

## **The role of Social Capital in Strengthening the Resilience of Children affected by AIDS – A Case Study from Western Kenya**

Morten Skovdal

London School of Economics and Political Sciences [m.skovdal@lse.ac.uk](mailto:m.skovdal@lse.ac.uk)

As the number of orphans increase, various social protection schemes have been developed and implemented as a response. Household and stipend-based cash transfers are being tested and scaled up in many parts of sub-Saharan Africa, undermining community-based responses and with little consideration of Social Capital and its role in strengthening the resilience of orphans and vulnerable children. This may partly be because Social Capital is too often conceptualised statically in terms of networks and norms (e.g. Putnam) or in terms of particular types of power (e.g. Bourdieu). Whilst such conceptualisations are important and contribute to our understanding of the role of Social Capital, I argue there is need to develop a more process oriented view of Social Capital. Reflecting on research carried out in Western Kenya, I identify Social Capital as the opportunities that people have to participate in local community life and the ability for individuals and communities to navigate and negotiate social support. To illustrate this I present three types of participation that allowed children to cope with adverse circumstances: 1) Resource-generating participation, 2) Support-building participation and 3) Identity strengthening participation. The paper concludes that community-based capital cash transfer may be a viable strategy in strengthening the resilience of orphans and vulnerable children.

**Key words:** Africa, Kenya, HIV/AIDS, Orphans, Social Capital, Cash Transfers

### **Introduction**

AIDS has had a devastating impact on millions of children across the world. An estimated 15 million children under 18 have lost one or both parents to AIDS and many more have experienced deepening poverty, discrimination and difficulties in school as a result of the epidemic (UNICEF 2008). It is estimated that eight out of ten of these children live in sub-Saharan Africa (UNICEF 2004) with 1.3 million of them living in Kenya (UNAIDS/WHO 2008). Despite these numbing statistics, extended family networks and other traditional support systems have proved resilient (Ankrah 1993) and continue to absorb around 90% of orphans in the region (UNICEF, UNAIDS et al. 2004). Nevertheless, a growing number of reports suggest that traditional support mechanisms are being increasingly stretched (Foster 2000; Guest 2001), an observation also made in western Kenya (Nyambedha, Wandibba et al. 2001; Nyambedha, Wandibba et al. 2003).

Although there has been some emphasis on community-based responses to further strengthen and support community members in their efforts to provide care and support to the increasing number of orphans (cf. Foster, Makufa et al. 1996; Kidman, Petrow et al. 2007; Roby and Shaw 2008; Skovdal,

Mwasijaji et al. 2008), bilateral and multilateral institutions increasingly sideline community-based responses by implementing household and stipend-based cash transfer schemes (HSCT) – also frequently referred to as cash transfers. Household and stipend-based cash transfer schemes have been successful in South America in improving school attendance and child health by providing poor households with a monthly cash allowance conditional to the children's school attendance and them obtaining all the recommended vaccinations against childhood diseases (cf. Gertler 2004; Rivera, Sotres-Alvarez et al. 2004; Handa and Davis 2006). Much can be learnt from the different HSCT programmes implemented in South America (Rawlings and Rubio 2005). However the transferability and poverty reducing impact of HSCT to the African continent remains contested due to the socioeconomic differences between Africa and South America (Farrington and Slater 2006; Kakwani, Soares et al. 2006; Schubert and Slater 2006). Nevertheless, the World Bank has been at the forefront of funding HSCT programmes and is currently looking to scale up such social protection initiatives in many African countries. In 2004 the Government of Kenya and UNICEF piloted a HSCT programme, targeting the households of 500 OVCs in three districts. In 2006/07 the programme involved four districts and targeted 2500 households. With further funds made available from the World Bank, the Government of Kenya is currently in the process of scaling up to include 37 districts and increase the number of households benefiting to 100,000 by 2012. Using a standard criteria to identify needy OVCs, the programme disburses Ksh1,500 (approximately €15) per household per month with the aim of enhancing the households' capacities to meet their basic needs and further the well-being and educational attainment of OVC (Mwasijaji, Webale et al. 2008).

Although this type of social protection is important for families unable to survive on their own resources and receive inadequate support from their social network, I concur with Sabates-Wheeler and Pelham (2006) and argue that support to vulnerable families should be broader and more holistic than a cash transfer. I believe that the focus on individual households undermines community-based responses and ignores the role social capital can play in helping children affected by AIDS in coping with adversity.

### **Linking social capital to resilience**

It is well established that social support enables resiliency (Peters, Leadbeater et al. 2005; Pinkerton and Dolan 2007), and although efforts have been made to link the concept of social capital with resilience (cf. Runyan, Hunter et al. 1998; Munasinghe 2007) there continues to be an emphasis on individual resilience, as opposed to the role of the collective in enabling resilience. To fill this gap, this paper asserts that an appreciation of the negotiation and participation involved in generating and accessing social capital is necessary.

