs of children affected by HIV/AIDS in Pomfret. The recommendations provided in this research allow that further research can be conducted in the same field.

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**SECTION E**

**ADDENDUMS**

**ADDENDUM 1**

**SOCIAL  
DEVELOPMENT**

# Memo

**To: The service point manager**

**Kaglsano/Molepo service area**

**From: Daphney Modise**

**Date: 17. 11. 2002**

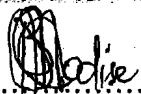
**RE: REQUISITION TO CONDUCT RESEARCH ON THE NEEDS OF CHILDREN AFFECTED BY  
HIV/AIDS IN RURAL AREAS**

---

I hereby make a requisition to conduct a research on the needs of children affected by HIV/AIDS in rural areas and the social work services that they receive. This research is intended to be conducted in Pomfret area where children will be randomly selected from the social worker's caseload. The research forms part of the fulfillment of the requirements for a Masters degree registered with the North West University – Potchefstroom campus.

I hope that my request will receive your positive attention.

Yours faithfully



Daphney Modise

(social worker)

# Memo

**To: Daphney Modise**

**From: Mr. M. Barnett**

**(Service Point Manager)**

**Date: 14. 12. 2002**

**RE: APPROVAL OF REQUEST TO CONDUCT RESEARCH ON THE NEEDS OF CHILDREN  
AFFECTED BY HIV/AIDS IN RURAL AREAS**

---

Your memo dated 17 November 2002, bears reference.

Kindly be notified that after thorough assessment of the whole process and its implications, permission is hereby granted for you to continue with your intensions of conducting a research on HIV/AIDS in Pomfret.

We wish you all the success throughout your studies.

Yours faithfully

PP. 

.....  
Mc Donald Barnett

(Service Point Manager)

**ADDENDUM 3**

**RESEARCH QUESTIONNAIRE**

**SOCIAL WORK SERVICES FOR CHILDREN AFFECTED BY HIV/AIDS IN  
A RURAL AREA**

**SECTION 1: Personal information**

1.1 How old are you?

.....

1.2 Educational level:

Lower than grade 7

Grade 7

Grade 8

Grade 9

Grade 10

Grade 11

Grade 12


1.3 Your gender

Male	
Female	

1.4 With whom do you stay in this house?

Biological parent/s	
Adoptive parent/s	
Guardian	
Other siblings	
Friends	

Other (specify)

.....

1.5 Number of children in this household:

.....

**SECTION 2: Services for children affected by HIV/AIDS**

2.1 Do **you** have access to medical services in your area?

YES

NO

2.2 If yes to question 1, where do **you** receive them?

Clinic	
Hospital	
Mobile clinic	

Other, specify

.....

2.3 Who usually offers medical services when **you** need it?

Clinic nurse	
Doctor	
Mobile clinic	
Volunteer	

Other, specify

.....

2.4 How often do **you** receive medical services?

Once a week	
Every second week	
Once a month	

Other, specify

.....

2.5 What kind of medical services do **you** receive?

.....

2.6 Does your **household** receive any financial or other assistance?

Yes	
No	

2.7 If yes to question 2.6, who is the provider?

Government department	
NGO/CBO	
FBO	

Other, specify

.....

2.8 Please elaborate on the type and nature of assistance you and your household received?

.....  
 .....  
 .....

2.9 What other assistance would you like to receive?

.....

2.10 Do you have access to recreational facilities in your area?

Yes	
No	

2.11 If yes, do you use them?

Yes	
No	

2.12 What kind of facilities?

.....  
 .....  
 .....

2.13 Does your community offer support to your household?

Yes	
No	

2.14 If yes, please indicate how?

.....  
 .....  
 .....

.....  
.....

**SECTION 3: Household affected by HIV/AIDS**

3.1 Is there any HIV/AIDS-infected person in your household?

Yes	
Uncertain	
No	

3.2 If yes, who is infected?

Biological mother	
Biological father	
Adoptive parents	
Guardian	
Brother	
Sister	
Aunt	
Uncle	

Other (specify)

.....

3.3 If yes to question 1, how did you find out about the HIV/AIDS-status of these people?

.....  
.....  
.....

