

Reflections from challenges of working with HIV/Aids affected and infected orphans in Malawi

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Introduction

Healy (2005, 40) uses the term reflection in action to refer to processes of refining knowledge in action so as to promote new ways of responding to the problems we encounter in practice. Thus, social work entails working with different people with different non routine challenges that needs reflective action to be dealt with effectively. The importance of reflection in social work cannot be overtly emphasised. After experiencing an emotional circumstance or situation, in reflecting, and through these experiences we can ably find valuable options for professional development. This process is very much in line with critical incident method. This method is described as both an emotional and cognitive process, proceeding from lower to higher levels of reflection, from analysing the experiences to conceptualizing new knowledge (Fook et al, 2006, in Payne & Askeland 2008).

Malawi is one of the countries which have been affected by HIV/AIDS pandemic in the sub Sahara of Africa. The AIDS epidemic is responsible for eight deaths every hour in Malawi (Pembrey, 2009, 1). Out of a population of nearly 14 million, almost one million people in Malawi were living with HIV at the end of 2007 (Pembrey, 2009, 1). Worse still the epidemic has heavily affected children. At the end of 2007, an estimated 91,000 children in Malawi were living with HIV, and over half a million children had been orphaned by AIDS. Sadly, most Malawians continue to suffer from the connecting problems of poverty, famine and AIDS. In trying to deal with this pandemic, antiretroviral medication (ARVs), which effectively delay the onset of AIDS in people living with HIV, were first made available through the public sector at three sites in Malawi in 2003.

However, access to treatment is particularly limited in rural areas, as problems such as a lack of transportation prevent many people from reaching health services. In addition, these areas have been heavily affected by food shortages in recent years although they have about 80% of Malawi population living there. As a result, malnutrition is now endemic, meaning that even in cases where treatment is available, lack of food means that AIDS drugs are not as effective. People have been known to stop taking ARVs because they do not have enough food to eat alongside them (Pembrey, 2009, 1). In addition, lack of human resources available within the country is one of the biggest challenges currently facing Malawi. In terms of the AIDS epidemic in Malawi, this problem has been most significant in the healthcare sector, where attempts to increase access to HIV testing and treatment have been hindered by a severe shortage of staff. Malawi has just one doctor per 50,000 people – one of the lowest levels in the world (Pembrey, 2009, 1). In this case social work which is concerned with people in their complex world, cannot remove itself from the impact of HIV/AIDS pandemic.

From this stance, social work in Malawi is now a challenge basing on government, nongovernmental organization and communities efforts in trying to deal with this problem. In addition, the challenge of dealing with cultural values like death being an unmentionable to children makes it difficult to deal with children in this dilemma. Hence, my story below represents my critical incident that I encountered when working with orphans. I tried to deal with it based on problem solving perspective approach. Based on Healy (2005, 108), problem solving approach is characterized by collaborative, highly structured, time limited and problem focused approaches to practice. In addition, this approach is task centered and defines social work purpose and practice strategies at each phase of assessment and intervention. This is done through pre-intervention in clarity of the nature of social work to be done, problem identification, contract either written or explicitly spoken, intervention which is the task and evaluation and monitoring.

Critical incident

i am a young Malawian woman, who has had a one year experience working with vulnerable children. Looking back at this one year experience, there is little that can be said as being a critical incident in my line of duty. However, when all else is considered, I remember

an incident that I think can be of particular interest based on the knowledge that I have immensely acquired on Social Work. I work for nongovernmental organization in Malawi called Islamic Relief in which I am the coordinator for the project called one – one sponsorship. My responsibility is to meet with various vulnerable orphans in their homes and help them with financial assistance. In addition, I follow up on their lives to see if there are any improvements in their living standards from the help that we render to them. This project is being conducted in Zomba District. Vulnerable children that we work with in this project are orphans. Basing on the organizations policy, an orphan is defined as any child of less than 18 years who either has no father or has lost both parents. The one who has no father is considered as an orphan because in Malawi it is mostly fathers who are the financial providers of the house as a result his death is felt more in terms of changes in the lifestyle in economic sense. In this project when orphans are selected, they are provided with financial help that covers for their food, clothes, medical bills as well as school materials through their guardians. Orphans are identified through local community leaders who refer us to homes that are keeping them.

