

Relevance of Home Economics Knowledge Base for Social Work Practice in Botswana

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ABSTRACT

At the University of Botswana, home economics is included in the curriculum as a required course for students studying for a Certificate and a Diploma in Social Work. This paper examines and assesses the relevance of home economics for social work and how home economics can be used to support and complement social work training and practice in Botswana. More specifically, the paper discusses the nature and function of the two professions – social work and home economics; presents an overview of social work education and training in Botswana; and examines the curriculum content which includes home economics within the context of local practice needs.

What is Social Work? What are its Aims?

These are probably some of the most difficult questions to answer due to the general lack of consensus about the nature and function of social work (Butrym, 1976). Probably no other profession is faced with as much ambiguity and lack of specificity as social work is; this is mainly because the profession is concerned with people and their ever-changing environment.

Traditionally, the primary focus of social work was on the social environment and its influence on the capabilities of people. The practice, therefore, was oriented around three distinct approaches: social casework, group work and community organisation. Social work has been dynamic and the focus of the profession has continued to change with the changing global conditions and situations and has adapted itself to address the needs of people at any given time (Bartlett, 1970; Pincus & Minahan, 1973; Compton & Galaway, 1989).

More recently, several writers have argued that the social work profession should be flexible, creative and imaginative and should be concerned with emerging issues of critical concern such as poverty, unemployment, refugees, AIDS, environmental degradation and pollution (Anstey, 1989; Mupedziswa, 1992; Logan, 1992), while others have suggested that social work:

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"... should adopt a development approach which in essence requires social workers to play a variety of roles within the framework of social development"

(Osei-Hwedie, 1993:19).

Social work is thus seen as a profession devoted to helping people to help themselves. It is concerned with the promotion of social justice, equality and alleviation of human suffering; well-being of people and the systems within which they are functioning; and, strengthening the coping capacities of people to changing environmental situations. Social workers as professionals are regarded as change agents who initiate action to bring about planned change that promotes optimum growth and potential of people and contribute to personal as well as national development. In an African context, Hutton (1994:6) maintains that:

"...social work is an extension of community to assist people in meeting unmet needs, or in getting access to resources and that it is particularly concerned about those who are vulnerable, or at risk, or marginalised, or oppressed".

It is evident from these writings that social work practice is undergoing changes around the world and that increasingly social workers are being involved in a variety of issues that affect human lives. However, lack of clarity of vision as to what constitutes the professional foundation and what should be the domain of social work continues to be at the centre of debates (Hammond, 1988).

An Overview of Social Work Education and Training in Botswana

Social work is emerging as a profession and is relatively young in Botswana. The Certificate programme in Community Development was started at the Botswana College of Agriculture in 1971. It was later transferred to the University of Botswana in 1985, focusing more on social work and thus renamed as Certificate in Social Work. The Diploma and Degree programmes were started in 1985 and 1986 respectively.

At the beginning, social work education and training had a bias towards casework and individual counselling as the educators themselves were either from North America or Europe and their practice and training were shaped by Western models. As elsewhere in developing countries, social workers in Botswana have been concerned about the inappropriateness and irrelevance of western models of practice and methods of social work education and training to the local context (Ngwenya, 1992; Osei-Hwedie, 1993; Osei-Hwedie, 1994).

In response to their call to indigenise social work practice and to design a curriculum that is relevant to local conditions of living and one that addresses the needs and problems of local people, the Department of Social Work has identified themes such as risk and vulnerability, social change, social justice, equality, sexism, oppression and marginalisation, and has taken the stance that these themes should be part of all courses offered within the Department and that social work practice in Botswana should be viewed in the context of community rather than individuals. This implies that a student after professional training in social work should be able to function in any setting as a generalist social work practitioner – be it in rural or urban communities, or in an institutional setting, *viz* hospitals, non-governmental organisations, prisons, industries, day care centres and specialised institutions for the disabled.

