CITIZENSHIP, SOCIAL CAPITAL AND HIV/AIDS: A SOCIOLOGICAL ANALYSIS DERIVED FROM THE EXPERIENCE OF THE UMKHANYAKHUDE DISTRICT COMMUNITY, KWAZULU-NATAL

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DECLARATION

I, _____ the undersigned candidate, declare that the content of this dissertation is my original work and has not been previously submitted to any other University for an award of a degree either in part or in its entirety.

Signature……..

Date……

DEDICATION

To the many women and men who participated in this project, whose lives, miseries, struggles and narratives remain a constant source of inspiration.

And to My Parents:

Tambudzai, Grace and Sylvester

For the agony, pain and humiliation they have endured in making me a better person than what they are.

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ABSTRACT

This thesis is a multi-level analysis that seeks to examine the utility of applying the concept of social capital in dealing with a complexity of challenges and problems caused by HIV/AIDS in areas of social marginality. It examines social capital in the context of rurality and how its usage can successfully mediate on the effects of all structural factors fuelling the HIV/AIDS epidemic including poverty and social marginality. It does this against the background of scholarly research findings on the relevance of community or neighbourhood social structure in resolving a host of issues affecting its citizens. The study establishes that the 'public benefit' of social capital lies in resource connectivity, meso-level interactions and reciprocal transactions useful for HIV/AIDS prevention. Social capital is therefore identified in this study as civic engagement, neigbourliness, voluntary association or civic membership and collective action. The central thesis or argument advanced by this study is that community or village level interactions and associations among people and groups can greatly influence community cohesion and action towards HIV/AIDS prevention, avoidance and mitigation.

In its pursuit of a deeper enquiry and understanding of the most often misunderstood concept or rather elusive in both the social science and public health lexicon, the thesis identifies the major sources of social capital as voluntary civic membership or associations in community groups, local village or community assemblages, exchanges of HIV/AIDS specific information, public discussions and other social spaces useful in helping community citizens to get an awareness of HIV/AIDS thereby making them adopt an HIV/AIDS protective behaviour. In this thesis, community or village-level social capital is seen as having a significant effect on household welfare and HIV/AIDS. The study establishes that the prevalence of norms of 'civicness' and the vibrancy of horizontal ties at the community or village level generates the needed stocks of social capital for poverty reduction and HIV/AIDS mitigation.

Building on Habermas's(1992) theories of the 'public sphere' and 'communicative action' and the Freirian(1996) discourse of 'dialogue and praxis', the study highlights the need for social

spaces for communication and dialogue in order to break the silence around HIV/AIDS in rural societies. Deliberative discussions or community conversations are suggested to build a critical awareness and consciousness on HIV/AIDS within the community or village context. In this study, quantifiable evidence tends to suggest that there is a strong correlation between lack of HIV/AIDS specific knowledge and HIV/ AIDS vulnerability. The study underscores the need for public communication on HIV/AIDS through community-level dialogues and conversations. Community dialogues and conversations are suggested to be active forms of interaction generating significant levels of social capital in the form of public knowledge on HIV/AIDS. This form of public knowledge is perceived as generating action oriented towards HIV/AIDS prevention and fostering the adoption of safer behavioural practices.

The thesis also highlights the often muted link or correlation between human capital in the form of education and social capital. In several instances, the study has proven that human capital and education in particular helps in the creation of high stocks of social capital that can be applied to counteract both household and village level HIV/AIDS. The research further establishes the need for citizenship education which is more contextual and calls for critical enquiry, reflection and thinking on the part of all citizens or villagers.

All in all, the research extends the existing knowledge on collective efficacy, village or neighbourhood advantage, associational or group membership, village governance and HIV/AIDS in the developing economies. It sheds more light on how village-level processes, interactions and exchanges within the ‘public sphere’ can be streamlined to deal with issues of marginality and rural HIV/AIDS. These study findings on social capital contribute to the on-going debate about social capital, its relevance and applicability, in solving public health issues and challenges in developing societies.

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	African National Congress
ARV	Anti- Retroviral
CBO	Community Based Organisation
HIV	Human Immune Virus
IMAGE	Intervention with Microfinance for AIDS and Gender Equality
NGO	Non-Governmental Organisation
SCAT	Social Capital Assessment Tool
STATSA	Statistics South Africa
STI	Sexually Transmitted Disease
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development

WFO	World Food Organisation
WHO	World Health Organisation

Chapter 1

Overview

1.1 Introduction

At last count, the World Health Organisation (WHO) predicted over two million new HIV/AIDS cases world-wide, one million in Sub-Saharan Africa (WHO, 1998). Despite this disturbing trend, there has been a strange silence in the literature on HIV/AIDS concerning the investigation of risk and all its variables. With only few exceptions, researchers on HIV/AIDS have focused their attention upon the virus itself, calculating diffusion models or recounting origins theories with no reference to spatial-political implications of living with AIDS, or the social contexts in which HIV/AIDS gets transmitted and particular individuals become vulnerable (Craddock, 1999). Indeed, the question of who is at risk of contracting HIV, and why, seems to be a negligible equation in the examination of disease patterns (Craddock, 1999). This silence is particularly mystifying given the growing recognition inside out of the social sciences that HIV/AIDS, like many epidemics, is place specific in its patterns of transmission, constituting not one epidemic but countless epidemics characterized by regional coordinates of risk and vulnerability (Asthana and Oostvogels, 1996; Schoepf, 1993). However, it is of vital importance that research should focus on the social models of HIV/AIDS intervention mainly because they locate the individual at risk and the essence of the social structure in addressing the problem. Such social models have given prominence to the relevance and utility of the notion of social capital in social epidemiology, community health and sociology.

The central thesis of the current study is that community or civic associations, public communication, critical-active citizenship and civic engagement generates or creates social capital that mitigates against the effects of community HIV/AIDS[1]. Social capital in all its

[1] The concept 'community HIV/AIDS' has found its use in recent literature on HIV/AIDS and social epidemiology. It refers to the nature, pattern and prevalence of HIV/AIDS in a particular community or area. The level of analysis and focus is largely a specified community .There is growing consensus among researchers that a community- level analysis of HIV/AIDS gives a better understanding on all complex issues associated with the epidemic.

constituent elements is thus perceived as useful in eliminating all structural, behavioural or biological processes that fuel HIV transmission in rural communities. In short, social capital as a complex web of community norms, networks, processes and relationships help foster HIV/AIDS avoidance behaviour and practice.

Despite growth of studies in sociology, anthropology and other areas addressing questions of risk and its social context, the dominant paradigm continues to be an epidemiological focus on 'risk groups' and those individual behaviours characterizing them. "In many Sub-Saharan African countries, the epidemiological model has driven the design of HIV/AIDS prevention programmes that focus on condom availability or the policing of commercial sexual exchange and transactions. The apparent ineffectiveness of these programmes necessitates a more thorough discussion of risk and its social, economic, political and cultural coordinate" (Craddock, 1999:28).

One answer to the risk problem is to link rigorous political economic frameworks of vulnerability generated outside of health analysis with the theory of social capital. The social capital approach at its best can discern structural components such as employment opportunities, government subsidies and wage structures that might place some individuals at risk to HIV or other diseases. This study takes cognizance of the political economy approach which locates the interaction of institutional, cultural, social economic and historical contingencies that might lead to HIV infection.

Waldby (1996:28) argues that "HIV/AIDS has been widely interpreted, tend to be framed through the trope of sexual deviance, bringing purported 'risk groups' such as prostitutes into the punitive spotlight with the pathologisation of their sexual practices and metonymy of their social identity with infectious status". In this way bodies are inscribed as often diseased by the processes of epidemiological interpretations. Such a discursive and epidemiological focus is myopic as it sometimes marginalizes populations. The addition of social capital theory in the political economy of HIV/AIDS thus makes the calculation of disease impact more accurate and locates the disease in a more socially relevant context.

The research taken as a whole identifies several priority areas that demand a more powerful, interdisciplinary, and social response to the range of pressing public problems posed by the HIV/AIDS crises. Experiences and data on world interventions and outcomes remain underdeveloped, under explored, while social scientists and medical scientists are only beginning to explain how and why institutional responses and transformations in the wake of HIV/AIDS vary so dramatically, with significant implications for the future of billions of people. Fortunately, new lines of promising research are currently underway in various parts of the developing world. Thus, this study is no exception as it also seeks to investigate the effects of social processes of interactions and engagement in HIV/AIDS prevention and mitigation. It examines how community interactions among citizens could influence a collective response towards behavioural change, HIV/AIDS avoidance and prevention.

1.2 Background to the Research

To get a clearer understanding of the issue under investigation, in terms of its significance and relevance in the South African context and why the research was formulated around this particular topic, it is crucial that some kind of background be given. This section looks at the background against which the study was conceived and highlights the importance of a research of this nature.

South Africa, like many other Sub-Saharan countries, is experiencing a massive HIV epidemic. All the existing approaches to risk reduction have had far limited successes in the face of structural factors that facilitate the high rate of HIV transmission. These include social marginalisation, poverty and economic underdevelopment, mobility and, most importantly, lack of a common citizenship identity among community citizens. The problem of citizenship has re-emerged as an issue which is not only applicable to practical political questions concerning access to health-care systems, educational institutions and the provisions of welfare state, “but also to traditional theoretical debates in sociology over the conditions of social integration and social solidarity. Citizenship as an institution is thus constitutive of the societal community. These sociological debates typically start with conceptual framework of citizenship. However, the etymological development of the concept itself demonstrates several distinct forms of citizenship” (Craddock, 1999:154).

The major concern of this study will be the passive or active nature of citizenship in relation to HIV/AIDS mitigation, depending on whether citizenship is developed from above (via the state) or from below (in terms of more local participatory institutions). The second concern is the relationship between the public and the private arenas within the civil society. However, a conservative view of citizenship (as passive and private) often contrasts with a more revolutionary idea of active and public citizenship in the health sphere (Turner, 1990). The study will take into cognizance all different forms of community citizenship and evaluate whether a common citizenship identity can generate social capital optimal for HIV/AIDS prevention or mitigation.

1.3 Context and the Problem of the Study

Although mounting evidence exists that challenges the argument of social identities as the determinants for the spread of HIV/AIDS, strong perceptions continue to exist and to influence HIV/AIDS policy programming. This has not helped to reduce HIV/AIDS risk. In South Africa, just like most of Sub-Saharan Africa, the family and community provide the only consistent safety net in the absence of formal health and general social insurance. The HIV/AIDS pandemic has successfully stretched these safety nets tremendously thus putting in question advantages and benefits accruing to social identities. That is, identifying oneself with an extended family, or a community, may unfortunately not present the same advantages it presented two decades ago. The collapse of most social institutions has greatly paralyzed all HIV/AIDS prevention or intervention efforts.

From the onset, it is quite clear that all the existing structural interventions to reduce HIV/AIDS infection are not effective the world over. The constant rise of the HIV/AIDS rate in the world is alarming and this testifies to the ineffectiveness and underdevelopment of interventions that engage structural processes. Kawachi (2000:46) argues that:

> Conventional approaches to risk reduction have had a very limited success in the face of profound structural factors that facilitate high rate of HIV transmission within populations.

Therefore there is need for a deep understanding of the relevant social aspects of HIV/AIDS. It is within this context that the social capital paradigm comes into the picture. Social Capital is defined as "the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutional relationships of mutual acquaintance and recognition" (Bourdieu, 1977:248). The major problem that this study seeks to tackle is related to the notion of social capital as a "public good", and a community resource that can be used to reduce the risk of HIV infection. It is imperative to note that this view of social capital as a public good tends to emphasize the potentially positive or functional characteristics of communities (Putnam, 1993).

The public benefit and usage of social capital have been marred by a lot of controversies and contestation among academic and development experts. However, there seems to be a growing consensus that social capital is indeed a public good that can benefit the society. In development discourse, the notion of social capital has had so many conceptualizations attached to it. Current development literature refers to it notably as the 'Magic Bullet', or 'The Third Way' among other kinds of naming. All this alludes to the perceived potential that the notion has in addressing several public issues in the context of the modern society. These include general public health issues, HIV/AIDS, unemployment and poverty. Against such a background, this study regards social capital as a public good which is accessible to every citizen as effective and useful in addressing the current problem of HIV/AIDS in rural South African villages or societies.

In other words, the central thesis that this study will seek to advance is that village or community-level social capital in terms of civic membership, active citizenship, civic awareness or education and neighbourhood attachment is strongly and positively correlated to HIV/AIDS infection and prevalence reduction. All in all, the argument being that village or community level social capital builds a healthy enabling context and an HIV/AIDS protective society. In all its various forms, social capital builds or enhances collective efficacy and action towards HIV/AIDS avoidance, prevention and mitigation.

As can be noted above, social capital in this study is conceptualized or identified as referring to forms of community 'civicness', membership in village associations, active citizenship or what can be known as civic engagement and involvement, and neighbourhood attachment. Active citizenship in this regard is a broad conception of all forms of the citizens' involvement, participation and engagement in societal activities such as local or village meetings, forums or any other kind of local assemblage. The study views these forms of active citizenship as creating a protective identity on HIV/AIDS risk behaviour or practice.

On the other hand, neighbourhood attachment is conceptualized as made up of all forms of meso-level social interactions, exchanges and networking that occurs among village neighbours on the basis of high levels of social trust. This study underscores the need for such forms of neighbourhood interactions mainly because they result in asymmetric and symmetric exchanges of HIV/AIDS information, material and non-material resources, food, HIV/AIDS support be it psychosocial, medicinal or otherwise.

The study also argues or assumes that community-level interactions open up social spaces for HIV/AIDS education, discussions and debate which results in HIV/AIDS awareness and understanding. These dialogical and interactive spaces are perceived as not only important but enabling citizens to acquire HIV/AIDS specific knowledge and education which can make them prevent HIV/AIDS infection. Thus, the strengthening of community or village social relations between individuals, groups or voluntary associations is considered essential. The reason being that HIV/AIDS information is embedded in these networks and such networks facilitate communication, social support and shared experiences of citizens.

It is clear for now that what this study seeks to propose is that civic attitudes and social connectedness have mitigatory effects on HIV/AIDS and other opportunistic infections. In other words, civic attitude is seen here as a predictor and indicator of social capital. Such civic attitudes include trust, reciprocity and helpfulness. The central question this thesis seeks to answer is as follows:

How does social capital, in the sense of active participation in civic or voluntary associations or organisations, interact with HIV/AIDS avoidance or prevention?

The assumption that the thesis makes is that social interactions in civic groups or associations lead to high levels of socialization that cultivates the adoption of safer sexual practices or non-risky behaviour leading to HIV/AIDS infection. Group social capital is considered or seen as building both individual and collective consciousness on risk sexual behaviours, actions and practices leading to HIV/AIDS infection. Besides, these groups are essential platforms for civic education and learning necessary for HIV/AIDS awareness.

In this study a central area of concern is to analyze whether social capital can eliminate a host of several social aspects associated with HIV/AIDS. Such aspects include poverty, social marginalization and structural gender inequality. By putting emphasis on "immaterial" and "non-economic" forms of capital, social capital enhances cultural and symbolic forms of interactions among community members. Such interactions can have positive characteristics that can shape the nature of the society and its response to HIV/AIDS infection and transmission.

1.3.1 Study Area and Context: Rural KwaZulu-Natal

KwaZulu-Natal is regarded as the epicenter of HIV/AIDS in Southern Africa given the high prevalence rates of the epidemic in this province. A USAID (2006) report listed KwaZulu-Natal as the world's highest infected region. Various medical and social science investigations conducted in this province have concluded that there is an exceptionally severe epidemic of HIV/AIDS in KwaZulu-Natal. In his State of the Province address, the former Premier of KwaZulu-Natal, Lionel Mtshali, summarized the conditions that have led to high HIV/AIDS prevalence. He argued that:

> Our greatest challenge as the province of KwaZulu-Natal remains the need to reduce and finally eradicate poverty to manage the impact of HIV/AIDS and to reduce its spread and

> to reverse the trend of unemployment and to protect existing jobs. All these challenges are to be tackled under conditions of declining available resources. Financial resources are available to the province under the Medium -Term Expenditure Framework. The bottom line of my State of the Province address is my government's commitment to fight against HIV/AIDS and poverty. In KwaZulu-Natal the phenomena of poverty and unemployment are increasing and becoming profound and lasting (State of the Province Address, Premier Lionel Mtshali, 2002).

The above extract from Lionel Mtshali's speech highlights some of the challenges that the province is facing and grappling with. HIV/AIDS and the high levels of poverty have remained as the greatest of all challenges the province is determined to tackle. High levels of poverty and unemployment have contributed towards the increase in the prevalence rate of HIV/AIDS in the province and these structural factors continue to pose massive challenges to many people who live in the province whether those living in urban centers or those in the rural parts of the province.

1.3.2 Socioeconomic and Demographic Characteristics of the Province

KwaZulu-Natal is the country's most populated province. It has ten (10) municipalities and a metropole. The province is predominantly rural with dependency ratios and poverty highest in rural areas. As of the 2001 census, the population of Kwazulu-Natal stands at 10 014 500 of which 52% is women, 48% men and 35% is youth. Unemployment is very high both in towns and in the rural parts of the province. As mentioned earlier, KwaZulu-Natal has remained the only province which has the greatest number of people living with HIV, around 1,8 million were estimated in 2008(HIV/AIDS Barometer, Mail and Guardian, February 2009). The Mail and Guardian HIV/AIDS Barometer published on the 5th of March 2009 estimated that close to 450 000 needed antiretrovirals but only 215 000 people are on treatment. These figures were projected to have doubled by 2012. Various studies conducted so far have singled out KwaZulu-Natal as having the highest rate of HIV prevalence among antenatal clinic attendees. Mortality in

the province is significantly higher than any other province and it rose sharply in the late 1990s. AIDS was the leading cause of death in adulthood. For example 48% of the reported deaths in 2000 were HIV/AIDS related (Hosegood, Vannetse, and Timacus, 2004). AIDS is reported to have caused 73% and 61% of female and male deaths, respectively at ages 15-44 in the province during the same time.

1.3.3 Basic Health Services in Rural KwaZulu-Natal

The lack of basic health services in rural KwaZulu-Natal has been identified as one of the factors that have made it difficult to deal or manage the problem of HIV/AIDS in the many parts of this province. Several parts of rural KwaZulu-Natal lack basic health services and infrastructure including hospitals, clinics and other health related facilities. A majority of the rural population in the province have to travel at least five to ten kilometers to reach to a hospital and clinic. The presence of mobile clinics in some of these areas has not managed to help in resolving some of the health challenges communities are facing as these mobile clinics do not frequently operate in these communities, probably only once in two months. In addition, the absence of qualified health professionals has also impacted greatly on the health delivery system of the province.

It has to be stated that the inadequate health system characterising the province in question has a direct link with HIV/AIDS. The link or connection can be noted in the absence of HIV/AIDS testing and counseling services, HIV/AIDS screening devices and the general lack of an HIV/AIDS comprehensive management scheme. The drastic implication would be that in most cases HIV/AIDS cases often go unattended and unrecognised as they are no readily available services for such. The inadequate health system has been singled out as a major factor fueling the epidemic in several parts of Kwazulu-Natal (Horton, 2004).

Medical professionals like doctors and nurses are reluctant to work in these areas owing to their state of underdevelopment as most of these areas do not have well serviced road networks, electricity and running water. Concerning HIV/AIDS services, most of these areas are still under-resourced and basic services like antiretroviral therapy, voluntary counseling and blood screening are just not there. As result, there is a serious lack of knowledge and information

regarding HIV/AIDS and other related illnesses. In areas where information on HIV/AIDS exists it is often distorted and quite less factual. In other words, an overwhelming majority of the rural population in the province of KwaZulu-Natal are still lacking 'AIDS specific' knowledge, ideas and information.

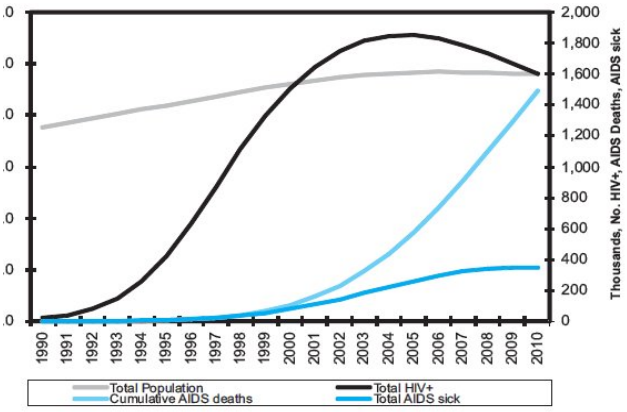
1.3.4 HIV/AIDS in KwaZulu-Natal: The Big Picture

As highlighted earlier, the various studies conducted within South Africa have concluded that KwaZulu-Natal is the province with the highest HIV/AIDS prevalence rate compared to any other province in the country (USAID, 2006, StatsSA, 2004, ASSA, 2002). The estimated rate of HIV/AIDS prevalence in the KwaZulu-Natal region is well above 18, 4%. Such a rate make KwaZulu-Natal the world's highest infected region (ASSA, 2002). There are several structural factors that research has identified as responsible for the high HIV/AIDS prevalence in KwaZulu- Natal.

As suggested earlier, poverty remains the greatest factor fuelling the increase in the rate of infection and transmission especially on the rural parts of the KwaZulu-Natal Province. Below, I extract information from the survey findings of a study done by the Centre of Actuarial Science Research (2002) of the University of Cape Town to show the current and projected statistics on mortality and sickness. This information will help to clearly show the extent of HIV/AIDS in the province and the havoc it is causing.

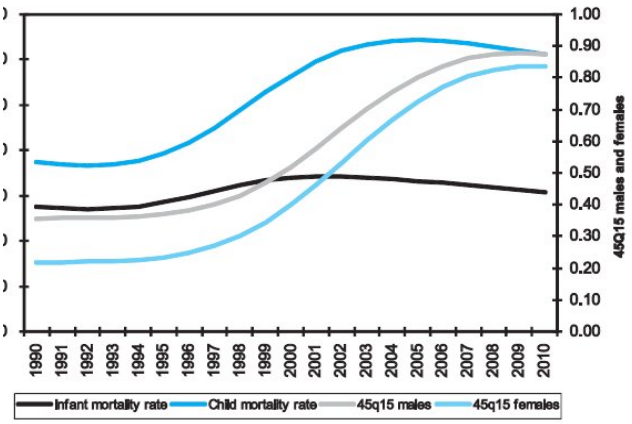
KwaZulu-Natal

l population, number of HIV+ and AIDS sick pe ople and cumulative AIDS deaths, KwaZulu-Natal



Year	Total Population	Total HIV+	Cumulative AIDS deaths	Total AIDS sick
1990	7 514 578	18 614	104	168
1991	7 696 067	40 451	276	410
1992	7 879 173	81 336	677	943
1993	8 052 556	151 171	1 548	2 012
1994	8 223 087	261 854	3 319	4 020
1995	8 384 742	423 140	6 716	7 584
1996	8 529 882	633 695	12 839	13 417
1997	8 714 258	873 713	23 252	22 422
1998	8 890 733	1 112 987	40 352	36 528
1999	9 057 974	1 326 931	66 733	54 885
2000	9 211 922	1 504 196	105 340	79 238
2001	9 348 732	1 643 162	159 216	108 569
2002	9 464 671	1 745 490	231 265	143 222
2003	9 556 833	1 813 217	323 962	181 582
2004	9 623 198	1 848 217	438 910	222 153
2005	9 663 375	1 853 006	576 305	261 660
2006	9 678 981	1 831 347	734 535	296 928
2007	9 673 613	1 788 587	910 100	324 457
2008	9 652 692	1 731 160	1 097 978	342 129
2009	9 622 429	1 666 034	1 292 322	348 975
2010	9 589 177	1 599 512	1 487 357	345 949

Mortality rates for children and adults, KwaZulu-Natal



Year	Infant mortality rate	Child mortality rate	$_{45}q_{15}$ males	$_{45}q_{15}$ females
1990	55	75	36%	22%
1991	54	74	36%	22%
1992	54	73	36%	22%
1993	54	74	36%	22%
1994	55	75	36%	23%
1995	57	78	37%	23%
1996	59	83	38%	25%
1997	62	90	40%	27%
1998	65	98	43%	30%
1999	67	106	47%	34%
2000	68	113	52%	40%
2001	68	119	58%	46%
2002	68	124	64%	53%
2003	68	127	70%	60%
2004	67	128	76%	67%
2005	67	129	80%	72%
2006	66	128	84%	77%
2007	65	127	86%	80%
2008	63	126	87%	83%
2009	62	124	88%	84%
2010	61	122	87%	84%

Source: Centre for Actuarial Science Research (2002)

As indicated from the figures above, it is alarming to note that HIV/AIDS is still on the increase in the province. It is projected that by 2010 close to 1 487 357 HIV related deaths would have been recorded in KwaZulu-Natal. These cumulative projections are a clear indication that the province is in serious danger of more and more HIV/AIDS infections. The major cause of death in KwaZulu-Natal as is shown is HIV/AIDS and by the year 2010, it is projected that close to 345 949 people will have HIV/AIDS related sickness or illness. These projections or figures are by far the most shocking and alarming in the whole world and it shows why KwaZulu-Natal has been and is still referred to as the epicenter of the HIV/AIDS epidemic. HIV/AIDS in this province has had a drastic effect on all age groups and it is the main cause of child and adult mortality as can be the seen from the above graphs and statistical tabulations. There is no doubt that HIV/AIDS has ravaged mainly the rural parts of the provinces given the existence of several structural factors like poverty, gender inequality and unemployment in most of all these rural areas. In the following section, I give an overview of the Umkhanyakhude municipality where this research took place. I will briefly look at prevalence levels of the epidemic, nature of health service delivery and other socioeconomic characteristics that might be fueling the increase in the levels of HIV/AIDS infection and transmission.

1.3.5 Umkhanyakhude District: Background Information

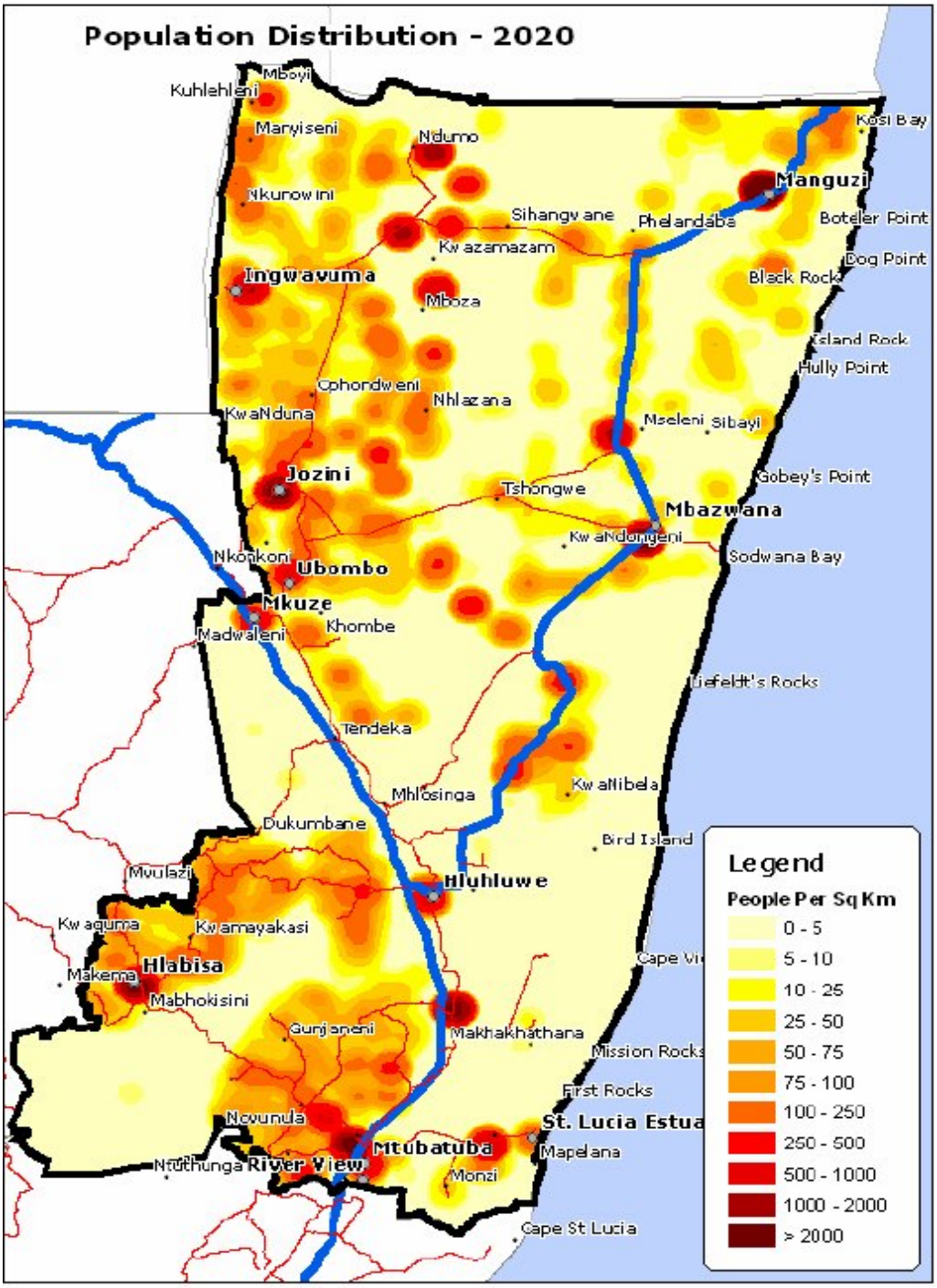
The study was conducted in the eight communities of the Umkhanyakhude District Municipality which is situated in the North-Eastern part of the KwaZulu Natal Province, 220 kilometers from Durban. It forms the national borders with Mozambique and Swaziland. It has a scattered rural population which is estimated at around 542 953 people based on the last census report (StatsSA, 2004). It is known for having the highest malaria incidences in South Africa due to the poorly controlled malaria in neighboring areas of Mozambique that forms border with this part of rural KwaZulu Natal. The study area includes both land under tribal authority and civil authority. Homesteads in the areas of Jozini, Bhambanana, Manyiseni, Ingwavuma, Ndumo, Mkuze and KwaQatha among others are widely dispersed, with no village structure. Infrastructure is very poor in all these areas. A couple of years back it was reported that 27% of the households in the district obtained water for cooking or drinking from rivers and ponds, and 39% of these households had no toilet facilities (Case and Ardington, 2004). This means that there are high

cases of cholera outbreak in the district. There is little or no subsistence agriculture in the district of Umkhanyakhude as most households rely heavily on earned income and pensions for survival.

Within the Umkhanyakhude district, the unemployment rate is reported to be well above 54%. There are very limited employment opportunities within the district and this has led to very high cases or incidences of labour migration. Approximately 35% of female household members and 40% of men aged 18 or older reside outside the area (Routledge, 1999). Health services delivery system is often very poor and erratic in many parts of the Umkhanyakhude district. These health services include a district hospital (Mosvold in Ingwavuma) and a disjointed network of community clinics and mobile clinics.

There are several non-governmental organizations operating within the district and the presence of these agencies and organizations has played a significant role in lessening the severe effects of poverty and HIV/AIDS. Most of these agencies provide basic health services, food parcels, counseling services and forms of social support those community citizens might need. However, the indication is that these agencies are failing to cope with growing cases of people who need their assistance. Hence, a significant number of community citizens will end up not being catered for mainly because these agencies will end up looking only for the most serious and severe cases.

The Umkhanyakhude municipal area is made up of several communities and only eight communities were randomly selected to be part of this study. These communities were namely; Jozini, Bhambanana, Ingwavuma, KwaQatha, Lindiswe, Manyiseni, Ndumo and
Mkuze. It is important to note that in all these eight communities, there is no productive activity taking place except only in Jozini where there is a business centre where several activities such as banking, retailing, warehousing and other basic services can be obtained and utilized. Below is a map of Umkhanyakhude District municipality which shows the projected population of each area which falls under the district.



Source : Case and Ardington,2004

1.4 Research Objectives

This study will employ a prospective randomised sample and a community matched design to address the following core objectives:

(a) To examine changes in risk behaviour among households and communities where social capital is high, and compare this to similar areas where it is relatively low.

The study is informed by a recently conducted Public Health experiment in South Africa known as the Intervention with Microfinance for AIDS and Gender Equity (IMAGE). This intervention is an attempt to influence the structural determinants of HIV, including poverty, and gender inequalities, through combining an intensive group-based economic intervention at the village level, with a health promotion strategy focusing on gender awareness and HIV education. This microfinance component of IMAGE assists poor households in developing and initiating income generating projects. As a group philosophy, it is founded on the principles of trust, reciprocity and mutual assistance. Thus, the 'collective collateral' among the group participants becomes an attempt to develop and strengthen social networks. Against this background, the research will examine the following key questions in relation to social capital:

- Can social capital be generated towards behaviour change?
- How does behaviour change lead to HIV/AIDS risk reduction?
- What is the nature of the exchange of risk reduction information and resources within both groups or villages of low social capital and high social capital?

(b) To examine the relationship between a household's access to social capital and risk reduction.

While it has been widely contested that social capital has the potential to mitigate HIV/AIDS, its component of networking provide a stimulus for collective action around behaviour change and the elimination of risk behaviour. From the IMAGE experiment, it can be concluded that social capital "may together act to foster economic stability within households that may deter high risk

sexual activity, provide avenues for the exchange of information, influence community norms around gender relations, sexual negotiation and communication, or facilitate a more effective community response to the epidemic" (Pronyk *et al*.,2002). The study will address the following questions:

- Can social capital be successfully applied towards HIV risk reduction among the 'most at risk' village population? The following are key issues to be assessed: determinants of sexual behaviour including knowledge, attitudes and communication, access to counseling and HIV testing, sexual behaviour and condom use.
- Is there a significant relationship between a household's access to social capital and its ability to avoid the risk of HIV infection?
- Can households with low social capital avoid the risk infection?

(c) To evaluate the relevance of Social Capital in the process of social and community identity creation.

There are a number of social and contextual factors that influence HIV related behaviours. Interpersonal and community level factors shape an individual's perception of the world around them, as well as directly influence their behaviours. One important factor is societal norms about appropriate sexual behaviour. Another is the confidence that a group feels toward enacting certain behaviour, such as preventing HIV in the community, called collective efficacy. The study will analyze all those factors that address closeness or trust among people or groups and connectedness and their role in identity creation and the resultant effects on HIV risk reduction and prevention efforts.

(d) To determine whether the process of social capital formation creates a citizenship identity status that is pivotal in HIV/AIDS prevention and mitigation.

1.5 Aim of the Study

The aim of this study is to clearly explore the links and correlation between social capital, community citizenship identity and HIV/AIDS reduction within the rural South African context. The study is a synopsis of all such social and medical efforts or interventions modeled towards HIV/AIDS risk reduction at a more rural or village level.

1.6 Setting the Scope of the Study

The study will only focus on the effects of social capital on HIV/AIDS transmission and infection. In this study, social will only refer those relationships or forms of interaction that individual community members are active and involved in or what can be known as mutual acquaintances. The benefits derived from this active engagement and interaction at a group or community level is an important dimension of social capital. This study will also limit social capital to civic action or engagement, community involvement or participation, associational life and collective. It has to be stated that social capital means different things to many people but in this study it solely refers to what has been stated above.

To date there has been very little systematic, theoretical, empirical, or practical appraisal of the concept in public health literature. Nevertheless, the term has slipped into the public health lexicon as if there were a clear, shared understanding and definition of its meaning and its relevance for improving public health (Hofrichter, 2003). Social capital has been proposed as an important avenue of public health intervention. “Interventions that increase social support and / or social cohesion into a community are at least as worthy of exploration as improved access or routine medical care” (Lomas, 1998:1184).

Thus, the construct of ‘social capital’ may be usefully applied to the study of health and health related behaviours. The health related application of social capital has often involved measuring all that is good in a community (Hofrichter, 2003). In this view there is something inherently “social” about improving public health that cannot be reduced to studying and changing discrete individuals. “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-individualized, social science approach to improving public health” (Lomas, 1988:1152).

Social capital greases the wheels that allow communities to advance smoothly. Where people are trusting and trustworthy, and where they are subject to repeated interaction with fellow citizens, everyday business and social transactions are less costly. Social capital improves our lot by widening our awareness of the many ways in which our fates are linked. People who have active and trusting connections to others- whether family members, friends, or fellow bowlers- develop or maintain character traits that are good for the rest of society.

According to Putnam (2000: 18), "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.

1.6.1 Norms, Reciprocity and Networks of Civic Engagement

Norms of reciprocity are defined by Putnam (1993a) as those actions that are controlled by modeling, organization, socialization, and sanction or disapproval. Putnam provides an example of how such norms influence citizens in a community from his own experience in his neighbourhood. He admits that on some Saturday afternoons he finds himself raking leaves in his yard rather than following his desire to watch a sporting event on television, because in his neighborhood the norm is to have a cleanly raked yard. The authority that mandates raking the leaves does not come from any kind of formal enforcement, but from the sanction of public disapproval.

Putnam (1993a) notes that reciprocity as a norm is essential in creating social trust and describes two forms of reciprocity; balanced and generalized. "Balanced reciprocity refers to a simultaneous exchange of items of equivalent value, as when office-mates exchange holiday gifts or legislators log-rolls. Generalized reciprocity refers to a continuing relationship of exchange that is at any given time imbalanced, but involves mutual expectations that a benefit granted now should be repaid in the future. Friendship for example, almost always involves

generalized reciprocity" (Putnam, 1993a:112). Generalized reciprocity is an important norm in civic communities. In such communities promoting social trust and exchange is usually associated with the existence of network of civic engagement.

According to Putnam(1993:173), "Any society, modern or traditional, authoritarian or democratic is characterized by networks of interpersonal communications and exchange, both formal and informal. Some of these networks are primarily 'horizontal', bringing together agents of equivalent status and power. Others are primarily 'vertical', linking unequal agents in asymmetric relations of hierarchy and dependence". These horizontal networks include cooperatives, neighbourhood associations, interest groups, sports clubs and other such organizations found in the community. Putnam continues that, "the denser such networks in a community the more likely that its citizens will be able to cooperate for mutual benefit" (Putnam, 1993:173). He argues that a dense component of civic engagement within a community is beneficial and leads to greater cooperation and a rich supply of social capital. The reciprocal nature of civic engagement reinforces behavior that leads to more participation and builds networks of mutual expectations. These networks encourage and facilitate communication and the flow of information in the community.

The present study attempts to investigate aspects of Putnam's thesis that indicates that community norms and networks are essential in building social capital in communities. If this is correct, then there is a need to know about the importance of social capital in mitigating HIV/AIDS in these communities.

1.6.2 Social Capital, Civil Society and HIV/AIDS

'Civil society' and 'social capital' are terms used with varying degrees of precision in discourse on HIV/AIDS and development. Civil society is said to be an essential actor in any effective response to HIV/AIDS. Differing endowments of social capital have been invoked to help explain why the epidemic is worse in some countries than others. Fostering social capital is one

suggested means of containing the epidemic while the creation of social capital is said to be a happy by-product of campaigns against HIV/AIDS in many societies (Pronyk *et.al*, 2002). In addition, Luker (2004) contends that civil society is an intermediary zone of voluntary associations of kin and formal government (and in some analyses, between government and business). The crude thesis is that civil society organisations are believed to benefit government through lobbying, dialogue and criticism, by developing in their members vision, knowledge and skill that can aid political process, and bringing people services and expertise to their members and those in need.

In literature and policy on HIV/AIDS, civil society organisations are acknowledged for their role in attracting political attention and resources to the issue, in providing services to people living with HIV and AIDS, in shaping and delivering prevention or other HIV/AIDS related programmes on their own or with partners, and in trying to foster collective ownership of the epidemic. Some analysts argue that the inroads and impacts of HIV/AIDS are thwarted in nations that enjoy a kind of social cohesion which civil society organizations help to create by networking people separated by say, ethnicity, class, or place of residence.

'Civil society' and 'social capital' overlap, as do their supposed benefits. Social capital inheres in networks and associations. Civil society is therefore a zone of social capital.

1.6.3 Social Capital, Health and Nutrition

Social Capital can impact health and nutrition through a variety of methods. Trust combined with formal and informal social networks help to:

- Access health education and information
- Design better health care delivery systems
- Act collectively to build and improve infrastructure
- Advance prevention efforts and
- Address cultural norms which may be detrimental to health (Baum, 1999).

It is widely accepted that education on nutrition and prenatal care improves health outcomes for children. There is also a link between increased general education of girls and improved health outcomes for their families (World Bank Report, 1993). This is because women are most often the primary care givers and education offers them access to health information, whether in school or through printed materials or extended social networks.

Social capital also supports prevention efforts. Prevention is critical in improving health standards of communities and nations but it can only be effective if it is supported by formal and informal networks through which people receive information and medicine, such as anti-retroviral drugs in the case of HIV/AIDS (Cox, 1998).

1.7 The Social Capital Paradigm

The social capital paradigm has been useful in the study of poverty and human development. It offers a new way of approaching the causes of poverty and health. The social capital paradigm strongly suggests that the lack of social capital has negative effects for the poor and limits their ability to participate in economic opportunities (Lindon *et.al*, 2001). The use of social factors to explain community health status is not a new phenomenon. Since Durkheim's classic work on suicide, the importance of social integration and social capital has been recognized for population well being. The notion of 'social capital' has since attracted wide ranging attention in the social sciences and public health literature. A growing body of empirical research has been conducted on the connection between individual level social capital and population health (Narayan, 1999).

"Among other things social capital can be considered as a by product of social relationships resulting from reciprocal exchanges between members involved in social associations or networks and can be reorganized as a public good that generates positive externalities facilitating cooperation for the achievement of common goals" (Narayan,1999: 73).

According to Kreuter and Lenzin (2002) social capital may generate material and non-material returns to the individual. "Material return may include higher wage, better employment prospects

or reduced transaction, while non-material returns may include improvement in the quality of the individual's relationships and improvement in health or even accumulation of health and social capital" (Kreuter and Lenzin,2002:16). Direct returns stem from the fact that both health and social capital increase the amount of productive time, and social capital improves the efficiencies of the production technology used for producing health capital.

According to Putnam (1993), social capital allows citizens to resolve collective problems more easily. People are often better off if they cooperate, with each doing his or her share.

1.7.1 Social Capital Paradigm: A Critique

The social capital paradigm is not a panacea for population health problems and it may not always generate health outcomes. Researchers in social capital have been criticized for failing to consider such negative better health outcomes. Thus, social capital can sometimes facilitate negative or perverse consequences. Portes (1998) acknowledges four instances of negative consequences which include: exclusion of outsiders from resources controlled by the network members, excess claims made on successful members by free riding fellow members, restrictions on individual freedom (particularly in closely bonded networks, and the down-ward leveling of norms, which may block members of historically oppressed groups from participation in mainstream society.

Baum (1999) recognizes that interconnection or close-knit associations may not necessarily be 'healthy' particularly for outsiders. Lomas (1998) also highlights that strong associations among individuals may both increase and decrease the risk of certain health outcomes. For example, strong friendship networks of peers may increase the risks of smoking, drinking, or the use of illicit drugs, while in different circumstances these same sorts of connections may decrease the risk of suicide.

The literature on social capital and health has also been criticized by neo-materialists who put emphasis on the importance of political regimes, ideology and institutions for good health both at the population and individual health. The neo-materialists have even accused social capital theorists of 'blaming the community' for their problems, such as poor health outcomes. Navarro

(2000) criticizes the social capital literature for exaggerating its importance for health. He also points out that class relations are absent from social epidemiology and public health research. Class relations may be a more important determinant population health factor than social capital.

Despite these criticisms, there appears to be a sounding agreement on the ability of social capital to influence health. That said, the mechanisms through which they operate have been the subject of much debate, a thorough review of literature undertaken by Berkman and Glass (2001) present a conceptual model that suggest the multiple pathways through which these complex interactions and connections might take shape. Their model provides insights into the ways in which networks potentially function to shape the material and social resource flows between actors, the formulation of mutual trust and reciprocity and health. According to Berkman and Glass (2001) the following aspects are central in their model:

Social Support: The structure of network ties may influence health via different types of social support members can access. Emotional support involves sharing of love, and sympathy within a network. Instrumental support specifically relates to assistance with tangible needs, aid in cash or kind or labour. Appraisal support basically refers to decision making, feedback, plan of action to implement knowledge transfer within networks or the provision of informal support is also presented as an important factor of social support (Pronyk *et.al*, 2002).

*Social engagement***:** This includes the opportunities provided by social networks for companionship and sociability, which provide coherence and belonging, and help to define and reinforce social roles and identity.

Access to material resources: Ties between networks create a form of social, citizen identity that promotes social and economic opportunities for improving access to material resources in one way or another either directly or indirectly.

According to Kawachi and Berkman (2000) at the community level social capital stocks have the maximum potential to influence health related behaviours through multiple mechanisms. They may lead to more rapid diffusion of health information, increasing the likelihood that healthy

behavioural norms are adopted (Rogers, 2003). Cohesive communities make better self advocates for improving the conditions of all its citizens (Macintyre, Maclever *et.al*, 1993).

1.8 Arrangement and Synopsis of Chapters

Chapter Two gives an overview of issues that pave the avenue for a clearer exposition of the research problem and the knowledge gap this study seeks to close or address. The review discusses the concept of social capital, definitions of citizenship, identity and the whole conceptualization of social capital theory as it is applied to health and HIV/AIDS. The review further locates central theoretical foundations of social capital and citizenship identity as applied in HIV/AIDS mitigation and risk reduction.

Chapter Three is a thorough and robust continuation of the literature review with particular focus on the theoretical framework underpinning the study. The chapter discusses the social capital paradigm in depth. It further gives a critique of the paradigm as suggested by scholars originating from different schools or camps. Such a critique allows the researcher to clearly take a firm standpoint and openly take his position in the social capital - HIV/AIDS debate.

Chapter Four describes and justifies the qualitative research methodology used to provide answers to the research question. The chapter revisits the research problem being investigated namely an investigation of the role of social capital and citizenship identity in reducing HIV/AIDS infection and transmission in rural South Africa. The chapter justifies why qualitative research methods were ideal and appropriate for collecting and gathering data through household and community surveys. The chapter further describes how data was collected, coded and analysed.

Chapter Five gives a detailed discussion on the theoretical framework that governs this study. It touches on a wide range of theoretical insights from Habermas, Foucault and Freire. This chapter ends by providing an integrated theoretical framework that links all these views suggested by different theorists.

Chapter Six highlights the ethnographic and narrative voices of community citizens who are part of the current study. Such narratives are used to examine the interrelations that exist between social capital and HIV/AIDS. This chapter highlights views from the community relating to challenges faced in the attempt to create social capital for HIV/AIDS mitigation in South Africa. The ethnographic voices presented in this chapter will give an in-depth picture on the nature and extent of HIV/AIDS in South African societies.

Chapter Seven up to eleven discusses the empirical findings generated in this study. Chapter seven assesses the link or correlation between civic membership as a form of social capital and HIV/AIDS avoidance. In **chapter eight**, the discussion centers on the notion of a 'public' in the struggle against HIV/AIDS. It evaluates the role played by community agencies and structures in creating the much needed social capital for HIV/AIDS prevention. **Chapter nine** solely addresses the effects of neigbourliness and social cohesion as forms of social capital in generating knowledge and awareness on HIV/AIDS issues. **Chapter ten** discusses findings gathered in the study on public communication and HIV/AIDS. It links literature from the views of Habermas, Freire and Foucault in an attempt to evaluate the effects of collective and communicative action on HIV/AIDS prevention and mitigation. In **chapter eleven,** the discussion will be on the connection between household welfare and social capital. It looks on poverty as a structural factor predisposing citizens to HIV/AIDS and how social capital can counteract some of these effects thereby avoiding HIV/AIDS vulnerability.

Chapter twelve re-captures the salient features or views that the study has highlighted. It reconciles such findings with literature to establish whether there are possible connections. The chapter also reflects on theoretical issues governing the study and substantiates the applicability of such issues based on the outcomes of the study. In short, the chapter gives a summary of all the pertinent issues gathered throughout the study and proposes the way forward.

CHAPTER 2

Discourses, Complexities and Prevalence: An Overview of the HIV/AIDS Epidemic in South Africa

2.1 Introduction

The emergence of the HIV/AIDS epidemic, and its substantial human and economic repercussions, is one of the most significant challenges of South Africa's post-apartheid period (Horton, 2004). According to statistics published in June 2007, annual registered deaths arose by 87% between 1997 and 2005. Among those aged between 25-49 years, the rise was 169% within the same nine year period. Part of such an increase in deaths has been attributed to population growth but this does not explain the disproportionate rise of deaths among those aged 25-49 years. The accumulated number of AIDS deaths up to 2004 has been estimated by Statistics South Africa (Stats SA) at nearly over 1,5 million. These figures were expected to triple by 2010. Average life expectancy has fallen sharply in the country. Statistics South Africa (2004) noted that the life expectancy which was at 63, 3 years in 1990 dropped to 50, 7 years in 2004. The main reason for the drop in life expectancy is HIV/AIDS. The ever rising number of AIDS orphans, estimated by the United Nations at nearly 700,000 in 2001 is a major concern.

HIV/AIDS is also having a wide range of direct and indirect economic impacts on the state. Health care is greatly affected by HIV/AIDS. Tentative estimates indicate that one fourth of public health spending is related to HIV/AIDS treatment. The severe impact of HIV/AIDS is likely to continue, and the total number of deaths related to the disease could reach 5-7 million by 2010 (Horton, 2004). Studies of the potential economic impact indicate negative prospects for output, inflation, and income distribution, and some researchers project catastrophic consequences.

Literature on HIV/AIDS mitigation and prevention in South Africa contends that there have been a slow response to the epidemic on the part of the government, civil society and other key stakeholders involved in the fight against HIV/AIDS (Barnett and Whiteside, 2002). The South

African government is mainly blamed for the lack of political will to deal with the problem of HIV/AIDS during its early stages in the country. This does not mean that the government and other HIV/AIDS agencies did not do a thing at all but their focus was mainly on biomedical forms of disease intervention. Thus, all efforts designed to mitigate the epidemic remained mainly biomedical for more than a decade. Literature of HIV/AIDS mitigation largely blames such a focus and attributes the current drastic effects and challenges that South African societies are facing to such (Horton, 2004, Barnett and Whiteside 2002, Pronyk, 2002).

In the following section, I assess the nature and extent of the HIV/AIDS epidemic in South Africa by examining the challenges and threats that the epidemic is posing in all areas of the country.

