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Social Capital, Collective Morality and HIV/AIDS in Rural South Africa

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ABSTRACT This study recognises the importance of social capital in community health interventions. It presents the results of a qualitative study exploring the role of community-level social capital in creating and facilitating pathways through which HIV/AIDS infection can be prevented and mitigated. Drawing on ethnographic narratives of the participants captured mainly through semi-structured interviews, the study reveals social capital as playing a significant role in addressing a host of social determinants of HIV/AIDS such a poverty, social marginalisation and inequality. Study participants were drawn from three (3) villages of the Umkhanyakhude District of KwaZulu-Natal Province. The importance of social capital can be seen in its ability to promote the development of a common morality and the horizontal exchange of resources. The study has established that at the community level, social capital is believed to promote health by fighting social stigma and the provision of social support. This study also emphasised the relevance of localised participation in HIV/AIDS initiatives and its ability to create social capital for HIV/AIDS prevention.

INTRODUCTION

HIV/AIDS has had serious social and economic impacts on South Africa and the entire African continent. Many countries in Southern Africa were experiencing significant growth in life expectancy until the advent of the epidemic (Jackson 2002). HIV/AIDS has reversed all the gains that these countries have achieved over a number of decades. "Debt repayments, weak currencies, low levels of education are all serious development issues facing Southern African countries. But, AIDS arguably, has become the prime obstacle that must be overcome before these countries can hope even to return to the levels achieved by the early 1990s" (Kauffman and Lindauer 2004:18). In most of these countries including South Africa, structural determinants such social marginalisation, poverty and gender inequalities continue to fuel the epidemic (Cohen 1990). Social interventions that address these structural issues remain under-developed and under-researched (Nyawasha 2011). All existing biomedical interventions to risk reduction have had a far limited success (Campbell 2003; Nyawasha 2011). However, the past ten years have been significant in bringing about research paradigms and tools to mitigate the epidemic. The social, behavioral and biological links between 'the environment', health and disease became recognised (Campbell 2001; Hofrichter 2003). Promising lines of enquiry has also emphasised on the need to involve the community in the fight against HIV/AIDS (Campbell et al. 2002). Many previous interventions have neglected the 'social aspect' of HIV/AIDS and the intersection between the environment and the transmission of the virus Campbell 2001; Nyawasha 2011). In spite of widespread consensus that HIV/AIDS is an inter-disciplinary problem with profound consequences for many areas of economic, political and social life, few social scientists have engaged these dimensions or facets of the epidemic (Hofrichter 2003). However, social scientists are beginning to focus on new and exciting lines of enquiry that seek to examine the relationship between the social environment and HIV/AIDS(Campbell 2003). It is in this context that 'social capital' emerged. Social capital is simply the features of social

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organisation such as trust, norms and networks (Narayan 1999). It refers to the benefits generated by collaboration between established social organisations. Despite the widespread attention that the concept of social capital has received in public health and social science discourse, little is known about the psycho-social and community-level processes where social capital can lead to improved social and health benefits (Campbell 2003). Against this background, the current study examines the association between social capital, community efficacy and HIV/AIDS prevention. It looks at the several pathways through which community-level social capital may promote a collective morality or sanction which is HIV/AIDS protective.

Defining Social Capital

Bourdieu and Wacquant (1992:99) broadly defined social capital as "the sum of the resources, actual or virtual, that accrue to an individual or a group by virtue of possessing a durable network of more or less institutionalised relationships of mutual acquaintance and recognition". The currency of social capital is measured in terms of relationships and mutual acquaintances that one has. In the *"Forms of Social Capital"*, Bourdieu (1977) suggests that social capital include "immaterial" and "non-economic" forms of capital, specifically cultural and symbolic capital. He explains how the different types of capital can be acquired, exchanged and converted into other forms. Bourdieu (1997) argues that an understanding of the multiple forms of capital will help elucidate the structure and functioning of the social world. Bourdieu (1977: 248) defines social capital as "the aggregate of the actual or potential resources which are linked to the possession of a durable network of more or less institutionalised relationships of mutual acquaintance and recognition". According to Bourdieu, social networks must be continuously maintained over time in order for them to be called upon to respond to future needs. Social capital can be understood as the benefit that would accrue to people as a result of investing in social networks and associations. Alder and Kwon (2002:17) define social capital as referring to the "goodwill that is engendered by the fabric of social relations and that can be mobilized to facilitate action".

