

## **Social Capital from Informal Networks Can be a Fertile Niche to Mitigate HIV/AIDS and Poverty: Examples from South Africa and Botswana**

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**ABSTRACT** The aim and objective of this paper is to prompt an educational discourse and debate on how countries can use the social capital embedded in informal groupings (and their interactions) as a platform to mitigate the effects of HIV/AIDS such as facing off stigma; and poverty in Southern African countries of Botswana and South Africa. This is because most of the strategies governments have put in place are apparently inadequate or their implementation pace moves at a snail's pace. The paper has used secondary and eclectic data sources. Findings indicate that informal groupings' potent social capital can constitute strong platforms for HIV/AIDS information dissemination, lobbying and advocacy; as well as form invaluable forums that can facilitate and act as poverty alleviation and mitigation tools. The paper has theoretically and eclectically been premised on strengths and empowerment perspective as well as social network theory.

### **INTRODUCTION**

Historically, grouping taxonomies based on age, gender, occupation and status have always been an integral part of societal differentiation, growth and development in many societies of the world. Characteristics shared by a group may include ethnic or social background, and ties. Observably, most formal networks start with informal networks and pass through the stages of differentiation, development and civilization, usually through the stimulus of leadership prowess (Hare 1962; Brown 1992). Realistically, even today's strong institutions may have come from very far, starting from and responding to the immediate needs of the society to have some services coordinated, shared, as well as ensuring group maintenance of law and order. Inarguably, also, many traditional societies believed in the power and influence of strong powerful spiritual beings and deities to direct people as to what to do and when. In the Judeo-Christian faith, for example, this is more evident as the followers believe that the first institution of two people, Adam and Eve was instituted by God Himself, putting order to everything, and prescribing what is to be done and not to be done. Although the creation story indicates that man failed in his collaborative association with God, and therefore rendered the institution weak and

vulnerable, empirically strong evidence suggests that God continued to guide His followers in building institutional relationships. However, it is indeed debatable whether the said institution took the form of a formal or informal union, considering the fact that the followers take their God as the author and maker of everything that is panacea, utopian, or anything that is sophisticated in the minds of people (MaCarthur 1997).

In the face of the current horrendous and pinching effects of the HIV/AIDS, these grouping taxonomies in Botswana in particular are gradually undergoing a paradigm shift to make forums useful to the HIV/AIDS campaign and poverty mitigation factors. These groupings could also be applied in South Africa whose unrelentingly higher HIV/AIDS prevalence is threatening its financially strong economy. The country is a refuge to the highest number of people living with HIV/AIDS in the globe, a figure which different statistical sources put to between 6 and 7 million (Rampele 2008; Treatment Action Campaign (TAC) 2007; South African National AIDS Council 2007). This leaves the country with no better option, but to tackle the scourge from left, right and down the middle ensuring that no stone is left unturned in the battle field. Inarguably, therefore, the role of informal networks, in reaching every "Dick and Harry" in the farthest parts of the communities is critical. Such groupings

can form an effective forum to pass over the requisite information on prevention, care and support (TAC 2007). One of the identified campaign challenges in South Africa and many other countries in Africa is the fact that people especially in the rural areas are still living under the “shadow” of the true campaign, the formidable campaign front being orchestrated in the big urban settings, with the rural areas left to suffer neglect and information lacunae (Rampele 2008; UNAIDS 2001). Perhaps, the words of advice by the former Botswana Minister of Health (1999-2002) for campaign machinery as well as all campaign stakeholders to consider going back to the roots of human coexistence as a possible strategy to form a formidable front can facilitate reaping strong dividends in the continuum of the fight against HIV/AIDS (WHO 2002). There is no country for which these words of advice can be more applicable than South Africa, as the country reels with burgeoning cases of new infections without showing any signs of relenting. This indirectly calls for all informal networks such as community home based care structures to unleash their potent and release their trapped social capital to fight the scourge head-on. Perhaps the call by renowned African social work gurus such as Midgeley and Mupedziswa that we adopt a social work approach that is people centred, people friendly, and a social work that is appropriate and indigenous, requires that the campaign structures exploit the immense social capital inherent in many of the rural based informal networks (Mupedziswa 1992; Midgeley 1995). South Africa needs to succinctly face these realities and reorientate its campaign machinery to fill this void (TAC 2007; SANAC 2007).

