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# We Care Don't We?

## Social Workers, the Profession and HIV/AIDS

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**SUMMARY.** The HIV/AIDS epidemic has impacted all levels of society from the individual to the macro-economic. The continuing spread of infection around the world means that traditional methods of care and support are put under extreme pressure and many families lose their capacity to cope. Social workers are involved in providing care, counseling and support to those affected, and in developing programmes and other interventions to prevent the spread of the disease. Prevention and behaviour change are vital, but access to treatment is an ethical imperative, particularly in developing countries where the epidemic is most prevalent. Social work is a profession uniquely situated to demonstrate leadership in multi-sectoral collaboration in responding to this pandemic. Consequently this paper briefly reviews the scale and current nature of the epidemic and then considers how social workers can help build more compassionate policies at an international level. Social workers can help to create awareness of the negative effects of poverty,

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tackle gender inequity, help build more effective coalitions and partnerships, and work with other concerned groups and organisations to end stigma and discrimination. Using case examples the paper considers how social workers can help develop caring strategies that improve the lives of those living with HIV and AIDS. doi:10.1300/J010v44n01\_06 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2007 by The Haworth Press, Inc. All rights reserved.]

**KEYWORDS.** HIV/AIDS, HIV treatment, social work, social welfare

### ***DO WE CARE?***

“With all these experts and so much money why are we not making a difference? There were so many people at the 2002 HIV/AIDS Conference in Barcelona, but where were the social workers and what are they doing to fight the pandemic?” (a social work colleague).

The title of this article asks the rhetorical question—do social workers care about the pandemic and if so, what are they doing about it? Of course you will say—how could they not? Despite the challenge of my colleague, I believe committed social workers do care deeply about this crisis, but some are not really sure exactly what to do about it and what their contribution could be. The problem seems to require a “mega” response from our profession and from all of us and leaves us feeling inadequate. Yet although it may appear as if we are doing little, social workers are involved in projects around the world that contribute a great deal. I want to highlight some of these because they are examples of good practice. But I also want to urge us all to think strategically about what we as social workers and professionals could do more of, because of the enormity of the problem and the consequences for so many.

### ***CONTINUING SPREAD OF HIV/AIDS IN THE WORLD***

HIV/AIDS is a global development emergency and continues to spread unabated in many parts of the world where it is wiping out the development gains achieved over the past decades, threatening the peace and stability of nations and regions, and sending whole communi-

ties into destitution. The epidemic primarily affects the world's poorest communities, those countries with greatest gender inequalities, disparities in income and access to productive resources, the marginalized, stigmatized and disempowered.

Worldwide, over 60 million people have contracted HIV and 22 million have died of AIDS since the epidemic began in the late 1970s. Experts believe that the rate of new HIV infections could escalate 25% or more by 2005, with the number increasing to 100 million by 2010 (from the 40 million presently) according to recent predictions. In 2003 alone, 5 million people became HIV positive, while 3.1 million globally died from AIDS (UNAIDS, 2003).

In the developing world heterosexual activity remains the primary mode of transmission of the virus, particularly in Africa where thirty million Africans have HIV—and AIDS has so far led to the deaths of 17 million people. Although Africa has been the center of the AIDS epidemic for more than twenty years, this may be changing. For instance, UNAIDS (2003) estimates that there are at least one million HIV-positive people in China presently and that this number could grow to 20 million people by 2010. These staggering figures—representing so much misery and suffering in the world—demand a powerful response from the social work profession.

Sex between men remains an important aspect of the epidemic in most high-income countries, although an estimated one-third of new infections is now occurring through heterosexual contact (UNAIDS, 2003). An unfortunate development has been the resurgence of sexually transmitted infections in Australia, Japan, Western Europe and the USA, pointing to the revival of high-risk sexual behavior, especially among young people. Prevention programs that had achieved notable success in limiting HIV transmission in the 1990s appear to have been shifted to the back burner. The role of injecting drug use in the HIV epidemic is also significant in many countries, particularly among vulnerable populations—including those in prison and those who belong to marginalized minorities.