2.2 A Nation in Crisis: South Africa and the Challenge of HIV/AIDS

South Africa has the sixth highest prevalence of HIV in the world, with 18, 8% of the population estimated to be infected. The UNAIDS 2006 Global Report, estimated that 320, 000 people died of HIV related diseases in South Africa during 2005. South Africa is regarded as having the most severe epidemic in the world mainly because:

> Efforts to stem the tide of the new infections have only had limited success, as behaviour change and social change are long term processes, and the factors that predispose people to infection such as poverty, illiteracy, and gender inequalities cannot be addressed in the short term. Vulnerability to, and the impact of the HIV/AIDS epidemic is proving to be most catastrophic at community and household level. Hundreds of people of all ages die in South Africa every day of AIDS related diseases. The hardship for those infected and their families begins long before they die, with stigma related to suspected infection, the fear and despair that often follows diagnosis, the loss of income and support when a breadwinner or caregiver becomes ill, the diversion of household resources to provide care, the terrible burden upon family members particularly children caring for a terminally ill parent, and the trauma of bereavement and orphanhood. This all happens in

> a society where approximately 61% of South Africa's 18 million children live in poverty and 7,9 million people are unemployed (Aids Foundation South Africa, 5 April, 2008).

The burden of care and support has fallen heavily on the shoulders of the poor rural communities. Community-based care has been promoted as the best option since it would be impossible to care properly for hundreds of thousands of people dying from AIDS in the country's public hospitals. The South African Aids Foundation which is a non-profit organisation involved in HIV/AIDS research, however argues that:

> It is dangerous to assume that communities have limitless resilience and capacity to care for dying people and provide for those they leave behind. There is an acute need for social protection and interventions to support the most vulnerable communities and households affected by this epidemic (Aids Foundation South Africa, 2008).

In South Africa, women face a greater risk of HIV infection as a result of structural gender imbalances that exist between men and women. On average, there are three women infected with HIV for every two men who are infected. It has to be highlighted that all interventions of HIV prevention in South Africa have often neglected the need to address the higher levels of gender inequalities between men and women. The challenge for South Africa would be to locate the importance of sexuality in all HIV/AIDS prevention efforts. In terms of the government's response to the epidemic, it can be reported that:

> The South African Government's response to the epidemic is grounded in the HIV/AIDS and STD Strategic Plan for the period 2000-2005. The purpose of the plan is to provide a broad national framework around four priority areas: prevention, treatment, care and support, research monitoring and evaluation, human and legal rights. In November 2003, after considerable sustained pressure from advocacy groups, the government adopted the Operational plan for Comprehensive HIV and AIDS Treatment and Care, which included the provision of antiretroviral (ARV) therapy in the public health sector. The roll-out of the ARV programme is proving a slow process. This is partly because the department of Health needs to address major capacity and infrastructure constraints but also because it

> continues to broadcast confusing messages about the role of nutrition and traditional medicine, and the safety and efficacy of registered drugs that have been provided in the private sector for many years (Horton, 2004:48).

Though this might seem to be the right way to go for South Africa, many health advocates are of the view that the most effective way to contain HIV is to focus on comprehensive treatment in all vulnerable and marginalized sectors of the society. This is achievable through the formation of partnerships with local community-based organizations (CBOs). The assumption being that communities should be active participants in addressing their needs. Communities must be allowed to identify their own concerns and the responses that are feasible with the available resources. Such a view places civil society organizations and community groups on a strategic role in addressing the HIV/AIDS epidemic because of their close proximity to those affected.

In South Africa, while government policies do actually support the role played by community organizations in the struggle against HIV/AIDS, its national and provincial AIDS programmes do face many challenges in providing both the much needed financial and technical support to these community based organisations. Many people report that there are frequent delays in the approval and disbursement of funds, capacity building activities are undefined and often haphazard and are not built into a broader programme of continuous monitoring and technical back up (Aids Foundation South Africa, 2008).

It is also interesting to note that government and donor funding for HIV/AIDS programmes is "skewed in favour of national mass media programmes and scientific and academic research, with only a limited level of funding being directed at community driven responses to HIV/AIDS. There is a pressing need to scale up community interventions, for this is where the greatest degree of vulnerability exists and where the consequences of the epidemic are being actually felt" (Kauffman and Lindauer, 2004).

2.3 Governance, Democracy and HIV/AIDS in South Africa

> Existing statistics indicate that we are still at the beginning of the AIDS epidemic in our country. Unattended, however, this will result in untold damage and suffering by the end of the century (Hani, 1990).

The apartheid government ignored such warnings like the one Chris Hani gave whilst in exile. Paradoxically, such a warning was not even heeded by the incoming democratic government precisely because it had so many political preoccupations.

In 1992, a National AIDS Convention of South Africa (NACOSA) was established and the new ANC government accepted its strategy for fighting HIV/AIDS two years later. “However, the response to HIV/AIDS was clouded in controversy, over issues such as the allocation of R14, 3 million to a play about HIV/AIDS, the refusal of the government to make HIV/AIDS the responsibility of the President’s office, government‘s support for a so called AIDS treatment that turned out to contain and industrial solvent, refusal to provide the drug AZT to prevent the mother –to- child transmission of HIV” (Kauffman and Lindauer, 2004:56). The Aids Foundation of South Africa (2008) reports that:

> In 1998, then Deputy President Thabo Mbeki launched a partnership against AIDS to mobilize South Africans to fight against the disease but soon after that activists frustrated by the failure of the government to respond effectively to the increasing death toll from HIV/AIDS, formed the Treatment Action Campaign (TAC). The TAC called for access to treatment, including antiretrovirals (ARVs) for all who needed it. The government responded by opposing the use of AZT as a ‘danger to health’.

It was then that the Department of health began to consult with the so called AIDS dissidents- people who rejected the orthodox HIV/AIDS science and Thabo Mbeki critically questioned the link between HIV and AIDS, declaring that ‘a virus cannot cause a syndrome’ (Parliament of South Africa, 2000).

In 2002, the cabinet agreed to make ARVs available to all rape victims and making accessible to such people in the public domain. “On 19 November 2003, Cabinet announced that the roll-out of a Comprehensive AIDS Treatment Plan that would offer free ARVs but Health Minister Tshabalala-Msimang continued to advocate a diet of beetroot, olive oil, African potato and garlic for people with HIV and President Mbeki told the Washington Post that he didn’t know anybody who has died of AIDS” (Whiteside and Sunter, 2000:16).

This overview gives a clear indication that HIV/AIDS prevention in South Africa has been marred by great political and scientific controversy. However, it is important to note that today, the ARV programme has managed to reach only few people especially in the rural parts of South Africa. The latest World Health Organization estimate is 325, 000 South Africans receiving ARVs at the end of 2006, equating to only one third of those in need of treatment. South African government figures however estimate that around 418,000 patients had started treatment by February 2008 (Statistics South Africa, 2006).

2.4 The Scale of South Africa’s AIDS Crisis - A Brief Description

> It is difficult to overstate the suffering that HIV has caused in South Africa. With statistics showing that almost one in five adults is infected, HIV is widespread in a sense that can be difficult to imagine for those living in less affected countries (Avert, 2008).

The above quotation shows that the rate of HIV/AIDS in South Africa is quite shocking. HIV/AIDS in South Africa is having a devastating impact in all areas be it economically, socially or even politically. This can be attributed to a number of reasons including high levels of poverty, social instability and marginalization, a lack of government commitment to the struggle against HIV/AIDS. In this section, I focus on the scale of South Africa’s HIV epidemic by discussing statistical figures from prevalence studies that estimate how many South Africans have HIV/AIDS, AIDS related deaths and the overall trend of the epidemic. These statistical figures do give a clear picture of the South African epidemic.

2.4.1 HIV/AIDS Prevalence, Incidence, and Risk

HIV prevalence rates increased sharply in South Africa during the 1990s and have continued to increase in recent years. National prevalence estimates are based on annual Department of Health surveys of pregnant women attending public health clinics, with extrapolation to other population groups including men.

2.4.2 The South African Department of Health Study (2002- 2006)

The South African Department of Health study estimates that 29, 1% of pregnant women were living with HIV in 2006.The table below adapted from the Department of Health(2002-2006) Report shows the prevalence of HIV/AIDS basing on antenatal clinic attendees.

2.4.3 Estimated HIV Prevalence among Antenatal Clinic Attendees, by Age

Age	2002	2003	2004	2005	2006
<20	14.8	15.8	16.1	15.9	13.7
20-24	28.4	29.1	30.3	30.8	28
25-29	34.5	35.4	38.5	39.5	38.7
20-34	29.5	30.9	34.4	36.4	37
35-39	19.8	23.4	24.5	28	29.6
40+	17.2	15.8	17.5	19.8	21.3

2.4.4 **HIV/AIDS in South Africa: Estimated Provincial Statistics**

The table below shows the estimated HIV/AIDS prevalence in all the provinces of South Africa from 2001-2006.

Province	**2001 (%)**	**2002**	**2003**	**2004**	**2005**	**2006**
KwaZulu-Natal	33.5	36.5	37.5	40.7	39.1	39.1
Mpumalanga	29.2	28.6	32.6	30.8	34.8	32.1
Free State	30.1	28.8	30.1	29.5	30.3	31.1
North West	25.2	26.2	29.9	26.7	31.8	29
Eastern Cape	21.7	23.6	27.1	28	29.5	29
Limpopo	14.5	15.6	17.5	19.3	21.5	20.7
Western Cape	8.6	12.4	13.1	15.4	15.7	15.2
National	24.8	26.5	27.9	29.5	30.2	29.1

Source: (http://www.avert.org/safricastas.htm)

2.4.5 National Estimates: All Surveys

Based on a wide range of data, including the household and antenatal studies, UNAIDS and World Health Organization in 2006 estimated that the HIV prevalence in South Africa is at 18, 8% in those aged between 15- 49 years at the end of 2005. According to their own projection, about 5, 5 million South Africans were living with HIV at the end of 2005, including 240, 000 children who were under 15 years of age.

In 2007, the Department of Health, World Health Organisation and many other organisations conducted an antenatal survey which estimated 18,34% prevalence in people aged between 15-49 years in 2006. This equates to around 5,41 million people living with HIV in 2006, including 257, 000 children.

The ASSA 2003 model also estimated that close to 5, 4 million people in South Africa were living with HIV in 2006 which equates to about 11% of the total population. The prediction being that the number will increase and exceed 6 million by 2015 (Avert, 2008).

2.5 Response to the Epidemic

South Africa has been an exceptional case in its response to HIV and AIDS. In addition to the recent historical context of apartheid and the transition to democracy, it has also had the fastest growing epidemic mushrooming from less than 10% of the population in 1990 to over 20% ten years later (Abdool Karim, 2003,William, 2001).

As compared to other African countries, South Africa has the most resources to respond to the epidemic and most scholars document it as the most developed country in the continent. Some of these scholars argue that:

> Its strong research capacity is reflected in the quantity and quality of research produced there. As a result, South Africa's experience dominates the literature on HIV and AIDS in Africa in general, and on the response in particular (Nguyen and Stovel, 1994:50).

The literature on HIV/ AIDS in South Africa is exceptionally broad and deep compared to elsewhere in Africa, and offers a treasure-trove of insights into the conjugation of politics and the epidemic. The relevance of socio-economic context to understanding the dynamics of HIV transmission, as well as its impact and the response to it, has been confirmed for the South African epidemic. The legacy of apartheid, particularly in the form of steep gradients of socio-economic inequality has been identified as the driving force behind the epidemic and challenges neo-liberal assumptions that the epidemic can be explained in terms of individual behavior (Schneider, 2002). In the new South Africa's vibrant democracy, HIV and the adequacy of the government's response has been widely debated (Vliet, 2001). The debate has become increasingly politicized, driven by an active civil society.

The first International AIDS Conference held in Durban in 1996 provided a dramatic stage for a confrontation between the pharmaceutical industry, the South African government, and a coalition of activists from South Africa and around the world (William, 2001). The confrontation was carried out in a series of court battles between the government and the industry (around the need to supply treatment to prevent transmission from mother to child). President Mbeki's comments to the effect that HIV did not cause AIDS only served to fan controversy (Fassin, 2003). Both court battles were settled in favour of expanding access to treatment.

2.5.1 Biomedical Bias

There is a clear and distinct difference between epidemiology and biomedicine. Epidemiology's approach to health and disease is social, biomedicine's individual. In most biomedical approaches to transmissible disease, preventing transmission takes precedence over helping persons who are infected. "Populations" are seen atomistically as collectivities of individuals 'choosing lifestyles'. 'Behaviors' are considered the consequence of willful, unmediated decisions. Categories of epidemiology are used to create an 'other' usually a disapproved "other", as opposed to the 'general population' (Herrell, 1991:199). The creation of "risk groups" was originally tied to capitalism and class interests as a means of protecting the bourgeoisie against disease (Herrell, 1991).It is imperative to note that there is much research that

deconstructs the empirical possibility or even the heuristic value distinguishing a “general population” from “risk groups”. The HIV and AIDS epidemic has demonstrated the inability of the hegemonic culture to control sexual behavior.

Schoepf (1998) demonstrated that African women who are HIV positive are often presented as “sex workers” or marginalized victims. The medicalisation of “gay men’s sexuality” has also become a central discourse in HIV and AIDS transmission. He pointed out that biomedical essentialist theory removes all non-medical and non-cognitive meanings from sexuality and overlooks interpersonal dynamics. Epidemiology has conflated homosexuals as a “risk group” and promiscuity as a “risk factor”. Correlation becomes causation; promiscuity is used to define gay men as a “risk category”. The models generated from this perspective have had little predictive ability, and gay men have created their own notions of risk based in part on medical ambiguities. However, there is need for a constructed view of gay men including subjective and intersubjective meanings of sex and community.

From a systematic review of literature, it is clear that “social interfaces”, the social contexts in which transmission is likely to occur are the main contexts to “risk categories”. The discourse that underpins South African sexuality and HIV and AIDS, locates two chief means of HIV and AIDS transmission which are intravenous drug use and sexual conduct which are typically stigmatised as immoral and intravenous drug use and “sodomy” are in most places illegal sexual rights. Fassin (2003:11) argues that:

> Equal relationships between men and women in matters of sexual relations and reproduction, including full respect for the physical integrity of the human body; require mutual respect and willingness to accept responsibility for the consequences of sexual behaviour.

Issues relating to women’s rights to make decisions about sexuality and reproduction are difficult to address since they precondition a recognition of the female sexuality equal to male sexuality as normal and healthy.

2.5.2 Where did South Africa go wrong? : The transition to Democracy and the 'Mbeki Rhetoric'

In trying to grapple with the above question, Kauffman and Lindauer (2004:81) posit that:

> There is no simple answer to this question. Rather, the explanation requires a jigsaw of pieces, some still not at hand. Part of the answer lies in the nature and timing of the South African epidemic - that it coincided with the transition to democracy, that it came in the wake of apartheid and a long history of discrimination, that it is sexually transmitted infection, and it is a racially differentiated epidemic. These factors go some way to accounting for South Africa's singular failure to deal with the disease.

According to many scholars, the transition was a worthwhile development in the history of the country but it also poised serious stumbling blocks in the fight against HIV/AIDS. Marais (2000) is of the same view that no programme would work in a period of transition. Kauffman and Lindauer (2004) in substantiating their claim on democratic transition identified other circumstances that made South Africa not be in the best position to respond to the AIDS crisis. According to them:

> Lack of implementation through poor management in the health system, massive under-spending of AIDS budgets and under-funding of NGO's have characterized the process. Under the circumstances, the unaffordability of drugs, thanks to exorbitant pharmaceutical industry prices and the toxicity of ARVs were convenient excuses for poor delivery (Kauffman and Lindauer, 2004:80).

The quotation points out that there was a lack of coordination and commitment on the part of all those who were involved in the public health delivery of the country. The government's unwillingness to roll out ARV's coupled with the unaffordability of other drugs meant that HIV/AIDS strived in South Africa. Most importantly, several conspiracy theories were formed over the use of drugs. These theories singled out pharmaceutical companies as experimenting on Africans, using them as guinea pigs in unethical drug experiments. The belief being that:

> The AIDS story is being fabricated by the industry in collusion with the CIA or other Western bodies to push expensive drugs, that activists and scientists who believe in the use of ARVs are in the pay of the industry, or even that drug companies already have the cure, but are waiting until they have made enough money from their drugs (van der Vliet in Kauffman and Lindauer, 2004:84).

The circulation of such information as shown in the above quotation hampered any effort designed towards the addressing of the epidemic. The belief created paranoia.

2.6 Discourses on HIV/AIDS in South Africa

This section seeks to identify the major discourses on HIV/AIDS circulating within South Africa and the whole region of Sub-Saharan Africa. It centers on the ways in which HIV /AIDS is often 'talked about', how it enters into discourse and how it acquires other meanings. Given the complexity and nature of the epidemic, a number of distinctive yet overlapping discourses contend for hegemony. The section also seeks to analyze how other dissenting voices seek to challenge, fracture and fragment the dominant discourses in the continent. The main purpose of the section is to understand how discourse functions and how power is exercised through discourse. It also looks at the linkages and intersections of different discourses of AIDS. The way HIV/AIDS is talked about has been seen as determining the nature and kind of response or even the prevalence (Whiteside, 2002).

It has to be noted that HIV/AIDS discourse is continuously being modified across the African continent. Despite all these modifications, there is still a massive short-fall in access to treatment. South Africans are grappling with alarming and ever increasing levels of the epidemic. Of relevance at this disjuncture is to find ways on which discourse becomes relevant and central in the politics of HIV/AIDS in South Africa.

2.6.1 Contextualizing and Deconstructing the Discourse of HIV/AIDS in Southern Africa

There are several explanations given on the nature of HIV/AIDS in Africa, the rapid spread and the associated consequences of the epidemic. These explanations are often contrasting hence

referred to as ‘competing’ in literature. The discourses identified, deconstructed and contextualized are medical, medico-moral, development, legal, ethical, and the rights based discourse. The work of Siedel (1993) forms the basis of this discussion. According to him, discourses on HIV/AIDS can be grouped into the several categories as will be seen below.

2.6.2 Medical Discourse

The medical discourse denotes a usually short term and hegemonic view of HIV/AIDS. The view of HIV/AIDS dates from the recognition of AIDS by the medical establishment. It is the authoritative voice of the Ministry of Health. Siedel (1993:175) positions that:

> Medical discourse is concerned with symptoms, with depersonalized ‘seropositives’. These are seen to be typically ‘prostitutes’ or ‘promiscuous people’ members of so called ‘high risk groups’, or ‘core transmitors’, or ‘control populations’, all epidemiological equivalents, linked to ‘reservoirs of infection’.

As can be noted from the quotation above, it is clear that such moral judgments or epidemiological explanations and conceptions has resulted in the harassment of people living with HIV/AIDS. Medical discourse has shaped the cultural agenda of AIDS in which the person with AIDS, as a full human person, is absent. The medical discourse has “fixed and reinforced a rigid network of heavily medicalised perceptions” (Watney, 2001: 31). Such medicalised perceptions have had serious damaging material effects on the individual person with AIDS and also has impeded the design and implementation of effective HIV intervention throughout the world (Seidel, 1993).

The introduction of more appropriate and sensitive interventions have been hampered by the hegemonic medical paradigm which Siedel (1993) describes as ‘deaf to other voices and reductionist’.

2.6.2 .1 The Construction of 'African AIDS'

The categorization of disease is a key dimension and construct of medical discourse. The categorization of HIV infections produced by the WHO on the basis of viral transmission pattern (homosexual, heterosexual and through contaminated blood supplies, etc) is a problematic one. According to this categorization, "Sub-Saharan Africa is seen to represent 'Pattern 11 countries', where HIV is being spread primarily through heterosexual contact, unscreened blood supplies, and by prenatal transmission" (Seidel,1993:133). This categorization obscures the fact that the virus affects heterosexuals in the Western countries. Thus, the effect of constructing, the "Pattern 11", type is to invent 'African AIDS' as if it were a totally distinct 'tropical disease'.

2.6.3 Development Discourse

> Development as distinct from medical discourse cultivates a diachronic, historical perspective. In an anti-colonial perspective, with labour migration as an important variable, it addresses the socio-economic determinants of health and health care (Seidel, 1993: 177).

Development discourse is mainly concerned with articulating the problems of 'under-development'. Within this development discourse, HIV/AIDS is viewed as 'a developmentally linked disease' with 'deep historical roots'.

2.6.3.1 The Gender Dimension of AIDS in Development Discourse

This new paradigm builds on "women's experience of men's control over women's sexuality and over their productive and reproductive work" (Seidel, 1993:178). According to Seidel (1993) the paradigm has the potential of challenging the much dominant construction of sex (biological) and gender (cultural) as opposites as often decreed by 'nature'. It also challenges the structure of male power as such power is seen as leading to women being sexually exploited and infected with HIV by their male counterparts either through forced sex in marital homes or rape. Thus, the paradigm of gender and development discourse gives increasing importance to gender and gender oppression.

2.6.4 Medico-Moral Discourse

The medico-moral discourse is usually judgmental and it presents AIDS as a form of 'God's punishment'. It also shares features of the older public health perceptions which created social categories of disease identified with disorder (Seidel, 1993). This discourse is dominant in christian communities. Christian discourses have resulted in many christian HIV interventions mobilizing sets of meanings mainly on issues of sexuality and the body. The focus will be primarily on the value of chastity and fidelity before and within monogamous marriages. According to Seidel (1993) some 'chastity' interventions attempt to support young women's voices and also deal with issues of sexual intimidation and harassment.

The medico-moral discourse on AIDS often involves 'blaming others'. The location of blame for disease is immorality or 'sin' of the other. The category of "the other" connotes prejudicial, sexist and racist stereotypes and representations. In many African societies women are often blamed for transmitting the virus. In most African circles, the phrase used for STDs is often translated as "women's diseases".

2.6.5 AIDS Rights Discourse

The AIDS rights discourse on AIDS as it relates to rights, dignity and civil liberties is derived from the main human right covenants, principally from the United Nations Universal Declaration of Human Rights. The Universal Declaration of Human Rights represents the basic international pronouncement of these rights. The discourse of rights rejects the isolation or quarantine of a person on the grounds that they may be infected with HIV or has AIDS. Any restriction on the grounds of HIV status is therefore considered unjustified and amounts to an infringement of human rights. The discourse advocates for the respect for human rights and dignity of persons with HIV or AIDS is an essential condition for effective AIDS intervention.

In this discourse, vulnerability to HIV/AIDS is linked to violations of fundamental human rights and the vulnerable position of women and children (UNAIDS, 1996).

2.6.6 ANC-Elite Discourse

The ANC-elite discourse on HIV/AIDS provides a mirror image of western donor rationalization. The discourse unravels the reasons for President Mbeki's (and other key ANC party figures) dissident position and the refusal to acknowledge the link between HIV as leading to AIDS. The implication of their position being that AIDS tests are pointless and anti-retroviral therapy are poisonous. The ANC's HIV/AIDS discourse can be gleaned from a paper authored by Peter Mokaba (2002) with contributions from Thabo Mbeki entitled '*Castro Hlongwane,Caravans,Cats,Geese,Foot and Mouth Statistics: HIV/AIDS and the struggle for Humanization of the African'*. The paper speaks strongly against Western biomedicine, the stigmatization of African sexuality and the portrayal of the continent as "a repository of degeneration with behaviour of our people prescribed by the scientists of the developed world through a campaign whose result is further to entrench their dehumanization" (Kauffman and Lindauer, 2004:5). Poverty and underdevelopment are seen as the agents of HIV/AIDS transmission in South Africa rather than self-inflicted behaviour. Mokaba argued that:

> In spite of our friends, the friends of Africa, we must stand up to say that we have had enough of the insults that demean Africans, whatever their nationality. The time has come that we gather the courage and intellect to say that we too are human, as human as any other human being. We are neither freaks, nor do we behave like freaks. We have never been barbarians and are not now. We are poor. We live in conditions of under-development. We are concentrated within the tropics and suffer from and enjoy the physical conditions that nature has imposed on this part of the globe. None of this makes us sub-human. Nor should the impact of disease, including AIDS, that afflicts us, be used in the name of questionable science and friendship with us, to reduce us to a peculiar species of humanity likely to slip back into a state of savagery (*The Sunday Independent*, June 16, 2002:12).

This discourse presents AIDS as a syndrome rather than a disease. This implies that people do not die of AIDS but poverty and other resultant effects it causes. This position taken by Mokaba is described as 'dissident' in many South African circles. Mokaba argues that the depiction of

AIDS as a sexually transmitted disease reinforces the dehumanization of African people. The use of Anti-Retroviral Treatment (ART) is ridiculed by Mokaba in this Mbeki inspired argument which portrays the pharmaceutical industry as having an agenda of selling drugs by preaching the wrong messages about HIV/AIDS (Jones, 2005). According to Jones (2005:16) those who promote the argument that HIV causes AIDS and that it can be controlled by ART are depicted by Mokaba and Mbeki as "reinforcing the colonial dehumanization of the African" (Kauffman and Lindauer,2004:51). Anti-retrovirals are labeled as highly toxic and responsible for many deaths due to serious side effects. ART is seen as not offering any ray of hope thus any medical solution to HIV/AIDS is rejected as 'Western' medicalisation of 'poverty' and 'underdevelopment' (Mokaba,in *The Sunday Independent*, June 16, 2002).

Many people within the ANC took a denialist position with regard to HIV/AIDS. The Minister of Finance, Trevor Manuel was quoted as describing Anti-Retroviral Treatment as akin to 'Western voodoo' (Jones 2005). The Health Minister, Manto Tsabalala-Msimang, has on many occasions argued that the African potato and garlic are more appropriate 'alternatives' to Anti-Retroviral Treatment. It is important to note that this dissident position of the ANC government has had an "indelible imprint upon policy responses" (Jones, 2005: 427).

2.7 The Complexities of AIDS in South Africa

In this section I review and discuss some of the complexities involved in trying to deal with AIDS. Of great importance in this discussion are the impediments posed by these complexities in the face of the pandemic. The section will also seek to suggest ways through which such complexities can be dealt with. A complexity can is defined by Van Niekerk (2002: 143) as:

> A kind of problem that not only has no clear cut-or self evident answer, but is also often constituted than an analytical approach where in we distinguish parts and whole, is not always successful either. In complexities or complex systems, the whole is more than the constituent parts; the approach to the solution of complex problems often requires a problem consciousness and a sense of interactive influences that defy our natural intuitions or analytical prowess.

This is not to argue that everything about HIV/AIDS in South Africa is uncontrollably complex and unmanageable. Much can be done to deal and manage the epidemic as this thesis will argue. High levels of household poverty have remained the great challenge that the new South Africa is grappling with. The structural effects of these alarming levels of poverty are clearly elucidated in literature. I discuss some of the challenges the nation is facing in relation to the problem of HIV/AIDS in the following section.

2.7.1 Poverty, Marginality and HIV/AIDS in South Africa

> To talk of poverty with AIDS in Africa is both necessary, but also confusing. According to the President of South Africa, Thabo Mbeki, poverty is the main cause of AIDS. This blunt statement fails to take into account a very basic distinction often lacking in the public discourse on AIDS in Africa. This is the distinction between the cause of the epidemic, and the social context within which the epidemic thrives. There can be no doubt that AIDS is caused by a retro-virus which shows an unprecedented ability to undermine the human body's immune system, and for which neither a cure nor a vaccine has yet to been found. Viral diseases, as we know, do not all become epidemics. To become an epidemic, a niche or social context is required (Van, Neikerk, 2002:143).

As highlighted in the above quotation, poverty is the main aspect that has contributed to the spread of HIV/AIDS in South Africa. Poverty has many structural effects and account to prostitution, school drop out, deteriorating living standards and health care provision. These factors are the main contributing vectors causing the rapid spread of HIV/AIDS in the country. The incidences of poverty are closely related to unemployment, underdevelopment and unremunerative forms of employment. Rural poverty is more prevalent than urban poverty. According to the Income and Expenditure Survey of 1995, 62% rural dwellers are poor, compared to 32% of people living in small towns, 25% of those in secondary cities and 13% in major metropolitan areas (Woolward, 2002). The most striking form of poverty is rural poverty. It becomes important for now to categorize and discuss the nature of rural poverty, its causes and its interface with high HIV/AIDS incidences.

2.7.2 The Rural Poor in South Africa

The national data on poverty indicates that rural people have a great chance of being poor mainly because of lack of access to employment. Statistics South Africa (2006) reported an official national unemployment of 25% in March 2006. In 1999, over 51% of the rural African workforce was unemployed, versus 43% for Africans in urban areas. However, rural poverty is aggravated by lack of access to productive resources. Based on the findings of the Rural Survey (1999) conducted by Statistics South Africa, in 1997 there where 900, 000 African households living in former homelands that had no access to arable land, 1,4 million that had no livestock other than chickens, and 770 000 households had neither.

2.7.3 Poverty and HIV/AIDS in South Africa: The Link

The fact that poverty and disease are inextricably linked is widely accepted and uncontested. This is evident from the mounting literature on the subject (Barnett and Whiteside, 2002) as well as public debate on the issue. However, Tladi (2006:369) postulates that:

> There is still a big lacuna in what is known about this link, both regarding how the epidemic aggravates poverty vice-versa.

Many scholars argue that different levels of poverty (individual, household and community) and their related characteristics (low education levels, low marketable skills, lack of knowledge or information regarding the risk of infection and the lack of resources to act on this knowledge, lack of capacity to negotiate sex, and high population mobility create a fertile breeding space for HIV/AIDS (Whiteside and Sunter, 2001, Alban, 2001, Barnett and Whiteside, 2002, Booysen, 2002). Booysen (2004) in his study on poverty, knowledge and risky sexual behaviour found out that while it was only a smaller percentage of women who were much more knowledgeable about HIV/AIDS and had engaged in risky sexual behaviour, “the likelihood of engaging in risky sexual behaviour was higher among women from poorer households relative to those from affluent ones (Tladi, 2006:370).

It has to be stated that there are many studies that suggest the intricate nature of the relationship between poverty or socioeconomic status and risky HIV/AIDS infection. Other studies have shown how HIV/AIDS can aggravate poverty by making it hard for the poor to mitigate its impact. It follows that poverty and its associated factors such as low education, reduce the chances of the poor to have sound knowledge of the means of preventing HIV infection. In addition, poor women are not likely to use condoms or to negotiate condom use due to both low education levels and economic dependence on their partners.

2.7.4 Poverty and Sexual Behaviour

Evidence from several studies suggests that economic status do have a great influence on the adoption of safer sexual behavioural practices. Studies on the link between poverty and risky behaviour have become particularly important in the wake of growing evidence that popularize the link between poverty and HIV/AIDS. On the contrary, there is conflicting evidence on the link between poverty and risky sexual behaviour. Booysen (2004) used South African DHS data to examine the link between poverty and risky sexual behaviour and did not find a significant association between wealth status and women's risky sexual behaviour (Nyovani *et al*., 2007). Regardless of such contestations, it remains clear that in many rural spheres of the South African economy, poverty still remains an important driving factor for unsafe sexual practices. Many poor families in South Africa exhibit unsafe and risky sexual behaviours. Destitution and lack of disposable income are the main drivers for initiating sexual activity in poor families (Nyovani, *et al*., 2007). In contrast, curiosity and experimentation are the two most important factors for the initiation of sexual activity in affluent families and typical of these households is the use of protective sexual measures during intercourse. In this case, there is a strong correlation between wealth status and the use of condoms.

It is clear in this discussion that understanding patterns and motivations of early sexual debut, non-use of condoms, and multiple partnerships is an important contribution to HIV prevention strategies. The assumption is that these are all linked to wealth and status which are co-determinants of HIV transmission. In short, poverty, by influencing sexual behaviour and access to services, can influence the transmission of HIV infection. Given all the effects of poverty, the challenge for South Africa is to devise HIV prevention programmes that identify ways of making

the poor avoid risky sexual behaviour. Such programmes need to take account of all socio-economic factors that influence people's sexual behaviour (Butler, 2005).

2.7.5 The Crisis of Leadership and the Politics of AIDS

The failure of the South African government to manage the ever-increasing incidences of HIV/AIDS has been singled out as a major blow in all efforts to contain the epidemic. This lack of action and commitment is evidenced in the denialist stance taken by President Thabo Mbeki himself. Put clearly, Van Niekerk (2006:6) argues that:

> The lack of political will on the part of the leadership in South Africa, in its turn exacerbated by President Mbeki's flirtations with the views of discredited 'dissident' scientists such as Duesburg, Rasnick and Mhlongo who challenge the theory that AIDS is caused by a virus remains a serious impediment to the creation of an imaginative, yet workable national strategy for approaching a problem which clearly is evolving into a national, if not global disaster.

The reasons behind President Thabo Mbeki's position (and other ANC party figures) are quite complex. Their refusal to acknowledge the link between HIV as leading to AIDS has affected the nation in many respects, including the way we have responded to the epidemic as a nation. Moreover, in South Africa, response to HIV/AIDS has 'generally been fragmented' (Van Rensburg, *et al.,* 2002). Civil society organizations (CSOs), non –governmental organizations and the government are not a cohesive unit that can work together to deal with the epidemic. Jones (2005: 428) elaborates more on this point below:

> There appears to be a great deal of confusion within the NGO sector, as well as the latter and government concerning what role each should be playing in the context of HIV/AIDS. Despite reference to building partnerships across sectors with CSO's and NGO's, the intended multi-sectoralism of South African National AIDS Council and the partnership against AIDS, has, to date, apparently shown a very limited role for civil society involvement.

The failure of the government leadership on the proper course of action with regard to HIV/AIDS has often been suggested by several scholars as contributory to high rates of HIV/AIDS prevalence throughout the country (Barnett and Whiteside, 2002, Kauffman and Lindauer, 2004, van der Vliet, 2004).

Conclusion

The chapter has shown that HIV/AIDS remains the major challenge South Africa is facing. There are several proposals or assumptions that have been brought forward within the country in an effort to understand every detail about the epidemic. The central argument is the one that relates to controversy caused by the denialist position taken by the South African government on HIV/AIDS. Moreover, poverty, social marginalization and deepening levels of structural inequalities have weakened these societies in such a way that they have become HIV/AIDS infection zones. The rural poor are much more susceptible and vulnerable to HIV/AIDS infection as they are not able to cope with the challenges posed by an epidemic of this magnitude. The studies conducted in South African societies have shown that poverty has got a direct link with the adoption and practices of unhealthy sexual exercises and tendencies which will result in these poor people being victims of HIV/AIDS infection. In conclusion, it is important to note that the discourses, interpretations and narratives on HIV/AIDS whether at political, governmental or societal level do shape the way people have responded to HIV/AIDS in South Africa.

CHAPTER 3

SOCIAL CAPITAL AND HIV/AIDS

3.1 Introduction

This chapter seeks to deconstruct the notion of social capital and give an understanding on really what social capital is. There have been different conceptualizations and definitions on the concept across disciplines. In this chapter, I will give an overview of different meanings and definitions of social capital from different scholars working on the concept. In a way, this will lead us to develop a more informed understanding of the concept. The concept analysis done by Hean (2003) and colleagues will guide the discussion on what social capital as a concept entails. Differing perspectives and conceptualizations of the concept of social capital ranging from the work of Bourdieu (1986), Coleman (1998), Lin (1982), Robert Putnam (1993) among other scholars will be reviewed. The chapter also discusses the relationship between social capital, health and HIV/AIDS with a purpose of looking at possible connections suggested in current literature. On such a relationship, the chapter gathers that there is emerging consensus in literature linking social capital to improved public health conditions. However, the connection between HIV/AIDS and social capital is not well elucidated in literature. Nonetheless, the chapter will show the predictive utility of social capital in HIV/AIDS avoidance or prevention.

3.2 Defining and Conceptualizing Social Capital: What is Social Capital?

Social capital is an expansive concept, one that includes facets such as sociability, social networks, trust, reciprocity, and community and civic engagement. Morrow (1999) states that the fundamental principle behind the concept appears to be that social capital is constituted by the extent to which people are embedded[2] within their family relationships, social networks and communities, and have a sense of belonging and civic identity. The scientific literature is scattered with various definitions of social capital but most refer to the work of Pierre Bourdieu (1986), James Coleman (1988) and Robert Putnam (1993). While each of these authors describe social capital through a different disciplinary lens, their common thread relates to the importance

[2] Embeddedness theories are often associated with the concept of social capital in literature.

of positive social networks of different types, shapes and sizes in bringing about social, economic and health development between different groups, hierarchies and societies.

The concept of social capital appears in a large body of recent literature, including academic scholarship, government policy papers and legislation, international agencies, economic and social texts and non-governmental organizations and agencies' publications. Definitional debates have been going on for the best part of a decade now, and they continue to absorb time and resources best spend on more important issues. However, there is an emerging consensus on the definition of social capital. The emerging consensus views social capital as:

Social capital refers to the norms and networks that facilitate collective action.

Below, I give an overview of the meaning of social capital as gathered from the 'concept analysis' undertaken by Hean *et al.,*(2003) to determine the meaning and the use of social capital. The overview is as a result of a concept analysis of the social capital concept done by Hean, Cowley, Forbes and Griffiths (2002). The discussion below hinges on this analysis of the concept. A concept analysis is a structured method for "clarifying a concept, its attributes and current use" (Rodgers, 1993: 77). In other words, it is an analysis that seeks to unpack the key components of the concept. Such clarity will then be a first step in creating the foundation of accurate theory building. It will situate or locate the building of a block with which to begin. It is not an attempt at a comprehensive review of the literature as would be achieved by a systematic review.

As in research sampling, Hean *et.al., (*2003) identified the population of literature in which the understanding of the concept needs to be clarified. The concept analysis takes literature written and quoted in the discipline of health and the social sciences as the population. The population of this literature was generated from several searches for relevant literature using social capital as a key word search in a range of appropriate databases and journals (from 1985-2002), namely, Medline, AIDSline, Pubmed, Premedline, Ingenta Journals, Psycinfo, Embase, Science Direct, Health and Place, Citation Indices among other relevant databases. A sample of literature was selected from this population. The sample was purposeful and to a degree snowballed: as key

authors central to the understanding of social capital in the field kept on referring to other distinguished authors and social capital theorists.

Using the sampled literature, the attributes of the concept were then explicitly identified. Hean *et al.*,(2003) further delineated these attributes from what may potentially be emerging antecedents or consequences of the concept. The results of such a concept analysis led to the identification of the building blocks of a potential framework that can be used to surround the theory of social capital and upon which a survey instrument can be created. The most common definitions that I drew from this analysis are discussed below:

- Social capital is "the institutions, relationships, and norms that shape the quality and quantity of a society's social interactions" (World Bank, 1999:14).

- "Social capital refers to those stocks of social trust, norms and networks that people can also draw upon to solve common problems. Networks facilitate coordination and communication, and thus create channels through which information about the trustworthiness of other individuals and group can flow, and be tested and verified" (Civic Practices Network, 2000).

- Social capital is described as "the mutual relations, interactions, and networks that emerge among human groups, as well as the level of trust seen as the outcome of obligations and norms which adhere to the social structure found within a particular group or community. There is an implicit understanding that social capital will be useful for enhancing some other features such as learning, social mobility, economic growth, political prominence, or community vitality" (Wall, Ferrazzi and Schyer, 1998:304).

- Social capital "involves formal and informal social networks among individuals who share norms and values, especially the norm of reciprocity (mutual assistance). Two types of social capital are distinguished: localized social capital, found among people who live in the same or adjacent communities, and bridging capital, which extends to individuals and organizations that are more removed (Wallis, 1998).

- "Social capital consists of two main components: sociocultural milieu and institutional infrastructure. Sociocultural milieu is quite similar to the bonding capital. Institutional infrastructures have strong similarities to bridging capital" (Temkin and Rohe, 1997:16).

Regardless of all these articulations, the concept of social capital is regarded as controversial, a situation which according to Portes and Landolt (2000:531), has to do with the application of social capital to "problems at different levels of abstraction and its use in theories involving different units of analysis".

While many call for more precise definitions of this multi-faceted concept, in the exploratory phase of social capital research I would argue that varying definitions have supported the generation of a rich array of hypotheses. These can be tested empirically to explore the usefulness of the concept in contributing to improving health in general and HIV/ AIDS transmission.

3.3 Attributes, Benefits or Consequences of Social Capital: Evidence from the Literature Survey

Literature on social capital suggests two main attributes of the concept which are namely global attributes and component attributes. I discuss each of them below.

3.3.1 Global attributes

The literature survey and concept analysis on social capital resulted in the identification of the central attributes of the concept or construct. The first category is what Hean (2003)[3] and his colleagues termed "global attributes" and second category classified as "component attributes'.

Global attributes are properties of the concept that describe the concept as a whole, they provide a generic description. On the contrary, component attributes allude to single and specific

[3] These authors provided a classification that was central for the purposes of my analysis of the social capital concept.

dimensions of social capital. These components, if considered in tandem with others, generate an overall impression of the social capital available. If taken separately, however, they cannot describe the construct in its entirety. The most important understanding here is that social capital exists through relationships and thus it is often if not always 'relational' (Mitchell and Harrison, 2001, Vimpani, 2000, Leana and Van Buren, 1999, Runyan *et al.*, 1998, Astone *et al.*, 1999, Cox.1997). The potential effect or utility of social capital lies in its ability to be shared as people relate to each other on all forms or levels of interaction and action. Hence, the first global attribute of the concept of social capital relates to the 'social nature' of the concept.

The other global component of social capital relates to the 'capital' nature of social capital. This form of an understanding is often in line with a Marxist analysis or interpretation of capital as something that is often durable and that can be exchanged. This is often seen in the work of Bourdieu and other Marxist Scholars who hold that social capital is exchangeable. For Bourdieu, social capital refers to "an unceasing effort of sociability, a continuous series of exchanges in which recognition is endlessly affirmed and reaffirmed" (Bourdieu, 1997:52), an "aggregate of the actual or potential resources which are linked to possession of a durable network" (Bourdieu, 1997:51).

However, it has to be stated that some global attributes of social capital cannot only be derived with reference to the 'social' and 'capital' parts of social capital but through cooperation, mutual understanding, regulation or reputation (Kilpatrick, 2000, Coleman, 1988, Collier, 1998).

3.3.2 Component attributes

The first major component attribute of social capital is one that defines and measures social capital in terms of social networks. Hean and colleagues (2003) in their analysis on the concept of social capital found that social networks through which capital resides and is exchanged are an important component of social capital. Several authors have studied the effects of social networks on virtually every aspect of human life and found that the social networks that one has are quite useful and essential such that without them, one cannot manage to deal with day-to-day challenges and problems (Cattell, 2001, Rapheal *et.al,* 2001, Gillies, 1997, Shiell, 2000,

Kilpatrick, 2000, Veenstra, 2000). The types range from membership in the informal (e.g. family, friend and neighborhood) to the formal (e.g. sports clubs, neighborhood associations, cooperative units) setting.

A second major component of social capital well quoted and defined in literature is social trust which Kawachi (1997) defines as referring to the belief or goodwill of others. It might refer to the trust and confidence in friends or other people one is close to. An individual can openly share whatever he or she might want without any form of fear or restrain whenever there is a high sense of social trust and confidence on others.

Literature also features a third major attribute of social capital which refers to the resources that are exchanged through social networks. The resources can be either internal or external to the individual (Hean *et al.,* 2003). External resources exist outside of the individual. They are accessible only through interaction with others within the same network. They are both physical (financial and other material resources) and abstract forms (e.g. a collective skill base of people in the network, willingness of network members to offer assistance in the vent of a problem or crisis). These resources will be of more or less value to the member dependent on the nature of social advantage desired (Hean, *et al.,* 2003). However, resources that are internal to the individual are considered the most relevant and useful.

3.4 Social Capital: Differing Perspectives and Converging Conceptualizations

The notion of social capital has been around for decades. It is with the work of Jane Jacobs (1961), Pierre Bourdieu (1983), James Coleman (1988) and Robert Putman (1993 and 2000) that it has come into prominence. Although the idea of social capital is said to have originated from Bourdieu (1986) some authors acknowledge that Coleman (1988) further developed the idea and Putnam popularized it. Conceptual imprints of the idea of social capital can also be found in early influential writers. Foley and Edwards (1998) and Whittington (1998) acknowledge De Tocqueville's (1969) idea that a strong civil society is crucial for the performance of institutions. Fedderke,*et al.*,(1999) refer to Durkheim and Parson's 'value introjection', Simmel's 'reciprocity transactions' and Weber's 'enforceable trust' as quite related to the concept of social capital.

Social capital theory and its research enterprise have been received with much enthusiasm and debate in the academia and research community. Several economists, political scientists including sociologists explored the concept in detail and differed sharply on what really the concept entails. While excitement around the concept has been generated, divergent views, perspectives and scholarships also emerged highlighting the need to clearly define and deconstruct the concept. The purpose of this section is to highlight some of the contestations, conceptual differences and converges revolving around the concept of social capital. Below, I look at the views of several scholars who have invested so much in any effort to fully understand and apply the concept.

3.4.1 Bourdieu (1983, 1986): Mutual acquaintance, Membership and Connections

In his analysis of capital, Bourdieu sees two main forms of capital which are, cultural capital, and social capital. He defines social capital as:

> The actual or potential resources which are linked to possession of a durable network of institutionalized relationships of mutual acquaintance and recognition- or in other words, to membership in a group (Bourdieu, 1996: 248).

For Bourdieu (1986) social capital is made up of what he termed ‘social obligation’ or ‘connections’. It means that the group provides its members with the much needed capital. In other words, social capital depends greatly on the size of one’s connections and on the volume and amount of capital (Lin, 2001). Social capital for Bourdieu becomes a collective asset shared by members of a group. He sees social capital as a production of the group’s members. It is a form of capital possessed by members of a social network or group and members can use and benefit from this form of capital. It is a collective asset benefiting members and it is usually maintained and reinforced for future usage when members of the group continue to interact thereby investing in the relationship.

Bourdieu’s analysis is the most theoretically refined among those that introduced the term in contemporary sociological discourse. He focused on the benefits accruing to individuals by virtue of participation in groups and on the “deliberate construction of sociability for the purpose

of creating this resource" (Portes, 2003:3). Social networks for Bourdieu are not a natural given but must be constructed through investment strategies that are designed towards the institutionalization of group relations. Throughout the discussion on social capital, Bourdieu talks of the interaction between financial or money capital, cultural capital and social capital.

3.4.2 Coleman (1998, 1990): Structure of Relations

> Social capital is defined by its function. It is not a single entity but a variety of different entities, with two elements in common: they all consist of some aspect of social structures, and they facilitate certain actions of actors - whether persons or corporate actors - within the structure. Like other forms of capital, social capital is productive, making possible the achievement of certain ends that in its absence would not be possible (Coleman, 1988:32).

For Coleman, social capital inheres in the structure of relations between actors and among actors. He asserts that:

> By identifying this function of certain aspects of social structure, the concept constitutes both an aid in accounting for different outcomes at the level of individual actors and an aid toward making the micro to macro transitions without elaborating the social structural details through which it occurs.

Hence, social capital for Coleman consists of two main elements: a social structure and the action of individuals with such a social structure (Coleman, 1990). Coleman also went further to identify factors that are important whenever we talk about social capital. These factors relate to obligations, expectations and trustworthiness of structures. He argues that trustworthiness is an important form of social capital as it provides the basis for action.

3.4.2.1 Social Capital as 'Public Good'

According to Coleman, social capital has features that distinguish it from private goods and this makes it similar to a public good. It is non-alienable and accessible to all participants in the network and cannot be traded on the market, for example it is difficult to put a price on social

trust (Herreros, 2004). A second difference with respect to private good (including human and physical) is that an individual who participates in the creation of social capital does not obtain all the returns from it (Coleman, 1990). This is to say, social capital according to Coleman does not only benefit those who participate in its creation but also has external effects on the whole community. This feature of social capital relates to the nonexclusively of public goods and it is one of the main attractions of the concept: it benefits the entire society not only those who participates in it (Herroros, 2004). Coleman concludes that the reason why people are not interested in the creation and generation of social capital is that it does not only benefit those who create it but everyone.

3.4.3 Nan Lin (1982, 2001): Social Structure and Action

Social capital is the investment in social relations with expected returns. Individuals engage in constant interactions and networking in order to produce profit (Lin, 1982). Social capital is seen as an asset by virtue of actors' connections and access to resources in the network or group of which they are members. Lin (1982) is of the view that there are two types of resources an individual can gain access to and use. These are personal and social resources. For him:

> Personal resources are resources possessed by an individual and may include ownership of material as well as symbolic goods (diplomas and degrees). Social resources are resources accessed through an individual's social connections. Depending on the extensity and diversity of their social connections, individuals have differential social resources (Lin, 1982: 21).

Lin (1982) argues that these resources can be "borrowed" for the purpose of making a gain. In conceptualizing the notion of social capital, Lin (1982:25) is of the contention that social capital may be defined as "the resources embedded in social networks accessed and used by actors for actions".

For him, social capital refers to resources embedded in social relations, not individuals, and most importantly the resources reside with actors. It is only this characteristic of 'social embeddedness' that separates social capital from human capital or any other kinds of capital.

Since human capital refers to investment on the part of individuals to acquire certain skills and certifications that are useful to them, it cannot be defined as social capital.

All in all, Lin (1982) is of the assertion that social capital is an investment by individuals in interpersonal relationships which are known to him or her. It is only when the individual is aware of these relationships that he can access and benefit from them. Lin (1982) identified three important areas in his conceptualization of social capital and these are the resources, embeddedness in a social structure and action. According to him, social capital is rooted in social networks and social relations and is conceived as resources embedded in a social structure that are accessed and mobilised in purposive action. Hence, social capital should provide benefits for an individual who acts for a purpose. The issue of interaction is pivotal for one to achieve or gain something. Lin (1991:4) argues that:

> Individuals like groups and organizations, gain and maintain valued resources to promote their well-being .They can mobilize and use such resources in purposive action to gain additional resources.

As highlighted earlier, the following are the types of resources identified by him:

3.4.3.1 Personal Resources as Human Capital

> Personal resources are in the possession of individual actors, who, as their owner, can use, transfer, and dispose of them without needing to receive specific authorization or be accountable to other actors or social positions. Acquisition of personal resources can be pursued down many avenues. One major route is by way of inheritance or ascription (Lin, 1991: 42).

Education is one good example of human capital which also leads to the acquisition of other resources like wealth, power and reputation as argued by Lin (1991).

3.4.3.2 Social Resources as Social Capital

These are resources accessible through connections. They are resources embedded in one's networks. Resources an actor can be linked to through her or his social networks are essential in the theory of social capital. Social capital only occurs through the direct and indirect forms of interaction. Purposive actions are seen as instrumental and the ways through which a goal can be achieved. Purposive actions allow actors to access and use another's resources for their own purposes.

3.4.5 Robert Putnam (1993, 1995): Civic Participation and Associations

Putnam (1993, 1995) postulates that social capital is a result of peoples' connections. Putnam's work on participation in voluntary organizations in democratic societies such as the United States of America reflect the utility and essentiality of civic participation and connectedness in promoting and enhancing collective norms and social trust. He defines social capital as "the features of social organization such as social networks, norms and social trust that facilitate coordination and cooperation for mutual benefit" (Putnam, 1995: 67).

Putnam's study focused on explaining the institutional performance and socio-economic development of certain regions of Italy through civic engagement. The findings of such a study suggests that:

> In a community, the presence of citizens' networks, such as neighborhood associations, choirs, cooperatives, sports clubs and political parties, reflects an intense horizontal interaction. Members of these networks have a similar status in terms of power. The more prevalent these networks are in a given community the more citizens are able to work together for the good of the community (van Kemenade, 2001:4).

