Implementing Group and Community Work in Alleviating HIV/AIDS Issues in a Fishing Village in Kuala Muda, Penang, Malaysia

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Abstract
HIV/AIDS poses a potential serious threat to national development. This article highlights HIV/AIDS issues encountered by people living with HIV (PLHIV) and their family members in a fishing village. Previous decades of years proved that drugs used threatened the community in several malicious ways and recently, the situation becomes deteriorated with the emergence of HIV/AIDS. Not only the fishermen are infected with HIV virus through shared injecting apparatus, but it also spread to their spouses and casual sexual partners. In order to understand better on the issues faced by PLHIV and their family members, a case illustration is provided. Issues faced by PLHIV and their family members are disclosed in details with the hope to raise awareness of clinicians and professionals so they can provide a comprehensive support and medical care to the PLHIV and their families. The AIDS Action & Research Group (AARG), Universiti Sains Malaysia (USM) has taken up such responsibility through group and community work approach such as prevention, treatment, care and support and creating an enabling environment to the target groups.

Keywords: HIV/AIDS, Drugs, Fisherman, Group Work, Community Work

Introduction
As we know it today, social work can be seen as an activity to fulfil individual’s needs by others due to concern for the individual. Johnson (1998) asserted that need, in this context refers to an essential element required for an individual to function well in the society. On the latter part, concern can be defined as interest or regard for well-being of oneself or others. It involves physical, social, emotional, cognitive and spiritual needs which are important for human development. Therefore, social work can be described as a crucial profession that provides social services in governmental or private organizations throughout the world.
assists people by preventing or resolving problems in psychosocial functioning, achieving life enhancing goals, and creating an equitable society (Suppes & Wells, 2003).

As time goes on, helping attitude has evolved and become complex in nature due to rapid changes. Social work in fact is governed by various factors such as differences of class, race, gender, age, disability, sexual orientation, religion, culture, health, geography, expectations and outlook on life. Nevertheless, social work has one common ground that it is located within the most complex and perplexing areas of human experience. Hence, it is perceived as a high skilled activity (Trevithick, 2000).

Understanding of theoretical and research base are critical in order to develop related skills needed to comprehend the situation and formulating interventions that parallels with the nature of the situation and the environment. Making sense of the vast information can be done with the help of theories, which enables better understanding of certain people’s behaviour and events in the world. Turner (1996) highlighted that theories help in recognition of patterns, relationships and significant variables which disentangle complexity of current issue or problem. Without proper and adequate information about people, their behaviour and the contexts they live in, providing social services in this era of scarcity and increasing demand of social work is pointless (Robbins, Chattarjee, & Canda, 1998). Even though social work involves working with individuals, groups and community, this article will be focusing on group work and community work only. Before diving into group and community work, prior understanding on interconnectivity and interdependency of people whether in individuals, groups and community as a whole is essential.

Social Work with Groups

Naturally people are relational beings where they seek approval, support, feedback, companionship and communion with others. Initially understanding individuals can be done by working with groups. Group work are proven to be a practical tool in reaching out people who are struggling with life’s issues for example growing up, getting along with others, working, dealing with partners, adjusting to health and economic changes, growing old and facing death (Douglas, 2000).

Garvin, Gutierrez, and Galinsky (2004) identified that social work with groups characterizes a wide domain of direct social work practice. Social work is carried out by social workers in any types of group in all settings. In order for the practice to qualify as social work with groups, there are four conditions need to be met by the group worker; (1) focusing attention on assisting the group members to become a system of mutual aid, (2) role understanding of the group process is very important because it serves as primary force for individual and collective change, (3) enhancing group autonomy and (4) helping group members to attain “groupness” upon termination (Middleman & Wood, 1990).

In addition, social work in group is aimed for group members to cope with major life transitions by providing certain needs such as information or skills, social relationships, coping with unpredictable consequences and overcoming feelings of loss or loneliness (Douglas, 2000).
Group work models

Brandler and Roman (1999) came up with three main models on working with groups. These models are known as Reciprocal Model, Remedial Model and Rehabilitative Model. Reciprocal model, alternatively known as democratic model is based on the idea that group members are equivalent among each other and social worker is perceived as facilitator rather than a leader. Through democratic process, the social worker encourages mutual aid among the members of the group. Group members will then set the structure and goals based on the constraints set by the agency. In this model, social worker facilitates by providing knowledge and support to the group in order for the group to explore issues raised by themselves. Social worker acts as an advisor to the group and by no means to institute his views at all. This allows the group to grow their discussion on their own.