It is vital that prevention, treatment and care programs be adapted to reach all persons affected by HIV/AIDS, particularly those whose language, culture or immigrant status might limit their access to services, or leave them subject to oppressive and discriminatory situations. This is consistent with social work values that emphasize a transformational (or “emancipatory”) approach, where unjust social structures are seen

as responsible for inequality—and where social workers have an explicit commitment to social justice (Dominelli, 2002:4).

Although the epidemic is serious in the developed world, we must not forget that 95 percent of people with HIV live in the developing world. Gender inequity, poverty, and unsafe sexual practices have led to spiraling HIV rates, particularly in the southern African countries. While prevention of HIV infection is very important, lack of opportunities to receive treatment can undermine prevention messages as there may seem little point in knowing one's HIV status when treatment is not available.

### *ACCESS TO TREATMENT*

Prevention and behavior change is crucial and as social workers we recognize how important education and awareness is in combating AIDS. Yet we also need to consider the issue of treatment. As Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa has noted: "You can't avoid the issue of treatment anymore. There are 30 million people with HIV/AIDS (in Africa) and a minimum of six million who would qualify for treatment. What we've also discovered is that treatment not only keeps people alive, it restores hope" (Lewis, 2004).

However, today one of the major barriers to an effective HIV/AIDS response is the gulf that separates the rich and poor worlds in terms of access to live-prolonging HIV treatment. There are still those who say "it can't be done," it is too expensive, or that there is a lack of infrastructure to monitor treatment—but it must be done. It is morally, ethically, socially and economically unsustainable to have the majority of those living with HIV/AIDS to have no access to life-sustaining treatment. Equitable access to treatment is fundamental to social work, and as the international definition of social work emphasizes, the profession needs to be concerned with "the empowerment and liberation of people to enhance well-being. . . . Principles of human rights and social justice are fundamental to social work" (IFSW & IASSW, 2000).

For the first time this moral imperative is being realized through the policies of key organizations like the World Health Organization's 3 by 5 Initiative, which aims to treat half of those who need antiretroviral (ARV) treatment (i.e., 3 million people) by 2005—as well as offering new opportunities for strengthening HIV prevention efforts (WHO, 2003). It is gratifying to see that the Canadian Parliament, for example, has now endorsed a bill that will allow the export of generic drugs to de-

veloping countries, making Canada the first wealthy nation to pass such legislation. This will amend the country's patent laws to permit the government to order the override of patents to allow certain pharmaceutical manufacturers to produce and export generic drugs—including antiretroviral drugs—for use in developing countries.

The promise of increased access to antiretroviral treatment (ART) for people in need allows us to develop a comprehensive public health response to the epidemic that fully integrates prevention, care and treatment. Evidence from the Caribbean, Africa and elsewhere indicates that introducing treatment in affected communities can reduce the fear, stigma and discrimination that surround HIV/AIDS, increase demand for and uptake of HIV testing and counseling, and reinforce prevention efforts. Improving access to treatment is needed to ensure that the beneficial preventive effects of ART—reducing stigma and increasing demand for testing and counseling—are not lost.

Over the last six years, the introduction of ARVs in Europe and the USA has cut AIDS deaths by over 70%. In Brazil, the use of ARVs has cut AIDS mortality by 51% from 1996-1999. The excuse that in poor areas people don't take the drugs properly, endangering themselves and risking drug-resistant varieties of the virus appearing, doesn't bear out in practice. In Brazil, 70% of patients take their medicines properly 80% of the time, the same as in the USA. Medecines Sans Frontiers' trial programmes in Uganda and Senegal have been very encouraging with rates of those taking medicines properly nearly the same as in the European Union (Greenhill, 2004).

Treatment is also a powerful incentive to get tested, providing a strong boost to prevention efforts (MSF, 2004). Costs have been pushed down to as little as US\$140 per person per year for fixed-dose triple combination drug treatment, although this is still far too expensive for many.