For Putnam there are four main reasons why networks of civic engagement are beneficial. The first reason is that the networks constitute an obstacle for opportunities in inter-individual transactions. Secondly, the networks foster robust reciprocity. The third reason is that the networks facilitate communication and contribute to the growth of trust. Lastly, the networks

promote the survival of historical heritage (van Kemenande, 2001). In short, Putnam is of the assertion that these networks of associations and participation promote and enhance collective norms and trust, which are central to the production and maintenance of the collective well being (Putnam, 1993, 1995). Social capital is created as a by-product of activities relating to the obtainment of private good. As a by-product of participation in private-good associations, individuals can obtain resources in the form of social capital. The information potential derived from relations inside those associations is an example of a resource that participants can benefit from.

3.4.6 Flap (1988, 1991, 1994): Mobilized Social Resources

For Flap (1988, 1991, 1994), social capital includes mobilized social resources. He identified and specified three main elements of social capital which are: the number of persons within one's social network who are "prepared or obliged to help you when called upon to do so" (Flap, 1998:13). The strength of the relationship indicates readiness to help with resources. Thus, social capital for Flap is resources provided by persons who have strong relationships with an individual. It is the product of available social resources and the willingness of other people to offer such resources for help.

3.5 Sources of Social Capital: Suggestions from Literature

Social capital is conceptualized as a societal resource that links citizens to each other and enables them to pursue their common objectives effectively (Stolle, 2003). Studies on social capital have revealed several sources of social capital which are briefly discussed below.

3.5.1 Voluntary Associations

Regular social interaction is considered the most important mechanism for the creation of norms of cooperation and trust (Stolle, 2003, Putnam, 1993). This assumption is efficiently addressed by de-Tocqueville. For Stolle (2003:23), "associations are seen as creators of social capital because of their socialization effects on democratic and cooperative values and norms". In areas with stronger, dense and horizontal networks people adapt to the cooperative values and norms

of reciprocity and trust. Putnam (2000:394) views associations as "learning school for democracy". Citizens learn civic virtues and democratic attitudes. Membership in voluntary associations is seen facilitating the learning of cooperative attitudes and behaviour including reciprocity (Hooghe, 2003). It increases face-to-face interaction between people and creates a conducive setting for the development of trust. Stolle (2003) argues that:

> The operation of voluntary groups and associations contributes to the building of a society in which cooperation between all people for all sorts of purposes - not just within the groups themselves- is facilitated.

Members of voluntary associations learn self-respect, group identity and public skills (Verba, Schlozman and Brady, 1995; Dekker, Koopmans and van den Brock 1997, Moyser and Perry, 1997). The idea of the importance of associations and social interactions for fostering civic attitudes and values and most significantly for overcoming collective action dilemma is emerging and gaining prominence in literature. There is a kind of causal relationship or connection between associational membership and 'civicness' (Mueller, 1994). However, the role of voluntary associations as generators of social capital in the form of generalized trust is yet to be established in most research and academic circles mainly because;

> There is considerable doubt that membership in voluntary associations captures the whole range of civic activities that constitute social capital (Stolle 2001 in Hooghe 2003:28).

Civic membership as it is commonly referred to in many academic circles has remained an important source of social capital and thus equally useful as any other sources of capital whether financial or human.

3.5.2 The Family as 'Social Capital'

The family background has remained the most influential determinant of the degree of trust developed by an individual (Stolle 2000, Wuthnow 1997). Literature is highly suggestive of the fact that family experiences would have a significant bearing on individuals' trust levels (Erikson 1963, Newton 1997, Reshon 1975). The argument is that children who are provided with a

trusting and open parental environment and who are socialized in a self-respecting atmosphere are more likely to be trusting and want to reciprocate (Erickson 1963, Uslaner 2000). Most significantly, families function as actual arenas of learning where children experience first-hand episodes of cooperation (Katz and Rotter, 1969). Family ties and kinship associations have been suggested in many social capital studies as relevant generators of social capital. Through such ties an individual can be better equipped to solve all issues that might be affecting his or personal life (Coleman 1996, Putnam 1993).

3.5.3 The State and Political Institutions as Sources of Social Capital

Democracy as an important variable of the State is identified and suggested as related to social capital (Putnam 1993a, Almond and Verba 1963, Inglehart 1997). Thus, authoritarianism is suggested to have a negative influence on social capital creation and generation. This is mainly because;

> Repressive governments disturb civic development in two other major ways: First, they discourage trust. Even though totalitarian governments, such as communist regimes, mobilize civil society through party and other governmental organizations, association is always state controlled and often voluntary. Generally, authoritarian and totalitarian governments seem partially to build their strength on the foundation of distrust among citizens (Stolle 2000 in Hooghe and Stolle 2003:31).

Fukuyama (1999) is of the assertion that any form of government is detrimental to the development of social capital. He argued that the capacity of voluntary organizations and of the family to attend to social needs has been undermined by the state. However, the general consensus emerging from literature is that democracies have the ability to generate civic capacity. The welfare state has been seen as encouraging the development of social capital. Its accommodation of voluntary organization is seen as resulting in the generation of social capital. Governments can realize their capacity to generate trust only if citizens consider the State itself to be worth trusting (Levi, 1998). The State should support the integration and participation of citizens in the mainstream activities of a nation or country and these might include voting and free political expression.

3.5.4 Neighbourliness and Social Cohesion

Neighbourhood social capital has often received much attention in literature for its ability to deal with issues affecting the community for example crime and any form of delinquent activity (Sampson, 2001). Neighbourhood network- based resources which are accessible based on social trust are seen as useful and important for achieving a variety of outcomes (Carpiano, 2007). Residents can draw upon social support [4] that community residents or citizens can draw upon to cope with daily problems and challenges (Briggs, 1998, Dominguez and Watkins, 2003). As an important facet of neighborliness, social trust or social leverage as it is called in some circles, helps community residents or citizens to "access information, survive socioeconomically, and even potentially advance" (Capriano,2007:641). Also of great importance and relevance is neighbourhood organization participation which generally refers to residents' systematic, coordinated and organized collective activity for addressing neighbourhood issues (Litwak, 1985, Saegert and Winkel, 1998, Capriano, 2007).

Social cohesion on the other hand involves some patterns of social interaction and values for example mutual trust, familiarity, network formation and social ties. Capriano (2007:641) sees social cohesion as the foundation from which social capital can be formed. In several research traditions, social cohesion or other aspects of it have been wholly measured and conceptualized as social capital (Granovetter, 1973, 1983; Portes and Sensenbrenner, 1983).

3.6 Perspectives on Social Capital

As has been highlighted by the several scholars who wrote extensively on the notion of capital, there is no generally agreed upon definition of social capital. Views on the subject are quite divergent and hold different propositions in relation to the way the concept functions, how it is structured and its utility. However, it is interesting to note that in all the views discussed above, social capital is seen as a social asset and useful in one respect or another. In this section, I

[4] Often referred to in some circles of literature as a form of social capital that can be easily accessed in societies of high social trust.

follow up the above discussion as I discuss the four main perspectives on social capital based on the literature survey that I have done.

3.6.1 Communitarian View

This perspective equates social capital with local organizations such as clubs, associations, and civic groups. The basic assumption of this view is that social capital enhances the community's welfare (Woolcock and Narayan, 2000). It stresses the need for social ties to deal with the problems of the community such as poverty, HIV/AIDS among other issues. Being a member of highly integrated community is associated with certain benefits that will accrue. The communitarian perspective also assumes that communities are homogenous entities and automatically include and benefit all members.

3.6.2 Network View

The network approach to social capital stresses the importance of vertical and horizontal associations between people and of relations within and among such organizational entities as community groups and firms. It recognizes that strong intra-community ties give individuals, families and communities a sense of identity and common purpose. Such a view is characterized by two main propositions. First, social capital is seen as a double –edged sword. It can provide a host of valuable services for community members. The strength of the network view lies in its willingness to engage in detailed discussions and debate (Woolcock and Narayan, 2000, Lin, 2001).

3.6.3 Institutional View

The perspective argues that the vitality of community networks and civil society is largely the product of political, legal, and institutional environment. The institutional approach argues that the capacity of social groups to act in their collective interest depends on the quality of the formal institutions under which they reside. Such a view argues that the performance of State institutions and firms themselves depends on their own internal coherence, credibility, and competence and on their accountability to civil society (Stolle, 2003).

3.6.4 Synergy View

A synergistic relationship between government and citizen action is based on complimentarity and embeddedness. Complimentarity refers to mutually supportive relations between public and private actors. Embeddedness refers to the nature and extent of the ties connecting citizens and public officials. The assumption here is that, neither the State or societies are inherently good or bad, governments, corporations, nor civic groups are important to the attainment of collective goals. Most importantly, the state, firms and communities alone do not possess the resources needed to promote and achieve sustainable development. Thus, complementarities and partnerships are needed to in order to deal with day to day problems or issues (Hooghe, 2003).

3.6 How is Social Capital defined in studies linking it with Health?

Social Capital is an important indicator of a country's health as the unemployment rate, the domestic product or environmental conditions (Putnam, 2000). In the analysis of this social determinant of health, researchers essentially drew on the basic indicators of social capital, as originally defined by Coleman (1990) and Putnam (1995). More recently, studies by social capital theorists have renewed the approach and propelled other studies in the field, especially those of Kawachi (1999) and his colleagues. Kawachi (1999) uses the concept of social capital as a combination of indicators grouping social trust, civic participation and networks. It is imperative to note that the link between social capital and health is often misunderstood by many people (Kawachi, 1999).

3.7.1 Social Capital and Health: Contextualizing Health Promotion within Community Networks

> On the one hand, millions of dollars are committed to alleviating ill health through individual intervention. Meanwhile we ignore what our everyday experience tell us, i.e. the way we organize our society, the extent to which we trust and associate with each other in caring communities is probably the most important determinant of our health (Lomas, 1998:1181).

This section examines the potential contribution of the concept of social capital to our understanding of the social determinants of health, and the current debates in the design and evaluation of health promotional intervention. It looks at what constitutes a health enabling community. However, our understanding of what a 'health-enabling community' is still in its infancy. Recently much enthusiasm has been generated around the hypothesis that levels of health might be better in communities characterized by high levels of social capital. "Such discussions have tended to draw on Putnam's (1993) definition of social capital, where social capital is defined as the social or community cohesion resulting from the existence of local horizontal community networks in the voluntary, state and personal spheres, and the density of networking between these spheres, high levels of civic engagement, participation in these local networks, a positive local identity and a sense of solidarity and equality with other community members, and norms of trust and reciprocal help, support and cooperation" (Campbell, 2005:2).

High levels of social capital have been found to be associated with a range of positive political and economic outcomes in Italy (Putnam, 1993) and Tanzania (Narayan and Pritcheft, 1997). A range of authors (Baum, 1999, Gillies, 1998, Lomas, 1998, Kawachi *et al.*, 1997, Lomas, 1998, Wilkinson, 1996) have suggested that social capital might also be associated with positive health outcomes, and argued that Putnam's ideas might usefully be imported into the field of health promotion. If support could be found for this hypothesis, the implication would be that health promoters should put much energy into developing programmes and policies that enhance levels of social capital in low health communities (Campbell, 2005).

3.7.2 Social Capital and Health: A Critical Discourse

The concept of social capital has generated much enthusiasm in public health circles, but also many critical schools of thought have emerged in response to this enthusiasm. Ironically, some of its ardent supporters ended up pointing out its shortcomings. Baum (1999) warns that in its present state of development the concept is vague, slippery and poorly specified, and in danger of 'meaning all things to all people' on both the right and left of the political spectrum. As such it needs clarification. Gillies (1998) emphasizes that social capital is quite a descriptive construct

rather than an explanatory theory, and that there is a need to account for the mechanisms underlying the alleged health community link.

The most strongly articulated criticism is that the concept of social capital has been so enthusiastically grasped by health professionals ranging from local and national government representatives to overseas development agencies because it points towards a convenient justification for a retreat from expensive welfare spending. Cynical critics point out that despite the abundance of strong research linking material deprivation and health inequalities, social capital proponents prefer to place their emphasis on the as yet only hypothesized link between health and social capital. Critics suggest that social capital is popular because its implications for policy are cheaper than the goal of reducing income inequalities. They also argue that such thinking potentially incorporates an element of victim-blaming-implying that the poor are unhealthy because they do not devote enough energy to participation in community activities (Muntaner and Lynch, 1999).

In response to such criticism, it has been argued that rather than seeing a focus on social capital as a means of displacing attention from the strong evidence for the impact of poverty on health, a focus on social capital could contribute to much needed research into mediating mechanisms whereby material deprivation impacts on health. Empirical research into the health-social capital link is still in its infancy. However, a preliminary analysis in England (Copper *et a*l., 1999) suggests that while material living condition and socio-economic position remain stronger predictors of adverse health than various indicators of social capital, people living in materially deprived circumstances are more likely to live in communities that are low in social capital. The same study suggests that the statistical relationship between material deprivation and poor health is weakened by controlling for variation in neighborhood social capital (Campbell, 2005). Against the background of similarly suggestive evidence for possible links between income, social capital and health inequalities in Australia, Baum (1999) points to the work of Bourdieu (1986) with his emphasis on the role played by different forms of capital in the reproduction of unequal power relations – as a useful starting point for urgently needed research into the role that

social capital might play in mediating and negotiating between material deprivation and poor health.

Gillies *et al.,* (1996) emphasize that the primary cause of health inequalities is poverty and that the economic regeneration of deprived communities is essential for reducing such inequalities. However, they qualify this claim with their argument that since one of the effects of poverty is to undermine community networks and relationships, economic regeneration must be accompanied by social regeneration (i.e. projects to enhance social capital) if they are to have optimal success in improving health.

3.7.3 Existing Research Linking Social Capital to Health

Attention to the concept of social capital in the area of health is relatively recent, and as yet little hard empirical evidence exists linking social capital to health as mentioned earlier. It is imperative that we distinguish clearly between research into social capital, and the related research field of social support and social networks where much research has been done (Berkman, 1995). This research has measured social support as a property of individuals. Kawachi (1997) and colleagues emphasize the distinction between the individual level construct of social support and the community level construct of social support. They provide an example of a widow, living on her own, who has few friends who would qualify as socially isolated using a measure of individual social support. However, she would still benefit from residing in a neighborhood with high levels of social capital "which neighbors organized and mingled at block parties, transported elderly residents to voting booths on election days ,made sure the sidewalks were cleaned when it snowed, and so on" (Kawachi *et al.*,1997:1496).

One reason for the death of empirical research linking social capital to health is that at the early stage of its conceptual development, the task of developing instruments to measure social capital in the context of health is still underdeveloped. A lot remains to be done in this regard (Morgan, 1999, Onyx and Bullen, 1997 and Kreuter, 1997).

Within discussions of social capital and health ,the most frequently cited empirical research is Wilkinson's (1996) analysis of the link between health and comparative income distribution between countries, and Kawachi (1997) and colleague's work on income distribution with the United States of America (Kawachi and Kennedy, 1999) and Russia. The concept of social capital serves as a major explanatory construct in Wilkinson's (1996) book entitled, "*Unhealthy societies: the affliction of inequality*". Wilkinson examines the relationship between health and social inequalities, arguing that in the developed world, it is not the richest countries that have the best health, but those with the smallest income differences. Drawing on a rich array of research from different disciplines, Wilkinson suggests that the concept of social capital serve as a potential explanation for his findings that relative income levels have a greater impact on health than absolute income levels. He suggests that egalitarian societies are more socially cohesive, with the public arena serving as a source of supportive and health promoting social networks rather than a source of stress, conflict and ill-health.

Kawachi (1997) and colleagues seek to provide hard statistical support for Wilkinson's preliminary arguments about the role of social capital through their study of the correlation between mortality, social capital and income inequality. Their statistical analysis isolates social capital (measured in terms of levels of trust of fellow citizens, and the extent of membership in voluntary groupings) as a causative variable in this relationship, arguing that income inequality exerts its negative effect on health through the social capital variable. Although further studies are needed to test and validate the usefulness of this model, it does provide suggestive support for a link between health and social capital.

Lomas (1998) hails current interest in Putnam's notion of social capital as a welcome antidote to the individualistic focus of much research and practice in the field of public health. He compares the potential of six progressively less individualized and more community-focused interventions to prevent death from heart disease. Lomas (1998) uses the terms 'social capital' and 'social cohesion'[5] interchangeably in his study.

[5] The term is considered different from social capital in this study as many researchers have used it interchangeably with social capital.

A plethora of other small scale specialized studies provide evidence for links between a variety of measures of social cohesiveness and a range of health-related outcomes (Cohen *et al.*, 1997). However, despite the excellent quality of many such studies of health and community cohesion, they work with a piecemeal variety of conceptualizations and measures of what constitutes positive community resources.

The claim that social capital has a role to play in our understanding of the community-level determinants of health is a controversial one. Labonte (1999) argues that community-level determinants of health have already been well researched and investigated, and that social capital adds nothing new to a long tradition of interest in these areas. Related concepts include, amongst others, community empowerment, sense of belonging, community competence, community capacity and collective efficacy[6] (Sampson *et al.*, 1997). Each of these concepts has been linked to health within both health promotional research and practice.

3.7.4 Existing Research Linking Social Capital to HIV/AIDS

The section attempts to look at the synergetic relationship between community participation and HIV infection avoidance. The emphasis is on analyzing whether community group participation is helpful in making citizens avoid HIV/AIDS infection. In this section, I review literature and other scholarly multi-disciplinary evidence and longitudinal studies that link the discourse of social capital, its resultant antecedents or consequences and HIV/AIDS infection avoidance. In the face of mounting evidence that tends to promote and celebrate the concept of social capital and all its facets, there is a great need to substantiate the much documented benefits that the concept can harness. Having said this, the section supports the growing consensus over the applicability of the concept especially the dimension of group participation in helping community citizens avoid HIV infection.

Much interest is currently being devoted to the hypothesis that people might be healthier in communities characterized by high levels of social capital (Blaxter, 2000). While there has been a wild range of contestations around the definition of social capital, it is Putnam's definition that

[6] Captures the link between social cohesion and shared expectations for action.

has convincingly captured the attention of most scholars in the field of social epidemiology. He defines social capital in terms of both networks (high levels of participation in local community groupings) and norms (high levels of trust and reciprocity amongst community members). In a more recent development however, Putnam (1999) has argued that the "network" concept of associational membership is a more powerful marker of social capital than the "norms" dimension of trust and reciprocity. It is also against this background that this section focuses heavily on the network dimensions of social capital, defining social capital in terms of participation or "civic engagement" in community social groupings.

In short, the section seeks to address the following key questions; (1) First, are citizens who participate in community groups more likely to avoid HIV infection? (2) Second, which group and individual member characteristics facilitate this process? (3) What are the mediating psychosocial and behavioural mechanisms through which citizens who participate in social groups increase their chances of avoiding HIV infection? (4) In what ways if any can social capital facilitate the adoption of behaviours protective against HIV infection? (5) Can social capital serve to promote psychosocial attributes that support the adoption and maintenance of behaviours that are protective against HIV infection?

3.8 Social Capital and HIV infection: Links between Social Capital and Avoidance of HIV Infection

> HIV/AIDS strategies must be complemented by more participatory approaches that work through and address broader underlying social and economic influences (Beeker, Guenther –Gray and Raj, 1998:34).

The above quotation illustrates the need for activities that involve the participation of citizens in community initiatives. The advantage being that such involvement or participation will increase the level of social capital in a particular area or community. In a related article published in the journal of Social Science and Medicine, Gregson (2004) and colleagues argue that civic engagement places citizens on a better position in avoiding HIV infection. To them, an important determinant of the success of health promotion interventions is the extent to which they mobilize

existing sources of social capital or encourage the development of social capital (Campbell, 2003).

In another article on the role of group activities in HIV prevention among youth in South Africa, Campbell and MacPhail (2002) argues that health-enabling community contexts characterized by the presence of social capital in terms of group participation can successfully "facilitate HIV avoidance in a given cultural,socio-economic, and epidemiological context by promoting three psychosocial processes which play a key role in facilitating safe sexual behavior: (i) collective negotiation of identities at peer level (group norms), (ii) empowerment or self-efficacy associated with skills building and confidence and (iii) empowerment or self efficacy in terms of critical thinking skills" (Gregson *et al*.,2004 :2120).

There is also growing evidence that communities with greater school education may be better placed to avoid infection mainly because of the adoption of protective lifestyles and behavior (Lillian *et al.,* 1999, Hargreaves and Glynn, 2000, Blanc, 2000). However, Gregson *et al.,* (2004) argues that community and individual-level mechanisms through which school education facilitates and promotes HIV avoidance are quite complex. Gregson (2004:2120) and colleagues do not dismiss that "interactions between social capital and education create more favourable conditions for the adoption of safe behaviours". Thus, the presence of a hypothesised relationship between social capital (community participation) and HIV avoidance should never be neglected since participation in group activities facilitates the adoption of safer lifestyles. The adoption of safe sexual behaviour is predicated on a number of psychosocial attributes such as knowledge about HIV and AIDS, peer influence, a sense of empowerment or self-efficacy and perceived vulnerability (Linden, *et al.,* 1991). Gregson (2004) and colleagues further assert that group memberships facilitate the psychosocial attributes associated with HIV infection avoidance. They suggest that:

> Group memberships may also provide contexts for the development of a sense of comradeship and solidarity which may boost members' confidence, social skills, and senses of perceived self-efficacy (Gregson *et al.,* 2004:2121).

Community networks are also seen as providing the contexts for the diffusion of health-related information (Veenstra, 2000). Campbell and MacPhail (2002:24) also highlights the relevance of community participation when they assert that:

> Cohesive social networks may also provide supportive contexts within which peers can make collectively negotiated decisions to change their behaviour in response to health related information, given the key role of peer identities in shaping sexual behaviour.

Campbell and MacPhail (2002) further contends that social groups provide an environment in which community citizens collectively can develop insight into sexuality issues, gender relations and reproductive health. Such an understanding enables the community members to develop an informed "understanding of the nature of their vulnerability to HIV/AIDS, making collectively negotiated decisions to change their behaviour and in attaining a qualitatively more meaningful and realistic sense of self-efficacy, which is more likely to be translated into effective action" (Gregson *et al.,* 2004:2121). However, the authors were quick to point out that it will be suicidal to assume that the impact of group memberships on sexual behaviour is always a positive one. They argue that some networks can be "damaging, they may be exclusionary, or exert downward leveling pressures (e.g. mafia and youth gangs). In some contexts, strong social networks of young men might reinforce macho attitudes to sexuality and perpetuate the unequal gender relations that are believed to facilitate HIV transmission" (Gregson *et al.,* 2004:2122).Such networks constitute what has become to be known as 'anti-social capital' networks normally foster "norms and identities that obstruct the development of the psychosocial qualities and behaviours needed to successfully avoid infection" (Gregson *et al.,* 2004:2124).

Group membership may be conducive to the development of new social norms that support more positive psychosocial attributes, safer behaviour, well informed sexual attitudes and habits.

3.8.2 Education and HIV Avoidance

> School education should equip individuals with a number of advantages in avoiding HIV infection. Formal education in school and easier access to information in the media

> should increase exposure to the facts about HIV/AIDS (Anderson, Ndlovu, Zhuwau and Chandiwana, 1998, Kelly, 2000).

The exposure to Western philosophies, pedagogic expressions and ideas through the school curriculum has been noted by Blanc (2000) as empowering the individual on modern, health services (condoms and STD treatment) and this may result in the formation of a well informed social group with a different or transformed sexual mentality and identity thereby minimizing the chances of HIV/AIDS infection. Furthermore, group activities within schools are depicted as providing forums within which HIV/AIDS related information and ideas can be disseminated and shared. Thus, the school setting can therefore both facilitate the development of social capital and provide easy access to the benefits of social capital varying within a community (Campbell *et al.,* 1991). According to Kelly (2000:18) education has a critical role to play in mitigating the effects of HIV/AIDS through the provision of:

> knowledge that will inform self-protection; fostering the development of a personally held, constructive value system, inculcating skills that will facilitate self-protection, promoting behaviour that will lower infection risks, and enhancing capacity to help others to protect themselves.

The World Bank (2002) states that education protects against HIV infection through information and knowledge that may affect long term behavioural change particularly for women by "reducing the social and economic vulnerability that exposes them to a higher risk of HIV/AIDS than men" such as prostitution and other forms of economic dependence (The World Bank,2002:6).

3.8.2.1 The Impact of Education on HIV/AIDS Knowledge

Education does not only affect changes in sexual behaviour, but also predicts the level of knowledge about the disease. Formal and informal ways of learning are key avenues of mitigating the epidemic especially in the rural communities. The benefits that accrue from informal ways of learning have often been ignored in HIV mitigation discussions. Thus, there is

need for an elaborate research study on how such a form of learning can shape the conceptual framework of all structural interventions of the epidemic. Below, I briefly discuss the role of informal learning in the dissemination of HIV/AIDS knowledge in rural societies as suggested in literature.

Informal learning in rural areas

Informal learning in rural areas play a significant role in making people know more about HIV and AIDS. In most of these areas, peoples knowledge of AIDS is dependent on interaction[7] with other members or citizens of equal or higher educational levels (Aggarwal, 2004). According to Aggarwal (2004) women greatly benefit from informal learning as a result of these spontaneous interactions that occur usually at a group level. Based on these claims, it can be highlighted that there is a significant correlation between women's level of education (formal and informal) and their knowledge of HIV/AIDS.

De Walque (2002) found that the role of education in reducing HIV prevalence cannot be attributed to exposure to formal HIV prevention classes. He argues that general schooling, not prevention classes, is what makes the most profound impact on people's sexual behaviour. However, there is still a need for accurate HIV/AIDS knowledge as an effective component of the comprehensive strategy to protect individuals against infection. It can be argued that increasing levels of education have a protective effect against HIV infection through changes towards safer sexual behaviour. Hypothetically, it can be argued that education have got several effects on the areas discussed below.

i) Condom use

Many scholars and researchers have argued that increasing the educational status of women and men leads to a significant increase in condom use. According to Lagarde *et al.,* (2001) in their survey of about 4,600 non-spousal partnerships in several African cities, higher levels of

[7]Such a process of interaction can be termed as civic engagement.

educational level led to higher increase in condom use. These results are further confirmed by the research done by Blanc (2000), Waithaka (2001) and Filmer (2002).

ii) Multiple sexual partnerships

According to research, men and women with some primary school education were more likely to have had more than one sexual partner within a space of a year than those with no formal education at all. The percentage will certainly decrease for those with some secondary schooling. There stand to be a positive correlation between levels of education and multiple sexual partnerships (World Food Programme, 2004).

iii) Age of first sexual experience

A UNAIDS (2000) research suggests that better educated girls were delaying sex than the less educated. Secondary school educated girls prove less likely to be sexually experienced at age 18 than those with primary school education. Education is crucial in making young people delay sexual experiences thereby minimizing the risky of HIV/AIDS infection (UNAIDS 2000). Increasing the level of education especially for young girls is crucial for decreasing their high infection levels.

3.8.3 Rural Education and the Drive towards 'Equitable Social Dispensation'

In most African countries, the provision of rural education has often carried a lot fancy or sexist terms or connotations. The most common examples include, 'Education for All', 'Education with Production', or 'Grassroots Education' among other names. The question whether education can be equitably accessed by everyone in rural Africa has remained a controversial one. Such a debate has often been exhausted, confused and hijacked. It is against this background that this section looks only at the ways of providing basic education in rural areas. Within the context of HIV/AIDS mitigation it is important to look into ways in which education can reach the rural citizen. The World Food Programme (2004) recommends the implementation of universal

primary education and the incorporation of HIV prevention into the formal education system. I will summarize these below.

3.8.3.1 Universal Primary Education (UPE)[8]

Educating people especially women is critical to mitigating the epidemic, but high tuition and other school fees and levies may be beyond the reach of many rural people which might prevent many rural people from receiving a primary education. The drive towards universal primary education (Millennium Development Goal No.2) can be a landmark initiative towards HIV/AIDS mitigation. Governments need to work with other partners to put universal primary education in place as a strategy for combating the epidemic (World Food Programme, 2004).

3.8.3.2 Incorporation of HIV Prevention Curricula into the Formal Education System

> The general education curricula need to incorporate subjects relevant to the most important issues of their lives and equip them to address health, social and economic issues with accurate, practical information (UNAIDS, 2000:12).

The HIV prevention curricula should have to live up to the challenge of educating a generation growing up in the era of HIV/AIDS. This curricula need to be also taught within an environment of frank discussion and concrete learning which has not been the case in many countries (Blanc, 2000). According to Blanc the curricula should equip future generations of young people with the tools and knowledge to protect themselves from HIV/AIDS Infection.

3.9 Human Capital and Social Capital Contrasted

The notion of social capital has often been confused and associated with human capital in many disciplines. In this thesis, these two concepts are treated separately as they are two different concepts meaning different things. In this section, the attempt would be to give a brief comparative and conceptual interpretation of these two often confused concepts, the emphasis will be on clarifying what exactly human capital entails and what it does not.

[8] Universal Primary Education (UPE) is part of the United Nations Millennium Goals.

It has to be stated that the first systematic and accurate presentation of the argument on human capital was made by Theodore Schutz [9](1961). Seen in Schutz's terms, human capital is the value added to a laborer when the laborer acquires knowledge skills, and other assets useful to the employer or firm in the process of production and exchange (Lin, 2001). Human capital is thus the added value embedded in the individual labourers themselves and remains solely for their benefit. Schutz (1961) is of the view that human capital has to be operationalised and measured by education, training and individual experience in doing something or in performing a particular task or exercise. For Schutz (1991) skills and knowledge are an important form of capital and a useful component of the wealth of nations.

The relationship between social capital and human capital has been acknowledged in literature. Several scholars and researchers are building consensus on this kind of a relationship. These scholars are of the view that social capital helps produce human capital (Bourdieu, 1986, Coleman, 1990). On the other hand, it is clear that human capital induces social capital. Other studies reveal that human capital supplements social capital in areas or regions where social capital is very low.

However, the main difference between social capital and human capital is that social capital tends to benefit everyone in the society in that it is a 'public good' that can be assessed by everyone in the society. The 'social' component of this form of capital makes it relational and easily exchangeable in the society and hence it is often seen as a community resource based on relationships. On the other hand, human capital is seen as an individual resource which cannot be exchanged or used for the benefit of other members of the society. It is a form of capital that is only embodied in individual members within a society. Thus, the fundamental distinction between human and social capital is that the former focuses on individual agents, and the latter on relationships between people within a social milieu and the networks they form. In an economic context, the inclusion of social capital draws attention to the obvious, but often under regarded, fact that individuals and their human capital are not discrete entities that exist separately from the rest of the organization, or from other social units.

[9] The argument presented by Schutz was later published in the American Economic Review. It remains a useful piece of work on human capital. Schutz outlines the utility of human capital on the individual labourer or worker. Education and health are considered essential forms of human capital in Schutz argument.

Human capital is measured primarily by individual qualification levels. Whilst social capital is much more diffuse. Broadly, it is measured through civic engagement, participation in civic life or in primordial groups or community organizations. It is based on the interactions and actions that people enter into including the reciprocal exchanges that occur in the process of interaction and action.

Human capital is resources in the possession of the actor who can make decisions and exercise authority about their usage and disposition. The goods possessed can always be transformed to designated successors as the actor sees fit. On the other hand, social capital refers to resources attached to others and it accords the possibility that resources can be borrowed for individual usage. The borrowed resources must be returned, replaced, or reciprocated. Social capital is generated by creating and maintaining new and existing ties while human capital is only accumulated by actions taken by an individual to mainly equip, enrich or capacitate him.

Conclusion

In this chapter, it has been highlighted that social capital is quite a complex and difficult concept to apply. However, as has been suggested, the main central feature that distinguishes social capital from other sources of capital like human capital is its ability to be conceived as a 'public good' which can be accessed and used by every citizen in the community. Social capital is seen as a social asset by virtue of social connections and access to resources within the community or society. These social relationships are highlighted as reinforcing identity and recognition. The link between social capital, health and HIV/AIDS has been well elucidated in this chapter. Social capital in all its various forms is suggested in literature as being protective against HIV/AIDS infection and transmission. The flow of HIV/AIDS or health related information in these networks of associations is seen as benefiting community citizens in gaining an understanding of several issues that relate to HIV/AIDS which makes them avoid the chances of infection. Thus, social ties are suggested as capable of influencing and promoting healthy sexual practices or conduct among community citizens. Unlike human capital which is mainly an individual attribute, social capital is an asset that can be used to create a healthy enabling environment that can easily fight HIV/AIDS infection. The mediating mechanisms through which social capital

mitigates HIV/AIDS are mainly promoted by community social cohesion, understanding and interactive action. It is quite clear from this review that current literature on social capital and education show a positive relationship or correlation between the two. Such a correlation will be investigated in the latter parts of this dissertation. In the next chapter, I outline and discuss the research methods that have been employed in this study.

CHAPTER 4

METHOD OF THE STUDY

4.1 Introduction

In this chapter, both qualitative and quantitative research methodologies are adopted and applied. A brief overview of the epistemological and philosophical underpinnings of each method of research tradition is provided for the purpose of drawing parallels between the two and how best these can be combined. The chapter also highlights the validity and reliability of multiple measures in social research. Household surveys and in-depth case study interviews (with which I equate with organizational profiles) and key informant interviews are methods used for gathering research information or data. The information captured through these instruments relates to the main forms of social capital that the study identifies. These are voluntary groups, social solidarity and trust, collective efficacy and action, information and communication, and civic participation and engagement. This chapter adopts the World Bank Social Capital Assessment Tool (SCAT) as a guiding methodological framework for the study mainly because of the recent call to apply it in health and HIV/AIDS research.

4.2 Validity and Objectivity in Quantitative and Qualitative Research: Epistemological and Methodological Issues

This section attempts to clarify some issues relating to the use of both qualitative and quantitative research methods. It gives much attention to how I tried to address issues of validity and objectivity. I will examine the general prescriptions on achieving validity and objectivity in qualitative and quantitative research. I will start with the prescription of qualitative research and then look at quantitative research. Babbie and Mouton (2001:270) define qualitative research as an approach in which “research takes as its point the insiders’ perspective on social action”. It calls for an ‘emic perspective’- meaning the lived experience of the subject, and the meanings the subject attaches to the phenomena being investigated. Qualitative methodology is a commitment to seeing the social world from the point of view of the actor. This commitment entails that behaviour has to be understood in the context of meaning systems employed by a

particular group of society (Bryman, 1984). Thus, qualitative research is deemed to be much more fluid and "flexible than quantitative research in that it emphasizes discovering novel or unanticipated findings and the possibility of altering research plans in response to such serendipitous occurrences. This can be contrasted with the quantitative methodologist's research design with its emphasis upon fixed measurements, hypothesis testing, and less protracted form of fieldwork involvement" (Trochim, 2006:8).

The philosophical underpinnings of qualitative methodology are typically attributed to phenomenology, '*Verstehen'* and symbolic interactionism. The phenomenological theme is central in qualitative research. Symbolic interactionism and '*Verstehen*' are prominent examples of its basic premises. This is a sharp contrast with positivism. The phenomenological position assumes the actor's perspective as the empirical point of departure. Positivist approaches are taken to exhibit a tendency for the researcher to view events from the outside and from the point of view of a cluster of empirical concerns which are imposed upon social reality with little reference to the meanings of the observations to the subject of investigation (Bryman, 1984).

A phenomenological approach seeks to focus upon the lived experience of people. Research that is informed by the epistemological principles of phenomenology offers an unobtrusive inside view of the social world. Unstructured interviews are one such an example. It is on such a premise that qualitative research produces data with a great deal of depth. Quantitative research on the other hand is summarized as:

> Quantitative methodology is routinely depicted as an approach to the conduct of social research which applies a natural science, and in particular a positivist, approach to social phenomena. The parapherilia of positivism are characterized typically in the methodological literature as exhibiting a preoccupation with operational, definitions, objectivity, replicability, causality and the like (Bryman, 1984:78).

According to Bryman (1984) the social survey is typically seen as the preferred instrument of research within the quantitative tradition because it can be adapted to such concerns. Though questionnaire items and concepts can be operationalised, objectivity is maintained and achieved

through a process of replication which can be carried out by employing the same research instrument in another context. The problem of causality can been eased by the emergence of path analysis and related regression techniques to which surveys are well suited. Research of this kind is frequently described as being positivist or empiricist. In attributing to it labels of this kind an essentially epistemological point is being made, namely that research of this genre is underpinned by a distinctive theory of what should pass as warrantable knowledge (Trochim, 2006).

Surveys are considered as instruments for the elucidation of research which makes such epistemological assumptions, though experimental designs and secondary analyses of pre-collected data are also often recognized as exhibiting the same underlying philosophical premises. Quantitative data is typically seen as deficient in this respect for they tend to provide superficial evidence on the social world, "wrinkling out the causal relationships between arbitrarily chosen variables which have little or no meaning to those individuals whose social worlds they are meant to represent" (Bryman, 1994:26). Blumer's critique of 'variable analysis' still stands as one of the most incisive attacks on such research, and is widely accepted within the qualitative research tradition (Tromkin,2006).

These two methodologies have always been explicated at an epistemological level. The epistemological nature of such a discussion is reinforced by recourse to the term 'paradigm'- usually in a Kuhnian sense to denote the two traditions. As paradigms are meant to be incommensurable, it is even much clearer that two divergent epistemological bases are being expounded. In this study, the question of techniques of investigation is not on validating whether A is 'better' than B, but is A the appropriate technique in terms of a particular set of epistemological premises X? (Tromkin, 2006).

In this study, I stand firmly convinced that a wholly positivist approach is inadequate on epistemological grounds, and that the procedures characteristic of this approach are unlikely to prove generally feasible or useful. I object the claim by positivists, that objectivity in the social sciences is similar to the natural sciences: social life can be explained and predicted, and researchers ought to be detached from the topic under investigation. Positivist researchers

explain human behaviour in terms of cause and effect of discrete events. They can only identify, measure and explain observable events. They speculate on the theoretical relationships between events, and then gather the data, to help verify or falsify their theories. Thus, in this research, I am quite skeptical about positivism because it underestimates the significance of free will and reflection in social research.

4.2.1 'Post –Positivistic Orientation': Triangulation

This research assumes a post-positivist orientation. By 'Post-Positivism', I refer to a wholesale rejection of the central tenets of positivism. Post-positivism recognizes that all observation that science can make is fallible and has error and all theory is revisable. The aim of post-positivism is to "hold steadfastly the goal of getting it right about reality, even though we can never achieve that goal" (Tromkin, 2006:3). Because all measurement is fallible, the post-positivist emphasises the importance of multiple measures and observations, each of which may possess different types of error and the need to use 'triangulation' across these multiple 'errorful' sources is to try to get a better understanding on what is happening in reality. The use of triangulation in this study stands as the best way of achieving validity and objectivity.

4.2.2 Incommensurability and Post-Positivism

Post-Positivism rejects the relativist idea of the incommensurability of different perspectives, the idea that we can never understand each other because we come from different experiences and cultures. According to the post-positivistic orientation, we are all biased and all of our observations are theory laden. Thus, the best way of achieving objectivity in social research is to triangulate across multiple fallible perspectives. Such a claim by post-positivists justifies my selection of triangulation in this study.

4.3 Rationale for Integrating Quantitative and Qualitative Methodologies

Recently, social science and economic research have been employing both quantitative and qualitative methods in the quest for research designs best suited for assessing complex issues and

concepts, including that of social capital. The integration of complementary methodologies is a fruitful strategy for several reasons are listed here:

- To enhance confirmation or corroboration of varying methodologies via triangulation
- To elaborate or develop an analysis
- Providing richer detail
- To initiate new lines of thinking through attention to surprises or paradoxes (Rossman and Wilson, 1991).

It is quite fundamental to integrate complementary data collection techniques when trying to analyze a complex concept or phenomenon as the interface between social capital and HIV/AIDS. The growing body of literature on social capital has generated significant or phenomenal sources of survey instruments and data as researchers refine quantitative indicators for the different dimensions of social capital (Krishna and Shrader, 2004). Qualitative methods, including observation, life histories, in-depth interviews and focus group research, have long been used to elucidate values, in-depth examination of relationships and behaviour. According to Krishna and Shrader (2004), these "social representations" encompass the cognitive aspects of social capital and the types of trust networks that exist in communities. Analysis of social representations, coupled with results from validated survey data in the form of scale items provide a broader understanding of what individuals, households and communities regard as social capital. Qualitative methods are used in a variety of disciplines including management studies, evaluation research and sociology to examine the dynamics of both formal and informal institutions. Survey data generates a broad overview of the institutional framework that exists in a particular community, institutional mapping, focus groups and other qualitative techniques provide a more nuanced understanding of institutional characteristics such as accountability, collectivity and transparency (Krishna and Shrader, 2004).

4.4 Comparative Advantages of Qualitative and Quantitative Approaches

The case of qualitative research rests on the unique and important insights that it brings in its own right and, on its capacity to address the weaknesses of quantitative approaches (Dudwick *et*

al., 2006). The respective strengths and weaknesses of qualitative approaches are largely complementary-that is, the weaknesses of one approach can be compensated for by the strengths of the other. In defining quantitative research, Dudwick and colleagues (2006:3) suggest that:

> Quantitative methods characteristically refer to standardized questionnaires that are administered to individuals or households, which are identified through various forms (usually random sampling). Sampling allows the results to be considered representative, comparable, and generalisable to wider population. Given a set of identifying conditions, quantitative data can help establish correlations between given variables and outcomes.

According to these authors such data should allow authors to validate original findings by independently replicating the analysis. Thus, quantitative methods are intended to uphold empirically rigorous, impartial, and objective research standards. The strengths of quantitative research can, however, also be weaknesses. Many important characteristics of people and communities (both rich and poor) - for example, identities, perceptions and beliefs cannot be meaningfully reduced to numbers or adequately understood without reference to the local context in which people live (Dudwick *et al.,* 2006). Moreover, most surveys are designed far from the places where they will be administered and thus tend to reflect the preconceptions and biases of the researcher. Although good surveys undergo several or a series of rigorous pre-testing, the questions used in such surveys are not usually developed on the basis of insights from the field. Such a limitation can be mitigated by qualitative methods that incorporate insights from the field and leave room for unexpected findings (Krishna and Shrader, 2004).

Qualitative methods refer to a range of data collection and analysis techniques that use purposive sampling and semi-structured, open-ended interviews. These techniques, which both produce and analyze textual data allow for more in depth analysis of social, political, and economic processes (Hentshel, 1999). Qualitative methods value and incorporate experiential knowledge into the analysis of development successes and failures. Studying poverty and other issues from the outside tends to favor technical expertise, which may or may not include an appreciation of the context of various local institutions. As Chambers (1997) points out, ‘power hinders learning’, qualitative methods and open-ended responses tilt the balance of power and expertise away from

the researcher toward respondents and community members. Such methods are vital for examining complex issues of causality, process and context. Open-ended questioning and focus group discussions are, in fact, designed to allow respondents to identify and articulate their priorities and concerns free from researcher's restrictions and assumptions (Chambers, 1997).

One issue of qualitative research is the question of whose voice is being heard, and amplified by the research (Narayan, Chambers 1997, Estella and Gaventa, 1997). Exploring issues from the perspective of different groups within a community may have overlapping or very different experiences of social norms and networks. Qualitative methods that allow researchers to explore the views of homogenous as well as diverse groups of people help unpack these differing perspectives within a community. Social capital is relational meaning that it exists between people and thus, asking a group of people to respond together to certain hypothetical situations may yield information that is more nuanced than data derived from surveys. Qualitative methods, such as focus groups thus, become particularly suitable for social capital research because social capital comes into play and can be observed during exercise.

In situations where a quantitative survey may be difficult to administer, qualitative methods can be useful. Just as quantitative approaches have their own limitations, so too, do qualitative methods. "The samples tend to be small and not selected randomly, it is relatively more difficult to extrapolate qualitative findings to wider populations. Second, because groups may be selected in an idiosyncratic manner or the recommendation of other participants (as in "snowball" sampling procedures in which one respondent agrees to provide access to another respondent, it can be difficult to replicate, and thus independently verify the results of qualitative research" (Dudwick, 2006:18).

In this study, the limitations of both quantitative and qualitative approaches are mitigated by triangulation. Qualitative data was cross-checked against quantitative findings to achieve scientificity as entailed by the method of triangulation.

4. 5 Integrating Qualitative and Quantitative Approaches in Social Capital Research

Social capital is multi-dimensional. It is often defined in terms of groups, networks, norms and trust. Therefore, research on social capital lends itself to a mixed methods research approach. Employing both qualitative and quantitative methods allow researchers to uncover the links between different dimensions of social capital and their interface with HIV/ AIDS, as well as to construct a more comprehensive picture of the structures and perceptions of social capital.

Many researchers have stressed the limitations of different approaches and have called for methodological pluralism in development research. Starting with the work of Epstein (1962), many researchers have made important contributions by working across methodological lines (Dudwick *et al.*, 2006).

Quantitative techniques are, in general, less effective in understanding context and process. That is, they are not as adept at depicting the process, or series of events, instigated by a particular intervention (Babbie and Mouton, 2001).

A mix of qualitative and quantitative methods in this study provided a more comprehensive and reliable evaluation of possible intervening issues around social capital and HIV/AIDS. The benefits of integrating quantitative and qualitative method include more "informed development of hypotheses, better data collection processes, few researcher imposed parameters, deeper understanding of the context of analysis and results, triangulation of findings, exploring new lines of thinking unanticipated by the research team, understanding the nuances of related processes and cause-and-effect relations, and more actionable policy recommendations. When applied together, quantitative and qualitative methods can provide a more complete mapping of the local institutional landscape" (Narayan *et.al.*, 2000:42). The methods in combination can provide baseline socio-economic information that can improve the design of both research tools. Quantitative and qualitative research methods together yield better impact and evaluation data, enabling teams to understand the full impact of projects on social capital (Narayan *et.al*, 2000).

4.6. Analyzing Qualitative Data

This type of data is characteristically textual (i.e., it is expressed in words and images, as opposed to numbers) and draws from sources as interviews, observations, group discussion etc.

Analysis of qualitative data is primarily an inductive exercise as opposed to deductive process, meaning that the researcher endeavors to discern patterns in the data rather than formally test pre-determined hypotheses. A qualitative analysis develops an integrated framework to show how the most salient variables were related to one another (Krishna, 2006). The objective throughout would be to document how historical and context-specific processes shape both the social structures and individual or group behaviors in response to, how HIV/AIDS is encountered, reproduced, transmitted and sometimes prevented or mitigated through the application of the concept of social capital.

It is important to note that the analytic findings generated by qualitative research can also inform the design of a quantitative survey. Qualitative research was employed in this study to verify and triangulate quantitative data.

4.6.1 Qualitative Data Analysis: Identifying Emerging Themes and Typologies

Qualitative analysis proceeds in a sequence of steps. Before the researcher can identify themes and typologies, he must first code the data, that is, sort it into a finite number of categories (which themselves emerge from the data). These categories eventually become the key variables used to explain similarities and variations within data. Lofland and Lofland (1995) recommend that researchers maintain four different types of codes: housekeeping (notes on everyday events, people, and organizations in the setting being analyzed), analytic (emerging themes in the data, including coding single items in numerous ways), fieldwork (notes on procedures pertaining to data collection and preliminary analysis), and chronological (notes on the order in which events occurred and or data was collected).

These codes enable a researcher to manage a complex process of data analysis that becomes more refined over time, moving from general to more specific refinement of key variables and the relationships between them. The codes themselves become more focused as the analysis proceeds, their veracity justified by their capacity to explain a wider array of the data. As the analysis unfolds, “categories within the selected codes are elaborated. Other codes are collapsed

and yet others are dropped through this process as some codes begin to assume the status of overarching ideas or propositions that will occupy a prominent or central place in the analysis" (Lofland and Lofland, 1995:192).

4.7 Triangulation and Verification

"The inherently imprecise nature of the issues being studied in social science research, and the inability of researchers (in all but the rarest of circumstances) to 'control' neatly other factors that may influence research outcomes, means that researchers have a strong ethical and empirical obligation to verify the accuracy of their claims. This is done in two broad ways. The first is to conduct data analysis using variations on the same method to ensure that a given result is not an idiosyncrasy associated with a specific methodological choice, the second is to subject the issue to two or more entirely different methodological perspective altogether". (Dudwick, 2006:38).

This use of different methods to confirm research results is referred to as 'triangulation'. The basic idea is to use the strengths of one methodological approach to compensate for the weaknesses of the other (Woolcock, 2003). When different approaches yield broadly similar findings, the researcher can be more confident that those findings are indeed correct. As outlined earlier, the current study employed such a combine research methodology for the same reasons outlined above.

4.8 Instruments and Measures

Three research instruments will be adapted to collect data on social capital and HIV and AIDS. Social Capital will be assessed through an adapted version of the Social Capital Integrated Questionnaire (SC-IQ), an instrument developed by the World Bank. Respondents will be asked a wide range of questions relating to determinants and outcomes of social capital. According to the SC-IQ's conceptual framework, social capital's structural dimensions span from both participation in formal organizations and people's connections to informal networks while the cognitive dimension includes feelings of trust and solidarity among other dimensions. The Social

Capital Integrated Questionnaire seeks to capture information on the following dimension of social capital;

- **Groups and Networks**

Understanding the groups and networks that enable people to access resources and collaborate to achieve shared goals is an important part of the concept of social capital. Informal networks are manifested in spontaneous, informal and unregulated exchanges of information and resources within communities, as well as efforts at cooperation, coordination, and mutual assistance that help maximize the utilization of available resources. Informal networks can be connected through horizontal and vertical relationships and are shaped by a variety of environmental factors, including the market, kinship, and friendship. Another kind of network consists of associations, in which members are linked horizontally. Such networks often have clearly delineated structures, roles, and rules that govern how group members cooperate to achieve common goals. These networks also have the potential to nurture self-help, mutual help, and solidarity and cooperative efforts in a community. "Linking" (vertical) social capital, on the other hand, includes relations and interactions between a community and its leaders and extends to wider relations between the village, the government, and the market place.

The questions that were asked in this study were intended to get at the nature and extent of peoples' participation in various types of social organizations and networks, and the range of transactions that take place within these networks and how these transactions help reduce the transmission of HIV/AIDS and the eventual mitigation of the epidemic. The questions considered the benefits of HIV/AIDS related information that were likely to be transmitted through these networks and how this information translated into behavior change.

- **Trust and Solidarity**

This dimension of social capital refers to the extent to which people feel they can rely on relatives, neighbors, colleagues, acquaintances, key service providers, and even strangers, either to assist them in preventing HIV and AIDS or any other behavior that predisposes an individual

to HIV and AIDS infection. Adequately defining "trust" in a given social context is a prerequisite for understanding the complexities of human relationships. Sometimes trust is a choice, in other cases, it reflects dependency based on other contacts (Dudwick *et al., 2004*).

The questions that were addressed looked at how a range of peoples social relationships minimized the danger of HIV/AIDS infection and how such relationships assisted community or family members to avoid other structural factors that can predispose them to HIV infection e.g. poverty, social isolation and marginalized gender inequalities.

