**Household Livelihood: The Church's Coping Strategies Against the impact of HIV and AIDS on the Female-Headed Households in the KwaDlangezwa Area.**

**By**

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## DELCARATION

I declare that this dissertation is my own work, unaided and has not been submitted in whole or in part, for any degree. Each significant contribution and quotation in this dissertation from other people's works are cited, referenced and acknowledged.

Signature _____ Date: 16/11/2006

## DEDICATION

This work is dedicated to my dear wife, Esther and our children who sponsored my studies. This is because they underwent moments of starvation for the success of this dissertation and my studies. It is also dedicated to all those who are struggling to bring relief to the people infected and affected by HIV and AIDS.

**Abstract**

The research concerns the role the Church can play in mitigating the impact of HIV and AIDS on the female-headed households in KwaDalngezwa. This is considered through the use of livelihood activities. The first chapter gives an overview of the whole research. The chapter shows the essence and importance of the research. In chapter two is the literature review on the impact of HIV and AIDS in general and KwaDlangezwa community in particular. In this chapter, the issues of a female-headed household, household livelihood activities and a household as a unit of the study were discussed. The chapter also considers the issues of livelihood systems and their components. In chapter three, the research addresses the research design and methodology. The chapter also deals with the framework for this research. Chapter four discusses the issues of a household profile and means of livelihood. Also included in this chapter are household structure, composition, division of labour, livelihood assets and resources. In chapter five, the focus is on the discussions and evaluation of the research. The chapter goes further to address the issues of death and funerals as they affect the female-headed household in KwaDlangezwa. The chapter then concludes with the constraints facing the female-headed household. In the final chapter, the research argues that a combination of agriculture [subsistence farming], empowerment, emancipation and education are alternatives to Black Economic Empowerment [BEE]. These will provide the most practical contribution the Church can make. Under agriculture, the issues of planting, processing and storage systems are discussed while micro-enterprises focus on beadwork and pottery. Under BEE the research pays attention to empowerment, emancipation and education as the alternative to Black Economic Empowerment only. These are the most practical ways of reaching the poor, especially women. The chapter goes further to address the issue of the Child Support Grant. This is because some people have adopted the Child Support Grant as their only means of livelihood. It concludes with a number of business opportunities the Church can use to mitigate the impact of HIV and AIDS on a female-headed household in KwaDlangezwa.

**Acknowledgement**

I thank God for my dear wife, Esther and our children, for their love and unflinching support. I will always thank God that you are my wife. I do appreciate all you have done and keep doing for me. Great thanks to my mother-in-law for taking care of my family in these years. I understand your contributions and sufferings for me. I appreciate them all. Thanks, and may the good Lord bless you all.

I owe a lot to my promoter, Professor Pitchers. He is more of a father to me than a promoter. He took over supervising this thesis when the going was too tough and rough for me. Thanks for your fatherly and genuine advice, guidance, encouragement, criticism and our invaluable discussions. In fact, Pitchers kept his confidence in and extreme patience with me in an effort to see the end of this research. He kept my spirit high during the difficult and hard times. May the good Lord bless you and your loving wife who receives my phone calls. She does this with joy and is always ready to assist. My thanks goes to Prof. Hooper for understanding and supporting me during my difficult moments. I am very grateful to Prof. Loubser for his great concern and assistance. I must not fail to mention that Daniela gave me the assistance I never expected. She did it so that this research would be a reality. I am very grateful to all of you.

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**ACRONYMS**

| | |
|---|---|
| AIDS | Acquired immune deficiency syndrome. |
| ANON | Anonymous. |
| ASSA | Actuarial Society of South Africa. |
| BEE | *Black Economic Empowerment.* |
| CAMRE | Joint Council of Arab Ministers Responsible for Environment |
| CBO | Community-based Organization. |
| CDC | Centre for Disease Control. |
| CEO | Chief Executive Officer. |
| CSG | Child Support Grant. |
| CSW | Commercial Sex Worker. |
| DFID | Department for International Development. |
| EA | Enumerated Area. |
| EEE | Empowerment Emancipation Education |
| FAO | Food and Agriculture Organization. |
| FGD | Focus Group Discussion. |
| GASA | Gay Association of South Africa. |
| GGP | Gross Geographical Project. |
| GRID | Gay Related Immune Disorder. |
| HIV | Human immunodeficiency virus. |
| HSRC | Human Sciences Research Council. |
| ILO | International Labour Organization. |
| KZN | KwaZulu-Natal. |
| MAP | Monitoring the AIDS Prevalence. |
| MP | Member of Parliament. |
| MRC | Medical Research Council. |
| NGO | Non-governmental Organization. |
| PACSA | Pietermaritzburg Agency for Christian Social Awareness. |
| PCP | Pneumocystics carinii pneumonia. |
| PLA | Participatory Learning Action. |

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|---|---|
| PLWA | People Living with AIDS. |
| PLWHA | People Living with HIV and AIDS. |
| PRA | Participatory Rural Appraisal. |
| PWA | People with AIDS. |
| RDP | Reconstruction and Development Programme. |
| SABC | South African Broadcasting Co-operation. |
| SAPS | South African Police Services. |
| STD | Sexually Transmitted Disease. |
| SMME | Small, Medium and Micro-Enterprise. |
| TB | Tuberculosis. |
| UK | United Kingdom. |
| UNAIDS | Joint United Nations Programme on HIV/AIDS. |
| UN | United Nations. |
| UNESCO | United Nations Educational, Scientific and Cultural Organization. |
| UNDP | United Nations Development Programme. |
| UNICEF | United Nations Children's Fund. |
| US | United States of America. |
| WHO | World Health Organization. |
| WSSD | World Summit on Sustainable Development. |