The Global Fund to Fight AIDS, TB and Malaria was set up in response to the United Nations' Secretary General's call for the world to unite around fighting these epidemics. With Global Fund resources, more than 500,000 people are projected to receive antiretroviral treatment over five years. This represents a near tripling of coverage in poor countries (including a more than six-fold increase in Africa). All HIV grants include prevention, much of which is focused on school-aged children and youth. This, if fully funded, could provide desperately needed money to buy the drugs, train the healthcare workers, build more clinics, and set up more prevention and care programmes. However, while UNAIDS has called for at least US\$10.5 billion a year from the

international community and US\$15 billion by 2007, currently, governments spend under half this.

While this may seem an enormous amount of money to ask, we may wish to bear in mind other seeming priorities. According to the Worldwatch Institute's 2004 State of the World report, providing reproductive health care for all women, ending hunger and malnutrition, universal literacy, global clean water, and immunizing every child in the world could all be achieved for less than people spend annually on luxury items like makeup, ice cream, and pet food. While the world as a whole spends US\$4.7 billion on AIDS each year, the US spends almost twice this (US\$8 billion) annually on cosmetics, while Europe spends nearly three times this amount (US\$11 billion) on ice cream. Europe and America spent nearly five times as much (US\$17 billion) on pet food as they did on fighting global AIDS (US\$3.6 billion) (Worldwatch Institute, 2004). Treating people for life-threatening illness accords with key social work values that emphasize that "every human being has a unique value, which justifies moral consideration for that person" and "each society, regardless of its form, should function to provide the maximum benefits for all its members" (IFSW, 1994:2). Making affordable drugs available is a moral imperative that will also reinforce prevention efforts.

### ***WHAT CAN SOCIAL WORKERS DO?***

In a nutshell—a lot more. In the context of the HIV/AIDS epidemic, social workers have been confronted with a vast range of new problems, from the psychosocial effects of infection and transmission of the virus to the generation (particularly within Africa) of large numbers of orphans requiring care. State-financed social work tends to be more prevalent in affluent, Western countries, but many social workers world-wide may be found in the non-formal sector, employed by non-governmental organizations (NGOs), community, civil or religious organizations. Social work interventions include attempts to prevent problems through tackling the causes of social need, such as poverty, as well as the provision of care, counseling and support to those affected. They are involved professionally in dealing with the factors that either reinforce or help to reduce the prevalence of HIV/AIDS (see Diagram 1 below). Social workers in many countries are therefore at the forefront of attempts to promote social development and to find sustainable ways of assisting families and communities.



Diagram 1. Factors that reinforce or help to reduce HIV/AIDS prevalence

<b>Factors that reinforce HIV/AIDS</b>	<b>Factors that reduce HIV/AIDS</b>
Gender inequity & male domination	Gender awareness, sensitivity & sexual equality
Poverty & continuing impoverishment	Mobilization of resources
Increasing urbanization & migration	Integrated & supportive communities
Lack of information & epidemiological data	Strategic information
Inadequate & isolated institutions	Multi-sectoral approach & sharing of information
Isolated & marginal civil society	Civil society engagement
Oppressed & disadvantaged communities	Empowered communities
Disconnected or authoritarian government often in conflict with voluntary organizations	Committed government & voluntary sector involvement
Lack of political commitment	Political leadership & advocacy
Reactive & fragmented approach	Proactive & holistic approach

In their training and work experience social workers develop the knowledge, skills and values needed to support people as they cope with stresses, changes and crises, including those triggered by illness, marginalization and discrimination. Many other professions and individuals are involved with psychosocial care and emotional support, including nurses, psychologists, doctors, community activists, volunteers and family members. However, the social work profession, by virtue of its holistic perspective, is capable of responding to the needs of vulnerable populations, helping people gain more control over their lives—in partnership with them—and addressing major political, social and economic issues.

### ***SOCIAL WORK HIV/AIDS ACTION PLAN***

Research carried out by the Southern Africa HIV/AIDS Information Dissemination Service (SAfAIDS) has shown the need for updated information on how social workers can deal with HIV/AIDS, leading to the production of an advocacy document on the role of the social welfare sector (SAfAIDS, 1999; UNAIDS, IFSW & SAfAIDS, 2000). Key points in this action plan include:

1. creating an awareness of the negative effects of poverty on HIV/AIDS and lobbying for debt cancellation and other measures to ensure more resources are made available;



2. recognizing the crucial role played by the community—in particular women—in offering informal care and to reinforce this. An important aspect of this is helping to bring about gender equity;
3. building an effective coalition through networking and strategic alliances and to develop a clear understanding of the professional role of social workers, guided by policy statements of IFSW;
4. tackling stigma and discrimination and promoting acceptance of people living with HIV and AIDS (PLWHAs).

