



## Role of Professional Social Workers in Promotion of Quality of Life of Children Orphaned by AIDS: A Study

Dr. Abraham Mutluri<sup>1</sup>

### Abstract

This article discusses the role of professional social workers in promotion of quality of life of children orphaned by AIDS. Children orphaned by AIDS are the children, who have the age of below 18 years, and lost one or both biological parents due to AIDS. It is estimated that there are 13.8 million children worldwide had lost mother or father or both parents to AIDS as of 2020. Children orphaned by AIDS face economic, social, psychological, and health problems. It is very difficult for them to access the basic needs such as food, shelter and clothing as well as education. This study conducted in two states of India i.e. Andhra Pradesh and Telangana with 316 children orphaned by AIDS. The study found that women-headed, granny-headed and child-headed families are more in HIV affected families. Stigma and discrimination were faced by 64.2 per cent respondents. About 35 per cent of the children are not attending the schools regularly, 72.2 per cent respondents required psycho-social support. Social work is a practice-based profession and it believes that every child is unique. There is a lot of scope for the practice of social work profession with these children. Social workers work as a social case-worker, social group worker, community organizer, social activist, social welfare administrator, social researcher, counsellor, communicator, and educator etc. to promote the quality of life of children orphaned by AIDS. This study suggested a strategy to work with children orphaned by AIDS.

Keywords: *Children, HIV/AIDS, Orphans, Social Work, Stigma, Discrimination*

### 1. Introduction

Human Immunodeficiency Virus (HIV) is a silent, symptomless infection that could be entered the human body during the intercourse of unprotected sex, through blood transmissions, unsterilized needles and from infected mother to child. The HIV attacks the immune system of human beings, making the human body steadily incapable of fighting against the common infections (Ch. Keerthi, 2010, & Samiran Panda, 2011). Acquired

---

<sup>1</sup> Department of Social Work, Andhra University, Visakhapatnam



Immunodeficiency Syndrome (AIDS) is the final, serious stage of HIV infection (NACO, 2003). In course of time, the person becomes 'immune-deficient' and susceptible to 'opportunistic infections', such as tuberculosis, continuous fever, continuous diarrhoea, bacterial pneumonia, herpes zoster, mouth ulcers, skin diseases, etc. (World Health Organisation, 2004). HIV/AIDS has had a profound negative impact on social and economic development, diminishing the economic viability and, potentially, the political stability of countries with high rates of infection (Silverman, 2004). The origin of HIV/AIDS came to light in the early 1980s in South Africa (Avert, 2012). Since then it is transmitted to all the countries in the world. It is reported that there are 75.7 million people have infected with HIV in the globe. Among them, approximately 32.7 million people have died due to AIDS and 38.0 million people are living with HIV/AIDS in the globe (UNAIDS, 2019). Among them, 36.3 million were adults and 1.7 million were children below the age of 18 years (Avert 2020).

India is one of the highly affected countries in the world after South Africa and Mozambique (Index Mundi, 2020). In India, there are 2.1 million people are living with HIV/AIDS and about 69,000 people were died due to AIDS. The prevalence rate is 0.2 per cent in India (UNAIDS, 2020). The major virus carriers and key population in HIV/AIDS transmission are women in prostitution, men who have sex with men, truck drivers, street children and migrant workers. They have a risk with their sexual behaviour, multiple sex partners, failure to use of condoms, susceptibility to sexually transmitted infections, and delays in seeking sexual health care due to fears of discrimination (Radhika Ramasubban and Bhanwar Rishyasringa, 2005). It is reported that, in India, 88.2 per cent of the infections occurred through unprotected heterosexual contact (Bhupendra Kumar Rohit, 2019).

## **2. Children Orphaned by AIDS**

Children orphaned by AIDS are the children who have the age of below 18 years and lost one or both biological parents due to AIDS (UNAIDS, 2003). It is estimated that there are 13.8 million children (0-18 years) worldwide had lost mother or father or both parents to AIDS as of 2020. That number continues to rise (Kathryn Reid, 2020). Children orphaned by AIDS are two types.

- 1) **Children Affected and Orphaned by HIV/AIDS** means a child between the ages of 0-18 years who had lost his/her single or both parents due to AIDS and became orphan.