The shift to a more generalist approach to social work practice has been considered to be the most appropriate approach as it integrates relevant knowledge to apply to a wide range of situations. Besides, in this era of high rates of population growth and dwindling resources, particularly in African and other developing countries which are affected by Structural Adjustment Programmes, this is the most viable and cost-effective approach as it reduces the number of people required to deliver the services.

This brief discussion then leads us to the next important question: what should students know to be able to function as effective generalist social workers? It is evident from the focus of the profession and the approach that was decided upon that social workers would need to have an understanding of communities, the individuals within the communities and the forces and dynamics that affect their interrelationships. They would also need to have an understanding of physical, biological, social, psychological, cultural, political, spiritual and environmental influences on the functioning of people (Germain & Gitterman, 1980; Collier, 1984; Johnson, 1989; Schlesinger, 1989; Osei-Hwedie & Osei-Hwedie, 1992; Congress & Lyons, 1992; Wandel & Holmboe-Ottesen, 1992).

To this end, while there is a certain body of knowledge that is specific to social work, relevant knowledge is borrowed from other disciplines. Home economics is included as a required course for students studying for a Certificate in Social Work (CSW) and a Diploma in Social Work (DSW) but not for those studying for a Degree in Social Work (BSW). Both CSW and DSW programmes entail two years of study. Graduates of CSW programmes are considered as paraprofessionals while those of DSW programmes are considered as professional social workers.

The question that has been asked constantly by several practitioners is: can social workers improve their practice performance with knowledge from home economics? Questions of this nature are raised constantly for reasons of both ambiguity surrounding the focus of social work and misconceptions about the purpose of home economics.

What is Home Economics? What are its Aims?

To these questions, most would answer by saying that it is a subject which teaches women how to cook and sew. This is a common misconception, even though it is one of the oldest professions. As early as 1909, home economics was recognised as a profession associated with the improvement of quality of life in the home and in the community.

"Home economics is that body of subject matter which has to do with the application of the natural and social sciences and arts to the problems of the home and the problems growing out of homes and their interrelationships."

"It is the field of knowledge and service primarily concerned with strengthening family life through: educating the individual for family living; improving the services and goods used by families; conducting research to discover the changing needs of individuals and families and the means of satisfying these needs; furthering community, national, and world conditions favourable to family living"

(Quigley, 1974:9).

Home economics is concerned with the holistic nature of humans in relation to their physical, biological, social, intellectual, aesthetic and psychological well-being (Bobbitt, 1990). It is considered as a profession rather than a subject as it integrates knowledge from various subjects to determine the best solutions to problems in a given situation.

Home economics has five distinct areas of study – foods and nutrition, child development and family relations, home management, clothing and textiles, and extension education. It also borrows relevant knowledge from sociology, psychology, economics, statistics, epidemiology, physiology, biochemistry, microbiology and agriculture.

The primary focus of home economics is on the family as a system and the ancillary foci include the interactions and interrelationships of individuals within the family system and between families and the larger society. The ultimate aim of the profession is to improve the quality of life for individuals within the family.

Relevance of Home Economics for Social Work Practice

Relevance

If one examines and compares the aims and purposes of the two professions, it is evident that both have a common interest: the well-being of people. Social work also has the family as one of its core areas for practice, and the way in which these two professions work towards their common interest is complementary in nature. While home economists focus primarily on knowledge (education for living) and prevention, social workers focus more on the interaction and/or linkages between various aspects of living.

Although social work also emphasises prevention, in reality there is a general tendency amongst social workers to prefer work with individuals (what they still call casework) using psychoanalysis (Hedenquist, 1992). Observation of social work practice and of students on fieldwork placements in Botswana has indicated that much emphasis is placed on the roles of social workers as supporter, mediator, arbiter, advocate, but very little on the role of educator. This trend is beginning to change with the recent shift in focus of social work education and training.