Consequently in dealing with HIV/AIDS, the social work profession needs to be more involved in these areas of concern as follows.

### *Tackling the Issue of Poverty*

Poverty is a major factor in the transmission of HIV infection, but the epidemic itself also contributes to poverty. Social workers are engaged in a variety of poverty-related projects to help people with HIV and AIDS, but they need to get more involved in the policy arena. Social work associations, through IFSW, with its consultative status as an international NGO at the Economic and Social Council of the United Nations, can support the efforts being made by the UN and international NGOs to persuade the rich countries to do more to fund anti-AIDS programmes in the developing or poorer regions of the world.

Social workers also need to promote concern and respect for people living with HIV and AIDS. Human dignity is at the heart of this—social workers are confronted with the issue of how to maintain and strengthen human rights principles and values as part of their contribution to eradicate the problem of HIV/AIDS. In this regard IFSW has a Policy Statement on HIV/AIDS that stresses the need for social workers to be committed to the principles of social justice and human rights—of direct relevance where there is need to ensure through proactive advocacy that all people affected by HIV/AIDS have proper food, housing, education and health care and be able to exercise their rights in this regard without hindrance. In fact “one consequence of the spread of HIV in the developing world is the adoption of the aim to establish a more just economic world order” (IFSW, 1990:2). The Statement also strongly urges the governments of the developed countries to fund AIDS prevention and treatment in proportion to their GNP.

#### *Example 1: Tackling Poverty and HIV/AIDS in Zimbabwe*

Poverty has long been a companion of AIDS. In Zimbabwe, which has been ravaged by the epidemic, many orphaned adolescents

end up becoming heads of households. In turn, many of the young women among them fall into relationships with older men—"sugar daddies" or "mdharas" in the local Shona language—who pay their school fees but demand sex in return. Studies show that in Africa, HIV infection is six times as high in girls aged 16 to 19 as in boys, partly because teenage girls are powerless to negotiate safe sex and that use of condoms is rare. "Big dharas don't like their sweets wrapped," one girl told researchers. Another girl, 15, said in a focus group assembled by the researchers, "If you refuse, you stay poor. If you take his money and refuse sex, he will rape you." Many of these men seek out high-school-age sex partners, both because of the prestige of having a trophy girlfriend, and because it is believed the girls do not have HIV. Up to a third of such men, though, may already carry the virus.

The SHAZ project was initiated with social workers in Zimbabwe under a joint project funded by the US National Institutes of Health and entitled "Shaping the Health of Adolescents in Zimbabwe" and is an HIV/AIDS prevention programme that offers young girls in Harare economic security to try and prevent them from being forced into sexual liaisons that transmit HIV. Young women in the project receive education, vocational training, and information on reproductive health. Volunteer local businesswomen teach them traditional female businesses, such as making clothes and growing spices. These mentors fulfill the traditional role of the African "tete," or auntie, who is consulted on all major life decisions. Early indications are that this is a useful approach that has been praised by Peter Piot, Executive Director of UNAIDS, as "absolutely the right thing" (see Chase, 2004).

Social work roles in tackling poverty might include:

- lobbying in support of the Global Fund through IFSW and UN bodies;
- strengthening community-based coping strategies through supporting existing traditional community self-help mechanisms (such as savings clubs, women's groups and foster families);
- identifying sources of financial and material assistance and encouraging community fundraising;

- working in close partnership with PLWHAs, building links between non-governmental organizations (NGOs), community-based organizations (CBOs), the government and donor agencies.