So on this particular day I and my work mates found ourselves in Zomba with the hope of recruiting orphans for our project. Meeting the children in their home environment for the first time is considered the most crucial part of this project for it reflects on the situation that these orphans face in their everyday lives. So as I moved from one home to the next, I came across a house that they said had one orphan with it. I decided to stop at this house and get acquainted with the child and its guardian. The guardian turns out to be the grandmother of the child. So I introduced myself and she decided that we can have our talk in her house. The house was built of unburnt bricks and mud. Inside the house there was nothing of significant apart from a place mat on which we sat on. I felt pity looking at the conditions that this old woman was staying in. That was just the beginning, when I started talking to the grandmother, she told me about her grandson who is an orphan. In need of convincing me about his existence she called a boy named Vincent*. The minute that the boy entered the room to greet me, something moved inside me. He was a malnourished child and looked younger than his years. It was evident that Vincent was a sickly boy. His whole body was covered with skin rash. I was shocked by looking at his state of health.

As I started getting to know the story of Vincent, his grandmother told me that his mother had died two years earlier from HIV/ Aids related diseases. His father died when Vincent was three years living his mother four months pregnant. The baby however did not survive six months for it was also infected with HIV/ Aids. The grandmother pointedly said that Vincent was now staying with her for she was his mother's mother. As a result it was a norm that she was the one to take care of him.

After telling me about this background, we now turned to Vincent's story. I was interested to know more about Vincent. I asked the grandmother known as agogo* "could you please tell me about Vincent's childhood, what kind of child he is and what he likes?" The answer that she gave me was in a resigned voice saying "Vincent is HIV positive. He got it from his mother during birth".

I was silent for a moment. Basically, I reacted in different ways. I was shocked and stunned. And then sadly, despite the knowledge that I have about HIV/ Aids, I had fear and was petrified. I wanted to get out of the place as soon as I could. This was accelerated by the fact that Vincent was sitting right close to me. Then I was rendered helpless for I have never encountered with anyone that pointedly admitted their HIV status. I did not know how to deal with the situation or how to relate with Vincent. I know that professionally I was expected to treat Vincent without stigma. But my personal judgment was clouded by the fear and shock. Through all these feelings I noticed that the boy looked malnourished because agogo could not manage to provide Vincent with basic necessities like nutritious food, clothes and

even medication. Indeed in each of the contacts that we make with others, an individual act out what is sometimes called a line – that is, a pattern of verbal and non-verbal acts which expresses his view of the situation and through this his evaluation of the participants especially himself (Goffman, 2008; 05)

After a little while, I turned to Vincent to learn more about his life. This is the time that I saw Vincent in a different light. Basing on Burkitt (2008, 04) we look to other people to see the image of ourselves reflected in their words, attitudes expression or action. I could see my shock and fear reflected in Vincent. He told me a story about his life. He said that he was 9 years old. He loved school and was in standard 2. However, he had not been able to attend school for he was always sick. He talked about his sickness, his fears and his dreams. Hearing Vincent telling me about the problems that he encounters everyday, my eyes filled with tears. I honestly could not control my feelings. Not only was Vincent struggling with the disease that he was born with, but my assessment of their home also confirmed that they were poor. Thus, as put by Goffman (2008; 06) a person tends to experience an immediate emotional response to the face which a contact with others allow him; he cathects his face; his 'feelings' become attached to it.

It was at this point that Vincent surprised me with a question, "are you ever going to leave me, because everyone I know either leave or dies like my mother because I am HIV positive"? This was another turning point in my review of this boy. "What have I done? I thought. I was not prepared for this emotional turn that my visit had taken. Most of all I wanted to run away from the situation. But I knew I was the one responsible for the working relation, I was the one to clarify my professional purpose and role (Shulman 2003, 10). And now I believe I did in a way manage to do that during the following weeks that I was working with Vincent. But when I reflected afterwards, I was mixed with a dual feeling; both insecurity whether I had acted sufficiently professional by explaining my position to Vincent, but also shame for having been afraid of getting the infection from Vincent even though I had prior education of this disease. I know I hadn't thought about my role in Vincent's life that it will be based on his mothers' death. Maybe, I thought at first that this was because I myself have never thought of children blaming themselves for their parents' deaths. In fact basing on my culture I perceived that death of parents does not concern young children of Vincent's age for they are never talked to about their parent's death.

