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Social problems and social work in Ghana: Implications for sustainable development

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Abstract

Social Work practice is a helping profession that provides services aimed at assisting societies work better for their people. It is designed to support people burdened with varying degrees of social problems to function better within society. Meaningful and sustainable development cannot take place in societies afflicted with a host of social problems which receive no meaningful interventions. Ghana is beset with a myriad of social problems that call for professional social work interventions. Using Social work education and practice as a backdrop, this article highlights some of the key and emerging social problems in Ghana. It examines the constraints and unique challenges that the profession face in its efforts to help people develop their full potential and improve their lives. Furthermore, the authors discuss social work education and practice interventions that would bring about social change and help people, especially the poor and the marginalized, to appropriately play their part in society. This article concludes with highlights on the implications of social problems and social work interventions for sustainable development in Ghanaian society.

Keywords: Ghana; Social Change; Social Problems; Social Work; Sustainable Development

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1. Introduction

At the very fundamental level, social work is a profession devoted to helping people function within their social environments and contribute to changing their environments (Sheafor and Horejsi, 2008). Many professions provide human services aimed at improving conditions in society and helping people improve their social functioning. These include health care professionals who strive to save lives and help people enhance their health conditions, police officers who are entrusted with the protection and safety of society and legal professionals who contribute to protecting people's civil rights (Segal et al., 2010). These services are indispensable because when people function well, meaningful and sustainable development can take place and flourish as well. Other individuals within society may not be professionals but work in the field of human services. For example, citizens participating in neighbourhood watch for safety and security of children and property, and volunteers who provide support for the elderly.

The profession of social work is unique and distinct among helping professions in that it functions on a core principle of self-determination, which is a person's right to decide what is best for himself or herself (Freedberg, 1989). Another distinct nature of the social work profession is its focus on both the person needing services and the environment in which the person lives (Gibelman, 1999). This means that social workers do not only help people in solving their personal problems to improve their functioning, they also work to improve the conditions in society that often create problems for individuals and their families. The profession of social work therefore applies certain principles including the values, ethics and principles of the profession to assist individuals, communities, groups or families with varied forms of problems to improve their lives and social functioning. These may include personal counseling services, advocacy, community organizing, locality development and lobbying aimed at changing or influencing various forms of legislation that may impact their lives (National Association of Social Workers, n.d.).

Social workers thus work to improve the environmental conditions of vulnerable and marginalized populations (Gutierrez and Cox, 1998). Given that the practice of social work aims at social change, as well as social justice, practitioners in this field need to have knowledge of (a) human development and behaviour, (b) social, economic, and cultural institutions, and (c) the interaction of all these factors (National Association of Social Workers, NASW, 2009). According to Sheafor and Horejsi (2008), an understanding of the social work profession begins with a deep appreciation of humans as social beings. As social creatures, individuals' growth and development often require guidance, nurturing, and protection by others. It is this interconnectedness among people and the power of relationships that underpin a profession devoted to helping people improve the quality and effectiveness of their interactions and relationships.

In Ghana, since the social work profession is a relatively developing domain, it faces unique challenges in cases where the profession must deftly navigate between the profession's principles and traditional methods of solving problems mostly through family support and networks. In a contemporary society that is highly influenced by rapid social and technological change, these traditional methods are no longer feasible or practical. The Ghanaian society like most developing societies is beset with a host of social problems that require professional social work intervention. Majority of the social problems are beyond the capacity of families and communities and therefore require coordinated efforts, interventions and professional

guidelines of trained personnel. This article therefore aims at (a) highlighting some of the major problems confronting Ghanaian society, (b) examining barriers to social work education and practice in Ghana, (c) discussing relevant social work education and practice strategies that will help address social problems in Ghana and (d) discussing the linkages between positive social work interventions and sustainable development in society.

2. Key social problems in Ghana

Although rapid social change in less developed countries like Ghana is associated with technological, economic and political changes, not enough attention has been given to the human and social repercussions of these forces of modernization (Rwomire, 2012). Rwomire further contends that social and economic resources are crucial for the attainment of national development because development is both material and social. Material in terms of economic growth and increased productivity, and social relates to qualitative changes in the lives of people, attitudes, institutions and relationships (Rwomire, 2012). Much as Ghana has benefitted from modernization, there are consequences which include issues related to child protection, rural-urban drift, physical and mental disability, conjugal violence and care of the elderly.