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# CHAPTER 1

## 1.1. INTRODUCTION

The HIV and AIDS scourge is a global issue that affects everybody, creed or race notwithstanding. With it there is no discrimination because it affects everyone almost in the same way. UNAIDS/WHO [2005] stated that over 60% of the world's estimated 40.3 million [36.7 million – 45.3 million][1] HIV and AIDS infections live in sub-Saharan Africa which includes KwaDlangezwa community while about 15% occur in the South-East Asia region. Gow and Desmond [2002] confirmed this increase in the rate of the infection globally.[2] Indications show that the rate and spread of the pandemic varies in different parts of the world. The contributing factors to this are poverty, inequality between men and women, lack of negotiation in sex relationships and illiteracy amongst the women [Hargreaves, 2002]. The impact of HIV and AIDS abounds in the Third World countries because of abject poverty and hunger [FAO, 2002]. The effects of HIV and AIDS has led to withdrawal of children from schools and households living in debt and the structure of the household has continued to change over time. The worst affected group in the society is the women who have lost both their husbands and their assets to the pandemic [FAO, 2003; Hope, 1999]. FAO [2003] stated that women who happened to lose their husbands as the result of the pandemic can equally lose everything as well as household assets like farm equipment and livestock. HIV and

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[1] UNAIDS/WHO [2005]: The total number of people living with the human immunodeficiency virus [HIV] reached its highest level: an estimated 40.3 million [36.7 – 45.3 million] people are now living with HIV. Close to 5 million people were newly infected with the virus in 2005. Sub-Saharan Africa has just over 10% of the world's population, but is home to more than 60% of all people living with HIV – 25.8 million [23.8 million – 28.9 million]. In 2005, an estimated 3.2 million [2.8 million – 3.9 million] people in the region became newly infected, while 2.4 million [2.1 million – 2.7 million] adults and children died of AIDS. Among young people aged 15 – 24 years, an estimated 4.6% [4.2 – 5.5%] of women and 1.7% [1.3 -2.2%]] of men were living with HIV in 2005.

[2] Gow and Desmond [2002:3]: The HIV and AIDS epidemic is one of the greatest humanitarian and development challenges facing the global community. It is particularly acute in sub-Saharan Africa. At present about 45 million people world-wide have been infected with HIV. Over 85% of these people live in Africa.

AIDS undermines their capacity to earn an income and grow sufficient food for the household because they lack adequate time to do these things.

Avert.Org [2005] argued that sub-Saharan Africa is the region of the world with the most affected by HIV and AIDS and that about 25.4 million people are living with the infection in the region, while a further 3.1 million are infected daily. Pangaea [2005] was of the view that South Africa is the worst hit by the pandemic in the sub-region.[3] *KwaDlangezwa is one of the worst communities affected by the pandemic.* Other areas of my investigations are mentioned on the next page of this thesis. The Department of Health has refused me permission to supply exact figures as this has been misused by some universities. This fact was made known by the Director of Health at Empangeni.

President T. Mbeki of South Africa in his opening speech at the XIII International AIDS Conference in Durban, according to Hargreaves, stated:

> You will see from The South African National AIDS plan 2000 – 2005 that there is no substance to the allegation that there is any hesitation on the part of our government to confront the challenge of HIV and AIDS. However we remain convinced of the need for us to better understand the essence of what would constitute a comprehensive response in a context such as ours which is characterized by a high level of poverty and disease to which I have referred [2000:4].

The president rightly pointed out that one of the causes of the pandemic is poverty in sub-Saharan Africa. Over the years the sub-region has been struggling to service debts owed to the multi-national institutions and World Bank. What should have been used to create job opportunities is used to service the above mentioned debts. This act has contributed to the rampant spread of HIV and AIDS in the region because the people are living in abject poverty. This has effects on the people of KwaDlangezwa especially the rural women.

[3] Pangaea [2005]: South Africa is the nation hardest hit by the AIDS pandemic, with approximately 5.3 million of its 45 million people infected by HIV.

Inasmuch as HIV and AIDS is a worldwide pandemic, it is more pronounced in sub-Saharan Africa. South Africa is one of the countries where its impact is very serious [Anon, 2004; Gow and Desmond, 2002; UNAIDS, 2000; Whiteside and Sunter, 2000]. In South Africa it is most prevalent in the KwaZulu-Natal Province, the most populous province in the country [Whiteside and Sunter, 2000]. KwaDlangezwa, as one of the communities in KZN, is equally affected by the pandemic. One of the reasons is the poor economy in the province [Hope, 1999; Whiteside, 1993a]. People's average income per month is far below in comparison with Pietermaritzburg, Durban and Pine Town where the average income per month is about R1000. In KwaDlangezwa the average income per month is low. The people of KwaDlangezwa therefore, are living from hand to mouth. This is according to my findings. These could be seen in the type of food the people eat, their building structures and the number of children who dropped from schools because the households lack funds.

Many writers have shown that of all the groups, female-headed households are the worst hit by the pandemic.[4] Women, who have lost their husbands, face the burdens of funerals and loss of assets in the community. According to FAO [2003]