- **Collective Action and Cooperation**

Collective action and cooperation are closely related to the dimension of trust and solidarity, however, the former dimension explores in greater depth whether and how people work with others in their community on joint projects or in response to a problem or crisis like HIV and AIDS. To understand this dimension, interviews with formal and informal community leaders or leaders of associations or other community group members (key respondent interviews) can prove very useful for triangulating data collected in focus group discussions.

- **Information and communication**

Increasing access to information is recognized as a central mechanism for capacitating poor communities in matters around HIV/AIDS, poverty and economic inequality. The questions that were asked in this study were intended to explore the ways and means by which households receive and share information on HIV/ AIDS, AIDS related illnesses and other social pathologies. The questions also explored people's or household's access to communication infrastructure and other public services that may lessen the chances of HIV infection in their neighborhood or household.

- **Social Cohesion, Civic Participation and Inclusion**

Social cohesion and inclusion are closely related to all the four mentioned dimensions of social capital, but focus more specifically on the tenacity of social bonds and their dual potential to include or exclude members of community. Cohesion and inclusion can be demonstrated through community events, such as funerals, ritual ceremonies, weddings, or through activities that increase social solidarity, strengthen social cohesion, improve communication, provide learning of coordinated activities, promote civic-mindedness and altruistic behavior, and develop a sense of collective consciousness.

In this study, questions asked explored the benefits of collective efficacy in dealing with the problem of HIV/ AIDS, the benefits that can be derived from civic participation and involvement in the context of HIV/ AIDS related community programmes and initiatives.

- **Empowerment, Governance and Political Action**.

The social capital dimension of empowerment and political action explores the sense of satisfaction, personal efficacy, and capacity of network and group members to influence both local events and political outcomes. Empowerment and political action occurs within a small neighborhood association. This dimension also considers social cleavages, whether related to gender, ethnicity, religion, regionalism or other factors. Key informant interviews with community leaders will address this facet of social capital. The questions looked at issues around governance, HIV/AIDS and the formal and customary laws that affect the political participation of different social groups.

This study adopted the World Bank Social Capital Assessment Tool (SCAT)[10]. The SCAT incorporates qualitative and quantitative methods to create complementary measures of myriad dimensions of social capital. Below, I give a brief overview of the Social Capital Assessment Tool.

[10] The tool has been employed in many social capital projects.

4.9 Overview of the Social Capital Assessment Tool

> The Social Capital Assessment Tool seeks to operationalise emerging theories regarding the dimensions of social capital, creating validated indicators that can measure levels of social capital and its relationships to other development indicators in the areas of poverty alleviation, inequality reduction and economic growth (Krishna and Shrader, 2004:12).

Recently the Social Capital Assessment Tool has seen its application in the field of HIV and AIDS, social epidemiology and public health discourses and studies. The units of analysis of this tool are both the household and the community, and variable of interest related to social capital that may be created and accessed by individuals, households and local level institutions. The SCAT assesses social capital at three levels through the use of a community profile, a household survey, and an organizational profile.

It is imperative to note that the Social Capital Assessment Tool does not measure macro level variables can be assessed through semi-structured interviews with key informants and desk review of document sources. While important, these macro level variables are not a major focus of the tool. This study employed the following Social Capital Assessment research methods:

4.9.1 SCAT Community Profile

The objectives of the community profile are three-fold. The first is to familiarize the researcher with community characteristics and issues relating to social capital for reference in later phases of data collection. Second, the group interviews establish a consensus definition of the "community" in which the research will take place. This definition will be used throughout the community profile exercise as well as for the interviews in the household survey and to define the catchment areas of institutions for the organisational profile. Third, and most important, these highly participatory interviews generate a collection of maps, diagrams, and field notes that serve as the primary source for the assessment of levels of social capital in the community (Narayan, 2000). The community profile produces a rapid assessment of social capital at the community level, useful for comparative analysis with household-level data. Shrader (2004:18) asserts that:

> The community profile is elicited through a series of group interviews conducted in the community during the initial days of fieldwork. Several participatory methods are used to develop the community profile, the primary one being group interviews (either spontaneous or planned) with community members. In addition to the focus group format, the data collection includes a community asset mapping exercise followed by an institutional diagramming exercise.

The instruments for the Social Capital Assessment Tool's community profile include a field-tested interview guide for community interviews. The interview guide can be divided into several dimensions of social capital: a consensus definition of community and the identification of community assets, aspects of community governance and decision making, identification of community institutions, characterization of community institutional relationships and assessment of institutional networks and organizational density (Shrader, 2004).

In addition, The SCAT makes use of a community questionnaire that may be a useful addendum for standardizing these qualitative community level data. This community questionnaire is filled out subsequent to the community interviews and allows for recording of an inventory of basic community characteristics, an initial identification of community needs and assets, and the details from the 'social capital case study'. The main purpose of the questionnaire is to provide an initial effort to quantify the findings from the community interviews, making them comparable across communities and over time.

4.9.2 Household Survey

> The household survey is intended to generate quantifiable indicators for the structural and cognitive dimensions of social capital, measuring individual households' stocks of and access to social capital (Krishna *et al*., 2001:4).

The survey is designed to be representative at the level of area of interest-whether national, regional, or of a project catchment area and to facilitate analysis of the relationship between

social capital and other development variables such as poverty, inequality and growth (Dudwick *et al.,* 2006). In this study, household surveys were employed to capture household's participation in village or community associations, access to HIV/AIDS resources and services, health and welfare standards, and experiences with poverty and HIV/AIDS. The household surveys in this study were conducted in conjunction with the SCAT community profiles which I refer to as 'in-depth case study interviews'.

The items included in the household survey represent the indicators applicable to the widest array of communities and context. Thus, Krishna *et al., (*2001:4) highlights the importance of such an instrument when she reveals that:

> The questionnaire is designed for simplicity and ease of integration with ongoing survey research, there are few skips, the language is simplified and the coding instructions are straightforward. Ideally, the household survey is carried out among a randomly-sampled population in the community of interest, along with the qualitative fieldwork of a community profile.

The household survey is most effective when it follows the completion of the community profile. However, household interviews may be conducted prior to community interviews particularly in situations of limited time resources.

4.9.3 SCAT Organisational Profile

> The organisational profile attempts to delineate the relationships and networks that exist among formal and informal local level institutions and to assess the organization's internal characteristics that may promote or hinder the building of social capital in a given community (Shrader, 2006:15).

Through a series of in-depth interviews with organisational leadership, membership and non-members, the organizational profile assesses the organisations' origins and development in terms of historical and community context and sustainability, quality membership(in terms of why

people join groups, exclusivity and inclusivity of the organisation),institutional capacity (in terms of quality of leadership, participation, organisational capacity) and institutional linkages (in terms of levels of collective actions, information exchanges, and levels of efficacy among governmental and non-governmental agencies).

The interviews will be recorded as field notes, in addition, subsequent to the interviews, those organisational characteristics amenable to quantification through a close-ended questionnaire to yield a comparable index across institutions. Three organisations per community were profiled in this study. The organisations interviewed were identified through community profile or household survey. Individual interviews were carried out with up to two leaders per organisation.

Organisational profiles in the form of in-depth case study interviews were employed in this study to get information from community groups, local voluntary associations and other village-level groups. These in-depth interviews were also used to capture information on the interaction between social capital and HIV/AIDS. The study also employed key informant interviews which are specifically in-depth interviews conducted with people who knew more about community issues. These key informant interviews saved a purpose of collecting information from several people like local community leaders, nurses, community health care workers and other professionals involved in HIV/AIDS work. These people with their knowledge of the community provided useful information and suggestions on how to deal with the problem of HIV/AIDS. In this study, key informants provided detailed information and opinions based on their experiences and knowledge of HIV/AIDS.

4.10 Sampling and Sample Size

Eight villages of the Umkhanyakhude District Municipality were purposively selected based on a consultative process involving government, civic society and NGO representatives. Within the eight communities, census data on the number of households in each village determined the sampling frame. Ten (10) households in each village were selected randomly to be part of the household survey. A total of (80) household surveys were carried out in all the eight selected villages or communities of the Umkhanyakhude District. The household surveys used in this

study made use of probability sampling mainly because it offered every household within the Umkhanyakhude District a greater chance of being selected. However, in-depth interviews employed in this study were not drawn through probability sampling as is the case with household surveys. I interviewed sixty individuals in the Umkhanyakhude District. These individuals were selected 'purposively'. The reason behind such a use of a non-probability sample was to generate 'rich and thick' descriptive data. Non-probability sampling gives the best chance to get 'rich' qualitative data (Bryman, 1984). Interviews of this nature were employed to capture the narrative views of the respondents.

4.11 Conclusion

The main aim of this chapter has been to provide a detailed discussion of the methods of research that were applied or used to gather the empirical findings arrived at in this study. These methods were specifically, household surveys, in-depth interviews, key informant interviews and community profiling. All these methods were used to collect data relating to social capital and its interaction with HIV/AIDS. The rationale behind the use of a multi-method approach to research was that social capital is quite a complex phenomena to research and hence it requires the use of several methods to adequately address all its facets and how they can be applied to the question at hand. A combination of methods (qualitative and quantitative) thus provides or yields a deeper understanding of the interplay between social capital and HIV/AIDS and better research results. Issues of epistemology in social capital research were also discussed in this chapter. What follows in the next chapter, is a discussion and analysis of the theoretical position or framework that governs or shapes the direction which this research will take.

CHAPTER 5

THEORETICAL ISSUES

5.1 Introduction

This chapter provides a theoretical framework governing the study. Habermas's theories of communicative action and competence, and the 'public sphere' are employed mainly with the purpose of highlighting the efficacy of community or village level interactions on HIV/AIDS. Habermas's theories as discussed in this chapter show the need for open, inclusive and interactive public sphere for sexual negotiation, HIV/AIDS discussion and debate and the sharing of AIDS specific knowledge and information. The chapter suggests the interactive character of the Habermasian 'public sphere' as providing meaningful insights on how community level interactions and exchanges can be useful in HIV/AIDS avoidance and prevention. Given the weaknesses in Habermas's theories as pointed out by critics, the chapter employs an integrated theoretical framework consisting of Foucault's notion of governmentality and Freire's discourse and praxis. Ideas from Freire and Foucault are used to supplement those of Habermas. Such an integrated framework will allow for every theory to correct the 'errors' of another theory. However, the combination of theories from modernist and postmodernist traditions poses critical epistemological challenges in this study. Nonetheless, the chapter seeks to resolve such an impasse by looking at the several elements between these two different schools of thought that makes it possible for them to be combined. It has to be stated that the debate between modernist and postmodernist is quite complex and resolving such is far beyond the scope of this chapter. The intersection between theory and the problem in question remains a central purpose of this chapter.

5.2 The Habermasian Public Sphere: Conceptualizing the central tenets of the idea of 'Public Sphere', 'Public Opinion' and 'Public Reason'

Habermas's general thesis can be interpreted and understood as mandating the universal nature of rational discourse as implemented in the generalisability of interests and access to

participation. For Habermas, the public sphere provides the basic foundation upon which debate, argument and reason can be carried out. As conceptualised by him, the public sphere is:

> A realm of social life in which something approaching public opinion can be formed…and in which citizens can confer in an unrestrictive manner - that is, with the guarantee of freedom of assembly and association and the freedom to express and publish their opinions about matters of general interest (Habermas, 1974:49).

In other words, the 'public sphere' refers to a social realm in which individual citizens come together to discuss matters of common concern to form public opinion. The term 'public sphere' refers to a space created through discourse and it indicates clearly the social space generated when citizens assemble to discuss issues of mutual concern collectively (Erickson, 2004). Discourse in the public sphere may occur in cooperatives, homes, clubs or associations. The public sphere invokes a deliberative sense of public opinion meaning that public opinion is formed when people discuss topics together and form opinions on the basis of their discussion. For Habermas, the ultimate goal of deliberative interaction is what he termed 'public reasoning'. Erickson (2004:4) maintains that:

> The public sphere is a precondition for the realization of popular sovereignty, because in principle, it entitles everybody to speak without any limitations, whether on themes, participation, questions, time or resources. The idea of a public sphere provides the sort of deliberative arrangement that fits the requirement of discourse theory, namely that a norm is deemed to be legitimate only when all affected have accepted it in a free and rational debate. A public sphere has problem-solving functions as it increases the level of information and understanding between cooperators, but more importantly, it is a sphere of political justification intrinsic to democracy. It is a basic concept of democratic legitimacy as it revolves on the probability of including all potentially affected citizens.

For Habermas, the essence of the public sphere is rational debate. It will be correct to assert that Habermas's public sphere is mainly concerned about two main aspects which are the quality or

form of rational critical discourse and openness to popular participation. Eder (2003:5) is of the view that:

> In conceptual terms, the public sphere is non-coercive, secular, and rational. It is established through freedom rights that provide citizens with protections from state incursions. The modern public sphere is founded on rational debate and is antithetical to dogmatic ways of conflict settlement. This idea of the public sphere is, then, closely linked to the principle of universalistic argumentation. The discussion can go on indefinitely, and the participants can address an indefinite circle of interlocutors, who are scattered in time and space. The public sphere is reflective – through it 'society' thematises itself.

For Habermas, the public sphere was thought to create what he termed the 'reasoning public'. Citizens meet as part of the public sphere when they come together not as subjects of the state or as private economic actors concerned with matters of general interest (Held, 1980). The fundamental principle of the public sphere Habermas calls 'discursive will-formation' which refers to equal, open and constraint-free discussion. "Within the public sphere, the 'reasoning public' was to attempt to achieve consensus on political questions under conditions of the open and free discussion of all issues without dogmatic appeal to authority or tradition. Under such conditions 'public opinion' would possess legitimate authority as an expression of the 'rule of reason' and thus, be capable in principle of truly articulating the general interest" (Roderick, 1986: 42).

The significance of the public sphere lies in its ability to create and foster societal integration. Public discourse which Habermas later referred to as communicative action is a possible mode of coordination and integration of human life (Calhourn, 1992). Thus, in the public sphere there is "a kind of social intercourse that far from presupposing the equality of status disregarded status altogether" (Calhourn, 1992: 36). It is only through this process of rational discussion that the society can deal with matters that affect them. In the public sphere all sorts of topics which where previously the terrain of the formal institutions like the church and the state were opened

to public discussion mainly because the public defined its discourse as focusing on all matters of common concern. Habermas elaborates this point more succinctly below:

> Discussion with such a public presupposed the problematisation of areas that until then had not been questioned (Habermas, 2001: 104).

In other words, Habermas asserts that the public sphere mediates between society and the state. In '*The Structural Transformation of the Public sphere'*, Habermas (1989) identifies the fundamental components of the public sphere. In the following section I will briefly touch on these as they will form the basis of the framework of this study.

5.2.1 Civil Society as Located in the Public Sphere

The notion of civil society is basic and essential to Habermas's exposition of the public sphere, and his exposition offers a deeper understanding of the meaning of civicness and civility. For Habermas, civil society included those institutions of sociability and discourse loosely connected to the economy. Civil society is seen through Habermas's eyes as an autonomous branch of the society that is neutral from the state's power and domination. Habermas elaborates more on the need for a civil society that is deep rooted in independent thinking and engagement. He argues that:

> The 'domination' of the public, according to its own idea, was an order in which domination itself was dissolved---.Public debate was supposed to transform voluntas into a ratio that in the public competition of private arguments came into being as the consensus about what was necessary in the interest of all (Habermas, 1991:83).

5.2.2 Public Sphere as a Network of Communication: A Deliberative Public Sphere

> The public sphere is constituted by the freedom of communication, which makes possible the public use of reason. It is a vehicle to test the legitimacy of legal provisions and as a counterweight to government power. The public sphere is a communication network. The

> public sphere is that social space which is created by communicatively acting operators who are bearers of opinions and interests. The public sphere is a forum where what happens is determined by what can be made generally understandable, interesting, believable, relevant, and acceptable through the use of everyday language, viz subjected to the procedural constraints of discourse only (Erikson, 2004:15).

The underlying philosophy behind the kind of communication in the quotation above is one that is governed by the desire to achieve social integration which is an outcome of rational-critical discourse. In other words, Habermas is of the view that social integration, cohesion and understanding can be best achieved through communication. Calhourn (1992: 122) elaborates further when he says:

> Communication in this context means not merely sharing what people already think or know but also a process of potential transformation in which reason is advanced by debate itself.

It has to be stated that one of the most phenomenal and outstanding aspects of the public sphere is its ability to generate communication, understanding and engagement among members of a particular sphere on a specific agreed upon agenda or problem. This kind of deliberative process contributes to a more rational way of solving problems and to increasing the 'epistemic' quality of the reasons in a justification process. Commenting on this kind of a process, Erickson (2004:26) further posits that:

> Deliberation in this perspective is primarily seen as a cooperative activity for intelligent problem-solving in relation to a cognitive standard and not as an argument about what is correct in the sense that it can be approved by everyone. It is substantial not procedural. Publicity, then, is to be understood as a democratic experimental society for detecting and solving social problems - including the identification of unintended consequences or by-products – and not as a political principle of legitimacy.

This kind of deliberation forces the participants to justify their standpoints, ideas and decisions in an impartial manner. Cohen and Sahel (2002:19) has this to say in support of deliberative politics:

> Consider now a world in which sovereignty- legitimate political authorship- is neither unitary nor personified, and politics is about addressing practical problems and not simply about principles... In this world, a public is simply an open group of actors, nominally private or public, that constitutes itself as such in coming to address a common problem, and reconstitutes itself as efforts at problem solving redefine the task at hand. The polity is the public formed of these publics: this encompassing public is not limited to a list of functional tasks enumerated in advance, but understands its role as empowering members to address such issues as need their combined attention.

It has to be argued that deliberation as a mode of problem solving may enhance the effectiveness and efficiency of the decision making. Good discussions lead to more enlightened actors and more rational decisions. Public deliberation is held to lead to opinion formation, the forging of common identity on the basis of which collective decision making can take place, viz an identity-shaping process strong enough to facilitate the solving of the collective action problem (Elder, 2003).

5.2.3 Civility, Civil Speech and Dialogue: Re-inventing a Space for Public Communication on HIV/AIDS

The concept of civility refers to an orientation towards understanding and a commitment to support the public sphere as an open site for debate among all citizens (Kingwell, 1995). Against this background, I consider the concept useful in the discourse of HIV mitigation and prevention. A commitment to civil discourse helps community citizens to discuss all matters relating to sexuality and HIV/AIDS. Recent literature and studies on HIV/AIDS attributes the increase in the rate of HIV transmission to what the researchers' term as 'a culture of silence'. In many African communities, HIV/AIDS is often perceived as taboo and something that exists in

abstract terms. There is no open communication on all matters pertaining to the epidemic. Given such a scenario, the encouragement of civil engagement and discourse among members of what Habermas term as the public sphere will break and defy the dictates of such a culture of silence. Thus, if the concept of civil discourse and dialogue is successfully applied in HIV/AIDS prevention, noticeable decline trends in terms of the rate of transmission can be recorded. The reason being that civility is a behaviour that is expressed through features and it is constantly being negotiated amongst members of the public sphere as they identify the problems that affect them.

Most significantly, civility allows citizens to interact in the public sphere freely, to speak anything including those things that might be consider sacred and taboo like sex and sexuality, HIV/AIDS and other sexually related illness or sickness. As people interact in the public sphere they engage each other across lines of difference in all these matters and this will raise the awareness levels about the epidemic.

Civil speech is essential in all matters of community concern as Habermas argues. It is with the very same framework that civil speech can be adapted and applied in dealing with the problem of HIV/AIDS. Civil speech acts include negotiation, reciprocal exchange of ideas, engagement and participatory discussion (Coleman, 2001). All these acts contribute toward a civil space that is responsive to the problem of HIV/AIDS. This kind of negotiation and participatory discussion and engagement can be seen as pivotal in the sense that it opens up lines of communication and other spaces on all matters that relate to AIDS transmission, infection and prevention. Previous research has recommended the need to open up spaces for public communication on HIV/AIDS, such a call can be realized through free and civil speech and well communicated dialogue that Habermas has suggested in his theory of the public sphere.

5.3 Creating Social Capital through Deliberative Discussions: The Efficacy of Community Dialogue on AIDS Mitigation

Active engagement with issues of social and political importance increases the citizen's sense of commitment to action and further the development of social capital. When citizens come

together to enquire about issues that affect the community, learning also occurs in such situations. This kind of active engagement being part of the essential characteristics of the Habermasian public sphere is appropriate in dealing with community HIV/AIDS. The community's attempt to encourage and promote citizens to engage in deliberative discussions results in the building of social capital necessary for resolving cases of social pathology (Stein *et al.*,2001).

Through promoting dialogue in a manner which gives voice to the community, citizens can have control over the matters that affect their lives. Through constant interaction and deliberation, social capital in the form of trust, reciprocity and community action is likely to develop (Putnam, 1993). Spaces and places where citizens might meet and gather to discuss ways in which they can deal with community problems can be ties for creating and enhancing the networks and relationships in the community (Wright, 1980). In other words, any activity that promotes the community good, that is designed with agreed upon outcomes, that uses existing networks or builds new networks, and that is directed toward issues facing a community might be characterized as learning to develop a community's social capital (Balatti and Falk, 2002).

The social capital for HIV/AIDS mitigation in this sense is conceptualized as a community resource that builds from group members acquired knowledge, from the social ties established through interaction in the social spaces, through cooperative activity that might include all those situations designed to promote and encourage learning. Social capital can also be formed from identity resources developed from engaging in social activity such as trust, increased competence, or developing voice (Balatti and Falk, 2002). Several studies and readings on community involvement also propose that community engagement on community issues creates social capital and build upon on existing social capital. The degree to which individuals engage with issues of common concern is the degree to which community social capital increases. Therefore it can be argued that:

> The community forum, a space for structured dialogue around contemporary issues might be described as a form of informal, thin, single encounter, outward looking, concerned

with the public good and bridging, bringing together people of diverse backgrounds (Ballatti and Falk, 2002:67).

It has to be asserted that the ways in which participants in such a public sphere associate after attending forums, participate in political or other social activities, or form networks might be considered indicators of the real influence of these forums on the development of social capital. Hence, community forums on HIV/AIDS are important vehicles for social capital formation which will lead to individual protective mechanisms on HIV/AIDS infection. Based on the idea of the 'public sphere' advanced by Habermas, deliberative discussions can be seen as assisting the public to find its voice and influence civic actions in their communities. The reason being that the public sphere in Habermas's terms is a medium of social integration, a form of social solidarity, as well as an arena for debating possible social arrangements. People are knit together not only by any kind of similarity but by the opportunity to discuss issues with each other and even consider differences in opinion and how best to move beyond these kinds of differences if ever they do emerge.

5.4 Exploring Social Spaces Created by Civic Engagement: Renegotiating 'Public', 'Community', 'Local' and 'Identity'

Habermas is of the view that the free public debate has not only the potential to identify matters of common concern but also the ability to create a collective identity that shapes the way people behave and respond innovatively to any situation that they might face. The realisation and acknowledgement of the problems the community is facing will lead to identity formation created as a result of constant engagement in the existing interactive social space. In short, the public sphere as conceptualized by Habermas is a common space for free communication were problems are discovered, schematized and dramatized and formed into opinions that creates an identity based on how people will behave and act upon the problem by a formal process of decision making.

Habermas makes it clear that the public sphere creates interactive social spaces that could be very useful in dealing with problems in a 'locale'. Against such an argument, there are reasonable grounds that the whole theory or idea of the 'public sphere' can be successfully

adapted and applied to all efforts designed to deal with the problem of HIV/AIDS. Of significance in this regard are the interactive social spaces that can be conduits of information on HIV/AIDS, sexual health and preventative measures and mechanisms. These social spaces are pivotal in the sense that people are constantly learning something new with regard to other things related to HIV/AIDS and their general sexual health. It is only the process of interaction that a high level of awareness about HIV/AIDS is built.

Awareness building is not just a once off event but a constellation of several incidences of continuous active interaction. It has to be stated that these forms of awareness relates to risky avoidance behaviour, sexual protection, counseling and testing services among other things. Henceforth, interaction in these social spaces is not only routine and entertaining but educative and morally sustaining. It fosters a community level identity of risky avoidance and collective responsibility on the sexual life of every citizen of the public sphere (Welton, 2001).

5.5 Discourse and Consensus: Habermas and the Theories of Communicative Competence, Universal Pragmatics and Communicative Action

> The necessity for coordinated action generates in society a certain need for communication, which must be met if it is to be possible to coordinate actions effectively for the purpose of satisfying needs (Habermas, 1981: 274).

In the theory of communicative competence, Habermas suggests that speech is aimed at the goal of genuine consensus. For him, “the very structure of speech is held to involve the anticipation of a form of life in which truth, freedom, and justice are possible” (Held, 1980:256). Habermas argues in the theories of communicative competence, universal pragmatics and communicative action on the importance of language as the medium for coordinating action. According to him, language is liberating and is the medium through which people get to an understanding resulting in them engaging in effectively communicated actions. This kind of communicative action only occurs when social intercourse is governed by mutual and cooperative understanding among all citizens of the public sphere. For Habermas, communicative action is connected to communicative rationality. The social actions that community members engage in have got to be

rationally agreed upon through language. In more simple terms, for Habermas any action oriented to understanding in a social context is what he meant by 'communicative action'.

Communicative action therefore is based on an analysis of the social use of language oriented to reaching understanding among participants in the public sphere. These participants have to weigh any kind of speech acts and offer validity claims before making any form of consensus. Any form of consensus has got to be rationally substantiated (Held, 1980: 111). Citizens have got an obligation to participate in the process of discussion with the realm of the public sphere. Any form of problem, need or desire of private individuals can be raised for debate and discussion in the public sphere. This kind of rational-critical discourse will result in 'rational consensus' that will lead to well communicated action.

5.6 Communicative Rationality, Purposive Activity and Consensus: Effects on Community AIDS Agenda

Community cohesiveness has been reported as one of the most important dimensions of health enhancing social capital. According to the social capital paradigm, people are most likely to undergo health-enhancing behaviour change if they live in communities where the level of understanding and cooperation is high (Campbell, 2003). Based on such findings from previous research, I position the theory of communicative action as relevant, applicable and effective in the HIV/AIDS prevention agenda. If successfully applied, such a theory can lead to the discovery of how best community social structure results in the building of social capital for HIV/AIDS prevention and mitigation. The use of language in free communication in the community opens up spaces where members can engage in matters that the society was not at liberty to discuss and tackle- 'uncharted territories'. In many communities, there has not been much talking on all issues that relates to the problem of HIV/AIDS. The lack of speech has resulted in the increase in the rate of transmission as research has reported. Therefore, in this study I start from the assumption that communicative and rational actions are derivatives of community social cohesion that are essential in creating in people an understanding of HIV/AIDS and how best to effectively contain the epidemic.

It is through communication and purposive action that people will begin to share information and ideas on HIV/AIDS. As citizens communicate openly in the public sphere, they gain helpful insights and information on HIV /AIDS and the general agreement on the course of action to deal with the problem. Cohesion and understanding is essential in dealing with any kind of community concern and HIV/AIDS is no exception. In line with such a view, Habermas is of the opinion that:

> The goal of coming to an understanding is to bring about an agreement that terminates in the inter-subjective mutuality of reciprocal understanding, shared knowledge, mutual trust, and accord with one another. Agreement is based on recognition of the corresponding validity claims of comprehensibility, truth, truthfulness, and rightness (Habermas, 1976:3).

Habermas's conception of rationality based upon dialogue, argument and reason allows for the building of critical consciousness on power relations, sexual behaviour and predisposing factors to HIV/AIDS vulnerability. All in all, it can be asserted that the theory of communicative action alludes to the emancipatory potential of reason (Roberts and Crossley, 2004). Community actions and discussions on matters that relate to HIV/AIDS empower the citizens to be much more able to cope and deal with the challenges posed by the epidemic.

5.7 Communicative Action and Social Capital: Possible Connections

Habermas does not use the term 'social capital' but reading through his work, one can see possible connections on what he says about other things. Recent literature that is dominant in the social sciences does not say much about this link to Habermas. Within sociology, communicative action is generally conceptualized as a form of social action that can develop in the creation or generation of social capital through participation and deliberations among citizens. Communicative action as a form of social capital is thus seen as nurturing new knowledge and information needed in the society. Reading through the work of Habermas on communicative action, I gathered that there are some elements that connect communicative action to social capital.

The symmetric, reciprocal relations and interactions presupposed by Habermas suggest synonymity between communicative action and social capital. The basic assumption of both social capital and communicative action is that reciprocal transactions within a group or community are essential and enriching. Another connecting element between social capital and communicative action is the focus on action and communication in both notions. The understanding being that social trust enforces coordinated action that will build social cohesion within the group or community. In other words, both communicative action and social capital place much emphasis on collectivity or collective action and participation. In short, the impression one gets is that communicative action is responsible for the generation and creation of social capital thereby implying that social capital is a by-product of communicative action. The social capital of a community can be enriched by dialogue and meaningful communication among the citizens.

5.8 Theoretical Criticisms of Habermas

Habermasian ideas and views echo real and critical debates which the world is grappling with. However, such views do have flaws and attracts critics who are keen to identify and highlight them. First and foremost, Habermas implies that the bourgeois public sphere was characterized by freedom, equal access and informed consent among participants. By this assumption, Habermas tends to overlook the more coercive and power-driven attributes of the bourgeois public sphere. In reality, any rational decision is made through a process of coercion and exclusion. On the transformative potential of the public sphere, the bourgeois public sphere overlooks and undermines the emancipatory potential of ‘counter-public spheres’. The entire process of communication and deliberation might be a medium of power, domination and oppression (Holub, 1991). Below I discuss Habermas’s flaws in detail as has been argued by different schools of philosophical thought.

5.8.1 The Postmodern School: ‘Subaltern Counter-Publics’

The postmodern school of thought argues that in contemporary societies, public discussion is structured and revolves around ‘cults and cliques’ which are driven by different kinds of agenda. Thus, it becomes unclear to these scholars how public discussion can be founded on truth and

normative understanding. However, this does not mean that there is no sense of 'publicness' but it undermines the notion of a 'general public' (Roberts and Crossley, 2004). The postmodernists argue that politics invades every society and makes it difficult to realize the idea of 'closed totality'. In short, this school of thought suggests that:

> Neither an epistemologically driven, unified consensus-based public realm nor an ontologically driven common public space are possible or desirable in a postmodern world inhabited by a 'micro-physics' of power and contestation (Roberts and Crossley, 2004:14).

The postmodernist critique of Habermas lies in the debate between Habermas's essentialist approach versus a pluralistic approach to human and cultural diversity. In his analysis of the public sphere, Habermas tends to neglect the possibility of the emergence of identity politics that might result in the interest of one group being met at the expense of other groups. Issues of culture, race or ethnicity might mean that citizens will be aligned to different groups or cliques because of such. In critiquing Habermas on his neglect of identity politics, Osten (2002: 53) argues that:

> Habermas fails to fully expound on and integrate issues of identity and diversity in his conceptualization of the public sphere and the resulting implications for his theories of communication, discourse and consensus.

The argument here is that, the private and selfish interest of one group may become dominant resulting in conflicts, clashes and confrontations which might disrupt the whole function of the public sphere. These clashes and conflicts might be among several groups trying to have their individual interests recognized or their voices heard. The fight for dominance and hegemonic influence among groups is where the whole essentialist versus pluralist debate is situated. On essentialism, the belief is that group interests and goals are central and come before any other thing. Common good can only be realized if group interest is preserved (Ostein, 2002). The emergence or resurgence of identity politics becomes one of the ugly features of the Habermasian public sphere which Habermas himself tends to ignore in his analysis. His critics are quick to point out and charge that:

> Democratic politics have never been solely, or even predominantly, determined by rational debate and consensus and are instead subject to the ongoing interplay of interests and power (Ostein, 2002:7).

Habermas's critics see the whole Habermasian conception of the public sphere as unconvincing and flawed. These critics argue that the public sphere is always dominated by a particular dominant group of citizens thereby resulting in the exclusion of some groups and limiting of participation the several other groups. This is seen as resulting in the development of other competing public spheres. The main reason behind the emergence of these 'competing sub-public spheres' is that access to and participation in the public sphere is not universal and inclusive. It is instead based on the value system of the dominant culture or group. In any case, all those citizens who are excluded from participation in the general public sphere are forced to develop their own 'sub-public sphere' on the basis of their marginalized or excluded identity (Kellner, 1991).

In contrast to the essentialist conception of the public sphere that Habermas exposes, the pluralist conception of the public sphere calls for the incorporation of multiple spheres which can effectively compete and conflict with each other and respond to the needs of citizens. These multiple public spheres are projected as providing new public social spaces for interaction to often marginalized or excluded groups. Those citizens excluded from the discourse of the hegemonic or dominant culture can easily participate in these social spaces created by multiple public spheres (Kellner, 1991).

Another criticism leveled against the Habermasian essentialist conception of the public sphere relies on the notion that the multiplicity and diversity of values and interests across several cultural spheres precludes the ability to reach formal consensus or engage in real or pure rational debate (Heyting *et al.*, 2002, Ostein, 2002). Critics argue that Habermas is silent on the likelihood of the development of ethnocentric tendencies or attitudes which will result in identity-specific social values not universally agreed upon overriding common goal, purpose and collective identity. Most importantly, it also denies equal participation to the majority of the

society (Baumeister, 2003). The character and structure of the public sphere becomes much more exclusionary.[11]

For Fraser (1995) there is need for a position which recognizes the discursive voices of those who are not part of a particular public sphere but those who are residing in alternative public spheres. Fraser (1995) terms these alternative public spheres, 'subaltern counter-publics'. The idea of 'subaltern counter-publics' refers to "parallel discursive arenas where members of subordinated social groups invent and circulate counterdiscourses.Subaltern counter-publics permit them to formulate oppositional interpretations of their identities, interests and needs" (Fraser, 1995: 291). Subaltern dialogue therefore suggests that fixed boundaries on topics of public interest do not exist. This can only be achieved where minority voices are given the opportunity to convince others of the nature of their argument.

Habermas's notion of a singular and unified public sphere has been criticized as a utopian ideal that does not consider the differences among those who engage and participate in it (Grbresa, 2004). Habermas tends to focus on the singular character of the public sphere. Contrary to this Habermasian conception, the likelihood is that discussions among citizens or different social groupings may not reach consensus but rather result in diversity of opinions and views. The emergence of what Livingstone and Lunt (1994) calls 'oppositional public spheres' is eminent. Instead of a singular public sphere, there are now many that overlap and work in direct tension with each other (Fraser, 1990, 59).

In summary, the postmodernist critique of Habermas is based on what they see as the historical limitation of 'publicness' in the notion of public sphere. Publicness is confined to mean a social group that has undergone a period of norm internalization. In such cases, the whole notion of 'public reason' becomes meaningless. However, concepts of dialogue and public participation make the utility of Habermasian approach to HIV/AIDS mitigation and prevention issues indispensable.

[11] The exclusionary character of the Habermasian Public Sphere is seen as one of the major weakness of the theory. The public sphere ceases to be concerned with the needs and sensibility of all its citizens but becomes much more of an arena to conflict, compete and establish hegemonic dominance. Thereby excluding other minor groupings in the process.

5.8.2 The Relational and Institutional School

Scholars within this school see the public sphere as a particular institution and also a particular relational setting. Institutions by their very own nature are characterized by "networks of rules, structural ties, public narratives, and binding relationships that are embedded in time and space" (Somers, 1993:595). To them, a public sphere refers to "a special space for the articulation of symbolic codes, values and representations which help to formulate individual and political orientations" (Roberts and Crossley, 2004:16).

Besides all the criticisms leveled against Habermas, his work remains useful and relevant in this study. Of particular significance is the aspect of public participation, dialogue and engagement with the society or the 'public sphere'. Habermas's deliberative democracy and rational consensus are significant features of his theories that can help break the myth, silence and taboo surrounding HIV/AIDS in rural communities. As seen through the lenses of Habermas, communicative action and participation within the public sphere opens up the spaces for safe sex negotiation, information exchanges on all HIV/AIDS related issues and results in a collective or public response to the problem of HIV/AIDS. As can be seen, the Habermasian insights from the theory of the 'public sphere' and 'communicative action' provide a relevant but not a rigorous and robust theoretical framework to inform this study given all the weaknesses and flaws pointed by several critics. Thus, in this study I will supplement Habermas's concept of the public sphere with Foucault's (1991a) concept of governmentality and Paulo Freire's 'social change theory of dialogue and praxis'. In the following section, I discuss governmentality as advanced by Foucault and relate it to the problem of HIV/AIDS.

5.9 Foucault: Governmentality and Discourse

For Foucault (1991a) governmentality refers to a form of governance in which the state's power over the population does not or rarely manifests itself in violent and openly oppressive forms. Governmentality applies to a variety of historical epochs or periods and to different specific power regimes. In the neoliberal context, it refers to societies where power is de-centered and its

members play an active role in their own self government. According to Foucault, individuals need to be regulated from 'inside'. This particular form of governmentality is characterized by a certain form of knowledge which Foucault called "saviou". For Foucault, power can manifest itself positively by producing knowledge and certain discourses that get internalized by individuals and guide the behaviour of the population. This will lead to more effective forms of individual control, as this knowledge enables individuals to govern themselves. Governmentality operates silently and subtly to discipline citizens and subjects without their own conscious knowledge or awareness (Calhourn, 2002).

Foucault defines government as the conduct, more precisely "the conduct of conduct" to "governing the self". For him, government does not only concern politics but also the government of the self. The ways individuals govern their own behaviour are part of the same construction. By 'government', Foucault meant not so much the political or administrative structures of the modern state. He meant the way in which the conduct of individuals or of groups might be directed including the government of families and communities. To govern is to structure the possible field action of others. "Foucault shows that power breaks out everywhere- its 'locus classicus' is not simply in institutional or hegemonic power, but in varied and complex relations and negotiating among and between the powerless as well" (Calhourn, 2002:58).

Governmentality for Foucault (1991a) derives its mechanisms and strategies for disciplining the citizens from discourses and practices that individual and groups perform daily and voluntarily. The major cumulative effect of governmentality is the resultant co-optation of individuals, families and communities into programs, projects and policies of the State. Applied in the context of HIV/AIDS in South Africa, governmentality would imply the inclusion of the entire community, families and civic grassroots organizations in the mobilization of resources and effort to fight the HIV/AIDS epidemic. Governmentality as it is applied and adapted in other contexts may be defined as a "form of domination that mobilizes resources, practices, and discourses with the effect of producing docile and passive publics who are powerless to challenge policies" (Calhourn, 2002:62). However, the notion of 'self-government' or 'technologies of the self' forms the basis of this discussion.

Based on Foucault's (1991a) ideas, governmentality treats government as something that occurs at the level of the body, and of the social order where society is considered as an organic, interrelated whole. This form of "bio-power" for Foucault forms and articulates the social order (Prince *et al.,* 2005). Government is diffused through all forms of social interactions at any level in the society. The dominant tripartite role of the state, economy and civil society is altered because of the organic nature of the society. Power is diffused to all the existing levels of interaction. Governmentality as proposed by Foucault conceptualises government as a wider conception than the monolithic entity of 'the state'. In actual sense, Foucault argued that governmentality is concerned with the specific ways that individuals and populations are governed, how certain behaviours are performed and facilitated to produce order in the society. Thus, the adoption of a Foucauldian governmentality approach is essential as it co-opts the entire society, community, every level of interaction and action in the fight against HIV/AIDS. That kind of multi-sectorial response is essential as it broadens the scope and horizon through which a society can prevent and mitigate the epidemic.

As suggested by Foucault, the discursive component of governmentality is quite useful and relevant in HIV/AIDS prevention and mitigation. Through discursive interactions and connectivity, the citizens will gain the relevant knowledge concerning HIV/AIDS and other related issues. It is this form of knowledge that places them at a far better position to avoid HIV/AIDS infection. The instrumentality of the notion of governmentality also lies in its emphasis on 'individual government' and self control. The manifestation of power will produce the HIV/AIDS knowledge that individuals will internalize and thereby engage in HIV/AIDS protective behaviours. The significant point here based on Foucault's work is the ability of individual citizens to govern themselves and their behaviour.

Governmentality is a patterned way of thinking or style of reasoning that is embodied in a particular society or institution. According to Foucault, it involves analyses, procedures, reflections and calculations and tactics which aim to know and govern actions and thoughts of the citizens or the population (Foucault, 1991, Larner, 2001). The evaluation of one's self behaviour and actions is quite useful in the fight against HIV/AIDS. Individual evaluation and reflection will result in individuals altering those kinds of behaviours that might lead them to

being infected by HIV/AIDS. This form of evaluation and reflection is a fundamental basis for behavioural modification and change. For Foucault it is imperative that individuals take charge of their own bodies, circumstances and situation. The form of 'self governmentality' that Foucault (1991) talks about is empowering and hence relevant and essential in the fight against HIV/AIDS especially in powerless societies.

5.9.1 Critiquing the Foucauldian notion on 'Governmentality'

Foucault understood governmentality as the balance between what he called "technologies of domination" and "technologies of the self". He suggests that there is need for a shift in ways of governing the people. His perception is that state coercion is unnecessary and responsible citizens will govern themselves freely and consistent with other forms of knowledge for example, expert knowledge. However, the problem with his view is that, the autonomy that Foucault seeks to achieve can never be realized as this form of, in this case, expert knowledge is intertwined within the workings of the state. Thus, this kind of knowledge becomes a tool to govern the conduct of the populations. In other words, it is just but an extension of the state (Lemke, 2007).

Several critics of Foucault on the notion of governmentality accuse him of undermining the importance of the state in ordering the social domain. Hence, these critics contend that there can never be a balance between the 'technologies of domination' and the 'technologies of the self'. Foucault's critics argue that there will never be such a form of congruence.

Against a background of such criticism on Foucault's notion of governmentality, I still consider his concept of governmentality useful and helpful in the drive towards modern processes and trajectories of human transformation. The system of according or rendering individuals responsibility over their lives, sexuality and health entails transforming human life into individual domain. More importantly, governmentality captures the human body as the locus of human transformation and power wrangling. Thus, the notion entails individual responsibility, self-consciousness and critical reflection. The fight against HIV/AIDS requires all such attributes or elements that Foucault suggest.

Lemke (2007:18) captures very accurately why Foucault's notion of governmentality is useful and relevant for modern day usage. He suggests that:

> The concept of governmentality allows us to call attention to the constitution of new political forms and levels of the state such as the introduction of systems of negotiation, mechanisms of self-organization, and empowerment strategies.

The focus on the processes of collective negotiation and empowerment provides a useful framework for this study and it is another reason behind the adoption of the notion of governmentality to supplement Habermas and Freire's views. Foucault's work on governmentality focuses also on power in relation to people or the population. For him, "bio-power" is a form of politics concerned with the subject as part of the population. This notion of "bio-power" shows his concern with health, sexuality and human reproduction. Thus, I consider his views relevant and applicable in the current study. Having discussed the relevance and applicability of the notion of governmentality presented by Foucault, I now turn to look at the views of Freire and how they can be integrated with those of Habermas and Foucault.

5.10 Paulo Freire: Social Change Theory of Dialogue and Praxis

Freire's theory positioned praxis as a central defining feature of human life and a necessary condition of freedom. He argues that human nature is expressed through intentional, reflective, meaningful activity that is situated within dynamic historical and cultural contexts that shapes and sets limits on that activity (Glass, 2001). For Freire, education is essential because without it human life would not rise to the level of existence but would rather remain at the level of instinct and basic survival, like animals. He argues:

> I cannot understand human beings as simply living. I can understand them only as historically, culturally, and socially existing...I can understand them only as beings who are makers of their "way", in the making of which they lay themselves open to or commit themselves to the "way" that they make and that therefore remakes them as well (Freire, 1994:97).

Against such a background, I will examine the salient features of this Freirian thesis and its applicability in solving the problem of HIV/AIDS as this study seeks to envisage.

5.10.1 Dialogue and Social Praxis

Freire (1993) argued that the conditions that promote freedom also produce the human capacity for critical knowledge. He translated these conditions into linguistic and communicative metaphors. Central to such metaphors is his notion of dialogue. For him "knowledge becomes founded on dialogue characterized by participatory open communication focused around critical inquiry and analysis, linked to intentional action seeking to reconstruct the situation and evaluated consequences. The dialogue that distinguishes critical knowledge and cultural action for freedom is not some kind of conversation, it is a social praxis" (Glass, 2001:19). Freire (1993) posits that dialogue is an existential necessity to men. He articulates the relevance and importance of dialogue in resolving the ills of the world. For this dialogue to be achievable, citizens have got to unite and trust each other. Most significantly;

> Dialogue further requires an intense faith in humankind, faith in their power to make and remake, to create and re-create, faith in their vocation to be more fully human (which is not the privilege of an elite, but the birthright of all). Faith in people is a priori requirement for dialogue, the "dialogical man" believes in others even before he meets them face-to-face (Freire, 1993: 73).

The quotation clearly shows that Freire is of the position that without faith in people, dialogue is a farce mainly because trust is established by dialogue. For Freire (1993) the dialogical man is critical and knows that it is with his own power that he can create and transform the society (Glass, 2001).

At this moment, I argue and classify Freirian ideas as a research programme that can be applied to inform several studies and attempts on HIV/AIDS prevention. Based on what Freire is saying, dialogue creates high levels of awareness on all issues that relate to HIV/AIDS for example risky

sexual practices or behavioural change. Thus, dialogue builds an individual's cognitive awareness of the way that HIV/AIDS impacts on the society. Dialogue creates a safe social context in which all issues of the epidemic are discussed openly by the participants. Interactive social spaces created by dialogue and engagement are quite instrumental in making the citizen open up especially on sexual matters. Openness creates an HIV/AIDS enabling environment were people are free to discuss and share, be it vertical or horizontal, information on HIV/AIDS.

In his theory, Freire unravels the efficacy of such a practice of deliberative and communicative action. He adds that dialogue enables people to speak and overcome their silencing (Freire, 1997, 1994). The Freirian dialogue opens up the channels of community communication on all matters relating to HIV/AIDS. Findings from several studies conducted across the globe suggest that the lack of public and community communication on HIV/AIDS has impacted greatly on the way the epidemic spreads. In most developing societies, people are not willing to talk on AIDS since it is considered unacceptable. Thus, Freire (1996) laments the lack of public discourse in any kind of a society. For him, structural dialogue reveals the importance of language in dealing with people's problem. The same with Habermas (1991), he sees language as not only liberating but transformative and can be used to deal with social and human problems. The effects of language is clearly seen in what Freire himself calls "the language of possibilities" (Freire, 1996).

The interactive nature of dialogue builds the social capital of a society in the form of participation. Active citizenship participation in all aspects of common life will mean that there is nothing that the people cannot do as a collective. The trust, hope and faith generated through the process of dialogue facilitates the development of this kind of civic openness and participation. Freire posits that "the proper climate for dialogue is found in open areas, where men can develop a sense of participation in a common life" (Freire, 1993: 24).

In the above scenario, Freire (1993) alludes to the kind of communicative actions that are a result of deep-rooted understanding and commonness. These kinds of well communicated actions build strong or durable forms of community networks that participate in activities designed to build an HIV/AIDS protective community identity.

5.10.2 Action

> Group actions that emerge during the dialogue processes are reflected upon and, in turn, promote further actions that address problems in their communities (Wallerstein and Sanchez-Merki, 1994:108).

The notion of action is an essential part of the reflection cycle of praxis. Structured dialogue leading to an array of social actions can foster a comprehensive approach to HIV/AIDS. In relation to what Freire (1996) is saying, I am of the position that community members may avoid their own risky behaviours, develop their critical ability to identify damaging environments, and through communicative dialogue strengthen their protective efficacy to influence environmental norms. This Freirian action places much responsibility on community members or citizens to become advocates for healthier communities. Wallerstein and Sanchez-Merki (1994: 110) highlights that:

> By taking the emphasis off the individual as lone actor, the Freirian notion places individuals within their social and political context.

A Freirian approach acknowledges that individuals can best develop a sense of self-direction and empowerment in the context of changing and transforming community powerlessness. The approach relies heavily on praxis which literally refers to the ongoing cycle of action and reflection. Freire proposed an approach in which everyone participates as co-learners to create a jointly agreed upon and understood reality. The logic behind action as seen from the angle of Freire is summarized very clearly below:

> The goal of Freirian action is to promote community development and to change power relationships, ultimately giving people a greater voice in their community decision making. Continual reflection is required, therefore, to promote and maintain at the third stage of social responsibility and involvement in community change (Wallerstein and Sanchez-Merki, 1994:116).

This conception of action sensitizes the need for community action to deal with the problem of HIV/AIDS. The community itself has to take responsibility in initiating and creating a climate

for HIV/AIDS avoidance. The collective component of community action is one of the most benefiting variables of social resources that can be applied to build an AIDS protective society.

5.10.3 Critical Consciousness and Education

According to Freire (1993), for humans to progress they need to move away from what Freire calls “naive consciousness” to critical consciousness. Freire suggests that:

> True dialogue cannot exist unless it involves critical thinking- thinking which discerns an indivisible solidarity between the world and humans admitting of no dichotomy between them-thinking which perceives reality as a process and transformation, rather than as static entity-thinking which does not separate itself from action, but constantly immerses itself in temporality without fear of the risks involved. Critical thinking contracts with naïve - thinking which sees ‘historical time as weight, a stratification of acquisitions and experiences of the past, from which the present should emerge as normalized and ‘well behaved’ (Freire, 1972:64).

In his writings on education, Freire argues for an engaging type of education which is opposed to what he termed ‘the banking concept of education’. It is against this notion of active citizenship education that I consider these Freirian ideas on education as quite applicable in dealing with community HIV/AIDS. As argued by Freire a critical and engaging pedagogy is liberating and transformative. People will become conscious of their circumstances and learn to move out of those situations through their constant interaction with the world. Through this kind of education people will learn to solve their problems through critical reflection and questioning. He further argues that:

> In problem-posing education, people develop their power to perceive critically the way they exist in the world with which and in which they find themselves , they come to see the world not as a static reality, but as a reality in process, in transformation (Freire,1993:93).

The problem-posing education that Freire (1993) talks of is essential and applicable in the discussion around HIV/AIDS. I suggest that individuals need to critically reflect on their sexual behaviour and critically evaluate themselves on areas of their sexual lives where change ought to be applied. Thus, there is a need for a kind of 'community pedagogy' that teaches people how to critically question all circumstances around them. This will build an understanding and awareness of any situation that surrounds the individual. For instance, one would begin to question the nature or type of sexual activity and reflect on it before he or she engages in any form of sexual intercourse or intimacy. The benefit that can be derived from this kind of awareness and reflection will bring about transformation on the part of the individual especially on sexual matters. An active educational community is essential as it will help citizens to become consciously aware of all matters concerning the epidemic and how best to prevent the further transmission of the virus in their locality. The nature of this pedagogy will make an individual "become consciously aware of his context as human being as subject, it will become an instrument of choice" (Freire, 1993: 92). In his analysis of problem-posing pedagogy, Freire looks at the most important aspects of this kind of education. He outlines it very clearly that:

> Problem-posing education bases itself on creativity and stimulates true reflection and action upon reality, thereby responding to the vocation of persons as beings who are authentic only when engaged in enquiry and creative transformation (Freire, 1993: 77).