### *Tackling Gender Inequity, Power Issues and the Roles of Men and Women*

Men have considerable power in sex. They are seldom criticized for having multiple sexual partners—and are expected to take the lead in sexual matters and to have their sexual demands met. This is particularly a problem in Africa where men's abuse of this power is a primary factor behind the HIV/AIDS epidemic. According to one survey 43 percent of Zimbabwean women have suffered physical violence from their husbands or regular partners, and 25 percent have been forced to have sex—marital rape. However not all men behave arrogantly towards women; many respect their partners and demonstrate that respect in their sexual and other behavior (SAfAIDS, PANOS & UNAIDS, 2001).

The 2004 World AIDS Day focused on Women, Girls, HIV and AIDS. Poverty and poor public services have combined with AIDS to turn the care burden for women into a crisis with far-reaching social, health and economic consequences. Women and girls pay an opportunity cost when undertaking unpaid care work for HIV and AIDS-related illnesses since their ability to participate in income-generation, education, skills-building and caring for their families diminish. Research has shown that up to 90 percent of care due to illness is provided in the home, with women bearing the bulk of this caring. AIDS intensifies the feminization of poverty, particularly in hard-hit countries, and disempowers women. A study in the village of Kagabiro in Tanzania, for instance, demonstrated that when a household included someone with AIDS, approximately 43 percent of household labor was spent on AIDS-related matters and most of this was provided by women (Bollinger et al., 1999).

Gender issues have a critical impact on HIV and AIDS. UNAIDS has launched a Global Coalition on Women and AIDS, bringing together leading women and men committed to improving the lives of women and girls worldwide (UNAIDS, 2004). It is not sufficient to give assertiveness skills to young women who may have little or no power to negotiate safe sex. It is crucial also to tackle young men's attitudes about sex and masculinity. This is particularly relevant in Africa, where cul-

tural factors remain one of the key obstacles to HIV/AIDS prevention strategies.

*Example 2: Building Supportive Informal Networks in South Africa to Counter HIV/AIDS*

Social work trainers at the University of Natal in South Africa have been using principles of developmental social work to implement a project initiated in response to the need for psychosocial services when women are informed about the HIV status of their children and, in the process, their own HIV status. Based at a large teaching and referral hospital in Durban, where 35-50% of children admitted with persistent nutritional deficiencies and diarrhea have symptomatic HIV/AIDS, there was no structured psychosocial assistance or post-test counseling for HIV/AIDS positive mothers before this project started in 1996. A developmental and empowerment-based process focused on the felt needs of group members, consciousness-raising, reflection in action, education and skills training. Women were involved in peer support groups, given training in basic counseling skills and involved in workshops with NAPWA (National Association of People Living with AIDS) on living positively with AIDS. This emphasized acceptance of one's HIV status, making decisions about disclosure, responsible living and the adoption of safer sex practices, preparation for death and dying, morality and spirituality, nutrition, hygiene and the avoidance of the use of drugs and alcohol.

The project also served as a fieldwork training unit for social work students who provided useful services to family members and to sexual partners on disclosure issues and assistance in respect of problems such as physical abuse of women, rejection and accommodation needs. The project included an interdisciplinary approach with the strategies positively endorsed by nurses, doctors and pediatricians (see Sewpaul, 2000).

Social work roles in tackling gender inequity might include:

- helping reframe ideas about masculinity, helping men take responsibility for their own lives and to share responsibility with their partners for each other and their children;

- working closely with PLWHAs and together countering negative “macho” ideas in favor of positive attitudes to do with care and responsibility;
- ensuring that projects and programmes have a deliberate focus on gender from the initial concept stage, and that gender concerns are not just “added on” later as an afterthought;
- ensuring that gender considerations also include a gay focus (in situations where heterosexual transmission is the norm).

### ***Building an Effective Coalition Through a Multi-Sectoral Approach***

Social work organizations need to develop clear operational guidelines on working with HIV/AIDS and identify the contribution that the social service sector can make. In July 2000 at the AIDS Symposium in Montreal, the Canadian Association of Social Workers (CASW), with others, developed a manifesto and plan of action for the profession with regards to HIV/AIDS. This advocated for social workers to enter into respectful professional partnerships with people living with HIV/AIDS, with due regard to basic social work values such as self-determination, dignity and worth of the individual; for different sectors to work together to tackle HIV/AIDS with the social services sector providing a lead role in this, and developing collaborative partnerships using a multi-sectoral approach.