- 2) **Children Orphaned and Living with HIV/AIDS** means a child between the ages of 0-18 years who had been infected with HIV from their biological parents and also lost his/her single or both parents due to AIDS (Mutluri Abraham, 2015).

The impact of HIV/AIDS is very high on both types of orphaned children. Children orphaned by AIDS are more vulnerable to abuse, exploitation, neglect, and lack of adult love, care and support (UNICEF, 2012). The children orphaned and living with HIV/AIDS are more vulnerable than other orphans. The professional social workers have done many interventions to bring out the changes in the HIV affected and infected families. They initiated many interventions through the Non-Governmental Organisations for children orphaned by AIDS. The present article discusses the social work practice and interventions for children orphaned by AIDS.

### **3. Research Methodology**

#### **3.1 Aim of the study**

The study presents information about the circumstances of children orphaned by AIDS and discusses the scope of the social work profession.

#### **3.2 Objectives**

The objectives of the study are as follows:

1. To understand the psycho-social, educational and economic problems of children orphaned by AIDS
2. To examine the scope of the social work profession to promote the quality of life of children orphaned by AIDS
3. To suggest the better social work interventions to promote the healthy and happy life of children orphaned by AIDS.

#### **3.3 Research Design and Sampling**

The research study was conducted in three high prevalence districts (Krishna, YSR Kadapa, and Karimnagar) of two states in India i.e. Andhra Pradesh and Telangana. The descriptive research design was formulated for the present study. The researcher conducted a baseline survey with Non-Governmental Organizations (NGOs) and Anti-Retroviral Therapy (ART) centers and identified 5146 children orphaned by AIDS ranging from the age of 01-18 years. Then the researcher excluded the children below the age of 8 years as they are too young and innocent to express different aspects of their problems and social work practice. Hence the study is confined to the children between the ages of 8-18 years only. After the



elimination process, the number of children falling within the sampling frame was 3160. The researcher applied the systematic random sampling method and has taken 10 percent of the universe as the respondents for the study.

### **3.4 Data Collection and Analysis**

The researcher collected the data from 316 children through structured interview schedule at the houses of the respondents. The data were analyzed through MS Excel and Statistical Package for Social Sciences (SPSS) 17<sup>th</sup> version.

### **4. Results of the Study**

1. The HIV/AIDS pandemic changed the family system and increased the woman headed families in HIV affected households. The study found that 36.0 per cent of the families in this study are women-headed families (mother) and 24.0 per cent of the families are grandparents headed families and 13.0 per cent are child-headed families. The epidemic of HIV is more likely to cause changes in the family structure of the society and it is evident from the data that 83.0 per cent of the families are other than male (parental) headed families.
2. Children orphaned by AIDS are more vulnerable than the other orphaned children because HIV/AIDS is associated with stigma and discrimination and health problems. The study found that 64.2 per cent of the respondents in the present study faced stigma and discrimination at least one time in their life.
3. Due to the fear of transmission of HIV/AIDS, the family members, relatives of the children and community members not providing the care and support services to these children. The study found that 55 per cent of the respondents stated that their relatives are not visiting their houses due to fear of HIV/AIDS and Poverty.
4. Children orphaned by AIDS are also at risk of missing out on school and the protection of a family that is an essential element of their development. The study found that 35 per cent of the children orphaned by AIDS are not attending the schools due to their personal and family problems. Their names are enrolled in the schools but they may not attend the schools regularly.
5. After the death of their parents with AIDS, psycho-social impact on children orphaned by AIDS is very high than other children. They have post-traumatic stress, grief, depression, fear, anxiety and hopelessness. It is found that 72.2 per cent of the respondents stated that they required psycho-social support from the social workers and counsellors.



6. Children living with HIV/AIDS are more vulnerable and they frequently fall ill with skin infections, eye problems, deaf and ear infections, Tuberculosis (TB) and cough and these are the common infections. The study found that 63.1 per cent of the respondents fall in sick at least one time in the last three months.
7. Caring for sick parents, coping with grief, separation from siblings can all be traumatic for children orphaned by AIDS.
8. Often the changes in family structures make the children orphans or sometimes they have to take up the responsibilities to take care of infected elders, siblings in the family. Children are unprepared and unable to cope with social stigma and loss of community support (Help Age India & India HIV/AIDS Alliance, 2006).