I knew right there and then that as a social worker; this family had problems that needed my help. But before I started working with them, I told them about my work that I am a social worker who works with a nongovernmental organization. My main responsibility was to work with families that are keeping orphans by working hand in hand with their guardians to make sure that these children have the basic necessities of life. Together with the family, I work out what these necessities are. However, under the organization that I was working for, it had these necessities as three proper meals per day, clothes, schooling for children and medication. So these necessities are given in form of either material or cash but under my supervision that it is really being used for the intended purpose.

Upon these, I started working with Vincent's family. Upon reviewing the health condition of Vincent, I talked with agogo that we should take him to hospital to find out if Vincent should start getting the antiretroviral viral (ARV's) medication. After the hospital visit it was advised that Vincent is supposed to start treatment right there and then. The problem that we encountered was that agogo was supposed to be going to the hospital which is 10km from her home, once every month to get Vincent's medication. She out rightly said that she could not manage for she was very old.

As a social worker, we formulated a gene gram of their family to see who can readily replace agogo in getting Vincent's medication. Fortunately we found a distant cousin who accepted the task.

From then on I visit Vincent's home once every week to find out how they were coping. If there were problems we tried to solve them together. The other problem that I encountered from these visits was that agogo was a chain smoker. Looking at the boys' situation, this was not a good thing. I tried talking to her about quitting for the sake of Vincent. At first she refused but after sometime I devised a plan to help her with this process. Unfortunately for this working relationship, it seemed that Vincent and agogo were just waiting for my decisions and when the organization aid was coming. Still, I had become very fond of Vincent such that I even visited him during weekends when I had free time. Sometimes I felt that the emotional attachment that I had developed with him was more than which is required by social worker and the client. His condition has changed ever since he started taking ARV's. Vincent's is now leading a normal childhood life. He is currently in standard three and is excelling in his studies.

THIS SITUATION

Looking back at this situation, after learning more about social work, there are so many perspectives that I considered.

Firstly it is my reaction on Vincent's sero status. "Was I really prepared to meet different contexture nature that social work would keep on "throwing at me"? What basis did I have to react in the way that I did? If I as a social worker cannot be able to hide my feelings in dealing with this situation, how does it reflect on my work? What kind of a social worker am I to even reach a point of stigmatising Vincent? Basically, a person may be said to be out of face when he participates in a contact with others without having ready a line of the kind participants in such situations are expected to take (Goffman, 2008; 8). I was not prepared for this situation as such I lost face. As a result, the encounter may take him aback, confuse him and incapacitate him as an interactant (Goffman, 2008; 8). This is what happened to me as soon as the status of Vincent was revealed. However, as time went on I started getting into the realm of things. Thus, in the complexity of the social, interracial process, we become ethical selves, ones who can answer for our own actions in ways that are intelligible and reasonable to others within our culture (Burkitt, 2008; 73). Ethically, I could not show my fear to a boy so young because of his status. Hence, my behaviour towards him becomes reasonable. Thus, I displayed a behaviour regarded as reasonable, including our manners and the way we express emotion (Burkitt, 2008; 74). The emotions were based on regarding Vincent's perception on my behaviour as a human being. It was only my empathy for Vincent that helped to put things in perspective.

HIV is still a taboo subject in many communities within Malawi and discrimination is common. As a result, few people living with HIV make their status known, many have difficulty discussing the subject with their families, and some support groups do not meet openly. It was under this custom that I never anticipated for this family to disclose the HIV status of the boy. Thus as put by Healy (2007, 4), enhancing our capacity to understand, analyze, and respond to our institutional context must be an integral part of our frameworks for professional practice. Through the basis of putting our understanding first than response can a social worker easily adapt to any unforeseen circumstances and be able to deal with it in a better way. Now I know that as a social worker I had both my professional and personal side at work.