[4] Weinreich and Benn [2003:6]: The proportion of women among HIV-infected persons worldwide has grown continuously over the years, with rising absolute figures. In the year 2002 one-half of all HIV-infected adults were women. One essential reason for this is that, although women are more vulnerable to HIV infection, it is largely men who determine sexual behaviour.
Essex et al. [2002:654]: Both women and men in Africa are vulnerable to HIV infection and AIDS, women are more vulnerable and are more severely impacted because of their status, roles, and limited rights in society.
Hope [1999:207-208]: Women are especially vulnerable. They comprise 52% of all persons living with HIV in Africa and they are becoming infected at a significantly younger age than men.
UNAIDS [2004]: The epidemic's impact on women and girls is especially marked. Most women in the hardest-hit countries face heavy economic, legal, cultural and social disadvantages which increase their vulnerability to the epidemic's impact.
UNAIDS [2004]: African women are at greater risk, becoming infected at an earlier age than men. Today there are on average 13 infected women for every 10 infected men in sub-Saharan Africa – up from 12 for 10 in 2002. The difference is even more pronounced among 15 to 24 years old. A review compared the ratio of young women living with HIV to young men living with HIV; this ranges from 20 women for every 10 men in South Africa to 45 women for every 10 men in Kenya and Mali.
Waal and Tumushabe [2003]: The HIV and AIDS epidemic affects women more than men. Increasingly, women are infected more, and younger than men. Moreover, most of the additional burdens of responding to the household level impacts of AIDS fall upon women. They are the main producers of food, the main carers of the sick and children. They bear the greater burden of economic production and social in rural societies.
ReliefWeb [2003]: "The impact of HIV/AIDS on this part of the world is enormous and the impact on women and children are devastating."

following the death of a spouse, up to 44% of households headed by widows lost cattle, which represent both a store of wealth and a sign of status, and 41% lost their farmland and equipment to the husband's family members. Hope [1999] on the other hand stated that women, who lose their husbands lose valuable assets because of the pandemic. This is because of long illness and the culture of the people.

The female-headed household being the most vulnerable group in the society cultivates a small portion of farmland. In some cases they may lose their farmlands and other assets completely. At times the women may be forced to sell the farm to relatives of the late husband. The number of women who suffer from the impact of HIV and AIDS are double as opposed to men [MRC, 2002]. The effects of the HIV and AIDS pandemic in the household progresses from dependence of the infected on the relatives and government grants to begging and commercial sex work. These increase the spread of the pandemic in the society including KwaDlangezwa community.

In an effort to cope with the pandemic women get themselves involved in various household livelihood activities. These have proved to be insufficient in coping with the pandemic. DFID [2000] defines livelihood activities as comprising the capabilities, assets [including both material and social resources] and activities required for a means of living. From the above, livelihood activities are the productive and reproductive activities people engage in, and through them the female-headed households tend to cope with any prevailing circumstance in their households [Mtshali, 2002; du Preez, 2000; Østagaard, 1992].

Since the infected individual does not live in isolation, there is a need to state that households are the focus of this study. Collins [2004] defines a household as all the people living together in one house while Bernstein et al. [1992] states that it is the basic unit within which people live. It is a co-residential unit. It is often times the family members who have and share things in common among themselves as

a social unit [Pennartz and Niehof, 1999; Rudie, 1995; Masini, 1991]. The term differs from place to place and culture has to do with what a household is. In this study it should be seen and understood as a co-residential unit where people live and share things in common. When one is infected by any disease including HIV and AIDS, all other members of the household are equally affected. In other words one can either positively infected or positively affected in a household.

When the above occurs the livelihood activities of the household are equally affected. For this reason Gow and Desmond [2002] were of the view that both illness and the death of an individual member of a household impacts on the institution to which he or she belongs. Likewise in an affected household, its livelihood activities are also affected by the pandemic. These activities include production, reproduction and consumption in the household [Mtshali, 2002; du Preez, 2000; Chambers and Conway, 1992]. DFID [1999] defines livelihood as the capability, assets [including both material and social resources] and activities required for a means of living. The assets include human, natural, financial, social and physical capital. Based on these assets, the female-headed households diversify their livelihood activities by adopting different strategies.

Since the issue of the HIV and AIDS pandemic is a global matter all hands should be on deck. Both the religious and social institutions should team up together to address the issue of the HIV and AIDS pandemic. The Church has a role to play in this regard as Christ's ambassador on earth. Wilson [1980] describes the Church as the family of God and body of Christ through which He continues His reconciling work amongst humanity. As a family therefore, whatever affects one member affects all the others. The Church is the body of Christ because its true nature rests upon its relation to God's purpose [Richardson, 1969]. It has therefore a mission to fulfill in this world of HIV and AIDS so as to be worthy of its calling and relevant to the people. In an effort to do this it should align itself with the mission of Christ as stated in Luke 4:18-19. The Church is called to liberate and

set free those who are oppressed and stigmatized by society because of their HIV and AIDS status.

In the words of Fanny J. Crosby familiar hymn one should:

> Rescue the perishing, care for the dying
> Snatch them in pity from sin and the grave
> Weep o'er the erring one, lift up the fallen
> Tell them of Jesus the mighty to save.
> Rescue the perishing
> Care for the dying
> Jesus is merciful; Jesus will save

The above hymn is more relevant to us today in the face of the HIV and AIDS than in 1869 when it was first written. It draws the attention of the Church to the issue of HIV and AIDS because it is not only a physical but also a psychological, social, emotional, financial and spiritual matter. The only institution that cuts across these is the Church. For this reason the Church should re-evaluate its mission to the world and match its words with action. This should include praying, caring, counseling, compassion, mercy, response to the suffering and helping to confront death and dying. The women should be allowed to play a role in decision-making in the Church. The widows and single mothers should be taken care of and shown a sense of belonging as a way of reducing their vulnerability and stigmatization.

A female-headed household is that household where the woman is either the de jure or de facto head based on the circumstances in the household [Mtshali, 2002; du Preez, 2000]. In spite of their vulnerable condition, including that of HIV and AIDS, women tend to cope with the situation even when they are in an unfriendly environment. This has become possible because they use all available resources around them to cope with the pandemic.

### 1.2. MOTIVATION

No one to-date has undertaken this type of study in the area mentioned. *This is the first pilot study of this nature impacting on KwaDlangezwa.* My aim is therefore mainly descriptive giving information about an area not investigated previously.

Additionally, I wish to introduce coping methods for similar rural areas which I am sure exist, hence the photographs shown in Chapter 6 of the thesis.