Social capital has been interpreted and defined differently over time (Morrow 1999; Grix 2001). Putnam (1993; 2000), one of three principle theorists behind social capital, defines the concept in terms of the collective value of social networks, consisting of trust, reciprocity, identity and social networks. Not dissimilarly, Coleman (1988) defines social capital according to its functionality and how notions of trust, reciprocity, social networks and norms can facilitate individual and collective

action. Taking a more contextual approach and acknowledging the role of power relations within a social milieu, Bourdieu (1986; 1993) distinguishes between cultural, economic and social capital and defines social capital as the contact and group membership that arises from shared identities, representations and norms which determine access to valued resources. Relevant to the debate on cash transfers, Bourdieu (1986) gives economic capital great importance and is concerned with how economic capital (or the lack thereof) influences and undermines social capital.

Whilst the link between social capital and improved health is well established (Campbell, Wood et al. 1999; Campbell 2001; Yip, Subramanian et al. 2007; Abbott and Freeth 2008), in-depth studies into the nature of social capital have highlighted the complexity of the concept, arguing that it is not social capital *per se* which has got health-enabling qualities, but the type of social capital available (Gregson, Terceira et al. 2004; Pronyk, Harpman et al. 2008). Gregson et al. (2004) for example found that group members who were happy with their group (e.g. due to satisfactory performance in a youth group) were more likely to avoid HIV infection than members of for example less active savings clubs and burial societies. Such conceptualisations of social capital help us understand how the quality of collective life in a community can contribute (or not) to the resilience of children affected by AIDS.

However, research on social capital continues to adopt a static exposition of social capital, viewing it as resource that can be drawn on or accessed as needed, ignoring the process and active negotiation and navigation which people (including children) will have to engage in to maintain and develop the kind of social networks and support that constitute social capital. Echoing Campbell et al. (2005) I believe there are important additional benefits to viewing social capital as a process of civic engagement and participation.

Viewing social capital as a participatory process opens up for many new opportunities, one being that social capital can be intentionally generated with the aim of facilitating successful coping and resilience. Recent experiences from group-based microfinance projects in South Africa (Pronyk, Harpman et al. 2008) and Kenya (Skovdal, Mwasiaji et al. 2008) suggest that social capital can be generated and exogenously strengthened. The programme in Kenya, implemented by the Department of Gender and Social Services, sought to strengthen existing orphan care and support strategies through a mobilisation of communities and a sensitisation of the circumstances of children affected by AIDS. Training and participatory needs assessments of children affected by AIDS were followed by the distribution of a cash grant to implement activities (such as farming, distribution of goats or income generating activities) that the communities saw necessary in their efforts to provide adequate care and support for children affected by AIDS – a process also referred to as a community-based capital cash transfer (CCCT). An evaluation of the programme found that the CCCT process, amidst disease and poverty, brought the community together and re-invented the 'space' in which community members could participate and competently engage in the care and support of children affected by AIDS (Skovdal, Mwasiaji et al. 2008; Skovdal, Mwasiaji et al. Forthcoming). These projects indicate that service organisations can generate and strengthen social

capital, an observation also made by Nyambedha and Aagaard-Hansen (2007) who in Western Kenya have observed an adaptation of traditional orphan care and support strategies as a consequence of the emergence of the AIDS pandemic and the development assistance that has targeted community-based organisations.

One of the inspirations for writing this paper is my interest in cash transfers and the social protection of children affected by AIDS. Whilst I believe there are benefits to HSCT, I also think such initiatives can equally do a lot of harm by undermining indigenous coping strategies. Findings in Rwanda for example suggest that humanitarian assistance to vulnerable youth has reduced the level of social support otherwise available to them from their communities (Thurman, Snider et al. 2008).

Whilst this is not a paper presenting data on cash transfer *per se*, one motivation in writing it relates to my view that unless cash transfer initiatives have a community focus, they can damage existing support strategies. It is against this view that I present a case study to illustrate some of the ways in which existing support strategies materialise, arguing that CCCT initiatives might be creatively used to boost such strategies. This paper therefore has three goals:

- i) Further our understandings of the links between social capital, resilience and coping
- ii) Throw light on the nature of some of these links through a case study.
- iii) Discuss the implications of the findings presented in relation to cash transfer initiatives and social protection strategies.

## **Methodology**

To gain a more in-depth understanding of the links between social capital, resilience and coping, this study brings together the experiences and coping strategies as told by 48 children affected by AIDS in Bondo district, Kenya.

