



The impact of para-professional social workers and community health care workers in Côte d'Ivoire: Contributions to the protection and social support of vulnerable children in a resource poor country

Andrew M. Muriuki^{a,*}, Tamarah Moss^b

^a Save the Children, USA

^b Howard University School of Social Work, United States

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ABSTRACT

Background: Research indicates a disproportionate impact of HIV and AIDS in sub-Saharan African countries, leading to many vulnerable families and children. Many of these communities have limited resources to support these vulnerable families, especially orphans and vulnerable children (OVC).

Study aims and objective: This study set out to investigate how para-professional social workers and community health workers (PSWCHW) impact the provision of services and the psychosocial wellbeing and protection of vulnerable children in the community.

Methods: This quasi-experimental research study used data from an independent Save the Children program evaluation study in Côte d'Ivoire. We compared the health and psychosocial wellbeing of identified vulnerable children supported by para-professionals ($n = 334$) and children not receiving para-professional support ($n = 213$).

Findings: Support services and activities provided by PSWCHW included encouraging the children to be part of psychosocial support groups. Many of the children reported legal issues that ranged from getting a birth certificate issued to fighting or quarrelling with adults, disputes, public insults, beatings, and refusing to go to school. We found that the engagement of PSWCHW helped three out of four children go to school (compared to only one in four of the children without PSWCHW). PSWCHW also helped the children improve access to health care services.

Conclusions: Communities in sub-Saharan Africa should continue to consider the integrated utilization of para-professional social workers and community health care workers to support and improve psychosocial wellbeing of orphaned and vulnerable children which, in turn, enhances child protection services and access to healthcare.

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1. Introduction

In many low-income and resource poor countries in the world, a large population of vulnerable people are in need of legal aid, social support, and health care services (Christopher, Le May, Lewin, & Ross, 2011; Hermann et al., 2009; Linsk et al., 2010). Many of these countries are also constrained by poor infrastructure and limited capacity to support their vulnerable population. Access to social and health care workers at the local level is important in addressing the needs of these communities. Some countries are now turning to community caregivers or para-professional social and health care workers to address this gap. Even though community caregivers, para-professional social workers, and para-professional community health care workers may have

different roles and responsibilities, in practice many have overlapping roles in terms of support, care, and treatment. This study highlights the needs of orphans and vulnerable children, particularly those living with HIV, and the critical role these para-professionals play in their lives. The authors propose to redefine these workers and/or volunteers as para-professional social workers and community health care workers (PSWCHW). The community definition is important, since they work at the community level and are supervised by a professional.

1.1. Children in Africa

Worldwide, an estimated 153 million children had lost one or both parents by 2007, and of this number, about 17.8 million children were orphaned due to AIDS (UNICEF, 2013). Only half of the children living with HIV receive treatment (UNAIDS, 2014).

* Corresponding author.

About 85% of these 17.8 million AIDS orphans live in sub-Saharan Africa (UNICEF, 2013). Côte d'Ivoire has one of the highest adult rates of HIV prevalence in West Africa, estimated at 3.7% (UNAIDS, 2012). HIV-related orphans and vulnerable children in Côte d'Ivoire are estimated to number 410,000; 61,000 of them are living with HIV (PEPFAR, 2012b).

1.2. Children and family vulnerability

Vulnerable children have been defined as those who are most at risk of facing increased negative outcomes (PEPFAR, 2006, 2012b; Pillai, Sunil, & Gupta, 2003). For the purposes of this study, *vulnerability* is defined as “exposure to contingencies and stress and difficulty coping with them” (Chambers, 1989, p. 33). The degree and type of vulnerability faced by children may be influenced by the risk and stress characteristics to which they are exposed. External vulnerability refers to the risks, shocks, and stressors; internal vulnerability refers to lack of resources for coping with these stressors. External vulnerability links bio-physical and socio-economic factors, while internal vulnerability is related to lack of resilience and the inability to act or plan for the future.

Many African countries that have experienced high HIV prevalence rates have also experienced an increase in the levels of vulnerabilities of the children in their communities (Grinspun, 2005; Lalor, 2004; Leatherman, 2005; Luginaah, Elkins, Maticka-Tyndale, Landry, & Mathui, 2005). Orphaned and vulnerable children (OVC) include heads of households (having lost one or both parents), living with HIV/AIDS, who are sent to the streets and are daily in situations of commercial sexual exploitation (Ferguson & Heidemann, 2009). These orphaned and vulnerable children face problems ranging from institutionalized care and duplication of services to food insecurity and lack of access to basic needs such as medical care, clothing, and shelter (Okalet, 2007). Orphans are more likely to engage in survival activities that may include prostitution and crime and have limited access to basic education (Caruso & Cope, 2006).