A kind of problem-posing education has to be promoted to enable the communities to become agents of social change in several societies through the development of critical consciousness, action and reflection or what Freire calls 'praxis'. This kind of 'praxis' is suggested as relevant in dealing with community HIV/AIDS and any other social problem that might be affecting the community. Against this, it can be seen that citizenship education that engages and make people reflect on their social, political and historical contexts has potential to prevent or mitigate HIV/AIDS.

5.11 Paulo Freire: A Postmodern Critique

Freirian views and ideas have been contested and challenged by some postmodernist arguments. Many of his postmodernist critics argue that the pursuit of justice, freedom and emancipation becomes difficult or complicated, when taking the concept of difference seriously. Unlike Freire, postmodern theorists like Lyotard suggest that:

> Postmodern pedagogy refines our sensitivity to differences and reinforces our ability to tolerate the incommensurable. Its principle is not the expert's homology, but the inventor's paralogy (Lyotard, 1984:482).

It is clear from the above argument that postmodernist theories attempt to make contemporary culture acknowledge and respond to 'difference' or 'otherness'. A postmodern understanding of freedom, justice and emancipation requires commitment to difference which Freire fails to acknowledge. Postmodernists argue that "it is only in search for difference that marginalized voices will be heard" (Rozas, 2007: 564) .Freire treatment of the individual as a 'self-subject' becomes myopic, illusionary and problematic in postmodernist terms. Thus, postmodernist thought dismisses the whole Freirian project on the basis that it fails to take into cognizance the issue of 'difference' in the diverse modern society.

Another criticism leveled against Freire is that his view of reality is too simplistic and problematic: its either one is the oppressor or the oppressed. Such an analysis of the world is considered too rigid as it does not take cognizance of the complexity and diversity which exist rather than the narrow dichotomy which Freire gives (Facundo, 1984).

Moreover, in '*Education for Critical Consciousness',* Freire (1973) fails to articulate much more explicitly and clearly the limits of education's role in the process of social transformation. His view on the role of critical literacy in the struggle for emancipation is questionable and considered unworkable by his critics. In his later writings, Freire (1987:106) concedes that:

> Even in this global sense, literacy itself should never be understood as the triggering of social emancipation of the subordinated classes. Literacy leads to and participates in a series of triggering mechanisms that need to be activated for the indispensable transformation of a society whose unjust reality destroys the majority of people.

Many critics of Freire question the revolutionary burden education is being assigned to carry or bear in the struggle for human liberation and emancipation. Thus, these critical voices disregard his views and criticize him for suggesting that social reality will be transformed primarily through education. He seems not to see and recognize the limitations of the role education can play in the social transformation process (Cavalier, 1996).

It is also argued that Freire in his writings provides a fixed and limited view of the world by equating liberative education to revolutionary activity. He stands accused of writing as if only education for literacy and critical consciousness is the primary means of giving rise to a revolutionary consciousness on the part of the oppressed. Postmodern thought assumes that there are a host of other factors that might lead to revolutionary change besides the limited transformative possibility of education that Freire talks about throughout his life's work.

Postmodernist thought dismisses Freire's treatment of people as 'individuals'. Such a treatment is seen as assuming that there is a high degree of homogeneity within groups in the society. Postmodernist theories argue that individuals in the modern world are not unified, nor should we consider or see groups as homogenous. Rather there is need for us to see social groups as heterogeneous (Rozas, 1997). Thus, any kind of transformation or liberation has to consider individuals as socially constituted and as products of social groups. The idea that a single form of transformation or justice, one which individuals can freely adhere to is strongly dismissed as inaccurate and misleading by several critics of Freire mostly those belonging to the postmodernism school of thought. Freire's treatment of the self and the potentially liberated self is questioned in postmodern discourse.

Lastly, many critiques argue that there is a tendency in Freire's work to overturn everyday social situations and problems so that they look pedagogical. In Freire's work, everything is

contextualized and structured around education. Thus, his critics reject this continual reference to education and suggest that the educational encounters he explores sometimes do not apply in the process of human and social transformation that he talks about in his project (Fraser, 1997).

However as with Habermas, besides the criticisms leveled against Freire, his contributions remain useful and relevant in this study. Freirian ideas capture some of the elements that Habermas might have missed or neglected in his analysis of the public sphere. The focus on collective social action and practice in Freire's writings answers the questions posed by many postmodernist theorists on the failure of modernist theories in capturing the notion of 'difference' and diversity. It is only through 'the language of possibility' that difference is effectively negotiated leading to meaningful social action. The notion of 'the language of possibility' presented by Freire provides significant contributions to the framework of this study. The argument being that, there is need for the opening up of all lines of communication on HIV/AIDS in rural societies. Public social spaces on HIV/AIDS can only be opened up when citizens themselves begin to discuss or debate all issues affecting them. Discourse and language creates HIV/AIDS knowledge, consciousness or awareness. Thus, Freire's theory provides useful features that can be applied in this study.

5.12 Habermas, Foucault and Freire: Bridging Issues of Epistemology and Tradition.

This section outlines the several major reasons or justifications behind the need to integrate theories from Habermas, Foucault and Freire. It identifies and discusses the chief elements which make it possible to combine these theories bearing in mind the general contradictions that exist between the modernist and the post-modernist traditions. Conscious of all issues relating to epistemological differences between modernist and postmodernist theories, inherent contradictions between these two distinct research traditions, I argue that a combination of theories from Habermas, Freire and Foucault can still give us the solution to the problem that this study seeks to address. The purpose of this will not be to engage in the on-going and raging debate between modernist and postmodernist theorist but to look at central or common features of their arguments that can be reconciled to address the problem at hand.

It has to be pointed out that the integration of these theories allows us to see more accurately the practical benefit of all such theories particularly in relation to HIV/AIDS, general public health, education and a host of other issues affecting our societies. In this study, the major benefit of such an integration of theories would be that each theory will serve to deal with the deficiencies or imperfections of the other. In other words, Habermas may serve as a "scientific corrective" to Freire; Freire does the same thing for Habermas and Foucault. I will begin the discussion by looking at the rationale behind combining theories from Habermas and Freire and look at theoretical elements that makes such a process of combining these theories possible.

First and foremost, both Freire and Habermas provide meta-theoretical frameworks that locate the relevance and need of a critical social science that is oriented towards emancipatory possibilities and human transformation. Hence, the Freirian and Habermasian project is all about emancipation and human freedom. Freire and Habermas both challenge existing forms of domination mainly through critique, dialogue and practice (Morrow, 1994). Habermas and Freire's ideas advocate for an emancipatory project of critical theory that transcends all forms of existing domination mainly through critical reflection, reason and immanent critique. There are several similar themes which both Freire and Habermas seek to address in their different theories. For the purpose of this study, I have identified the following themes as central to the integration of theories from Freire and Habermas mainly on the basis of what these theories seek to address, achieve and highlight.

5.12.1 Domination, Constructivism and Development: A Research Agenda for the Habermasian and Freirian Project

Reading through the work of Freire and Habermas in the theories of discourse and praxis and communicative action respectively, it is clear that a central subject or theme in both the Freirian and Habermasian project is what I refer to as 'domination and development'. Freire and Habermas focus mainly on human agency, development and social action. Habermas in his theory of communicative action believes that domination can be subverted through democratic discourse and rational consensus among all participants in the public sphere. For him, all existing forms of domination can be challenged through public discourse, immanent critiques and

consensus. Freire in his ‘discourse and praxis’ is also of the view that critical discourse is essential for the human development and liberation.

Both Freire and Habermas in their theories acknowledge and locate the significance of deliberative democracy in the struggle towards freedom and human liberty. The focus on dialogue, critical reason and public action makes the integration of these theoretical insights from the Habermas and Freire quite possible and essential. The use of what Habermas calls ‘ideal speech’ or language is seen by both Freire and Habermas as an essential vehicle towards social change. As will be seen below, human emancipation and development lies in the transformative power of public discourse or language.

5.12.2 Dialogue as Emancipatory and Liberating: Views from Habermas and Freire

Dialogue and critical reflection is considered by both Freire and Habermas as emancipatory and liberating. Morrow *et al.,* (2002:16) argue that in both the Freirian and Habermasian project, “the central thesis is that various forms of critical literacy are necessary for the individual autonomy and collective practice”. Habermas’s theory of communicative action helps in organizing human relations and interactions around dialogue and rational consensus. It is only through the participation of citizens in deliberative democracy and rational discourse that freedom and emancipation from all existing forms of domination can be realized. Such a critical-rational discourse within the realm of the public sphere is suggested by Habermas to be emancipatory and the purview of freedom, human independence and liberation from domination and oppression. On the other hand, Freire (1992) highlights the importance of dialogue, social action and critical reflection or what he calls ‘praxis’ in challenging authoritarianism or any other form of human domination. Freire (1992) suggests dialogue as a cooperative process. Such a process is considered useful in this study as it is perceived as enhancing the community and building social capital.

5.12.3 Human Possibilities, Self-Determination and Freedom: Issues in Habermas, Freire and Foucault Theories

Foucault's (1991a) notion of governmentality has been adopted to form part of the theoretical framework of this study. Governmentality is introduced and applied by Foucault to study the 'autonomous' individual's capacity for self conduct or control. In his argument, Foucault (1991a) centralizes the notion of the 'technologies of the self' which is nothing else but forms or mechanisms of self-regulation or government. For Foucault, governmentality helps to differentiate between power and domination. His view is that human beings are capable of governing themselves thereby freeing themselves from what he calls the 'technologies of domination'. Thus, self-government or conduct leads towards the realization of human possibilities. Such a theme on human possibilities features quite centrally also in the ideas of both Habermas and Freire. The view is that humans have the capability of transforming the world or society they live in. It is only on the basis of the focus on human possibilities that I link the notion of governmentality to Habermas and Freire.

It is imperative to note that all the issues or elements mentioned above are fundamental and make it possible to integrate views from different ideological positions mainly those from Habermas and Foucault who belong in two different ideological camps altogether. The reason being that both these theorists aim to achieve the same outcome mainly individual freedom and emancipation.

In other words, the combination of theories in this study helps in supplementing the deficiencies of one theory with another. As mentioned earlier on, each theory becomes a 'scientific corrective' for the other. I argue that theory integration provides a far better and scientific framework in terms of rationality, logic and direction.

Conclusion

This chapter has sought to detail a host of theoretical issues that are relevant in the relationship between social capital and HIV/AIDS. Habermas's ideas on the 'public sphere' have been argued as the most relevant and applicable in addressing the problem of HIV/AIDS. Theories on the 'public sphere' and 'communicative action' as suggested by Habermas allow social pathological issues like HIV/AIDS to be solved through language, engagement and action. Thus, these ideas offer the possibility of solving community problems through dialogue, deliberation and consensus. However, there are also flaws in the account or argument that Habermas provides. Against this background, the theory of the 'public sphere' in this chapter is supplemented by other theories which are Foucault's (1996) governmentality and Freire (1993) dialogue and praxis. In the end, the chapter proposes the use of an integrated theoretical framework that includes views from these theorists. This integrated theoretical position is exactly what social capital entails and thus social capital theory is suggested as offering an interlocking mechanism through which HIV/AIDS can be mitigated in rural South African societies. All in all, the chapter underscores the need and relevance of dialogue, active involvement, reflection, consciousness and collective action in the struggle against HIV/AIDS in rural communities. The following chapters and sections solely discuss and interpret the empirical findings gathered in the study. In the following chapter, I look at the ethnographic narratives and voices of community people on their experiences or encounters with HIV/AIDS.

CHAPTER 6

HIV/AIDS, Communities and Social Capital in South Africa: Ethnographic and Narrative Voices

6.1 Introduction

In this chapter, the use of narratives will be used as a way of examining the interrelation or intersections between HIV/AIDS and social capital in the context of rural South Africa. Narratives provide a deeper understanding of people's experiences and perceptions on how best to deal with a particular social phenomenon like HIV/AIDS. Schoepf (1992:123) contends that "the use of narratives is a way to examine the interrelations between macro-level conditions, structures, and processes, and the lived experience of individuals and social groups". Thus, in this study the use of ethnographic narratives was used to capture the connection and interplay between "structure and agency". Furthermore, "it allows researchers to document the struggles of individuals and groups to affect their life circumstances. It also shows how their efforts may be constrained by conditions that they are powerless to overcome" (Shoepf, 1992:124). In this chapter, I draw primarily on the field research findings in KwaZulu Natal. I also review literature and field notes from the eight communities that were part of the study. Ethnographic voices from the community citizens will be used to hypothetically test the effects of social capital on HIV/AIDS. In the first part of this discussion, I will highlight the general views and sentiments that these people share and hold in as far as HIV/AIDS is concerned. The other chapters will rigorously assess the mitigatory effects of such a connection between social capital and community HIV/AIDS. In addition, these chapters will also locate the role of communities, local and traditional power structures and the whole notion of citizenship. Ethnographic voices captured in this chapter provide an insightful picture of HIV/AIDS viewed from an 'emic perspective'. Most of the responses have been translated into English.

6.2 AIDS in Rural South Africa: Community Struggles, Politics and Vulnerability

> *There is no community desire to solve the problem of HIV/AIDS on our own. People only show interest when the Department of Health comes in to address them. This has contributed greatly to the massive increase of HIV/AIDS in this area* (Interview, May 2008).

As the respondent above has argued, the greatest challenge that rural South African communities are facing is the lack of will and community desire to deal with the problem of HIV/AIDS. The reason as evidenced from the responses gathered is that discussions around HIV/AIDS in most of these communities are seen as 'taboos' and people should not talk about it at any cost. This 'culture of silence' as often been reflected to in HIV/AIDS literature is seen as contributing to the increase in the level or rate of infection among rural citizens. The norms of 'non-disclosure' remain a challenge in all efforts to break the myths around HIV/AIDS especially in rural communities. In South Africa, findings from various studies indicate that the absence of a common knowledge and sufficient broad-based and well informed awareness of the epidemic might result in low degrees of community participation in HIV/AIDS projects and initiatives (Campbell, 2003, Barnett and Whiteside, 2001). This lack of community awareness on the need to talk about HIV/AIDS has resulted also in high levels of social stigma in many of these communities. Frohlich (2003:36) argues that:

> Community awareness is fundamental to creating a climate that will foster self understanding and encourage both individuals and groups to confront stigma

For communities to resist and take charge of the HIV/AIDS epidemic there is need for awareness raising, empowerment and community mobilization in relation to AIDS (Campbell, 2001, Frohlich, 2003). This whole notion of community awareness remains central in this thesis as will be seen in the forthcoming chapters.

6.2.1 Community Context: Availability and Access to Resources and Services for AIDS

> *The hospital is in Ingwavuma area so we have to travel for about twenty two to twenty five kilometers to get there. Only people with money can get there. Mobile clinics usually help but they only come twice a month* (Interview, May, 2008).

Access to both government and municipal facilities and resources has been generally described as difficult in many rural parts of the country. Against this, the evidence gathered in this study also suggests that rural communities do have problems in accessing these vital resources. The failure to get access to any of these resources especially health facilities and education has impacted greatly on all efforts to mitigate HIV/AIDS. The majority of the participants in this study argue that:

> *Uneven distribution of resources in the community is common. Only a few people have got access to education, land and other immovable assets. The failure to have access to education might mean that one might get infected with HIV/AIDS- Yes, it is a predisposing factor* (Interview, May, 2008).

Below is the central question that participants were asked in relation to asset or property ownership:

> **What could be the implication of the failure to own any of the assets above (wealth, land, education and other immovable property) on HIV/AIDS transmission? In other words, does it mean that a deprivation in terms of asset ownership is a predisposing factor to HIV infection**?

In her response to the above question, one participant has this to say:

> *Lack of education will lead to a lack of knowledge and understanding on issues of human rights and abuse and these will result into HIV susceptibility, lack of education will lead to unhealthy sexual behaviour or tendencies* (Interview, May, 2008).

The above participant is one among the many people who are of the view that education in all its various form is essential in building an HIV/AIDS protective community. She clearly asserts that illiteracy has played a great deal in fuelling the rate of rural HIV/AIDS in South Africa. Several findings from studies taken in Africa tend to suggest the same. Evidence is emerging which clearly suggests that communities and individuals with greater school education may be better placed to avoid HIV infection (Kilian, *et al*., 1999, Hargreaves and Glynn, 2000, Gregson, *et al*., 2001). The reason behind this might be that:

> School education facilitates and promotes HIV avoidance. One possibility is that interactions between social capital and education create more favourable conditions for the adoption of safer behaviours (Gregson, *et al.*, 2004:2120).

Based on evidence from fieldwork, it is clear that education as a form of social capital plays a significant role in facilitating the adoption of behaviours which are protective against HIV infection. This link between education and HIV/AIDS avoidance will be further explored in this dissertation.

6.2.2 Poverty, Economic Status and the Politics of 'Inclusion' and 'Exclusion': The contested Terrain.

> *Poor groups experience obstacles in accessing education, health and social welfare services (*Interview, July, 2008*).*

The rural northern parts of KwaZulu Natal where this research took place is characterized by abject and pervasive poverty. The majority of the rural population in this part of the country is poor, illiterate, homeless and jobless. Given this scenario, the voices of the people captured during fieldwork tend to suggest that the poor are most vulnerable to HIV infection. Several reasons might be drawn to substantiate this emerging perception. One of the most essential reasons given for this can be seen from the views of the participant below:

> *A deprivation in access to education, wealth or income can be a predisposing factor to HIV/AIDS infection. People might end up engaging in health-compromising behaviour due to poverty (*Interview, May, 2008).

It is quite clear from the above quotation that pervasive poverty has led many people (rural) to opt for alternative sources of livelihoods which have impacted negatively on their behaviour. For example, many studies have suggested that rural women especially young girls have resorted to prostitution in response to household poor economic status or poverty. Thus, prostitution as a 'health-compromising' act has remained a major problem in the whole region of Southern Africa (Jackson 2002, Barnet and Whiteside, 2004).

A majority of these citizens also revealed that they are also excluded from other government programmes simply because there are poor and illiterate. It's only those people in the society who are seen as 'rich' and well educated who are consulted and involved in government or donor initiated programmes or activities. This kind of 'inclusion' and 'exclusion' politics has been singled out by an overwhelming majority of the respondents in this study to be a major factor affecting the degree of social cohesion and understanding in different communities. The basis of this kind of 'inclusion' and 'exclusion' is on socio-economic status and the majority of the rural population end up being sidelined on issues of national or community concern simply because of the condition or state of being poor (Field notes, 2008).

6.3 AIDS in South Africa: Rural Perspectives

In South Africa, the impact of HIV/AIDS has been greatly felt by the rural population. This is because HIV/AIDS has been seen to thrive in areas of high levels of poverty, underdevelopment and illiteracy. Rural South Africa, home to millions of people, is characterized by all the conditions that allow the epidemic to survive, breed and mutate (Kauffman and Lindauer 2004). In this section, I capture some viewpoints that rural citizens have raised in their understanding and experiences of the epidemic. The voices of these citizens will point out various conceptions, misconceptions or misrepresentations that have been formed around HIV/AIDS. I argue that such viewpoints contribute greatly to understanding HIV/AIDS within the rural context and the appropriate mitigatory measures that ought to be initiated, pursued or recommended. Gaining

some insights on these rural discourses on HIV/AIDS is also phenomenal in getting to understand how the citizens themselves have managed to deal with the problem of HIV/AIDS as they are a population at risk. For the purposes of this discussion, I will look only at the views and perceptions of rural citizens regarding what they think HIV/AIDS is, its causes and its resultant effects and what responses the community ought to adopt. In the following part of this section, I classify these viewpoints into different paradigms to give a picture on what the rural citizens themselves were saying.

6.3.1 Sexual Behaviour Paradigm: The Dominance of the 'Medico-Moral Discourse'

In Rural South African societies, the origin of HIV/AIDS is mainly associated with promiscuous behaviour. The idea is that those citizens who are unfortunate to be infected by the virus are seen as having been promiscuous and then HIV/AIDS is the punishment that they are getting for their undesired behaviours. This kind of a discourse cuts across all ethnic, tribal or religious divides as the majority of the participants in this study had that kind of a conviction. Several quotations on the views of the participants will clearly illustrate and explain this point in more details. One of the participants argued that:

> *HIV/AIDS is a disease for those people who have not been straight-forward with their partners or spouses. Myself, I do not personally sympathize with anyone who falls sick because of the epidemic because these people have been careless with their own lives. There is punishment for everything that you do so AIDS is punishment for promiscuous behaviour (*Interview, May, 2008)

From what the above respondent is saying, it is highly suggestive of the fact that HIV/AIDS is seen as a behavioural problem. This is one of the most commonly held perceptions by a majority of the rural citizens in South Africa and most of them feel that the victims of HIV/AIDS should not be helped or assisted in whatever form because they must feel the punishment. Another respondent interviewed in the Ingwavuma area of KwaZulu Natal asserted that:

> *I have lost three of my relatives due to HIV/AIDS. This disease is claiming lives almost everyday. My major concern is that people do not want to change the way they behave*

> *especially these young ladies. They are still continuing to have many sexual activities and relationships whilst people are dying like this. I tell you they are going to. My brother, people are dying because of these things. I do not know* (Interview, May, 2008*).*

In light of what these two respondents are suggesting, the only way to deal with the problem of HIV/AIDS is behavioural change. Individual behavioural change is seen to be the only way through which rural citizens can avoid HIV/AIDS infection. As suggested, people have got to leave their 'promiscuous' ways of living so that they can stand a better chance of avoiding the infection. At this point, I argue that this kind of a discourse is quite relevant in all spheres or areas that focus on AIDS prevention and mitigation. The contention being that there is a need to change our individuals' views, ideas or behaviours for any kind of transformation or change to occur. Thus, in this regard, it is essential that behaviour change should be initiated and promoted. The following perspective is what I classified as the discourse of 'social deprivation and lacking'.

6.3.2 The Discourse of 'Social Deprivation and Lacking'

> *In this community we have become so vulnerable to HIV/AIDS infection simply because we are poor; we lack the necessary ideas, knowledge and understanding of HIV/AIDS. Our lack of understanding and knowledge has resulted in many of us getting infected with HIV/AIDS. We struggle to get access to health care facilities and other amenities and this makes us not able to deal with all the issues of our personal health (*Interview, July, 2008).

A major reason being attributed to the high levels of HIV/AIDS prevalence in South African rural communities is the failure of the majority of the citizens to possess both human and financial resources. A lack of knowledge and understanding of HIV/AIDS is seen to have serious effects in these societies because it is considered leading to HIV/AIDS infection. Of significance also is the lack of health resources such as hospitals and clinics. The failure or difficulties associated with getting access to them has meant that rural citizens are most likely to be in danger of HIV/AIDS infection as the views of the participants are suggesting. So the lack of a

social resource or a need is seen is as leading to HIV/AIDS vulnerability in the rural South African context. The respondents in this study suggested also the lack of education and high levels of illiteracy as contributing towards HIV/AIDS vulnerability as the following respondent affirms that:

> *The lack of education and high levels of illiteracy in this community can be seen as a major reason why HIV/AIDS prevalence is so high. Most of us do not know how to read or write, in most of the times, information on HIV/AIDS skip us because we are not educated. The lack of education and a sound understanding of HIV/AIDS have fuelled the rate of infection and transmission in this area (*Interview, July, 2008*).*

Literature on human capital and HIV/AIDS has been more elaborate on the role education can play in the fight against HIV/AIDS. These views on education and rural illiteracy are seen to be much more prominent and useful to any understanding on HIV/AIDS. This kind of correlation has been suggested by many scholars as meaningful and insightful (Gregson *et al.,* 2006, Campbell, 2003).

Conclusion

The narratives provided in this chapter provided a deeper understanding on the problem of HIV/AIDS and how communities have responded to these challenges. Most significantly, several implications of social capital on HIV/AIDS or vice versa have been identified. The views of participants suggested that there is a strong fundamental correlation between the community context, HIV/AIDS and social capital. The role of the community citizens and other institutions in the struggle against HIV/AIDS is highlighted in this chapter. HIV/AIDS is suggested to be a community problem and the community is seen in this study as having the mitigatory potential or capacity to deal with all problems or challenges posed by HIV/AIDS. The central issue captured through these community narratives is that the lack of knowledge, community education on HIV/AIDS and factual details about AIDS have got serious implications on individual citizens. Most of the views captured in the study tend to suggest that this lack of relevant HIV/AIDS information and knowledge has resulted in many community citizens indulging into health-compromising behaviours that will expose them to HIV/AIDS infection at the end. However, the chapter also captures the expectations of the community citizens regarding the responses they ought to take to fight the epidemic or what actions the government and other agencies might also render to counter some of the serious effects of HIV/AIDS in rural communities. What comes next, are the empirical findings on the utility or social capital in terms of civic membership in building an environment that mitigates or avoids HIV/AIDS infection. In the ensuing chapter, I will look at research findings on the efficacy of civic associations in generating social capital useful for HIV/AIDS prevention.

CHAPTER 7

Civic Membership, Associational Benefit and HIV/AIDS Avoidance: The Efficacy of Homophilous[12] Interactions in Community HIV/AIDS

7.1 Introduction

There is growing evidence which suggests that community group membership and participation is essential for the attainment of individual and community goals. In health research, community group membership as a dimension of social capital is seen as leading into the development and creation of a collective identity that facilitates the adoption of protective lifestyles and behaviour (Blanc, 2000). In this chapter, I use data from the household surveys that I conducted in rural KwaZulu Natal to address the following question:

> **Can group membership lead to the development of social capital that can be used for AIDS prevention and mitigation? Of significance will be what benefits can be derived from such a form of capital and how does this impact on individual behaviour and the way one adopts mechanisms for HIV/AIDS prevention?**

The purpose of this chapter would be to look at how the social capital principle of "homophilous interaction" or "reciprocal transactions" intersects with HIV/AIDS. Based on the findings gathered in this study, I will discuss the link between these two.

7.2 Homophilous Social Capital and HIV/AIDS Avoidance

The major assumption of the homophilous social capital theory is that social interactions are more likely to occur among individuals who share the same interest, problem or who are at the same social position. Against this kind of assumption, I will look at what can be derived from

[12] Also known as the 'like-me hypothesis', it assumes that social interactions tend to take place among individuals with similar lifestyles and socioeconomic characteristics. According to literature on social capital, these interactions are much more useful in generating a collective action towards a common problem.

these interactions and how can these help in dealing with HIV/AIDS as suggested from the findings. It has to be noted that the majority of the respondents belonged to at least one social group in the community in which they were actively committed members. These groups were ranging from cooperative unions, village associations, civic groups and cultural associations. To determine the significance of group membership on these participants, I asked them the question below:

What can be derived from being part of a village project or organisation?

Evidence gathered from their responses suggests several issues that can be derived from these homophilous interactions and associations. I now discuss each of them and show how this evidence intersects with current literature on HIV/AIDS prevention.

7.2.1 Collective Identity[13] and the Adoption of Safe Protective Sexual Behaviour

Civic membership is reported to be essential for the development of a collective identity that is protective against risky sexual behaviour. About 72 percent of the respondents in this study reported a change in their sexual lifestyles as soon as they became members of a social group or an association. The reason being according to them, members of a group behave in a particular pattern that may detest risky sexual practices and behaviours. In other words, group membership and participation is reported in this study to build an identity that discourages risky sexual tendencies and behaviour. One of the participants suggested that:

> *People are free to discuss anything and share ideas on sensitive issues like sexual behaviour (*Interview, July, 2008).

Through these kinds of open discussions, a common pattern and way of behaving is formed. The adoption of safer styles of living is essential as it protects the individuals from the risk of HIV infection. The group context provides members with an interactive space and it also sanctions the

[13] Group membership results in the creation of an identity that will enable community citizens to actively work together to deal with the problem of HIV/AIDS. The group or association will dictate how members should behave and this will avoid risk sexual practices and ways of behaving.

way people behave in and outside the group. The table below summarizes the common things that the participants raised as those which their groups or associations disapprove.

Table 7.1: Disapproved Behavioural Patterns

Behavioural Act	(x-disapproved)
- Sexual intercourse	x
- Early sexual debut	x
- Multiple partners	x
- Unproductive sex	x
- Risky sexual conduct	x

These findings can be substantiated by making reference to literature on group membership and HIV/AIDS. In current literature, group membership is seen as facilitating the psychosocial attribute associated with HIV avoidance. These community networks are seen by Veenstra (2000) as providing the contexts for the diffusion of health information. Gregson *et al.,* (2004:2121) is of the view that:

> Group memberships may also provide contexts for the development of a sense of comradeship and solidarity which may boost members' confidence, social skills and sense of perceived self-efficacy. Cohesive social networks may also provide supportive contexts within which peers can make collectively negotiated decisions to change their behaviour in response to health-related information given the key role of peer identities in shaping sexual behaviour.

Campbell and MacPhail (2002) also argues that cohesive and homophilous interactions provide supportive contexts within which members of the group can make collectively negotiated decisions to change their behaviour in response to the dictates of the primordial group[14].

Evidence from fieldwork also noted the intersection between 'homophilous' and 'heterophilous' groups as an important vehicle for behaviour modification on the part of group members. Heterophilous refers to 'intra-groups' which members of primordial group can interact with. The dynamics that emanates when two different kinds of groups interact are important for the shaping of behaviour. For example, a majority of the respondents highlighted that they have benefited from other groups which are external to them. By merely discussing and sharing their group experiences, they have acquired critical knowledge on issues of sexual health, risk and HIV/AIDS. Thus, the 'bridging' and 'bonding' dimensions of social capital are considered to have positive effects on an individual (Putnam, 1993, Bourdieu, 1988).

The essence of primordial groups is seen when these groups link their members to other diverse and more powerful social groupings that will in turn increase their scope of knowledge on broad things including issues that affect them. Campbell and Mzaidume (2001) argues that this form of 'bridging' is necessary as it increase the likelihood of primordial group members to access more knowledge , views and diverse solutions to their problems.

7.2.2 Correlating Group Social Capital to Sexual Behaviour

The findings emerging from this study suggest a very strong positive correlation between group membership and sexual behavioural change. The assertion formed is that communities in which group participation and membership is strong may provide contexts in which people can collectively build an identity that can discourage risky sexual conduct and practice. There are several ways in which this may occur including citizenship education and other forms of raising awareness on community citizens. Freire (1996) is also of the view that these kinds of group interactions facilitate the development of well negotiated strategies to overcome the problems being faced by communities.

[14] Refers to an elementary or primary group that shapes the way individual behave. The actions and beliefs of individual members are shaped by this group.

Group membership creates a deeper level of awareness on HIV/AIDS and its effects on the society. Awareness will lead to behavioural change through a process which Freire (1996) terms 'praxis'. The several responses given in this study on the efficacy of group or civic membership on HIV/AIDS highlights the existence of a hypothesised relationship between civic membership, behavioural change and HIV/AIDS avoidance. The interaction between individuals in a group context creates more favourable conditions that are essential for the adoption of non-risk and safer behaviours. The adoption of safer behavioural practices will protect an individual against HIV/AIDS infection.

7.3 The Group Context and AIDS information: A Habermasian Analysis

The information captured through household survey suggests that group or civic participation and membership provide platforms or forums through which HIV/AIDS information and ideas can be conceptualized, disseminated and shared. In other words, the group is a kind of a 'public sphere'[15] that allows participants to engage and debate on issues of common concern. The interaction provided by these groups allows education to occur through a process called 'learning through association'. This will result in greater knowledge and understanding of HIV/AIDS and the development of other views or perceptions on HIV/AIDS.

Habermas's theories of the 'public sphere' and 'communicative action' as seen earlier explain the usefulness of the group in dealing with societal or community problems. The sharing and exchanges that occur within the 'public sphere' as noted by Habermas is reflective of the nature of benefit that individuals acquire from the cooperative associations, church or community groups in which they are active members.

[15] Habermas's 'public sphere' forms part of the theoretical framework of this study. A discussion on Habermas ideas is thoroughly addressed in the section that I deal with on theoretical issues and views

7.3.1 Education and Associational Membership: Reflecting on Putnam's notion of Civic Engagement

> Human capital and social capital are closely related, for education has a very powerful effect on trust and associational membership as well as many other forms of social and political participation. Education is by far the strongest correlate that I have discovered of civic engagement in all its forms, including social trust and membership in many different types of groups (Putnam, 1995: 541).

Above, Putnam (1995) contends that education is an essential predictor of civic engagement in that it boosts civic engagement. Evidence gathered in this study highlights the relevance and necessity of education in building a community that is HIV/AIDS protective. Community education is reported as leading to the adoption and maintenance of safer lifestyles or what can be generally referred to as self-efficacy. The results of the study show that education occurs as group members associate and participate in group activities. This justifies Putnam's (1995) claim that there is a huge connection between education and social connectedness. Participants highlighted that as they interact in a community or village association, 'stokvels'[16] or any kind of a group, they acquired information and knowledge relating to health, politics and religion. Sixty percent (60%) of the participants pointed out that they discuss HIV/AIDS issues in their associations or groups. This implies that there is an HIV/AIDS awareness component that goes with the way people interact whenever they meet as a social group (Field notes, 2008).

The general conclusion to be drawn from these findings suggests that cooperation and participation in community groups make people get awareness on HIV/AIDS. Collective engagement in the community lessens the chances of HIV infection given the benefits that can be drawn from idea sharing.

[16] A local South African term referring to an informal grouping where members contribute an agreed upon sum of money every month. After a certain period, the money will be distributed equally or the members would take turns to receive the money. In most cases, the rotation system is used until each member gets his or her turn. Development specialist in South Africa are of the view that these '*Stokvels*' can be used to deal with household poverty.

7.4 Community Context, Social Solidarity and Collective Efficacy: Implications for HIV/AIDS

Previous research in both the social and behavioural sciences has established a consistent set of findings relevant to the community context for health. This suggests that the community environment has a causal impact on health and behavioural outcomes. Evidence from this study suggests that the community or neighborhood environment can build necessary and useful social capital that can result in the prevention of HIV/AIDS. In other words, the community provides collective properties and mediating processes that fight against HIV/AIDS infection and transmission. These properties and processes relate to mutual trust among community citizen, shared expectations, acquaintanceships, reciprocal exchanges of ideas and information, social control and participation in voluntary associations. In the following sections, I will discuss the intersection between the community environment and HIV/AIDS avoidance as evidenced from the findings of this study. I will also refer to literature and theories that underpins the whole process of community engagement and participation.

7.4.1 Community Efficacy and AIDS: Assessing the Effects of Citizen Participation in Village or Community Programmes or Events

It has to be stated from the onset that the concept of collective or community efficacy builds on the idea of social capital. It refers to the capacity of residents to achieve control over their environment by engaging in collective action. In this study the participants were asked whether they actively participate in community programmes or events such as political rallies, church ceremonies, ritual ceremonies or any activities that brings community people together. In this section, I will give a summary on the programmes that the citizens are part of and will discuss their views and how participation help them to build social capital that will make them avoid the chances of HIV/AIDS infection.

In this study, the eighty (80) household representatives were asked to identify and mention events and programmes in which they are involved. The participants identified at least five (5) major events and these are; community meetings, traditional ceremonies, government functions,

local ‘Imbizo’s’ and church gatherings. It is interesting to note that ninety two percent (92%) of these respondents highlighted that they are actively involved in local ‘Imbizo’ meetings. In the following section, I consider the views from the research participants on the effects of active participation in any of the major events identified above on the community and on their individual capacities in relation to HIV/AIDS.

7.4.2 Mutual Trust and the Enhancement of a Collective Response to HIV/AIDS and other Health Related Risks

Community activities and events have been reported to be based on mutual trust and understanding among the community members. An overwhelming majority of the participants reported that they are free to actively participate in the events of their choice basing on the level of social trust that they have with other members. For them, the basis for social action is the degree of social trust. Those participants who are actively involved in community activities were there is a high level of social trust reported that they are able to resolve matters of community concern and share ideas on several aspects concerning the community including crime, health, unemployment and HIV/AIDS. These findings suggest that social capital tend to increase when people collectively engage in local activities and initiatives. Communities were people actively engage with each other in programmes like meetings and other activities that bring people together, are more likely to generate higher levels of social capital that might be helpful in mitigating HIV/AIDS.

On the contrary, the eight (8 percent) of the participants who were not part of any programme or community event reported that they experience problems in dealing with poverty, hunger and school fees. The reason for this can be attributed to the fact that they are not aware of what the community can offer to them. On the other hand, the actively involved citizens are easily helped in the event of an individual problem or mishap. It is clear for now that the accessibility of social capital is closed to those people who are not involved in community activities, associations or events (Field notes, 2008).

7.5 Civil Society and HIV/AIDS: Investigating the Social Capital Dimension of Civil Society in dealing with Rural HIV/AIDS

> Civil society is a public domain of normative associational life created by citizens that is not part of a State or for profit business (Kawachi, 2002:11).

The concept of civil society is one of the most popular and well written about paradigms in HIV/AIDS literature. However, the term 'civil society' has been seen to have different and confusing meanings depending on who is defining and conceptualising such a term. This section will not go into definitional debates or discussions. The section will conceptualize or define civil society as analogous to the notion of a 'public sphere'[17] (Habermas, 1991) in which the right and meaningful interplay of all actors in the tri-sector model lead to development action. Thus the notion of civil society also refers to all associations and networks between the family and the government in which membership and activities are voluntary. It encompasses non-governmental organisations, community based organisations, empowerment groups, AIDS groups and other professional bodies or structures involved in the fight against HIV/AIDS like Provincial AIDS Councils. Current development literature and other baseline surveys in economics, political science and sociology are suggesting that the civil society is useful for tackling development initiatives especially in poor and developing countries (Kawachi, 2002, Fukuyama, 2001, Narayan, 2000). In this section therefore, I will discuss and locate the relevance of civil society as a central and separate dimension of social capital in fighting and mitigating HIV/AIDS in rural South African societies. I will also examine how this form of social capital compliments other existing models or initiatives in communities aimed or designed towards the prevention or control of HIV/AIDS.

7.5.1 Poverty, Social Redress and Civility: Readdressing Existing Social Inequalities and Challenges through Civil Society

In developing countries such as South Africa, it has been proven by various studies and findings that HIV/AIDS occurs in the context of poverty, structural inequalities and high levels of social

[17] The chapter on theoretical issues or framework offers an insightful and discursive interpretation of the notion of the 'public sphere' as it is suggested and articulated by Habermas.

marginalization. Against such a background, this places the civil society at a more central and critical position to tackle these challenges mainly because national governments have proved to be lacking the capacity and resources, both financial and human to tackle these issues. The findings from this study suggest that the challenges posed mainly by poverty in rural South African societies are the major concern or point of focus for civil society. In the Umkhanyakhude District of the KwaZulu-Natal where this study took place the civil society has assumed an important function of providing basic foodstuffs, shelter and school fees to different households in the communities of Jozini, Bhambanana, Ingwavuma, Manyiseni and other surrounding areas. The emergence of many organisations in the past decade in these areas was a response to the urgent need to deal with especially the high levels of poverty. A majority of the participants who took part in the household surveys revealed that they are benefiting from civic organisations (especially non-governmental organisations) in form of food parcels, clothing and the caring of those people who are affected by HIV/AIDS. The provision of basic survival needs such as food and shelter has been suggested or identified as one of the most important roles that the civil society is playing in rural communities (Field notes, 2008). One participant reveals that:

> *We benefit greatly from other organizations like Orphan Care, Zisize and Women Centre who give us food, medicine and clothes. Without their help, by now we would have been talking of several death cases and alarming levels of destitution in this area .When these people working for these organizations come into our area, they bring us together to learn or receive support from them. They foster as a sense of unity as we all assemble together to receive or learn* (Interview, July, 2008).

In relation to HIV/AIDS, the findings of this study strongly suggest that the civil society and non-governmental organizations or agencies in particular enact a number of processes that are quite relevant and useful in the fight against HIV/AIDS in these communities. Based on the evidence from the fieldwork, in the following sections, I will highlight some of these major processes and their effects as facets of social capital in the prevention or mitigation of HIV/AIDS.

7.5.2 Collectivisation, Capacity Building and Medical Support[18]

Community based organisations, empowerment groups and non-governmental agencies have been identified in this study as playing a significant role in collectivising the community. These organisations mobilize citizens and create an environment where the community members begin to take responsibility and ownership over the epidemic. The mobilisation of community members to take a collective response on HIV/AIDS builds a common understanding among the citizens within the community. Several studies undertaken in several parts of the continent including South Africa have shown that community mobilisation and collectivisation have got effective and direct influence on HIV/AIDS prevention (Campbell, 2003). Community organisations or non-governmental agencies have been suggested in this study as fostering a collective identity that shapes and defines the way people behave or respond to any challenges posed by HIV/AIDS. The form of identity created through the mobilisation of citizens is a useful outcome of the invested community social capital that was generated or created through a process of community mobilisation and engagement leading to collective action.

As can be noted from this study, one of the most important function or responsibility of community based organisations including non-governmental organisations is the ability of these organisations to build the functional capacities of communities that will make them more able to resist and fight HIV/AIDS collectively. I captured the following views from a participant as essential in understanding the role played by non-governmental organisations in building social capital. The participants reasoned as follows:

> *These organisations teach us how to work together in order to fight HIV/AIDS. If someone falls ill, we will take turns as a community to give him or her support and care because we have been taught to do such. These teachings led us into forming community based care networks where we help all those people who are bed-ridden in this area* (Interview, October, 2008).

[18] Grassroots Community Based Organisations and Non-Governmental agencies have often been identified as playing key functions in the fight against HIV/AIDS. In Rural South African communities they have been reported as useful in mobilizing not only material resources but the entire community thereby building an AIDS competent society.

The capacity building component of these grassroots organizations and non-governmental agencies empower and capacitate communities to fight and prevent HIV/AIDS. Empowerment and capacity building or enhancement is suggested in this study to be responsible and essential in creating or building HIV/AIDS competence among all citizens in the community. Community citizens will know how to avoid risk situations, use protective measures when having sexual intercourse and many other practices that protect them from the risk of HIV infection (Campbell *et al.*, 2007).

The findings of this study also suggest that non-governmental organizations operating in these communities besides enacting a number of processes as indicated above, they also provide medical support to people who are victims of the HIV/AIDS pandemic. The provision of drugs and other medical service is considered useful given the fact that most people who live in these communities are very poor and cannot afford to buy drugs such as antiretroviral or other medical prescriptions. The involvement of non-governmental organisations in rural communities clearly shows the relevance and importance of corporate citizenship [19]as a significant form of social capital that can be helpful in the process of HIV/AIDS prevention and mitigation.

7.6 NGO's and Empowerment: Creating Communicative Spaces in the Realm of HIV/AIDS in South African Village Communities

> *The civil society assist in the fight against HIV/AIDS .They are an essential component of this partnership that is needed in order to fight HIV/AIDS. In this community , civil society activities involves issues like AIDS awareness and campaigns, the giving of support to those who are sick and even those without food and school fees. They also allow us to openly speak and talk about HIV/AIDS* (Interview, May, 2008).

The previous discussion suggests that non-governmental organisations occupy a central position in the fight against HIV/AIDS. However, the findings of this study strongly suggest that while non-governmental organisations enact a number of processes as indicated in the previous section,

[19] Refers to the involvement of the private sector or other non-governmental entities dealing with problems or challenges that are facing a country, society or a community. In other terms, it has since become known as Corporate Social Responsibility.

the overarching role that non-governmental agencies play is in the creation of 'communicative spaces' for marginalized communities to articulate change in the face of high HIV/AIDS prevalence. It is only through the medium of such spaces-whether geographic or discursive that silenced individuals and communities gain and sustain various forms of power. The creation of spaces of communication enables community members to acquire meaningful and factual information on HIV/AIDS. As highlighted from the views of the participant quoted above, civil society acts as a conduit of HIV/AIDS information. It is a useful and reliable source of HIV/AIDS awareness and education (Field Notes, 2008).

Moreover, this study also reveals that non-governmental agencies engage in community sensitization and macro-level advocacy that will in turn empower citizens or communities for HIV/AIDS prevention. Since previous research findings have proved beyond any reasonable doubt that the larger chunk of the rural populace lack basic knowledge and understanding of HIV/AIDS, the role played by non-governmental organisations in creating communicative spaces and channels for HIV/AIDS becomes quite significant and instrumental in the fight against HIV/AIDS. Creating communicative spaces or channels will facilitate the breaking down of the wall of silence on HIV/AIDS thereby enabling community citizens to share ideas and HIV/ AIDS related information.

A majority of the participants in the study revealed that most of the non-governmental agencies or HIV/AIDS organizations operating in their communities provide treatment literacy and health information. Literacy and health information increases people's understanding on issues affecting their own health. In other words, this serves to suggest the point that health literacy provided by these organisations cultivates an individual citizen's self efficacy (Patterson, 2006). All in all, the general assertion that can be arrived at basing on the outcomes of this study is that a broader category of civil society activities and programmes can be considered as vehicles for HIV/AIDS empowerment and enhancement.

7.7 Government Action, Social Capital and HIV/AIDS: Reviewing the Evidence on Synergy

Evidence gathered in this study suggests that civil society should play a complimentary role in the fight against HIV/AIDS in rural South African communities. The suggestions or arguments from an overwhelming majority of participants reveal that civil society organisations need to work with the government to develop coherent mechanisms for HIV/AIDS prevention and mitigation. Asked on the relevance and role of the civil society in communities, one participant affirms that:

> *It has an important role to play and it compliment the effort that the government and other agencies are doing in solving this problem of HIV/AIDS. Civil society also helps in mobilizing resources like money, campaigns and food that are also important in dealing with HIV/AIDS* (Interview, May, 2008).

This form of 'state-society synergy' is suggested from the findings of this study as useful for the effective response to HIV/AIDS. Norms of civic engagement among ordinary citizens can be promoted by public agencies and used to confront some of the challenges posed by HIV/AIDS in these rural societies. Thus, basing on development literature, the complimentarity role played by the civil society can be best defined as:

> The conventional way of conceptualising mutually supportive relations between public and private actors. It suggests that a clear division of labor, based on the contrasting properties of public and private institutions. Governments are suited to delivering certain kinds of collective goods which complement inputs more efficiently delivered by private actors. Putting the two kinds of inputs together results in greater output than either private or public could deliver (Evans, 1995:179).

It is well reflected from the findings of this study that complimentarity strengthen and increase the social capital appropriate for HIV/AIDS prevention in any society where this kind of synergy is present. Pubic-private cooperation is also reported to increase the efficiency of local organizations and institutions in responding to HIV/AIDS. Thus, the most important and desired

outcome of the interaction between government agencies and the civil society is the generation and enhancement of higher levels of social capital that can be successfully applied to reduce the chances of HIV/AIDS infection and transmission.

However, there was a general feeling among the participants that in many cases these organizations do not exhaust their energies or capacities on issues related to HIV/AIDS because they only consider themselves as complimenting government's effort to deal with the problem. Thus, there is a great need for these organizations to be accorded with unlimited autonomy and outright mandate to invest all their expertise and resources in AIDS prevention. The complimentary view of the civil society is regarded in this study as having a correlation with limited investment or effort in AIDS prevention. Thus, the evidence from the study indicates that it is not enough for these local or international non-governmental organisations to be seen as complementary partners in the fight against HIV/AIDS. What it implies is that there is a need for a synergistic relationship between the government, community groups and these non-governmental organisations so that there is a collective understanding on how to confront HIV/AIDS as a collective and create the appropriate forms of social capital.

7.8 Community Involvement, Activism and Volunteerism for HIV/AIDS: Assessing the Protective and Mediating Effects of Community Involvement on HIV/AIDS Risk Behaviour[20]

> *To be honest, I think that is one area where we need to work on and address .We have not done anything at all as a community except only on situations where the Department of Health or other agencies will come and say lets do something about HIV/AIDS.I understand in other communities they have since started to discuss and campaign on this*

[20] Community involvement is suggested in this study as creating social capital that is protective against HIV/AIDS. Volunteerism in this context may be defined as any unpaid work or activity done or performed of behalf of others collectively for the purpose of assisting this group of others. Thus, any work done outside the home and the family without material pursuit within an HIV/AIDS organisation, agency or a well defined social network. The two major components of community involvement identified in this study are volunteerism and community activism against HIV/AIDS.

thing. We need this to happen even in our area so that we know about it and also get involved in solving the problem (Interview, 07 May, 2008).

Community involvement in the form of volunteerism and activism in HIV/AIDS is reported in this study as an effective prevention strategy. Volunteerism and activism are singled out as mechanisms that build high levels of social capital that can address the problem of HIV/AIDS in several significant ways. In other words, community-level responses to HIV/AIDS building the cohesive character of the society present an interactive community driven strategy for behaviour change. The findings of this study underscores the fact that community involvement in HIV/AIDS related organisations makes individuals develop a sense of themselves, maintain HIV preventative behaviours and create social change in the community. These findings are consistent with other findings from research done in several countries on community involvement and social change (Campbell, 1993, Moen and Fields, 1999).

Through involvement in HIV/AIDS efforts mainly by engaging in volunteerism and activism, individuals may develop a positive self-identity and maintain HIV/AIDS protective and preventative behaviours (Omoto and Synders, 2002; Epstein, 1996, Chambre, 1991). The concept of community involvement in this study refers to volunteerism, campaigns or activism. In its broader sense it includes various forms of informal helping behaviours or social support mechanisms. In the following sections, I will base on the evidence gathered through fieldwork to assess the positive effects associated with active community action and interaction in HIV/AIDS related organisations and activities within the community.

7.8.1 Volunteerism or Activism: Consequences and Antecedents of Community Involvement[21] in HIV/AIDS

The literature on volunteerism and community involvement in HIV/AIDS is quite fragmented and inconclusive about the positive effects of community involvement in HIV/AIDS activities

[21] As components of community involvement, volunteerism and activism have been suggested to be generators of high levels of social capital within the community. Social capital is generated or created as community members interact and perform judiciously that which they are entitled and expected to do. Interaction and action brings about the kind of social change desirable for the prevention of HIV/AIDS. Thus, these two aspects or components of community involvement have got serious positive effects on individual and community level behaviour.

and organisations. However, it has been argued that community involvement may have positive effects on individuals' health especially on HIV preventive behaviours (Ramirez-Valles, 2002, Moen and Fields, 1999, Kobasa, 1990). The evidence gathered in this study posits that community involvement in HIV/AIDS activities reduces sexual risk behaviour in several ways .A participant in the study concluded that through volunteerism:

> *You avoid engaging into risk sexual encounters or activities because you spend much of your time doing voluntary work thereby assisting other people. By interacting with other volunteers you can learn how to protect yourself from risky infections and situations (*Interview, October, 2008).

Study findings reveal that community involvement and AIDS activism promotes interaction and action. This form of interaction opens up spaces of learning. Community members who volunteer or participate in activism programmes like campaigns or HIV/AIDS rallies learn and acquire knowledge on HIV/AIDS, they develop a deep understanding on risk sexual practices and how best to avoid them. Interactive social spaces opened up by involvement in HIV/AIDS activities within a community are highly educational and their interactive nature promotes meaningful and useful information exchange and sharing. The interaction, action and flow of HIV/AIDS information lessen the chances of HIV/AIDS transmission and infection (Field notes, 2008). The process of involvement will lead participants to become educated about the risks and preventative measures on HIV/AIDS.

