

Case Study of an International Student Infected With AIDS From Strengths Perspective

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Abstract: Based on the theory of Strength Perspective, this study intervenes in the problems and dilemmas of a foreign student infected with AIDS through case work. As the case was a foreign national in China, he was not eligible for any social welfare policies implemented by the Chinese government for HIV-infected people and faced physical, psychological and social dilemmas in the meantime. From the perspective of physiology, the case had entered the onset stage (terminal stage) of AIDS and needed antiviral therapy as quickly as possible for critical physical condition. From the perspective of psychology, HIV infection resulted in the formation of his negative emotions like self-denial. From the perspective of the construction of social support network, he was in lack of the medical expenses required by antiviral therapy and the care from peer groups, which caused his severe lack of social support network. By constructing his social support network and discovering his strengths, social workers got him the antiviral therapy he needed and helped him recover finally, because of which his negative emotions were relieved and he was motivated to return to life. He was then qualified with self-help ability and set goals for public service. Social workers had achieved their targets and their work had obtained good results as well. They also offered professional reflection and future expectations of carrying out social service work for this case.

Keywords: HIV-infected individuals, Strength Perspective, case work

1. Introduction

1.1. Brief introduction of AIDS

HIV/AIDS, known as acquired immune deficiency syndrome, is a class B infectious disease transmitted by blood, mother-to-child and sexual means. The academic mainstream believes that AIDS virus comes from the chimpanzee in The Congo African[1]. Its pathogenesis: the HIV virus lowers the immune level of those infected by killing the immune cells in their bodies, so as to get them infected with diseases that immunocompetent people are not susceptible to. This kind of disease caused by low immune level for HIV infection is called "opportunistic infection". AIDS does not kill the patients directly, but to kill them by the means of "opportunistic infection". Actually, there is no cure for HIV but the highly active antiretroviral therapy(HAART) of lifelong medication designed to keep HIV's viral load to a minimum and prevent HIV from attacking immune cells, thus maintaining a high immune cell level and preventing opportunistic infections[2].

1.2. Current situation of AIDS epidemic in China

In the four decades since the first AIDS case was reported in the United States in 1981, AIDS has killed nearly 33 million people worldwide. According to the World Health Organization (WHO), by the end of 2020, there were 37.7 million people living with HIV worldwide.

AIDS is one of the most deadly infectious diseases in China. According to the morbidity and mortality statistics in national notifiable infectious diseases report released by the Chinese Center for Disease Control and Prevention in 2019, 20,999 people died of AIDS, accounting for about 83 percent of all deaths from infectious diseases in China.

According to data released by Chinese Center for Disease Control and Prevention, by the end of

October 2021, China had a total of nearly 1.14 million HIV infections and patients alive, generally at a low epidemic level. From January 2021 to October 2021, a total of 111,000 new HIV infected individuals and patients were reported in China, with heterosexual transmission accounting for 71% and homosexual transmission for 26%, which accounts for 97 percent of the total new cases. Sexual transmission is the main route of HIV transmission in China.

1.3. AIDS prevention measures implemented by the Chinese government

Chinese government attaches great importance to AIDS epidemic. The State Council has formulated "Four Frees and One Care" policy to protect the rights and interests of infected people and lower the epidemic level of AIDS. "Four Frees and one care" is free antiviral therapy, free voluntary counseling and testing, free prevention of mother-to-infant transmission(PMTCT), free schooling for AIDS orphans and care and assistance for families with AIDS patients[3].

Currently, there are more than 5,800 free antiviral therapy institutions in China, which substantially ensures infected individuals to be treated locally. Through the implementation of strategy "Treat all That Should be Treated", the antiviral therapy coverage rate reaches over 90% and the success rate reaches over 95% in China. It also ensures the possibility of transmission is kept as low as possible as antiviral therapy can suppress the viral load in the infected individual to a minimum level abstractly, which minimises infectiousness ultimately.

1.4. Case background

The case, ranking second overall is an African male whose parents have six children in all. He studies in a medical college in Liaoning Province, China. In early November 2017, he sought help from social workers, saying that his self-test result of AIDS was positive. Then on November 3, he was accompanied by social workers to the hospital for HIV antibody test, the result of which was to be confirmed.(HIV positive results can only be issued by the CDC, for which the hospital only has the right to issue "to be confirmed" result.) Subsequently, he was accompanied by social workers for confirmation, referral, check before HAART and antiviral therapy.