2.1. Absence of clearly-defined child welfare practice systems

The protection and care for vulnerable and abused children is a major component of Social Work Practice in most countries (Segal et al., 2010). In all cases of suspected or proven abuse and neglect of children, social work practitioners in the Western World have the resources to offer the necessary protection and support for children that are removed from their homes or from care-givers. These support systems range from foster homes which have been assessed and deemed adequate to meet the needs of children, and group homes that are designed for semi-independent living for teenage children (Noble and Jones, 2006). Also, there are closed units that are designed for children with serious behavioural problems (Noble and Jones).

Although the majority of social workers in Ghana practice in the area of child welfare, their activities are different when compared to practitioners in the Western world. Child welfare social work practitioners in Ghana encounter many challenges in their work with children and families. First, there seem to be a lack of clearly defined child welfare practice since there are no clear definitions as to what constitute child abuse and neglect in Ghanaian society. Certain physical and even emotional abuses of children that are not tolerated in the Western world, and may be grounds for the apprehension of children are acceptable in Ghanaian society. The issue of what constitutes neglect is even murkier as many orphaned, vulnerable, needy or neglected children are usually cared for by extended family members.

While there are few public and private orphanages, these institutions and homes are not adequately resourced. Most often, they face challenges, such as inadequate funding, lack of professional staff, overcrowding of children, among others. In order to ease the situation, some orphans and vulnerable children in Ghana are cared for by Queen Mothers Associations. Children who are unable to have access to

support by any of these agencies, homes, or associations may end up on the streets, sometimes as beggars, destitute, or criminals. Compounding the issue is the fact that the number of children becoming vulnerable due to poverty, as well as orphans in Ghana continues to increase steadily as indicated by the Multiple Indicator Cluster Survey (MICS, 2006). The survey showed that, about fifteen percent of Ghanaian children were not living with their biological parents and eight percent of them had one or both parents dead at the time of the survey. The majority of children and youth in poor households, especially in rural areas migrate to flood the streets of Ghana's urban centers.

In addition, the Ghana National HIV and AIDS report (2010) indicated that there were about one million and four hundred thousand orphans and vulnerable children (OVC) in 2009 and this number is expected to rise. Lund and Agyei-Mensah (2008) argue that the increasing numbers of orphans and vulnerable children in Ghana is an issue that if not addressed, could become one of Africa's silent ticking bombs. This increased number of OVCs suggests the need for trained child welfare Social Workers to help determine and identify children who are undergoing abuse and/or neglect in Ghana. This will require concerted efforts by governments and communities since, currently, there are no official responses and adequate resources that could be used to combat these abuses even when they are detected or identified.

Even though child welfare social workers in Ghana are doing their best, the challenges encountered are very daunting. In order to overcome these challenges, there is the need to develop effective partnerships that will bring communities and governments (local and central) together to develop measures, which will offer developmentally appropriate services to children in need of support and protection. This should lead to the design and adoption of strategies (laws and programs) and structures, such as effective child welfare systems and child-focused agencies that are backed by required and adequate resources to offer services and support to children (Peters, 2003). This is essential because as a society, we need to recognize that there exist abused and neglected children who invariably need care and support to enable them function well and contribute to Ghana's development in the future.

2.2. Rural-urban migration and street living of children and youth

Rural-urban migration of youth that started as a trickle some years ago in Ghana with school leavers moving to the urban centers in search of jobs, has now developed into a new dimension. The massive migration of rural children and youth into Ghana's urban centers is an alarming phenomenon (Catholic Action for Street Children and UNICEF, 1999). Most of these children and youth are either uneducated or have dropped out from school and they end up on the streets of urban centers where they are exposed to health hazards and other dangers, such as exploitation. This rural-urban migration has been identified as the major factor fuelling increases in the number of urban residents in less developed regions of the world (Omariba and Boyle, 2010).

The difference in the levels of poverty and lack of economic opportunities between rural and urban areas in Ghana has been the driving force behind the rural-urban migration phenomenon in Ghana (Kwankye et al., 2007). The manner in which socio-economic development has been embarked upon in Ghana from the colonial times to the present has led to the creation of three geographic identities in Ghana, which are the

coastal, middle and northern savannah zones (Anarfi et al., 2003, Kwankye et al., 2007). In view of the fact that the coastal zone is the most undustrialised and urbanised area in Ghana, it has been the hub of internal migration since the last century till today (Kwankye et al., 2007).