### Operational Definition

The word *panacea* which literally means an answer or solution for all problems or difficulties is operationally taken to mean a phenomenon which is satisfactory and desirable.

*Social capital* is the power, benefit, value emanating from any social interaction among individuals, groups, institution, communities or networks. It is the intrinsic and extrinsic benefit that members gain for belonging to a group or network.

### Study Rationale

The need to identify and strengthen indigenous, people friendly, people centred and local-

ly based methodologies and informal groupings to face off rising HIV/AIDS epidemic and poverty in Africa South of Saharan countries such as Botswana and South Africa is critical, timely and urgent. This is especially because of the unrelenting HIV/AIDS phenomenon that is threatening to stagnate these countries' economies. The author feels that the informal groupings' social capital has not been adequately exploited; or realised, and hence the need to use the paper as an advocacy or a reawakening call for their exploitation and use.

## METHODOLOGY

The paper is a review of pertinent literature to elicit debate and discourse that validate how informal groupings can be exploited for their rich social capital to avert or mitigate HIV/AIDS and poverty in Botswana and South Africa. Examples that will both favour HIV/AIDS campaigns as well as poverty alleviation strategies have been sought and discussed. The result of the discourse is to act as an advocacy forum to identify, strengthen and move towards using these groupings in favour of HIV/AIDS and poverty alleviation programmes.

## OBSERVATIONS AND DISCUSSION

### Informal Systems as a Panacea of Social Capital

The role of social support systems and social capital embedded in informal relationships cannot be overemphasized in directing, organizing, and giving the groups social strength, democracy, and group cohesiveness so as to chart a vision for the future and ensure that things of interest to community and social development are done for the mutual benefit of all. From a social work therapeutic perspective, an adequate social support system constitutes the “*sine qua non*” of case management, or a platform on which those who need help, or the clients, can be linked to sources of help (Segal et al. 2007; Sheafor and Horejsi 2008). Taylor (1995) defines social support as “information from others that one is loved and cared for, re-esteemed and valued ...” This informal social support system is constituted by families and friends, neighbours, age mates, classmates, a brother, a sister, a wife, a husband, a colleague at work, a fellow church member, or a

member of the team one is a member of. Because many people who need help may be too socially disadvantaged to belong to, or form such a social system, they may need to be assisted to form or be integrated into one so that they may increase their social wellbeing, self-esteem, dignity and confidence. They need to feel that there are people who care when one is in need of something, or somebody is there to be confided in, or somebody is available to pass good recreational time with (Uys and Cameron 2003; Taylor 1995). A strong social support system gives confidence to the group members that are sailing in the same boat, to “float or sink together” (Kang’ethe 2011a). It is this kind of social support system that is apparently necessary to boldly face the HIV/AIDS epidemic through helping those who need to be given food; have their soiled clothes washed, be accompanied and be told that they are loved. Research has demonstrated that it is the strength of the social capital in these social support systems that has sustained and maintained many community home based care programmes in many resource strained countries of the developing world (WHO 2002; Kang’ethe 2011a). This is demonstrated by the fact that clients in institutional settings have always indicated their wish to die at home in the hands of their loved ones, the people they have grown with, the people they have shared resources together, their clanspersons, and people they share the same faith system (Uys and Cameron 2003; Byamugisha et al. 2002).

