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Helping Professional's Perception of the Welfare Needs of Aids Orphans in South Africa

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Abstract
This study surveyed the opinions of Helping Professionals (Social Workers, Counselors and Psychologists) on the welfare needs of AIDS orphans in South Africa. A total of 60 Help Givers were randomly selected from three Districts (Harrismith, Phuthaditjhaba, and Bethlehem) from the Free State Province in South Africa. Out of this number, fifty-two responded to a 20 item questionnaire constructed by the researcher to collect data.
Among others, helping professionals were in agreement with the following welfare needs of AIDS Orphans:

- Adequate feeding;
- Education about how to prevent AIDS;
- Access to qualitative education;
- Basic personal requirement;
- Counseling to cope with the situation; and
- Good career/job.

The findings were thereafter discussed, and recommendation made.
Keywords: Helping Professionals, Welfare Needs and AIDS Orphans

Introduction

The problem of AIDS constitutes an issue of major concern to many nations of the world. In his introduction to the virus and diseases, Peter (1996) submitted that AIDS became recognized as a new condition in 1981 when about four patients all men homosexuals were discovered to have been affected by a rare form of pneumonia, (pneumocystis Carini) and a kind of cancer (Kaposis Sarcoma). Despite the fact that the men previously enjoyed good health, laboratory tests revealed that they were severally immuno suppressed hence the term AIDS – Acquired Immuno Deficiency Syndrome. In view of the several cases reported ever since, investigation on the cause started and this led to the discovery of the infectious agent, a virus called Human Immuno Deficiency Virus (HIV).

The function of the white blood cells in the human body is to switch on the immune system when the body is under attack by infectious agents. At the onset of AIDS, the white blood cell are invaded and killed or rendered inactive thus hindering the proper switching on of the immune system in response to infection. In effect, an AIDS victim becomes vulnerable to infection, which a person with a normal immune system can easily fight off.

Ever since its discovery, AIDS and its pathogenic virus – HIV have probably constituted the worst epidemic to affect mankind and the biggest medical puzzle in the world. It is therefore not surprising when Punching (1986) described the diseases as one of the most pressing public health problems of the country. The alarming rate of spread of the disease particularly in sub-Saharan Africa is threatening.

It has been estimated that 7 million cases of HIV infections out of the world total of 13-15 million cases could be from Africa. In fact, the World Health Organization (WHO) projected a world wide figure of about 40 million cases come year 2000, out of which 10 million children would probably have been infected (WHO quoted in Merson, 1993). Of all the people living with AIDS in the world, it is estimated that 6 out of 10 men, 8 out of every 10 women and 9 out of every 10 children live in sub-Saharan Africa. South Africa incidentally has been revealed as having the fastest growing rate of infections in the world. The incurable nature of the disease has posed myriad of problems for communities globally.

World Wide regional statistics for HIV & AIDS at the end of year 2007 revealed that over 22 million out of the world total of 33 million are from Africa. During 2007, more than two and a half million adults and children became infected with HIV (Human Immune Deficiency Virus). By the end of the same year an estimated 33 million people world wide was living with HIV/AIDS. Out of these, adults constitute 30.8 million despite recent global improvements in access to antiretroviral treatment; the year recorded 2 million deaths from AIDS. The number of people living with HIV has since risen from around 8 million in 1990 to 33 million in 2007; with around 67% of Africa in sub-Saharan Africa. The estimate also revealed that more than 25 million people have died of AIDS since 1981 when the disease was discovered.

In 1985, AIDS was diagnosed for the first time in two patients in South Africa. The first death owing to AIDS occurred in 1985. By 1986, 46 AIDS diagnoses were reported. Initially, before 1990, AIDS was more common among homosexual people. By 1990, less than 1% of South Africans had AIDS. By 1996, the figure stood at

around 3% and by 1999 the figure had reached 10% (S.A Dept of Health 2000). AIDS infection started reaching pandemic proportions around 1995.