Twumasi-Ankrah (1995) notes that unskilled rural youth move from the underdeveloped regions, farming communities, and hinterlands where there are limited opportunities or prospects, to the cities to seek menial jobs. The majority of Ghanaians migrate from rural communities to urban areas in response to the push from the hardships associated with rural living and the powerful pull factors of Western industry, commerce, and glowing lights which exist in the urban areas of the country (Caldwell, 1969; Frazier, 1961; Twumasi-Ankrah, 1995). A significant proportion of these low skilled migrants end up working in the informal sector, in occupations requiring very little or no education and skills, as porters and petty traders in the cities, seasonal labourers on cocoa farms, and other plantation farms (Hashim, 2005). In Ghana, there are mainly two types of migration of people from rural areas into cities and these are (a) the typical migration of youth from rural communities into cities and urban areas to find any kind of job and (b) the migration of men and women mostly from the Northern Regions (Northern, Upper East, and Upper West), into cities like Accra, Kumasi, and Sekondi/Takoradi to work as porters (Yeboah & Appiah-Yeboah, 2009, p. 2).

Explaining the pattern of internal migration in Ghana, Kwankye and colleagues (2007, p. 2) posits that the literature on this phenomenon has centered primarily on male adults from the three northern regions who moved either unaccompanied or with their dependents to the middle and southern belts of the country, to take advantage of opportunities in the mining and cocoa-growing areas of the south. Although in the past these movements were mostly associated with the seasons, in recent times, these movements take place throughout the year, and have involved predominantly young females who migrate alone from the northern regions to cities and large urban centers in the south, especially Accra-Tema, Kumasi and Sekondi-Takoradi, to engage in different economic and other activities, such as porters who carry heavy loads on their heads for money (Kwankye et al., 2007; Riisøen et al., 2004).

As a nation, Ghana has done a lot to demonstrate its realization of the need for special attention for children. It was the first signatory to the United Nations Declaration of the Rights of the Child (November, 1959). The country established a National Commission on Children in 1979 which coincided with the United Nations declaration of that year as the International Year of the Child. Significantly, the rights of Ghanaian children are enshrined in Ghana's Constitution promulgated in 1992. The constitutional provision on children has found expression in the promulgation of the Children's Act, 1998 (Act 560). Despite these as evidence of official concern, the plight of more and more children in Ghana is becoming worse every year as their numbers on the streets continue to grow. Although the exact number of street children in Ghana is unknown, they are visible in every major urban center in the country, particularly at traffic and road intersections, bus and taxi terminals and in the markets.

There have been a few studies on the situation of street children in Accra, Ghana's capital city, but not on other rapidly-growing cities and urban centers across the country especially Kumasi, the second largest city, some 270 kilometers to the north of Accra (Catholic Action for Street Children and UNICEF, 1999). Kumasi has become the first stop and catchment destination for the large number of migrating youth from the

northern sectors of the country (Catholic Action for Street Children and UNICEF, 1999). There are also the twin-cities of Sekondi-Takoradi, to the West, which has seen a large influx of youth from rural areas. Also of note is the large army of youth who fled the civil wars in Liberia, Sierra Leone and the Ivory Coast to the Western region of Ghana.

It is estimated that approximately 60 percent of the street children in Ghana's capital, Accra are girls (Payne, 2004). A walk through the streets of Accra confirms this trend as a large number of teenage girls can be observed working on the streets as porters known in Ghana by the derogatory term, *kayayei* (female carriers of load). The large number of girls in the street children population raises very disturbing social issues since they are more vulnerable and exposed to more dangers than their male counterparts (Boyden, 1997; Scheper-Hughes, 1989). Some of these street girls are producing babies on the streets resulting in the phenomenon of raising children who have no homes but the streets of urban centers.

Other researchers (Alpers, 1998; Herrmann et al., 1998; Koniak-Griffin et al., 1999) argue that the introduction of parenting into a teenager's life disrupts the adolescent mother's completion of basic education and contributes to limiting her career and economic opportunities. It may further limit her ability to provide basic nutritional and housing needs for herself and her child (ren). UNICEF (2001) concludes that:

... giving birth as a teenager is believed to be bad for the young mother because the statistics suggest that she is much more likely to drop out of school, to have low or no qualifications, to be unemployed or low paid, her child (ren) would grow up without a father, become victims of neglect and abuse, do less well at school, become involved in crime, and use drugs and alcohol (UNICEF, 2001, p. 3).