### *Study design and procedures*

This study was conducted as part of a longitudinal study on the psychosocial well-being of young carers in partnership between the Institute of Social Psychology at the London School of Economics and WVP Kenya, an NGO operating in Nyanza Province, Kenya. The data for this study was collated between November 2006 and September 2007 in two rural communities in Bondo district. Bondo district borders Lake Victoria and is characterised by its many fish-landing beaches and high HIV prevalence rates (Nyambedha and Aagaard-Hansen 2007). Bondo is one of the poorest districts in Kenya, with 47.2% of its people living in absolute poverty (GOK 2002) and still has one of the highest HIV prevalence rates (13.7%) in the country, which despite a recent decrease remains to be twice the Kenyan national average of 6.4% (NACC 2005).

A total of 48 children and 10 adults from their communities were purposively sampled for this study. Multiple methods were used to provide the participating children with a diverse spectrum of mediums through which they could comfortably articulate their experiences and perceptions of caregiving.

Photography, draw-and-write exercises, essays, individual interviews and group conversations were employed to facilitate the children's participation in the research project, allowing the data to be generated 'by' the children as opposed to 'of' or 'from' them (Gabhainn and Sixsmith 2006). The multiple methods used in this study reflect the participatory action research design adopted. All participating children were mobilised and supported in setting up youth clubs (one in each of the two communities, each with 24 children enrolled) through which the children could play and be with other children who have similar circumstances. It was also through these youth clubs that workshops were organised and data collected. The workshops and the data collection were facilitated by two local youths who work for the facilitating NGO. Their long term engagement with children through the clubs helped them develop rapport and a valuable insight into their lives, enriching the data. All data were collated in the local Dhluo language. The research assistants also facilitated the development of action plans based on reflections by the children on their community and circumstances through photography. The action plans were materialised through the provision of a community initiative fund (equivalent to €50 per child) in which the children collectively implement activities that seek to help them cope. As the intervention is ongoing, it is not in the scope of this paper to evaluate this community-based capital cash transfer initiative. Our action research design is a response to the ethical dilemma, recently noted by Nyambedha (2008) in a similar setting of Western Kenya, of research participants not benefiting from the research experience and having unmet expectations of their participation. The study was granted ethical clearance by the Research Ethics Committees of the London School of Economics and the Department of Social Services in Kenya. Pseudonyms are used to protect the identity of participants.

#### *Data sources and participants*

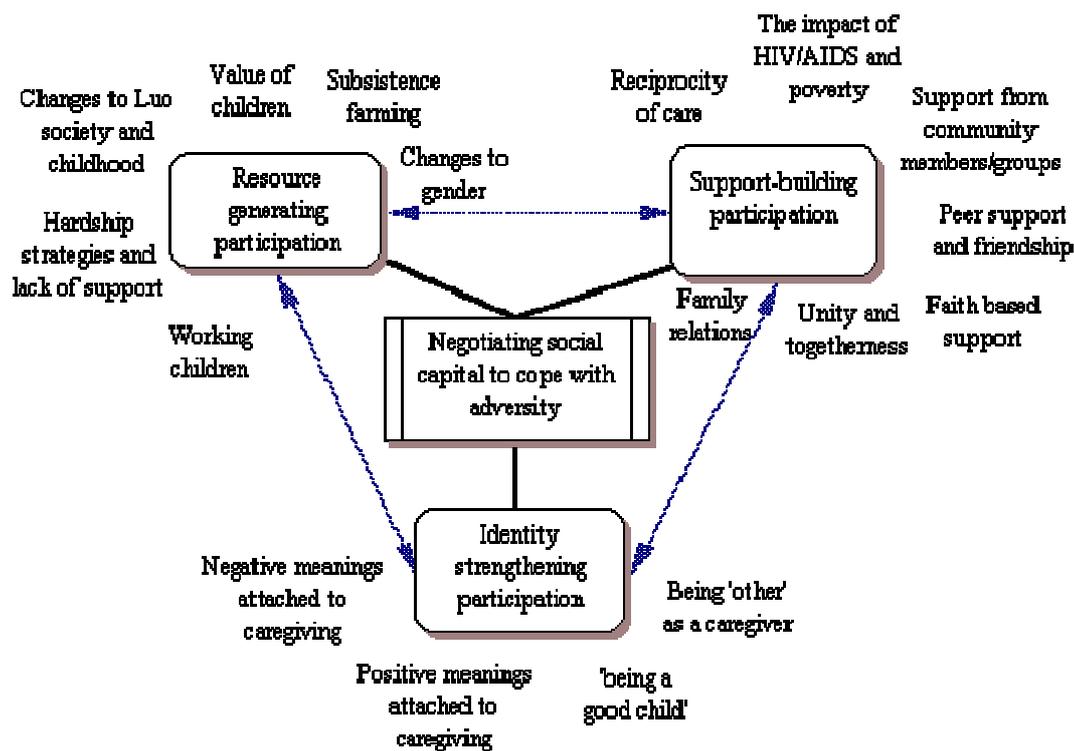
The 48 children involved in this study were sampled through local community gatekeepers who were instructed to identify an equal number of boys and girls between 11-17 who provided significant and more than culturally expected levels of care and support to adults. An informal assessment (interview) of the child by WVP Kenya social workers confirmed the children as caregivers.