Putnam (1993:167) defines social capital as referring to features of social organisation such as trust, norms, and networks that improve the efficiency of society by facilitating coordinated action". For Putnam (1993, 1995) civic engagement and community participation are essential in the functioning of the society. According to Putnam (2002a) social capital allows citizens to resolve collective problems more easily. Putnam (2002b: 18) argues that "the networks that constitute social capital also serve as conduits for the flow of helpful information that facilitates achieving our goals. Social capital operates through psychological and biological processes to improve individual's lives. Mounting evidence suggests that people whose lives are rich in social capital cope better with traumas and fight illness more effectively".

Social Capital and its Use in Public Health

The concept of social capital is not new to social science literature. Its origins and use especially in sociology dates back to many decades ago (Portes 1998). In spite of all this, there has been very little systematic appraisal of the concept in the public health literature. Notwithstanding the above, the term has found its use in the public health lexicon as if there was a shared understanding and definition of its meaning and its relevance for improving public health (Hofrichter 2003). It has to be stated that the use of social capital in health is gaining prominence in both public health and social science research. Social capital has been proposed as an important avenue of public health intervention and improvement. The construct of 'social capital' may be usefully applied to the study of health and health related behaviour. The health related application of social capital has often involved measuring all that is good in a community (Hofrichter 2003).

Lomas (1988:1152) posits that "the concept and language of social capital have perhaps been seen as offering a new and exciting way to invigorate supra- individual public health research and to provide support for a non-individualised, social science approach to improving public health". It recognises that connections among individuals are an important aspect of health intervention. The way individuals and groups get connected to form friendship networks, neighbourhoods, communities and populations

can be important in mitigating public health challenges. In a more recent study, Fujiwara and Kawachi (2008) found social capital to be strongly associated with better self-rated physical health. Three main pathways have been cited in literature for how social capital may promote both individual and community health. These are: (1) by promoting healthy norms of behaviour; (2) through increasing access to local services, and (3) by promoting the development of psychosocial processes leading to increased access to affective support(Kawachi and Berkman 2000; Campbell 2001; Hofrichter 2003; Fujiwara and Kawachi 2008).

Theoretical Framework

In this study, collective efficacy theory was used to derive specific hypothesis concerning effects of neighborhood characteristics on HIV/AIDS. Collective efficacy is a theoretical construct derived from the work of Bandura's (1977, 1986) social cognitive theory which is concerned with human agency and willingness. Collective efficacy refers to social trust and shared willingness of community members to solve a particular social problem affecting them (Bandura 1986). The concept of collective efficacy highlights and captures the connection between working trust and shared expectations of action (Sampson 2004). It also denotes an element of social control (Bandura 1997). This theoretical approach highlights the importance of community social cohesion and health-related informal social control (which are all key dimensions of collective efficacy) in fostering an environment that promotes or compromises individual health.

The articulation of the collective efficacy concept focus on network ties, mutual trust and solidarity among community members and expectations for action (informal social control). The prevalence and density of kinship, friendship, and acquaintanceship networks and the level of participation in community based organisations may contribute to collective efficacy. Collective efficacy is the sense of attachment to community in combination with the willingness on the part of community members to intervene on each other's behalf. There are several mechanisms through which collective efficacy may contribute to health and these include the social control of risky behaviours, access to services and amenities, and the management of community physical hazards (Kawachi and Berkman 2000). Communities with higher levels of collective efficacy are potentially more effective at attracting and maintaining health-relevant services and addressing risky health behaviours (Kawachi and Berkman 2000).

Objectives of the Study

The overall objective of this study was to examine whether the concept of social capital in terms of networks and civic participation can be easily applied in the fight against HIV/AIDS in rural communities. The other objectives of the study were:

(a) To understand the effect of community-level responses in raising social capital for HIV/AIDS prevention.

(b) To assess the role of community social capital in creating negotiated social identities which promotes safer-behavioural practices.