Adolescent pregnancy is considered a major public health problem in many countries. This is against the backdrop that it is often seen as contributing to long term psychological, economic and social problems for teen mothers and their infants (Herrmann et al., 1998). Adolescent mothers have been found to (a) experience higher levels of parenting stress, (b) be less responsive and sensitive in interactions with their children and (c) provide a lower quality of stimulation at home (Lesser et al., 1998). While the phenomenon and pattern of street children is growing and exist in almost all the regional capitals and major urban centers in Ghana, very few studies have been done on these groups across the country. This makes it difficult for policy makers to have ideas about appropriate policies and effective intervention strategies that would help address this problem. More importantly, it is the extent of this phenomenon and its inter-connectedness with other sectors of the Ghanaian society that calls for new policy responses and professional social work interventions.

2.3. Exclusion of persons with disabilities

Disability is a wide spread phenomena in Africa and continues to rise as a result of malnutrition, disease, environmental hazards, natural disasters, motor and industrial accidents, civil conflict and war. The vast majority of Africans with disabilities are excluded from schools and opportunities to work, virtually guaranteeing that they will live their lives as the poorest of the poor. In addition, the social stigma associated

with disability results in marginalization and isolation, often leading to begging as the sole means of survival (USAID, 2005). According to the World Health Organization, about fifteen percent of the population in any country lives with disabilities. In Ghana, there is no reliable data on disability, but in a documentary *Emmanuel's Gift*, there is a report that out of the over twenty million people in Ghana, two million have various forms of disabilities (Lax and Stern, 2004).

Ghanaian society's attitude towards persons with disability is generally negative and such persons encounter multiple forms of abuse, neglect and discrimination (Baffoe, 2013). These attitudes are driven by superstition, myths and other religious beliefs. Some religious groups believe that persons with mental disabilities are afflicted by demons and should be exorcised. Most persons with disabilities encounter challenges, such as low levels and segregated education, chronic unemployment, restricted access to health care, public facilities, transportation and widespread disdain or paternalism (Women's Manifesto Coalition, 2004).

In many communities in Ghana, pejorative labels and unkind treatment are meted out to people with disabilities. These treatments were considered justifiable due to the strong belief that disability was the result of evil placed on an individual or their ancestors or parents from the gods, for committing offences in the community or against the gods (Avoke, 2002). According to Fefoame (2009), when after all precautions of a traditionalist, a woman gives birth to a disabled child, there could be only one explanation, that the gods are annoyed. She further explains that Ghanaian society does not take into account sicknesses like rubella and German measles, and other factors such as the woman's nutritional state and prenatal care conditions (Fefoame, 2009).

Views about disability being the atonement for sins are however becoming outdated because of increased urbanization, western influence, and in particular, Christianity, (Avoke, 2002). Also, there are various laws and legislations that have been designed to correct misconceptions about disability as well as to protect the rights of people with disabilities. One of the major international instruments working towards achieving these objectives is the United Nations Convention on the Rights of People with Disabilities (CRPD, United Nations, 2006). In Ghana also, there is the Persons with Disability Act, 2006 (Act 715), which seeks to protect the rights of people with disabilities in the country. Since some Ghanaian traditional beliefs and practices negatively affect the functioning and well-being of persons with disabilities, there is the need for social work and other human service professionals to have an understanding of the cultural context and advocate for this population in order to reduce the stigmatization and discrimination they face in their daily lives and consequently contribute to national development.

2.4. Inadequate mental health services

Mental health care has become a matter of global public health concern. In low-income countries like Ghana it is often given the lowest health priority by authorities (Ofori-Atta et al., 2010) because it is beset with numerous challenges. In the absence of community care, institutionalized care remains the norm for many persons with mental health disorders in low-income countries (Ofori-Atta et al., 2010; Saxena et al., 2007). Some researchers (e.g., Appiah-Poku et al., 2004; Laugharne and Burns, 1999) have therefore argued that

there is limited mental health care provision for persons suffering from mental illness in Ghana. From their perspective, Ofori-Atta et al (2010) opine that like most low-income post-colonial countries in Africa, Ghana has not developed the infrastructure and public services, including mental health care, to keep pace with population growth.