South Africa has been reported to be the country with the largest number of HIV infections in the world. In South Africa, it is estimated that more than 4 million people are HIV positive and about 1000 people die every day Etu, (2001). One of the major problems is the loss of both parents by some children consequent upon their untimely death from AIDS. It was estimate that 18.3% of adult (15-49 years were living with HIV in 2006) this percentage increased to 38.7% in 2009 (Wikipedia, 2009).

MacGoney quoted by Wikipedia (2009) estimated that between 50% - 80% of patients at a hospital in South Africa (the World largest hospital) are HIV positive. Also in 2007, it was estimated that 1, 4000, 000 orphans in South were orphaned as a direct consequence of AIDS (Avert, 2009).

AIDS Orphans

AIDS Orphans are defined as people aged under 18 who are alive and lost one or both parents to AIDS (UNAIDS,2008). At the moment, an estimated 11.6 million children have already lost at least one parent as a result of the AIDS epidemic and it is likely that millions join over the next few years. About 11.4 of these children live in sub-Saharan Africa (UNAIDS, 2008). This is in view of the alarming number of adults who are already parents or potential parents (30.8million) living with HIV/AIDS also out of these as many as 15.5 million are women UNAIDS, 2008. By the year 2010 it is estimated that over 20 million children will be orphaned by AIDS.

In Zambia, one of the countries worse hit by AIDS in the world, the estimated number of children orphaned is 600,000 Malawi which has one is the highest prevalence also had over 500,000 AIDS Orphans. In Botswana, it is estimated that 20% of children under 17 are orphans most of whom have lost one or both parents (Avert, 2009).

In South Africa, it was estimated that out of the 3.5 million orphans, 500,000 had lost both biological parents (Children Count 2007). Also in 2007, it was estimated that 1,400,000 orphans in South Africa were orphaned as a direct consequence of HIV/AIDS (Avert, 2007). The traumatic situation faced by these children-AIDS orphans no doubt hinders to a great extent, their social function and this has implications for the family and the community in general. This is a task of concern for Social workers to ensure the welfare of these children by seeking ways of improving and enhancing their effective social functioning.

This study therefore employs the opinions of personnel in helping professions (Social Workers, Counselors and Psychologists) in identifying the welfare needs of AIDS Orphans. The purpose is to adopt a holistic approach in providing their welfare needs offering lasting solutions to the numerous problems confronting them.

Research Questions: The following research questions guided the study:

1. What are the helping professionals' perceptions of the welfare needs of AIDS Orphans?
2. Is there any statistically significant difference in the perception of male and female helping professionals on the welfare needs of AIDS Orphans?

Methodology

Subject

A total of sixty questionnaires were distributed to Social Workers, Counselors and Psychologists who were selected from three district of the Free State Province in South Africa. The Districts, from which subjects were selected, are Harrismith, Phythaditjhaba and Bethlehem, in the Maluti Phofung Municipality.

Subjects were selected on a random basis. Sixty copies of the questionnaire were distributed to the subjects out of which fifty-two were returned.

Instrument

The instrument used for data collection was a 20-item structured questionnaire named AIDS Orphans Welfare Needs (AOWN). The questionnaire has three sections. Section A dealt with the respondents' personal or demographic data such as sex, age and years of experience among others. Section B elicited information on their opinions on the welfare needs of AIDS Orphans, while Section C consists of general questions. They were asked to respond to each of the items on a Likert format of four options ranging from strongly Agree to Strongly Disagree. The split-half reliability of the instrument was found to be 0.73. The data obtained were analyzed using simple frequencies, percentages, means, and t-test statistics.

Results

Research Question 1:

What are the Welfare needs of AIDS Orphans as perceived by helping professionals?

Table 1 below shows the respondents' reactions on the welfare needs.

Table 1: Frequency of Welfare needs of AIDS Orphans as perceived by Helping Professionals.