Basing on my background, I have never had any close contact with an individual who has HIV/AIDS. In addition, I think that my belief that HIV/AIDS is a deadly disease produced this stigma that came in as soon as Vincent status was disclosed. After a while I looked at my reaction from Vincent perspective that it was hard to endure people treating you as an outcast. This is what made me revert my feeling to sympathy. It is the belief in me that people should be treated fairly that changed everything. In addition, I realized that I should treat him in the way that I would want people to treat me if I were in his situation. When a social worker

understands the problems of their clients, they are in a much better position to deal with them (Westerfelt, 2004, 231). Thus empathizing with Vincent clearly helped me to realize the burden that he carried in having this disease for one so small. Besides, according to the Preamble of the NASW Code of Ethics, one of the core values that reflect what is unique to the social work profession is dignity and worth of the person – Social workers respect the inherent dignity and worth of the person (Antony, 2002, 123). My respect in Vincent as a human being is what made my work a lot easier. Thus as a social worker following the code of competence – Social workers practice within their areas of competence and develop and enhance their professional expertise was a must for me (Maluccio, 2002, 126). In the end, no matter what specialty practice settings we find ourselves in, we are obligated as social workers to incorporate these values into our actions with clients.

THE SOLUTION

Basing on Vincent's health, I knew that time was not on our side. Instinctively, his health became my main priority and trying to solve this problem precedes everything else. Problem solving approaches are characterized by collaborative highly structured, time limited and problem focused approach (Healey, 2005, 108). Thus, drawing boundaries around the problem to be worked on increases the effectiveness and efficiency of the practice process and limits the potential for loose diffuse and rambling work (Epstein & Brown, 2002, 143). As a result the first thing that I did was to find a means to get Vincent to a hospital. Luckily Vincent managed to get the help that was necessary.

In addition, following the third principal of problem solving perspective of task centered practice was what I did. Vincent's health became a problem targeted for intervention. In addition, by clearly defining what my responsibilities were basing on our organization's objectives for it placed my clients in a position to know the realistic of the intervention. However, this lacked the input of agogo and Vincent which is one of the basic principles of this perspective. Clarity is important for promoting a constructive working relationship and it is achieved by the worker and service user jointly determining the focus of intervention, the establishment of written or oral contracts and the regular collaborative review of progress towards target goals (Healy, 2005, 112). Thus, my weakness in dealing with this situation was that it was my only goals that were being followed by my clients. These goals could not motivate them to work hard towards their achievement. If I had set goals in collaboration with my clients would not it had made much different than the results that were generated? Thus, problem solving is based on active participation of both the service provider and the service user. Each is expected to take an active, though different role in problem solving process (Epstein & Brown, 2002, 73).

However, all this was based on the assumption that my clients lacked the resources and skills required to cope with their own situation. Looking back however, I consider that I could also have combined problem solving with the strength approach, by looking at the problem with Vincent's guardian that had made her fail to get him to the hospital. This is based on the fact that by only looking at the problem, little interest is put in the client's history and other historical factors that may directly impact on the current problem solving effort (Healy, 2007, 114) I ask myself, is it because "problem solving frameworks are among the most readily usable by inexperienced social workers" (Reid, 1977, 11) that made me act in this way? Did I let my fear cloud my judgment in dealing with the whole situation? Or can I say that I was not prepared to use other perspectives basing on our organization's policy of just helping with financial aid? It is believed that problem solving models enable workers to meet the growing demand from funding agencies for cost effective and accountable services (Epstein & Brown, 2002). Thus in using the strength perspective with agogo I believe now we could have articulated the reasons behind the deterioration of the Vincent health without medication. In addition, the social value of self respect and determination of agogo would still be intact without relying on our alms. She

could have developed her own creativity and became optimistic about Vincent's situation. Thus, we must primarily recognize the assets of the service users because we can only build on the strength and not on deficit (Healey, 2005, 159).