Photography has been identified as a particularly useful method in doing research with children whose views and perceptions have previously been marginalised (Wang 2006; Wilson, Dasho et al. 2007). Following a series of workshops on how to take photos and the ethical implications of taking a photograph, disposable cameras were distributed to all 48 children and encouraged them to address four questions when taking photos: 'What is your life like?', 2) 'What is good about your life?', 3) 'What makes you strong?' and 4) 'What needs to change?'. From their photos, the children were asked to pick their six favourite photos and write reflections to each photo prompted by three questions: 1) 'I want to share this photo because...', 2) 'What's the real story this photo tells?', and 3) 'How does this story relate to your life and/or the lives of people in your neighbourhood?'. The children were also provided with colour pens and paper to draw-and-write reflections they were unable to capture on camera, either for practical or ethical reasons. A total of 184 photos and 56 drawings were generated from this exercise. In different workshops, the children were encouraged to write essays on their caring experiences (n=27) and complete historical time lines (=48) and daily

diagrams (=48). An additional 24 individual interviews and two group conversations were conducted to expand on some of the issues and themes brought up in their written reflections. To gain a better insight of the social setting in relation to being a child and caregiving, 10 individual interviews with adults (caregivers, community representatives, social development officers) were conducted. All interviews were recorded upon their consent.

#### *Data preparation and analyses*

All the data were transcribed, translated and typed before imported to AtlasTi for coding and thematic analysis (cf. Attride-Stirling 2001; Braun and Clarke 2006). Thematic analysis systematises the data into a hierarchical order with basic and descriptive themes at the lowest order. These basic themes are summarised into more abstract principles (organising themes) that encapsulate a principle issue evident in the data set (Global theme) (Attride-Stirling 2001). Our primary analysis generated a total of 122 basic themes which made up 20 organising themes and 5 global themes (dynamics and characteristics of life-worlds; determinants of caring experiences; characteristics and perceptions of 'young carers' in Western Kenya; social coping strategies; psychological coping strategies). This paper reports on a secondary analysis of this data set, implicitly exploring the ways in which children negotiate and navigate through different levels of social capital in order to cope with adversity. This secondary analysis required us to look at networks and relationships between the organising and basic themes identified in our primary analysis. Key themes relevant to this particular study were identified and grouped together into a new thematic network (see figure 1). Through this secondary analysis we have sought to theorise the sociocultural context, and structural conditions, that have enabled, or disabled, the children's ability to cope in light of levels of social capital. We will present the findings of our analysis through the three organising themes depicted in figure 1.



**Figure 1: Thematic Network**

### Findings

In an effort to theorise the socio-cultural context that has enabled, or disabled, children's ability to participate in community life and access social capital, I will present findings through the three levels of participation that the children reported to engage in to cope: (i) resource-generating participation, (ii) support-building participation and (iii) identity strengthening participation

#### *Resource-generating participation*

The majority of children in this study were found to engage in food and income generating activities and some reported head-of-house responsibilities. Although this level of participation involves little negotiation, it is dependent on local understandings and representations of childhood and the socioeconomic context in which they are located – a context whose symbolic resources allow and encourage children to participate in productive and reproductive activities of their household.

In this context, children from a young age are expected to help out at home. A number of adults referred to 10-year-old children as mature and competent, giving numerous examples of what can be expected of a child of that age:

“A 10-year-old is a grown up. That one can do everything, she can wash dirty clothes, that is a grown up. She can also fetch water, cook, mop the house or she can plaster the house using cow dung” Adult4 in an interview

Children are perceived as a valuable resource, someone who can help out in difficult times. The importance of children is illustrated by 15-year-old Carolyne who talk about children as 'helpers':

"A child is, the duty of a child is to help parents. A child is called a helper because when a parent or guardian wants something which he or she is unable to go and get, they will send the child to go and get it. If you don't have a child you will say: "I wish I had a child, he or she would have done this and that". For that reason, a child is a helper because he or she helps the parents" Carolyne, age 15 in an individual interview

Although Luo children have traditionally been helping out with productive and reproductive activities in their homes, disease, poverty and a globalisation of values has stretched communitarian ideals and weakened traditional coping mechanisms. Although there remains to be a strong community ethic, one adult exemplify the a change of how children were traditionally viewed as a collective responsibility, in contrast to today's perception of children being the responsibility of parents.