Researchers and policy makers have understood that vulnerability could have an impact on early child development (Taylor & Kvalsvig, 2008). A study by Orkin, Boyes, Cluver, and Zhang (2014) examined the link between HIV/AIDS and associated indicators of poverty that could impact children, affecting educational outcomes, including enrollment, attendance, deficiencies in progression, and problems related to the ability to concentrate (Orkin et al., 2014). HIV/AIDS could indirectly impact a child's educational outcomes due to poverty and mental health issues. A recent World Health Organization (2005) report reviewed factors that could influence early child development, including stimulation, support and nurturing, care, and development as well as safe community and socio-political factors that impact actions in community health care and access to social service professionals (Maggi et al., 2005).

1.3. Role of community volunteers/para- professionals – para-social workers and community health workers

Historically, the social work profession was based on community volunteers in the community who helped in assessment and implementation of support services (Simon, 1994). They lived in the community and helped to address both social and health care outcomes. They were advocates for the vulnerable population in their community.

The current work by international para-professional social and community health care workers is in line with the early work of social work practices (Cox & Pawar, 2006). Many African governments and local and international NGO (non-governmental organization) funded programs and partnerships have utilized para-professional social workers to address the needs of vulnerable children in their communities (Linsk et al., 2010; Peel, 2010). Levels of HIV/AIDS in the community may impact or limit the workforce or the capacity to provide services. Using para-professionals could be an effective strategy to mitigate this

circumstance (Taylor & Kvalsvig, 2008). The selection and identification of para-social workers and community health workers in many African countries is not standardized at the country level or the NGOs that run those programs. While identifying the usefulness and effectiveness of para-social workers and community health workers at the community level a number of studies have noted the absence of a clear guidelines and support for these hard working community workers (Cox & Pawar, 2006; Linsk et al., 2010; Taylor & Kvalsvig, 2008).

1.4. Culture and mental health revisited

There continues to be a need for mental health assessment, especially in children living with HIV in African countries (Idoniboye, 2008). Understanding culturally-relevant and strengths-based approaches is necessary to address the complexity of communities, which include OVC and their families, to develop and provide supportive interventions (Skovdal, 2012). The use of PSWCHW addresses the issue of cultural competence in the service delivery model for these vulnerable groups. Sensitivity to the cultural issues improves access to the OVC and their access to services (Airhihenbuwa & Webster, 2004). Understanding culture will equip practitioners to find a point of entry into a community and allow them to construct relationships and expectations within the community that are empowering and respect the community identity.

1.5. Para-professionals in practice and implications for social work and public health

Good para-professional social workers are trained in providing care that is child-focused and family centered via an “ongoing process of assessment, care-management, service coordination, quality improvement, capacity-building, and direct support” (Linsk et al., 2010, p.996). They support communities that are underdeveloped or have a severely stretched social welfare system. Community-based workers have been very effective in addressing community health issues (Christopher et al., 2011; Hermann et al., 2009). They have helped to address a wide range of issues, including psychosocial support, adherence to HIV treatment, and nutrition education to support early childhood development (Taylor & Kvalsvig, 2008). Clinical adherence, mental health, sexual health and social spheres must be included in the provision of care for children living with HIV (Pegurri et al., 2015). Social work and public health care intersect when supporting households at the community level (Beard, 2005; Friedman, 2005; Hermann et al., 2009). Evidence-based interventions strengthen resilience among OVC (Heath, Donald, Theron, & Lyon, 2008).

1.6. Limitation of current social workers and health workers

When serving large populations of people in need of social and health care services, the scale of the needs is often disproportionate to the number of available trained professionals to support them. Resource positioning for both the short and long term can be a challenge when the problem is epidemic. Studies have shown that community-based PSWCHW have often been able to deliver a wide range of interventions that can achieve large gains in child survival and improve health outcomes in sub-Saharan Africa (Christopher et al., 2011; Hermann et al., 2009; Mukanga et al., 2010). Trained social and health care workers that work with para-professionals may be more effective in serving communities not only because of the number of people in need of support but also because of issues of culture and access to hard-to-reach communities.

1.7. Study aims and objectives

The study sought to understand how para-professional social workers and community health care workers (PSWCHW) impact the psychosocial wellbeing and protection of vulnerable children receiving

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