The country has only three government or public psychiatric hospitals available for a population of about twenty-five million people. These facilities are the Accra psychiatric hospital, Pantang and Ankaful hospitals, all of which are under-funded, overcrowded and located in the urban and southern part of the country (Ewusi-Mensah, 2001; Fournier, 2011). In addition to these, there are three private psychiatric hospitals, one in Tema and two in Kumasi in the Ashanti Region (BasicNeeds, n. d). Similar to general health care and other public services, psychiatric services tend to be concentrated within the urban centers. In this regard, majority of the poor who live in the rural areas and far from the major cities face the greatest challenges in accessing mental health care (Read et al., 2009).

There is approximately one fully qualified psychiatrist per one million people in Ghana (Appiah-Poku et al., 2004). Obviously, patients suffering from various forms of mental disorders would seek help from other supporting bodies, such as traditional healers, Christian pastors and Muslim mallams in their communities before seeking medical health services (Appiah-Poku et al). Read and colleagues (2009) suggest that increasingly, traditional healers and pastors of the Pentecostal churches continue to deal with the greatest proportion of persons with mental disorders in Ghana. Ofori-Atta et al. (2010) therefore conclude that in countries, such as Ghana, many persons in need of mental health treatment do not reach psychiatric services at all, but seek care from informal community mental health services such as traditional and faith healers and family members.

The services offered by most self acclaimed professionals may be harmful since these services are of different levels of quality and efficacy. It is therefore unsurprising that there is not much data on persons with mental health disorders in Ghana since the traditional and faith healers do not normally keep records on these people. Consequently, the sparse data available would not include the contributions of family members, religious healers and traditional healers, who form the backbone of care for the mentally ill in many countries of sub-Saharan Africa, including Ghana (Read et al., 2009). Since the majority of persons with mental disorders use mental health services outside formal health institutions, concerns have been raised regarding abuses that mentally ill persons experience during their treatment and residence at these informal settings.

Reports by non-governmental organizations and the media regarding the widespread maltreatment of mentally ill persons, including graphic images of people in chains, have provoked shock and outrage amongst many observers, which has resulted in urgent calls for reform (Read et al., 2009). Although these informal mental health providers address the spiritual concerns of Ghanaians who access their services, there are reports of maltreatment and human rights abuse including chaining, enforced fasting, and beatings (Read et al.; Commonwealth Human Rights Initiative Africa, 2008). The abuses could worsen the plight of persons with mental disorders in a society that does not have much to offer them because their needs are often

neglected. Responses to mental illness are influenced by social norms regarding the control of mental illness that are in turn informed by historical, cultural and symbolic practices in Ghana (Read et al., 2009).

Social norms and beliefs are accepted and even recognized as expected practices and may therefore not evoke protest, particularly at the community level (Read et al., 2009). Given the fact that many people in Ghana associate mental illness with witchcraft and other spiritual practices, mentally ill patients are normally stigmatized, discriminated against, barred and deprived of basic needs and opportunities in society (BasicNeeds, n. d). Although attitudes to the care of mentally ill persons and the treatment received by them seem to vary even between countries with similar levels of economic development (Read et al.), generally, these may be influenced to a large extent by the level of a country's economic development and commitment to the welfare of citizens.

2.5. Care of the elderly

Changes in the traditional family pattern indicate that the role of the nuclear family, including grandchildren, in providing care for the elderly in Ghanaian society is changing very fast (Apt and Blavo, 1997). The popular view is that young people these days have no regard for their elderly, although this view may be erroneous. The perceived neglect of the elderly in most societies in Ghana today can be attributed to urbanization, youth migration to urban settings in search of better economic opportunities and the weakening of the extended family system. Unlike Western societies, Ghana does not have structured public or private social services purposively for the care of the elderly.

