

Fall 2006

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Recommended Citation

Graff, Dorothy L. (2006) "Faces of Social Work in South Africa: A Twenty:first Century Perspective," *African Social Science Review*: Vol. 3 : Iss. 3 , Article 4.

Available at: <https://digitalcommons.kennesaw.edu/assr/vol3/iss3/4>

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Faces of Social Work in South Africa: A Twenty-first Century Perspective

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Abstract

This qualitative mini-ethnographic study explores the current issues facing the profession of social work in South Africa after the first fully democratic elections in ten years ended the apartheid era. It employed interviews with social work educators and practitioners, politicians, and other professionals; personal observations of diverse settings; conversations with citizens including blacks, whites and coloreds; and meetings with experts attending an international conference on African policy planning. Social work educators and practitioners generally agreed that the two major social problems currently facing South Africa are poverty and violence. Poverty-related issues include homelessness, substandard and dangerous housing, substance abuse, unemployment and inadequate education, lack of adequate health and mental health services (HIV/AIDS rarely mentioned), plus victimization by crime-related violence and domestic abuse.

Introduction

The twenty-first century has brought a clear focus on the globalization of social and economic policies, practices, and problems. The profession of social work has extended its focus on the struggle for social justice to a global perspective with a growing interest by its members in international social work practice, symposia, societies, and journals. The last decades of the twentieth century brought significant political changes to several areas of the world which opened up countries such as South Africa and those formerly behind the Iron Curtain to Western thought and influence. For years these countries had been isolated behind political boundaries by selectively repressive regimes.

American scholars and philanthropists almost a century ago provided the resources to introduce social work models of practice which formed the foundation for the profession in South Africa, but such efforts were selectively utilized to primarily benefit the white South African population. Since the first

fully democratic elections in South Africa in 1994, the social work profession has been in transition in an attempt to adapt to the changing social and economic structures of the post-apartheid era. Early social work in South Africa focused on individual and family therapy aimed at remediation and rehabilitation, whereas with limited resources post-apartheid policies focus on a community approach of development and prevention (Drower, 2002). In 1994, white South African social workers outnumbered black South African social workers by over four to one, while whites comprised only a small minority of the population (Drower, 1996). Barriers related to social class, language and culture further hindered cross-cultural social work aimed at providing equal and accessible social services to previously underserved populations (Drower, 1996).

Little can be found in the literature addressing the current state of social work in South Africa ten years after the end of apartheid. This study examines the current issues facing the profession of social work in South Africa from the perspectives of social work practitioners, social work educators, government officials concerned with social welfare policy and South Africans who are currently in need of such services.

History of Social Work and Social Work Education in South Africa

South African social work emerged as a profession in the 1920s in response to the concern over whites in poverty and was based on the charity organization society model of the United States (Drower, 2002). Miller (1993) suggests that since African native societies were extensively studied separately by social anthropologists and linguists, the Carnegie Poor White Commission, formed in 1928 by the American philanthropic Carnegie Corporation, with the Dutch Reform Church and the South African government focused solely on the economic, psychological, educational, health, and social aspects of white poverty. Certainly it is hard to dismiss the possible influence of the strong racist legacy in both South Africa and the United States at that time on the whites-only focus of the Carnegie corporation's investigation.

Sociologists from the United States who were sent by the Carnegie Corporation to aid in the study of white poverty greatly influenced Hendrik Verwoerd, a psychologist, who was appointed as professor of the first Department of Sociology and Social Work in South Africa at Stellenbosch University in 1932 and later was instrumental in shaping the early South African social welfare movement (Miller, 1993). Verwoerd came to view white poverty in terms of

structural changes in the economy, but he drew on his training as a psychologist to view the solution to poverty in terms of individual choices and behavior which could be addressed on a case-by-case basis by trained social workers who could provide a scientific assessment for each case (Miller, 1993). Verwoerd taught his students at the Stellenbosch University that there were no differences in intelligence of blacks and whites. Ironically, later in his life he was largely responsible for the establishment of the repressive socio-economic system of apartheid when he became active in politics in the 1950s and 1960s (Miller, 1993).