The significance of community involvement in HIV/AIDS organisations lies in the promotion of safer sexual practices as this study tends to suggest. The promotion of a culture of safer sex is suggested as the main drive of community involvement in HIV/AIDS related activities, programmes or organisations. As highlighted earlier, learning and behavioural change may occur through involvement and voluntary action in HIV/AIDS organisations. The knowledge that participants acquire builds awareness on the protective effects of safer sex. In the section below, I explore in detail the correlation between sexual efficacy and community involvement as captured from the findings of this study.

7.8.2 Sexual Efficacy, Identity and Empowerment: The Mediating Mechanism of Community Involvement on Individual Behaviour

> *It gives us a sense of oneness and identity as members of a particular society. I think that identity dictates even the way we behave sexually* (Interview, 09 May, 2008).

The participant above suggests that acts of volunteerism and activism in the community provides individuals with a sense of identity, personal growth and offers an opportunity for empowerment through social action. The most basic protective factor associated with volunteerism or activism lies in the regulation of peer norms towards safer sex as the respondent above suggests. Individual behaviour especially sexual practices are regulated through participation and familiarisation with the organisations' norms and value system. In this study, individuals who reported to be active and participating members of an HIV/AIDS organization involved in voluntary and other charitable activities revealed that they become socialised in the norms of the organisation such that they changed the way they used to behave sexually. Some of them revealed that they used to have multiple sexual partners but through being associated with the work of a voluntary HIV/AIDS society or organisation, they have since changed the way they used to behave (Field notes, 2008).

The regulation of peer norms or individual behaviour is related to a reduction in HIV/AIDS risk behaviour mainly because it formulates a special kind of framework that guides and informs the way individuals behave thereby building an identity that protects individuals from the risk of HIV infection. The norms that volunteerism or involvement provides are reported to be linked to safer sex. This study reveals that individuals who are passive or not involved at all in issues around volunteering in the community, AIDS campaigns, health promotion or other forms of social marketing do not feel compelled to live according to the dictates of established norms and thus they are at a greater risk of HIV/AIDS infection than those who are active and involved.

The socio-demographic profile below shows that women are much more involved in voluntary services related to HIV/AIDS than men and hence they are more empowered when it comes to knowledge about HIV/AIDS.

Table 7.2: Group Involvement by sex

Nature of active involvement	Sexual efficacy /Changed behaviour (%)	
	Female	Male
Volunteering in any HIV/AIDS organization	40	18
AIDS Activism (campaigns)	08	1
Health Promotion /Social Marketing activities	10	5
AIDS rallies	5	1
Grassroots Based Care services	6	4

As can be deduced from the above figures, a significant fraction of community members are involved in voluntary work in HIV/AIDS related organisations. It is interesting to note that these people who are actively involved in volunteerism revealed that their sexual lives have changed ever since they started to be members of a voluntary service organization. They highlighted that they have developed an efficacy towards condom use and those who are not married only have a single sexual partner. However, the majority of the participants in this study revealed that they were not involved in any voluntary or community involvement work and they lack information and facts about HIV/AIDS. This can be seen in what the participant below suggests:

> *We lack every bit and piece of information relating to HIV/AIDS. There is need for us to be taught specifically everything about HIV/AIDS. The information that we have is not enough as we have just heard about this thing from others. We need those ideas on preventing and fighting HIV/AIDS* (Interview, 07 May, 2008).

It sounds very clear from the above quotation that passive or non-involvement in HIV/AIDS activities or organisations lead into serious cases of powerlessness and lack of confidence on the part of the individual when it comes to dealing, coping and solving the challenges posed by HIV/AIDS. On the contrary, those participants who are actively involved in volunteerism and other forms of HIV/AIDS activism in the community reported higher degrees of confidence, assertiveness and efficacy in responding to HIV/AIDS. In other words, this reveals that community involvement and activism create a sense of empowerment on individuals who are actively involved in those activities and processes.

Based on the outcomes of this study, collective action is effective in generating healthy behaviour not only at the level of the individual but also the community. It is this form of collective efficacy that empowers citizens to face challenges caused by HIV/AIDS. It is clear from this study that community involvement in all its various forms including volunteerism and activism is positively associated with both collective and self efficacy. In the following section, I will explore the link between volunteerism and social capital. Of major concern would be to determine whether volunteerism can be a useful mechanism through which the much needed social capital useful for HIV/AIDS can be generated or created.

7.8.3 Volunteerism or Activism: The Building of Social Capital for AIDS Prevention

> *The reason why we volunteer is to help each other and must decide to become part of an AIDS group voluntarily or on your own without anyone forcing you* (Interview, May, 2008).

The general sentiment captured from the study participants is that the main purpose of volunteering in any HIV/AIDS organisation can be the deep need and desire to help and assist other community members who might be living with HIV/AIDS. In other words, volunteering is seen as the ultimate expression of citizens to get engaged and freely help others and improve society in a spirit of reciprocity. Volunteerism is suggested as useful in that it brings significant benefits to individuals and communities and helps to build a richer social texture and a stronger

sense of mutual trust, community cohesion and understanding. The evidence gathered in this study is highly suggestive of the fact volunteerism brings people together.

One central hypothesis that this section seeks to solve relates to the link between volunteerism and social capital. It seeks to ascertain whether volunteerism promote both bridging and bonding social capital that can be successfully used or applied to dealing with HIV/AIDS. Against this background, the findings from the study highly suggest that there is a positive link between social capital and volunteerism. Community volunteerism is suggested to be contributing towards the creation of social capital for HIV/AIDS prevention. Henceforth, community volunteerism is seen as enhancing the degree of social support and connectivity within the community. The participants interviewed mainly women highlighted that as a result of volunteering in HIV/AIDS activities , they are now much more related and connected to several other people who were not part of their immediate network. Continuous interaction and involvement have resulted in them being closely related to these people who were previously seen as external. They reported that they now work together in groups or teams whenever they are part of an HIV/AIDS project or activity like AIDS campaign or gathering. These women singled out activism in the form of mass campaigns as useful in bringing community members together across all divides. By so doing, activism is suggested to be capable in bridging all sorts of differences that might exist between individuals, groups or communities. Safely stated, activism breeds high stocks of ‘bridging social capital’ among individuals and communities as this study tends to suggest.

Activism and volunteerism create spaces for action and interaction among different individuals, teams, groups and organisations. These spaces are suggested to be conduits of the flow of HIV/AIDS related information in the community .The flow of HIV/AIDS related information and facts builds the general understanding and facts about the epidemic thereby increasing the levels of existing social capital of in a community. This study reveals that the utility of volunteerism and activism can be seen in the potential of community activities to generate effective HIV/AIDS protective mechanisms. Volunteerism as a dimension of social capital is also seen in this study as quite significant in addressing some of the challenges caused by structural factors such poverty. Based on the evidence emanating from the fieldwork, I briefly

address the relevance of community volunteerism in addressing some of the factors that might lead to individual or community level HIV/AIDS vulnerability within the community especially poverty.

7.8.4 Volunteerism, Civic Mindedness and Poverty: Evaluating the Social Capital Dimension of Volunteerism and Activism on Structural Rural Poverty

In developing societies poverty is often associated with sexual risk behaviour especially in rural societies. The findings gathered in this study suggest that community involvement in all its various forms buffers the negative effects of poverty on individual sexual behaviours. High levels of poverty and illiteracy in rural areas predispose individual citizens to HIV/AIDS vulnerability. Community involvement in HIV/AIDS related activities is considered as empowering. As people engage and interact, new spaces for personal advancement can be opened up and individuals get equipped and empowered. The degree of civic-mindedness will lead to creative and innovative ways of escaping the structural effects of poverty. One way this might occur is through the potential community volunteerism has in opening channels of exchange, cooperation and material assistance to all active players.

7.9 Conclusion

The empirical findings gathered in this chapter suggest that group membership or civic membership or association has got protective effects on HIV/AIDS avoidance. The main argument being that group culture promotes and fosters norms that dictate the way individuals should behave in and outside the group. In other words, as has been suggested, group membership builds a collective identity that discourages, prohibits or fights risky sexual practices or behaviours. Community group membership and participation is suggested to build individual sexual efficacy and responsibility through the acquisition of HIV/AIDS facts, information and knowledge gathered through the process of mutual engagement, interaction and action. One form of community involvement or engagement identified as having potential mitigatory effects on HIV/AIDS is volunteerism. The findings gathered in this study are suggestive of the fact that volunteerism and activism create the spaces for public engagement,

action and interaction in the community that will result in HIV/AIDS been successfully negotiated and managed at a community level.

Volunteerism is suggested as an essential form of social capital that also addresses all the structural factors leading to HIV infection including poverty, social inequality and higher levels of social marginalisation. Activism on its own is seen as useful in creating social spaces that openly communicates all issues on HIV/AIDS in the community thereby challenging the silence on HIV/AIDS issues associated with many rural communities. Grassroots activism on HIV/AIDS is suggested to have a potential effect on the altering of undesirable, socially disapproved standards of moral and sexual behaviour that predisposes group participants to AIDS vulnerability and susceptibility. In other words, activism together with volunteerism creates a certain useful form of social capital that can be successfully applied to fight HIV/AIDS infection.

CHAPTER 8

Re-evaluating Publics: A Critical Assessment of Publics in the South African HIV/AIDS Crisis

8.1 Introduction

This chapter explores the relevance of the notion of a public in the struggle against HIV/AIDS in rural South Africa. Literature suggests that a public is a locus in which material resources and discourses are appropriated, exchanged and shared among participants to effect social, economic and political transformation on their own circumstances (Chay-Nemeth, 2001). The findings of this study identified several functions of the concept 'public' in HIV/AIDS prevention and mitigation process. These functions include resource dependency and discursive connectivity among others. My analysis draws out the relevance of Michel Foucault's (1991a) concept of 'governmentality' to an understanding of community, partnerships and empowerment as object of public action. Foucault's thinking on government and his conception of power (bio-power) enable us to understand how participation, cooperation and empowerment can form a crucial component in the process of social change without any recourse to crude coercion. In the following sections, I discuss the role of the 'publics' in the HIV/AIDS discourse based on the evidenced from fieldwork.

8.2 Discursive Connectivity and Resource Dependency: Assessing the Fundamental Elements of Discursive Publics Appropriate for AIDS

The basic unit of exchange in discursive publics is the statements which participants or citizens articulate and appropriate. The evidence gathered in this study suggests that a public offers discursive space on HIV/AIDS issues. Various studies and literature on the role of the public have suggested the relevance of the public social space in solving problems affecting a particular community (Habermas, 1996, Campbell, 2007). Such literature defines a public as "a specific political space or site in which different statements and material resources are exchanged, produced and reproduced by different individuals and groups to effect social, political or

economic transformation or maintain the status quo" (Campbell, 2007:18). The notion of a public can be seen in the work of Habermas. Habermas offers a useful and productive thesis on the importance of creating a structural transformation of the public sphere –one that relies on the use of rational-critical discourse as a means of emancipation from practices of domination. The public sphere according to Habermas consists of formal, informal and rational-critical public opinions. He argued that one way of giving voice to the powerless within the society is to create an intra-organisational sphere. The formation of interest groups in the intra-organisational sphere may provide a collective voice of informal publics against dominant voices of the government or other sectors of the society (Prince *et al*., 2005).

Evidence gathered in this study tends to suggest that community members are empowered through discursive interactions. It is only through discourse and engagement that individuals begin to know and solve own problems. Specifically, individuals are reported to gain relevant HIV/AIDS knowledge and behavioural practices that makes them avoid HIV/AIDS. The discursive spaces and opportunities that a public offers are reported to be of great importance. Through public debate citizens learn and acquire relevant and factual information on HIV/AIDS. Public debate is seen in this study as deepening people's understanding and awareness on how best they can avoid and deal with the problem and challenges posed by HIV/AIDS as individuals and also as the community (Field notes, 2008).

Study findings reveal that a public depends on other publics for access to funds, HIV/AIDS information, education and other forms of material gains and exchanges. These things or resources they acquire from other people often benefit them and places them at better positions to avoid HIV/AIDS infection. As evidenced from this study, an important resource or benefit that citizens can benefit from a public is what some scholars have referred to as 'discursive connectivity' (Chay-nemeth, 2001). Discursive connectivity refers to the extent to which one public shares in the discourse of another public. It refers to the potential of negotiation and competition among publics. This form of connectivity is highlighted in this study as offering different viewpoints, experiences and ideas on HIV/AIDS. A majority of the participants argued that it allows them to acquire the knowledge they lack as a public in their own confinements, and thus 'a bridging' kind of social capital is provided and accessed through discursive and

interactive discourse or connectivity. The connection between two or more groups of people is seen to increase the capacity that a single group or public have in avoiding HIV/AIDS infection or dealing with the effects of the epidemic on a population (Field notes,2008).

8.3 Community and Governmentality: Building HIV/AIDS Partnership in KwaZulu-Natal

Governance is seen as a method or mechanism for dealing with a broad range of problems or conflicts in which actors regularly arrive at mutually satisfactory and binding decisions by negotiating with each other and cooperating in the implementation of these decisions (Schmitter,2002). Paquet and Hamel(2001) are also of the view that the newly emerging models of action result from the concerted combination of social actors coming from diverse milieus (private, public ,civic) with the objective to influence systems of action in the direction of their interest. As has been seen from the work of Foucault (1993a), governmentality refers to a form of government "in which the boundary between organizations and public and private sectors has become permeable" (Stoker, 1998:38). It implies a common purpose, joint action, a framework of shared values, continuous interaction and wish to achieve collective benefits that cannot be gained by acting independently (Stoker, 1998, Rakodi, 2003). In other words, governmentality considers the mobilization of resources of actors operating outside the state system as an essential part of democratic and effective government.

Schmitter (2002) argues that governmentality is based on the horizontal interaction among presumptive equal participants without distinction between their public or private status. It also involves regular interactive exchange and access to the process of decision making cycle. Study findings reveal that the mobilization of community resources and energies towards the fight against HIV/AIDS is essential. Based on these findings, I will discuss community mobilization for HIV/AIDS and its relevance in the struggle for prevention and mitigation in the following section.

8.3.1 HIV/AIDS and the Commune: Promoting Partnerships, Coordination and Synergies in the fight against HIV/AIDS

The evidence gathered in this study suggests that community mobilization and coordination are useful and quite relevant in the fight against HIV/AIDS. The study reveals that community mobilization is essential in broadening and involving every member, organization or group in the community to respond to the challenges posed by the epidemic. The participation of various publics in the mobilization of resources and efforts to fight HIV/AIDS and its antecedent effects has been suggested as pivotal in the creation of social capital that is useful for HIV/AIDS prevention and eventual mitigation. Horizontal interactions and exchanges that occur at all levels of association and action in the community are presented as important community-level mechanisms for HIV/AIDS prevention.

Literature on HIV/AIDS and community mobilization suggests that community mobilization is a structural intervention that alters the relations of power between marginalized and dominant groups. It involves a combination of activities including raising consciousness among the marginalized rural people about their rights and strategies for demanding them, engaging with various stakeholders who might have control over these people and identifying challenging barriers to prevention behaviours for example rural illiteracy (Blankenship, *et al.*,2006,Campbell,2003).

Building alliances with the widest possible range of relevant constituencies, groups or associations has been suggested as necessary and effective in the generation of high stocks of social capital that can be applied to HIV/AIDS prevention or avoidance. Evidence captured in this study assumes that in an alliance the actors pool their resources, skill and creativity in working to create an effective comprehensive approach to HIV/AIDS prevention and management. The major importance of these community partnerships, alliances or synergies is suggested as their ability in mobilising resources towards the fight against the epidemic. Against this background, I assess the impact of the partnerships between community groups and the government in the prevention of HIV/AIDS in rural South African societies in the following

section. The major aim is to ascertain whether community partnerships, alliances and synergies can generate the much needed social capital for health and HIV/AIDS.

8.3.2 State, Civil Society and the Community: What Lessons can be drawn from Such a Matrix of a Synergy?

State-society synergy can be a catalyst for development in powerless societies or communities. Norms of cooperation and networks of civic engagement among ordinary citizens can be promoted by public agencies and used for developmental ends. Previous research findings have suggested that mutually reinforcing relations between government and groups of engaged citizens can take various forms. This study reveals that the interaction and cooperation among agencies in several communities hinges on the notion of complimentarity. I will look at this notion and the benefits that it brings in relation to HIV/AIDS prevention and mitigation. Complimentarity is described as:

> A conventional way of conceptualising mutually supportive relations between public and private actors. It suggests a clear division of labour, based on the contrasting properties of public and private institutions. Governments are suited to delivering certain kinds of collective goods which compliment inputs more efficiently delivered by private actors. Putting the two kinds of inputs together results in greater output than either private or public could deliver (Stoker, 1998:36).

Complimentarity is given a new dimension when social capital is included as desired outcome of public-private cooperation. It is seen as strengthening and increasing efficiency of local organisations and institutions. Literature suggests that complimentarity supports day-to- day interaction between public and private agencies. The finding of this study suggests that complimentarity based on the provision of intangibles is quite useful for HIV/AIDS prevention and mitigation. Knowledge and information around HIV/AIDS is one such an example of the intangibles that are exchanged as the state, civil society and the entire community interacts with the aim of solving the problem of HIV/AIDS. The creation and diffusion of HIV/AIDS

knowledge and information by different government and non-government agencies builds community awareness and understanding on issues about the epidemic.

8.4 Public Social Space, Communicative Responsibility and HIV/AIDS: The Lack of Public Engagement and AIDS Forums in Rural South Africa Communities

> *The collapse of African traditions like 'ubuntu' has resulted in a competition and individualistic tendencies and this has affected the way people (community tendencies) respond to HIV/AIDS collectively. The culture of 'ubuntu'*[22] *has since been eroded, it does not exist any more and this has impacted greatly on the increase in the rate of HIV/AIDS* (Interview, May, 2008).

In light of the quotation above, it is very clear that public engagement has been greatly affected by the breakdown cultural institutions and the erosion of traditional values. This in actual sense will imply that the 'sense of community' does no longer exist in many of these rural communities. Basing on some of the responses gathered through field work, this section will interrogate and test the efficacy of public communication on HIV/AIDS, how can it be achieved and how does it build, create and generate social capital that can be used for community HIV/AIDS prevention and mitigation.

8.4.1 Public Communication and HIV/ AIDS

Evidence from cross-disciplinary studies and public health has revealed that communication on social issues is significant in raising the levels of awareness on community citizens. However, what these studies do not show and discuss is the way in which public communication is achieved and how can it be effectively applied to deal with the HIV/AIDS epidemic. Campbell (2007) and colleagues have started to look at some of these issues raised above. Social spaces on HIV/AIDS provide settings in which people can engage in debate and dialogue about HIV/AIDS. In their research on public social spaces, Campbell *et.al.*, (2007:10) argues that:

[22] A traditional and cultural value that people hold very strongly in African societies. It entails the preservation and respect of the entire humanity regardless of race, color or creed. It states that people have got to work together, share and help each other in matters of mutual or societal concern.

> Ideally such social spaces should provide settings in which people can engage in debate and dialogue about HIV/AIDS , a taboo topic in the contexts of denial and stigma, for a number of reasons: there is simply a need to 'break the silence' around HIV/AIDS, there is a need for opportunities to translate factual information about HIV/AIDS into concrete action strategies that people can apply in their own lives, and there is a need for arenas in which critical thinking can take place to facilitate change.

For these authors, the most central benefit of public communication can be derived from the way community members share ideas about ways in which they can overcome all problems associated with HIV/AIDS. Evidence from fieldwork suggests that public communication if effectively used and explored can result in citizens acquiring health-enhancing information on HIV/AIDS. It has to be stated that more than seventy percent (70%) of the respondents highlighted that there are no forums or open spaces that engages the community on HIV/AIDS. In their view, the absence of such safe social spaces has meant an increase in the incidences of HIV/AIDS transmission in rural South African societies. The statistical significance of such a percentage is unquestionable as it reflects the views of the majority. In all the eight villages forming part of this study, public communication on HIV/AIDS is quite minimal or absent at all. The reason being that:

> *Most of us consider issues relating to sex, health and illness as personal. Sharing them will mean loosing our dignity and a sense of self. Its better to keep such information to myself rather than to discuss or share with anyone* (Interview, October, 2008).

It is quite clear that community silence on HIV/AIDS has had serious impacts towards the severity of the epidemic in many rural societies in South Africa. As highlighted from the views of the previous participant, people are not open to share and discuss on matters relating to health and sexuality. The implication is that this lack of public discourse on HIV/AIDS breeds the epidemic. Almost 63 percent of the participants in this study revealed that they are not free to publicly talk about HIV/AIDS. However, the 37 percent who highlighted that they are free and open to discuss about HIV/AIDS publicly revealed that they benefit a great deal from public

discussions on HIV/AIDS. They consider public communication on sexuality and HIV/AIDS as educative and equipping them to avoid HIV/AIDS infection.

8.4.2 The 'Imbizo'[23] Assembly and HIV/AIDS: Co-opting AIDS in 'Imbizo' Agenda

> *Imbizos tries to involve everyone and they talk on issues of involving everyone in the community even those infected and affected by AIDS. Local leaders known as"Indunas" or headmen will chair these meetings .These are platforms through which we can learn more about all issues affecting our village including poverty, natural disasters and HIV/AIDS(Interview*, October, 2008).

What the above participant is suggesting is that local 'Imbizo' gatherings can be used as a social spaces or avenues for HIV/AIDS communication, information and risk awareness. Literature on HIV/AIDS is rather silent on the role that these local rural community gatherings can play in the development of social capital[24] for HIV/AIDS. Thus, co-opting the HIV/AIDS agenda in 'Imbizo' gatherings or meetings as suggested in this study is a path breaking exercise or initiative in the discourse around HIV/AIDS prevention. Previous research findings suggested the need to 'break the silence' on HIV/AIDS (Campbell, *et al.*, 2007). However, the challenge has been to find ways through which such forms of silence could be broken down especially 'rural silence' on AIDS. As evidenced from the narration given by the participant above, community gatherings like the 'Imbizo' have got several positive heuristic attributes that can be useful in the fight against HIV/AIDS. Some of these attributes as has been suggested by a majority of the participants in the study are discussed below.

[23] The term 'Imbizo' is a Zulu word that refers to a community gathering which is presided over by local traditional leaders who are also known as 'Indunas' in the Zulu culture. Such gatherings are seen as forming an important part of the community. Depending on individual communities these gatherings are usually held once or twice a month .However, when they are serious matters of concern, the 'Indunas' can summon the community citizens to gather in order to address such a problem.

[24] The outcome of interaction and communication that occurs in these gathering will generate a special form of social capital that can be utilized to fight HIV/AIDS. The essence of community gatherings will be seen in their ability to build a new form of social capital or build on the existing one.

8.5 Community Solidarity and Social Cohesion: The Generation and Creation of Social Capital through 'Imbizo' Assemblage and Discussions

> *The community gatherings are very reliable and people feel free to discuss anything* (Interview, July, 2008).

There is emerging evidence and growing consensus from literature that community solidarity and social cohesion are essential in the creation of social capital (Putnam, 1993, Coleman, 1990, Burt, 2003). Communities with high degrees of solidarity and cohesion are characterized by high levels of social capital which can help the community to deal with any problem that affect its citizens. Many studies have attempted to study the efficacy of community social solidarity and cohesion in preventing and mitigating HIV/AIDS. Nonetheless, as the narratives and views of the participants included in this study suggest, the traditional 'Imbizo' gatherings can also be used to initiate and promote community dialogue on HIV/AIDS. There is a great chance for people to learn and question on all matters of HIV/AIDS simply due to the fact that these gatherings are seen as reliable, properly constituted and informative.

The co-opting of AIDS discussions in the 'Imbizo' agenda will build a community's understanding and awareness on HIV/AIDS. Rural people are often skeptical of any kind of interference meaning that any kind of external communication on HIV/AIDS would be futile as long as it is not properly sanctioned by local leadership. The participation of the local leadership in the facilitation of the 'Imbizo' discussions builds community confidence and community citizens are prepared to listen. The influence that the local leadership has over its people can be transformed to build an understanding and awareness on HIV/AIDS. As community citizens assemble together for these meetings, social solidarity and cohesion is enhanced. The interactive spaces provided by community gatherings of this nature allows for a kind of 'embeddedness' that will be useful when dealing with community problems and HIV/AIDS is no exception.

8.6 Community Assemblies as Knowledge Repositories

> *Ideas and awareness on HIV/AIDS can be gathered from these and this might help in preventing HIV/AIDS. Ideas, awareness information and factual details on HIV/AIDS are the things exchanged in gatherings like the 'Imbizo'* (Interview, July, 2008)

As depicted from the above response, the efficacy of community assemblies or groupings on HIV/AIDS cannot be underestimated. One of the greatest advantages that these gatherings do have is that public information and knowledge on HIV/AIDS is diffused and shared among all members in the community. Thus, community assemblies or gatherings besides generating social capital and social cohesion they act as knowledge repositories of HIV/AIDS information[25]. The inclusion of any subject on HIV/AIDS in the community meetings is necessary in the context of rural South Africa mainly because previous research and findings have established that people in these areas have "patchy knowledge" about HIV/AIDS (Campbell *et al.,* 2007). Evidence from this study highly suggests the need for community gatherings to focus much on building HIV/AIDS knowledge and providing community citizens with social spaces in which these citizens could consolidate the fragmented knowledge that they have on HIV/AIDS.

8.7 Conclusion

The chapter has examined the functional importance and relevance of the community 'public' in dealing with the challenges posed by HIV/AIDS. It is quite interesting to note that public processes like communication as suggested earlier, participation and coordination are all necessary and useful in the creation and fostering of social capital that can successfully mitigate HIV/AIDS. The building of social capital for HIV/AIDS through the promotion of social cohesion, community solidarity and synergies is essential and yields better results than individual actions that are much limited in coping with the epidemic. The study findings highlight the relevance of community traditional assemblages like the 'Imbizos' in discussing and debating all

[25] Community gatherings are reported to be generators of social capital in the form of a special type of knowledge that these assemblies are often associated with. Citizens in the community benefit a great deal from these especially on HIV/AIDS related information. As knowledge repositories, community gatherings act as sources of empowerment and awareness.

issues that relate to HIV/AIDS. The creation of public social spaces for HIV/AIDS information, risk awareness and education is suggested as one important mechanism that will result in HIV/AIDS knowledge and information being disseminated and diffused to a wider population. HIV/AIDS knowledge and information as a form or dimension of social capital sensitises the community on all facts or issues on HIV/AIDS including health-compromising behaviour and ways to avoid infection. The study also revealed a serious lack of public communication on HIV/AIDS in most of these rural communities as a significant factor that might lead to higher infections rates on the population. Against such a background, the study suggests the need to open up spaces for public engagement, debate and discussion on HIV/AIDS. The lack of public communication on HIV/AIDS is largely attributed to the low levels of social capital which inhibits public communication, debate and engagement on HIV/AIDS issues.

CHAPTER 9

Neighbourhood Attachment and HIV/AIDS: Assessing Neigbourliness and Social Cohesion in Rural South African Villages

9.1 Introduction

The role of social capital in development has received widespread and increasing attention. Research and current publications have noted the benefits that accrue from the use of social capital in many development efforts. The challenge in this study is on how can social capital be used, generated and maintained in the context of HIV/AIDS. This chapter looks at the implications of social capital on all broad aspects of rural livelihood. It looks at the significance of social community networks, neighbours and community groups in dealing with HIV/AIDS. Previous research findings regarded extended families and kinship networks as sources of social capital. However, in this study kinship support was found to be available at a limited scale mainly because of the collapse of family structures and institutions. The study examines existing sources of social capital in rural societies like the neighborhood structure and the effects such sources do have on HIV/AIDS prevention. As will be seen, the evidence gathered underscores the importance of contextualizing the role of interpersonal and community level social capital when studying HIV/AIDS impacts in rural South African contexts. In the following sections, I will explore the nature of HIV/AIDS information exchange in rural communities and their resultant effects on AIDS prevention, neighbourhood social support and education. I begin by reviewing literature on the concept of social capital and how best can it be applied in health and HIV/AIDS prevention.

9.2 Social Capital and Rural Communities: Assessing the Impact of Social Capital on the Spread of HIV/AIDS in Rural Communities

Rural communities are at a disadvantage when it comes to containing the spread of HIV/AIDS. Factors such as geographic isolation, limited access to resources and lack of privacy are impediments to dealing with the problem of HIV/AIDS in rural societies. Literature on

community cohesion singled out rural communities as traditionally high in social capital. Thus, social capital may play an important role in the ability of such rural communities to develop and maintain programs of HIV/AIDS prevention and support (Reimer, 2002). In this sense, social capital is seen as capable in addressing the social relations and all the problems and challenges posed by HIV/AIDS. The critical utility of social capital in HIV/AIDS prevention is captured in the definition below:

> Social capital is one type of asset or resource that can be used to achieve valued outcomes. As capital, it is part of production that is reinvested into future production. As social capital it refers to social forms as reflected in organizations, collective activities, networks, and relationships. From this point of view, social capital is a relational, as opposed to an individual characteristic (Reimer, 2002:2).

Such a definition given above allows for a deeper understanding on the effects of social capital especially as it is applied to HIV/AIDS prevention and mitigation. In the following section, I review literature that highlights the efficacy and relevance of the concept of community social capital in dealing with the challenges posed by HIV/AIDS. The basis of this kind of a review would be to clearly highlight the mitigatory effects of social capital on HIV/AIDS.

9.3 Social Capital and HIV/AIDS: A Review of Literature

> **Is there any evidence in literature about the effects of social capital in the prevention of HIV/AIDS and the support of people already living with AIDS?**

Attempting to find answers to the question above is the central emphasis of this section. It has to be stated that there are various studies that have been undertaken to assess the link between social capital and health (Kawachi, 2001, Lomas, 1999, Wallerstein, 2004). However, there is a lack of academic, scholarly and empirical research into the relationship between social capital and HIV/AIDS. Thus, in this section I will include those studies that focused on the relationship between social capital and health mainly because HIV/AIDS is also a major health issue or concern. Below, I begin to look at the potential effects of social capital on health as suggested or evidenced from several studies and research works.

9.3.1 Social Capital as an Asset

There is emerging and growing consensus that social capital in all its various dimensions and facets have got potential positive effects on health. This growing body of literature supports the view that social capital can be applied to solve or deal with community health problems and challenges (Kawachi *et al.,* 1999, Lomas, 1998, van Kemanade, 2003a, Gilbert and Waller, 2002). The argument presented here is that, social capital and its various forms including social networks, trust, community engagement and participation has been regarded as an important community asset and a determinant of health (Lyons and Santo, 2004, van Kemanade, 2003, Putnam, 2000). Social capital as an asset is seen as affecting health positively through encouraging health–related behaviours and discouraging those that are unhealthy (Kawachi *et al.,* 1999). Also social capital is regarded as promoting access to services and social support.

Another growing body of literature tends to focus on the relationship between health and socio-economic status. Social capital is seen as a form of participation in the society mainly in voluntary associations, community groups, cooperatives or other grassroots organisations. This form of participation is considered as a useful asset for health (Berkman *et al*., 2000, Putnam, 2000, Kawachi *et al.,* 1997, 1999). Kawachi *et al.,* (1997) for example argued that low level of income inequalities in a society results in low levels of social capital creation. For them, "income inequality leads to increased mortality via disinvestment in social capital" (Kawachi *et al.,* 1997:1491). The association between social and economic factors and health is well established in literature (Black, Moris, Smith and Townsend, 1982, Whitehead, 1988). This kind of literature suggests that an individual's position in the social and economic hierarchy or structure affects his or her health.

The causal pathways linking socio-economic factors to health have been fully elucidated in health literature. In all these studies and findings, social capital has been nominated as the possible mediating variable (Kaplan *et al*., 2000, Hawe and Shiell, 2000). In the context of HIV/AIDS, the literature suggests that a community's social capital can be used as an effective tool to prevent HIV/AIDS "by enhancing the skills of people in the community and providing

them with opportunities and resources to care and advocate for one another" (Thomas and Thomas, 1999:1082).

Lynch and Kaplan (1997:92) argue that social capital is essential for health and it may act as "a marker for a set of other concrete societal characteristics and policies that influence health". To them, underinvestment in social capital might result in serious health implications. Having noted all the positive effects of social capital on health as literature tends to suggest there is also an emerging body of literature which argues that there is a negative relationship between social capital and health(Baum,1999).This form of negative social capital is what researchers in this paradigm have referred to as 'anti-social capital'.

9.3.2 Antisocial Capital and Health

Various scholars have noted the potential negative effects of social capital on health. The argument that these scholars and researchers are advancing is that there is a positive and causal relationship between social and health. Various studies have suggested that the politics of exclusion and distrust can characterize those communities of high social capital. Therefore, social capital by its very own nature might become an obstacle for people who are not part of the majority such as persons with HIV/AIDS (Baum, 1999). People with HIV/AIDS might be excluded and isolated from community activities, associations and civic functions on the basis of them being HIV/AIDS positive. Such kinds of isolation and exclusion create a kind of social capital that has negative effects on people (Baum, 1999).

The lack of privacy and anonymity has often been seen as another disadvantage of community level social capital and this can affect individuals especially those already living with AIDS. These tight-knit communities of high social capital might mean that one's privacy and anonymity is compromised. Every one in the group or community will get to know who is living with AIDS and who is not. This can be an obstacle in HIV prevention and treatment (Lyons and Santo, 2004, Carwein *et al.,* 1993, Smith *et al.,* 1990, Silvestre *et al.,* 2002). The lack of privacy is suggested as affecting any response that a community might take to tackle the problem of

HIV/AIDS. However, these issues do not make social capital irrelevant as the benefit that accrues from its use is much more phenomenal.

9.4 Social Capital and HIV/AIDS in South African Communities: The Evidence

Campbell *et al.,* (2002) is one of the very few studies that attempts to look at the relationship between social capital and HIV/AIDS in South Africa. In their study, they measured social capital as membership to a variety of associations including churches, youth groups, sports clubs, women's groups, and 'stokvels'. They found that membership in a community group or association is a form of positive social capital for men because those who were part of these groups were less likely to engage in risk sexual practices thereby decreasing their risk of HIV infection. In this case, this form of social capital was an asset for HIV prevention.

In addition, Campbell *et al.,*(2002) study also reveals that women who were members of community groups like 'stokvels' were less likely to get HIV infection because of information they acquired through the groups. The information which these women reportedly gained was relating to condom use, the effects of multiple sexual partnerships and other risky sexual behaviours. In short what this study (Campbell *et al.,* 2002) serves to suggest is that membership in community groups and associations like 'stokvels' and church groups decreases both women and men's risk for HIV infection.

9.5 HIV/AIDS Information Exchanges in Rural Communities: The Roles of Intermediate (Meso) Levels of Social Capital in Facilitating Information Exchange within the Community

Evidence from the findings of this study locates the roles played by different forms of social organisations in facilitating HIV/AIDS information exchanges within a community. These organisations include local voluntary organisations, non-governmental agencies and community social networks. Thus, the evidence suggests that community level social capital has a central and pivotal role to play in dealing with the problem of HIV/AIDS. Of great significance is the way established formal groups generate and transmit knowledge and information on HIV/AIDS

within the community. In this study a number of key formal community organizations were identified as central in transmitting information on HIV/AIDS and other related health issues. These formal organisations include cooperatives, burial societies, empowerment groups, church groups and cultural associations. Question (2A4) of the household survey questionnaire that I used in this study was essential in determining what exactly the community households are benefiting from formal organizations in their communities. This research question reads as follows:

What can be derived from being part of a village project or organisation?

A wide range of answers were captured from the various responses that came from the participants. The evidence shows that 90 percent of the participants were of the view that the sharing of information on HIV/AIDS and other health related issues is the most important component of formal groups that they derive from them. Most of these participants reported that they have gained a deeper understanding on what HIV/AIDS is all about only through their participation in these groups. This in itself stands to suggest that these formal groups are conduits of HIV/AIDS information through which community members can benefit from.[26]

However, the participants also highlighted that they are other benefits that are associated with membership in community groups. They reported that formal organizations or groups are platforms through which they can share and learn to solve individual problems. The set up of these organisations allows them to open up and discuss their individual household problems be it marital, social or financial. Hence, these organisations promote a collective identity. It is kind of an identity that will make individuals feel free and open to share even things one might regard as 'a top family secret'. The assurance will be that the fellow group members will act in utmost good faith and they will help the person out of the problem (Field notes, 2008).

[26] Evidence emanating from this study highly recommends the relevance and significance of community level social capital in form of formal organizations or groups. The main reason as this evidence suggest is that these organizations are conduits of sexual information, HIV/AIDS information and public awareness.

The participants who were not part of these formal groups or organizations reported that they lack information on HIV/AIDS. This group of participants reported that they only depend on their neighbors and friends as sources of AIDS information. However, these kinds of sources are usually not updated on AIDS issues and they lack sound knowledge and understanding on HIV/AIDS matters. This will leave them on a danger of HIV infection mainly because they lack reliable, up-to-date and verified information on HIV/AIDS. The broad generalisation that can be drawn from this empirical finding is that the lack of knowledge, information and public awareness contributes to higher prevalence rates in rural South Africa. Moreover, this also provides suggestive evidence that rural community organisations like clubs, burial societies and cooperatives can play a significant role in the transmission of HIV/AIDS- specific information.

As can be seen in this study, information exchanges in formal groups or organisations is guided by a form of social capital theory that defines social capital as networks of social relations that provide access to needed resources. Community members are able to access HIV/AIDS knowledge as a 'public good' for their own benefit. The access to this form of 'public good'[27] becomes useful in the sense that it equips the individual and makes him or her stand at a far much better position to avoid HIV/AIDS infection.

However, these findings also highlight that the access to HIV/AIDS knowledge and information tends to be restrictive in the sense that only those people or households that belong to a particular organisation or group will benefit from such information. A majority of the participants revealed that information is shared and diffused only among those people who are seen as bona-fide members of a burial society, cultural group or empowerment group. This implies that the knowledge and information acquired is only for the benefit of a member. Given such a scenario, the 'public-ness' of social capital is destroyed as only few community members will benefit by virtue of civic membership.

[27] Theories on social capital highlight the potential effects of the concept in the sense that it is a community resource that can be readily accessed and used by anyone in the society. What distinguishes social capital from all other forms of capital is its ability to be accessed, used and reinvested at any time by anyone at no cost and hence it is a public good.

The boundaries and demarcations created by community organisations and groups have resulted in many people outside these groups or organizations being victims of HIV/AIDS. Against such situations, a majority of the participants in this study suggested that there is need for the scaling up of the involvement of non-governmental agencies and the government in transmitting HIV/AIDS related knowledge and information. In the following section, I look at other ways in which community knowledge and understanding on HIV/AIDS can be enhanced and increased.

9.6 Community-Based Pedagogy: The Relevance of Public Awareness, Community Education and Understanding in HIV/AIDS Knowledge Generation and Creation

> *In this community, I think the root cause of the problem is the lack of education simply because only a minority is educated. There is no consciousness or awareness on all issues affecting us including HIV/AIDS .People do not even know who to approach in times of difficulties. I have never heard of any awareness initiative or a meeting being convened to address all such issues affecting us* (Interview, Ingwavuma, October, 2008).

Community-based education remains the foundation of a promotive and preventive programme on HIV/AIDS (Gregson, *et.al*, 2001). Few studies have shown the relationship between community education and HIV infection. This section will attempt to fill that gap. It focuses on the correlation between HIV infection and community education as evidenced from the findings of this study. The argument is that community education reduces the risk of HIV infection. The hypothesis implies that community education provides a safer protection against HIV infection. However, it has to be stated that some emerging studies are beginning to show a negative correlation between the level of education and the prevalence rate of HIV/AIDS (Kelly, 1999). The evidence emerging from this study is that community based pedagogy has got the potential to foster an environment for community members to develop knowledge and critical awareness for HIV/AIDS. The general view of the majority of the rural citizens is captured in the response below:

> *People have to be educated and informed about HIV/AIDS. They cannot do anything without being educated. Previous attempts to deal with HIV/AIDS failed because of a*

> *lack of awareness amongst the people and the issue of stigma* (Interview, Manyiseni, October, 2008).

The contention as this evidence suggests is that community education empowers an individual to understand and internalize relevant and specific information and then translate this knowledge into behavioural change. The participants in this study revealed that with increased information, knowledge and awareness their behaviour changed in several ways. They reported that they learnt the dangers of multiple sexual partners, risky sexual behaviours and in the case of the teenagers, their behaviour changed in terms of delaying first sexual encounters or sexual debuts. These reports from the participants highlight the significance of community education and awareness. In addition, these findings of the study tend to reveal that community education should be designed to address all the problems the community is facing or experiencing. A participant I interacted with in the Ingwavuma area emphasised this view by saying:

> *I think a community based educational model is relevant when it seeks to deal with the contextual problems the people are experiencing* (Interview, Nkondosini Village, Ingwavuma, October, 2008).

A significant role played by community education and public awareness initiatives is that of breaking the silence on HIV/AIDS. About 60 percent of the community citizens who were part of the study reported that there is so much household or community silence on HIV/AIDS. According to these participants there are no forums existing in these communities that allows people to talk about HIV/AIDS. Asked on whether these participants are free to discuss on issues that relates to sex and sexuality, abstinence, sexually transmitted diseases and HIV/AIDS, about 72 percent of them revealed that they are not at all comfortable to discuss any of these issues in their own respective households. This shows how HIV/AIDS and sexuality issues or discussions are often seen as ‘taboo’ in many African villages or communities. Vandermoortele and Delamonica (2000:7) in their study on the effects of education on HIV/AIDS were also of the same view that:

> In many countries, open and frank discussions about HIV transmission at home, in school or in public are still challenged by a wall of silence that surrounds the disease.

It is against this culture of silence that community education should be used to break the tradition on silence as this study findings suggest[28]. A majority of the participants highlighted that there is need for community education and public awareness to be devised in such a way that it reaches the illiterate, the poor and the less informed. This suggests that any method or mechanism designed to transmit knowledge on HIV/AIDS has to target the illiterate poor because these are the people who lack well informed and up-to-date information on HIV/AIDS.

Besides allowing the development of critical awareness on HIV/AIDS in the communities, education is also reported in this study as useful in facilitating community members to interrogate beliefs, behavioural practices and other issues that will make them more protective against HIV/AIDS infection (Interview, October, 2008). A majority of participants who were fortunate enough to be exposed to community education programmes in the study revealed that they have learnt a great deal on the effects of several kinds of behavioural practices and beliefs on HIV/AIDS transmission. One participant gave an example that she has learnt the dangers of unprotected sexual activities in relationships of low levels of trust between partners. She highlighted that she was often a victim of male chauvinism as her husband would just come to demand sex and she will just give in even when she did not want to have intercourse. It is only after a series of community educational programmes that she said she became much more empowered even to resist sexual demands from the husband. Such an ordeal from a participant like her is suggestive of the role that community education can play in shaping behaviour and in empowering citizens to deal with matters of their sexual lives. One of the most important and critical conclusion arrived at in this study in relation to community education is that any mechanism designed to fight HIV/AIDS should aim at educating citizens and raising the levels of awareness or consciousness. Thus, the study findings reveal and recommend that:

[28] Breaking community silence on HIV/AIDS entails the need for a kind of education that will allow people to share and discuss openly their experiences, encounters and concerns about HIV/AIDS. In so doing, community members can start to reflect on the individual behaviours and eventually changes is there is need.

> *Any effort to tackle HIV/AIDS should aim at raising the people's consciousness, awareness, knowledge cultivation or education. If we are to try to fight HIV/AIDS, the first step is to try to raise the level of awareness .Then after that you empower the people through a collective participatory process and make them take responsibility over their own individual lives* (Interview, Ndumo, October, 2008).

From the quotation above, the theoretical relevance of ideas from Habermas (1992), Freire (1993) and Foucault (1991a) can be well established. The need for a collective engagement and participation in the 'public sphere' is suggested as emancipatory. Critical consciousness and individual government are seen as useful and relevant in the same way Freire (1993) and Foucault (1991) tend to see them respectively. Community education fosters the much needed critical consciousness on HIV/AIDS (Campbell, 1993) and create the room and space for these critically reflexive members to interrogate and examine several sexual myths, beliefs and behavioural practices(Freire,1996).Basing on evidence from the study, I now look at the effects that knowledge and information has on risky taking behaviour.

9.7 HIV/AIDS-Specific Information and Education: Effects of HIV/AIDS Knowledge, Sexual Efficacy on Sexual Risk taking Behaviour

The investigations undertaken in this study revealed that the more knowledge and information a participant has about HIV/AIDS, the less he or she would report in engaging in risk sexual behaviour. In the different communities that I interacted with, I gathered an understanding that the majority of these participants were engaging in health compromising behaviours like unprotected sexual intercourse with multiple partners mainly because they are not informed about the dangers of such a practice. The impression that one gets from these findings is that those participants who engage in risk sexual activities only do it for the sake of pleasure. It means that it is the lack of knowledge on risk situations and practices that facilitate and promote the rapid increase of the epidemic especially in rural communities (Field notes, 2008).

Over and above all, the limited flow and exchanges of HIV/AIDS information that is characteristic of rural South African communities has been identified as a major factor that is

contributing towards an increase in HIV/AIDS prevalence levels in these communities. Previous research has identified several cultural factors and traditional setups that have made it difficult for HIV/AIDS information to flow openly in African societies. These factors include the 'culture of silence' mentioned earlier on which has restricted the way HIV/AIDS information and knowledge is transmitted in rural communities. In order to deal with such a limited flow of information, there is need for all sources or forms of education in the community to transmit 'AIDS specific information' that will equip individuals to avoid the chance of infection.

The relevance of 'AIDS specific information' in all community pedagogies has been proven as individual participants in the study who had benefited from these reported drastic changes in beliefs and the way they used to behave sexually. The study has shown that 'AIDS specific pedagogies'[29] have a correlation with behavioural, attitude and belief changes. The transformative power of such a form of direct education is seen in the way people change their risk behaviours completely and thereby avoiding the risk of HIV/AIDS infection. The adoption of safer sexual behaviour is merely an outcome of community-based education as this study establishes. Education has a positive correlation with sexual efficacy as gathered in the current study. In fact, education builds sexual efficacy on community citizens. Sexual efficacy in its own orientation refers to the ability of an individual to refuse or avoid risk sexual advances or situations. It has been established in this study that many rural women do lack this sense of sexual efficacy and thus they often end up being recipients of the virus because they are not empowered to resist any risky sexual advances from men. Rural women are often used as sexual objects in this regard and because of this lack of sexual efficacy they end up being powerless and voiceless in all matters that concern their sexual identity and make-up. The lack of a kind of awareness and education on HIV/AIDS, women rights and several other issues that affect them has been suggested in this study as contributing to the low levels of sexual efficacy. Thus, evidence gathered here suggest that a lack of 'AIDS-specific' knowledge and education in the community leads to a low level of sexual efficacy where individual members of a society or community are powerless in resisting risky sexual advances and attempts from other people or

[29] Refers to a kind or type of education that specifically aims at raising community awareness and understanding on HIV/AIDS related issues .This study suggests that this is the only way community citizens can acquire reliable information on HIV/AIDS.

groups in the society. This kind of a correlation is useful in making the society understand the effects of a community based model of education in dealing with broader HIV/AIDS issues including sexual behaviour, sexual empowerment and sexual risk.

The conclusion to be arrived at basing on the evidence gathered here is that easier access to information provides greater exposure to verified and factual details on HIV/AIDS. Moreover, an enhanced sense of self-efficacy and negotiating skills reduces fatalism and the inadvertent involvement in high-risk sexual relationships. In the below section, I briefly examine the status and content of education in rural communities of South Africa and locate the relevance of a local pedagogy in the process of HIV/AIDS prevention.

9.7.1 Rural Education, Awareness and Community Health: Re-examining the Status-Quo

> *The problem we have is the lack of HIV/AIDS knowledge and education in this community. The community is not well educated on HIV/AIDS. There is need for people to be taught about HIV/AIDS so that they gain an understanding .The only way to make people get information might be through making HIV/AIDS information be disseminated through the radio or any other means. The reason is that people here cannot read and write so these leaflets, pamphlets or books cannot help* (Interview, Jozini, October, 2008).

The study reveals that they have been attempts to teach communities in KwaZulu-Natal about HIV/AIDS but these attempts were not successful. The lack of HIV/AIDS information and knowledge is still a major factor contributing to the high prevalence levels of the epidemic in rural communities. Several participants highlighted that they are not properly or well educated on HIV/AIDS. This has serious negative implications on individual and community health as most people might end up getting infected which could have been avoided in the first place.78 percent of the study participants highlighted that they have seen leaflets or pamphlets in their community but they did not bother to read them, 12 percent revealed that they disposed them off soon after getting these leaflets while 8 percent indicated that they read but did not understand

anything and 2 percent of them highlighted that they did not receive any leaflets at all in the past few years. In the below table, I outline these views from the respondents.

Table 9.1: Readership levels on HIV/AIDS Issues

Leaflets and Pamphlets availability and Usage	Percentage (%)
Seen the leaflets or pamphlets but did not bother to read	78
Read but did not understand them	08
Disposed them off as soon as they get them	12
Did not receive any at all	02

The evidence gathered tends to suggest that the usage of leaflets, pamphlets or books does not have any significant impact in equipping the citizens with HIV/AIDS information and education especially in the context of rurality. Low literacy levels and lack of a reading culture are the fundamental reasons behind the non-usage of these HIV/AIDS information sources thereby making them inappropriate models of HIV/AIDS intervention. As indicated earlier, the only way to reach the community with HIV/AIDS information is through community dialogues or conversations where every citizen participates and engages in all issues under discussion. Such a process is seen as yielding positive effects on both individual and community health statuses as compared to the common method of giving out flyers, leaflets and pamphlets without making people deliberate and even critique the information. Being recipients of such forms of information is considered disempowering and limiting in making rural citizens to govern themselves in all spheres of their lives. It is only through language or speech that any HIV/AIDS initiative can be useful in addressing the problem (Field notes, 2008). This is consistent with suggestions that Habermas (1992) brings fourth in theories of the 'public sphere' and 'communicative action' which are guiding elements of this study. There is a clear connection from what Habermas (1992) is arguing and the claim by the participants on the need for a re-look on the communicative approach to HIV/AIDS in rural South African societies.

Besides the leaflets and pamphlets considered as 'irrelevant' by the participants in rural villages of KwaZulu-Natal, there is no any other source of HIV/AIDS information which is context-specific and which tries to appeal to the local villagers or citizens. This has created a huge gap in the effort to try and mitigate the epidemic in most of these villages.