I have approached my thesis as an African, using what I considered as an African perspective on the topic discussed. I must admit, however, that my direction was influenced by Florence Kluckhohn and F. L. Strodtbeck in their work entitled *Variations on Value Orientations*, [1986] wherein I show my bias by letting an African culture speak for itself. Relativity is paramount in the above authors' approach, allowing the observed culture to speak for itself. My method then is to place myself in the culture, a matter that I do not find difficult as a Black.

Clearly, my topic falls under *Social Ethics* with the understanding that all the Social Sciences are in a state of flux [Long, 1986:383-388]. Consequently I have chosen to follow the *Relational Motif.*

Paul Lehmann elucidates upon this method by declaring that the *Relational Motif* is concerned with observation, relations and functions without undue emphasis on analysis [1983:259-267]. For Lehmann then, one does not attempt to define a doctrine of the Church. He therefore calls the Church a *koinonia* of God's ongoing activity in the world. The community or *koinonia* on observing any situation offers tentative advice on how, where, and in what manner, God is acting, but without being prescriptive. The "community's" goal is to proffer *suggestions* only, based on observation.

On elaborating further upon the topic at hand, one may define my approach in terms of Bennett's *Middle Axiom Ethics,* the ethics of response directed by common sense in a community [1976:76]. In my case, I mean a Christian community.

Rightly or wrongly I accept Cowling's observation that to attempt an analytical evaluation of Social Ethics at this stage "is illegitimate" as there are far too many

variables [1963:10]. This pertains to the Social Sciences as well and will remain for decades to come [1963:10].

A careful reading of my thesis will show that I have "*Africanized*" and "*Internalized*" the mentioned Western Social Ethicists and Scientists. While they do not appear *prominently* in my work, the knowledgeable reader will discover that they *undergird* my thinking. I now feel free to discuss HIV and AIDS in the rural areas, having clarified my position.

Despite the fact that HIV and AIDS is acknowledged to be everywhere it is more prevalent in the rural agricultural areas of sub-Saharan Africa with particular reference to South Africa [Anon, 2003; Gow and Desmond, 2002; Whiteside and Sunter, 2000; Hope, 1999; UNDP, 1993].[5] Though the rate of its prevalence is high in South Africa, it is more pronounced in KZN [HSRC, 2002; MAP, 2000; Whiteside and Sunter, 2000], the impact of which is experienced more in the rural areas of the province [Anon, 2004; Gow and Desmond, 2002]. The effect of this has led many women to adopting different coping strategies as their means of survival [ILO, 2000; UNAIDS, 1999].

KZN, though the most populous province, is also the most disadvantaged of all the provinces in the country and as such KwaDlangezwa is a part of this scenario. This being the case, the women in this province and community are prone to the HIV and AIDS pandemic and its spread. Having been in Natal for some years, I felt that this study was more appropriate here in KwaDlangezwa because it is a rural area, while Natal and its environs are under the influence of urbanization. KwaDlangezwa has what it takes to be described as a rural area.

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[5] Anon [2003]: The bulk infected HIV people in Africa are concentrated in the east and southern Africa. About 50% of the newly infected people are based in South Africa [18/03/2005].
Brendan Boyle [2002]: South Africa has the highest number of people living with HIV and AIDS in the world. United Nations and local agencies estimated that one in nine South Africans is infected, though only 10% of them know they carry the virus.

In an effort to address this scenario, female-headed households in the area should be empowered so that they can increase their income generating activities and improve on their coping strategies. The Church can do this through subsistence farming, art and craft, and Black Economic Empowerment [BEE] programmes. The BEE programmes will be discussed later in this research.

## 1.3. STATEMENT OF THE PROBLEM

Information from primary literature, hospitals and clinics, funeral undertakers and Church leaders indicated that South Africa has a high incidence of the pandemic with KZN, as a province, with the highest rate in the country [Gow and Desmond, 2002; Steinberg et al., 2002; Whiteside and Sunter, 2000]. Because of this women are both infected and affected, thereby increasing their burden. HIV and AIDS therefore is a contributing factor to the rural poverty because it exposes women to vulnerable conditions such as STDs, HIV and AIDS and poverty. This being the case, they lose most of their sources of income due to the long suffering of the infected member in the household, increased expenses in medical care, transport to health facilities, less in home care supplies for the sick, and the high cost of funeral and mourning ceremonies [Anon, 2003; Gow and Desmond, 2002].

Considering the above therefore, it will be observed that the direct burden of HIV and AIDS rest squarely on the women who are involved in both productive and reproductive activities in the household. This has led to low productivity, crop reduction and yield, decline in the variety of crops planted; it increases the women's vulnerability to HIV and AIDS, and interrupts transfer of knowledge and skills from one generation to another [Mamo, 2002; Hope, 1999]. This is because both the infected and affected are involved.

The research will aim at exploring the female-headed household livelihood activities as coping strategies against the impact of HIV and AIDS. It will

recommend appropriate interventions and measures that will enable the women to cope with the pandemic.

### 1.4. OBJECTIVE OF THE STUDY

The objectives of the study are:

- To ascertain the available assets of female-headed households in the rural area
- To explore how the Church can use these assets as coping strategies against the impact of HIV and AIDS in the female-headed households
- To recommend how to improve and empower women in their livelihood activities

### 1.5. DEFINITION OF TERMS

Many of these terms are found in acronyms on pages vi – vii as well as in the footnote. The thesis merely attempts to offer exposition not repetition.

- AIDS – Acquired immune deficiency syndrome.[6]
- Asset – *The resources households use to achieve their livelihood* objectives.[7]
- BEE – Black Economic Empowerment.
- CSG – Child Support Grant.
- CSW – Commercial Sex Worker.
- Church – the Christians who believe in and follow Jesus Christ as their Lord and Saviour.