The reports from the Carnegie study further spurred the study of sociology and social work at South African universities by recommending continued systematic scientific study of different aspects of the changing situation for poor whites including family life (Viljoen, 1996). Verwoerd's psychological-based approach to social work continued, and the addition of courses on social policy has been a relatively recent development in South African social work education. Despite the importance of policy formulation in the pursuit of social justice, Noyoo (2000) reports that during the apartheid era no social policy training was included in schools of social work in South Africa. Even as recently as 2000, major schools of social work such as that in the University of Witwatersrand include only some social policy content integrated in social work courses.

In 1989, before President de Klerk's speech in 1990 that virtually ended apartheid, there were 6,767 registered social workers in South Africa which included 1,083 black South Africans, 4,465 whites (largely Dutch Afrikaner and English), 831 colored (mixed race, Indian and Pakistani) and 388 Asians (Drower, 1996). That same year, the total South African population was estimated to be 36,171,206 with 75.2 percent black Africans, 13.6 percent white, 8.6 percent colored, and 2.6 percent Asian (Drower, 1996). By 1996, the white population had decreased somewhat to 10.9 percent of the population with the other groups remaining nearly the same except blacks which increased slightly to 76.7 percent—with black Africans being the most disadvantaged and underserved (Drower, 2002). Drower (2002) also reports that the number of social workers increased to 8,441 by 1996; but it is unclear if the previously reported percentages by racial category changed significantly.

South Africa's 11 historically black universities (HBUs) were developed beginning in 1948 to provide separate services to blacks by blacks in areas such as health, education, social work, law and public administration; and provided education to most of the black, colored and Asian social workers in practice today (Subotzky, 1997). During the apartheid era, universities were set up in ethnic areas such as Zululand north of Durban for Zulu and Swazi Africans, Durban for

the Indians, and near Cape Town's townships for coloreds or mixed race people (Subotzky, 1997).

The HBUs provided training to social workers with diverse backgrounds; but cultural, religious and linguistic diversity continue to be crucial issues in South Africa today. Cultures vary from diverse indigenous African customs and practices to those brought by Dutch and British settlers as well as the Indians and Asians. Religions vary from traditional African beliefs and practices to Christianity, Judaism, Hinduism and Islam. Twenty-three languages are spoken in South Africa, and 11—including Afrikans and English—are currently considered official languages (Drower, 1996). These are but a few of the challenges facing social workers today in South Africa along with the country's changing social structure and ailing economy with its accompanying problems of poverty, crime, substance abuse, and violence (Drower, 1996)—including adequate health care.

Methodology

This qualitative mini-ethnographic study was designed to explore the current issues facing the profession of social work in South Africa today from the perspectives of social work practitioners, social work educators, government officials concerned with social welfare policy and South Africans who are currently in need of such services. Ethnographic research provides a means for study of a culture from the perspective of the people in the culture, and can provide an in-depth picture of how people perceive and function within the context of that culture. While this methodology relies primarily on data collection by observation, it also permits data collection through interviews, existing documents and personal experiences of the researcher. This method is particularly useful in the social work profession that emphasizes a person-in-environment perspective.

Due to the limited time frame available to the researcher in South Africa, a mini-ethnographic approach was utilized wherein several representatives from each of these categories were sought to provide diverse perspectives on social work in South Africa. Of particular interest here are their perceptions of major social welfare issues, approaches employed to address these issues, and the implications for social work education.

Sample

Subjects were purposively selected because of their experience with social work and social welfare in South Africa in the post-apartheid era. A meeting was arranged during their winter break with social work educators from four university social work programs in the Cape Town area at Huguenot College in

Wellington. Included in the meeting to discuss the current status of social work education in South Africa were two faculty members from the University of Cape Town, one from the University of Stellenbosch, plus two faculty members, one staff member and the Dean of the Social Work Program at Huguenot College. Seven Huguenot social work students were observed at their field placement at an elementary school and the principal of that school was interviewed.

To get the perspective of faculty at a Historically Black University (HBU), a social work professor and a nursing professor were interviewed at the University of Zululand. For a practice perspective, three social workers plus a social work student from the University of Zululand and the Director of a mental health center in Zululand participated in a discussion of experiences and issues at their center.