Developing a multi-sectoral approach means that social workers need to find ways to reach the key individuals and groups that most affect the dynamics of the epidemic in their respective communities and ensure that HIV/AIDS programmes are efficient, appropriate and sustainable, and reach the largest number of people possible with the available resources.

As pointed out by the International HIV/AIDS Alliance (2001), key aspects of developing this multi-sectoral approach and scaling-up social work interventions will mean:

- reaching a higher percentage of the population, new target populations and new geographical areas;
- reaching different sectors (such as the government, health workers and the military);
- reducing stigma and increasing community acceptance of people living with HIV and AIDS;

- increasing community participation and the range of services provided;
- increasing capacity building, training and the financial and organizational sustainability of the voluntary organizations, NGOs and CBOs that social workers support;
- reducing new HIV infections and maintaining the impact of interventions.

*Example 3: Coalition Building—The Para55 Organization*

A multi-professional body of Commonwealth Associations—including the Commonwealth Organization for Social Work (COSW)—have been actively encouraging Heads of Government to make statements on the catastrophic impact of HIV/AIDS in the Commonwealth and advising them on the measures they need to take to counter the epidemic. This lobbying effort was achieved through a statement in paragraph 55 on HIV/AIDS in the Durban Communiqué, adopted by the Commonwealth Heads of Government Meeting (CHOGM) in November 1999, which stated that Heads of Government “express grave concern over the devastating social and economic impact of HIV/AIDS, particularly in sub-Saharan Africa.” The Commonwealth professional associations—medical, pharmaceutical, lawyers, teachers, media workers, social workers, and others—recognizing that Commonwealth countries have 60 percent of the world’s HIV/AIDS infectivity as compared with only 30 percent of the world’s population, set up the group, which they called the Para55 Group, to work together to implement the terms of the paragraph and to extract the maximum assistance from Heads of Government and other key policy makers to reinforce their own efforts to fight the pandemic. The Group designed its own website ([www.para55.org](http://www.para55.org)) to facilitate the exchange of information on the key issues involved in fighting the pandemic which have included preventive measures, mother-to-child transmission, the role of traditional healers, and the impact HIV/AIDS is having on the economic and social development of Commonwealth developing countries.

The group has been involved in initiatives including the hosting of conferences, workshops and contributing towards the draft of the Declaration of Commitment by Heads of UN Member States, and at the UN General Assembly Special Session on

HIV/AIDS (UNGASS) held in New York in June 2001. Through these activities the members of the Para55 Group hope to draw the attention of Commonwealth Heads of Government to the importance that commonwealth associations and other organizations attach to the implementation of Para55 and also to the reason why a multi-sectoral approach is imperative (see Haslegrave, 2001; Para55 Group, 2002).

Social work roles in developing a multi-sectoral approach might include:

- developing an awareness of how HIV/AIDS is a cross-cutting development issue (like gender and human rights) that affects everything;
- encouraging meaningful partnership between PLWHAs, communities, governments, donor agencies, international and local NGOs, the private sector and others in order to address the problems of HIV/AIDS;
- linking people with local support services such as drop-in centers, mobile clinics, shelters and hospices;
- working alongside PLWHAs and their self-help organizations and networks and assisting where appropriate, and if requested.

### *Tackling Stigma and Discrimination*

The impact of HIV/AIDS is made worse by the stigma associated with the disease. While more HIV-positive people have been open about their condition, stigma still exists and prevents adequate care and prevention reaching those who need it.

At the heart of the stigma of AIDS lies shame—the perception that those with the virus have done something wrong for which they and their families should be ashamed. Discrimination entails a person acting on a pre-existing sentiment or stigma, which results in someone being treated unfairly. Stigma and discrimination therefore form a continuum of harmful thoughts and behaviors that are based on prejudice.