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[6] Smith [2002] and Hubley [1995]: AIDS can be defined from medical, social, biological and psychological points of view as a terminal disease. Hoffman [1991] defines it as a chronic, progressive and debilitating disease that is highly stigmatised due to its association with sex and drugs leading to death. It is a terminal disease that has no cure. It is acquired because it passes from one individual to another through body fluid.

[7] DFID [1999:19]: These are the resources through which a household draws its livelihood. [Mtshali 2002:88; du Preez 2000:21; DFID 1999:19; Chambers and Conway 1992:36-37]: These are the human, social, physical, financial and natural capital.

- De facto – the women whose husbands have migrated to somewhere else leaving them as the household head.[8]
- De jure – the women including widows, divorcees and single mothers.[9]
- EEE – Empowerment Emancipation Education.
- Epidemic – A disease that spreads rapidly through a demographic segment of the human population, such as everyone in a given geographic area, military base, or similar population unit; or everyone of a certain age or sex such as the children or women of a region. Epidemic diseases can be spread from person to person or from a contaminated source such as food or water.
- HIV incidence – HIV incidence [sometimes referred to as cumulative incidence] is the population of people who have become infected with HIV during a specified period of time.
- HIV-infected – As distinct from HIV-positive [which can sometimes be a false positive test result, especially in infants of up to 18 months of age]. The term HIV-infected is usually used to indicate that evidence of HIV has been found via a blood or tissue test.
- HIV prevalence – Usually given as a percentage. HIV prevalence quantifies the proportion of individuals in a population who have HIV at a specific point in time.
- Household – this is a co-residential unit, often times family members who have and share things in common among themselves.[10]
- Infrastructure – the facilities and services that make businesses, government and community run smoothly. Such facilities are bridges, roads, tap water, telecommunication and electricity.
- Livelihood – livelihood comprises the capabilities, assets [including both material and social resources] and activities required for a means of living.[11]

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[8] Verman [2001] stated that these are the women who are the head of the household because their husbands had left them alone at home. In this case they became the overseers of the household.
[9] Ibid. they make the major decisions and provide for the members of the household.
[10] Pennartz and Niehof [1999:3]: and Rudie [1995:228]: define household as family members who live together with many things in common. Masini [1991]: defines it as a primary social unit.

- Outcome – positive outcome includes more income, increased well-being, reduced vulnerability, improved food, security, and a more sustainable resource base.[12]
- Pandemic – A disease prevalent throughout an entire nation, continent or the whole world.
- Scenario – A scenario is a story that describes a possible future. It signifies some significant events, the main actors and their motivation and conveys how the world functions.
- Strategy – a plan of action, a way of conducting and following through on operations.[13]
- Stokvel – Community savings group.
- Transforming institutions – these are the policy-making bodies in the society.[14]
- Vulnerability – this is the defencelessness, insecurity and exposure to risk, shock, stress and difficulty in coping with the pandemic.[15]

Linking the above to my approach as already outlined I will now investigate the HIV and AIDS crisis as it impacts on female-headed households. The focus will be on *KwaDlangezwa* community.

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[11] DFID [1999:75]: It is the adequate stock and flow of food and cash to meet the basic needs of the household
[Mtshali 2002; Niehof and Price 2001; du Preez 2000:7; Chambers and Conway 1992:6; Østagaard 1992]: Livelihood is all the activities undertaken by the household for a living including both productive and reproductive ones.
[12] These are the end product of activities undertaken by the household. It could be positive or negative.
[13] Anderson et al., [1994]: state that this is a way through which individuals or a group of people consciously seek to structure action in a coherent way within relatively long term perspectives.
[14] DFID [1999]: These are the government at all levels, the Church, CBOs NGOs and the private sector. They are the decision makers in the society.
[15] DFID [1999]: Guidance Sheets.

# CHAPTER 2

# LITERATURE REVIEW

## 2.1. INTRODUCTION

This chapter will deal with the issue of literature review of HIV and AIDS crisis in general and KwaDlangezwa in particular. The chapter will at the same time address the issues of household structures, household livelihood activities and assets. It will also describe what these livelihood activities are.

## 2.2. HIV and AIDS

The crisis of HIV and AIDS is most prevalent in the rural agricultural areas especially in sub-Saharan African where agriculture is the main livelihood activity and women are the backbone [Anon, 2003; White and Robinson, 2000; Hope, 1999]. South Africa, as one of the countries in this sub-region, has the highest number of infections [Anon, 2003; Gow and Desmond, 2002, Whiteside and Sunter, 2000; Hope, 1999; UNDP, 1993]. It is estimated that by now about 5.2 million South Africans are living with the infection and those most infected are the women [Anon, 2003; Gow and Desmond, 2002; Department of Health, 2001; ASSA, 2000; Kelly, 1995; Evans et al., 1993; Gayle et al., 1990]. The pandemic has an adverse effect on female-headed households and their livelihood activities including the agricultural sector. *KwaDlangezwa community is part of this scenario.*

The place and origin of HIV and AIDS still remains a problem. There has never been a consensus as to where, when and how it all started initially. Some schools of thought held the view that the pandemic started in the United States of America in 1981 [Jackson, 2002; UNAIDS, 2000; Whiteside and Sunter, 2000; Crewe, 1992]. Another group was of the opinion that the virus that leads to AIDS was first

noticed in Europe, USA, Central Africa and Venezuela as far back as 1092 [Weitz, 1991]. But most people were of the view that that the pandemic was first noticed in about 1980 [Vargo, 1992]. Wherever and whenever it started, is not the issue. Rather HIV and AIDS is now everywhere. It is a thorn in the flesh of humanity. Every human segment is affected today by the impact of the HIV and AIDS pandemic [Eagle and Bedford, 1992]. It is therefore undermining the developmental efforts people are making.