Government officials attending the Fourth International Conference on Public Management Policy and Development in Mogale City (in the Johannesburg area) who are involved in social welfare planning included two local mayors, four panelists discussing vulnerable communities, a nurse/public health worker from Swaziland, and a local councilman. A later meeting in the Durban area included other professionals such as an attorney, a nurse, and a professor who is the Head of the School of Undergraduate Studies at the University of Natal.

Personal observations of diverse settings included the black townships of Soweto, near Johannesburg as well as Guguletu and Khayelitsha, near Cape Town; large cities such as Cape Town, Johannesburg, and Durban as well as commercial centers such as Wellington; plus agricultural areas in Zululand and those surrounding Cape Town, Johannesburg and Durban. Conversations with citizens included those with blacks, whites and coloreds encountered while touring these areas, traveling across South Africa, plus at conferences and at social occasions.

Findings

Social work education

Patrick Smith, a professor of social work at the University of Cape Town, described the evolution of social work education at his university from a one-year certificate program in 1934 to the current three year program common at most South African social work programs, which allows students to focus solely on social work courses before seeking a job as an "Auxiliary social worker" after the third year of study—unlike the four-year liberal arts curriculum required for BSW students in the United States. For full certification as a social worker, students must complete a fourth 'honors' year of study and register as a social worker with the Council on Social Services. No certification test is required.

Most fourth year students work in the field and/or participate in a work study that focuses on social research with a research project and specialization in such areas as probation and corrections, introduction to psychiatry, social development planning and organizational planning.

In contrast to the prestigious (first heart transplants done there), large and urban University of Cape Town, relatively small Huguenot College located in a semi-rural area began as a seminary in 1874, converted to a college in 1951, but retains its Christian affiliation—even offering an elective in theology. With the massive social and economic problems facing South Africa today there has been a paradigm shift from government services to community-based services. As Adele Brink, a lecturer at Huguenot, said “People must look after people.” Reflective of this shift in focus of social work education in the post-apartheid years from individual psychological services to community-based services and social policy planning, students here in their honors year have established a senior center for older adults near campus and a day shelter for homeless boys where six to seven boys age 14 to 17 can wash themselves, launder their clothing, get food and learn crafts. Becoming aware of the number of young boys who sleep during the days on the campus grounds for safety and stay awake at night near the college gate to watch for possible attacks by older homeless males, several current honors students secured a container (such as used on container ships) where these boys can meet during the day, one woman as a ‘mother figure’ who volunteers to wash and cook for them, and a formerly homeless man who volunteers to teach them crafts. Still an issue is how to provide meals to these boys in the evenings. Their offer to give the boys food to take with them was refused since the boys feared that they would be attacked by older homeless boys who would take the food.

Lambert Engelbrecht, formerly at Huguenot College but currently involved with teaching and research at the University of Stellenbosch, cited an added issue for social work educators and the profession. Due to the low salaries offered social workers by both the government and private welfare organizations, approximately three quarters of social work graduates move at least temporarily to the U.K.—particularly central London—to work with youth and probation in order to earn money to pay back the loans that many students need to complete their studies.

Other issues affecting social work education related by these educators include very different levels of students (most about 18 years old) entering their programs due to the very different qualifications for those teaching high school, the different languages spoken by their students which results in courses being taught in Afrikaans and/or English, and difficulty in securing adequate funding for their programs since all universities are government funded.

These historically white universities (HWUs) in general have stronger social work programs with more resources. The University of Stellenbosch in particular seems to have also benefited from its early involvement in social work under Verwoerd having half of its courses today offered on Web-CT, offering a research Ph.D. program, having a professional student organization, and publishing a social work journal that focuses on social development in South Africa. The University of Zululand, an HBU, has some large modern buildings but lacks key resources. Faculty members must provide their own textbooks, and texts in general are in short supply. Social work faculty members there requested that American professors send whatever texts they could spare. While there is discussion among educators both in South Africa and the U.S. about developing an African-centered social work practice model rather than teaching one based on American models, this may be difficult to develop any time soon with such vast and basic needs currently facing social work programs.

