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Group work in Ghana with persons living with HIV/AIDS

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ABSTRACT

Social work practice in Ghana involves the use of group work as a method of providing services for clients. However, not much Ghanaian literature exists on group work. This provides a narrative of a group worker's facilitation of a support group for persons living with HIV/AIDS to highlight the lessons learned from the experience.

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Introduction

In 2004, I was employed as a medical social worker in a rural community located about 40 kilometers from the capital city of Ghana. Most inhabitants of the village were poorly educated and earned minimal incomes from small-scale farming and petty trading. A few months after assuming office, I became stressed because I was seeing over 12 patients each day as the result of being the only social worker in the hospital. Most of the patients I saw were living with HIV/AIDS. I became concerned when I realised that many of them patients who had HIV/AIDS never showed up for subsequent meetings I scheduled with them. I decided to follow up on these patients by visiting them at their house to find out the reasons why they failed to honor their appointments with me.

During home visits, I found out that Persons Living with HIV/AIDS (PLWHA) often did not return to the hospital to access health care because of stigma. They explained that people in the village believed that a curse or immoral lifestyle such as prostitution caused HIV and so nobody wanted to associate with those who had the disease. In order to avoid stigma and isolation PLWHAs often resorted to hiding their status from family members by not coming to the hospital again. Therefore, they were not getting the medical attention they needed or emotional support and care from members of their social network.

Based on what I had gathered from the home visits, I decided to start a support group for PLWHAs in the village because I felt some problems they faced could be solved if they came together to help one another. The primary goals of the support group were to give information on HIV/AIDS and become a support system for the members. My plan was that I would help

to form the group and that once it was functioning, I would place it under the auspices of the group members.

Planning the group

As a first step in organizing the support group, I contacted present and past clients living HIV/AIDS to tell them about the group and invite them to join. Naively, I thought that they would eagerly embrace the idea of having a support group and accept my invitation. However, many turned down my offer. While trying to organize the support group, I captured the interest of the headmaster of the primary school in the village who agreed to help me recruit the PLWHAs. He advised me that because the initiative for the group did not stem from the potential members, I had to gain their trust before they would accept to join.

I met with the chief and elders of the village to explain to them the rationale for starting the group as well as ask for their co-operation. Though the chief admitted that the support group was needed, he felt the PLWHAs would not be interested because of the stigma that was attached to the disease. I, however, was able to persuade him to call a meeting of the entire village in which I talked to the residents about HIV/AIDS and the importance of the support group for the PLWHAs.

Following the town meeting, several potential members contacted me and expressed an interest to join the group. I met each one to assess their motivation and reasons for agreeing to join the group as well as their expectations. I considered their willingness and ability to attend meetings, share their experiences, and support other PLWHAs. I initially planned to include all PLWHAs in the village, but later excluded those who had AIDS since their condition would make it difficult for them to attend meetings.

We held the first meeting of the group in June 2007. I was pleasantly surprised that 10 adults (eight women and two men) who lived in the community showed up for the preliminary meeting. Four group members were engaged in informal employment, two earned no income, and one person worked as a carpenter in the port city close to the village. They ranged in age from 25 to 48. The participants had been living with HIV for between 6 months and 3 years. The group was open to any member of the community who was living with HIV. After the inception of the group, the membership increased to 12, with an average of eight members attending subsequent meetings. I encouraged the members to persuade other PLWHAs they knew to come to the meetings.

Group structure and format

One of the first group discussions was on the goals of the group. The members decided, after much deliberation, that we should include an extra goal to those that I proposed. They decided that the group should solicit funds to help

members buy antiretroviral drugs. At the time, the antiretroviral drugs were available in only a few centres in the big cities and were very expensive, beyond the means of almost all the members. After clearly defining and accepted by the members, the group decided upon and elected a president, vice president, and secretary to ensure the smooth running of the group. We also discussed the ground rules for meetings including confidentiality and respectful communication and interaction with other members.