3.4 How did you feel when you realized that they were HIV-positive?

Could not believe it	
Was confused	
Was angry	
Was afraid	
Was sad	

Other feelings (specify)

.....

3.5 Does your household receive any medical assistance in this connection?

Yes	
No	

3.6 If yes who is the provider?

Clinic	
Mobile clinic	
Hospital	

Other (specify)

.....

3.7 If no to question 3.5, give reasons why not.

.....  
.....  
.....  
.....

3.8 Describe how the HIV/AIDS illness in your household or family affects or affected you as a child.

.....  
.....  
.....  
.....  
.....

3.9 In your opinion, what does HIV/AIDS mean?

.....  
.....  
.....

3.10 What kind of needs do you experience at this moment?

.....  
.....  
.....  
.....  
.....

3.11 Are there people in your household whom you could talk to about HIV/AIDS and the feelings you experience on this matter?

Yes	
Uncertain	
No	

3.12 If yes, to whom of the following people can you speak?

Biological mother	
Biological father	
Adoptive parents	
Guardian	
Brother	
Sister	
Aunt	
Uncle	

Other (specify)

.....

3.13 Are there any other people that you can talk to about the feelings you experience?

Yes	
Uncertain	
No	

3.14 If yes, who are they? (Specify)

.....

**SECTION 4: The role of the social worker**

4.1 Do you receive any services of a social worker in your area?

Yes	
Uncertain	
No	

4.2 If yes, what services do you usually receive?

Counselling	
Home-based care	
Social grants	

Other (specify)

.....

4.3 Does your household receive any services of a social worker in your area?

Yes	
Uncertain	
No	

4.4 If yes, who received these services?

Biological mother	
Biological father	
Adoptive parents	
Guardian	
Brother	
Sister	
Aunt	
Uncle	

Other (specify)

.....

4.5 What kind of services do they receive?

Counselling	
Home-based care	
Social grants	

Other (specify)

.....

4.6 What services, according to you, do you think should a social worker deliver to children affected by HIV/AIDS?

.....  
.....  
.....  
.....  
.....  
.....

4.7 How often do you visit the social worker?

Once a week	
Every second week	
Once a month	

Other (specify)

.....

4.8 How often does the social worker visit you?

Once a week	
Every second week	
Once a month	

Other (specify)

.....

4.9 How often does the social worker visit the people in your household?

Once a week	
Every second week	
Once a month	

Other (specify)

.....

4.10 Please rate the services of the social worker:

Very good	
Good	
Average	
Bad	
Very bad	

4.11 Motivate why you rate the services of the social worker as you did.

.....  
.....  
.....  
.....  
.....

**D. Modise**  
**MA (Social Work) student**

## ADDENDUM 4

### AGREEMENT BETWEEN RESEARCHER AND RESPONDENTS

**Name of researcher:** Daphney Modise

**Institution:** Department of Social Development  
Kagisano/Molopo Service Point

**Contact:** Tel (053) 998 4821      Cell: 082 702 5536

**Name of respondent:** \_\_\_\_\_

**Date of interview:** \_\_\_\_\_

#### 1. Study title

Social work services for children affected by HIV/AIDS in rural areas.

#### 2. Purpose of the study

The purpose of the study is to investigate the needs of children affected by HIV/AIDS in rural areas as well as the social work services available to them.

#### 3. Selection of respondents

The respondents will be randomly selected from the social worker's caseload.

#### 4. Procedure on information gathering

The researcher will design a questionnaire that will be directed towards investigating the needs of children and social work services available to them. The researcher will complete the questionnaire herself during the individual sessions to be held; before the actual session the researcher and the respondent will discuss the terms of agreement.

#### 5. Benefits

There will be no benefits or compensation of any form whatsoever for participating in this study.

#### 6. Participants' rights

Participation in this study will be voluntary and as a result respondents may withdraw their consent to participate if they feel so.

## 7. Confidentiality

The respondents will be entitled to confidentiality unless if they give permission otherwise. The results of the study will be published however the respondents will remain anonymous.

## 8. Declaration

I declare that I discussed all the terms of agreement with the researcher and that I understand what it implies. I voluntarily give my consent to participate in the study.

Signature: \_\_\_\_\_  
(Respondent)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Researcher)

Date: \_\_\_\_\_