Social Work Practice in South Africa

Throughout South Africa social workers and government officials cited poverty as the primary social problem. While issues related to poverty were prioritized in different areas of the country, poverty was always cited initially. Other issues cited included unemployment, homelessness, lack of workers with needed skills and education, high level of crime and domestic violence, substance abuse and fetal alcohol syndrome (FAS), inadequate health and mental health services. Rarely was HIV/AIDS mentioned by any of the social workers or government officials who were interviewed.

Walking the bustling streets of Durban and experiencing the smog that results from its industries, being caught in rush hour traffic in modern Cape Town, seeing an expensive foreign car dealership in its up-scale suburbs or hearing warnings of weekend traffic jams due to an international soccer match give no indication of extensive poverty or unemployment. However, a trip to the black townships near Johannesburg or Cape Town clearly gives another picture—one of widespread abject poverty. Brian Smith, a guide in the Cape Town area who was labeled a 'colored' person under apartheid since he was of mixed race and thus forced to relocate with his family from the vibrant mixed race area of Cape Town to the Cape Town Flats (black township) under apartheid policies, estimated that 69 percent of residents in the black and colored Khayelitsha and Gutareas are unemployed. Witnessing the miserable living conditions of so many residents there certainly supports that estimate.

Itumeleng Mokate, the City Manager of Mogale City (adjoining Johannesburg), cited unemployment and poverty as primary socio-economic issues in the mining

and agricultural regions of his municipality. In addition, he spoke of the high crime rates, lack of skills and education of those looking for jobs and was one of the few social workers or government officials to include HIV/AIDS as a major problem in their area of South Africa. Mining is South Africa's second largest industry and the Johannesburg/ Mogale City area is a major mining area for minerals such as gold and platinum. During the apartheid years, black miners were used in this hazardous work. Miners experience extreme heat, often suffered hearing loss or being trapped underground. Clearly visible while touring the nearby black township of Soweto are the stark barrack-like buildings used to house the black miners who came from rural areas to find work, but who were not allowed under apartheid to bring their families. These men were only permitted to return to their families once or twice a year, and hence many turned to alcohol and prostitutes to escape their feeling of powerlessness under this oppressive system. HIV infection spread quickly, and men brought the infection back with them when they returned to their villages. As Brian Smith commented when asked, black African males believe in "skin on skin" and resist using condoms. Also, with domestic violence as a major issue in South Africa, many women do not see themselves as being in a position to demand that their male sexual partners use condoms.

The consequences of the AIDS epidemic were clearly evident in the Soweto area where the guide indicated that not enough spaces were left in the cemeteries to accommodate the large number of people dying from the disease. He also spoke of the emotional toll on people going so frequently to funerals, and the further economic impoverishment they suffered by the high cost of so many funerals which are traditionally major family events involving the slaughtering of animals to feed the mourners. Interestingly, the only publicly displayed signs evident in any of the areas visited that at all alluded to HIV/AIDS prevention were two large pink billboards outside of Johannesburg stating, "Tell them sex is worth waiting for" and included a "Parent line" number plus "Talk about it—love—life." Even the mental health center in Zululand that had many handouts on parenting, health and mental health issues appeared to have none about HIV/AIDS prevention.

Homelessness was one of the primary poverty-related issues addressed by President Mandela who promised that a million new 'brick' (cinderblock) housing units with water, sewage and electricity would be constructed for families during his administration. Ten years later such homes can be seen in the black townships near Cape Town and Johannesburg where many blacks have chosen to remain. In fact, Soweto has an area known as Beverly Hills for more affluent black Africans. Those who have been able to improve their financial situation such as car dealers or electronics dealers often build new homes and pass their old homes on to needy

relatives. Bishop Desmond Tutu, for example, has a home in one of these better areas of Soweto, and his mother lives in an older section of the township.

Homelessness and deplorable housing conditions continue to be a problem for many as the South African economy struggles and blacks continue to move to the major cities in the hope of finding work that is not available to them in rural areas. As township residents move into improved housing under the government's housing plan, new arrivals appear to take their place in these terrible conditions with shacks made of corrugated metal panels or even cardboard and no or shared water, sewage or electricity.

Evidence of homelessness is not limited to the black townships, but can also be seen in major cities such as Cape Town where people—usually black males—can be found sleeping in the major parks in the center of the city, and Durban where there are a number of shelters for homeless children. Homeless boys appear to also be a problem in other areas of the country as was seen at Huguenot College east of Cape Town in the vineyard areas near Wellington where honors/fourth year social work students opened a small daytime shelter for homeless young boys in their area.