The group met every Saturday afternoon for 90 mins, in a comfortable room in the hospital where I was working. I choose the venue because I thought it gave the members an opportunity to seek medical attention when they attended the meetings. However, after a few meetings some of the members expressed dissatisfaction with the venue because it brought back painful memories. We moved the meetings to the local school which all the members agreed to. The sessions began with a prayer followed by greetings and inquiries about each other's well-being. If a new member joined, I introduced them to the others. Afterward, the members took turns introducing themselves, usually by mentioning their name, length of participation, and how they had benefitted from the group.

Apart from the introductions, there was no agenda for the meetings. I encouraged the members to determine what should be discussed, based on their needs and interests. I did this to ensure that the members felt they had a stake in the group and increase their interest in the group's activities. Usually, the members spent most of the time sharing their experiences and challenges. Topics that were often discussed included their challenges with health, stigma, and ability to live positively with their condition. My role was to ensure that what the members discussed had relevance to their daily concerns. I also helped members to listen and offer support to each other. I responded and explored spontaneous concerns of the members even when some were not directly related to the original aims of the group. If there was not enough time during the meeting to address these concerns or interests, I brought it up for discussion in the next meeting. Being able to address these concerns lead to the members increased interest in the group and hence more being accomplished.

In several meetings, I gave talks to provide information on various aspects of HIV/AIDS that the members had an interest. Resource persons (e.g., doctors, nutritionist) that I also invited made presentations on topics that were technical and beyond my expertise. Members eagerly received the presentations, especially those that related to nutrition to boost their immune system or how to deal with the stress and other emotional issues they experienced because of stigma. After the presentations, there was a short session for the members to ask questions and discuss the presentations.

Group dynamics

From the beginning of the group, I encouraged individual expression and development of group cohesion and solidarity. I highlighted the fact that they had similar experiences due to having HIV/AIDS and the need for members to cooperate and provide each other support to enable them to accomplish the agreed upon goals. I noticed that in the beginning members sat according to previous friendship patterns. I brought the issue of subgroups and importance of interactions with every member. Based on this foundation, cohesion among the members began to develop quickly.

They worked together to assist and support each other. They visited one another after group meetings and helped one other with their respective businesses, shared information, attended funerals together, and made contributions to assist financially when the need arose. If a member did not attend a meeting, the members and I paid a visit to their homes to check how they were doing.

Norms were affirmed to ensure that members were respectful in group meetings and that safe and welcoming atmosphere was maintained. In time, the group members showed willingness to confront members who did not attend meetings on time or in a caring manner.

My interaction with the group members occurred both within and outside the group meetings. I choose to use the word 'we' to emphasize my belongingness to the group. On the rare occasions that a member of the group had an angry outburst and lashed out at me, I showed empathic understanding and concern because I knew what they were going through emotionally. I made an effort to create an atmosphere in the meetings where the members felt comfortable and safe to take part in discussions and work through personal issues and experiences. Even though I showed empathy, I was firm when needed. For example, when a member's attitude or behavior went contrary to the rules of the group or made other members uncomfortable at meetings.

Aside offering emotional support, I assisted the members with practical issues that they encountered. For instance, I contacted various non-governmental organisations and convinced them to provide the members with food rations to help boost the members' immune system or funds to purchasing drugs (antiretroviral and blood tonic) that they required.

Challenges

Though facilitating the support group was a rewarding experience, there were also aspects of it I found challenging. My enthusiasm and personal concern resulted in my inability to disengage from the issues of the group even after meetings which affected various aspects of my life including my marriage. The group members became too dependent on me and expected me to

resolve all their issues. Maybe this resulted from not emphasizing enough in the group meetings that the group members should believe in themselves to handle their own issues. Thus, when I was transferred from the village after some years, the group died a natural death since new leaders were unable to sustain the interest of the members in the group.