From the strength perspective, social workers used a four-dimensional evaluation framework to evaluate and analyze the cases' own advantages and difficulties from social strengths, personal strengths, social obstacles and personal obstacles[4].

2. Analysis and estimation

2.1. Analysis of the advantages and difficulties of the case

2.1.1. Social strengths

At the macro level, Chinese government attaches great importance to HIV/AIDS prevention and control and there are a large number of social organizations engaged in HIV/AIDS prevention and control with relatively complete functions. In addition, communities and informal groups have formed among people infected with HIV to help them with mutual assistance and self-help, which have been equipped with consciousness of community.

2.1.2. Personal strengths

Through observation and interview, social workers discovered that the case had a good Chinese language ability and could communicate with others proficiently in Chinese. In addition, after home visits and communication, they found that his living environment was relatively clean and tidy and his daily life was relatively regular as well. Just before his illness, he had always kept his life in order.

2.1.3. Social obstacles

At the micro level, for the status of foreign nationals, the case did not meet China's "Four Frees and One Care" policy, so he could not get free treatment, examination and other benefits. Moreover, because of war in his home country, he had lost contact with his family for about half a year, for which he could not obtain effective resources from it.

At the macro level, HIV/AIDS is stigmatized in society. Some people regard it as the "evil reward" of casual sex and drug abuse, which results in fear and discrimination against HIV infected people[5]

and prevents the infected individuals from seeking help from informal groups like their social circles and formal institutions like schools.

2.1.4. Personal obstacles

From the perspective of physiology, the caser was in poor health with immune cells less than 200 (CD4) and had entered the onset stage of AIDS (terminal stage), which had threatened his life with risk of infection.

From the perspective of psychology. First, the stigmatization of AIDS caused his great fear once he got the diagnosis notice. He thought he was going to die before long. Second, cause the way of transmission of AIDS (HIV is medically believed to be mainly transmitted by sex or blood), he felt ashamed to tell his family or friends and worried that going public with his illness will let himself be stereotyped as "casual sex and drug abuse" and so on. These thoughts lingered in his ears almost all the time, which made him depressed and self-denying psychologically, influenced his normal living states and made him unable to correctly deal with the development of the disease later.

2.2. Demand evaluation

2.2.1. Micro level

The caser should receive antiviral therapy as quick as possible and take Bactrim(a drug that can prevent pneumocystis pneumonia, which can be taken when the CD4 value of HIV-infected patient is less than 200).

The caser was concerned about his family and had been trying to contact them. At the same time, the disconnection from family led to the lack of his financial resources. Moreover, for his HIV infection situation and own stigmatized perception of AIDS, he was in lack of the companion and listeners.

2.2.2. Medium level

According to a survey by China's Ministry of Health, 30% of people are unwilling to stay with HIV carriers. It shows that the public still has a certain misconception of HIV infected people who are relatively disadvantaged in the society. Therefore, the caser needed to get psychological comfort, self-identification and the same respect and care as ordinary people[6]. In this regard, social work that essentially aims to help others to help themselves plays an important role as it helps people with professional knowledge and skills. Therefore, social workers should effectively meet his psychological needs and help him attain self-acceptance and identity.

2.2.3. Macro level

From the perspective of policy, the caser is a foreign national in China, so he did not meet China's "Four Frees and One Care" policy for HIV infected people. Without the support of national social welfare policies, AIDS treatment expenses are so high for him to afford, which needed to be solved.

3. Service project

3.1. Theoretical basis

3.1.1. Strengths Perspective

The Strengths Perspective shows a kind of heroic temperament of liberation and empowerment. It believes that each individual has his or her own unique strengths and potential which may not be perceived by themselves. By exploring service objects' own strengths and regarding them from the strengths perspective, social workers help them recognize themselves in the same way, discover their own strengths and potential and thus enhance their self-help ability. It focuses on the ability and self-esteem of the service objects in the face of their difficulties and even their growth and recovery after overcoming obstacles and difficulties.

3.1.2. Empowerment theory

Empowerment theory holds that everyone is capable and self-fulfilling, and that individual powerlessness is caused by obstacles in the social environment. Therefore, to eliminate the sense of personal powerlessness, we should embark on the social environment and break direct or indirect obstacles in the environment through resource links, so as to achieve the self-realization. In this case, the

case was a foreign national in China. Language barrier, social stigmatization of AIDS and other factors all were the obstacles that made him feel powerless. Therefore, it was necessary to intervene in his difficulties from three aspects: physiology, psychology and society[7].