S/N	ITEMS	SA	A	D	SD
1	The Welfare of AIDS Orphans is of paramount importance to all.	45(86.5%)	4(7.7%)	3(5.8%)	(0%)
2	The Welfare of AIDS Orphans is the Welfare of the Community.	42(80.8%)	8(15.4%)	2(3.8%)	0(%)
3	AIDS Orphans should be provided with shelter.	46(88.8%)	5(9.6%)	1(1.9%)	(0%)
4	AIDS Orphans need conducive environment.	47(90.4%)	5(9.6%)	(0%)	0(%)
5	AIDS Orphans must not be alienated from the society.	39(75%)	7(13.5%)	5(9.6%)	(0%)
6	AIDS Orphans must have access to qualitative education.	51(98.1%)	1(1.9%)	(0%)	0(%)
7	AIDS Orphans should be put under the care of fosters families.	40(76.9%)	7(13.5%)	5(9.6%)	(0%)
8	AIDS Orphans need good health.	51(98.1%)	1(1.9%)	(0%)	0(%)
9	AIDS Orphans must be well-fed.	52(100%)	(0%)	0(%)	(0%)
10	AIDS Orphans need good career / job.	47(90.4%)	1(1.9%)	4(7.7%)	0(%)
11	AIDS Orphans should have avenues for relaxation.	35(67.3%)	3(5.8%)	6(11.5%)	8(15.4%)
12	AIDS Orphans must be provided with basic personal requirements.	50(96.2%)	2(3.8%)	(0%)	(0%)
13	AIDS Orphans must be counseled to be able to cope with their situation.	40(76.9%)	9(17.3%)	3(5.8%)	0(%)
14	AIDS Orphans must be educated on how to prevent AIDS.	52(100%)	(0%)	(0%)	(0%)
15	AIDS Orphans need parental substitute for guidance.	39(75%)	(3(5.8%)	10(19.2%)	0(%)
16	AIDS Orphans should be subjected to HIV test to determine their health status.	40(77.9%)	2(3.8%)	8(15.4%)	2(3.8%)
17	AIDS Orphans should be enrolled in separate schools to reduce embarrassment.	2(3.8%)	6(9.6%)	(0%)	44(84.7%)
18	AIDS Orphans should be taken care of by single male parent.	(0%)	5(11.5%)	4(7.7%)	43(82.7%)
19	AIDS Orphan should be taken care of by single female parents.	33(63.5%)	(2(3.8%)	13(25%)	4(7.7%)
20	AIDS Orphan should be housed and reared in a special Orphanage.	2(3.8%)	2(3.8%)	20(38.5%)	28(53.8%)

Findings of this study (table 1) reveal respondents' perception of AIDS Orphans welfare needs. Their level of agreement ranges from 100% to 63.5%. Areas of very strong agreement include:

1. Adequate feeding -100% response
2. Education on how to prevent AIDS -100% response
3. Good Health – 98.4% response
4. Access to qualitative education – 98.1% response
5. Basic personal requirement – 96.2% response
6. Counseling to be able to cope with the situation – 94.2%
7. Conducive home environment – 90.4% response

Discussion of Results

Maintenance of good health constitutes one of the key elements of welfare. This is maintained via personal cleanliness, sanitized environment, good source of water, well prepared and balanced diet, provision of good medical service when sick, rest and leisure (Benedict, 1997). Other scholars have also stressed the vital role of

health as an attribute of human welfare. Grant (1999), Erinosho (1981) and Olowookere (1985). The various studies also revealed the inseparable nature of health and food since good feeding promotes good health. If the above is true for people's welfare generally, it is equally true or more relevant to the well being of traumatized people such as AIDS Orphans. The finding is therefore not surprising; it only substantiates the prominent role of health and feeding as welfare promoting factors.

AIDS Orphans – those who have tested positive and those who have not tested positive are among those who should be provided with good food and very effective medical services. AIDS Orphans who already have the virus will need to be cared for medically, eat nutritional food so that they can have quality and prolonged life span can be prolonged. It is a well-established fact that the anti-retroviral drugs used by AIDS sufferers are very expensive.