## **5. Discussion of social work practice with children orphaned by AIDS**

Social Work is the youngest profession in India. The social work practice was started by Clifford Manshardt in 1925 in Nagpada Slum of Mumbai which led to start a social work education in India in 1936 at Sir Dorabji Tata Graduate School of Social Work, Mumbai (T.M.Suresh, 2014). First, this institute trained 20 social work practitioners in Mumbai. Then, the social work education has started in many universities and colleges of India.

### **5.1 Definition of Social Work Profession**

The following definition is approved by the International Federation of Social Workers (IFSW) and International Association of School Social Workers (IASSW) in July 2014:

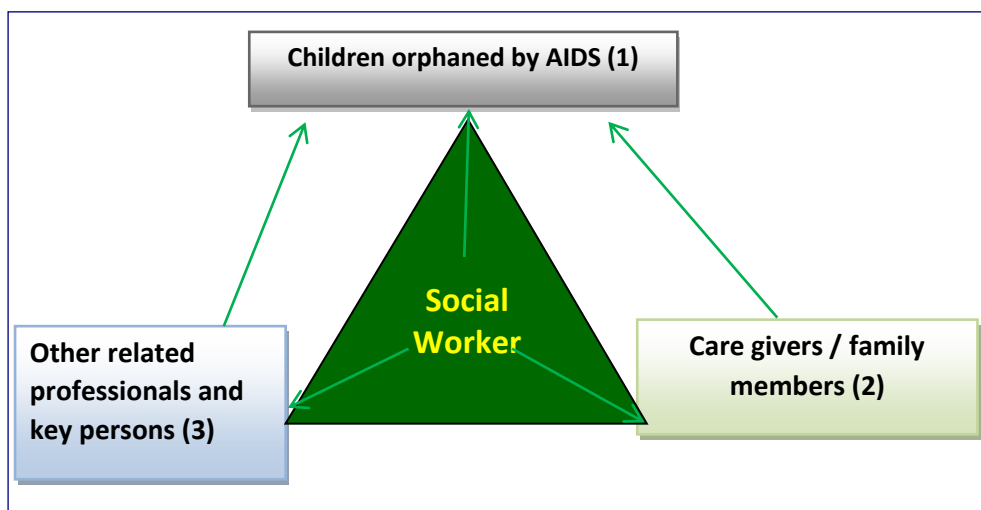
*“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing” (IFSW, 2014).*

Social work is a profession and academic discipline that seeks to improve the quality of life and well-being of individuals, groups, or communities by intervening through its methods such as social case work, social group work, community organization, social action, social research and social welfare administration.

### **5.2 Roles and Responsibilities of the Social Worker**

Social workers work with children orphaned by AIDS at homes, communities, hospitals, orphan homes and counseling centers, etc. The social workers play different roles like case-worker, group worker, community mobilizer, social activist, social welfare administrator, counselor, referral officer, facilitator, family therapist, liaison officer and play many other roles while working with children orphaned by AIDS. Social workers are capacitated and trained in working with these families where one or more members face a chronic or life-threatening illness and also other professionals working in the same communities. The below figure explains the working strategy of the professional social workers to work with the children orphaned by AIDS.

**Figure: 1**  
**The working strategy of social workers to work with children orphaned by AIDS**



The professional social workers works with the children orphaned by AIDS as well as the family members and other related professionals in society. This strategy helps to sensitize the family members, other professionals working in the same community and community key persons on the issues of children orphaned by AIDS. This strategy promotes and increases community support and participation. The professional social worker should work with all the family members to provide the care and support services to the children orphaned and living with HIV/AIDS. He/she has to educate them on ‘client-friendly self-care practices’ which help caregivers to protect themselves when they provide support to the children orphaned and living with HIV/AIDS.

The following points provide the role of social workers in the field of children orphaned by AIDS.