METHODOLOGY

Study Design

This study employed a qualitative ethnographic design in an effort to understand the instrumentality of social capital in the fight against HIV/AIDS in rural South African villages. Ethnography attempts to describe the culture of a given group as the individuals in the group see it. Its main purpose is to understand social phenomenon from an "emic perspective" or an insider's view point (Barbie and Mouton 2001). There are several advantages that qualitative methods offer in social scientific research. Barbie and Mouton (2001) argues that qualitative research is naturalistic and the focus is the insiders' perspective of the social actors. Patton (2003) highlights that qualitative research allows the researcher to capture and communicate the participants' stories.

Population, Sample and Sampling Procedure

The population for this study comprised of all community members staying in the three (3) villages selected in the study. A sample of thirty (30) community members was purposively selected to be part of the study. A total of ten (10) members were selected from each village. Pur-

posive sampling was employed as a technique for selecting study participants.

Data Collection

Semi-structured interviewing was used as a primary method of data collection. The use of semi-structured interviews in this study allowed the researcher to capture and document ethnographic and narrative accounts of all the participants. Semi-structured interviews were useful in providing in-depth and detailed information regarding the importance of social capital in HIV/AIDS prevention and the benefits that accrue from its use. The advantage of using semi-structured interviews is that they facilitate dialogue and conversation between the researcher and the participant. It is through dialogue that in-depth information is yielded (Patton 2003).

Data Analysis

Thematic content analysis was used as a method of data analysis. It involved looking and establishing the relationship between themes and sub-themes emerging from the data collected. Braun and Clarke (2006) define content analysis as a method used for identifying, analysing and reporting patterns in the data.

RESULTS

Grassroots Associations and Village-level Response to HIV/AIDS

Local level responses to the epidemic have been highlighted in this study as useful in HIV/AIDS prevention initiatives. Informal support groups of friends, church organisations and cooperatives where indentified as important community agencies involved in fighting the epidemic in all the three villages. Study participants highlighted that community-level responses to HIV/AIDS have been significant in making them fight poverty and unemployment which would have exposed them to HIV/AIDS vulnerability. They revealed that being a member of any of the community groups enabled them to access social support and other HIV/AIDS related resources. This shows that the more people are connected, the more they are able to access information, resources, and develop appropriate behavior towards one another. Cooperatives, church organisations and community groups have been identified as playing a role of bringing people together and thereby building solidarity relationships. Associational membership was identified in this study as a key dimension of community social capital strongly correlated with access to social support. Evidence from this study successfull showed a positive correlation between community-level social capital and community efficacy. Community efficacy relates to the capacity of the community to influence change and to produce positive wellbeing outcomes for its members (Kilpatrick and Abbott-Chapman 2005). This finding is consistent with literature and previous research looking at the association between group membership and sexual practices (Boneham and Sixsmith 2006; Carpiano 2008). In a study conducted by Carpiano (2008) membership in a community group was found to be facilitating the adoption of safer sexual practices and healthy living among individuals.

The importance of community associations in the fight against HIV/AIDS is well established in the work of Jamil and Murisa (2005). They argued that "solidarity confers upon members norms of trust that facilitate participation for common benefit. Members of organisations disseminate information to one another and to those members of the communities affected by HIV/AIDS" (Jamil and Murisa 2005:6). Social trust in relationships is important in making community members exchange views and useful HIV/AIDS related information. A participant revealed that *"…in our groups, we share ideas and knowledge on HIV/AIDS. Our belief is that through learning from one another, we can be able to deal with the challenges caused by HIV/AIDS and also in turn look at better ways of protecting ourselves and the community which we are part of*". It is quite evident from the assertion above that social capital is directly linked with increased community members' ability to access resources and gain knowledge about HIV/AIDS.

