

Social Problems in Africa and the Social Work Response

Nigel Hall

Former Vice President, International Federation of Social Workers (IFSW),
Africa Region (1994-2000)
E-mail: nigel@safaiids.org.zw

Abstract

This article looks at some of the serious social and economic problems facing Africa, including poverty and underdevelopment, structural adjustment programmes, gender and development, refugees and civil conflict, and HIV/AIDS. In each case, strategies are suggested for social workers, including the need for their involvement in social development activities and improving their own professional associations in order to become more socially relevant to the complex issues that require their attention.

Social Problems in Africa

The varieties of social problems in the African region are vast and multifaceted and require the urgent attention of both governments and the international community. It is now over five years since the United Nations held the World Social Development Summit, which proposed among other measures a special status for African countries. Under Commitment 7 of the Copenhagen Declaration and Programme of Action, the world community committed itself to accelerating the economic, social, and human resource development of Africa and the least developed countries (WSSD, 1995). The major concerns of the Summit in 1995 - poverty, unemployment, and social disintegration - were recognised to be most acutely experienced in Africa, and are still of major concern today.

Poverty and Underdevelopment

The poor are most concentrated in Africa, particularly the sub-Saharan nations: about 220 million people, or half the population of sub-Saharan Africa live in poverty, unable to meet their basic needs, with projections indicating a figure in the order of 400 million by the year 2010 (United Nations, 1995). Poverty has been characterised by declining per capita income, poor economic growth, low employment, and inadequate access to social services. This arena has been compounded by new challenges such as the HIV/AIDS pandemic, the erosion of social safety nets as countries adjust their economies in the wake of globalisation, political instability, ethnic conflict, and genocide. Partly this situation is of the continent's own making and partly due to structural factors such as the debt trap, which is a serious hindrance to development.

The more than US\$10 billion sub-Saharan African countries pay each year in debt service is three times their expenditure on health. The vast interest payments on loans - which in some cases have financed genuine development projects, but in others were taken to finance prestige projects or supplement military budgets - now mean that there is a net surplus of capital flowing from Africa to the industrialised countries. However through the efforts of international humanitarian organisations, such as the Jubilee 2000 Coalition, Transparency International, and local human rights organisations, there are initiatives to "drop the debt" or "swapping debt" in exchange for a commitment to development activities.

Human development is of extreme urgency in Africa. Of the 45 countries that score lowest on the UNDP global Human Development Index (HDI), a rating that combines measures of life expectancy, educational attainment, and real GDP per capita, some 34 are in Africa. Life expectancy is short, a consequence of such factors as disease, hunger, malnutrition, and crime. In sub-Saharan Africa, people rarely survive beyond the age of 50, on average, and this is now sharply on the downturn due to the HIV/AIDS epidemic. In Japan, by comparison, the average is 80 years of age. Infant mortality rates are about 175 per 1000 live births in Africa; in India the figure is about 100 per 1000 live births, while in the developed world, East and West, the average is about 15 per 1000 live births.

However, despite the severe economic difficulties faced by most African governments, during the 1980s some significant social improvements were achieved. For example, African countries have struggled to improve child health and education, more than doubling immunisation coverage in a number of countries between 1985 and 1990, with 22 countries reaching the target of immunising 75% of their infants, which alone is estimated by UNICEF to have cut child deaths by 500,000 a year and raising primary school enrolments from 46% in 1970 to 68% in 1990 (OAU & UNICEF, 1992). However, in many countries, this progress reversed during the 1990s, with the increasing shortage of resources, the impact of economic recession, inadequate adjustment policies, the debt burden, civil conflicts, natural calamities such as drought, and pandemic diseases such as AIDS.

What social workers can do

It is important that social workers engage in poverty alleviation, with their principal contribution being the identification of deficiencies in economic, political, and social structures to address these problems. Social workers should take an active and public role in exposing some of these shortcomings, developing public awareness, and proposing possible solutions for them at different levels - at a policy and societal level and within the communities in which they operate.

Structural Adjustment Programmes and Economic Growth

A restructuring of the majority of African economies through the use of structural adjustment programmes - elsewhere often termed neo-liberal policies - is currently taking place. Economic reform was required by the end of the 1980s to eliminate wasteful expenditure of prestige government projects and reduce corruption and expenditure on the military, while at the same time to encourage investment and reduce the size of government bureaucracy. African governments adopted World Bank/IMF policies, often with little choice, but the stringencies involved led to the criticism that they created unacceptable hardships for the poor and failed to put poverty reduction at the centre of adjustment.