Prior to 2003, South Africans with HIV who used public sector health system could get treatment for opportunistic infections but could not get anti-retroviral. It was only in November 2003 that South African government approved a plan to make anti-retroviral treatment publicly available. AIDS Orphan in this category should be linked to medical aid programmes so as to help them in bearing the cost of these anti-retroviral drugs, vitamins and other nutritional supplements. (S.A. Dept of Health 2006).

That the helping professionals strongly agree that one of the welfare needs is education on how to prevent AIDS is expected since prevention has been said to be better than cure. Government and scientists should not only focus on the curative and awareness campaign, it is important to concentrate on preventive. It is to be noted that unlike other chronic illness like cancer or heart disease, the ravaging and devastating effect of HIV/AIDS and the rate of infection demand that the epidemic be prevented at all costs.

Education of AIDS Orphans on how they can prevent HIV through chastity or protected sex (if they cannot abstain or remain chaste) is very important. Qualitative education no doubt empowers AIDS Orphans to be able to meet up the challenges associated with their situations and circumstances. It equips them with the necessary skills for independence and self sustenance. Certainly, schools can play significant role in improving the prospects of AIDS Orphans, giving them a higher self esteem, better job prospects as well as lifting the children out of poverty. Children can also have a better knowledge about HIV and AIDS thus minimizing their risk of becoming infected.

AIDS Orphans are traumatized children whose social functioning has been affected in view of the death of parents. It is therefore necessary to provide counselling services for them to afford them the opportunity to define, explore, discover and adapt ways of living a more fulfilled life. Ipaye (1981) Mallum (1983); Okon (1993), Akinboye (1987), Benedict (1997) and UNAIDS, (2006). Counselling caters for the emotional needs of the children. Having witnessed a parent become sick and die is clearly a major trauma for children; this traumatic experience is capable of affecting them throughout life.

In the counselling process, AIDS Orphans should be given the opportunity to talk freely about their dead parents. In such counselling session, it is common place to find the orphans expressing deep anger and resentment and other emotional feelings towards the dead and or towards the circumstances surrounding their parents' death. Such emotional expression according to Insel (1976) needs to be accepted and encouraged so that the orphans can gradually get over their frustration, anger and fear.

Implication and Conclusion

Efforts have been made to examine the perception of Helping Professionals on the welfare needs of AIDS Orphans. It is hoped that the major areas of needs identified will serve as a guide for South African Government, other governments globally and the various Non Governmental Organizations (NGOs) in providing effective and adequate support for the over two million Orphans predicted for 2010.

One thing that is of paramount importance is shelter. 97% of the respondents believe that the Orphans should be adequately sheltered. If items, 3, 4 and 5 were examined, one would see that the percentage of positive response is high – 97.99 and 98 respectively. These items suggest that Orphans should be sheltered in conducive environment and must not be alienated. Item 15 also emphasized the needs of parental substitute. The response to item 20 motivated the researcher into visiting some private orphanages. Observation and direct discussion with some inmates and helpers in some private orphanages informed this recommendation.

In providing shelter for AIDS Orphans, the Government/NGOs must be mindful of the fact that a shelter very close to the normal home is preferred. The Orphans should be encouraged to grow in homes situated within the community with foster parents. In fact, they should attend schools from these homes, so that discrimination will be much reduced or completely eliminated. Many of these private orphanages are scattered all over the country. What the Government/NGOs could do is to visit some of these homes, take over some and give some assistance in terms of improvement and provision of funds.

Secondly, the Government/NGOs can establish such homes within the community and maintain them. The idea of creating a special institute, which is completely removed from the community for such Orphans, will result

into alienation and this may negate the objectives of the home. In fact, personnel from the Government/NGOs should visit the homes as friends of the foster parents and not as officials. This will create an environment of real home of the Orphans and make life more comfortable. It is now well established that grandmothers are also caregivers for Orphans. Many of these grandmothers are themselves frail and impoverished. An adequate welfare scheme should not only be packaged to assist them but concerted efforts should be made to ensure that the package gets to the appropriate hands and utilized for the just course.

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