3.2. Service targets

3.2.1. The overall goal

Help the service objects receive treatment and return to normal health and normal life; motivate them, eliminate their negative mood, improve their self-help ability and living condition, help them return to normal study and life by social workers' intervention and achieve social work majors and occupations' goal of helping others help themselves further.

3.2.2. Specific goals

Provide service objects with necessary and affordable antiviral therapy and examination;

Change the mindset service objects and eliminate the stigmatization of AIDS in their cognition;

Solve current economic difficulties by resource links;

Link resources to solve the difficulties in schools and visa management departments;

Explore service objects' own advantages from strengths perspective so as to equip them with self-help ability and willingness even out of the intervention of social workers.

3.3. Difficulties and solutions anticipation

3.3.1. Hospitals and CDC are reluctant to grant humanitarian relief for their antiviral therapy and testing costs

Chinese government implements "Four Frees and One Care" policy and other relevant welfare policies for HIV-infected people to derate their cost of antiviral therapy. But these welfare policies are not applicative for foreign nationals in China, so they need to pay for therapy when get infected with HIV. In the case, the case was in a poor economic condition and could not afford the antiviral therapy costs. In response to this situation, social workers planned to link resources as well as coordinates the designated hospital and CDC to reduce part of the cost. However, if the relevant institutions are reluctant to relieve treatment and examination costs for service objects, social workers then intend to raise money through the AIDS community support network and solve these difficulties for them through linking community resources.

3.3.2. The compliance with antiviral therapy of service object is not strong

Service objects need to keep compliance for AIDS antiviral therapy, that means taking medicine on time everyday to avoid drug resistance, which can result in the failure of antiviral therapy. By communicating with the case, social workers found that his sense of time was not strong and may not be able to guarantee medication compliance. So they conducted measures to solve this problem from two aspects. First, to understand and promote medication compliance through weekly visits. Second, to strengthen his compliance with antiviral therapy through compliance education provided by designated hospitals.

3.3.3. School advises the service object's dropping out

Judging from the experience of social workers, the service object may be persuaded to drop out of school. When it happens, social workers popularize AIDS knowledge and his inherent right to continue to study, stimulate his own language strengths and promote him to properly communicate with the school for guaranteeing his right of receiving education.

3.3.4. The service object is denied visas or even deported to his home country

By referring to past cases, social workers learned that the service object's visa may not be renewed and he may even be deported. If it happens, social workers will get information about the Congo's HIV/AIDS antiretroviral treatment policy by resource links and provide detailed explanations and compliance education to him to maximize his physical and mental health.

3.3.5. Service object has mood swings and even commit suicide

As the service object did not adapt to Chinese culture as a foreign national in China and faced some

implicit discrimination against foreign nationals, he had a lot of psychological pressure. Because of his own stigmatization of HIV/AIDS, he became self-deprecating, anxious and depressed after infected with HIV/AIDS. Through daily We Chat communication, weekly phone interviews and monthly visits, social workers can understand and track his psychological status, eliminate his stigmatization of AIDS, promote his self-acceptance and timely intervention in his psychological problems.

3.4. Service project

On November 3, 2017, social workers conducted a face-to-face interview with the case, and then signed the case opening agreement. The planned service period is from November 3, 2017 to May 30, 2018. The service mode is weekly visit and semi-monthly interview, which can be adjusted according to actual situation and the needs of the service object. Due to limited space, this article only focuses on the records of key events.

Table 1: Case worksheet 1

Service Stage	Time Schedule	Service Content
First Stage	November 2017 to December 2017	Build social support networks
Second Stage	December 2017 to March 2018	Assist to satisfy physiological health
Third Stage	March 2018 to June 2018	Cultivate self-help ability

4. Service project implementation process

4.1. Build a social support network

Table 2: Case worksheet 2

Service Time	Service Mode	Service Place
November 5, 2017	Visitation	CDC
Service Content	Social workers accompanied the service object to CDC to get diagnosis results and assigned him to designated hospitals.	