However, the popular opinion is that, HIV and AIDS was first noticed in 1979 by a team of doctors in New York, San Francisco, and Los Angeles. They initially noticed that Kaposis's Sarcoma, a type of cancer that usually affects homosexuals in Italy and their Jewish counterparts had appeared among the young gay men in the aforementioned areas [Weitz, 1991]. The illness was thought to be mild but with chronic conditions. Purple lesions usually appeared on the patient. Soon thereafter it disfigured the newly infected gay men who later died [Weitz, 1991]. At that time HIV and AIDS was regarded as the disease of gay men and their community [Berridge and Strong, 2002; Hubert et al., 1998].

In June 1981, the Centre for Disease Control [CDC] in the USA published its official report of the pneumocystics carinii pneumonia [PCP] outbreak in the USA. The outbreak was common among gay men. Following this, the epidemic was unofficially called Gay Related Immune Disorder [GRID]. This initial assumption seemed to be accurate because about 49% of the reported cases were mainly among the gay men and homosexuals [Fan et al., 1998; Purvis, 1996]. But with time, the above assumption was found to be incorrect. This is because non-homosexual individuals were also infected.

In the year 1982, it was discovered that the epidemic was not limited to gay and homosexuals only. During this period, cases of GRID were reported in Haiti and in some parts of Africa among the gay, homosexuals as well as heterosexuals, intravenous drug users and haemophiliacs [Green, 1994; Burry et al., 1992; Weitz,

1991]. This time it was established that the disease could be contracted through blood and semen and could infect anyone who happened to be exposed to the virus [Jackson, 2002; UNAIDS, 2000; Crewe, 1992]. It was in this same year that some scientists came up with the name Acquired Immune Deficiency Syndrome [AIDS]. This is because the virus attacks the immune system of the infected persons. It causes the immune system to be ineffective against disease.

The first cases of HIV and AIDS were reported in South Africa in 1982 among white homosexuals, but in 1991 the number of heterosexuals living with HIV and AIDS out-numbered the homosexuals [Whiteside and Sunter, 2000]. Its first casualties were two people who died in 1992 and 1993 respectively [The Star, 1983]. Initially in South Africa, it was regarded as the disease of white gay men living in Johannesburg and Cape Town [Rand Daily Mail, 1983]. With this initial labelling of the gay and homosexuals, the government paid little or no attention to the pandemic. If the government had paid attention to the spread of the pandemic in the country, the pandemic would have been limited. At one time the present President, Mr. T. Mbeki set-up a committee to ascertain whether HIV really causes AIDS. In that committee some professionals were of the view that HIV does not cause AIDS, while the other group were of the opinion that it does. Based on the above opinions the government is not doing enough to address the issue. The general opinion on the matter worldwide is that the HIV virus causes AIDS. The available literature supports that HIV does cause AIDS.

The first death through HIV and AIDS resulted from a blood transfusion in which Marcello Del Frate was the first casualty. He was the first haemophiliac case that was made public in the country [The Star, 1985]. In the same year, The Gay Association of South Africa [GASA] was formed in an effort to create awareness about HIV and AIDS [The Star, 1985]. The association mobilized themselves with resources and started campaign against the pandemic.

In 1987 the pandemic started spreading among heterosexual black South Africans [Jack, 1996]. The non-commitment and neglect by the government functionaries in 1986 resulted in 139 employees from Malawi who were discovered to be HIV+ who were neither treated nor as new foreigners, tested as recommended by the commission set up on the pandemic [The Star, 1986]. The Daily News [1987] reported that out of 1140 HIV+ identified in the mining industry in the country, 1000 of them were foreigners. Since then the rate of the infection has been on the increase.

It is now an acknowledged fact that any individual who is infected with the HIV virus can develop AIDS within ten years of the infection [Heyman and Curran, 1988]. It is also a known fact that HIV and AIDS does not spread through mosquito bites, spitting, sneezing, hugging, touching or sharing cooking utensils. The commonest and simplest ways of contracting the pandemic in sub-Saharan Africa and particularly in South Africa are through heterosexual contact, mother to child, breast-feeding and blood transfusion, while in Western Europe, the USA and Australia it spreads more through homosexual sexual acts, and intravenous drug users [UNAIDS, 2000; Whiteside and Sunter, 2000; Hope, 1999; Crewe, 1992]. There are some other ways of contracting the pandemic such as through sharing of contaminated sharp objects, and exposure of an open wound to the contaminated body fluid of those already infected.

The rate of the infection worldwide has constantly been on the increase. Presently it is estimated that about 45million people worldwide are living with HIV and AIDS [UNAIDS, 2006; UNAIDS/WHO, 2005; Gow and Desmond, 2002].[16] Based on the above figure 25.4 millions are living with the infection in sub-Saharan Africa [Anon, 2004]. The regional statistics of HIV and AIDS of 2002 showed that sub-Saharan

[16] UNAIDS [2006]: An estimated 38.6 million [33.4 million – 46 million] people worldwide were with HIV at the end of 2005.
UNAIDS/WHO [2005]: The number of people living HIV in 2005 total 40.3 million [36.7 million – 45.3 million]. The pandemic is still on an increase yearly. The figures above testify this.
Gow and Desmond [2002:3]: At present about 45million people world-wide have been infected with HIV.

Africa has the highest number of infections. It is estimated that about 29.4 million people were infected in the year 2002, 58% of them were women [UNAIDS and WHO, 2000]. This goes to show that among the adults infected more are women [HSRC, 2002; UNAIDS and WHO, 2002; Shell, 2000]. The impact of the pandemic has led to a food crisis and abject poverty facing some countries in Africa especially in the sub-Saharan region [UNAIDS and WHO, 2002; ILO, 2000]. This is because women, who are the backbone of the informal economy, especially the agricultural sector, take care of the children and sick in the household and are highly infected and affected [Hope, 1999]. The present situation of women in relation to HIV and AIDS is because of their biological, social and economic position in the society and household [Berridge and Strong, 2002; Love, 2000; Whiteside and Sunter, 2000; Green, 1994]. Society sees them as second-class citizens and inferior to men. This has been the common perception about women, and mostly so in the Third World countries.