Substance abuse is another major issue with many different consequences. Social work students at Huguenot College are placed in a local school where fetal alcohol syndrome (FAS) and parental alcoholism are major problems. Black workers at the nearby vineyards often were "paid" for their labor in surplus wine. The resultant parental abuse of alcohol and FAS continue to be real problems there today. Social work students are involved with outreach programs to involve parents in reinforcing at home the remedial education programs that are initiated in school to address the learning problems of the many children with FAS. Unfortunately, alcoholic parents are often limited in their ability to focus on and continue these activities at home.

Alcohol, often a factor in domestic violence and crime, was particularly cited as a problem by social workers at a mental health center in Zululand. Not only do they address the traditional issues of family functioning and parenting, mental health issues, and health promotion; but they work extensively with victims of violence—both from crime and domestic violence. While wide-spread, substance abuse appears to currently be largely limited to alcohol abuse and glue sniffing by youth due to their low cost and ease of availability, it can be expected that this may change as the economy improves and other illicit drugs become available.

Also evident in discussions with social workers at the mental health center and at later meetings with government officials was that health care—including mental health care—is currently limited. Hospital facilities at a former large

military base initially established to oversee and maintain order in Soweto were converted into a community health center for that area, but many more centers for treatment of traditional diseases (i.e., tuberculosis and malaria) plus health care in general are greatly needed throughout the country. At the Zululand Mental Health Center workers were desperately seeking placement for a six-year old boy who became very strong and violent during seizures which doctors initially were unable to diagnose until the social workers searched the Internet and came up with a possible diagnosis of tuberous sclerosis which was later confirmed by doctors. Unfortunately there are no appropriate facilities to safely house this young boy, and no professionals adequately trained in treating him. Sadly, a search for possible placement here in the U.S. has not revealed any options since the social workers who felt they might be able to raise airfare to the U.S. could not afford to pay for his care once here, and he would not be eligible for government assistance. However, I was able to supply them with contact information for the Tuberous Sclerosis Association (TSA) in Cape Town, and give them contact information for the TSA in the U.K. that focuses on behavioral management of such patients.

Crucial to alleviating the extensive poverty in South Africa is educating massive numbers of black Africans to fill the large number of unfilled positions now available that require skilled and/or well-educated workers. The government is now forced to seek such skilled workers from other countries. Rosie, an unemployed resident of the black township of Khayelitsha, is well aware of the importance of education for poor children. The survivor of a 'shack fire' which is a common threat for those living in the many tin shacks with open fires used for cooking and heating, she has extensive burn scars from rescuing her sleeping son from their burning home. However, aware of the lack of adequate nutritious food available to children in her neighborhood, she began a feeding program that has expanded over the past twelve years with the support of Catholic Relief Services' WARMTH Program (War against Malnutrition, Tuberculosis and Hunger) to serve about 300 people a day. Believing in education and preserving the dignity of those she helps, Rosie set two conditions for receiving meals from her kitchen (now a ship container equipped with a stove), children must go to school and pay a minimal fee which can be waived with a voucher issued to the child by a teacher.

Unfortunately, education is not available at all for many children. The homeless boys such as those in Wellington did not attend school. With the extreme poverty in black areas, many parents cannot afford to buy school clothing for their children or pay needed tuition. Also, particularly in the black townships like Soweto (where there is a monument to students killed in the riots), many

schools were destroyed by the apartheid government in response to the student riots that helped bring an end to the apartheid era. Currently, the heavily burdened government is struggling to rebuild desperately needed schools.

With such overwhelming problems and limited resources, it is clear why the South African government has encouraged the paradigm shift from psychological services with individuals and families to communities taking on the responsibility for families in their area. Adele Brink from Huguenot College summed it up well when she said that members of a community must be trained to see the needs around them, and "People must look after people."