1. **Social case worker:** Social case work is one of the primary methods of social work that enable the social functioning of individuals. Social case worker applies the principles, components, techniques and approaches of social case work and provides the psycho-social support, counseling and emotional support to children orphaned by AIDS. Social case worker can provide information about stress management, positive lifestyle choices, safe sex practices and treatments to the children orphaned by AIDS. The social case worker also conducts the crisis intervention, therapeutic intervention to adjust extreme external pressures. In addition, social case workers can provide case management services to children orphaned by AIDS which involves assessing a children's needs, developing plans to meet these needs, linking the child with the appropriate services, monitoring service delivery, and advocating for the child when necessary. Social case workers help the children to develop appropriate social interaction skills.
2. **Social group worker:** Social group work is one of the core methods of social work. This method helps to the improvement of the social functioning of individuals. It also helps to participate in the activities of a group for their intellectual, emotional and physical growth and the attainment of desired goals of the groups (Alpa Parmar, 2014). Application of social group work in the HIV/AIDS sector is a challenge to social workers due to stigma and discrimination. Social group worker forms a different type of support groups with children orphaned by AIDS, children living with HIV/AIDS, school support groups, community children support groups to bring we feeling among children and also sensitizes the general public towards their problems. These groups help their group members when they required support. The social group worker forms these groups with children orphaned by AIDS and strengthens them with more competencies.
3. **Community Organizer:** community organization is another core method of social work. The community organizers mobilize the support from community key persons such as Auxiliary Nursing Midwifery (ANMs), teachers, Accredited Social Health Activist (ASHA) workers, medical officers, Self Help Groups (SHG), religious priests, NGOs, panchayat members, sarpanch, ward volunteers, etc. to promote continuous support and protection to the children orphaned by AIDS. The social worker works in the community to develop the volunteers' system to deliberate the information to the children. Social workers should involve the existing community structures such as SHGs, farmers' groups, fans associations, mother committees etc. for the help of children orphaned by AIDS. Social workers strive to eradicate social exclusion and poverty across all fields of practice with community mobilization. Social workers



build the safety-nets for children orphaned by AIDS in the communities to promote more protection.

4. **Social Activist:** Social Action is one of the methods of social work. Mary Richmond, (1922) coined social action is for mass betterment through propaganda and social legislation (Vijay Kumar Sharma, 2020). Social workers advocate on the issues of children orphaned by AIDS through community organization and policy development. Social workers fight against stigma and discrimination shown toward children orphaned by AIDS in schools and public places. Social workers do advocacy with government to bring new policies and welfare services to help children orphaned by AIDS. It is observed that the government of Andhra Pradesh is providing three per cent reservation to orphans and vulnerable children in educational institutions with advocacy of social workers. Social workers advocate for their clients to make sure that their needs are fulfilled and that their rights are protected.
5. **Social Welfare Administrators:** Social welfare administration is a method of social work. According to Richard M. Titmus, 1948, “Social administration may broadly be defined as the study of social services whose object is the improvement of conditions of life of the individual in the setting of family and group relations” (Ramesh Bharadwaj, 2015). It is also called a process of transforming social policy into social action. The social workers in the HIV/AIDS sector liaison between children orphaned by AIDS and the government. It is to increase the access to government and NGO schemes to promote the quality of life of children. Social worker administrators, develop and implement the educational programs for children orphaned by AIDS. Developing alternative government and NGO programs for drop-outs, delinquents, and child-headed families etc. The state and central government have provision for financial assistance to poor people like civil supply ration, Arogya-sree, or medical facility. Social workers help children living with HIV/AIDS to get white ration card or low-income certificate is entitled to apply for government grants.
6. **Social researcher:** Social research is a method of social work. The social workers conduct research on various issues to update the knowledge and provide the answers to the social problems in contemporary society. Most of the time social workers conduct the research on interventions, social problems and welfare programmes. Social workers have a lot of scope to conduct the research with children orphaned by AIDS. Positive prevention, problems of children living with HIV/AIDS, problems associated with sibling separation, ART medicine, orphans’ property grabbing etc. are some of the issues to conduct social research in the field of HIV/AIDS. Social workers find new interventions through their research to help children orphaned by AIDS. The



social worker may actively involve in the fact-finding research to investigate human rights violation of the children orphaned by AIDS.