On November 3, 2017, social workers received a request for help from the service object, whose self-test result of AIDS was positive. Social workers then accompanied him to the hospital for HIV antibody test, the result of which was to be confirmed. And the specimen was then sent to the CDC for diagnosis confirmation. On November 5, CDC informed the service object to get diagnosis confirmation results and assigned him to designated hospitals. On the same day, he was accompanied to CDC by social workers and chose a designated hospital for antiviral therapy as he was well-informed.

Later, social workers conducted an in-depth interviews with him and knew that he came from Congo, Africa. He had lost contact with his family for half a year under the background of war in his hometown and lived a tough life due to the lack of economic support from his family. After communicating with him, social workers found that he had a good command of Chinese in listening, speaking, reading and writing.

Table 3: Case worksheet 3

Service Time	Service Mode	Service Place
November 8, 2017	Interview	Institutional Case Room
Service Content	1. Social workers informed the service object that he was not eligible for the national welfare policy and needed to pay for antiviral therapy. 2. The service object had a communication with respected members of the AIDS-infected community and was advised on prompt testing and medication.	

On November 8, 2017, social workers informed the service object that he was not eligible for the national welfare policy and needed to pay for antiviral therapy. Meanwhile, with the service object's permission, social workers asked some respected members of the HIV community who had been volunteering with the organization to give him some advice and counseling. Social workers held that he had good Chinese language skills and could communicate fluently with others in Chinese. Therefore, arranging communication and counseling with the person who were also infected with AIDS could help lowering his guard, enhancing communication effectiveness, making him feel empathetic and relieving his psychological pressure.

Table 4: Case worksheet 4

Service Time	Service Mode	Service Place
November 9, 2017	Interview	Institutional Case Room
Service Content	1. Invited the service object to participate in free medical consultations organized by the agency for people infected with HIV. 2. Informed the service object that the designated hospital was willing to partially derate medication and examination fees out of humanitarianism. 3. Handed over essential emergency medication collected by the organization to the service object.	

On November 9, 2017, social workers invited the service object to participate in free medical consultations organized by the agency for people infected with HIV. After communicating with social workers, the designated hospital decided to provide two of the three medications needed by him for free out of humanitarianism and to reduce the costs associated with the examination. In addition, he needed an additional medication that is required for low immunity. This kind of medication collected in the AIDS community will be given to him by social workers with full protection of privacy and confidentiality.

Table 5: Case worksheet 5

Service Time	Service Mode	Service Place
November 14, 2017	Interview	Institutional Case Room
Service Content	Social workers informed the service object that they would help him applied for institutionalized emergency assistance.	

Social workers informed the service object that he could apply for the emergency grant for the purchase of additional medications that can't be deduced and medical checkups in designated hospital. He was assisted in filling out the relevant documents to apply for the emergency as he was well-informed.

Table 6: Case worksheet 6

Service Time	Service Mode	Service Place
November 14, 2017	Visitation	Self-rental house
Service Content	Social workers visited the caser's rented house to give him advice on how to deal with the school's persuasion to drop out from school, and provided psychological care such as listening and empathizing to relieve his anxiety.	

Social workers visited the service object's rented house and gave him advice regarding the school's dismissal of him. Social workers advised him to communicate fully with the school that AIDS is not transmitted through general way and that the state guarantees legal rights and interests in schooling and employing of HIV-infected people. Social worker listened to his narration, gave him psychological care and empathy, which effectively relieved his anxiety. At the same time, they found that his living environment was clean and tidy, and he had a regular routine as well as good living habits.

In addition, social workers asked the visa management department whether he could get a visa renewal and stay in China to study. After receiving an affirmative answer, they informed him of the results.

Table 7: Case worksheet 7

Service Time	Service Mode	Service Place
November 23, 2017	Visitation	Hospital
Service Content	1. Social workers accompanied the service object to hospital to pick up medication for the first time and participate in the hospital's compliance education. 2. Social workers understood and advised on the service object's recent situation as well as provided him with emotional support.	

Although the service object took a good command of Chinese, the medical terminology was difficult for him. Therefore, social workers accompanied him to the hospital to pick up the medication for the first time and attend the medication compliance education[8]. They fully explained how to take the medication, the importance and meaning of the medication compliance to him to strengthen his understanding and also got to know about the news that he was allowed to continue studying after communicating with school. They then explained the reasons for eliminating the AIDS stigmatization to ease his emotions

and strengthen his self-acceptance.