As a social worker I should have used a variety of approaches in helping Agogo with conditions necessary in achieving Vincent's good health priority and providing for his basic needs. A worker needs to serve as a guide, strategist, teacher, broker or advocate, while being attuned to ways of helping that can empower each member of the client system (Antony, 2002, 123). Thus, as a social worker, I had a responsibility to not only to refer Vincent to the hospital but also to follow up on the family understanding of the treatment that he was being given. I was supposed to communicate on how the medication works and why adherence is so crucial. In addition, I should have prepared to help them improve their levels of adherence beyond agogo to some immediate family members. It was my responsibility to make Vincent understand HIV and what it meant for him to take the medication. The fact that I was dealing with a child meant that this was supposed to be a challenge. In getting to make him understand issues of drug intake, resistance and adherence and need for nutritious food should have been one of my priorities. Knowing that agogo was illiterate meant my making sure that either I made her understand these issues or finding a close relation who would monitor Vincent's progress in medication intake. However, I over looked all of this for I was only concentrating on giving them the financial aid. However, sometimes I consider that maybe I am just being a little hard on myself. Maybe by bringing in Vincent's relations to help in accessing the medication was a strength perspective? How about my respecting that agogo could not manage to go to the hospital each and every month to get new supply of medicine? Wasn't this in her best interest? What if I was to do this all over again, would I not do it like I did? All in all, somehow I know that I manage to curb the problem in the best way I could.

As I look back, working with families and children like Vincent, needed the processes of engagement, assessment and goal setting. Thus, working on designing and providing effective intervention to help Vincent to adhere to antiretroviral therapy should also have been part of my work. It is not right for our organization to just come up with the goal of financial provision to orphaned children in their families without looking at their different settings and conditions. There was a need to engage the family so that our roles and working relationship as workers and clients was clearly developed by me, Vincent and agogo, together. I should have created an environment that respects and values Vincent and agogo's concerns, capacities and potentials in dealing with his problem. The client-worker relationship is redefined as one in which two or more persons are working on a shared project (Antony, 2002, 123). Thus each brings a special expertise to the task (Berry, 1997, 264). In this case I had all the authority in my hands. What made me see that it is only financial help that this family needed? What if the financial aid was to stop, could I rightly say that I had empowered the family to face life problems even without me? Can I rightly say that I worked with Vincent in giving him his sense of identity? In engaging Vincent in this unique circumstance of his situation, I believe it would have helped in fostering his sense of identity and self image. Thus, we could have mobilized his coping and adaptive strivings. Thus social workers are catalysts or change agents who play diverse roles and use varying appropriate experiences or create new experiences and resources (Antony, 2002, 123).

Furthermore, my feeling of hopelessness did not help the situation. How did my hopelessness affect my dealing with Vincent's situation and his family? The hopelessness made me not to involve agogo effectively by reaching a point where I and she had an understanding of each other's roles. In such a case agogo only saw me as a provider of aid and not social support or coping patterns which were supposed to be my focus. In addition, can I rightly say that agogo was empowered enough to change her smoking habit which was bad for Vincent for life. I mean we are talking of someone who is old and has been smoking for most part of her life.

Looking back, I took her word to be true. But did we manage to establish mutual trust among us, up to the point that I could trust her word? How could I have gained her trust if I was the only one with authority in our working relationship? However, I knew that taking on the role of counselling to agogo was for the benefit of her as well as Vincent's health.

In addition, by only considering on the health problem, I ignored the community and its impact in which Vincent and agogo were living in. Based on strength perspective, the importance of community as a social support for achieving resilience and enhancing quality of life is stressed. How would I just work with only this family and yet HIV/AIDS is a community issue? Has community based organizations that work with people infected and affected by HIV/AIDS worked with this family? Accordingly, just as social workers recognition of service users' strength can enhance their capacity to activate these strengths, so too, community recognition of, and support for, service users strength can help them to mobilize their capacities in the achievement of their hopes and dreams (Healey, 2005, 164). Vincent as every child interacts with other children in the community. By working with the community, it means his acceptance makes it easy for him to achieve his dreams. For agogo, "belonging to the community is the first step towards empowerment (Saleeby, 1996, 299)" by providing family support intervention, I was supposed to work with the family and other local support services to assess and ensure that Vincent's needs are met. Thus, as a social worker, my primary focus was on providing Vincent and other vulnerable children with financial help with the hope of improving their lives. However, in reacting on Vincent's sickness did I underrate the role of community based organization? How about; my ignoring the role of other HIV/Aids organizations that are found in almost all communities? Could we say that these organizations were not working with Vincent and his family? For in Malawi we currently have many community based organizations established by family groups, faith based organizations and even well wishers who are established to care for orphaned children. Therefore, as a social worker developing the life of this boy required my social and community development with these groups. From discussing this incident, I now clearly recognize that the issue of Vincent's was relevant to be discussed with his extended family. But what I had really learnt facing this issue in my context; was the importance of including the family and community in the working process. This is based on strength approach guideline on exploring and interviewing. Thus, according to Maluccio (2002, 126), involving children, parents, the other family members and community in presenting, exploring or clarifying the problem is vital. Thus, to help in solving Vincent's problem and to promote change I also had to consider this as an issue of structural change. I now believe that community based organisation volunteers could have offered this family with the necessary information concerning this disease. My role was to ably refer this family to the right community organisations where they could have been given the necessary help that they deserved.