The cost recovery measures, rising inflation, and endemic unemployment have placed an ever-greater burden on the poor. It is argued that instead of depending on unreliable global markets for exports it would

have been better to promote the self-sufficiency of economies, in addition to releasing more funds for social services such as education and health. When opportunities to improve one's standard of living are closed, this can lead to desperation and crime. The social consequences of these structural reform policies is now recognised by the World Bank and IMF that are taking steps, albeit rather late, to address some of these problems.

In sub-Saharan Africa, home to the majority of least developed countries, the urban unemployment rate stands at about 40%, with the vulnerable informal sector comprising over 60% of the urban labour force. In rural areas unemployment and underemployment affects well over half the labour force. In many countries, the economies are stagnant and there is little chance of finding productive employment. For example, in the late 1990s in Zimbabwe, out of a school-leaver population of over 200,000, only one-tenth could look forward to securing a formal-sector job, while the unemployment rate reached 60% of the workforce (and this was prior to the economic collapse and farm invasions during 2000).

What social workers can do

In the face of socially hostile macro-economic policies, social workers need to engage in the policy arena and speak out for the vulnerable groups. Social workers can advocate for employment-creating strategies, such as re-training and access to loans for those made redundant through structural adjustment, and for promoting the informal sector, which is responsible for the major part of the local labour market. These workers require access to micro credit through revolving funds or grants, training in basic bookkeeping skills, business management and proposal writing, improved work premises, and a more conducive legislative framework where unnecessary bureaucratic restrictions and by-laws are reviewed so that the informal sector can operate more freely.

Gender and Development

Gender inequity and traditional practices that seriously disadvantage women create obstacles to development and so require the attention of social workers. Women are increasingly shouldering a heavy load, as in addition to their roles within families, 90% of African women are also farmers and informal sector workers, working longer hours than men do.

In the rural areas of Africa, women increasingly shoulder the burden of the social costs of family reproduction and household production through their roles in agriculture, domestic and child care management, and trade and part-time employment. Women are heavily engaged in informal sector activities to supplement household income, or even as the only breadwinner.

The role of men in maintaining the situation of gender inequality through cultural and traditional practices, such as the payment of child brides in restitution of a grievance or their promiscuous sexual behaviour is fuelling the AIDS epidemic, and so are also of concern. The question of gender equality, the empowerment of women and girls, and more responsible behaviour on the part of men are crucial issues that require addressing by social workers.

What social workers can do

It is vital that social workers develop sensitivity to gender in the various community programmes and projects in which they are involved. This means helping people question gender stereotypes and think more critically about the role of men and women in society, particularly with the serious consequences of AIDS in the background. This means more than a token acceptance of gender as a concern to satisfy sensitive donors, and should involve taking real issues on board as central to social workers' activities.

Refugees and Civil Conflict

The refugee and displaced persons problem starkly represents social disintegration in Africa, where conflict in many countries has reached very serious proportions. Serious ethnic clashes in Nigeria earlier in 2000 displaced thousands of people, while the ongoing civil war in Angola and opposition party murders in Zimbabwe created fear and despondency and led to the displacement and forced movements of people.

Africa's most extreme refugee situation in the last decade arose in Rwanda, where during the four months of April to July 1994, approximately one million people were killed in an apparently organised campaign of genocide, and 2.5 million people were forced to flee their homes due to tribal conflict. As pointed out by the United Nations (1995),

the immediate causes of refugee flows of this magnitude are invariably conflict or massive human rights violations, related to complex and interrelated mixture of social, political, economic, and environmental forces.

What social workers can do

In the face of this devastation, there seems to be very little that social workers can do. However, positive efforts in their own small way are made by social workers to improve the situation of refugees. For example, in southern Africa, social workers worked for many years to improve the circumstances of the 1.5 million Mozambican refugees sheltered in the neighbouring countries of Zimbabwe, Zambia, Tanzania, Malawi, and Swaziland. Social workers have acted as Camp Administrators, working with governments and a variety of NGOs to help refugees to build on their existing skills and capabilities through skills training such as metalwork or carpentry and income generating projects like gardening or crocheting with the intention of giving them occupational skills that would benefit them on their return home. Improving educational facilities for children in camps and dealing with unaccompanied refugee children have been some of the other activities.