Rehabilitative or remedial model indicates that social worker assumes superior position compared to the group members whose social skill deemed less and not fully developed (Manor, 2000). Such particular model can be associated to develop skills of daily living for mentally challenged children and schizophrenics. Social worker in this model will instruct, exercise significant authority and set model behavior for the group members. Proactive measures are taken by the worker to guide the group, instead of letting the clients to decide the goals, structure, and direction for the group. Rehabilitative model is related to structured learning and can be viewed as an educational model (Brown, 2003).

The psychosocial model for group work uses intrapsychic methodologies in treatment and consequently relies heavily on reflection and insight development. It is used mainly for long-term groups. As time progresses, recurring themes and relationships between group members become the focus for decision. Not only psychotherapy groups are included in this mode, but also it includes various support, maintenance and prevention group. The worker in this group has similar authorities, power and control as to remedial group. Moreover, the worker is responsible to set the norm and stresses the need for self-disclosure and confidentiality. Even though these three models are merely separated by indistinct boundaries, each aspect is used in the real world. The differences has its usefulness especially for theoretical considerations and student orientation (Preston-Shoot, 1987).

Humanistic values is deemed essential as it is used for social work practice with groups, informing worker role and use of self and understanding membership in a social work group. Glassman and Kates (1990) imply that humanistic values make people in society to be responsible for and to one another. Such view is backed by several social work group experts and is seen as mutual interdependence rather than individualism. Social work educators, for example Konopka (1972), have listed down the following humanistic values that are indispensable to social work practice with groups:

1) Individuals are inherent worth
2) People are commonly responsible for each other
3) People have basic right to have mental health brought by social and political conditions that support their fulfillment
With adequate amount of knowledge and social work values, social workers should be able to excel in any group work they involved and connect the collective strength and talents effectively in each group in order to realize the mutual goals and objectives.

Social Work with Community

Social work with community is a branch of social work that focuses on larger social systems and social change, and is tied to the historical roots of social work. Community organizing, social planning, human service management, community development, policy analysis, policy advocacy, evaluation, mediation, electronic advocacy and other larger systems interventions are incorporated in the field of community practice social work. In social work perspective, while direct practice social work focuses directly with individuals to solve micro-level problem, it is often compared with community practice (Weil, 1975).

Previously, community practice has been referred as large-scale practice. It overlaps substantially with many applied social sciences, for example as urban planning, economic development, public affairs, rural sociology and nonprofit management. Many social workers reside in various area of practice and settings in the field of community development. In addition, they are not practically bound by legislated program and regulatory body. Registration to such organizations is seen as optional to them (Weil, 1975).

Community practice can take part of economic development for example developing local economies especially rural areas which suffers from out-migration, or it can work with public, groups, and organizations to interact with larger systems, institutions, and the political process. Social workers with the background of community development or community organizing perspective try to address the general issues that shape social problems. In most cases, they may be involved in the individual problem-solving practices incorporated in many social work positions (Weil, 1975).

Understanding the power dynamic and social relations that oversee the relationships between countless structures and diverse communities is essential to community social work. By doing this, social justice can be achieved through structural change. For instance, if the issue is poverty, a social worker who is practicing from community perspective can focus on political economy that generates these conditions. The worker can try to address the policies that sustain poverty or even establishing groups in order to lobby decision makers to change and issue (Weil, 1975).

Public policy is one of the common theme that concerns social workers practicing at the community level. It helps them to understand the conditions better from bird’s-eye view, especially in social, economic, and political perspectives. Engagement in policy analysis is seen as a norm in order to develop strategies towards achieving some form of sustainable change. Moreover, most of the time spent by social workers are focusing on this kind engagement and they often assume the leading role in defining the issues and developing solutions. Communication with leaders and allies is vital in order to identify common goal among community members. So in short, they become a leading organizer who drives a group based on the goals defined and works towards it. Stakeholders can better participate in formulating
solution as relevant information to the presenting problem or issue are placed on the table by the social workers (Weil, 1975).

Case Illustration

Kampung Kuala Muda is a fishing village in Penaga, Penang, Malaysia. It is on the southern bank of Sungai Muda, across from Kampung Tepi Sungai. The past decades shows that drug use has threatened the village in various cases and it deteriorated recently with the appearance of HIV/AIDS. Fishermen are infected with HIV virus through sharing of injecting equipment’s and the infection is spread to their spouses and casual sexual partners as well.

The recent years depicted an increase of the number of people getting infected and string of cases involving young men, older men, housewives and children were found. The problem even shrouded the whole population of the village. Men fell sick with AIDS related illness and many of them succumbed to it. Consequently, their wives have to take over the role of head of family and bear the responsibilities. Situation become worse since many woman have minimal education and having difficulties to secure jobs and finally not able to sustain their families.