#### **Informal Structures as an Avenue of Poverty Alleviation**

Poverty alleviation strategies remain the most popular and most emphasized goals in any developing country today, South Africa included (White Paper for Social Welfare 1987; UNDP 1995; Mulinge and Mufune 2003). This is because of the poverty situation that most developing countries have sunk into. Since empirical research endeavours have found that there is a close knit inextricable relationship between poverty and the spread of HIV/AIDS, it has become critical that measures to tackle HIV/AIDS and poverty run concurrently (Rampele 2008). Although the message of former South African President, Thabo Mbeki that HIV does not indeed cause AIDS was proved by a larger part of the world to be a fallacious pseudoscience, his

emphasis on the need to tackle poverty as a way of overcoming HIV/AIDS remains a critical point that HIV/AIDS is a poverty friendly disease (Rampele 2008; Barret-Grant et al. 2001). It is therefore poignantly clear that the battle to fight HIV/AIDS would be a daunting as well as an arduous task if we do not successfully fight off poverty, especially strengthening food security (FAO 2001; Jackson 2002). Debates and academic discourses abound that close-knit informal structures with effective and efficient leadership can be integral forums in which new ideas can be infused or disseminated easily as the group dynamics and the social capital abound in them could act as a bush fire to spread such information (NACP 38 1997-2002). The big question, then, remains why many countries despite their rural nature with these possible informal systems have taken too long to utilize them for poverty alleviation. The answer calls for the evaluation of many dynamics that drive economics in any context, political goodwill holding the lion’s share of the reasons. Perhaps also it is possible that governments and HIV/AIDS practitioners have not strongly thought about these structures as plausible conduits for successful campaign machinery. If that is true, then, a paper like this forms a formidable advocacy and a lobbying platform for such an HIV/AIDS campaign orientation and dispensation.

#### **Women Groups and Their Role in the HIV/AIDS Campaign**

An observation in Botswana’s HIV/AIDS campaign terrain indicates that women more than men support most of the programmes related to HIV/AIDS, whether it is taking care of the sick at home under the auspices of community home based care programmes, testing to know one’s status, or many other public oriented developmental programmes. Perhaps this is why HIV/AIDS in Botswana has been viewed as a domain of women more than men (Maundeni et al. 2009). It is indisputable in Botswana that women are more than men gravely weighed down by the HIV/AIDS. Though physiological reasons form part of the explanation as to why men make perfect transmitters of the virus, the fact that men in many societies of the world continue to entertain multiple and concurrent partners forms a fertile ground to gravely drive the epidemic (Lekoko 2009). Perhaps the HIV/AIDS campaign-

ers such as this author need to unleash strong advocacy and lobbying interventions to effect a paradigm shift on the thinking that men are culturally allowed to have more than one partner (Lekoko 2009). Inarguably and across many fronts and contexts of the developing world, societies have skewedly imposed the task of caregiving on the shoulders of women. Pivotaly, these women have to care and nurse for everyone in the house and in the communities, notwithstanding the dangers they face such as contracting the disease through contagion (WHO 2000; Kang'ethe 2010a).

In response to the call by the former South African President Thabo Mbeki to the nation to volunteer to tackle national challenges such as HIV/AIDS in South Africa, when he declared the year 2002 as South Africa's year of volunteering (IYV 2001), women have pivotally thrown their weight in forming both formal and informal structures to help those living with HIV/AIDS achieve positive living. This goal has had a dual role of achieving some economic betterment for these women as well as a forum for mitigating the effects of HIV/AIDS among them as well as others in their communities living with HIV/AIDS. Such groups have been instrumental in offering different aspects of psychosocial support. Women groups working under the auspices of Hope Worldwide, South Africa (UNAIDS 1999), for example, use their group dynamics and social capital to carry out caregiving occupation in their surrounding communities. They do networking, identify local resources, and create mutually beneficial partnerships with others in the community to ensure that people living with HIV/AIDS achieve positive living (UNAIDS 1999). Other women groups such as those associated with Molweni AIDS Centre and Woza Moya caregivers in South Africa are empowering themselves economically so that they can attend to their caregivers without economic hardships. They are running training courses for beadwork, fabric painting, sewing and vegetable gardening. Sales of their products result in substantial payouts to members. Other members engage in selling second hand clothes provided by the centre (Byamugisha et al. 2002).