Localised Participation and Human Agency

The participation of local community members in HIV/AIDS and other public health interventions has been highlighted as an essential determinant of HIV/AIDS avoidance. Interventions that involve community members are considered as building resources for HIV/AIDS

prevention and social capital being a key resource created. Evidence gathered in this study tend to show that local participation in HIV/AIDS prevention initiatives offers the best opportunity for building local knowledge and awareness of the epidemic. Study participants revealed that they participate in existing groups and organisations as a way of promoting a communal and collective response to HIV/AIDS. In other words, the rural commune has been placed as a focal point of HIV/AIDS intervention. Several local agencies were identified as key in promoting a collective response to HIV/AIDS. As highlighted earlier, these agencies included cooperatives, religious organisations and empowerment associations. In this study, localised participation is seen as an outcome of human willingness to fight further HIV/AIDS transmissions. Hence, study results tend to show a strong correlation between community participation in HIV/AIDS prevention initiatives and human willingness to address the challenges caused by HIV/AIDS. The participation of community members in decision-making processes and HIV/AIDS programmes was reported in this study as useful in building community efficacy. Gerding (2006:4) echoed similar sentiments by arguing that any form of "social action that promotes participation toward increased community control allows community members to participate in the process of impacting social change and increasing social capital". Study results show the significance of allowing community members to assume a collective ownership of HIV/AIDS programmes and interventions. Collective ownership of HIV/AIDS programmes was reported in this study as building community confidence in its response to the challenges caused by HIV/AIDS.

Collective and localised participation in HIV/AIDS initiatives is seen as creating common morality and identity within society. Community social capital facilitates the need for a collective attitude and response towards HIV/AIDS prevention. Results gathered in this study indicate that community networks and associations strive to build a common standard of behaviour that does not lead to HIV/AIDS vulnerability.

The Networking Effect of Social Capital on HIV/AIDS Prevention

The importance of social capital in the fight against HIV/AIDS lies in its ability to create networks of HIV/AIDS information. Social networks are perceived as playing a central role in the prevention of HIV transmission in South Africa. Evidence gathered in the study suggest that social networks are channels of information, education and cooperation. Social networks are considered as useful in transmitting ideas and information about HIV/AIDS and prevention mechanisms. One of the participants revealed that "*social networks diffuse knowledge and HIV/AIDS education. They inform people and make them aware of the reality of HIV/AIDS. Most importantly, they enable education to take place"*. The role of social networks in knowledge and information dissemination is well documented in literature. Pronyk et al. (2002) argues that social networks may help in diffusing health related information to shape community norms and encourage non-risky behaviours, and to provide members with both emotional and social support. Putnam (2000:79) argues that "the networks that constitute social capital also serve as conduits for the flow of helpful information that facilitates achieving our goals…social capital also operates through psychological and biological processes to improve individual's lives. Mounting evidence suggests that people whose lives are rich in social capital cope better with traumas and fight illness more effectively". In this study, the benefit of social capital in HIV/AIDS prevention was considered to be its ability to facilitate the development of community networks for the exchange of material and non-material resources. Evidence gathered in the current study established an association between the HIV/AIDS education and an individual's participation in community networks. Study participants singled out community social networks as important sources of HIV/AIDS knowledge and education.

The Exchange of 'Public Goods'

Study findings suggest that social networks act as relational exchange channels within communities. Sixty- two percent (62%) of the participants in this study indicated that resources such as money, food and social support are exchanged. Love and care are among some of the resources that people can give to families or individuals already infected and affected by HIV/AIDS. One's membership in a church group or community club is associated with being able to

get access to counseling, community care and other forms of social support. In this study, community networks have been highlighted as playing a significant role in fighting social stigma related to HIV/AIDS. Reflecting on the importance of community networks, one participant argued that "*without the social support I received from the members of our church, burial society and my relatives, I was not going to be able to cope with the death of my husband. I am grateful of the material and social support I have received. Life has now since returned to normalcy. These community groupings assisted me to even deal with stigma surrounding HIV/AIDS"*.

The relational exchange capacity of social networks is well documented by Pronyk et al. (2002). According to him, "a deeper understanding of social networks and social capital has the substantial potential to influence perspectives on the structural determinants of HIV transmission within the South African context-through shaping social and cultural norms, promoting the exchange of social and material resources facilitating behavior change through social support, and generating a collective response to the epidemic" (Pronyk et al. 2002:8). The evidence from this study highlights the importance of community social capital in facilitating the voluntary exchange of resources and the increased access to affective forms of social support**.**