"With regards to childhood amongst the Luo, I can say that there is quite some change between now and the past. When I grew up, I was a child of the community, I wasn't a child of my parents alone. I called my aunts and uncles for mother and father. Today, that closeness has diminished and my child is only seen as my child." Adult9 in an individual interview

Changes have also occurred in response to an increase of stressful life events and high mortality rates caused by AIDS. Gender for example was reported to be fluid today than in the past. Although many parents continue to socialise their children into gendered roles, it appears that more and more parents have no choice but to focus the socialisation of their children on roles that will aid their survival in wake of current levels of disease and poverty, with gender taking less of a priority:

"In Luo community, it was against the culture of a male child to go to fire place, to cook in the kitchen, but today it has changed, they cook and do these duties. If one is blessed with 4 children, the first three are boys and only fourth younger one is a girl and the parent is sick, it will be these boys that will cook, not the younger girl. And also, if you don't teach him to cook, his wife may die leaving him with the children. Today you cannot know whoever will die first" Adult1 in individual interview

With traditional coping mechanisms being stretched, communities have had to adopt to new strategies in order to cope with AIDS – strategies where children's participation play an important role. This is demonstrated by an adult who sees children as crucial in the care and support of people living with AIDS:

“If the mother is sick and bedridden, the child has to fetch firewood to go and sell at the market for them to get food and paraffin. There is nobody else to do that; that’s really happening. Now you find that there are some duties that children are doing just because of HIV/AIDS” Adult4 in an individual interview

Many adults commented on the role children play in the care and support of ailing or ageing guardians and also highlighted the ability and competence of children in participating in income and food generating activities:

“ A child may be living with an old person and although the child is young, he or she will wake up early in the morning to go and look for vegetables. They are the kind of children you find looking for vegetables in the morning to take to the market so that he or she can sell and get money. The child will come back with sugar, salt and some bread. If the child did not do this, they would not get any food to eat. If the child is a boy, he can burn charcoal to earn a living” Adult7 in an interview

It is evident that many children engage in resource-generating activities, not only to cope with adversity, but also to provide good care for their ailing or ageing guardians. This is exemplified by Pascal and Syprose, both 14 years of age, who both describe the importance of having access to a piece of land for subsistence farming in order to raise money for drugs, food, school fees and other needs:

“Like when my father was sick, I had a vegetable garden which I used to sell and get money to buy for my father drugs or anything he wants. Now on a Saturday, I could go to my brother in Mageta Island and would also give me a little money” Pascal, age 14 in an individual interview

“I took this picture of a farm belonging to my grandmother whom I am caring for. I cultivate it by my hands. If I do not do this we will not have enough to eat. The produce from this land is sold and we use it for schools fees and get other things which we require in the house so that we are ok.” Syprose, age 14 describing her photo



Also planting or nurturing of fruit trees such as mango, papaya and banana, together with animal keeping such as goats, cows and chicken were frequently mentioned as activities the children could actively engage in to cope with their circumstances. However, not all children had access to this many resources and some children had to navigate through their landscape to find food and access support. Twelve-year-old Kevin for example gives a good example of how he, a boy living in a household with little or no income generating resources, still manages to access food and support. Kevin takes great pride of his role in finding food (even if they are just leaves from wild bushes) and explains how he negotiates support from his neighbours by offering his help to them during the harvesting season:

“I want to talk about this picture because of the way the leaves help me. I took it because it reminds me of when we have no money to buy food. We then picked these, we cooked and ate them on that day. I took it as a reminder of how they have benefited us. I took a photo of this because it shows how we managed to eat that day. I ate well and slept well and the leaves sustained us. It also teaches us to be loving to one another. This picture relates to me and those around us in that we share and help one another. If I have no food, I get it from the neighbours and I assist them in harvesting maize, sorghum and beans” Kevin, age 12 describing his photo



These examples demonstrate that children play an increasingly important role for households to cope with adversity. Although children have traditionally played an active role in the upkeep of their households, AIDS, poverty and globalisation have reinforced this role, with local understandings and representations of childhood and gender adapting to these circumstances – actively encouraging children to engage in resource-generating activities. It is worth mentioning, that alongside this seemingly dynamic adaptation to increases in poverty and diseases, some respondents also had a contrasting view, which reflected a rights-based approach, emphasising the importance of education and the right of the children to play and innocence.

### *Support-building participation*

Although AIDS and poverty have deteriorated some social support mechanisms, this section of the paper outlines how children and communities respond to these changes through collective participation. One such response is the rapid increase of registered community-based organisations working to address some of the needs and vulnerabilities of those living or affected by AIDS. Also in Bondo are community groups increasingly attentive to people affected by AIDS, a change also observed by 15-year-old Michael:

“People living with HIV/AIDS were not getting enough support from the community, but the community is now giving the poor a piece of land to farm. Our community is now serious about helping the needy and taking care of them. The community has come to know that if they help each other there will be peace and faith among each other” Michael, age 15 describing a photo

As a caregiver, Michael has also been directly affected by AIDS and refers to his caregiving abilities as a talent – a talent his uses to negotiate support. Michael has also learnt that his talent (providing care) is often reciprocated in the form of gifts:

“This photo is related to my life in that when I use my talent to help others and use it wisely, God also feels happy. Sometimes I also get gifts from others when I help them. Some give me gifts like clothes and food when they can afford. Helping the needy has really improved my life” Michael, age 15 describing a photo