#### **Informal Networks as a Conduit to Subdue Stigma**

The state of stigma in South Africa as in many other countries of the developing world has inarguably been a huge stumbling block in

the battle against HIV/AIDS (UNAIDS 2001). Though Botswana has been able to significantly bring down its levels of stigma, thanks to massive community mobilization and information dissemination, Festus Mogae, the former Botswana President advised that stigma is the greatest hurdle that needs to be overcome first if countries are to achieve meaningful prevention, care and support endeavours to its people living with HIV/AIDS (UNDP 2004). Stigma arises when the information about the disease is misconstrued and ways and methodologies of surmounting or mitigating the disease are obscured. Therefore, stigma is a result and an outcome of erroneous information packaging and dissemination. This author thinks that the immense social capital apparent in the trust, love, belief systems and cohesiveness that most rural folks and their informal systems have could make strong and reliable forums for proper information dissemination. However, and more importantly, such information has to be well grounded and respect the traditional norms and protocols abound within such informal networks. The networks' "gate keepers" have to be convinced of the importance of such new information and the meaning it will have to the network membership. If the modern campaign machinery were to miss the correct terrain to win the leadership of such networks, it can cause an environment of conflict, making an attempt to infuse such HIV/AIDS information an arduous and uphill task (Creswell 2008). The signals demonstrated by virtually all the Botswana traditional chiefs (*Dikgosis*) that HIV/AIDS is killing indiscriminately and that the traditionally held norms, beliefs, realities about the disease are not tenable, is but a pointer of how networks could be utilized to be a plus in the HIV/AIDS battle field (Kang'ethe 2010b).

#### **Social Capital Inherent in Age Group Networks**

From time immemorial, the value of age demonstrated through age groups has always formed a very important virtue in the lives of many societies the world over. In many societies of the world, age group demarcation has been informed and associated with certain kinds of ritualistic practices, with each society holding onto its cultural practices to mark the age group. In many societies of East Africa, for example, male circumcision, taking the form of the removal of the

foreskin has been a prevalent practice (Kang'ethe and Rhakudu 2010). The practice was supposed to be a painful ordeal and therefore act as an "oath of loyalty" to the practice and the meaning embedded in the practice. In South Africa and Botswana, the rite of circumcision has been used to mark the age groups and is an important rite of passage also (Peltzer et al. 2008; Kang'ethe and Rhakudu 2010). Though the rites that give birth to age groups in many societies of the world have continued to succumb to forces of westernization and modernization (Kang'ethe 2011a), making the goal posts to shift in the way they were carried out, and of course interfering with the meaning that was inherent in the practices, they are still cherished practices with some significant social meaning today. In Botswana, male circumcision has remarkably been carried out by Bakgatla Ba ga Kgafela tribe, although the practice had died for some decades, only to be resuscitated in early 2009 (Kang'ethe and Rhakudu 2010). The male initiates undergo a rigorous training in the *Bogwera* initiation school and are circumcised and grouped into one age regiment (*mephato in Setswana*); while adolescent women attend the *Bojale* initiation school (Kang'ethe and Rhakudu 2010). Women are not circumcised but learn many values such as homemaking, how to handle relationships especially of a sexual nature, how to socialise especially with the in-laws as well as being inculcated with parenting skills. However, the important social capital inherent among people of the same group in many societies is that they hold deep respect for one another, trust one another and feel they are "birds of the same feather" when it comes to duties and commitments to the country or their communities. They form a cohesive group that always socialise and help one another. In fact in many societies, men of the same age group would marry and even make families in the same timeframe. This is because they socially and culturally influence one another (Afolayan 2004; Kang'ethe and Rhakudu 2010).