Increasing awareness

The aim of professional social work education and training is not only to equip students with knowledge and skills for practice but also to raise their levels of awareness to situations which increase the risk of social dysfunctioning of people. In any given practice situation, students should be able to assess the risk to each system of their action for planned change; they should have the vision to foresee the consequences of the present situation to the future of their clientele; and, be able to prevent a problem situation from developing. This is possible only when they can understand what they see and hear. To that end, home economics offers valuable information. Home economics, being an integrated profession in itself, will help social workers assess practice situations in an holistic way.

The purpose of the home economics component is not to make them home economists but to give them a base to make good professional judgements; to be able to work well with other professionals; and to empower people to make informed decisions.

The orientation and the focus in this course has a bias towards prevention rather than cure. Certain content areas such as the following form the core course content as they are considered to be more relevant for social work practice within the local context than others:

- importance of nutrition as it relates to health and development
- multifactorial causes, signs and symptoms and prevention of common disorders of malnutrition and communicable diseases, including AIDS
- stress – effect on health, coping with stress
- importance of hygiene
- care of the sick, safety and first aid
- population education and family planning
- pregnancy and child-birth
- factors affecting growth and development of children
- disability – causes, prevention and rehabilitation
- ageing – the process, needs of elderly
- housing and money management, and
- communication skills and techniques.

Education about some of these topics such as health, hygiene, disease and nutrition is however less of a problem in the West where everyone is bombarded with television and magazine articles which informs their knowledge about living. Most people also have exposure from early years in school to a variety of basic knowledge about such issues.

Bridging the Knowledge Gap

The context in Botswana is somewhat different. The level of knowledge about the same topics is fairly minimal for both social workers and even more for the people they work with for several reasons:

- a) radio is the most common media of mass communication used
- b) nearly one third of Botswana above five years of age have never been to school
- c) of the remaining who have been to school, nearly 55% drop out – a significant number before they reach Standard Seven and/or Form One (CSO, 1994)
- d) until recently, the school curriculum did not include topics on family life education in biology from Form I, and
- e) most students entering social work are not required to have a science background in school.

One way to bridge that gap in knowledge for social workers would be to teach them a whole range of courses from biology to psychology. But, this is not viable due to the limited time of two years for both the programmes, and the University structure of year-long courses rather than semester courses. Another way would be to give them a synopsis of this knowledge by exposing them to home economics. Some of those topics such as child development, communication skills, population and

stress may be covered briefly in psychology and other social work courses. It will thus reinforce the orientation of social work given their common interest in the core area of human well-being with specific emphasis on home situations.

Work with the poor, neglected and/or delinquent children, women, the elderly, the disabled and the mentally ill, all who have had little or no formal education, often dominates the activities of social workers (Hedenquist, 1992). Particularly in a developing country like Botswana, where people's formal education is less and where clients have not received the basic knowledge to make informed choices, the educative role of social work becomes very important. The saying "Knowledge is power" is relevant here. By educating people and helping them to know more basic information about the topics mentioned earlier until the formal and informal educational sectors can catch up, social workers can empower people to make informed choices about their lives.

Example of Practice Situations

An examination of some selected practice situations will help illustrate the relevance of a home economics knowledge base for social workers. When a social worker hears about someone having health problems such as hypertension, coronary heart disease, or diabetes, they can know that these disorders have a variety of contributory factors, such as obesity, stress, alcohol intake, diet and smoking; that they can be controlled by reducing stress, relaxation, exercise; by reducing salt and watching diet; by reducing alcohol consumption and smoking; and/or by medication. They should also know that medication for high blood pressure and certain other diseases can make people feel anxious and can reduce sexual drive – both of which can affect marital relationships. Helping the family/spouse appreciate this can be useful. Helping mothers understand the need to reduce salt in their diet and encouraging them to talk about their problems can also help them cope with the situation.

In one instance, one of the social work students placed in an industrial setting for fieldwork observed that the diet provided for employees was not balanced and then discussed this with the management. The student was able to do this because she understood the importance of adequate nutrition in reducing absenteeism due to illness, and in improving health and productivity.