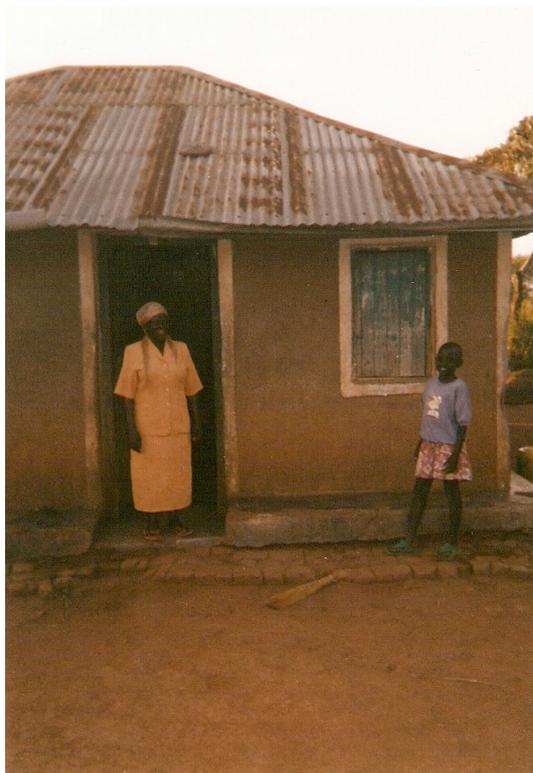


Many children reported on some level of reciprocity of care and support. This is particularly the case of orphans who have been absorbed by community members following parental death. At occasions, orphans are fostered by community members on the basis of their contribution to the household,

reflecting a symbiotic relationship – helping each other cope with adversity. Needless to say, this kind of relationships increases the vulnerability of orphans and does leave them predisposed to abuse and exploitation, something which was also observed in the findings.

Nevertheless, not all support was subject to reciprocity. Neighbours, teachers, school friends and relatives were identified as important sources of unconditional support. In describing a photo of the woman who helps her, 15-year-old Carolyne illustrates how she negotiates support by simply sharing her needs with community members and asking for help:

“I want to talk about this photo because it depicts a lady who has helped me in doing all this caring. The photo reminds me of the kind of support and love we get from the community members. If I need anything, I tell them and if it is available, I will get it”. Carolyne, age 15 describing a photo



Aside from asking directly for support, 12-year-old John also recognises the power of looking particularly poor and vulnerable in order to gain sympathy and support from neighbours, an implicit negotiation technique used similarly by a number of children.

“The child is the one who struggles, burns charcoal to earn money to get food, also neighbours can also pity them and give them something little. The child can go to anyone else and seek support, or go to the school and ask the teachers who will see what they can do for the child” John, age 12 in an interview

Orphans and vulnerable children are not only capable of accessing material support, but are also able to interpret and adapt the advice given by community members, as they provide encouragement to children providing care and support:

“Children can get help from those nearby who can encourage them to have that willingness to care for those sick and unable. This help them not to have evil thoughts; so that the child doesn't cry all the time when sitting next to a sick person” Debora, age 15 in an interview

Children affected by AIDS are not only benefitting from adults, but are also able to successfully mobilise support groups and networks with other children – often with friends from their school. Some groups are made up of children in similar circumstances, whilst other groups include children from various contexts and backgrounds.

“I want to talk about this photo because these school children have formed a group which I am a part of. We help each other. I once had a problem and they helped me through a difficult time. They regularly came to visit my mother and they also helped me fetching water and firewood. This photo shows us that we should be loving and visit each other because if we respect one another we can assist one another. If we have problems, my fellow children can help me. This picture shows that while some have plenty of things, a friend may have less and we can always join hands to help someone through a situation” Millicent, age 15 describing a photo



Not all groups were initiated by the children. One group was initiated by the children's parents, illustrating the role adults in this context allow children to have in participating in coping strategies.

“It is just like .....when we come together as grandchildren and play in the evening or if we have merry-go-round, we attend every evening. It was started for us by our parents so that we could go every evening on Tuesdays. We collect money and give the treasurer. This money we can help a parent with it

in case she want to buy something good and she doesn't have money, we can give her" Joyce, age 12 in an interview

The many active community groups and strong friendship bonds found in Bondo derive from a strong sense of unity and togetherness. In a context of poverty, 12-year-old Kevin speaks of the benefits of working in a team, benefits he has observed at different levels and in different contexts.