The role of age grouping, therefore, is important in this era of HIV/AIDS where taking information to societies forms an important and integral part of the HIV/AIDS campaign. With very high prevalence rates, spiralling to more than 20% in both South Africa and Botswana, the use of age groups as forums and reliable custodians and stewards of information cannot be overemphasized. It is a blessing in disguise

that empirical research done in 2003 in Kwazulu Natal already found that men who are circumcised are 60% resilient to HIV/AIDS infections compared to those who are not circumcised (Peltzer et al. 2008). This has awakened a sterling campaign mobilization, usually supported by American funding bodies such as the United States Presidents Emergency Plan for AIDS Relief (PEPFAR) to sensitize communities to accept circumcision, not as a cultural virtue, but as a clinical therapeutic intervention to cut or reduce the HIV/AIDS infection rates (Government of Botswana (GOB) 2009). This campaign front continues to reap huge dividends in Botswana. It would be pivotal if South Africa could convince most of its people whose cultures are not familiar with the rite to undergo the clinical male circumcision as one of the clinical campaign interventions (Peltzer et al. 2008; SANAC 2007; TAC 2007).

However, the unfortunate unfolding scenario is the heavily criticized deaths emanating from traditional circumcision rites especially in the Eastern Cape Province. This could drain away the rich cultural social capital inherent in the practice. Considering the rights of the initiates and of course the fact that all the people are protected by the constitution, it is proper that the government consult with the cultural custodians to relook at the possibilities of making the rite surgically safe. Human life is sacred. This will also keep off the western based NGOs that want to indicate that what emanates or what has roots from Africa and other developing countries is retrogressive (IOL News 2010; Gollaher 2000; Peltzer et al. 2008; Stein et al. 2009).

### Theoretical Underpinnings

The state of social capital inherent in communities can theoretically be explained by eclectic theoretical underpinnings such as: empowerment and strengths perspective; and social network theory. A brief discussion highlights these theories' /perspectives' near or total application to the apparent social capital from informal networks that can be a panacea to poverty and HIV/AIDS mitigation in developing countries exemplified by Botswana and South Africa.

### Empowerment and Strengths Perspective

The perspective encourages clients to utilize their own potentials as well as social sys-

tems to empower themselves. The empowerment and strengths perspective involves supporting and strengthening the natural capacities and resources of clients while encouraging autonomy (Segal et al. 2007; Sheafor and Horejsi 2008). The perspective sees people systems as virtuous as opposed to being victims. The age groupings, women groups, for example, form a strong platform of a cohesive social system with a dynamic that can be a source of strength. This dynamic can utilize group cohesiveness, belief systems, and group norms that constitute social capital to drive some desirable goals, either to bring a change or effect social-economic development. This empowerment and strength achieved through the grouping can be an easier and effective conduit of vital information dissemination on HIV/AIDS. Such groupings can be a panacea if adequately utilized to pursue some income generating projects, or even support desirable economic programmes. The women pursuing some income generating programmes under the auspices of community care programmes need to be encouraged and be appreciated in order to raise their morale (Kang'ethe 2011b). This is the essence of this empowerment and strengths perspective. Effective application and implementation of this perspective could see many communities in the developing world mitigating their poverty and the horrendous effects of HIV/AIDS.

### **Social Network Theory**

This theory is applicable to the informal networks described above. According to Gottlieb (1983), social support is defined as "verbal and/or non-verbal information or advice, tangible aid, or action that is proffered by social inmates or inferred by their presence and has beneficial emotional or behavioural effects on the recipient". Social network theory is a branch of social science that applies to a wide range of human organizations, from small groups of people to entire nations. The term network refers to a set of objects, or nodes, and a mapping or description of the relationship between the objects. Social network theory is important since it helps us to better understand how and why people interact with each other (Sheafor and Horejsi 2008). This is why Whittaker and Tracy (1987) explain that "paradoxically, many of the families that are most in need of the social support that

relatives, families and friends can provide are also the same families that are most isolated from relatives, family and friends... Other families are surrounded by social networks that are themselves beset by multiple problems." Social network analysts look at complex human systems as an interconnected system of nodes (people and groups) and ties (relationships and flows).