Discussion

South Africa today is facing massive economic and social issues as a result of the oppressive racist policies during colonial and apartheid eras. Currently those needs are being addressed by a combination of efforts by Non-Governmental Organizations (NGOs), the South African government, social workers, and the people. In today's flat world economy, NGOs such as the Catholic Relief's WARMTH project in Khayelitsha (with Rosie's kitchen that feeds over 300 school children daily) face difficult decisions of where to use their limited resources. Great humanitarian needs exist from extensive refugee problem in the Sudan to the even larger problem of helping survivors of the recent tsunamis in southern Asia which stress the resources of NGOs.

The Mayor of Mogale City appears to present the South African government's focus when he said that he views his mission as creating a people-centered and economically viable city with equal access by citizens to basic social services, education, job/entrepreneurial opportunities, a clean/safe environment plus personal safety and security. These appear to be areas that government policy is attempting to address, but it faces many challenges.

The U. S. government (C.I.A., 2004) describes South Africa as an emerging country with a well-developed infrastructure that is about twice the size of Texas and has many natural resources, a relatively young population (median age of 24.7 years) estimated to be over 42,000,000 with 65.3 percent between the ages of 15 and 64 years of age and about 86.4 percent having the ability to read and write. On the negative side, these statistics cite an estimated 31 percent unemployment rate (including those no longer looking for work) in 2004, an estimated 50 percent of the population living in poverty in 2000, an estimated -0.25 percent population growth rate in 2004 due perhaps to the many socio-economic problems including HIV/AIDS which was estimated in 2003 to affect 21.5 percent of adults (approximately

5.3 million people) and resulted in an estimated 370,000 deaths in 2003.

A South African government priority appears to be housing. Former President Mandella's initiative ten years ago to create a million new housing units with clean water, sewage, and electricity continues. The October 2004 update of the Government's Programme of Action refers to housing backlog resulting from rapid urbanization, but cites development of new strategies to address this. It also cites plans for the delivery of clean running water to all households by 2009 and electricity by 2012, rental housing for the poor in 2004 and R14.2 billion to help the poor have access to basic shelter by 2007.

The government aims to build upon the financial and transport infrastructure established before 1994 by outlining steps to improve the economy in its December 2004 update of the Programme of Action. It identifies plans to increase investment in the economy, promote entrepreneurial opportunities—particularly for those that are black and women owned and managed (such as the "brick" factory founded by a woman in Khayelitsha and an internationally advertised Bed & Breakfast for tourists in Soweto also founded and operated by a woman), further the growth of small and medium businesses as well as strengthen relations with industrialized countries to promote foreign economic investment. Included also in the December 2004 update of the Programme are status reports on government plans to expedite the process of skills development to reduce unemployment and help build the economy, broaden access to and the quality of education, and reduce the level of crime.

The Social Cluster of the government's Programme appears equally ambitious. The October update addresses plans for food security/support programs for farmers and a National School Nutrition Programme, a Community Health Worker Programme, Early Childhood Development Programmes, extension of a child support grant over the next two years, research to audit poverty measures, plus an integrated framework and implementation plan for Social Health Insurance. Interestingly, the section addressing the health care challenges of communicable and non-communicable diseases includes along with the more traditional focus on tuberculosis, malaria, and cholera the added goal of implementing a plan to have 133 health facilities fully operational by March 2005 to treat 53,000 HIV/AIDS patients and begin a social awareness campaign to be translated into all 11 official languages. This may seem like a small effort when the C.I.A. (2004) estimates that over 5.3 million people in South Africa are infected with HIV or have active AIDS, but it does appear to acknowledge that the government recognizes that this infection presents a real health problem for the country.

With its first death due to HIV/AIDS recorded in 1982, South Africa faced

this epidemic later than other areas of Africa; but Mitton (2000) reports that its political isolation from these other African countries prevented it from using their knowledge learned through experience with the illness. Sewpaul (2001) cites the South African government's failure to adopt a comprehensive approach to AIDS incorporating both management and prevention measures with the result that NGOs have taken the lead in responding to the needs of those affected and infected by AIDS—particularly women and children. President Mandella was strongly criticized by AIDS activists while he was in office for his lack of attention to HIV/AIDS; but became very active in the fight after he left office in 1999 and has since publicly reprimanded the current President, Thabo Mbeki, in 2002 for not developing a plan to address AIDS (Wines, 2005). In the recent public announcement of the death of his 54 year old son due to AIDS, Mandella cited the need to no longer hide HIV/AIDS but bring it into the open so it can be viewed as a normal disease like tuberculosis or cancer (Wines, 2005).