9.8 Rural Neighborhoods as Knowledge Fields: An Examination of the Community Neighborhood as a Source of HIV/ AIDS Information

Literature on HIV/AIDS in rural parts of South Africa laments the lack of public information, education and knowledge on HIV/AIDS in these communities. High levels of illiteracy and difficulties in accessing information from the media are among other structural issues which have impacted greatly on the transmission of HIV/AIDS related information and facts to rural communities (Gregson *et al*., 1998, Lindan *et al*., 1991). However, there is growing consensus among academics and researchers that the community neighbourhood can be used to generate knowledge, information and awareness on HIV/AIDS issues or facts (Simpson *et al.*, 2001). The evidence gathered in this study establishes that community neighbours besides being sources of social support, they are a reliable source of information and knowledge on HIV/AIDS. In this study, 87 percent of the participants revealed that they rely and depend on their neighbours for information concerning HIV/AIDS. These participants highlighted also that the kind of information sharing that exist in the neighbourhood is open and interactive between neighbours and this makes learning and knowledge acquisition an easier process for them. Asked on whom they rely on in situations where they cannot handle or understand, the participants reported that they rely on their fellow neighbours. The reliance on fellow community members on all issues that one cannot comprehend or understand clearly locates the role of community or village neighbours not only as information providers but as people who play a central role in the community.

The mutual trust and understanding among community or village neighbours is critical in the generation of knowledge and information on HIV/AIDS that these neighbours will eventually share at some point. It has to be stated that social trust as a component or dimension of social

capital is seen in this regard as facilitating the flow of HIV/AIDS relevant information from one neighbour to another. Evidence emanating from fieldwork is suggestive of the fact that the level of mutual trust and understanding in the society determines the asymmetric flow of information among neighbours. This will imply that the higher the degree of social cohesion in a village or community the more community members will interact or share ideas or information on HIV/AIDS. Thus, social cohesion as an indicator of social capital is suggested to be useful and critical in the generation of knowledge that community neighbours may use to empower themselves and avoid the chances of HIV/AIDS infection.

9.8.1 Neighbourhood Social Capital and HIV/AIDS Avoidance: Examining the Effect

The study establishes that neighbourhood social capital in most rural communities is responsible for the avoidance of HIV/AIDS infection and transmission. The evidence gathered in this study also suggest that village neighbours create a form of social capital useful for HIV/AIDS avoidance. Through constant associations and interactions community neighbours can develop any identity and character that is AIDS protective. The establishment of a common norm of behaviour might in most cases imply that they avoid any behaviour exposing them to the danger of HIV/AIDS infection.

A high degree or sense of neigbourliness has been seen in this study as generating high levels of social capital useful for HIV/AIDS avoidance or prevention. The research establishes that the local neighbourhood is not only an arena of reciprocal exchanges or transactions but a generator of social capital. Neighbourhood associations are suggested in this research to be responsible for the cultivation of higher degrees of citizenship responsibility and HIV/AIDS activism. In all the villages I interacted with there is resounding evidence of neighbourhood initiated campaigns against HIV/AIDS. Although these are small-scale campaigns initiated by villagers but they are reported to be useful towards the avoidance of HIV/AIDS transmission. Several participants who formed part of these campaigns revealed that they take it as their responsibility as citizens to at least do something to prevent the further transmission of HIV/AIDS. The activities of these participants are reported as enhancing their knowledge and competence on HIV/AIDS prevention.

9.9 Traditional Leadership and HIV/AIDS: Locating the Relevance of Local 'Indunas'[30] in the Discourse of AIDS Prevention

The main position taken in this section as evidenced from the findings of the study is that traditional leaders (Indunas) can play an effective and leading role in the fight against HIV/AIDS. As suggested by a majority of the respondents this is so because traditional leaders have their own special cultural and historical sources of legitimacy and credibility. Unfortunately, literature on HIV/AIDS in South Africa laments the non-inclusion of traditional leaders in the fight against AIDS. This can be seen from the argument raised by one scholar:

> Upon an examination of the inclusion of traditional leaders in national HIV/AIDS policy and programming strategies, there appears to have been little inclusion of traditional leaders in national policy and programme design and implementation (Ray and Brown, 2004:9).

However, it is interesting to note that they have been recent initiatives on trying to include traditional authority in the AIDS discourse. For example, "the traditional leaders project of the Nelson Mandela Foundation include and educate traditional leaders on the implementation of HIV/AIDS education , prevention and anti-stigmatization activities, Further, traditional leaders' task forces in KwaZulu-Natal are being developed, with the objective of educating traditional leaders on HIV/AIDS prevention treatment and support. These task forces have been established and coordinated by the provincial government and traditional leaders" (Ibid, 11). These initiatives are still in their early stages but they suggest that traditional leaders in rural South Africa are increasingly being recognized as integral to the fight against HIV/AIDS. In the following section, I examine the relevance of traditional leadership in the creation of social capital that could be applied to HIV/AIDS mitigation and prevention.

[30] 'Induna' is a Zulu term that refers to local traditional leaders who are well respected in the Zulu culture. The society offers allegiance to them as they are seen as 'God given'. Their authority is unquestionable and they have got great influence in the society. These leaders are seen as sources of cultural and historical sources of legitimacy.

9.10 Grassroots Governance and HIV/AIDS: Building Social Capital through Traditional Leadership

> Traditional authorities have specific and distinct claims to legitimacy that are recognized by their subjects. Traditional authorities can claim special legitimacy in the eyes of their people because these institutions are seen as embodying their people's history, culture, laws, values, religion, and even remnants of pre-colonial sovereignty (Owusu-Sarpong, 2003:8).

Evidence emanating from fieldwork suggests that traditional authorities have the potential to influence and foster important social and behavioural changes that will promote good sexual and moral conduct which will make an individual citizen avoid chances of AIDS infection. Literature also suggests that:

> Traditional authorities may be able to play an important role by pooling their legitimacy or credibility with government and others to build AIDS competent communities by strengthening and facilitating social marketing campaigns, fostering positive environment for people living with HIV/AIDS, and affected by HIV/AIDS, and mobilizing community resources and participation in the fight against HIV/AIDS (Owusu-Sarpong, 2003:60).

In KwaZulu-Natal where this research was carried the role of the local leadership known as the 'Indunas' was greatly suggested as central in all community efforts to deal with the AIDS epidemic. The 'Indunas' exert high degrees of social influence over their communities. In case of any problem that individuals might face in their own life, the findings suggest that traditional leaders were the first to be consulted. This implies that these leaders are seen as opinion leaders in the community. Below, I look at some of the reasons why the 'Indunas' are central in the fight against HIV/AIDS in rural South African societies.

9.11 Traditional Leaders as Sources of Public Education and Awareness

> *Traditional leaders have the potential to be an important source of public education on HIV/AIDS issues. Given their position in society, these leaders can effectively impart positive messages and strategies for HIV/AIDS, good sexual practices and risk avoidance* (Interview, Mkuze, May, 2008).

Seen in this sense, the community leaders are reported to be the best possible people to transmit reliable and sound information about HIV/AIDS in the community. The type of knowledge and education they transmit is highly valued and placed in the community because they are seen as iconic figures and whatever they say is undeniable and unquestionable.

Traditional leaders persuade and mobilise people to alter their behaviours in ways that are protective to HIV/AIDS infection. The assigning of elderly women to annually or constantly check the sexual status of young girls and women also help these young women to alter any undesirable form of behaviour thereby protecting them from HIV/AIDS. As evidenced from the findings of this study, in most parts of KwaZulu- Natal the practice is still being valued and there is need to sensitize these communities on the need to continue upholding such a traditional moral practice.[31]

All in all, the argument is that traditional leadership in all its various forms in South Africa have the ability and potential to influence and foster important social and behavioural changes that will promote the avoidance of HIV/AIDS in rural South African communities. The local traditional leadership has got the responsibility to preserve the traditional and moral fabric of these societies thereby building an environment that fights or prevents the increase of HIV/AIDS incidences. Findings emanating from this study highly recommend that traditional leaders be used as spokespersons, intermediaries and advisers on HIV awareness and education campaigns and also the provision of social support for people living with HIV/AIDS in the community. This also suggests the need for traditional leaders to be well trained and capacitated in all matters relating to HIV/AIDS. Thus, the co-opting of traditional leaders in HIV/AIDS prevention and

[31] In the Zulu culture, young women and girls meet annually with elderly women who are assigned the responsibility to check on the sexual status of these girls to determine whether they are still virgins. The notion of 'virginity – testing' has been suggested in this study as a way of using traditional authority structures to sensitize the community on good sexual practices. Those young girls who would be seen as not 'clean' will be encouraged to alter or change their behaviour to the conventional standard of behaving.

mitigation is an example of a grassroots governance community[32] intervention model for HIV/AIDS mitigation. As these leaders interact with the community citizens they build a form of social capital that protects citizens from HIV/AIDS or any kind of health-compromising behaviour.

However, it has to be noted that close to about 30 percent of the respondents were a bit skeptical about the role of local leadership in the form of village 'Indunas' in teaching the community about HIV/AIDS. The reason being that most of them are also not educated and it becomes very difficult for them to undertake such a responsibility. One respondent however suggest that:

> *Indigenous or local knowledge might help if the leaders are educated and have awareness on issues relating to HIV/AIDS. There is need for them to be capacitated on several complex issues associated with HIV/AIDS* (Interview, Bhambanana, October, 2008).

9.12 Traditional Authority and Social Support: Translating Grassroots Leadership into a Source of AIDS Support System

A majority of the people interviewed in this study singled out the 'Induna' as the person who can assist them in times of difficulty. About 63 percent of these participants reported that in the past year they have at least received such valuable social support from the 'Indunas'. The nature and form of this kind of support varied depending on individual cases. However, the most common form of support that the majority received in all the eight communities I interacted with was material support. Most of these participants reported that they received food parcels, clothes and even money from local traditional leaders. It is because of the serious cases of poverty in these areas that people are facing serious challenges in obtaining food for basic sustenance. Against such a critical case, the local leadership has been seen as the only community structure that can provide for the community.

[32] Communities that are deeply entrenched in traditional practices where traditional power structures govern the way people behave, interact and live. This kind of grassroots governance is often free from resistance and insubordination as these leaders are seen as legitimate and credible. They are sources of both direct and indirect influence in the community.

Study findings gathered also suggest that social support in the form of counseling and advice giving is a major role that is being played by the community leaders. In cases of a community member having a problem be it marital, sickness of otherwise, the only person who would be of assistance will be the 'Induna'. The community members highlighted that they are not free to just go and approach anyone for help or any kind of support mainly because they value the credibility of the 'Induna' and that makes them prefer to seek any kind of support from him. They reported that sharing problems with other people will mean that everyone will know about their condition or problem. Meaning that in some other cases, the level of social trust among some community members was somehow low. This is to imply that the only person one could trust and open up would be the 'Induna'.

Against this evidence, it is clear that these traditional sources of leadership can be used as sources of HIV/AIDS counseling and support. The reason is that community citizens are open and free to discuss all the issues that affect them. The 'Induna' is the only person who is viewed as credible enough to be told the deeper things that are often considered as 'secrets'. As shown earlier on, there is limited community discussion on issues relating to HIV/AIDS blamed on what literature calls 'a culture of silence'. Breaking such a culture will mean the co-opting[33] of local traditional power structures in all efforts designed to make the citizens at least talk on these issues. The resultant implication would be that traditional leaders have to be well informed and trained on HIV/AIDS issues, current trends and on how to give psychosocial input to citizens.

9.13 Fostering an 'AIDS' Protective Identity through Traditional Practices and Ceremonies

Findings from this study suggest that traditional practices and ceremonies are very essential towards the creation and fostering of an identity that is protective against HIV/AIDS on community citizens. In rural South African communities, they are several traditional ceremonies that people are still practicing. These ceremonies including 'virginity-testing' and '*amarula dance'* mainly practiced in KwaZulu-Natal have been reported to be building a culture that fights

[33] The challenge in implementing this would be that the local leaders would have a lot of work to do which might impede on their original duties and obligations as mandated by custom and tradition .Adding other responsibility on their shoulders has to be done in a way that does affect their duties.

all the predisposing factors to HIV/AIDS infection. These ceremonies are seen as having the potential to shape individual behaviour as citizens are compelled to adhere to a strict moral and sexual code of conduct[34]. The kind of interactions occurring in these traditional ceremonies are reported to build an important form of social capital that will eventually make community citizens more able to avoid HIV/AIDS infection. Research findings from this study recommend the preservation of such practices and the continual upholding of the values and symbolism attached to these practices and rituals.

9.14 Conclusion

The chapter concludes that the rural neighbourhood is an essential zone or platform for HIV/AIDS information and knowledge exchange. These findings also positions local village leadership as important sources of social capital which can be used to mitigate HIV/AIDS. Local village assemblages organized by traditional leaders in most villages have been suggested to be platforms where HIV/AIDS information and knowledge can be shared and disseminated. Such gatherings are seen as useful vehicles towards the creation of the much needed village-level social capital for HIV/AIDS prevention. Various forms of local leadership are also linked to social support such as counseling and emotional help. In other words, the rural neighbourhood is centralized as a rich source of HIV/AIDS- specific knowledge and information that can benefit every citizen who is actively engaged or involved in it. Thus, research findings gathered in this chapter strongly suggest that neighbourhood social capital in all its various constituents is useful and relevant towards HIV/AIDS avoidance and mitigation.

[34] The compelling of citizens to a strict moral and sexual conduct stands to be one of the most important element and component of traditional ceremonies and events. This will lead into the acculturation of important values and social norms that prohibit risky sexual practices and activities.

CHAPTER 10

Grassroots Dialogue, Public Reason and Capacity Enhancement: Recapturing the concept of 'Public Sphere' in HIV/AIDS Prevention

10.1 Introduction

> *People are most likely to develop health –enhancing attitudes and behaviours when they have the opportunities to collectively engage in dialogue about the obstacles to behaviour change. Meetings, community discussions and conversations will help us to solve our day to day challenges and even HIV/AIDS* (Interview, May, 2008).

In this chapter , I draw on Habermas (1992) concept of the 'public sphere' as central in making community citizens participate in debates as villagers or peers and in engaging in discussions that contributes to their health and general well-being. The evidence from fieldwork suggests the need for people to have opportunities to discuss HIV/AIDS with other villagers in face-to-face settings (Field notes, 2008). The creation of 'social spaces' in village communities stands a neglected HIV/AIDS mitigation strategy. Based on the findings from this study I will re-negotiate such a strategy in the mainstream discourse of HIV prevention and highlight the heuristic significance attached to such a model of intervention. The evidence from the fieldwork significantly suggests that community dialogue encourages discussion on HIV/AIDS. Dialogue help to generate discussion, raise awareness, motivate individuals to learn more about HIV/AIDS and move the community towards supportive and constructive action (Field notes, 2008).

10.2 Social Spaces, Dialogue and Capacity Enhancement: Views from Literature.

> Community Capacity enhancement involves using community conversations as a methodology for mobilizing communities for action around HIV/AIDS through building trust, accountability and participation. It is based on a vision and recognition that

> communities have the capacity to prevent, care, change and sustain hope in the midst of the HIV/AIDS epidemic (Tromkin, 2005: 8).

It is an approach that has as its foundation based on the creation of safe interactive spaces for facilitated conversations, reflections and applications based on relationships of trust and mutual respect. Recent publications on HIV prevention argues that the most effective strategies for HIV may be closely linked to how open and honest the threat of HIV and AIDS is addressed in local communities. It is against this background that an overwhelming majority of the participants in this study were of the view that there is a great need for their local communities to be capacitated so that they can openly engage on all issues relating to HIV/AIDS. Community capacity enhancement is driven by the ground- breaking Community Conversations approach to community problem –solving. The United Nations Development Programme (2005) reports that:

> Community Capacity Enhancement has proven to be a dramatic and powerful interactive space that has resulted in real reflection and application .This approach creates an environment where community works together in an interactive process to identify shared concerns, observing, reflecting, questioning, exploring and making decision for change together.

Such a methodology accords the community responsibility to deal with any challenge that might befall its citizens. In terms of HIV/AIDS prevention it assumes that:

> Local leaders and community members have the ability and experience to address the challenge in their own way, using their existing social capital and community structures if there is open community dialogue about the current and future impacts of HIV/AIDS on family members, friends and the community at large (Tromkin, 2005: 16).

It is an all gender inclusive approach that brings together men, women and different generations in the response towards HIV/AIDS. In the process of including every member of the village or community it uses participatory tools that stimulate reflection and dialogue on issues around the epidemic. Community participation in dealing with concerns around HIV/AIDS helps the

community to understand the nature of the AIDS epidemic and identify the factors that are contributing to its spread (United Nations Development Programme Report, 2005).

Community Capacity Enhancement takes 'community conversations' as their basic unit of HIV/AIDS intervention. The community conversations methodology was suggested in this study as one of the most important mechanism that will lessen rural HIV/AIDS vulnerability in many communities. It focuses on stimulating dialogue between male and females that brings vulnerability to the forefront of the community's prevention planning efforts (Tromkin, 2005). In the following section, I explore the concept of 'community conversations' and show how such a concept can be applied in rural HIV/AIDS prevention philosophy. Basing from the empirical findings of this study, the sections attempts to answer the following question:

> **Can Habermas's concept of the 'public sphere' and 'communicative action' be successfully applied to HIV/AIDS prevention?**

10.3 Community Conversations: Deconstructing Habermas 'Public Sphere'

> Community conversations involves a series of facilitated dialogues which contrasts with conventional approaches in which people are grouped together for awareness-raising lectures, often accompanied by the distribution of pamphlets or posters. Such approaches often leave communities with bleak, prescriptive messages that deny them the benefits of dialogue on how community could be affected. Communities are oftentimes overwhelmed and feel a sense of hopelessness following such events (Gueye *et al.,* 2005: 6).

Gueye *et al.,(*2005:6) gives an explicit postulation on community conversation methodologies when they say that the aim of these conversations is not just to have people discuss the problem of HIV/AIDS and whatever they know about it but :

> It is to provide a platform for people to think through all the repercussions of a situation .It is meant to help people analyse the way their individual values and behaviours, and

> those of their family and neighbours, affect people's lives and to discuss them with others. Community conversations create a space for mutual learning and result in new perspectives and creativity. They help reshape relationships in line with transformed values. They are an inclusive process for enhancing the capacity of all groups in the community, including people living with HIV. They make use of transformative tools and processes that generate hope through the exploration of concerns, possibilities and opportunities for addressing the complex challenges of HIV/AIDS. They also clarify on what needs to be done.

From the above views, there is no doubt that community conversations are informed by the notion of the 'public sphere' that Habermas talks about. Issues relating to interaction, exchange and participation are at play within these community conversations as literatures suggest. In the following section, I answer the question whether Habermas concept of the 'public sphere' can be applied to HIV/AIDS prevention. The evidence on community conversations gathered in this study will be the basis of the argument I will advance to answer such a question. Below, I will show that it quite correct and relevant to apply the Habermasian notion of the 'public sphere' in HIV/AIDS prevention.

10.4 Social Spaces, Conversations and AIDS: Suggestions from Fieldwork

> *Community gatherings or meetings are the right places to go and address the problem of HIV/AIDS .They are ideal or right places to raise awareness on HIV/AIDS. People come in their numbers and I suggest that people with HIV/AIDS knowledge should be invited to come and address or facilitate the discussions* (Interview, Jozini, October, 2008).

In this study, community conversations have been identified as quite relevant in the fight against HIV/AIDS in the sense that they generate a deep understanding of the complex nature of the epidemic within individuals and communities and they create the social cohesion that is necessary to create an environment for political, legal, and ethical change (Interview, 2008). In an interview conducted in the Ingwavuma area, a participant had this to say:

> *Community associations provides us with platforms or social spaces in which we discuss and debate about HIV/AIDS and other problems affecting us as a group or community .The ideas and knowledge we acquire from these associations helps us to prevent or avoid risky sexual behaviours that might lead us into being infected with the virus* (Interview, May 7, 2008).

These views highlighted by the participant above are highly suggestive of the fact that community dialogue is the most effective way in which HIV/AIDS can be addressed. The above quotation makes it very clear that interactive social spaces are a necessary condition for community HIV prevention. Such spaces have got to be opened up in most rural villages and this will enable villagers to trustfully engage on sexual health issues, HIV/AIDS and protective behaviours. The most fundamental aspect of community or group conversations can be seen in the way community citizens or members open up to each other to discuss freely all issues affecting them. Another respondent in Ndumo community reasoned that:

> *It is important that as a member of the community you become much more open to your fellow members even on issues that affect your private sexual life. Openness is key in these associations as individual problems and concerns are tackled by the community or group .Also being trustworthy is an important feature* (Interview, May, 7 2008).

In line with this process of 'community conversations', I found that Habermas theory of 'communicative action' can be the basis upon which such a process is governed. Habermas in his theory of communicative action provides a theoretical view of society that emphasizes widespread public participation, sharing information with the public, reaching consensus through public dialogue and consultation (Wilson, 1997). Therefore, in this study I see it worthwhile to investigate possible connections or areas of synonymity and also propose a Habermasian approach to the problem of HIV/AIDS. The reason to this being that a majority of the research participants highlighted the absence of public communication on HIV/AIDS in all of the communities that I interacted with. Revealing on the lack of communication and interaction on HIV/AIDS, the following participant highlighted the need for public communication on

HIV/AIDS mainly because he is of the view that silence has caused the epidemic to impact negatively on them. He argued that:

> *I would like to say the culture of being silent has really affected the way we respond to HIV/AIDS. There is no public communication on HIV/AIDS and that is why we do not accept that AIDS is there and it is killing us. We need people who will teach us how to talk* (Interview, May, 7 2008).

The evidence from my fieldwork suggests that there is need to invest our prevention efforts on what Habermas (1992) calls the 'public sphere'. The evidence emanating from this study highlights the need for community citizens to engage in rational discussion on all issues affecting their community including HIV/AIDS (Field notes, 2008). This is in line with what Habermas meant by the 'pubic sphere'. The findings from this research highly suggest that community discussions are an essential part of the 'life world' in which people interact and make sense of their own social and sexual lives. These discussions are suggested to be generators of high levels of social capital and action designed towards HIV/AIDS prevention and mitigation.

10.4.1 Communicative Action: A Habermasian Approach to HIV/AIDS Prevention

Habermas was greatly concerned about language. In his theory of communicative action, the word 'communicative' signals such a concern. In communicative action, two or more actors establish a relationship and what is important in such a relationship is that they:

> Seek to reach an understanding about the action situation and their plans of action in order to coordinate their actions by way of agreement .The central concept of interpretation refers in the first instance to negotiating definitions of the situations which admit of consensus (Habermas, 1991:220).

Applying the concept of communicative action, the evidence gathered in this study suggests that HIV/AIDS can be successfully addressed through language (Field notes, 2008). In assessing the relevance of language as a form of social interaction useful for HIV/AIDS prevention, one respondent reasoned that:

> *I think public forums or community conversations are the best to diffuse information and knowledge. They are more involving and people will gain as they are part of discussion and deliberation* (Interview, May, 9 2008).

It has to be clarified that for Habermas, language does not refer to mere speech but a type of interaction that is coordinated through speech acts (Habermas, 1991). Habermas states that:

> I am of the opinion that social pathologies can be understood as forms of manifestation of systematically distorted communication (Habermas, 1991:226).

In the statement quoted above, Habermas (1992) highlights the need to understand society from the point of language. He is of the view that social pathologies and problems can be best explained by referring to the structures of discourse (Taylor, 1991). For Habermas, language as communicative discourse is emancipatory. The findings of this study do suggest that discourse can also empower community people in the fight against HIV/AIDS (Field notes, 2008). The model of action that easily fit in this regard is what Habermas calls 'normatively regulated action'. According to him, actors in a social group pursue common values or norms of the group, 'fulfilling a generalized expectation of behaviour. This kind of action what social capital entails. Habermas analysis of everyday communicative action has got central derivatives that can be easily applied in the fight against community HIV/AIDS. Such an analysis presents social order as a network of cooperation involving commitment, interaction and responsibility. In his analysis, Habermas (1984: 101) posits that:

> In the case of communicative action the interpretive accomplishments on which cooperative processes of interpretation are based represent the mechanism for coordinating action.

In communicative action, actors in society seek to reach common understanding and coordinate actions by reasoned argument, consensus and cooperation rather than strategic action in pursuit of their own goals. Thus, public reason or argument and cooperation were identified by many

participants in this study as important social capital attributes that have got to be promoted in any community in order to deal with the problem of HIV/AIDS (Field notes, 2008).

Empirical findings from this study suggests that HIV/AIDS prevention and mitigation has to be a negotiated terrain by every member of the community through dialogue facilitated by community conversations methodologies discussed earlier in this chapter. Such a process of negotiation brings about a collective response to the HIV/AIDS epidemic and lessens the chances of individual vulnerability. Providing every member of the community access to public spaces including women and children do strengthen their non-family networks and help every member to increase their social capital .The increase in their level of social capital will make them stand a better chance to prevent HIV/AIDS infection.

The voices of the people have a central role to play in scaling up the community response to HIV and other related development issues. The findings of this study highlight the importance of involving local community people in decision-making processes on issues affecting their health or their general personal lives. The concerns of local people or groups are easily raised and eventually solved through a process of active communication. Such a process of active communication entails the involvement of women, men, boys and girls, local community groups, people living with HIV/AIDS and others in the decision- making process on all matters that affect their lives.

The evidence gathered from fieldwork identifies community voice as a central linchpin on which local community HIV/AIDS can be effectively prevented. The community need to identify the necessary route or pathway that addresses vulnerability and HIV/AIDS. The most important dimension of health-enhancing social capital is ‘perceived citizen power’. It has been argued that an important determinant of the success of health promotional interventions is the extent to which the community mobilize or create social capital. Campbell (2003) is also of the same view when she argued that:

> Communities that are rich in social capital are said to provide a supportive context within which people can collectively renegotiate social identities in ways that promote the

> increased likelihood of health enhancing behaviour. Second, residents of communities with high levels of social capital are most likely to have high levels of perceived control over their everyday lives. This is important for health , given that people who feel in control of their lives are, in general, more likely to take control of their health through either health-enhancing behaviours or the speedy and appropriate accessing of health services (Campbell,2003:86).

Community citizens should be given the power to take control of their bodies, health and any decision that relates to their sexual behaviour. Citizen power allows a deeper understanding of vulnerability and HIV/AIDS risk as this study findings are suggesting.

10.4.2 Rural Dialogue as Social Capital: How Does it Address Household Vulnerability on AIDS infection?

Rural dialogue is in this study conceptualised as an on-going, two way discussion between the government and South Africans from rural and often isolated areas. Evidence emanating from fieldwork suggests rural dialogue as a key citizen engagement component of social capital. The dialogue process will help the government to understand the rural priorities and provide rural citizens with an opportunity to influence government policies and services that affect them.

A majority of the participants in this study felt that there is need for engagement with the government in the area of health and preventative services particularly those related to HIV/AIDS education and testing. Participants clearly suggested the need for ongoing rural engagement and dialogue as an essential and significant element to maintaining and improving the social well being of rural citizens. The participants in this study perceived rural dialogue as useful in raising community concerns and issues that might range from health as mentioned earlier, education, community involvement, entrepreneurship, gender and social welfare. The responses given by the participants in this study clearly suggest that the main objective of these dialogues would be to bring together government representatives and rural citizens so that they all learn and understand both current and emerging issues which the community would be facing. Households or communities draw several benefits from government agencies and these as

identified in this study include information on HIV/AIDS and other material resources like food, money and treatment.

10.5 Critical Consciousness, Citizenship Education and Empowerment: The Relevance of the Freirian Notion of 'Critical Pedagogy' in HIV/AIDS Mitigation Process

> Critical consciousness represents the development of the awakening of critical awareness .It will not appear as a natural by- product of even major economic changes, but must grow out of a critical educational effort based on favourable conditions (Freire, 1993:102).

The evidence gathered from fieldwork in the eight rural villages suggest the development of critical consciousness as a vital precondition for positive behaviour change by mainly the poor and underprivileged villagers. Such findings also identify the existing 'culture of silence' in most communities or villages as a major predisposing factor to HIV/AIDS vulnerability. In most of these villages people are often unquestioning and silent on many issues that affect their physical, sexual or reproductive health. Thus, the findings of this study offer a paradigm shift in the way community residents perceive and comprehend situations around their lives and how they actively deal with conditions of social disadvantage, sexual exploitation or any other condition that might place their lives at risk. This section aligns the findings of the study to the concept of 'critical thinking' developed by Paulo Freire (1970). In the following section, I will examine the responses from the various people who took part in this study and also other cross-cutting literature on the link between critical consciousness, education, health and HIV/AIDS.

10.5.1 'Critical Consciousness': Its Applicability in HIV/AIDS Prevention and Mitigation

The Freirian notion of critical consciousness has been identified as essential in the discourse around HIV/AIDS mitigation by many scholars. Campbell and MacPhail (2002) assert that:

> The Freirian notion of critical consciousness involves two key issues. Firstly, it refers to the development of intellectual understanding of the way in which social conditions have

> fostered people's situations of disadvantage. Such an intellectual understanding help groups to work together to develop a sense of personal and collective confidence in their ability to safeguard their sexual health (Campbell and MacPhail, 2002:316).

Before we look at the evidence gathered in this study, it is important for us to get an understanding of what Freire meant on critical consciousness and how does such a process unfolds. Freire argues that:

> The development of critical consciousness involves people moving through a series of stages. The first of these is 'intransitive thought', characterized by naïve rather than critical consciousness. At this stage people lack insight into the way in which their social conditions undermine their well being, and do not see their own actions as capable of changing their conditions. The final stage is that of 'critical transitivity'. This stage is characterised by the dynamic interaction between critical thought and critical action triggered by the ability to think holistically and critically about one's condition (Freire, 1993 as quoted in Campbell and MacPhail, 2002:335).

For Freire (1993), a critically transitive thinker is one who is empowered to reflect on the conditions that define and shape his own life and work to address these conditions only on the basis of critical reflection and insight. Based on such analysis, I discuss some of the findings gathered in the study to clearly show that critical reflection is essential in the prevention of HIV/AIDS infection.

10.5.2 The 'Culture of Silence' and the Rapid Spread of HIV/AIDS

Research findings gathered in this study suggest that the higher levels of HIV/AIDS cases within the Umkhanyakhude District can be attributed to what a majority of the participants identified as a deepening 'culture of silence' especially on the part of women and young girls. An overwhelming majority of the women interviewed in this study highlighted that it is not part of their culture to question male dictates especially on issues around sex. To them, sexual negotiation is a myth as men perceive themselves as entitled to sex which is usually unprotected

in most cases. It can be argued that such a culture of silence has contributed greatly in making women in this area much more vulnerable to HIV/AIDS infection as they are just mere receivers of the virus with no room in the process of sexual negotiation. What women receive in such a process is nothing else except the deadly virus.

The existing culture of silence in most rural communities threatens to dominate the sexual lives of many poor and illiterate citizens who happen to be women and girls in most cases. It alienates women from their sexual rights and defeats the entire purpose of sexual emancipation and empowerment. The challenge in most of these rural communities is to devise ways on which the sexual silence can be broken. Basing on the work of Freire (1993) such a 'culture of silence' can only be broken down when people engage in critical questioning and thinking whereby also people begin to resist some of the processes and social circumstances that place their health at risk.

Within a Freirian paradigm, the findings of this study do suggest that the conditions that predispose women to HIV vulnerability can be easily dealt with when women develop an intellectual understanding of sexual dominance, its consequences and the chances that women do have in dealing which these cases of being mere recipients of the virus even in matrimonial homes. Through a process of critical consciousness women will get to know that critical questioning is entirely divorced from male defiance. Most of the women interviewed raised the concern that the general belief within their villages is that as women they should not 'question men'. In the event that one engages men on sexual matters it is often considered as defiance and rebellion. Thus, the process of critical consciousness will give insight to these women on what it is to critique and engage men especially on issues that place their lives at risk to HIV infection or other sexually transmitted diseases. Below, I discuss on the factors that makes one a critical citizen and how does such a citizen deals with issues that predispose him or her to HIV vulnerability.

10.5.3 Dissecting the Notion of Citizenship in HIV/AIDS Discourses: The 'Critical and Empowered Citizen' as a Counter Discourse to 'Village and Community Silence'

> For Freire, education involves a critical consciousness which leads to socially transformative action. Such a view is based on a conception of citizenship which holds that good citizens know how to participate in public affairs through rational decision-making. That is, democratic citizenship involves not only the acquisition of knowledge and information relevant to social life or political issues, but also active matters of social concern (Prate, 1988:23).

Citizens in a community need to possess certain civic virtues such as commitment to human dignity, mutual respect and an ethic obligation to community service. Pratte (1988) believe that an intellectual dimension is required as a complement to the moral development of citizens. For Freire, the empowered citizen is an end product of what he termed 'citizenship education'. The evidence gathered from this study suggests that this kind of education helps citizens develop knowledge about HIV/AIDS, skills and attitudes for participation in the society. Citizenship education in this study is reported to encourage citizens to transform and reconstruct society. One of the participants reasoned that:

> *To become effective citizens, we need to be taught to formulate our knowledge and perceptions of HIV/AIDS and our roles in the fight against the HIV/AIDS epidemic and to develop the ability to justify the rationale and validity of each prevention mechanism* (Interview, July, 2008).

In addition, most participants suggested that critical citizenship education also entails involvement, commitment, obligation and service. Such a form of involvement or civic participation includes notions of empowerment, social transformation and a shared meaning in the community. In the ensuing section I explore the notion of critical citizenship education as a form of community empowerment.

10.5.4 Critical Citizenship Education: A Discourse of Community Empowerment

Citizenship education entails that people have to expose themselves to different situations and exchange ideas with different people without considering such ideas or view as unfamiliar, distant or incompatible. Nikolakaki (2006:454) explicitly defines such a form of community education below:

> We have to think in a different way to appreciate the personality of the 'other' and the 'different' to broaden as society and as mentality. Because it is impossible to discern the thinking gaps alone by ourselves, the maintenance of social and inter-personal conditions, through which the exchange of aspects and views takes place, is of great value for the development of the citizenship education contents. To respect other people's ideas is an indispensable condition.

Research findings gathered in this study makes it is clear that open thinking has to be included in the content of citizenship education. It has to make community citizens think against convections, the obvious and prejudices. This constant decoding of the world through open thinking or what Freire referred to as 'critical thinking' can have valuable or significant virtues in the fight against HIV/AIDS. Critical citizenship education broadens the social spaces and offers communicational opportunities to community citizens to engage and discuss on all issues that relates to HIV/AIDS and their general sexual life (Field notes, 2008).

An empowered citizen is one that openly engages in issues that affect their health, sexual life or any condition that makes them highly susceptible to disease or any kind of infection. It has to challenge existing social systems or political structures that might compromise on their sexual health. It is only through collective engagement and negotiation that such a citizen can achieve sexual emancipation that makes it easy to escape any condition that might lead to sexual infection.

10.6 Human Capital Development and the HIV Epidemic in South Africa

There is growing evidence mounting in support for a strong positive association between education, productivity and development in many sectors. A series of microeconomic surveys undertaken in various studies assert that there is a connection between education and development especially in the African context (Appleton and Balihat, 1996, Pinckney, 1966, Weir and Knight, 2000). This section will focus mainly on empowerment education as form of human capital development. It reveals the overall findings on the beneficial effects of community empowerment on HIV/AIDS. The section also reviews the public health and social science literature that suggest the importance of empowerment on HIV/AIDS or health. The section will offer a much more broader or elaborate understanding on how empowerment as a process help deal with structural socio-economic , political or social challenges or problems that marginalized and poor communities or individual citizens experience. Central in this analysis would be the relevance of empowerment in the interaction or intersection between poverty, social inequalities and HIV/AIDS in rural South African societies. However, the section begins by looking at various meanings of the notion of empowerment as it is applied in various discussions or narratives of development.

10.7 Empowerment, HIV/AIDS and Development: Emerging Consensus from Literature

A wide range of literature defines empowerment as the final outcome of all processes or interventions designed to deal with cases or situations of powerlessness. Thus, empowerment in many cases has often been defined by its ability to reverse its opposite, powerlessness. So to be empowered one must have been disempowered (Seeman, 1959, Wallerstein, 1993, Gaventa, 1980). For empowerment to occur, all conditions leading to disempowerment have got to be removed. Literature has identified empowerment as the ability for community citizens to take control over their lives and their own destiny in whatever form for example socially, financially or sexually. When people begin to take responsibility in all matters of individual or community concern, then empowerment is seen as having taken place. Rodin (1996) argues that increased participation and control in one's life is an essential outcome of empowerment.

Definitions and conceptualizations of empowerment in mainstream development discourses usually include a sense of people making decisions on matters which are important in their lives and being able to carry them out. In such cases, reflection, analysis and action are involved. The process of empowerment may happen on an individual or a collective level. In development discourses, thus the concept of empowerment can be conceptualized as any attempt designed to alleviate, remove or minimize all structural factors leading to powerlessness. In the following sections, I look at the causal interactions that exist between empowerment and HIV/AIDS basing on the evidence gathered through fieldwork.

10.7.1 Empowerment, Powerlessness and HIV/AIDS: Negotiating and Examining the Matrix

The role of empowerment in health enhancement has often been clearly and sufficiently elucidated in various forms of literature. Findings captured in this study build on well established research studies and findings which cite the health enhancement capacity of empowerment. However, of significance would be the interaction between empowerment and not just general health but HIV/AIDS. The question that can be derived in this discussion would be whether empowerment in all its various facets leads to HIV/AIDS competence and efficacy. To begin with, the evidence gathered in this study tend to suggest that there is a positive correlation between both individual and community empowerment with increased community's capacity to deal or respond to HIV/AIDS. In rural South Africa, communities are struggling to deal high levels of poverty and social inequalities. These structural issues have led to HIV/AIDS vulnerability on the rural population leaving most of these citizens being powerless to fight or prevent HIV infection. Against this background, field research is revealing that community citizens are able to avoid HIV/AIDS infection and vulnerability only if they are empowered. Being empowered to deal with all the problems and challenges that the community is facing will mean enhancing the capacity that citizens have in all matters related to HIV/AIDS from infection to prevention.

It has been noted in this study that one of the most serious factors leading to both individual and community powerlessness is poverty. The community participants in this study revealed that any

empowerment model or mechanism that has got to be initiated in these societies would have to deal with the high cases of poverty and all its antecedent consequences on individual behaviour or on the community. The point is that there is no way empowerment can take place without addressing poverty and its effects. Addressing poverty has been suggested in this study as leading to community competence in all HIV/AIDS related issues or matters. This kind of competence will enable the community to effectively collaborate in identifying existing problems in the community and finding of solutions to these problems.

A majority of the participants in this study argued that they need to be empowered to enable them to deal with HIV/AIDS. This is highly suggestive of the fact that powerlessness in all its several forms including economic or social can besides predispose individuals to HIV infection but also make them fail to cope with the effects of the epidemic. Powerlessness is seen by a majority of these participants to have caused serious negative implications in the way these people respond to HIV/AIDS. As noted, powerlessness in its most severe forms is reported in this study to have caused individuals to alter societal conventional forms of behaviour and there by making them lose control over their lives.

In other words, the current study findings have established that the most powerless (in all forms) members of a society are much more vulnerable to HIV/AIDS infection than those who have a sound socio-economic, political or educational background. It has also been suggested in this study that there is a very strong correlation between the socio-economic conditions of a community or an individual with the chances of HIV infection. About 63 percent of the participants highlighted that people of a higher social status are able to fight or deal with the problem of HIV/AIDS. Education, wealth and property ownership have been suggested to have an enhancement capacity on individuals or communities in the sense that the chances of infection are lessened. The possession of any or all of these issues like education, wealth or property builds a HIV/AIDS protective wall on the society or on the individual. In short, the hypothesis that is drawn in this study at this level is that powerlessness in all its various forms produces a susceptibility to HIV/AIDS for all people who are poor and chronically marginalized in rural societies.

Study findings reveal that when people have enough resources in their individual lives, they can cope with the demands posed by the epidemic and also the more they can avoid HIV/AIDS infection. Getting a deeper understanding of powerlessness calls for the need to briefly look at the participants' sentiments on this and how this kind of powerlessness has led towards the inability to deal with HIV/AIDS at both the individual or community level. Below, I examine the sentiments of these participants on the nature of powerlessness and its positive correlation with the incapacity to deal with rural HIV/AIDS.

10.7.2 AIDS in the Community: Rural Sentiments on Powerlessness

> *There is nothing the government is doing for people in these rural areas .We have since passed the stage of mobile clinics, why can't the government build hospitals instead of mobile clinics? We are neglected here in the rural areas .The poor are only needed when donors want to start something, they will be dumped later-on. The critical citizens- the ones who question things are excluded because they see beyond and sometimes raises concerns over attitudes and tendencies designed to enrich only a few people .NGO's do not open up spaces for us and hence most of us here we are victims of HIV/AIDS*(Interview,KwaQatha,2008).

The above is one of the many views that community citizens hold in as far as their condition of being powerless is concerned. It quite clear from what the respondent is saying that social marginalisation and poverty are key issues that the rural populace is grappling with. The most touching aspect of this kind of a narrative report given by the respondent is the outcome of a complex web of social processes, attitudes and activities that ends up leading to powerlessness on the part of the individual within a community where the majority is also powerless. The nature of this powerlessness is due to a lack of health amenities like hospitals and other key services coupled with the high levels of poverty, isolation and marginalisation which has led to most of the rural community citizens to be victims of HIV/AIDS as suggested by the participant above.

It is quite clear that the problems mentioned by the participants weakens the confidence or efficacy that people in this kind of society have in protecting themselves against HIV/AIDS or

other kinds of sickness. The quotation above also serves to illustrate that these people no longer have control over their own lives or destiny which can be literally be defined in development terms as 'disempowerment'. Thus, this suggests that a lack of control over one's life predispose an individual to the risk of HIV/AIDS infection.

The findings gathered in this study clearly outline the evidence for powerlessness as a risk factor for HIV/AIDS. The control of one's sexual life has been singled out by the majority of the participants as pivotal in making them fight HIV/AIDS infection. This control of life is a notion that has been thoroughly investigated in Wallerstein (1992) work. Another condition highlighted from the views of the participants in this study is the form of powerlessness that is brought about by the isolation of the poor citizens from key decision making issues that concerns their individual lives and the entire community. One respondent argues that:

> *As the poor, we are so isolated in this community. The implication is that we will also join groups made up of poor people and this will not help in any way to make us respond to HIV/AIDS but will weaken us more and more* (Interview, July, 2008).

Isolation and non-inclusion of other community citizens on the basis of socio-economic determinants or variables has been suggested as one of the potential effects of social capital in some circles of literature (Baum, 1999). As seen from the sentiments of the above respondent, the kind of isolation that he alludes to will lead to powerlessness and vulnerability. Hence, some scholars have warned against this kind of social capital especially in community health activities as it will lead to vulnerability and powerlessness.[35] In other words, this body of literature argues that social capital especially social networks have the capacity to create an unhealthy exclusivity and homogeneity trend or pattern that might lead to vulnerability and powerlessness (Sidel and Sidel, 1976, Baum, 1999).

[35] The kind of social capital that results in powerlessness and isolation of other community members or segments basing on socio-economic considerations is what some scholars have referred to as 'anti-social capital'. This form of social capital by its on very nature refers to the potential negative effects that might result from issues and around the politics of identity and membership.

This study has clearly noted the effects of individual, group or community powerlessness on HIV/AIDS. As noted from the evidence gathered through fieldwork that this form of powerlessness is a risk factor for HIV/AIDS infection, the following section will look at several suggestions that the respondents or participants of this study proposed as a way of dealing with the problem of powerlessness leading to HIV/AIDS infection.

10.8 Empowerment and Capacity Building: A 'Social Capital Agenda' for Community AIDS level Intervention

The removal of all conditions leading to HIV/AIDS vulnerability and powerlessness has been suggested as the fundamental logic of the process of community empowerment. Another important dimension of this process is the promotion of the problem-solving capacities of individuals within the community (Eng and Parker, 1994, Israel, 1995). Literature suggests that capacity building involves all those activities that focus on addressing a continuum of both micro to macro-level dimensions of social capital (Hawe and Shiell, 2000). Wallerstein (1992) is of the view that empowerment is a social process that promotes participation of people, organisations and communities towards the goals of increased community control, efficacy and improved quality of life and social justice. Thus, in order to move away from the severe cases of powerlessness often characteristic of rural communities there is a great need for community empowerment and capacity building as the findings of this study will suggest.

Evidence from this study suggest several ways in which the process of empowerment and capacity building can be initiated, developed and sustained so as to make sure that communities are enhanced to deal with all matters relating to powerlessness, voicelessness and HIV/AIDS vulnerability. In the following sections, I discuss such forms of empowerment and their potential effects on HIV/AIDS.

10.9 AIDS and Education

Kelly (2000: 18) argues that education has a critical role to play in mitigating the effects of HIV/AIDS. It provides "knowledge that will inform self-protection, fostering the development of a personally held, constructive value system, inculcating skills that will facilitate self protection,

promoting behaviour that will lower infection risks, and enhancing capacity to help others to protect themselves". In agreement with Kelly (2000) is Blanc (2000) who is of the view that education promotes logical and different ways of thinking which allow better educated people to take action in protecting their health and their general lives. Better educated individuals have stronger incentives to protect their health.[36]

The World Bank (2002) contends that education in all its various forms protects individuals against HIV infection through information and knowledge that may affect behavioural change. A report complied by the Global Campaign for Education (2004) reveals that without education, young people are less likely to understand the information regarding HIV/AIDS education and this will also imply that they will lack the confidence to openly engage in any discussion on HIV/AIDS. The outcome would be some kind of silence that will lead to increased vulnerability.

In their research on the impact of group participation for women in rural Zimbabwe, Gregson *et al.,* (2001) reveals that schools provide an environment for communities to be able to protect themselves from HIV/AIDS. Killian (1999) and Blanc (2000) also support such a view from Gregson (2001) and colleagues. Having reviewed some of the relevant literature and research findings on the correlation between education and HIV/AIDS, I now look at impact of education as a form of empowerment as evidenced from the findings gathered in this study.

10.10 HIV/AIDS knowledge and Education: An Assessment of the Impact and the Heuristic Function of Education on AIDS Knowledge

Education increases both the level of awareness and knowledge about HIV/AIDS. The findings from this study suggest that there is a positive correlation between the level of education, both formal and informal, and the individual's knowledge of HIV/AIDS. Participants of high educational status mostly teachers and other professionals interviewed in this study reported to know more about HIV/AIDS. This is to say that, the higher the level of education of citizens the more likely that they will have greater awareness of and accurate knowledge on HIV/AIDS.

[36] There is growing consensus and agreement emerging from literature that tends to show a positive correlation between education and HIV/AIDS especially in developing societies. In such studies, the positive heuristic derivatives of education shapes the way people sexually behave thereby avoiding risk practices.

However, a majority of the participants that I interacted with during my fieldwork exercise highlighted that they lack basic information concerning HIV/AIDS. The main reason why they are vulnerable to HIV/AIDS infection in their rural settings is that they are not exposed to any sort of information, networking or public awareness on issues of HIV/AIDS. In most of these communities the participants lamented the lack of forums or social spaces that engages them on HIV/AIDS. The lack of public engagement on AIDS is reported to have contributed greatly to increases in the level of HIV/AIDS prevalence in the community and individual chances of AIDS infection.

These findings serve to confirm that there is a positive correlation between the level of education and accurate HIV/AIDS knowledge. This accurate HIV/AIDS knowledge is an important and effective component of the strategies to protect individuals against HIV/AIDS infection in rural communities. It has been suggested in this study that community citizens can only acquire factual and accurate AIDS information through education.

Education is also revealed in this study as affecting changes in sexual behaviour .Thus, increasing levels of education have been suggested as having a protective effect against infection through changes towards safer sexual practices and behaviour. Such behavioural practices include condom use, multiple sexual partnerships and age of sexual debut. Evidence gathered in this study confirms education as a protective force against risk sexual behaviour. Higher levels of knowledge on HIV/AIDS are positively correlated with higher levels of educational attainment. This shows that higher levels of educational attainment are increasingly correlated with safer sexual behaviour. It is also important to note as the study reveals that the less educated people in rural communities are becoming increasingly vulnerable to HIV infection.

Based on this kind of a correlation between education and HIV/AIDS, what this study suggests is that the challenge for rural South African communities is to increase the levels of education and educational opportunities for those citizens who do not have a chance to get access to accurate HIV/AIDS information, ideas and facts. Increasing access to AIDS education will mean that a community's level of understanding on all the various aspects of HIV/AIDS is enhanced and this

will generate effective and appropriate responses that will specifically prevent or mitigate the impacts of HIV/AIDS.

10.11 Conclusion

The chapter has highlighted the importance and relevance of community grassroots dialogue in raising awareness and education on HIV/AIDS in rural communities. Discussions and dialogues open up the social spaces that allows for all community citizens to take part and action in the process of preventing and mitigating HIV/AIDS. The fundamental function of education has been suggested in this chapter as that of empowering and capacitating community citizens to adopt a kind of behaviour that is protective against HIV/AIDS. The empowerment dimension of education is thus considered to be of significant relevance. Thus, the human capital component is essential in any discussion around community empowerment in the face of HIV/AIDS.

CHAPTER 11

Household Welfare, Poverty, HIV/AIDS and Social Capital in KwaZulu- Natal: Assessing the Village or Community Level effects of Social Capital

11.1 Introduction

Previous studies have seen a strong connection between poverty and HIV/AIDS in developing economies. The argument being that if we are to best address the epidemic there is a great need for poverty to be tackled first. There is growing evidence and consensus in literature that social capital in the form of local associations is useful in tackling poverty in rural societies and it is mainly centered on three mechanisms: the sharing of information among members, reduction of opportunistic behaviour, and the facilitation and coordination of collective action and decision making (Grootaert, 1997, Collier, 1998b). This study provides reliable and quantifiable evidence that village level social capital in terms of membership in groups significantly affects household welfare and wellbeing. Evidence gathered assumes that an increase in village level social capital increases household income-per capita for each person. Based on the evidence emanating from fieldwork, the central question that this section seeks to address is as follows:

> **Does social capital referring to the prevalence of norms or civic-ness and the vibrancy of horizontal networks or ties in associational life make a meaningful and effective difference, in household welfare and thereby effectively reducing the chances of risky HIV/AIDS infection? Most importantly, does social capital result in higher household incomes?**

In the following discussion, I will attempt to unravel some of the effects of village level social capital on structural poverty and HIV/AIDS as suggested by the findings of this study. It is imperative to highlight that household surveys we used to capture household's participation in village associations, their access to resources and services, welfare standards and experiences with poverty and HIV/AIDS.

11.2 Social Capital: An Assessment of Community or Village –Level Effects

> *The community which come together and fights HIV/AIDS together is at a better place to deal with sickness, disease and the caring of children of deceased parents. I think if community citizens and civic groups come together they can make a difference in fighting poverty and all its effects* (Interview, Ingwavuma, October, 2008).

The impact of village or community level social capital in HIV/AIDS is much stronger as evidenced from the findings of this study. This is so mainly because of the perceived sense of unity among the villagers. People's perceptions on the level of unity of the village make them openly and freely discuss issues relating to HIV/AIDS vulnerability and risk. Village cohesion and understanding is suggested in this study as useful and critical in helping citizens in difficult times. Whenever one is in need of any kind of support the village members would come out to help to assist in any way they see it fit. In the context of HIV/AIDS, the study findings reveal that social support and information sharing (AIDS related) have remained as important forms of village level social capital useful in dealing with all the problems and challenges posed by HIV/AIDS.