7. **Counselor:** Counselling is a confidential communication between the counselee and counselor. Social workers provide the counselling services to deal with the psychological, mental, social, and financial difficulties of children orphaned by AIDS. Social workers may use a number of different psychotherapeutic strategies during their meetings with children orphaned by AIDS to help their clients control negative feelings, resolve behavioral issues to achieve those goals. Disclosing the HIV status of parents, death status of parents to the children is a challenging task. It may deal with grief counselling. A social worker is supposed to display impeccable professionalism and unshakable empathy during this vital process. Social workers provide counselling to promote the educational standers of the children. Social workers educate the children on peer pressure and its problems.
8. **Educator:** Due to the economic strain placed on these HIV affected families and household members are under pressure to engage in income-earning activities and that children often drop out of school to find work. Few children also migrate from their own villages for their livelihoods. The social worker should educate the family members and readmit the children in the school. He should have to mobilize the local resources to provide quality and continuous education services to the orphan children.
9. **Communicator:** Social worker uses appropriate communication strategies to interact with children orphaned by AIDS. The interactive communication strategies are storytelling, drawing, puppetry, play way methods, singing etc., which may help ventilate their issues with the social worker.
10. **School social worker:** Children orphaned by AIDS have education in the local government schools. The social workers have to sensitize the teachers towards the problems of children orphaned by AIDS. Social workers have to form the school support groups in the schools to promote the cooperation from the other children and teachers of the school. Social workers create awareness on health problems, opportunistic infections, locally available nutritious food material, TB medicine and ART medicine to the children orphaned by AIDS. Social workers also create awareness on modes of transmission of HIV/AIDS through Information Education and Communication (IEC) material and posters to children orphaned by AIDS.
11. **Home visit:** Home visits are one of the important activities for social workers. Social workers understand the psycho-social, economic, behavioral and health conditions of the children during the home visits. Often, social workers have to visit the houses of children orphaned by AIDS and provide the counselling and moral support to them.



He/she interact with the extended family members and promote the cooperation to children orphaned by AIDS.

12. **Resource mobilization:** social workers mobilize the local resources from philanthropists, volunteers, key persons, existing groups, political parties and other donor organizations to help the children orphaned by AIDS in the form of cash, kind and material.
13. **Exit Strategy of NGOs:** Most of the time the social workers work in NGOs and the NGOs depends upon donor organizations. After completion of the project (1 year or 2 years) the NGO stop their activities. The social workers should have to suggest to NGOs to apply the exit strategy. The NGOs should inform the project implementation status to the children orphaned by AIDS before 3-6 months. So, the children choose another source for the support services.

## 6. Conclusion

Social Work is one of the important professions in the world. It contributed a lot in providing care, support and treatment services to the people living with HIV/AIDS. There is a lot of scope for social workers to work with children orphaned by the AIDS. Social workers moulded many lives of children affected by AIDS. Social Workers provided the support services, counselling, conducted research and involved in other related activities. The social workers have love, care, affection and compassion towards children. Social workers have started many NGOs and provided the services to AIDS Orphans. HIV infection is not the end of life. People can lead a healthy and happy life for a long time with appropriate medical care. Anti-retroviral therapy (ART) is boon to children living with HIV/AIDS. Medication thus enhances both quality of life and longevity (NACO, 2020). Overall, this article presented its objectives and discussed social work practice with children orphaned by AIDS.

## REFERENCES

- Abraham Mutluri and Rangarao, ABSV. (2015). *Situational Analysis of Children Orphaned by AIDS*, Prudvi Publications, Visakhapatnam. pp.47-48
- Alpa Parmar. (2014). Methods of Social Work and Its Role in Understanding Team Climate and Team Effectiveness for Organizational Development, *Journal of Sociology and Social Work*, 2(1), 303-318