DISCUSSION

The study has successfully shown that access to social capital can have mitigating effects on HIV/AIDS in rural communities. A notable contribution of social capital lies in its ability to promote a trusting environment that facilitates a sound community response to HIV/AIDS. One significant contribution of this study is that it has managed to show that community-level responses are essential in fighting HIV/AIDS. Community based initiatives and interventions from church organisations, village groups or empowerment groups have been reported as playing a leading role in HIV/AIDS knowledge building and the provision of psychosocial support. The study has also managed to show that grassroots associations and social connectedness within a community are a significant form of social capital essential for HIV/AIDS mitigation. Study participants highlighted that being a member of a community association enables them to access reliable HIV/AIDS information and resources. This finding is consistent with prior studies on social capital and its positive effects on both individual and community health (Campbell 2001; Fujiwara and Kawachi 2008). Wen et al.'s (2003) study established a strong association between community social capital and better individual health.

Community associations are considered enabling members to adopt an identity that protects them from HIV/AIDS infection. This is so mainly because associations are governed by a moral conduct that regulates the way every individual member behaves. For example, church organisations have been identified in this study as encouraging members to avoid any form of risky behaviour exposing them to HIV/AIDS infection. Such behaviours might include sex outside of marriage or having multiple sexual partners.

This study has also managed to show the importance of localised participation and community involvement in HIV/AIDS prevention initiatives. The study has shown that localised participation and collective involvement in HIV/AIDS prevention builds a common identity and shared norms of behaviour which are protective against HIV/AIDS infection. Previous studies on social capital and empowerment have also hypothesised the importance of community involvement and participation in the planning and implementation of HIV/AIDS interventions (Campbell 2001; Wallerstein 2006). Community-level interventions that are participatory have the capacity to facilitate opportunities for people to make collective decisions to change any behaviour that is considered too risky and leading to HIV/AIDS infection (Campbell 2001).

Given a lack of information and public awareness on HIV/AIDS in rural communities, social networks have been reported to be acting as social platforms for HIV/AIDS education and communication. A majority (71%) of the study participants revealed that they have learnt and benefited significantly from established social networks. The networks that community members establish are an important channel for HIV/AIDS education. In other words, social networks are spaces where HIV/AIDS education occurs and they facilitate discussion and engagement on HIV/AIDS issues and matters. The impor-

tance and relevance of social capital in facilitating the sharing of information on HIV/AIDS is not new in health promotion and public health literature (Campbell 2001; Katungi et al.2008; Ramanadhan et al. 2008; Kebede and Mantopoulous 2010).

Social networks have also been regarded as facilitating the relational exchange of social support and resources. Findings from this study revealed that both material and non-material resources are exchanged within existing community networks. What these findings suggest is that group membership or network connectedness guarantees social and material support. The most important conclusion to be arrived at in this study is that the relevance of social networks in the fight against HIV/AIDS in rural South Africa lies in their ability to facilitate a collective response to HIV/AIDS. Community groupings such as cooperatives and burial societies are reported to be promoting self reliance in the face of abject poverty and social marginality. The sharing and exchange of both material and non-material resources such as food, social support and money is reportedly managing to address some of the challenges caused by a host of structural determinants of HIV such as poverty and social stigma. Many studies conducted in different parts of the world have also established the utility of social capital in promoting increased access to social support and exchange of resources (Rose 2000; McCulloch 2001; Wen et al. 2003; Carpiano 2008). In a study to investigate the association between access to health care and community social capital in twenty two (22) major cities in the United States of America, Hendryx et al. (2002) established that there was significant evidence linking social capital to improved access to health care services.

As can be seen, this study has confirmed the findings of other studies previously conducted on the importance and relevance of village-level social capital in HIV/AIDS prevention and mitigation. On the contrary, there is still a need for future research on the broader subject of citizenship and HIV/AIDS.

CONCLUSION

The study has successfully established the intersection between HIV/AIDS and village-level social capital. Such an intersection highlights one of the avenues in which the HIV/AIDS virus can be contained. The study has established the importance of a collective and community response to HIV/AIDS. Community-level interventions against HIV/AIDS have been suggested as capable of addressing the socio-economic challenges posed by HIV/AIDS in rural societies. Most significantly, the study highlights and captures the significance of localised participation, collective efficacy and community connectedness as essential in creating social capital for HIV/AIDS prevention.

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