The development of village trust and confidence has been suggested in the study as the most important point in the process of resolving challenges facing the village such as poverty, crime and HIV/AIDS. The study findings suggest that collective understanding among villagers based on higher levels of trust can be the best way of dealing with all the major issues affecting the village.

11.2.1 Utility and Relevance: Village -Level Social Capital, Poverty and HIV/AIDS

The study presents clear evidence that village level social capital in the form of 'associational membership' is the most effective component of social capital useful in mitigating HIV/AIDS. The participants in the study were tasked to identify the most important groups in which they belong or they are part of. The table below presents the findings relating to the kind of associations considered more helpful and sustaining by the participants whom I interacted with

in this study. It is important to note that these participants identified groups useful to their lives according to their order of importance and relevance.

Table 11.1: Important village groups in the life of Participants

Group	Most useful group in your life(%)	If could join one group which one could you join(%)
Church	26	22
Burial Society	14	12
Women group	18	11
Political group	05	03
Empowerment group	21	38
Cultural group	16	14

Evidence gathered in this study tend to be highly suggestive of the fact that village people join groups or associations for various reasons depending on what they perceive as beneficial in being part of a village group. Below, I present some of the reasons outlined by participants as valid and relevant in making them join groups of their own choice. It is the expected outcome that people consider before being part of any group or association in the community or village. From the responses gathered from this study, they are a host of reasons why people join groups. People have different perceptions regarding which group to join or to be part of. But the most important variable often considered by many people as the study suggest is the benefit attached to being a member of a particular group or association. The benefits that accrue from being a member of a community or village association do vary from being social, political, financial or even cultural.

However, the study has shown that economic factors are the major drivers behind the need for being a member of a community or village group or association. This is clearly depicted in the table below.

Table 11.2: Why People Join Groups in the Village?

Reason	Percentage
Economic Support	30
To have a sense of belongingness	18
Sharing of information, skills and ideas	28
Exchange of material and non-material resources and objects	11
Cultural and religious purposes	07
Social and moral support	06

The table above indicates that economic support stands to be the major reason making the majority of the citizens to join at least a group in the community. It is also worthy mentioning that the sharing of information and ideas is seen as a major and fundamental reason behind the joining of a group by different citizens. This information is wide-ranging from the more mundane issues to public health, governance and politics, HIV/AIDS, sex and sexuality and current issues or affairs dominating village or public discourse. The joining of a group will mean that an individual member has the greatest chance of acquiring financial resources for medical attention or for the purchase of food that will meet his or her dietary requirements thereby embarking on a health living style that is protective against any form of HIV/AIDS infection. As the majority of the rural villagers cannot afford to meet proper dietary requirements, the joining of groups will assist them to achieve such. This is particularly essential to such villagers who are

living positively with HIV/AIDS who constantly need proper food or nutrition to boost their immune system. Access to resources for nutritional benefit remains an important feature of community groups.

11.3 Social Capital and Rural Households: Does the Prevalence of Norms of 'Civic- ness' and the Vibrancy of Horizontal Ties in Associational Life Make a Change in Household Welfare?

This section is mainly concerned about assessing the effects of village social capital in household well-being. It seeks to ascertain whether social capital can improve or negatively affect the well-being of the citizens who are actively involved in associations or groups. Thus, the section seeks to answer the below question:

> **What might be the importance of social capital in the form of local associations and networks for the welfare of rural households in South Africa?**

The study reveals that higher levels of social capital are more oftenly associated with higher household per capita expenditures and better access to alternative sources of livelihoods such as access to credit and loans. These sources of livelihoods have been reported to be significant and critical in fighting or dealing with household poverty which also is reported to be a predisposing factor to HIV/AIDS infection. However, this study highlights that the way social capital is distributed in rural South African villages is seen to be more uneven. Only high profile people with school education do have a rapid access to social capital. The study reveals that poor people with little or no school education are the ones who receive a slightly lower return on social capital. Nonetheless, the effect of such social capital is reported to be highly positive and useful to these rural poor citizens.

A majority of the participants in this study revealed that village associations help them to deal with or tackle problems they might be facing in their own individual households especially issues relating to food, money and other resources considered of great importance. Village associations or groupings are reported to be buffers of household economic, social and health challenges

(Field notes, 2008). Referring to the importance of village or community groups in dealing with household poverty, the following is a response given by one of the participants interviewed in this study:

> *We save money in our group. If you need money in times of difficulties you approach the group and you will get the money with no interest or any conditions attached to it. These exchanges help to lessen the burden caused by poverty and HIV/AIDS* (Interview, Bhambanana, July, 2008).

These participants reported that by being a member of a village society one will be able to access money through group networks. In situations where one might need money especially when there is death or sickness in the family or any other mishap, village associations in the form of burial societies, 'stokvels' or village banking societies are seen as rescuing the family. Hence, these associations act as important sources of village social capital. They enhance household welfare by providing the necessary resources that household members might require. In other words, these findings suggest that village social capital in the form of associational networks links several households to sources of income and livelihoods. Such an argument will be clearly addressed in one of my following sections.

In dealing with health challenges most participants who were active members in village or community associations indicated that they are able to deal with a host of health challenges within their own household mainly because they continuously get assistance from their primordial associations. This form of assistance ranges from medical support, counseling, health related advice and information including nutritional guidance and suggestions. Such kind of a claim is highly suggestive of the fact that vibrant horizontal networks or associations are social protection entities that enable the household to fight rural poverty and health related challenges including HIV/AIDS. The evidence captured from these findings illustrates the utility of associational life especially in cases of severe poverty where a household might find it insurmountable to access the necessities of rural life. The intermediating effects of village associations in such cases have been suggested to be phenomenal and highly significant.

Another highlighted benefit of being a member of an association as revealed in the study is what scholars like Molenaers (1993) identified as 'associational entrepreneurship'. This implies that members of the group are likely to have an opportunity of embarking on income generating activities in order to address the problems of poverty and all forms of marginality. In this study, I found 'associational entrepreneurship' and the benefits it presents as an important mechanism to deal with poverty and other conditions that predispose household members to HIV/AIDS infection. One such a mechanism of associational entrepreneurship is what most of the participants in this study referred to as 'rural entrepreneurship' where members of a rural neighborhood or village association engage in activities like cattle rearing and breeding or the selling of goods so that they can raise their respective households incomes levels and thereby enhancing their social well-being in turn. The absence of micro-enterprise initiatives in rural South African societies is suggested in the study as the reason why rural entrepreneurship ought to be appraised through associational connectivity. Rural entrepreneurship as a consequence of associational life is highlighted in this study as central in easing the household from a myriad of problems that later cause people to get infected with HIV/AIDS and other opportunistic infections. Literature in developing countries tends to highlight the centrality of group based mechanisms of solving individual issues and concerns. Bennet (1996:56) and colleagues argue that:

> Group based models seek to create homogenous groups in terms of the socio-economic level of participants. They also seek to find a group size that allows the peer mechanism to function. The effective programs develop methods of 'risk phasing' that allow programs to build capacities.

Molenaers (1993:119) further asserts that associations bring projects and resources within the reach of ordinary citizens in the community. For him, "members seem to be the first beneficiaries of these tangible and intangible resources" (Molenaers, 1993:119).Access to village level social capital has been suggested throughout this study as raising the general living status of the household. This occurs as a result of several interlocking processes but mainly through the repositioning of the household at a level where it becomes not only a recipient of both material and non-material benefit but a central player in all community or village processes. By accessing

social capital in all its various forms the study findings posit that the household is transformed and empowered.

Access to school education and health has been highlighted in the study as another useful benefit of being actively involved in village or local associational networks. Households who are active members in local connections or groups reported that their members have access to school education as they can now afford to send family members to schools. This is so because the group empowers the household through several mechanisms like the establishment of linkages and relationships with microfinance and credit schemes. These will allow households to borrow or access money that they might use to finance the education of their members. Besides, the household can even be allowed to borrow group funds and return the money at a latter agreed upon stage only for the sake of financing and catering towards the educational requirements of a household member. However, as the study findings reveal such a trend or practice is not only limited to women or empowerment groups, it is important to note that burial societies and church groups also operate in the same manner. In most cases as seen here, most households send their members to schools through the savings they would have accrued inside the group. In other words, the study shows us that social capital in the form of local level associations results in the creation and generation of human capital especially in the form of school education. The access to education will build a better understanding and awareness on HIV/AIDS and thereby lessening the chances of HIV/AIDS infection due to illiteracy and lack of awareness, all these are counteracted with school education.

Village membership in associations has also been suggested as broadening the access to health facilities, medications and other forms of medical interventions. About 61 percent of households that are active members of an active connection have shown that there is an increase in their access to medical support.

11.4 Household Income, Homogeneity and Active Participation: Evaluating the Conditions Critical for a Change in Household Income Levels

> *Villagers in the case of poor women if they join empowerment groups they can lessen the chances of being infected because they will be now independent and economically empowered. These groups empower them to avoid HIV/AIDS infection* (Interview, Nkondosini Village (Ingwavuma), October, 2008).

The study quite clearly shows that social capital positively correlates with household welfare. Household with much higher levels of social capital report that they are able to deal with a multiplicity of economic challenges or problems that might be affecting the household. As highlighted by the participants these might include hunger, problems related to the payment of school fees or any other household bills. About 67 percent of the households reported that in the past year they have at least managed to make some savings which they use from time to time to cater for the household needs.

About 53(%) percent of the households revealed that they have managed to acquire assets such as household furniture and equipment, tools and other valuable gadgets. They indicated that they were not in a position to own or purchase such things a few years back mainly because they were not actively involved in village associations or groups. This clearly shows that they are now "financially sound" than before. One important factor that the study identified as necessary for an increase in household income level and social welfare enhancement is not simply involvement in local association but active participation. Members from a household that actively participate in village groups and associations recorded significant changes in their level of income as compared to those that were not active members in any association. Thus, asset ownership has been suggested as an important benefit that accrues as a result of active participation and involvement in the affairs of a local association or network.

The ownership of these assets will mean that a household can easily convert these into liquid cash when faced with a crisis or problem. These findings are in line with other results gathered by Grootaert (1997) in his study in Indonesia where he found out that households with access to

social capital can easily acquire and own assets. Such a process is as a result of active involvement and commitment.

Based on these findings the acquisition of assets is seen as significantly and positively reducing the probability to be poor. The access to social capital is seen here as reducing the chances of one being poor and thereby lessening the incidences of HIV/AIDS vulnerability and infection. Study participants revealed that in some other group (women groups) they take turns to buy an asset depending on individual preferences and desire. Every member would contribute towards the purchase of any asset a fellow member would require. Within a year they would have purchased an asset for every member of the group. In most if not all of these cases, an individual member would not have been in a position to purchase the commodity or asset on her own.

A significant factor also mentioned as useful in the generation of micro-level social capital is homogeneity among group participants or members. About 61percent of the households members maintained that one factor they consider before joining any association is what I refer to as 'perceived equality'. These participants highlighted they feel much more open to interact and associate with other members of the same social and economic position. By merely associating with other people of one's level, the presumptive benefit would be that common responsibility and collective action is enhanced and instilled quite easily. This is so as a result of the higher levels of trust among the members who see their problems through the same eye. Homogenous interactions and exchanges in this study have been characterised by rapid and massive improvements in household income levels and the general living conditions of all the members of a household. This can be contrasted with associations where members do not share anything in common in terms of their socio-economic background and standing. However, the importance of homogeneity or uniformity is downplayed by Stolle (2003:26) when he says:

> Group experiences might be even more pronounced in their impact when the members of the group are diverse and from different backgrounds. This type of interaction which is called 'bridging', brings members into contact with people from a cross-section of society and, as a result the formative experience is likely to be much more pronounced than if the association is itself a narrowly constituted segment of society.

The focus towards ‘bridging’ social capital is gaining prominence in literature though this does not mean that homogenous interactions are no longer useful or relevant. The following section assesses the relationship that exists between social capital and village inequalities.

11.5 Social Capital and Economic Disadvantage: The Mediating Effects of Social Capital on existing inequalities within the Village Context

Can social capital act or mediate on existing village or community economic inequalities or exacerbate these?

The study reveals that there is a strong and sound association between income inequality and a lack of social trust. Evidence from fieldwork tends to suggest that income inequality is significantly related to social capital. The assumption being that economic hardships are as a result of low levels of social capital that will in turn force an individual to engage into healthy compromising behavioural practices leading to HIV/AIDS infection. Economic hardships as suggested in this study are not only an outcome of low stocks of social capital but also human capital particularly school education. In this study, households and communities of low educational levels are seen as economically disadvantaged and thus education becomes the most significant correlate of social capital. Several other studies conducted in different parts of the world have also indicated that there is such a strong and positive relationship between levels of education and the stocks of social capital at both the individual and community level (Putnam 1995, Knack and Keefer 1997, Onyx and Bullen 2000, Hughes et al., 2000). In all these studies economic prosperity is seen as an outcome of increased civic engagement, village cooperation and cohesion (Sampson et al., 1997, Lochner et al., 1999). The evidence gathered in the study clearly reveals that economic disadvantage prevents or hinders the creation and growth of social capital. In actual sense, it shows an absence of social capital.

The position of being economically disadvantaged has been suggested by 72(%) percent of the participants as leading them to develop a low sense of trust and civicness within the village or society. However, in villages of high social capital the evidence gathered suggest that social

capital mediates on existing inequalities through several mechanisms including horizontal and vertical exchanges within the community, promotion of norms of reciprocity and cooperation among the members. Social capital is seen as bridging economic differences endemic in such areas and thereby reducing the levels of inequalities existing among the village or community citizens. The utility of social capital lies in its ability to facilitate engagement, cooperation, deliberations and collective problem solving within the community. This is in line with the elements of the theoretical framework guiding this study where Habermas (1992) emphasises on the potential effect of what he calls the 'public sphere' in dealing with community issues and challenges. For Habermas (1992) the centrality of the 'public sphere' lies in the healthy deliberative discussions, cooperation and collective reasoning that characterize it. Interaction, deliberative discourse and consensus will yield high levels of social capital capable of dealing with any societal problem. It is this theoretical foundation that the findings of this study build on and in particular the predictive efficacy and relevance of social capital in mediating against economic inequalities within the village or community context.

11.6 Group Membership, Civic Attitudes and Value Congruence: Assessing the Correlation between Voluntary Membership and Sexual Behaviour

> *By joining a group one can change his or her behaviour completely because there is an agreed upon way of behaving, there are goals and even a constitution that requires an individual to abide to all its dictates. If you join a group you will be oriented to all the kinds of expectations and moral conduct. As someone who is joining you must understand the prevailing norms and adapt to the agreed upon behaviour or way of doing things* (Interview, Jozini, October, 2008).

A positive correlation is observed between membership of voluntary associations and the adherence to conventional, non-risky and agreed upon sexual behavioural tendencies. The study reveals that the causal mechanism responsible for this positive correlation lies in the power of the social control and influence that the group has on all its members. Most significantly, trust is seen as essential in such settings. Putnam (1995) is also of the same view when he argued that

the causation flows mainly from the joining of an association or group to trusting. However, it has to be acknowledged that this position of reasoning and analysis has been dismissed in some circles of literature where scholars are highly dismissive of the potential existence or significance of the correlation between group membership and civic attitudes (Berkman, 1997, Mondak and Mutz, 1997). These scholars see this kind of relationship as rather too weak and superfluous. The point being that "not all associations will have positive effects: some might just as well have negative consequences" (Hooghe, 2003: 123).

In light of these criticisms, in the next section I will assess whether voluntary associations are essential in the creation or generation of social capital and not just indicators of the existence of social capital. Central to this would be to assess whether voluntary associations can help reduce sexual behaviours and tendencies predisposing to HIV/AIDS infection at both household and community levels and if so, what kind of causal mechanism could be responsible for this kind of effect at these two levels of analysis.

11.7 Village Associations: Identity Construction and Civic Attitudes on HIV/AIDS.

Theoretically, the findings of this study on group membership and positive behavioural change are consistent with the kind of reasoning provided by Turner (1987) and colleagues in what is now well known as the 'self-categorization theory'. According to the views of Turner (1987) and colleagues:

> Individuals learn to see themselves as members of a socially defined category and therefore they also gain access to the corresponding role and value pattern (Hooghe, 2003:92).

It is this kind of a process that many scholars including Turner (1987) have suggested as 'value congruence'. The study has revealed that one way in which identities are constructed in village associations is through the diffusion of information and creation of a level of social homogeneity and normativeness inside the group. Members of each group have access to useful information

relating to both risk and protective behaviour and this will help them to prevent risk and avoidable infection. Hooghe (2003:93) concurs with such an argument when he asserts that:

> With regard to information, group members are dependent upon the information they retrieve from other group members to construct their own worldviews and value patterns. This information had already been selected and this can lead to certain congruence in the value patterns of the members.

The findings of this study tend to highly suggest that the acquisition of information will lead to a kind of uniformity or normativeness as all members adapt to the standard of correctness in sexual behaviour. In line with such a position, Turner (1982:35) argues that:

> Uniformities in intra-group behaviour result from the members' opinions becoming more extreme in the socially favoured direction rather than from the convergence of the average initial position.

In this study, voluntary associations especially church groups were singled out by the majority of the participants as shaping the way people behave not only in sexual matters but in all areas of their life. This is seen as having a more protective effect against HIV/AIDS infection both at the household and community level. Members of village associations mainly voluntary ones have been seen in the study as having an awareness of risk behaviour leading to HIV/AIDS infection as compared to those who have never been part of any village group. Thus, being a member of a group is related to gaining consciousness on HIV/AIDS, adoption of an AIDS protective identity or behaviour and this will eventually lead to the avoidance of the chances of HIV/AIDS transmission. One of the participants argued that:

> *These groups when it comes to HIV/AIDS infection and transmission, their role is to help people with knowledge and people trying to fight this HIV/AIDS pandemic in a more collective manner. Being part of a group builds a protective response, a protective kind of behaviour or attitude which fights against HIV/AIDS infection and transmission* (Interview, Manyiseni, October, 2008).

As suggested by the views of the above respondent, the group context builds a sense of unity or togetherness in the community or village which will later shape individual attitudes and behaviour. Emphasising on the role of groups in the construction of individual behaviour, one respondent added on to say that:

> *Group associations builds an identity that can make one prevent HIV/AIDS as all members strive to be role-models in the society. We want other people who are not members to learn from us by looking at our behaviour especially the young people. Belonging to a group helps to create awareness on HIV/AIDS. It helps fight HIV/AIDS risk behaviour as we want to be role models, we will not be seen engaging in unacceptable practices leading to HIV/AIDS* (Interview, Ndumo, October 2008).

The creation of a positive common identity that prevents risk sexual behaviour highlights the benefits attached to civic membership in the context of HIV/AIDS as this study suggest.

11.8 Conclusion

The findings gathered in this chapter suggest that membership in a village groups or association is closely correlated with better or improved household welfare. Being a member in such groups allows for reciprocal exchanges of resources in a form that might cushion poor households from the severity of rural poverty. Group schemes such as village banking or ‘stokvels’ have been suggested in this study as beneficial to several households who are actively engaged or involved in them. Hence, improved household welfare is seen as playing a significant role in placing such households at a far much better position to prevent HIV/AIDS risk behaviour caused by mainly poverty and other conditions of social marginality. Groups associations are seen as also building civic attitudes that are protective against HIV/AIDS or any other opportunistic infections. Thus, the kind of social capital created in such groups is quite useful as it both mitigates against poverty and HIV/AIDS.

CHAPTER 12

The Rural South African AIDS Issue, the 'Public Sphere' and Social Capital: Summary of Key Findings

12.1 Introduction

In this concluding chapter, I will re-capture some of the salient issues that the study has established notably on the connection between social capital and HIV/AIDS.I will also look at some of the findings of the study in order to clearly establish the nature of social capital useful for HIV/AIDS mitigation in South Africa. However, I will also look at the challenges related to the building of social capital for HIV/AIDS especially in the context of rurality. Of significance in this chapter also will be to recapture the link between the evidence emanating from the study and the theoretical position I have adopted. Habermas (1992) concept of the 'public sphere' as supplemented with views from Freire and Foucault is instrumental in giving us a clear picture on whether interactions, discussions and collective action can be the basis for an effective rural response to HIV/AIDS in South Africa. However, I will also reflect on the notion of 'social capital' given the definitional and conceptual challenges associated with the concept, a clear deductive interpretation from the evidence of the study will be required to establish a common understanding on the usage and the relevance of the concept. In the following section, I look at the concept of social capital, its linkages with human capital and the heuristic derivatives of such a link in the process of HIV/AIDS mitigation as evidenced from the findings of the study. Moreover, I will also reflect on the deductions from the key findings of the study.

The results or findings obtained in this study underscore the relevance and utility of community-level social capital in dealing with the complexities of HIV/AIDS in rural South African villages. Social capital in the form of associational life is suggested from the evidence gathered to be useful in creating public social spaces for HIV/AIDS discussions and effective engagement. Previous research findings and studies have noted the essence of public forums or spaces for HIV/AIDS knowledge (Campbell, 2007, Decocas, 2004). It is against these previous findings

that meso-levels of interactions and exchanges are singled out and centralized in this study as useful generators of HIV/AIDS knowledge and awareness. This study reveals a very strong and positive correlation between associational membership and the adoption of an HIV/AIDS protective identity or behaviour. The adoption of such a protective identity or behaviour is a consequence of a series of individual attitudes and actions modeled out of the prevailing norms and values of a primordial group. In other words, the study findings reveal that homophilous interactions at the group level facilitates the development of collective efficacy which is seen as a strong determinant of the adoption non-risk actions and behaviour that places individual citizens at a far much better position to avoid HIV/AIDS infection.

12.2 Social Capital Usage, Linkages and the issue of Exclusivity

Notwithstanding the definitional or conceptual challenges associated with the notion of social capital, this study has established the relevance and utility of social capital in mitigating HIV/AIDS in rural South African communities. As established from the study, social capital exist in several forms including horizontal vibrant social ties or connections, civic membership in community or village associations, community assemblages or forums of discussions and meetings. The degree or level of trust among villagers or citizens in a community group has been seen as critical towards the manifestation of norms of reciprocity and exchanges among active participants. Civic membership and engagement in any form of community group have proved to be very instrumental in allowing a member of a group to access the much needed social capital for either individual or household benefit or usage. The study findings have established that one of the most relevant and significant benefit that accrues from being a member of a community or village civic group or association is the access to HIV/AIDS specific information. It is this kind of AIDS related information that capacitates and equips an individual to avoid risky sexual behaviour and HIV/AIDS infection.

An essential component of social capital seen to be central in the creation and fostering of a citizenship identity that fight against HIV/AIDS or risky sexual behaviour is the prevalence of norms of ‘civicness’. Group membership has been suggested throughout the study as building a collective identity that fights against HIV/AIDS. Hence, the study reveals a strong positive correlation between collective efficacy and behavioural change. Citizens who were members of

civic organizations reported a change in their previous behaviour thereby adapting to the conventional behaviour set by the group or organization which protects them from HIV/AIDS infection.

However, social capital especially in terms of civic or voluntary membership to a particular group have been suggested as highly exclusive in the sense that only members of a group tend to benefit from the interactions and exchanges that unfolds within the group context. The 'homophilous exchanges' (Lin, 1991) that characterize these community associations are quite useful but can only benefit those from within the circles of the group. Thus, homogeneity is emphasised and this might mean a patterned way of behaviour which will in turn make individuals avoid HIV/AIDS infection by adhering to the prevailing norms and standards of the group. However, the 'exclusive nature' of social capital is seen in many scholarly circles as a potentially negative effect of social capital which is often an in-group phenomenon. Members outside a group or association tend not to benefit in any way.

12.3 The Link between Human Capital and Social Capital

The study findings have revealed the link between human capital and social capital as essential in the HIV/AIDS mitigation process. The indication is that in most cases it is quite difficult to separate human capital from social capital because the two are intricately connected. It is quite evident and clear from the evidence gathered in this study that human capital is responsible for the creation of social capital. Education as a form of human capital has been suggested as useful in building an environment that is HIV/AIDS protective. For instance, education is seen as increasing the level of awareness and knowledge about the disease.

A positive correlation between the level of education and the individual's knowledge of HIV/AIDS is clearly established. The study reveals that levels of educational attainment are increasingly correlated with safer sexual behaviour. These findings are in line with previous scholarly findings from the work of Killian (1999), Kelly (2000), Blanc (2000) and many others.

Community discussions and dialoguing which the study identifies as useful mechanisms and social spaces for the creation and generation of social capital are educative arrangements that build a collective understanding and awareness of the epidemic. Literally translated, these community conversations and dialogues generate human capital through a social process of involvement, negotiation and consensus. Raising the level of community awareness, education and consciousness on HIV/AIDS is suggested as building an HIV/AIDS protective environment. However, the study also establishes that in some other cases, it is social capital that creates human capital. Community teachings and discussions are suggested as educating and equipping individual citizens with knowledge and education on HIV/AIDS. It is a result of constant interaction, association and engagement at the community level that results in high levels of awareness and education. In such cases social capital is quite useful in generating the human capital capacity to fight HIV/AIDS.

12.4 The 'Public Sphere' as Domain for HIV/AIDS Mitigation: Re-capturing the Connection between Theory and Empirical Evidence

The findings of the study present the community or village as an arena where HIV/AIDS can be tackled. The use of the social structure of the community has been suggested as the most effective social response to the epidemic in rural South African communities. The interaction and exchanges of ideas, information and resources within the community is significant in raising the levels of social capital for HIV/AIDS mitigation. It is the nature of these exchanges that makes individual players or community members benefit from the process of interaction and association. This study has also revealed that associational membership as a form of social capital is useful in making an individual change his or her behaviour; acquire the necessary knowledge, skills and awareness in order to avoid HIV/AIDS infection.

Research findings gathered in this study are consistent with Habermas(1992) notion of the 'public sphere' where he argued that participation in the society or community or what he calls the 'public sphere' is essential to deal with issues of social pathology. For Habermas (1992), deliberations, collaboration and interaction are effective in addressing all issues affecting the community. Discourse and consensus are suggested by Habermas as ways of addressing

community problems and challenges. Habermas further asserts that it is only through language that all issues of the community or society can be addressed.

This study has revealed the importance of village-level dialogue and conversations in dealing with issues associated with HIV/AIDS. Community-level or what I refer to as 'village-level processes' of communication have been highlighted in this study as platforms through which the much relevant social capital for HIV/AIDS can be raised and used to mitigate the drastic effects of the epidemic. Community gatherings and meetings are suggested as raising a collective awareness and education on matters of sexuality and HIV/AIDS. The study laments the absence of sources of AIDS-specific information in rural communities and thus only community gatherings or assemblages can facilitate dialogue and discourse on HIV/AIDS. The lack of public communication on HIV/AIDS in rural South African villages calls for the need of active participation of all citizens in what Habermas (1992) suggest to us as the 'public sphere'. Thus, active participation in community or village initiatives, activities and processes such as meetings are highlighted in this study as a useful way of raising social capital that can be applied to mitigate the high levels of HIV/AIDS in rural societies of South Africa. The study findings reveal a strong correlation between passive involvement in community events, discussions or any other initiative and the chances of HIV/AIDS infection mainly due to a lack of knowledge. Participation and active involvement results in the rapid access to social capital which will benefit the participant.

12.5 Governmentality, Critical Consciousness and Collective Action: Foucault and Freire Re-visited.

The study made use of an integrated theoretical framework consisting of theories from Habermas(1992),Foucault(1991a) and Freire(1996).The evidence gathered in this study tend to concur with these views on the need for a form of individual government(Foucault,1991),critical awareness(Freire,1996) and collective action as highlighted earlier. For Foucault (1991a), governmentality implies the way community citizens conduct themselves and act responsibly in all issues concerning their lives. Governmentality also involves the way the society collectively respond to challenges that it faces. It involves the actions of grassroots organizations, civic

society and other key stakeholders. The findings of this study highlight the need for individual government where individual citizens take charge of their personal sexual lives and behaviour. Community action and collaboration between village groups, the government and other agencies is considered essential in raising the much needed social capital for HIV/AIDS mitigation. This kind of synergy is seen as a fundamental aspect towards the mitigation of the epidemic in the context of rural South Africa. Foucauldian governmentality as highlighted from the evidence gathered translates into resource mobilization and how the society collectively responds to the challenge posed by HIV/AIDS. It is also the kind of collective action that Freire (1996) suggest as relevant towards the addressing of problems in the society. It is only through dialogue and action that society can be transformed. The need for dialogue and action is seen in this study as critical in enhancing public communication on HIV/AIDS and thereby raising a kind of awareness on HIV/AIDS. The application of theories from Foucault (1991a) and Freire (1996) postulates the need for community engagement and collective initiatives if we are to address the epidemic as this study argues.

12.6 Social Capital and HIV/AIDS: Deductions from the Major Findings

The evidence gathered from the study underscores that village-level social capital has got positive mitigatory effects on HIV/AIDS. It also addresses a host of the factors that exposes individual citizens to vulnerability including poverty. The village-level impact of social capital as deduced from the findings of the study lies in the ability of the village or community to create public social spaces for meaningful interaction, association and reciprocity or exchange. Notably, the exchange of HIV/AIDS related information, ideas and suggestions is seen as phenomenal in rural villages where people's knowledge about HIV/AIDS is quite still very shallow or poor. The presence of vibrant horizontal networks of interaction, participation and exchange at the village level is seen throughout this study as useful in the creation and generation of social capital that can be applied towards the mitigation of village or community HIV/AIDS.

Based on the outcomes of the study, village-level social capital is highlighted as having protective effects on HIV/AIDS and other opportunistic infections. Through involvement in village activities or associations, villagers became educated about the risks associated with a certain form of behaviour and how to avoid such. Participants in this study revealed that they got

to know about the risk associated with multiple sexual relationships and unprotected sexual intimacy through being members of a local village organization. Sexual risk behaviour is avoided or reduced through the adaptation to peer norms of behaviour, the development of a positive sense of self on the part of the individual which is also referred to self-efficacy and the development of a sense of community or oneness with other members of the village group. Participation in such village organizations is suggested as empowering and offering the opportunity for personal development mainly through social action (Field notes, 2008).

Community or village-level social capital has also been highlighted in this study as having mediating effects on the higher levels of poverty endemic in most rural South African communities. The study findings suggest that access to community or village-level social capital is associated with improved household welfare by raising the income levels of households which are actively involved in community activities. Household poverty is mainly exacerbated by low levels of social capital owing to non-participation of these households in community or village issues. Access to village-level social capital is seen as useful in linking poor households to other microfinance sources such as loans and credit schemes. These alternative sources of livelihood might assist poor household to have an improved standard of life. All in all, social capital in the form of civic membership is highlighted in this study as essential in creating spaces for household income improvement, safer sexual negotiation and meaningful material and non-material exchange.

Public discourse, engagement and civil speech have also been suggested in the study as an important source of social capital appropriate for HIV/AIDS mitigation. It is through local or village discussions and meetings that HIV/AIDS knowledge, awareness and information can be cascaded to different households. Given the high levels of illiteracy and a lack of a reading culture in rural villages, raising social capital through public discourse and engagement is the only effective way of reaching out to poor villagers.

The use of local leadership or governance structures such as village councilors or local headmen is suggested in this research as effective in communicating about HIV/AIDS. The study reveals that rural dialogue have the potential of generating high levels of social capital that equips and

empowers the community to make such a community respond effectively to the challenge posed by HIV/AIDS. However, some concerns have been raised in this study about the efficacy of such local discussions and the depth of knowledge that they do possess in relation to HIV/AIDS. The argument is that there is a danger that people might mislead each other and end up being exposed to HIV/AIDS. Probably, this is one area of research that has to be taken for further enquiry by examining the richness and effectiveness of AIDS information disseminated in local assemblages. The other fundamental sources of social capital highlighted in the study are summarily discussed in sections below.

12.6.1 Neigbourliness and Social Cohesion

Neighbourhood attachment has been suggested as an important form of social capital that can help in the process of HIV/AIDS mitigation. The evidence gathered highlights the importance of being connected to networks that possess resources. The respondents' accounts of their relationships with neighbours revealed high levels of social trust. It is social trust that enables cooperation and reciprocity among neighbours. In this study, the most common value added by social trust and neigbourliness is social support and the exchange of both material and non-material resources including food, information and advice on health living and behavioural change. Neigbourliness has been suggested as a way households of low income can assess basic survival needs including money and food. Respondents (76%) argued that they have someone to share their problems with in the form of a trusted neighbour and this always comforts them. Hence, rich networks between neighbours are essential for social support in the context of HIV/AIDS as the study reveals.

The interactions, engagement and exchanges among local village neighbours are seen to be facilitating the transmission and diffusion of HIV/AIDS knowledge, public awareness and critical understanding of HIV/AIDS issues. From this study, the indication is that high levels of social trust among rural neighbours create an enabling environment or context for HIV/AIDS discussion or dialogue. Thus, neighbourhood attachment as a form of social capital is suggested to be opening up spaces for social support, asymmetric exchanges and public negotiation on several issues related to HIV/AIDS in a particular village or society.

12.6.2 Civic Attitude, Community Participation and Local Assemblages: Can they Generate Village- Level Social Capital for AIDS?

Evidence gathered in this study correlates community 'civicness' and vibrancy to low levels of HIV/AIDS prevalence. In particular, civic engagement in the form of local traditional assemblages such meetings, ceremonies or the popularly known 'Imbizo' gatherings in the Zulu culture. These forms of civic gatherings are considered as both health promotive and informative. As suggested in this study, local assemblages remain useful and relevant public sources of HIV/AIDS knowledge and information. Their interactive character facilitates rural communication, active dialogue, reason and critique on all HIV/AIDS specific issues. This is considered in this study as helping in breaking the existing culture of silence on HIV/AIDS in rural villages of South Africa. In short, the study has concluded that active citizenship is a form of social capital that lubricants and oils the wheels of the society to make it function as a cohesive structure. However, not only active citizenship is a form of social capital but also a generator of social capital useful for HIV/AIDS prevention and mitigation as indicated from the evidence gathered in this study.

The role of local forms of knowledge and traditional leadership is also found in the study to be that of building community cohesion, purpose and understanding that will result in the creation of the much needed social capital .Besides, traditional leaders are seen to be the custodians of moral values that the society seek to strive for if ever we are to win the war against HIV/AIDS. The leaders are the point of reference for the entire community and thus they have to be assigned the responsibility of teaching and counselling citizens on non-risk behaviours and also giving support in its various forms (social, emotional or material).

In addition, the study notes a very sound and rather positive correlation between household level poverty and a lack of social capital. Households mainly affected by HIV/AIDS are those which are poverty stricken. The interaction between household poverty and HIV/AIDS is seen here to be facilitated by very low levels of civic engagement or involvement in associational life. Thus, social capital is seen in the study as positively correlating with household welfare.

In a more accurate and striking manner, the evidence gathered in this study also reveals a very strong connection between social capital and education. The revelation being that education creates social capital useful in fighting and preventing HIV/AIDS infection and transmission. Study findings shows that low levels of education are associated with high incidences or prevalence of HIV/AIDS. Against such a background, the study sensitizes the need for community-based pedagogy for the sole purpose of public awareness and teaching in the context of HIV/AIDS. Educational interventions at village or community levels have been suggested to be contributing in increasing people's knowledge, understanding and ability to think critically about the reality of the epidemic. These community-based models or pedagogies are considered in the study as influencing peoples beliefs about their lives so that they develop positive attitudes towards safer sex negotiation.

The study has also highlighted the importance of community local synergies either as partners or complimentaries in the creation of social capital for HIV/AIDS. Synergies and partnerships between local voluntary groups (civic society), the government and non-governmental agencies are considered to be a necessary mechanism towards HIV/AIDS prevention in rural societies. These partnerships are seen as facilitating the development of a multi-sectorial response to HIV/AIDS. They come in to tackle all the areas that the government has failed to deal with in relation with the HIV/AIDS epidemic. The study suggests complimentary action as useful in the generation of social capital for HIV/AIDS prevention and eventual mitigation. Through synergy, the study has shown that it is possible to facilitate personal and intercommunity social relations that are useful in the fight against HIV/AIDS.

The study has proven that civic attitudes such as social trust, reciprocal action and community connectedness are essential sources and indicators of social capital that have got mitigatory impacts or effects on HIV/AIDS through their influence on behavioural change, social cohesion and the promotion of a good sense of community or village neigbourliness. All in all, the evidence gathered in this study suggest that social capital in the form of voluntary membership in civic groups, active engagement in village activities, neighbourhood asymmetric exchanges of HIV/AIDS knowledge and education has mediating effects on HIV/AIDS avoidance and prevention.

12.6.3 Community Conversations for HIV/AIDS: Do they yield or create social capital useful for HIV/AIDS Mitigation and Prevention?

Evidence gathered in this study clearly suggests the utility of community or grassroots conversations in HIV/AIDS prevention and mitigation. The study highlights that community conversations or dialogues do have significant effects on HIV/AIDS prevention. This is so mainly because community level discussions and dialogues have been seen to be responsible for HIV/AIDS knowledge creation and identity formation. The study findings show that community conversations methodologies create or generate high stocks of social capital in the form of knowledge and awareness on all issues related to HIV/AIDS. It is important to note that besides the obvious and the generally talked about sources of social capital, the study proposes that social capital can also be defined as the accumulation of HIV/AIDS knowledge and identity resources created by communities. All such findings on the utility of community conversations and dialogues tend to suggest that the 'public sphere' that Habermas (1992) talks about is an essential and relevant arena for HIV/AIDS mitigation and prevention in the context of rural South African societies.

In conclusion, the core-argument that this thesis has advanced is that community-level interactions, relationships and exchanges governed by a high sense of social trust result in the generation of social capital useful for HIV/AIDS prevention and mitigation. These findings generate new academic insights relating to community level perspectives on social capital especially in the context of HIV/AIDS.

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APPENDIX A

Household Questionnaire

1. IDENTIFICATION OF SELECTED HOUSEHOLDS

1.1 Province

1.2 District

1.3 Village

1.4 Type of area — Urban
Rural
Difficult access

1.5 Location — Unit _____

Number_____

2. ***STRUCTURAL SOCIAL CAPITAL***

2A .Organizational Density and Characteristics

2A. Organizational Density and Characteristics

2A.1 Are you or is someone in your household a member of any groups, organizations, or associations? (Probe: Who in the household belongs to which group? Are there any other groups or informal associations that you or someone in your household belongs to? Code below.

2A.2 Do you consider yourself/household member to be active in the group, such as by attending meetings or volunteering your time in other ways, or are you relatively inactive? Are you/household member a leader in the group?

Household member	Name of organization	Type of organization *(use codes below)*	Degree of participation *(use codes below)*

Type of organization

Cooperative	1	Trade Union	6
Village association	2	Church group	7
Civic group	3	Cultural association	8
NGO	4	Burial society	9
Stokvel	5	Empowerment group	10

Degree of participation

Very active	1
Somewhat active	2
Not Active	3

2A3. Do you encourage your family members to participate in something outside the home (e.g. women's group, church group)

2A4. What can be derived from being part of a village project or organization?

1 = Collective identity
2 = information on HIV and AIDS and other related issues
3 = sharing or problems
4 = social trust
8 = No idea

2A5. Do you think those individuals who do not participate in any village project are at a higher risk of HIV/AIDS infection compared to those who participate?

1 = Yes

2= No
6= Do not know
8 = No idea

2A6. Is group membership important in the avoidance of HIV? What could be the advantages of group membership on sexual behaviour?

_____

2A7. Can the group setting provide forums within which HIV/AIDS information can be shared

_____

2A8. Can the group setting facilitates the development of social capital and provide rapid access to it?

YES = 1

NO =2

2B. ***Networks and Mutual Support***

2B1. If there was a scenario that affected the entire village, for instance HIV and AIDS, who do you think would work together to deal with the situation

	YES	NO
Each person/household would deal with the problem.	[ ] 1	[ ] 2
Neighbors	[ ] 1	[ ] 2
Local government/municipality or political leaders	[ ] 1	[ ] 2
All community leaders	[ ] 1	[ ] 2
The entire village	[ ] 1	[ ] 2

2B2. If a member of your family became ill with HIV, would you want them to keep it as a secret and not even tell anyone else?

Yes	[ ] 1
No	[ ] 2

2B3. Do you regularly receive any form of support from people who are outside your immediate family?

Yes	[ ]	1
No	[ ]	2

What do you usually receive?

_____

On average, how regularly have you received this support?

_____

2B4. Is it logical for the village members to jointly petition the government officials and political leaders on the need to take necessary action on the problem of HIV and AIDS?

Very logical	[ ]	1
Not logical	[ ]	2
They should never be consulted	[ ]	3

2B5. In the past year, have you managed to do any of the following

a. Voted in village elections	[ ]	1	[ ]	2
b.Actively participated in a village programme	[ ]	1	[ ]	2
c.Actively participated in HIV/AIDS campaign	[ ]	1	[ ]	2
d.Talked with other people on HIV/AIDS in the village	[ ]	1	[ ]	2
e.Made a monetary of kind donation	[ ]	1	[ ]	2
F.Volunteered to assist for a charitable organization	[ ]	1	[ ]	2

How is your participation in you in such any event help in dealing with the problems of HIV and AIDS?

3A. ***Communication on HIV and AIDS***

3A1. In your household have you spoken freely about ……

a.Sex and sexuality [ ]
b.Abstinence or reducing numbers of partners [ ]
c.Body changes (menstruation/puberty) [ ]
d.Condom use [ ]
e.STD'S of HIV and AIDS [ ]

3A2 Do you feel comfortable discussing these issues?

Yes [ ]

No [ ]

3A3. in your household has communication around issues like relationships or sex helped in changing perceptions about sexual behavior and HIV/AIDS

Yes [ ]

No [ ]

3A4. How often do you participate in village public forums on health or HIV/AIDS?

Very often	1	[ ]
Regularly	2	[ ]
Irregular	3	[ ]
Not always	4	[ ]

3A5. Overall, how do you rate the spirit of participation in this village?
Very low
Very high
High
Average

5. **COGNITIVE SOCIAL CAPITAL**

5A. Social Solidarity

5A1. Suppose someone in the village/neighborhood had something unfortunate happen to them, such as a father's sudden death due to HIV illness. Who do you think they could turn to for help in this situation?

For each of the following statements mark the appropriate

5A2. Would you be willing to share a meal with a person you knew had HIV/AIDS?

1 = Yes
2 = No
3 = No response

Do you think community understanding and unity lessen the chances of HIV infection?

1 = Yes
2= No
6 = Do not know

Do you think the reciprocal exchanges of material and non-material objects among villagers can help in preventing the spread or transmission of HIV/AIDS?

1 = Yes
2= No

5. B Trust and Cooperation

5B1. Compared with other villages/neighborhoods, how much do people of this village trust each other in discussing issues of personal health, sexuality and HIV/AIDS?

Less than other villages/neighborhoods [ ] 1
The same as other villages/neighborhoods [ ] 2
More than other villages/neighborhoods [ ] 3

5B2. Do these relationships of based on social trust in better position to deal with the problem of HIV/AIDS and in what ways?

_____

5B3. Are these relationships more harmonious than any other relationships in other villages? What is the effect of harmononius relationships on risky sexual behavior that predisposes individuals to HIV infection?

_____

5B4. Do you think that by belonging to a community group you have acquired new skills or learned something valuable relating to HIV/AIDS?

Yes = 1

No = 2

5C. ***Social Exclusion***

5C1. Differences often exist between people living in the same village. To what extent do differences such as the following tend to divide people in your village?

	Not at all		Very much	
a. Differences in education	[ ]	1	[ ]	2
b.Differences in wealth or material possessions	[ ]	1	[ ]	2
c.Differences in social status	[ ]	1	[ ]	2
d.Differences between men and women	[ ]	1	[ ]	2

5C2. Do these differences account for an increase in the rate of HIV/AIDS infection and transmission in the village?

5C3. What can you say of the dangers of HIV infection in the households below,

	Yes		No	
a. Households of low income are in a danger of HIV infection	[ ]	1	[ ]	2
b.The rate of HIV/AIDS transmission is higher in household of low educational level.	[ ]	1	[ ]	2
c. A household of low social class is vulnerable to HIV infection.	[ ]	1	[ ]	2
d. A household that have insignificant material possession is prone to HIV infection.	[ ]	1	[ ]	2

5D. **EDUCATION**

5D1. Are individuals with greater school education better placed to avoid HIV infection

YES = 1

NO = 2

5D2. If “YES” what could be the reason behind?

_____

5D3. Which individual level mechanisms through which education facilitates and promotes HIV avoidance?

_____

APPENDIX B

Organizational Profile /In-depth Case Study Interview Guide

1. **COLLECTIVE ACTION AND SOLIDARITY**

1.1 People from the village often get together to address a particular issue that face the community, fix a problem, improve the quality of life, or something similar. Which of the following issues has your village tried to address in the last five years?
(Probe: education, HIV and AIDS, public health concerns)

1.2 Do you think everyone in this village has an equal understanding of the problem(s) or issue(s)?
(Probe same issue or problem as mentioned in 1.1)

Is this also true for the poorest members of the community?

1.3 Have there been any efforts by the community or neighborhood to improve the quality of life for people infected by HIV and AIDS?

1.4 Have there been any efforts or initiatives to overcome the problem of HIV and AIDS? Can you describe one instance in detail? (Refer to this case study for specifics of the following questions.)What kinds of responses did you get from the local government? What obstacles did you encounter? What were the outcomes of the effort?
(*Probe for sources of resistance, resources tapped, mechanisms employed to ensure sustainability of the effort*)

1.5 Has this village attempted to stop the increase rate of HIV infection but failed? Why do you think the attempt failed? What would you have done differently to make the effort more successful?

(Probe for constraints on collective action, identify the roles of government, locate the role of civic society or groups in HIV/AIDS prevention, discuss the relationship between community, civil society, local government and HIV/AIDS)

2. **COMMUNITY GOVERNANCE AND DECISION MAKING**

2.1 What is the role of community leaders in the fight against HIV and AIDS? How are community members involved?

(*Probe on the role of traditional leaders informal leaders)*

3. COMMUNNITY INSTITUTIONS OR ORGANISATIONS

3.1 What are the groups, organizations, or associations that function in the fight against the spread of HIV and AIDS in this village?

(Probe on formal and informal groups)

3.2 What can be said is the major role these groups play in the fight against HIV and AIDS infection and transmission?

(Probe on collective efficacy, citizenship identity creation and the resultant impact on individual behaviour)

3.3 What is the nature of exchanges that characterize these community groups?

(Probe on reciprocal exchanges and how these exchanges can be useful form of social capital that can be applied in the 'social capital- HIV and AIDS puzzle)

4. RELATIONSHIP BETWEEN ORGANIZATIONS IN THE COMMUNITY

4.1 Which organizations collectively work together in this village?

4.2 How did these groups get started (government initiated, through government donations, grassroots initiative etc.)?

APPENDIX C

COMMUNITY PROFILE/INTERVIEW SCHEDULE –KEY INFORMANT

HIV/AIDS: GROUPS AND NETWORKS.

Community Context: Availability and Accessibility of Resources and Services.

- What are the resources (including natural, cultural or health facilities, etc) available in the community? How is access to these resources distributed among households and groups?
- How are assets such as wealth, land, education and other immovable property distributed in the community? What percentage of the population has access to such assets?
- What could be the implication of the failure to own any of the assets mentioned above on HIV and AIDS transmission .In other words; does it mean that a deprivation in terms of asset ownership is a predisposing factor to HIV infection?
- What key services (social, municipal, government, etc) are provided in the community? How does access or non-access to these services impact on the transmission and infection of HIV and AIDS?
- Do poor or marginalized groups experience greater obstacles in accessing community resources?

Access to groups and networks

- What formal and informal groups, associations, and networks exist in the community?
- What benefits can be derived in these networks which can help in preventing HIV and AIDS infection or any other AIDS related illness?
- What networks or groups do people typically rely on to resolve issues of daily life?
- What is exchanged (e.g. .goods, services, moral support or information) in community groups or networks?

- What are the most important aims of the exchange (e.g. to meet basic needs ,meet basic social obligations)
- What groups, individuals or networks do people feel morally or socially obligated to assist?
- How do individuals or households enter into networks and maintain network ties?
- What characteristics are most valued among network members (e.g. trustworthiness, reciprocity, cooperation, honesty, community respect, etc)?
- Who are the most socially or economically isolated people in the community? How does this isolation correlate with the kind or extent of network to which these people belong?

TRUST AND SOLIDARITY

Relationships between local norms, patterns of governance and social trust.

- What are the cultural and social norms of interaction within the community? How do these norms impact on the transmission of HIV and AIDS?
- To which institutions (formal or informal) do people turn when they have individual or family problems like HIV and AIDS?
- On whom do people rely for different kinds of assistance when faced with the problem of HIV and AIDS?
- How is trust distributed in the community (e.g. primarily within extended families or clans or through specific networks or localities?

COLLECTIVE ACTION AND COOPERATION

- To what extent do community members collaborate with one another to solve the HIV/AIDS problem?
- What are the cultural, social or community traditions affecting patterns of mutual assistance, cooperation and collective action in the response to HIV and AIDS?

- How do local governance patterns affect the collective response to the HIV/AIDS epidemic in your community?

- Are some groups more likely to exclude themselves or be excluded from collective action, and if so why?

- Are they any social sanctions for violating expected norms of collective action?

- What actions has the community taken to solve collectively HIV /AIDS related problems in the community?

INFORMATION AND COMMUNICATION

- What are the preferred local sources and channels of information .What are their actual and perceived reliability, veracity, availability and the extent to which these sources are used in HIV /AIDS prevention?
- What informal sources of information exist in the community? Which members of the community are included or excluded from such sources?
- What is the impact of such inclusion or exclusion on HIV and AIDS transmission, infection and prevention?
- Is HIV and AIDS information available through different households and /or groups (i.e. is there any differential distribution within the community)?
- What information is not available to different households and /or groups (i.e. what are the limits of differential distribution within the community)?

SOCIAL COHESION AND INCLUSION

- What factors support cohesion in the community?
- What are the risks of social discrimination among those people who are HIV positive? What socio-economic, political, or religious factors are at work in this form of discrimination?
- What prevents HIV and AIDS related services and programmes from reaching the poorest and most vulnerable groups? Are the reasons related to ethnicity, gender, a political agenda, or geographic isolation?

- What are the patterns of inclusion or exclusion in political participation?

POLITICAL ACTION AND EMPOWERMENT

Governance

- How do formal laws constrain or facilitate the ability of citizens to exert influence over public institutions in demand for action over the problem of HIV/AIDS?
- What kinds of formal and informal mechanisms are available to individuals and groups to exert influence over public institutions that should take responsibility over HIV/AIDS (e.g. State, local health clinics, NGO's)?
- Which groups of the community have the greatest influence over public institutions?
- What is the source of influence of these groups (e.g. group size, connections to power elite, economic importance)?
- What is the role of civic society in the fight against HIV/AIDS in this community?
- In this community are you allowed to freely associate, organize, vote or hold officials accountable?
- What could be effects of voting and political participation on HIV/AIDS reduction?