There is no gainsaying that HIV and AIDS is a poverty related problem facing humanity today [Gow, et al., 2002; Hunter and Williamson, 2002; Foster and Williamson, 2000; Cohen, 1998b; Schoepf, 1997; Panos Inst., 1992; Ankrah, 1991]. This has been one of the main reasons why the pandemic is evident especially among the developing countries. It spreads so easily in poor countries and related communities [Giese et al., 2003; Taylor et al., 1999; Geballe and Gruendal, 1998]. Some other reasons for this scenario include impoverishment of the rural people, and disempowerment of the rural communities whose members have migrated to urban cities in search of lucrative jobs. The social upheaval and other disruptions associated with political instability, inter-communal conflicts and counter-insurgencies also contribute to its spread [Hunter and Williamson, 2002; Mark, 2001; Zwi and Cabral, 1991].

The present statistics show that Africa has the highest incidence of HIV and AIDS with about 60% of the world's HIV and AIDS cases, while the continent has only 10% of world population [van Dyk, 2001; UNAIDS, 2000; van Rensburg, 2000].

According to the World Bank Report in Whiteside and Sunter [2000], deaths due to HIV and AIDS and related diseases in Africa will soon surpass the 20 million Europeans killed by the plague epidemic in 1347 – 1351. UNAIDS [2000] stated that of the 13.2 million orphans in the world, the greater percentage of them are in Africa. The reported cases of the pandemic showed that six out of every ten men, eight out every ten women and nine out of every ten children are HIV and AIDS infected [Allen et al., 2000]. These confirm the extent of its prevalence in Africa and the damage already done. Though about 200 000 Africans died in the 1998 conflicts in the continent, more than 2 million died of HIV and AIDS and related illnesses within the same period [UNAIDS, 2000; Mason, 1999]. It has been projected that if the pandemic is unchecked, the time is coming when some communities and regions will disappear from the map because of the pandemic [MRC, 2001; Shell, 2000; Barnett and Blaikie, 1992]. The rate of its prevalence in Africa is high with South Africa as the epicentre of the pandemic [Fast Fact, 2001; MRC, 2001; UNAIDS, 2000; Whiteside and Sunter, 2000; Crewe, 1992].

The reported cases of the pandemic in South Africa are more among the blacks [HSRC, 2002; Whiteside and Sunter, 2000]. The above notwithstanding, South Africa is among the countries in sub-Saharan Africa with a high incidence of HIV and AIDS pandemic [Gow et al., 2002; Johnson and Dorrington, 2001; Mark, 2001; Barbarin, 1999; Dorrington, 1999]. The leading factors in these scenarios are poverty, marginalization and unemployment, perpetuated by the former apartheid regime in the country [Whiteside and Sunter, 2000; Hope, 1999]. According to Whiteside and Sunter:

> Bantu are only temporarily resident in European areas for as long as they offer their labour there. As soon as they become, for some reason or other, no longer fit for work or superfluous in the labour market they are expected to return to their country of origin. South African's black population was forced into crowded, improvised homelands, which led to the breakdown of traditional cultural structures [2000:62].

Because of the above, 40% of deaths in South Africa are HIV and AIDS related and are more among the blacks during their productive age of 15 – 49 years [MRC, 2001]. Shell [2000] states that if the HIV and AIDS prevalence in South Africa were war, South Africans would have considered surrender. Mtshali [2002] in his address said, "We must admit that we are in the middle of a war and must deal with the HIV and AIDS pandemic as one would during the war." According to Whiteside and Sunter [2000] HIV and AIDS was used as a weapon of elimination in South Africa during the apartheid era. The already infected individuals were forced to infect others. This fact was made known at the Truth and Reconciliation Commission.[17] Its devastating effects on the household has made some people prefer civil war to the pandemic. Inasmuch people die in wars but many prefer them to HIV and AIDS because of the stigma attached to the infection. The pandemic is easily associated with sexual intercourse and as such some people see the infected as immoral person[s]. Anarfi [1993] stated that the high ratio of males to females at migration destinations implies that females are in high demand for casual sexual relationships. This has led to both promiscuity and prostitution. With these practises the spread of the pandemic is always on the increase. For this reason the rate of the spread of the pandemic is on the increase especially in sub-Saharan Africa.

According to Hope:

> Without a doubt, poverty and economic distress in African countries have contributed greatly to the rapid spread of the HIV and AIDS. Africa remains one of the poorest regions of the world. Low levels of education, crowded and unsanitary living conditions, malnutrition, limited access to basic services, rates of unemployment, and rapid urbanization are

[17] Whiteside and Sunter [2000:65]: Indeed, one astonishing fact that emerged from the Truth and Reconciliation Commission was the use of HIV as a weapon. According to submissions made by two apartheid-era security officers, Willie Nortjé and Andries van Heerden, at TRC in 1999, askaris [former ANC operatives who had gone over to work for the apartheid state security forces] were used to spread the disease. Ones known to be HIV positive were employed at two Hillbrow hotels, the Chelsea and Little Rose, in 1990, with the explicit instruction to infect sex workers.

> all poverty phenomena that are increasingly associated with HIV and AIDS [1999:3].

Hope was of the view that the above-mentioned problems are some of the contributing factors leading to the spread of the pandemic. The above are some of the common factors contributing to the spread of the pandemic in the KwaDlangezwa community. In other words some people are led into an immoral life because of their situation. As such living with HIV and AIDS should not be stigmatized. The pandemic should not be seen as punishment for immoral living.