At this stage, social workers build a social support network for the service object among the community, medical institutions and social work agencies to meet his treatment needs, strengthen his self-acceptance, eliminate his negative emotions and protect his legal rights.

4.2. Assistance with physical health needs

Table 8: Case worksheet 8

Service Time	Service Mode	Service Place
February 11, 2018	Interview	Institutional Case Room
Service Content	1.Social workers got to know about the medication status of the service object, recorded his medication time and assisted his medication compliance. 2.Social workers got to know about the service object's recent examination results and doctor's recommendations.	

At this stage, after antiretroviral therapy, the service object's immune cell indicators returned to relatively normal levels and he was out of terminal AIDS status. The continuous compliance monitoring taken by social workers had achieved remarkable results, he could maintain medication compliance and his physical health needs were basically satisfied.

4.3. Develop self-help ability

Table 9: Case worksheet 9

Service Time	Service Mode	Service Place
April 10, 2018	Interview	Institutional Case Room
Service Content	1.Social workers got to know about the service objects' recent health status. 2.Social workers got to know about the recent situation of the service object's family. 3.Social workers got to know about the service object's recent life and psychological situation. 4.Social workers conducted case closure assessments of the service object.	

At this stage, social workers continued to eliminate the service object's negative emotions based on the foundation of social support network and the satisfaction of his physical health needs to restore his confidence in life and help him find suitable part-time jobs to support himself. He also formed self-help ability and willingness, learned how to access relevant resources through social support networks and reflect his health conditions. With social workers' assessment, he was qualified with case closure condition.

4.4. Follow-up

After the long-term follow-up, social workers learned that the service object had developed a certain degree of self-help ability. He became emotionally stable and faced life positively. He also took a good self-acceptance of the reality that he got infected with AIDS and successfully obtained the master's degree of public health in a medical university in China. Basically, the goal of social work to help people help themselves had been achieved fully.

5. Evaluation Summary

After the long-term follow-up, social workers learned that the service object had developed a certain degree of self-help ability. He became emotionally stable and faced life positively. He also took a good self-acceptance of the reality that he got infected with AIDS and successfully obtained the master's degree of public health in a medical university in China. Basically, the goal of social work to help people help themselves had been achieved fully.

5.1. Phase I: Building a social support network for the service object

Process Combing: There are six meetings in total in this phase, and the purpose of each meeting changes as follows: to help the service object confirm the results to improve his understanding of current

situation to collect medicine for him to help him collect relief money to improve his living environment to further stabilize his emotions.

Summary: For the whole service phases, meetings in the first phase are more frequent due to the complexity of the service's problems. Firstly, the time interval of each meeting was short in order to meet his urgent needs. Secondly, from his specific needs. These needs were diverse not only in terms of physical and psychological needs but also in terms of the needs of improving social environment, which were taken into account in a timely manner throughout the service. From the physical level, social workers helped the service object raised money and medication to stabilize his illness state. From the psychological level, social workers and doctors were paying attention to the changes in his psychological state and providing timely guidance to him. From the perspective of improving the social environment, social workers also actively helped him coordinate his connection with school. Finally, for the whole service phases. The first stage is the foundation of the follow-up service, the establishment of relationship and provision of service in the first stage directly affects the service object's trust of social workers later, and multiple services are also helpful to enhance his trust in them.

5.2. Phase II: Meeting the service object's physiological health needs

Process Combining: A meeting is conducted at this stage to understand the service object's current physiological condition and medication compliance

Summary: The service object's illness state is basically stable at this stage, and the service is mainly based on his physiological condition. At this stage, his illness state is basically stable, and he is taking medication normally according to doctor's instructions, so social workers can reduce meeting times with him and let him live as usual.

Recommendation: At this stage, social workers still need to care about the service object's psychological changes. Although his illness state is basically stable, various psychological pressures caused by AIDS infection still exist. When providing services, social workers can consider conducting peer groups or online communication through We Chat to relieve the psychological pressure.

5.3. Phase III: Developing the service object's self-help ability

Process Combining: A meeting is conducted at this stage to enable the service object to have the ability of taking care of himself independently in the future.

Summary: The service object's illness state is basically stable at this stage. Considering his lonely situation of living abroad alone, social workers think it is necessary to establish a social interaction system for him, first of all, to make him contact with his family so that he can grow up better with the help of relatives. At the same time, it is necessary to pay close attention to his psychological stability so that he can have a stable mind to face future life.