"I am talking about this picture because it is good if we are in a group while being taught in school as there is understanding amongst us and we can learn better. In our exams we beat others from various areas and schools. I took this photo because of the good relationship we have amongst us, we co-operate. This photo shows us the benefit of working as a team. Team work helps. Being in a group has helped women in a village where they were weeding as a group, harvesting and this ensures that their crops did well and they got a good harvest" Kevin, age 12 describing a photo



Facilitating the sense of unity and togetherness is faith and the many faith-based groups, or churches, that imprint the importance of duty and service to help people. Churches and faith-based groups were also observed to be a source of material support. At a symbolic level, Michael talks about the way in which he uses faith and God to give meaning to his role as a young caregiver. He speaks of caregiving as a talent and something which has discovered, resonating a sense of relief, giving him satisfaction in serving God.

"There are different ways to help the needy. You use your talent to help somebody. The greatest challenge is to identify the talent that God has given you. We can know this by choosing the leisure and interest we have in things. When we discover our talent we must put it into use to help people. We should not be discouraged by slow beginnings, as they will become good endings. Our talents are meant to serve God and others" Michael, age 15 describing a photo

One source of social support that requires less negotiation is that of extended family members. Many children reported on the benefits available from family members, with some benefitting more than others. Often the support came automatically from extended families, however for some children the support was only made available after the children asking. Jane for example explains how she can go and see her grandfather's brother and ask for support.

“When I need help I go to my grandfather's brother and tell him that my mother needs this and that because she is sick. I ask: If you have money, can you assist me so that I can buy things for my sick mother?” Jane, age 17 in an interview

Again is the role as a caregiver used to negotiate access to support. The fact that children draw on their role as caregivers in navigating through the different levels of social support, suggests that caregiving by children at this level is not ordinarily expected by them. What this section has shown is that the children's role and active participation are central to accessing social support and cope with adverse circumstances. The next section explores how the children cope psychologically, again by drawing on their role as caregivers in a context which recognizes and support children's participation in community life.

#### *Identity strengthening participation*

As the findings presented so far suggest, young carers draw on their often deprived circumstances and position as caregivers to negotiate and participate in support enhancing activities. But young carers also gain strength and build resiliency from *doing* identity. Many young carers see themselves as a different from non-caring children and draw on both negative and positive representations of young caregiving. Seventeen-year-old Carren for example see herself as saved as a result of the values, beliefs and actions that make her different from other children:

“My life differs from other children in the community. I am saved, both in actions and deeds, I work differently, I don't mind carrying firewood bundles on my head to the market to sell and I enjoy doing it. Most other don't want to carry, they feel ashamed to do this. So my life differs due the things I do” Carren, age 17 in an interview

Carren is not the only child drawing on the representation of 'being a good child'. Many children identified themselves strongly with their caregiving role. Thirteen-year-old Samuel for example, in an interview said: “I have a helping heart, if I have something I can share it”. The children's participation in constructing a positive identity happens within a social context. Connected to the local and traditional expectations of childhood outlined earlier, it is evident that many young carers live up to and exceed these expectations. The children's understanding of how their social environment perceives them undoubtedly help them construct a positive carer identity. The children are aware

that their responsibilities are socially recognised. Catherine and Fanuel for example both speak of the love and praise they receive from their community and guardians as a result of their caregiving.

“I took this photo because the mother in this picture is a widow. She is the mother whom I am always taking care of. I always fetch water and collect firewood for her during my leisure time. The photo is connected to me and my community because I am loved by everyone in the community” Catherine, age 14 describing a photo



“If you have your real parents, or other parents for that matter, or your grandmother and you care for them, they praise you, love you and that makes a child happy. When a child helps someone, the child also feels happy” Fanuel, age 17 in an interview

Both Catherine and Fanuel attach a positive meaning to caregiving as a result of local representations of young caregiving, a meaning which helps them make sense of their circumstance and facilitate psychosocial coping. Also increased levels of poverty and disease help some of the children attach a positive meaning to caregiving. Twelve-year-old Joyce for example reflects on her position as a carer and concludes that caregiving makes her strong and able to cope with adverse circumstances in the future. She does however acknowledge that she has little time to play which is a drawback of being a caregiver:

“I cook, fetch firewood, grind, and wash plates and then cook again. I then wash the younger children, wash our clothes, including that of my parents. I rest for awhile and then I can go to fetch water. I feel happy because it will help me in future. These skills can help me when I’m left alone and I have no choice but to do them. But if I work and see other children play, I can also feel bad. But I become strong; I don’t become a weak child” Joyce, age 12 in an interview

Not all the children are able to attach a positive identity or meaning to their caregiving circumstances. Jael for example attaches a negative meaning to caregiving, reflecting her struggle in taking care of her grandmother and mother.

“I drew this picture to remind me of the kind of help I offered my grandmother. My grandmother has been sick for some time now and it is me who is helping her out. Even when my mother was sick, she was also sick and I cared for both of them, so I have always been suffering, nothing to be proud of” Jael, age 14 describing a photo



Caregiving does impact on the children's education and was identified as one of the main reasons behind negative meanings. Paddy for example describes elaborately how his caregiving experience has an impact on his education and how he sees himself as suffering because of his caregiving duties.