When social workers are dealing with families where a member(s) of the family is HIV positive or is suffering from AIDS, they will need to know about the prevention and spread of infections to inform and educate the family. By knowing that stress, poor diet and lifestyle can affect the progression of a disease, they can educate the clients and their families during counselling and empower them to cope with the situation.

In Botswana, patients suffering from tuberculosis are expected to come to the clinic every day and take medication. This practice was initiated by the Ministry of Health to reduce the large number of defaulters who discontinue treatment after some time. The patient will be traced if he/she does not come to the clinic for medication for three successive days. In one such case, a patient was referred to a social worker after several unsuccessful attempts. The social worker found that the patient discontinued treatment as she had to work to look after her six children and it was inconvenient for her to come to the clinic. In this situation, while negotiating with the clinic for a week's supply of medication to the mother and convincing her to continue treatment, the social worker also found a need to educate her about precautions necessary to prevent further spread of the infection to other members of the family. The worker can utilise his/her basic knowledge about family planning to discuss with the mother about the possibility of limiting the family size; and about child care to observe if their growth and development is normal.

Strong beliefs exist among Batswana on the role of traditional supernatural factors in disease causation. Such beliefs affect their utilisation of modern and traditional health care services (Dale & Ben-Tovim, 1983; Staugard, 1985). A greater understanding and respect for such cultural beliefs of people about health, illness and disease will help social workers to provide and improve health care services for their clients (Congress & Lyons, 1992).

Social workers also intervene in cases of malnutrition as this is not merely due to improper diet but very often due to poverty and other socioeconomic and political causes. Undernourished children are given supplementary food and are told how to use it at the clinics. In one instance, the social worker found that the mother usually prepares the food in the morning before going to work and the children are by themselves for the rest of the day. Younger children did not eat well as the food was cold and unappetising and at times had even gone bad, causing diarrhoea. The food was not stored properly in airtight containers and was strewn all over the house, attracting insects. Due to shortage of staff, health workers are usually only in the clinics and do not visit families at home. Most health education sessions take place in the clinic. But, this may not be effective for various reasons such as the timing and the severe shortage of home economists. In such situations, the social worker may find the need to sit with the client and help her understand the importance of hygiene and the needs of children. Helping the client plan buying food and other items can prevent wastage and save money.

Adultery and alcoholism are the most common causes of marital conflicts in Botswana (Hedenquist, 1992; Molamu & Manyeneng, 1988). In such situations, as part of the process of resolving the conflict and helping the couple, the social worker may find the need to convince the unfaithful partner about the risks of such relationships to himself/herself as well as to his/her family. To be able to do that,

the social worker will need to know, among others, about diseases (particularly STDs, including AIDS); the effects of alcohol consumption on health; ways of spending money wisely by budgeting; and the effects of poor health on the development of children. These are all some of the content areas that form part of home economics.

The number of destitutes, especially the aged, has been increasing in recent years and poverty is the main cause (Hedenquist, 1992). Children migrate to urban areas looking for jobs, leaving behind their elderly parents, and the high cost of urban living makes it difficult for them to support their parents. There are other reasons as well. In one instance a social worker found that poverty was not the problem: the daughter of the client was refusing to take care of her due to her need for constant attention and her complaints. As part of the process of social work intervention, with a knowledge of the process of ageing, the worker can help the daughter understand her mother's behaviour.

Many people in Botswana believe that witchcraft and *badimo* (ancestral spirits) are involved in the aetiology of mental illnesses and disabilities (Dale & Ben-Tovim, 1983; Staugar, 1985). Disability is viewed as a punishment from God and many parents feel ashamed of having a disabled child tending to hide them indoors. As a member of a team of professionals involved in the rehabilitation of the disabled, social workers need to be aware of the needs of the disabled within the cultural context; the needs of carers and other members of the family; and the emotional reactions of other children in the family about being identified with a disabled sibling. They may also find the need to educate families and communities about causes of disability; help them to change their attitudes towards the disabled; and mobilise community resources.