Stigma and discrimination towards any families with PLHIV also make the condition become atrocious. Neighbours do not bother anymore to communicate to the affected families; many were laid off their jobs and condemned by the village committee and villagers. As a social outcast in a close community, this has become an enormous challenge for the infected and affected families. Their savings are reduced to zero as result of their effort to save the family members who were infected with HIV. Their struggle turned into a daunting experience. Even children who attend school cannot escape from the stigmatisation by friends and teachers. In addition, due to their distant location, they were not able to get proper healthcare since the nearest hospital in Penaga is located approximately 10km away. The existing discrimination and stigma too excluded them to receive healthcare service. The villagers finally sought for support from a local community based organisation so called AIDS Action & Research Group, Universiti Sains Malaysia (USM) which focuses on drug use and HIV/AIDS issues in Penang.

Assessment of the Case Illustration

According to the case illustration, there are three (3) groups that were identified which require intervention and support from the NGO as well as government agencies. First group comprises of active drug user group who needed immediate intervention. Second group encompasses of spouses of the drug users and also families who are already at risk of being infected with HIV and other Blood Borne Viruses (BBV). The third group is PLHIV. Each of the groups requires care and support by NGO or other relevant agencies.

The first group which consists of active drug users require prevention services by providing sterile injecting equipment, educating them on safer drug using practices and usage of condoms to prevent HIV transmission to the sexual partners and spouses. They are also in need of access to healthcare, welfare and other relevant services.

Second group comprises of partners of injecting drug users (IDUs) and families affected by HIV/AIDS in the village. This group requires correct information on HIV/AIDS related issues,
training on provision of care for PLHIV, skills to cope with death related grief, support group for the partners of IDUs and family members to share their experiences and seek emotional support from others who are facing similar situation. In addition, they also require healthcare services, welfare services and other related services. Their limited financial income or sources must be addressed in order to sustain families in the village.

Third group includes people who are living with HIV. They require proper information on HIV/AIDS and its treatments. For those who required treatment, they will be referred to the government healthcare facility in order to access free HIV treatment and other related services. In order to guarantee a better quality and productive life in the upcoming years, therefore it is essential to curb HIV. Recovering drug users on antiretroviral treatment are trained on coping skills for living with HIV and medical constancy.

Lastly, the intervention targeted the villagers and their committee as they play a key role in order to curb this issue in their village. The reason of stigma and discrimination exhibited by the villagers was lack of knowledge and also fear of HIV/AIDS. Lessening the stigma can be done by ensuring the villagers and its committee members to be exposed with proper information on HIV/AIDS particularly on modes of transmission. Community based care for PLHIV that are currently practiced in African continent can also be adopted by the villagers. Proper handling on HIV related death in the village is also provided. Moreover, villagers can be taught to become more mobile as this will reduce their dependency to the government and promote a caring society.

The AIDS Action & Research Group (AARG), USM

The AIDS Action & Research Group (AARG) was founded in the School of Social Sciences at the Universiti Sains Malaysia (USM) in 1994. AARG consists of academic and non-academic staff with the objective to prevent HIV/AIDS spreading and to help those already affected by HIV/AIDS. It consists of experts in various fields of knowledge including Social Work, Sociology, Psychology, Counselling, Public Health, Mass Communications, Accounting, Demography, Economics, Law, Criminology, Drug Research and Rehabilitation, Management, Languages, Medicine, Nursing and Industrial Relations.

The main objective of AARG is to provide accurate information and education related to all aspects of HIV/AIDS. Therefore, in order to achieve such noble aim, cooperation between all parties are vital. AARG also battles against the stigma and discrimination experienced by HIV/AIDS victims via social action. In addition, it also takes part in research in order to better understand the biopsychosocial aspect of HIV/AIDS.

Such roles can be fulfilled by organizing workshops, forums, exhibitions and dialogues about HIV/AIDS. Community programs on HIV/AIDS are conducted by AARG to help anyone with the treatment and prevention of HIV/AIDS and also social development issue. Besides that, AARG also involves in raising awareness on the stigma and discrimination experienced by people living with HIV/AIDS (PLHIV), research related to HIV/AIDS, and counselling services via telephone.
Despite of the fact that huge number of programs conducted by AARG, it mainly can be classified under four main themes that are consistent with social work practice. Four identified underlying themes are:

1. Prevention
2. Treatment
3. Care and support
4. Creating an enabling environment

Group and Community Work by AARG USM to Address the HIV/AIDS Issues in Kampung Kuala Muda, Penang

Prevention Activities

Harm reduction approach has been recognized as the best approach to address HIV infection among IDUs all over the world. In 2006, Malaysian government has implemented this revolutionary approach to mitigate the increasing HIV infection among IDUs. Particularly in 2006, 75% of reported HIV/AIDS cases in Malaysia were attributed by IDUs (Ministry of Health, 2016). Such distressing figures triggered the adoption of Needle and Syringe Exchange Program (NSEP) in Penang. Furthermore, AARG, USM had become of the first group executing harm reduction program in Malaysia based in Penang till nowadays. Kampung Kuala Muda was known as one of the target for HIV prevention activity. Activities such as providing sterile injecting equipment’s and educating villagers on HIV/AIDS, safer sex, basic healthcare and other related information were organized.