5.4. Follow-up Investigation

The follow-up investigation is carried out in monthly, quarterly and yearly investigation forms. By contacting the service object at different stages, we can quickly know his current situation and the help he need, and through this process, we can get a more complete understanding of the case and accumulate more experience for the subsequent services.

6. Professional Reflection

Although this case has achieved its expected effect, there are still shortcomings in the service phase. Meanwhile, the following reflections are made on the problems encountered during this service phase.

6.1. Shortcomings of this service

Shortcomings in this service are mainly reflected in the following points.

First, to strengthen the interaction between various subjects of social support network. Social workers constructed a formal support network for the caser which includes medical institutions and social work agencies. However, as the caser is a foreign national, far from his family and friends, and there is a great resistance to AIDS infected person in China, it is difficult to build his informal support network. Although

a good formal support network was established for the caser, it did not successfully intervene in the interactivity and familiarity between different subjects in social support network, and did not form linking relationships concentrating on the caser, thus affecting the help effectiveness to some extent.

Second, from the perspective of social work investigation, the caser was not representative enough. Although this service had achieved good effectiveness, for the caser's special status (expatriate, disconnected from family, language barrier, etc.), he is only a tiny case for the group of international students infected with AIDS, and cannot fully represent the whole group under investigation, that is, in another word, not universal enough. Although casework has its unique advantages in that it can be tailored to the specific problems and needs of service objects and provide them with personalized services, it also has the limitation of narrow perspective.

Third, the intervention plan was inadequate. When social workers collected the relevant information for the caser in early stage, they did a good job of summarizing and organizing the information based on professional method. They found his urgent problems, assessed his needs comprehensively and objectively, and made timely crisis interventions for him. Social workers mainly considered the special characteristics of his status when formulating the intervention plan: medical policy for foreigners, visa renewal, forced withdrawal from school, etc. To a large extent, they solved the his daily needs, but did not design a more professional and perfect intervention plan according to the complexity of these problems, which was of limited help to the clients.

6.2. Reflections and Perspectives

By observation and documentation of this intervention service case with international students infected with HIV, some thoughts arose about: the importance of a non-stigmatizing external social environment for HIV groups, especially for international students infected with HIV, and the referential significance of this case for medical social work or school social work with international students infected with HIV.

Medical social workers have more specialized medical knowledge and skills than other social workers, and can establish trust with patients more easily, so they have more advantages than other social workers in case work or group work. This study also confirmed the feasibility of social work among international students infected with AIDS. By investigation, Han Yang Yang et al found that discrimination against the AIDS patient community still exists among medical personnel and the lack of scientific knowledge is an important reason for misunderstanding and fear of them. It is thus conceivable that international students infected with AIDS bear more intangible pressures in economic, language, and public opinion. Introducing the professional approach of social work service into AIDS medical service and establishing a non-discriminatory medical treatment and service environment with nurses or volunteers may be helpful for providing better medical treatment and counseling services for AIDS patients. By questionnaire survey, Cao Wenjuan et al found that the inconsistency between the attitudes and behaviors of college students toward the AIDS community is highlighted by their strong sense of crisis and fear about the spread of AIDS. School social workers can carry out various forms of AIDS health education and publicity work to dilute students' indifferent and discriminatory attitudes, and at the same time, they can use their professional knowledge to link resources for patients, avoid their forced withdrawal or suspension from school, reduce their negative emotions, and use their professional knowledge to teach them to live a normal life so that they can integrate into their academic life normally.

There are many imperfections in China's AIDS knowledge, both at the governmental level and in the education system. It is mainly reflected in the low level of knowledge among students, patients, medical personnel and the general public, as well as discrimination and rejection of HIV and AIDS people. Even though China has become more tolerant of foreigners than ever before, there still exists a social phenomenon of disdain for foreigners living with HIV.

Professional values are an important part even the whole meaning of a social worker's life [9]. Altruism, equality, individualization, non-judgment and the pursuit of social justice are the professional values of social work, which require social workers to be service-oriented, widely popularize basic knowledge of AIDS and engage in anti-discrimination work, eliminate social stereotypes and stigmatization of vulnerable groups affected with AIDS, actively help AIDS infected individuals link with social resources and give them social support to make them truly live under the "same sun" and achieve the goal of "helping people to help themselves" in social work profession and occupation.

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