HIV/AIDS

AIDS is a special area of concern in Africa. Since the epidemic began, 34 million African have been infected, and more than 12 million have already died. In 1998 alone, the sub-Saharan Africa region experienced four million new infections. In the southernmost countries of the continent, the four worst-affected countries of the region - Botswana, Namibia, Swaziland and Zimbabwe - between 20 and 36% (a median of 26%) of adults are now estimated to be living with HIV or AIDS (UNAIDS, 2000). Zimbabwe is especially hard hit. In 23 out of 25 HIV surveillance sites, between 25% and 50% of all pregnant women were found to have HIV, and at least one-third of these women will pass the infection on to their babies (SafAIDS News, 1999). AIDS already accounts for 60-80% of deaths in the age group 15-49 in Zambia and Zimbabwe. In much of southern Africa, a 15-year old now has a one-in-two lifetime risk of contracting HIV and

dying of AIDS. Antenatal HIV seroprevalence is over 20% throughout the sub-region, and is slowly rising in most other countries in sub-Saharan Africa. AIDS is driven by factors such as labour migration, sex workers, armed conflict and political turmoil, cultural and behavioural factors, silence, stigma, and denial.

What social workers can do

Social workers have the potential to play a major role in both the prevention of HIV and the provision of support services. There is need for the creation of new or expanded posts for social workers in critical areas, including health care settings, prisons, armed services, schools and colleges, refugee camps, company personnel and welfare departments. As social workers are themselves a scarce resource in many African countries, there is need for them to disseminate their training and skills as widely as possible and build caring and counselling roles in the community and in AIDS support organisations, NGOs and government departments. Social workers need to advocate for the integration of HIV/AIDS awareness and prevention in all sectors through the mainstreaming of AIDS concerns.

Social Work and Social Development

If social workers are to respond in a practical and workable way to some of the problems mentioned above, the orientation of the profession will need to shift. Social work has been criticised for its concern with remedial rather than developmental work, and for its over-reliance on casework as a methodology, rather than group, community, and organisational methods. In the context of Africa, the vast needs that social workers have to deal with, the fact that they are relatively scarce as a profession, and the need to localise or 'indigenise' the profession, requires social workers to adopt a social development approach as a tool of intervention. However, it is important that social workers retain their skills in individual work, in counselling and in therapy, which are still vital and much needed.

Social development is an approach that stresses the social requirements of any activity aimed at uplifting or developing a community. It is a social work response that encourages institutional change to make social policies and social services as flexible and dynamic as possible in meeting social

need. As far as resources permit, social work practitioners thus become involved in human development and in improvements in social conditions in health, housing, education, employment, agriculture, and the like. However, the work of social workers needs to be complemented by policy reforms at a senior government level, and hopefully at a regional and international level, which will make the overall economic, social, and political climate conducive to a more 'people-friendly' development.

Social development should be based on as full participation as is possible, aimed at empowering those who are in the process of development and should strategise the change effort required at the most appropriate level. This is in contrast to a traditional social work approach where the 'client' is the object of professional activity and where intervention is aimed at the individual rather than at bringing about a change within society. While social workers are trying to adopt social development roles in Africa, they are however limited by their large caseloads and the clerical duties required in the disbursement of funds for relief purposes, particularly for those employed in government service.

Organising Associations of Social Workers in Africa

Social workers are slowly becoming organised in the Africa region, with presently 12 national associations of social workers with membership in the International Federation of Social Workers. One of the critical problems facing social work associations within the African context has been the difficulty of sustaining the associations over time. Often they start up with enthusiasm, dependent on particular energetic personalities, but later disintegrate when circumstances change. With this in mind, there is need to develop within the various countries an organisational base for associations that can provide supportive services to their members, including that of organising members, capacity building, leadership training, network-building, and information development.

Sustained and incremental development of the organisational capacity of associations is very important and should be prioritised for the foreseeable future. With a stronger organisational base and a practice geared to social development goals, it is the hope that the profession within Africa develops an even more realistic and socially relevant role in the years to come.

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