Encouragement were also given to drug users so they can lead a healthy and positive lifestyle by persuading them to join the rehabilitation facility as an effort to release them from the shackles of drugs. Such method known as demand reduction approach is very important in creating a drug free environment and diminishing the negative impact of HIV/AIDS in the village.

Additionally, provision of condoms can help to reduce HIV transmission from IDUs to their sexual partners (spouses or casual sex partners). This prevention activity conducted by AARG is one of the important elements. AARG as well provides services for partners of IDUs and female drug users such as education on HIV/AIDS, safer sex and basic healthcare.

Besides prevention activities for the active drug users, AARG also handles raising awareness events involving young people and general population through their outreach workers. The event is done by collaborating with State Health Department. Such effort generated a platform where villagers, whether young or old, male or female can take part in enrich themselves with the knowledge on HIV/AIDS, drug abuse and basic healthcare. As a result, it will help them to make informed decision related to risky behaviours. Villagers received Behaviour Change Communication (BCC) materials in line with the prevention effort.

Treatment

One of the identified challenges for drug users as well as their family members especially those in need in medical attention is the access to the healthcare service. Not only
the nearest hospital located in Penaga is 10km away to the village, but also financial constraints restrict wives to get medical support and so on. AARG confronts this issue by identifying those in need of medical attention and offers transportation to and from the hospital. Villagers are accompanied and assisted by NSEP team to hospital. AARG ensure that the PLHIV are given utmost priority and access to treatment. Hospital appointments and medical adherence are monitored as it critical to quality of life improvement of villagers.

AARG outreach workers also providing counselling that can eventually referred the IDUs to Methadone Maintenance Treatment (MMT). MMT is known as a comprehensive treatment program to replace client’s dependency on opioid to long-term prescribed methadone. Methadone does help to mitigate the symptoms of opioid withdrawal. Consumption of methadone ensures client’s addiction to diminish once it reaches sufficient level. Compared to other opioids, methadone is a long-acting drug (24 to 36 hours).

Care and Support
Care and support component is an integral part of social work and this is particularly evident in the efforts of AARG to provide comprehensive care for drug users and PLHIV. Education and care are provided by AARG NSEP outreach workers to the PLHIV in their own homes. They are trained to assume the responsibility to care and support their family member(s) especially those who are bedridden and in need of care. Nevertheless, this is a long process since there are a lot of effort required in educating family members on proper information on HIV/AIDS, providing care for bedridden PLHIV and lessening the fear again stigma and discrimination. The family members are expected to provide care and support with minimal supervision by NSEP outreach workers team in the near future.

During the outreach programs to the village, basic medical care are provided to the active drug users and their partners. Over and over again, drug users are found injured due to escaping police operations and they refused to get medical attention from the clinics or hospitals. Wound care are offered to the drug users, or in worse case referrals to hospital are provided by AARG outreach worker.

In order to create a safe haven for the group member to share their concerns and burdens, support group for partners of IDUs, PLHIVs and families affected by HIV are key efforts delivered by AARG. This mutual aid groups have been quite successful in assuaging fears instilled in the villagers. Furthermore, it will create a self-help group in providing care and support for those in need.

Creating an Enabling Environment
Without proper environment, intervention effort by AARG and the concerns of the villagers will be futile. Initially, the villagers and its committee members set the stigma and discriminate the target group due to lack of knowledge on the issue. Intervention taken by AARG helps to empower the community through education on HIV/AIDS targeted to the villagers and care for PLHIVs.

Young people, women and general public involvement in awareness sessions help to disseminate information and address stigma and discrimination issues. These session, with
support by AARG, is aimed to analyse solution for the villagers in order to address the drug and HIV/AIDS issues. Instead of one off program, it will establish a platform for continuous partnership. Home visits are crucial to identify and educate high risk population in the village. Having this opportunity, AARG visit families with PLHIV to educate family members on HIV/AIDS in order to lessen the stigma and discrimination.

Conclusion
One of the very few comprehensive services for drug users and PLHIVs in the Northern region is AARG’s model of intervention. Its growth is stimulated by fulfilling the needs of the community and adopting best practices from throughout the world. Since AARG commenced the intervention, the situation in Kuala Muda village has transformed. Villagers become more sensitive to the needs of the PLHIV and their families.

Any transformation efforts require social work knowledge and values, as well as effective group and community work. The approach brought by AARG USM had addressed the issues of HIV/AIDS in the fishing village of Kuala Muda. Without support from government agencies and community in Penang, this effort would probably turn into failure.

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