This incident had therefore made me acknowledge the 'complementarities' between individual and community mobilisation in social work. Besides; this is also strongly supported by Malawi government and other nongovernmental organisations working from a human rights perspective. These agencies all underlined that social work interventions in a human rights perspective are not interventions on individual or structural level, but on both levels.

DILEMA IN DEALING WITH VINCENT'S LOSS

Looking back, I now realize that I did not consider how Vincent felt as an individual and what his needs are. First of all I had to understand Vincent's reaction from his background by taking into consideration the effects that his mother's death had on him and our cultural context. I must admit that after the shock with Vincent status I felt compassion and sorry for him. But then I took him as a child who would not understand my role in his life for I was a stranger to him. In retrospective, it was a mistake to only seek permission to work with this family from agogo only because clearly Vincent felt side lined. Thus, establishing an emotional connection

and building a relationship with a client bring about effective results (Maluccio, 1979, 126). From my perspective I was looking at Vincent as a child who cannot make any decisions. But now I can see that children also needs to be incorporated into the social service system for if not I can create confusion and expectations as expressed by Vincent that I am bound to leave him. Even after working with him, I think if I had made Vincent to “regard me as a partner in the helping process and clarified who I was and why I was there” (Antony, 2002, 123), I could have removed the doubt that he had of my leaving him because of his disease some day. This experience has made me become more conscious in reflecting on expectations connected to the service users in relation to their past whether young or old.

In retrospective, basically in my culture talking of death with children is unthinkable in general. But when I considered Vincent statement now, I realise that this custom made him to blame himself for her death. This was something that nobody clarified to him on the cause of his mother’s death. So my dilemma was what role I had in telling Vincent about his mother’s death. As a social worker was I to work with agogo so that she should talk to him or it was my responsibility to ease his guilt? In addition, Vincent knew about his status but it seems like nobody was working with him in how to deal with it and how he got to be like that. Besides, disclosing ones status is also an issue we seldom discuss with strangers. The question raised was therefore; in whose interest was my social work profession lied with, is it Vincent or agogo or both?

Through this reflection I got a deeper understanding on how societal customs of death being only an adult issue have an impact in my professionalism in my society. I had also realized the challenges connected with facing societal customs and that posed by the impact of HIV/AIDS pandemic which is high in my country. I had therefore developed more openness towards reflecting critically on my values in relation with death of parents to children and also to take into consideration the way to react towards those affected and infected by HIV/AIDS. In addition, I reviewed on my role as a social worker and the need in getting to know my clients whether young or small. I now realize that I never got a deeper understanding of Vincent as a person. There was a need to develop follow up questions aimed at gathering data to understand him and learn about his picture. As a social worker, wanting to help Vincent and his family, his values, needs have to be accepted, recruited and made known for my work to be productive.

However basing on the relationship that I have built over the time with Vincent, sometimes it becomes difficult to know where my personal and professional roles start and end. I cannot seem to be able to draw a limit on establishing an emotional connection and building a relationship with him. I was afraid that if I give more than what is expected I might end up hurting him when my time comes to work with other client. But on the other hand if I give too little it might affect my input and success of the project. The dilemma is what is too little and what is too much? How do we demarcate or draw out the line on what is expected of a social worker and where does the personal life end in comparison with a professional life? Yet, social workers recognize the central importance of human relationships (Antony, 2002, 125).