The care of the elderly in Ghana is mostly left totally to family members. However, with the increasing trend of rural-urban migration, especially, the youth, many elderly persons in rural areas are subjected to neglect in their twilight years when they are in need of tender care, understanding and support. It is therefore evident that the care of the elderly in Ghanaian society can no longer be left to and regarded as the sole responsibility of family members. The elderly should not be abandoned to their fate and left unattended to in their final years when they most needed help. We should be cognisant of the Akan proverb which says that *se w'awofo hwe wo ma wose fifiri aa, ewose wo nso wohwe won ma won se tutu*. This literally means that if your parents nurture you to grow, you have an obligation to care for them in their old age: a form of reciprocal socio-cultural insurance. This situation calls for social work intervention with resource support from the government at the central and local levels. The provision of professional counseling, guidance and support to these vulnerable persons who have played their part by contributing in diverse ways to nation-building in their prime years cannot be over emphasized.

2.6. Conjugal violence

The definition found in the United Nations Declaration on the Elimination of Violence Against Women states that violence against women refers to any act of gender-based violence that leads to or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life (United Nations General Assembly,

1993). Most children who are exposed to domestic violence are at risk of a wide range of adjustment difficulties and health problems. These are issues of concern because they could have considerable impairment in the children's capability to function within normal range of behavior and performance.

The range of adjustment difficulties that children may experience in abusive homes, include being more likely than other children to be aggressive, acting up at home and school, and the inability to learn appropriate social skills (Geffner et al., 2004). Despite the fact that domestic violence is widespread, there is not much information on the incidence in Ghana (Baden et al., 1994). Also, although violence against women is frowned upon in Ghanaian society, there had been little or no official action against the practice until February 2007 when a Domestic Violence Act was enacted by Ghanaian Parliament (Adinkrah, 2010; Adu-Gyamrah, 2007). This Act however approaches this social problem from a criminalized and policing perspective.

According to Ofei-Aboagye (1994) given that wife beating to some extent, is an acceptable norm in Ghana, female victims are often reluctant to report such cases. Some abused women are likely to define their experiences as a form of discipline from their husbands rather than domestic violence or wife battering. Even some Ghanaian traditional folk tales narrate stories about men beating their wives to maintain law and order. Thus, various folk and highlife songs accentuate themes that support male supremacy (Ofei-Aboagye, 1994), which may encourage men to engage in violent acts, such as domestic violence.

The Agency charged with the implementation of the provisions of the Act, the Domestic Violence Victims Support Unit (DOVVSU) is located inside the Police Department. Just recognizing the issue as criminal without designing any social support and counseling components is certainly not the right approach. Given that conjugal violence is recognized as a social problem, measures designed to prevent and solve the problem should adopt a holistic approach which takes into consideration the social conditions and environment within which the problem occurs. This therefore underscores the need for professional social work interventions to reduce the prevalence of violence in Ghanaian families.

3. Barriers to social work education and practice in Ghana

Due to varied constraints that negatively affect the smooth functioning of the social work profession, not much has been done to move the profession to an expected level. Among the constraints are lack of collaboration between social workers and other human service professionals, inadequate funding, negative cultural beliefs and practices, proliferation of the profession by non-social work persons, Westernized type of social work education and inadequate funding of social welfare programs. There is the lack of collaboration among stakeholders, notably government (national and local levels), educational institutions devoted to social work education, education and health care sectors, non-governmental organizations and the private sector. Given the fact that the work of social workers involve helping to restore, sustain and improve the social functioning of individuals, families, communities and societies, these responsibilities cannot be achieved without the significant input of other important stakeholders (Bernstein, 1995, p. 54).

Additionally, the social work profession is not recognized much in Ghana because it is often regarded as technology transfer by way of colonization and globalization. The social work profession in Ghana dates back to the colonial times with the development of a colonial social welfare system (Kreitzer, 2012). As a result, the profession has been sidelined and seen by many in some cases as a destruction of local cultures, wisdom, knowledge and morals (Baffoe, 2005; Osei-Hwedie, 2011). Most social problems in the Ghanaian society are solved within traditional systems and social support networks which are vital parts of social life (Apt and Blavo, 1997). Even though the extended family support system which provided a kind of insurance and security system for its members is thinning over time, most people are still not receptive to the services of social work professionals for the reason that sociocultural beliefs and practices are very strong in the country.

Furthermore, due to inadequate public-funded social services in many social problem areas, local and foreign non-governmental organizations (NGOs) have cropped up in Ghana providing all kinds of services. More importantly, many of these NGOs are devoted to filling the gaps in social development that were left unattended to by the structural adjustment program (Adam, 2004). While they are playing vital roles in filling the vacuum in the provision of social services, most of them have no trained social work professionals on their staff. Many of their personnel have no formal social work training and therefore operate out of interest and compassion for the problem area and the clientele or victims of those social problems that they seek to provide interventions.