Social Network Theory advocates helping clients to make appropriate and effective use of social support by engaging them in the identification and assessment of potential social supports. This is the social network map. In case of social networks, which form this paper's interests, the objects refer to membership in women groups, individuals in age groups who are together and in solidarity to pursue a particular goal, even achieving oneness and togetherness as a necessary social capital. A network might consist of an individual and a mapping or social interaction from that individual to each of his or her friends and relatives; age mates or membership in a club, or a group such as women groups. In this paper, the interaction will be between members of the age groups, or membership among the women groups and the mapping is represented by their interactions as they make debriefings to address the challenges that bring them together. For instance, women groups, or people of the same age engaging in income generation activities, and other culturally important aspects of significant social capital to the whole group (Kang'ethe 2011a). By understanding the mappings connecting one individual to others, or the social interactions, it is possible to evaluate, consider and take stock of the social capital of that group and the individuals generally. Social capital refers to the network position of the object or node and consists of the ability to draw on the resources contained by members of the network; and their mutual and reciprocal relationships. To the membership in women groups or age mates, meaningful social capital is informed by the love, patience, hope that different members offer to one another. Basically, the more mappings or interactions these people have in the network, the more are accrued benefits such as more knowledge, influence, and needed assistance or social capital (Whittaker et al. 1989).

Social network theory is premised on collective behaviour in which each actor is believed to possess a desirable strength that can contribute meaningfully to the net strength of the

group. Different opinions are a source of group strength, diversity and dynamism. Thus, the likelihood of a group coming to a certain consensus depends on the group distribution of opinions. Cooperation among the members is important and implies significant exchange of sincere information between the members and some form of predisposition to help each other. This is to strengthen the cause and existence of the group dynamics (Sheafor and Horejsi 2008). In the context of the group membership in these informal networks, the gains or the social capital would be the value that each member gets from others with a different comparative advantage from himself/herself. For instance those with leadership, organizational, counselling, business skills could display them for the group growth and dynamism for the mutual benefit of all (Want and Williams 2000; Kang'ethe 2011a).

### CONCLUSION

Although Botswana and South Africa are at different stages of the HIV/AIDS campaign, as well as poverty levels, both are desperate despite the financial muscle at their disposal for use in the HIV/AIDS and poverty campaigns compared with their neighbouring countries. However, the two countries' HIV/AIDS prevalences threaten their apparent good economies. Since empirical evidence holds that poverty and HIV/AIDS are inextricably linked (Kang'ethe, 2004). It is this author's thinking and suggestion that these countries have not adequately explored the invaluable aspects embedded in people's interactions and groupings to mitigate the effects of HIV/AIDS and poverty. The use of these indigenous approaches to tackle the horrendous effects of poverty and HIV/AIDS has been advocated by an array of social researchers especially social workers but governments do not appear to take the advice seriously. This paper, therefore, serves as a bell ringing and awakening call for these approaches to be seriously considered as meaningful approaches to mitigate both HIV/AIDS and poverty.

### RECOMMENDATIONS

#### More Education on Social Capital

Societies need to be educated to recognize the various invaluable aspects that constitute

social capital for their development. As societies continue to embrace individualism as opposed to communalism, there is a danger that most societies are going to lose to recognize as well as strengthen the societal social capital

### Strengthening of Cultures

Perhaps more education on cultures and how different aspects of it constitute social capital that societies can rely on in addressing social ills such as HIV/AIDS and moral decadence is critical. All types of social institutions should strongly follow a curriculum that gives value to cultures and the importance of the social capital they constitute.

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