A major role for social workers concerns tackling stigma and discrimination. Richter (2001) argues that fear, ignorance and an inability to accept any deviance from the ‘norm’ (i.e., moralizing) constitute the main reasons for prejudice or stigma against people living with



HIV/AIDS. She puts forward four origins of stigma against people living with HIV/AIDS:

1. moral attitudes and systems of belief around sex; thus AIDS is seen as a punishment for immoral behavior that one should dissociate oneself from;
2. ignorance and a lack of knowledge leading to fear and irrational behavior;
3. self-interest, including a desire to create a chasm between healthy and 'un-healthy' people so as to reduce the possibility of personal vulnerability to HIV; and
4. media images of blame with a dichotomy between those who are "innocent" (for example, children gaining HIV through vertical transmission from mother to child) and those "guilty" (for example, those becoming positive through sexual intercourse).

Children affected by HIV/AIDS are even more vulnerable than adults as they face the possibility of stigma relating to their own status, as well as stigma flowing from their parent or caregiver's status. This stigma continues even after the death of their caregiver, when they may be rejected or treated with scorn by the extended family and the community. As one boy in South Africa explained "... people treat us badly, even the nurses themselves. They don't treat us like people who know about this sickness. The way they treat you is like they say you deserve it. They make it a point that you are shamed by your illness" (Clacherty & Associates, 2001:40).

*Example 4: Tackling Stigma—The Stepping Stones Approach in Uganda*

Sexual health issues are deeply rooted in people's fears, prejudices, phobias and taboos. Most of us, wherever we live, find it difficult to talk about matters related to sex, gender and death. To help communities address these difficult issues, the Strategies for Hope Series—a project of the British NGO ActionAid—produced the Stepping Stones training package in 1995. Developed in collaboration with the Norwegian Redd Barna-Uganda and ActionAid-Uganda, Stepping Stones focuses on communication and relationship skills, gender issues, HIV and AIDS. The package consists of

a manual, accompanied by a video filmed in southwest Uganda where the manual was field-tested.

The aim of Stepping Stones is to enable women and men to describe and analyze their relationships and other experiences and to develop solutions to the sexual health problems and risks which they face in the course of their daily lives. The materials were designed primarily for use with non-literate communities in sub-Saharan Africa, but have been found to be useful in many other geographical and cultural settings.

Stepping Stones' principles are based on the recognition that the best behavior change strategies are those developed by the members of a community themselves, and that the process of self-analysis leads to greater self-awareness and self-respect, enabling people to practice more assertive behavior.

The approach has reduced stigma against people with HIV/AIDS and made people more willing to look after the sick. Other positive consequences have been changes in sexual behavior and helping empower people to protect their own sexual health (see Kaleeba et al., 2000).

Social work roles in tackling stigma and discrimination might include:

- providing access to voluntary counseling and testing, with follow-up counseling and social support;
- training and supporting PLWHAs, local volunteers and community members on HIV/AIDS coping strategies;
- working in partnership with PLWHAs to develop programmes that encourage openness, disclosure and share experiences of living with the virus;
- identifying, strengthening and supporting existing positive PWA and community responses to the epidemic.

## **CONCLUSION**

HIV/AIDS continues to remain a global emergency and is spreading to many parts of the world previously unaffected. The scale of the epidemic requires the combined efforts of all concerned—international agencies, governments, voluntary organizations, community groups, people living with the virus and others—to make an impact. Social work-

ers need to become involved with efforts to reduce the effects of the epidemic—particularly regarding prevention and treatment programs. The increased use of antiretroviral treatment in parts of the world where this is more accessible has dramatically scaled-back death rates from AIDS and initiatives in this direction need to be supported. Equitable access to treatment is fundamental and creates a moral imperative for the social work profession towards promoting human rights and social justice.

Social workers can also contribute in many different ways and at different levels—by helping build a momentum towards tackling poverty, reducing gender oppression, developing strategic alliances with other concerned parties, and tackling stigma and discrimination. Specifically social workers can lobby for increased resources to tackle HIV/AIDS, develop advocacy initiatives through their professional associations and the IFSW, help build support structures in partnership with those affected by HIV and AIDS and assist community responses to the epidemic.

At the Montreal 2000 International Social Work Conference, Stephen Lewis in his keynote address gave the following invocation "... while conflicts, pandemics and escalating poverty are happening, the world is looking for your voice." Social work voices are being heard and there have been some successes, but so much more needs to be done by all of us.

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