Moreover, social work education has not been the product of a progressive social metamorphosis but rather that of foreign methodologies imposed on African countries including Ghana (Lengwe-Katembula, 2011). As a result, the field of social work education and practice is not well understood and thus social workers have to deal with the vagueness regarding the meaning, objectives, functions and methods of the profession (Rwomire and Raditlhokwa, 1996). In view of the fact that social work education and practice in Africa is dominated by European and North American dictates and principles (Mupedziswa, 1993), most social work students have difficulty understanding and applying social work theories and practice values. Many of the conventional social work practice skills and strategies have limited impact on social needs and problems in less developed countries (Rwomire, 2012) like Ghana.

Finally, social work education and practice in Ghana is constrained by inadequate financial support. Due to misguided policies, as well as limited and conservative conception of the role and function of social workers, many African political leaders have been advocating for reduced spending on social welfare programs (Rwomire and Raditlhokwa, 1996). This is normally based on the belief that investment in social welfare programs does not contribute directly to economic growth and development (Rwomire and Raditlhokwa, 1996). Scarce human and material resources have hindered social workers' ability to contribute to national development through empowerment of the most vulnerable and disadvantaged groups of people in Ghana. Since only few social development intervention programs have been developed and implemented to meet the diverse needs of people, numerous social problems confront the Ghanaian society and invariably retard development.

4. Implications for social work practice and sustainable development in Ghana

The fact that the existence of social problems has implications and impact on sustainable development cannot be overemphasized because human beings are part of the ecosystems of society. The ability to create and solve problems enhances the functioning of people and contributes greatly to society's development. If societies do not have strong and sustainable structures to solve their social problems, development cannot be sustained for improved quality of life for their citizens. For the reason that all nations need both social and economic resources to achieve national development, the role of social workers in facilitating the process of development through enabling individuals and societies to reach out for each other via a mutual need for self-fulfillment is crucial (Rwomire, 2012).

It is pertinent to underscore the fact that the economic problems of the developed countries are leaking into developing countries and other up-and-coming economies as result of the weaker demand for the latter's exports and heightened instability in capital flows and commodity prices (United Nations, 2013, p. 6). As a result, many low-income countries including Ghana are now facing intensified adverse spillover effects from the slowdown and this is fraught with major uncertainties and risks that are generally slanted towards the downside (United Nations, 2013). This world economic slowdown underscores the need to examine the potential of this phenomenon in generating further social problems and increasing the intensity of existing ones in developing countries like Ghana.

Among the major social problems that are likely to be encountered due to the economic decline are increased unemployment and its resultant poverty in which many Ghanaians, especially the youth are already embedded. Unemployment and poverty create additional social problems because poverty in rural areas increases rural-urban migration. This migration trend creates further problems of homelessness, increased crime rates in urban centers, family break-down, and the abandonment of the elderly in the rural areas. Mental health issues also increase due to extreme stress that some vulnerable sections of the population may face. There is therefore no doubt that the generation and continuous existence of these social problems would adversely affect the country's development.

Cognizant of the fact that the world is restructuring itself through international linkages, shifting power relations, demographic change and significant environmental restrictions, among other issues (Cook, 2013), we propose that policy planners and actors, as well as researchers in Ghana should focus on analysing the underlying structural problems that could adversely impact development efforts. In this regard, serious thoughts should be given to the marginalization of social problems as secondary to economic goals. Consequently, a critical look should be taken at social policy that has been seen as a residual field of intervention often detached from economic policy (United Nations, 2013).

In order to bring about positive change that will ensure sustainable development for all Ghanaians, we are suggesting that all stakeholders should engage in critical analysis of different social policy contexts that have impact on development and its sustainability. It is important to bring to the fore issues relating to children's rights, participation and empowerment, gender equity, effects of globalization, commercialization, world economic slowdowns and rural-urban migration with its attendant negative effects. Social workers can assist in ameliorating these problems because as Bernstein (1995, p. 54) suggests, they are expected to help restore,

sustain and improve the social functioning of individuals, families, communities and societies since their responsibility involves the development, procurement and/or provision of resources and services that would meet the needs of people.

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