Benedict (2003) as a social historian writes that racism during the colonial and apartheid years has resulted in black Africans distrusting white's warnings of epidemics and offering inoculations. He cites the devastating cattle illness in the 1890s that decimated whole herds of native cattle when inoculations by white veterinarians became ineffective after several months which in turn massively disrupted native societies whose wealth was based on ownership of cattle. Further, he draws attention to the Spanish Influenza of 1918 brought home by soldiers returning from WW I that swept the African continent killing many natives who refused vaccination suspecting it would kill them as the cattle vaccine had once appeared to.

Perhaps another key issue in South Africa's seemingly slow response to the AIDS situation is their concept of time. The Mayor of Mogale City told a story that when a white man hears the word time, "he looks at his Rolex", but when a black African man hears the word, he says "There's time enough." While this philosophy may have served them well during colonial and apartheid years when they had few options, this perspective of "time enough" to aggressively address the growing HIV/AIDS public health problem may lead to even greater numbers being infected and an increasingly rapid escalation of AIDS situation which puts the health and survival of massive numbers of people at grave risk.

Limitations

A major limitation of this study is the small number of subjects in each category of participants. However, purposive sampling of subjects from different races/ethnicities and different areas of practice/interest contributes to providing diverse perspectives to current issues in South African social work. Also, the use of multiple sources of data including observations, interviews, and existing data inherent in

the mini-ethnographic methodology contributes to providing a more detailed account of the experiences of those involved in social work and social welfare issues which is the goal of qualitative research. The exploratory nature of this study aims to provide data to provoke further research into the issues uncovered here and to add to the limited number of such studies currently published.

Conclusion

Years of racism under colonial rule and apartheid have resulted in extreme poverty for massive numbers of black South Africans. During the past ten years of democracy, the government along with social workers and the people has been striving to deal with the extensive legacy of those years. While advances have been made, still today large numbers of adults and children are homeless or living in sub-standard housing conditions; high rates of crime and violence—including domestic violence—plague rural and urban areas; mental illness as well as traditional physical illnesses such as tuberculosis and malaria continue to be a problem along with newly emerged diseases such as HIV/AIDS; substance abuse with its consequences—including FAS—further slows the advancement of many; and high unemployment due to the lack of adequate education for many—particularly for those in rural and black township areas—continues to be a major obstacle for the needed economic advancements of individuals and the country as a whole.

Addressing South African poverty requires a multi-faceted approach. Social workers are trained to work with such complex situations. While social policy is being added to the curricula at South African schools of social work to hopefully enable social workers to become more involved in social welfare policy planning and implementation, it is a concern that so many of the poorest students who must secure loans to complete their studies also may need to leave the country in order to earn enough money to pay off these loans. South Africa is a country of great cultural diversity from different tribal traditions to those of immigrants and slaves brought from diverse areas—particularly in Asia—during the colonial era. There are now 11 official languages in South Africa, but at least 28 are known to exist. All major religions, different tribal belief systems, plus combinations of these are practiced today in South Africa. While many HWUs have racially integrating their student bodies, HBUs which might produce students from these diverse backgrounds appear to be under-funded. South Africa needs more well-trained social workers who are familiar with the many cultures and environments of its people to deal not only with the causes of poverty, but also

with the extensive disruption of black African families from years of apartheid and its consequences.

Despite these many challenges, South Africans appear to be positive about their future. Many are determined to be a part of this change process, such as Rosie who feeds 300 children a day from her small kitchen next to her home in Khayelitsha or the woman who volunteers daily to care for homeless boys in Wellington. Many are energized by their new post-apartheid freedoms of the past ten years. Councilman Shimi Phate of the West Rand District laughingly complained of the delay in governmental decision making in his municipality caused by citizens who demanded to be allowed to exercise their right to be heard. South Africa appears to have the natural resources and the determination of its people to deal with the poverty and its related social problems, but it also appears to be aware that it needs the help of others such as the NGOs, corporations, and other nations in solving its massive problems.

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