IS IT AID OR SOCIAL SUPPORT OR BOTH?

Besides, is the provision of financial aid, the only support that this family really needed or did I act in this way because it our organizations objective? I now agree that “today social workers continue to face growing pressure from funding bodies and the general public to demonstrate their effectiveness as a concern about the effects of social provision on recipients’ and the public purse has deepened (Taylor and White, 2000, 181). Thus, it is just a matter of aid provision, without addressing the root cause in neglect of Vincent’s health that I acted on. I know now that it becomes imperative for me as a social worker to help bring change that is needed to client by trying to impose those changes to project directors. In many organizations

there tends to be many bureaucratic procedures that even social workers have to follow. But do they always play an important role in the deliverance of the social services? Mostly in countries like Malawi that is donor funded it becomes a dilemma that social workers face in their activities. I was also in this system. It is a big dilemma for the system is much bigger and any opposition that a worker can make cannot have much impact. Thus, I could not go beyond my boundaries that my work situation provided. What the donors needed were results in number of families that we had provided aid to. Hence I had to move to other families and live the medication adherence of Vincent to him and his family.

In considering this situation at work with my colleagues, it seemed like nobody was prepared to give their own views about my situation. Unfortunately, I could not even take this situation to the high level for review in the organizations policy for such endeavours are never met with cordiality. Now I know a professional, according to Corcoran (2000, 240), works by applying principals and methods to resolve problems determined by the unique client input and professional judgment rather than using standardized procedures as established by a bureaucratic institution toward some predetermined goal. So although I tried to help this family by making sure that Vincent went to the hospital, I was still following our organization rules of just providing financial aid without considering the empowerment of agogo and Vincent's immediate family relations for such a time when the aid will be no more.

In addition, by ignoring the issue of AIDS pandemic as social workers we were denying ourselves an opportunity to get prepared in similar circumstances for we know that Malawi has one of the highest rates of this disease so there is a high possibility of facing this situation again. How about the care that these children receive, should it be the same? Discussing this with my fellow workers, I believe would have made us realise that these aspects of social work could be relevant in our profession.

SUMMARY

When I started learning about social work theories, I did not anticipate that they would have had any relations with how I do my job as a social worker, I deliver my services. But after I started critically reflecting on my role as a social worker, I have come to realise how much these theories have taught me about social work. I can now ably work if challenged by encountering unexpected situations.

Through this incident I have had therefore got a deeper understanding on how societal prohibitions on death to children are being upheld by cultural norms and expectations in our society. This has equipped me with values and knowledge that can enable me to deal with this challenge. I have therefore developed more openness towards reflecting critically on some of these values by taking into consideration the limitations that they pose in trying to deal with the impact of HIV/AIDS pandemic that is affecting my country. Upon reflection, I tried to deal with Vincent's case by using problem solving perspective. However, I now know that if I had used it in greater detail, basing on the knowledge that I have acquired of this perspective then I should have performed much better. For problem solving is very comprehensive and I believe readily applicable for practice.

It is through this reflection that I can competently say that now I have a deeper understanding of how our cultural customs associated with death of parents of young children' have an impact in my working with orphaned children. I had also realized that there are still challenges connected the impact of HIV/AIDS pandemic which is high in my country. I had therefore developed more openness towards reflecting critically on my values in relation with death of parents to children and also to take into consideration the way to react towards those affected and infected by HIV/AIDS. In addition, I reviewed on my role as a social worker and the need

in getting to know my clients whether young or small. I now realize that I never got a deeper understanding of Vincent as a person.

Knowing both about the national and international cultural values, I believe will help social workers in providing clients with good services. I now realise that as a social worker there is need to be creative for life may through at you something new that you have never experienced before. This creativity is the only way that we can effectively discharge our duties. Thus, our skill needs to change from time to time. But working in line with the theories in social work is one of the way in which these skills can be conceptualised. Thus, social work theories contain in them values that social workers need to be effective. However, it is best to acknowledge that despite all this creativity and skill acquisition, there are still some factors that a social worker cannot change like HIV/AIDS impact. They can only help people in coping with this situation.

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