Besides road accidents, burns and poisoning are one of the most common types of accidents in Botswana (CSO, 1993). If a social worker observes a situation which can cause such accidents, he/she cannot simply pass responsibility on to health staff to educate the family on safety, since he/she will be one of professionals who will be involved in dealing with the consequences later, such as disability and childlessness. Therefore, they cannot distance themselves from such aspects as child care, safety, health care, family planning, care of the sick, physical needs of elderly and disabled, etc, which are traditionally considered to be within the domain of either home economics or nursing. Collier (1984:60) rightly points out:

"... since resources in rural areas are usually scarce, a social worker who declines to work on a problem because it falls outside of his or her speciality would, in effect, be denying service altogether".

Osei-Hwedie & Osei-Hwedie (1992) also suggest that family planning education should be part of the activities of all institutions and agencies since the population problem requires a multi-disciplinary approach.

Moreover, budget cuts necessitated by the recent economic depression and Structural Adjustment Programmes have affected the provision of social services to people in Africa. Although Botswana has not been affected by SAP, it is beginning to experience this economic depression coupled with the withdrawal of international assistance in many areas. The AIDS pandemic is affecting the health care services and increasingly emphasis is being placed on home-based care or community-based care. As a member of health teams visiting the patients at their homes and following up on their condition, social workers need to have some knowledge about the various factors that can influence the health of individuals and help them take care of themselves.

Some other examples of situations will further clarify the issue. Social workers are involved in the formation and supervision of income-generating projects. Besides ensuring that the group is functioning effectively, social workers can use the opportunity to discuss and educate the members on matters that affect their daily lives – issues such as family planning, sexuality, hygiene, parenting, nutrition etc. For example, a social worker might see a need for more information for women on sexuality and help them to get this by bringing in a nurse or a home economist to speak with them, or might use informal discussions to educate them. But, the social worker could then move on to help the women provide this information to their daughters, or to work in the community to prevent teenage pregnancy.

Every year some social workers will be involved in mobilising youth for rallies where youth from various parts of the country meet and exchange ideas. Out-of-school youth are also encouraged to form groups to train in specific skills. Such fora can be used to educate them on issues such as drug abuse, AIDS, alcoholism and teenage pregnancy through formal or informal discussions.

Social workers need to demystify complicated medical and/or technical terms for their clients. The course component on communication trains students on effective methods and skills in communication to provide such information to people.

These are just a few examples of real life situations as observed in the community. There are many others where knowledge in home economics can be applied for social work practice and work in the community. Any given practice situation will have a component relevant to home economics.

In this regard, knowledge of degree students in social work is limited as home economics is not included in their curriculum. The curriculum for degree students has a bias towards training social workers to fit into managerial and administrative positions rather than as practitioners. It has tended, therefore, to include courses

from other social science disciplines such as law, economics, sociology, political science and demography. Practitioners from the field have also expressed the need to include information about health, nutrition, disability, ageing and stress in the degree programme to enable them to function as effective social workers.

Conclusion

Knowledge from home economists for social workers will reinforce the orientation of social work given their common interest in the core area of human well-being, by strengthening social workers' professional knowledge base; sensitising them to different factors within the environment affecting the needs and functioning of their clients; enabling them to identify and prevent potential risk factors which might increase the vulnerability of people, and linking them to appropriate resource systems; creating an awareness of the influence of various developmental activities and policies on the lives of people; by enabling them to participate in the planning and formulation of appropriate social policies that will address the needs of people within their cultural context and through working towards national and social development.

Though the argument is based on situations within the cultural context of Botswana, the same also applies to social work practice in other developing countries. Home economics should be included in the curriculum for social workers studying at various levels. Not only does it add to their professional body of knowledge, but it is also useful to them as individuals. It is extremely important for social workers to practice what they preach so that information provided by them is well-received by the people in the communities where they are functioning.

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