“I took this picture because I would like to show how I have been helping my mother regularly since she has a disease that is unpredictable. It may come anytime and at those times I do not go to school. When she gets sick, I am forced to leave school to help her out. I do many things for her, I clean the house, cook for her, feed her, wash her feet and look after the animals, milking and tethering goats. This affect my education. It makes me suffer” Paddy, age 15 describing a photo



This section has illustrated how some children are able to actively construct an identity and a positive meaning based on local representations of childhood and young caregiving as well as the socioeconomic circumstances that characterise this AIDS afflicted context. The children who attached negative meanings to caregiving did so in relation to its impact on their education. However, what this illustrates is the importance of representations in building resilience and help children cope with adversity. For example, if a child is told in his or her context that education is the most important route out of poverty, then the children in that community are likely to attach greater importance to education than to the skills learnt from being a caregiver – skills and a role that other children are socialised to value more and are effectively able to build a positive identity.

In a supportive context, and if given the opportunity, these findings indicate that children are able to participate in community life at many different levels. Their active participation helps them navigate through the different sources of support available and encourages them to actively construct social support networks

### **Discussion**

This paper has sought to develop our understanding of social capital within an actionable framework. The data presented in this paper provides evidence to some of the psychosocial processes that mediate the support available to children affected by AIDS – processes that have to be understood if we are to fully understand the link between social capital and the resilience of orphans and other vulnerable children.

As outlined in the introduction, one aim of this paper was to move forward debates on cash transfers by providing a case study of the types of community resilience and support mechanisms that cash transfer programmes can either undermine or enhance, depending on their focus (household vs community focus respectively). In the case study presented, I have shown how children's ability to participate in community life, allows them to negotiate access to social support which helps them cope with difficult circumstances. In doing so I have identified some of the factors that enable a

community to contribute to the resilience and well-being of children affected by AIDS. It is evident from the case study that a supportive social context is not only about readily available material support, as offered through HSCT, but also, and perhaps more importantly, about the symbolic and representational values (e.g. notions of childhood, orphanhood, young caregiving and sense of community) evident within a social context. These values will impact on the children's ability to participate in community life, the levels of support available within the community, the mobilisation of collective action, and the process of constructing positive identities. I have previously indicated the potential of community-based capital cash transfers (CCCT) in facilitating these values (Skovdal, Mwasiaji et al. 2008).

Although the role of symbolic values and social representations in enabling or disabling health enhancing behaviour has been investigated previously in relation to gender (Bendelow 2002; Campbell and MacPhail 2002), race (Campbell, Cornish et al. 2004), sexuality (Campbell 2003) and disability (Jodelet 1991), only little has been written about children affected by AIDS (Meintjes and Giese 2006; Skovdal, Ogutu et al. 2009, revision in progress). Meintjes and Giese (2006) for example argue that the prevailing understanding of orphanhood can become a cursive category and a social phenomenon that communities and individuals in Africa adapt to, undermining local coping strategies. Yet, despite an emerging trend of research exploring the impact of dominant social representations of children affected by AIDS (Meintjes and Bray 2005; Henderson 2006; Fassin 2008), we still only have a limited understanding of how existing and emerging symbolic and representational values at a community level impact on the coping and well-being of children affected by AIDS (Skovdal, Ogutu et al. 2009, revision in progress).

Household and stipend-based cash transfer initiatives are expensive and can only reach a limited number of children. I would therefore like to extend my commitment to CCCT based on the findings presented in this paper. The CCCT process involves a number of participatory steps, steps which have been identified to mobilise and sensitise communities to the needs and circumstances of children affected by AIDS – leaving them more competent in providing care and support to orphans (Skovdal, Mwasiaji et al. Forthcoming). Although CCCT resonate Bourdieu's (1986) notion of social capital in so far as it provides the economic capital to community groups to facilitate the generation of social capital, it is the process of encouraging a community to come together in a joint effort to support vulnerable children that enhances their awareness and commitment to support orphans. It is precisely this sensitisation and mobilisation of the community that makes it easier for vulnerable children to participate and negotiate support – building their resilience. It is therefore imperative for HSCT programmes to also include CCCT in their scale up.

Children's participation has been central to my argument. An interesting finding of this study is the children's ability to mobilise and set up support groups with other children in difficult circumstances. Similar observations have been made by Morrow (2002) who argues that children are not merely consumers of social capital, but also active producers. Whilst children are both consumers and producers of social capital, such a static perception of social capital ignores the process and active

negotiation and navigation which the children often have to engage in to access social support. As the findings presented in this paper indicate, children's participation for social support happens at many different levels and draws on different symbolic and representational values. Whilst some children have easier access to social support than others, it appears that most children will have to enter some level of negotiation and participation in order to access support. This paper has furthered our understanding of social capital as a process of civic engagement and participation and shown what impact this process can have on the coping and resilience of children affected by AIDS - a process cash transfer programmes must take heed of.

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