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Title

Social Entrepreneurs (SE) as Agents of Wellbeing: A Study of SE Work in the HIV/AIDS Sector

Abstract

Despite the growing interest in social entrepreneurship (SE) research in the healthcare literature (Ferguson, 2012; Roy et al., 2014; Tucker et al., 2012), very little research examines how social entrepreneurs (SEs) tackle healthcare challenges in the HIV/AIDS sector. Consequently, we lack research on how SE might contribute to the social enterprise’s domain of wellbeing (Roy et al., 2014) and healthcare.

In recent years, employment has been seen as social determinant of health for people with HIV/AIDSs globally because employment can regulate sleep and healthy behaviors, and increase neurocognitive functioning and medication adherence (Hergenrather et al., 2016; Vance et al., 2015). Coincidentally, employment is a common approach used in SE, particularly among work-integration SEs, as a means of empowering clients economically, psychologically, and socio-politically (Datta and Gailey, 2012). Several studies show that SE projects that integrated vocational and clinical services for homeless youths were more effective in improving the well-being of clients than traditional social services programs (Ferguson, 2012; Ferguson and Xie, 2008). However, SE offers more than just employment. SE involves efforts to create systematic changes in the social system and power relations (Nicholls and Murdock, 2012), the roots of most social and health problems. These efforts include designing new products (e.g., low-cost infant warmers, http://embracelocal.org/), new service models (e.g., selling services to the rich to subsidize the eye surgery for the poor, www.aravind.org), new types of therapy (e.g., using cartoons to encourage sexually abused children to talk about their abuse, http://www.antenas.paralax.com.mx/), and new financing models (e.g., crowdfunding to help disadvantaged groups to afford healthcare, https://www.youcaring.com/), among others.

To date, SE remains a ‘contested terrain’ (Choi and Majumdar, 2014) with scholars debating the boundary of SE (Young and Lecy, 2014), whether it is morally justified and ethically legitimate model to serve disadvantaged communities (Chell et al., 2016) or possible a fraud (Stecker, 2016). However, to date, we know little about the interventions that SEs employ to address the HIV/AIDS issues and how their work might inform healthcare research. This requires an in-depth examination.
of what SEs actually do as agents of wellbeing. In this study, we ask the following question: How do social entrepreneurs address HIV/AIDS problems?

In this article, we employ grounded theory research (Glaser and Strauss, 1967) and used open and axial coding (Strauss and Corbin, 1990; Gioia et al., 2013) to study how a group of social entrepreneurs (n=58) selected as Fellows by Ashoka, one of the world’s most influential SE support organizations, address HIV/AIDS problems. We adopted the grounded theory approach because there is little prior work in this domain (i.e., cross-fertilizing SE and healthcare research) and we know very little how SE might extend healthcare practices in the HIV sector.

Ashoka had more than 3,000 Fellows as of November 2016, and categorized its Fellows into six fields of work — civic engagement, economic development, environment, healthcare, human rights and learning/education. Our focal interest was the Fellows in the HIV/AIDS category, situated within the field of healthcare. At the time of data collection, there were 58 Fellows working on HIV/AIDS-related issues or 14.9% of all 388 Ashoka Fellows in the healthcare category. After extracting the written profiles of these 58 Fellows from the Ashoka web page (https://www.ashoka.org/en/our-network), we performed qualitative data analysis using the grounded theory approach. The Fellows’ profiles contain information on the problems that they seek to solve, their new ideas, and the solutions or strategies that they employ address the problems. The majority of the Fellows in the samples were elected between 2000–2009, nearly 60% were male, and they came from 19 countries which were mostly (89.5%) ‘developing’ and ‘less developed’ economies. Thus, this article examines entire population of Ashoka SEs working in the HIV/AIDS field.

This article contributes to the healthcare literature by demonstrating that Ashoka’s 58 SEs addressing HIV/AIDS problems use four major types of interventions: 1) relational (i.e., building public awareness, educating healthcare providers, and fostering cross-sector collaboration), 2) service (i.e., developing innovative healthcare services, models and facilities), 3) economic (i.e., capacity building and leveraging cross-sector partners’ resources), and 4) policy (i.e., policy advocacy, activism, publishing data on the problems, influencing stakeholders to provide cheaper drugs for people with HIV/AIDS). These interventions address individual- and institutional-level problems related to HIV/AIDS. Consequently, we theorize that SE interventions can be classified into a typology comprising the locus of change (institution-oriented or macro institutional work vs. agent-oriented or micro institutional work), the type of resources used to enact social change (material/utilitarian vs. symbolic/normative), and the nature of client-SE relations (client as recipient vs. client as co-creator of interventions). This typology offers a good starting point to deepen our understanding of the nature of SE interventions in the HIV/AIDS sector. Overall, this article reveals that SEs rarely employ a single or unidimensional strategy; instead, they employ integrated and multidimensional SE strategies to tackle HIV/AIDS problems. This article contributes to healthcare research by demonstrating the possibility of integrating multilevel (e.g., micro and macro institutional work) and multidimensional (e.g., service, economic, and policy) interventions in addressing the HIV/AIDS problems. It also suggests avenues for future research to lessen the gap between SE and healthcare research so as to advance SE research.
Keyword

institutional innovation, social entrepreneurship, social enterprise, health, wellbeing