- Avert (2020) HIV/and AIDS in India, retrieved on 18-12-2020 from <https://www.avert.org/professionals/hiv-around-world/asia-pacific/india>
- Avert. (2012). Scenario of HIV/AIDS in India and Globe, retrieved from <http://www.avert.org/origin-aids-hiv.htm>.
- Bhupendra Kumar Rohit. (2019). HIV/AIDS in India, Department of Community Medicine, retrieved on 17-12-2020 from [http://www.bmcsgar.edu.in/new\\_upload/hiv-aidsinindia%20FINAL%20.pdf](http://www.bmcsgar.edu.in/new_upload/hiv-aidsinindia%20FINAL%20.pdf)
- National AIDS Control Organization. (2010). *NACO News [Brochure]*. Ministry of Health and Family Welfare, Government of India, New Delhi.
- Help Age India and India HIV/AIDS Alliance. (2006). *Forgotten families: Older people as careers of orphans and vulnerable children*. New Delhi, India.
- IFSW. (2014). Global Definition of Social Work, retrieved on 28.05.2020 from <https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/>
- Index Mundi. (2020). Country Comparison, HIV/AIDS - people living with HIV/AIDS > TOP 100 countries, retrieved on 17-12-2020 from <https://www.indexmundi.com/g/r.aspx?v=35&t=100>
- Kathryn Reid. (2020). what is HIV and AIDS? Facts, symptoms, and how to help, World Vision, retrieved on 17-12-2020 from <https://www.worldvision.org/health-news-stories/hiv-and-aids-facts>
- Keerthi, Ch. (2010). *Community Driven Approaches for Children Living with HIV/AIDS*, Dept. of Social Work, Andhra University, Visakhapatnam
- National AIDS Control Organization. (2020). ART treatment, retrieved on 17-12-2020 from <http://naco.gov.in/treatment>
- Radhika Ramasubban, and Bhanwar Rishyasringa. (2005). *AIDS and Civil Society – India’s learning Curve*. New Delhi, India: sage.
- Ramesh Bharadwaj. (2015). Social Welfare Administration: Concept, Nature and Scope, Kurukshetra University, Kurukshetra, Haryana retrieved on 17-12-2020 from <http://www.ignou.ac.in/upload/Bswe-003%20Block-2-UNIT-6-small%20size.pdf>
- Samiran Panda. (2011). *The HIV/AIDS epidemic in India an Overview, People Living with the AIDS virus the Epidemic and responses in India*. New Delhi, India: Sage.
- Silverman. (2004). Disclosure of HIV Status to her Children. Los Angel California: *National Conference Women and HIV*, pp. 177.
- Suresh, TM. (2014). Introduction to social work and psychology for social workers, Suresh Murugan Publications, Chennai. Retrieved on 17-12-2020 from [https://books.google.co.in/books?id=Z\\_tCAgAAQBAJ&pg=PA28&lpg=PA28&dq=The+social+work+practice+was+started+by+Dr.+Clifford+Manshardt+in+1925+in+S](https://books.google.co.in/books?id=Z_tCAgAAQBAJ&pg=PA28&lpg=PA28&dq=The+social+work+practice+was+started+by+Dr.+Clifford+Manshardt+in+1925+in+S)



BSSS Journal of Social Work: ISSN (Print) -0975-251X, E-ISSN-2582-4864, Vol. XIII, Issue-I (2021), pp-108-119, Abraham Mutluri <sup>1</sup>, Role of Professional Social Workers in Promotion of Quality of Life of Children Orphaned by AIDS: A Study <https://doi.org/10.51767/jsw1308>

---

lum+of+Mumbai&source=bl&ots=GTJGp\_LvRa&sig=ACfU3U2Qp8zHMslBkgx6S4ei3niM58AXTg&hl=en&sa=X&ved=2ahUKEwjitdup09PtAhVuyDgGHUR0An8Q6AEwB3oECACQA#v=onepage&q=naga&f=false

UNAIDS. (2020). Global and Religious Trends, <https://data.unicef.org/topic/hivaids/global-regional-trends/>

UNAIDS. (2003). *The Role of Education in Supporting and Caring for Orphans and Other Children Made Vulnerable by HIV/AIDS*. Geneva: Joint United Nations Programme on HIV/AIDS, Global Partners Forum.

UNICEF. (2002). Supporting Community Efforts to Assist Orphans in Africa. *New England Journal of Medicine*. vol.6, issue.3 pp.125-129.

Vijay Kumar Sharma. (2020). Emergence of Social Work Profession in Contemporary Millennium, *Social Work Practice in India*, Desh Vikas Publications, Visakhapatnam

World Health Organization. (2004). *World Health Report 2004 changing history*. Retrieved January 10, 2012 from website: [http://www.who.int/whr/2004/en/report04\\_en.pdf](http://www.who.int/whr/2004/en/report04_en.pdf) pp.5-9.

\*\*\*\*\*