Despite the efforts of different groups, organizations and individuals to reduce the spread of the pandemic, it is on the increase in the continent of Africa. The rate of the HIV and AIDS prevalence is high in South Africa, but more in KwaZulu-Natal province [HSRC, 2002; MAP, 2000; Whiteside and Sunter, 2000]. KwaDlangezwa is one of the communities with a high prevalence of HIV and AIDS in this province. Other provinces with a high rate of prevalence in South Africa are Mpumalanga and the Free State. It is projected that about 2000 people will contract the virus daily in the country and 50 000 on a monthly basis [HSRC, 2002; MAP, 2000]. In South Africa, 20% of the adult population is infected [MRC, 2001; UNAIDS, 2000]. It is therefore projected that HIV and AIDS in South Africa between 2005 to 2010 will affect between 6 to 7.5 million people [Love, 2000].

**Table 1. The Basic HIV and AIDS projection for 2004 – 2010**

| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|---|---|---|---|---|---|---|---|
| Adult HIV prevalence Rate [%] | 18.6 | 19.5 | 20.2 | 20.7 | 21.1 | 21.4 | 21.7 |
| Adults | 4887 | 5161 | 5387 | 5555 | 5675 | 5764 | 5830 |
| Children | 271 | 291 | 309 | 326 | 342 | 354 | 305 |
| Total | **5158** | **5452** | **5696** | **5881** | **6017** | **6118** | **6195** |
| AIDS Cases [000's] | | | | | | | |
| Adults | 403 | 469 | 532 | 588 | 635 | 674 | 705 |
| Children | 74 | 81 | 88 | 93 | 99 | 104 | 108 |
| Total | **477** | **550** | **620** | **681** | **734** | **778** | **813** |
| AIDS deaths [000's] | | | | | | | |
| Adults | 291 | 334 | 373 | 408 | 437 | 460 | 478 |
| Children | 52 | 56 | 60 | 64 | 68 | 71 | 73 |
| Total | **343** | **390** | **433** | **472** | **505** | **531** | **551** |
| Orphans [000's] | 734 | 921 | 1123 | 1333 | 1543 | 1746 | 1936 |

Source: Whiteside and Sunter: 2000:69

The above table is adopted from Whiteside and Sunter [2000]. NB. Adults denote persons from 15 to 59 years of age; Children are 0 to 14 years old; Orphans are children up to 14 years who have lost their mothers due to HIV and AIDS.

The above projection indicated that by 2010, the rate would be about 22% of the total population. The final ceiling for the adults will be as high as 30%, double the present situation [Whiteside and Sunter, 2000]. There is an indication that already about 17 million have contracted the disease. It is postulated that by the year 2010 there will be about 5.5 million deaths in the country but the present statistics show that there are as many as 1800 deaths daily in the country.

The issue of HIV and AIDS in South Africa is the affair of all people. There is no section of the country that has not been infected and affected, though the rate of

infection and affection is not the same. Everybody in the country is involved as regards the pandemic.

**Table 2. AIDS Cases in South Africa by Figure and Percentage in 2002**

| Sex and Race | Numbered surveyed | HIV/AIDS [%] |
|---|---|---|
| Male | 3772 | 9.5 |
| Female | 4656 | 12.8 |
| African | 5056 | 12.9 |
| White | 701 | 6.2 |
| Coloured | 1775 | 6.1 |
| Indians | 896 | 1.6 |
| **Total** | **8428** | **11.4** |

Source: Nelson Mandela/HSRC Study of HIV and AIDS in 2002

The above table indicated that the Africans [Blacks] are 12.9%, whites are 6.2%, the coloured are 6.1% and Indians are 1.6% of the total number of people surveyed respectively. Generally speaking in South Africa, Asians are about 3% of the total population, coloured 9%, Africans [Blacks] 76% and whites 13% [Central Statistics Services, Durban, 1995]. The available statistics show that about 90% AIDS carriers are the Africans [Blacks]. The above affirms that a greater percentage of AIDS orphans live in Africa while about 50% of them are in South Africa [Anon, 2003]. Though South Africa has a high prevalence of the pandemic, KZN has the highest among all the nine provinces in the country. According to Mtshali [2002] about 35% of the KZN population is HIV+. The rate of HIV and AIDS is overwhelming in South Africa with the highest percentage in KZN [Steinberg et al., 2002; Whiteside and Sunter, 2000]. In the year 1999, KZN had 36%, the Free State 27.9% and Mpumalanga 27.3% of women who attended antenatal clinics [Mtshali, 2002; Whiteside and Sunter, 2000]. The rate in KZN is

such that 15 people contract the HIV virus every hour. Eighty thousand people died of HIV and AIDS and related illnesses in the year 2001 [Mtshali, 2002].

KZN having been identified as the province with the highest rate, about 40% of the women are HIV+ while 35% of the provincial population is HIV+ [Boyle, 2002; Mtshali, 2002]. In Durban about 25% of students of the University of KwaZulu-Natal, Westville campus tested positive while 25% of the student population from the technicon in the same area who were tested was equally positive [Anon, 12/03/2004]. This survey at the same time showed that youths are highly infected by the HIV and AIDS countrywide.

The projection for KZN in 2006 is a 29% increase of the people living with HIV and AIDS [Whiteside and Sunter, 2000]. Based on the above, about 1 115 000 adults are already infected by the disease, more than 71 000 are known to have full-blown AIDS while 53 000 are expected to die because of the infection [Whiteside and Sunter, 2000]. It has also been projected that the death rate in the province will reach its peak in the year 2008 and will gradually start to decline. This high rate of infection and mortality will have no effect on the general population increase in the province because, the provincial population will be about 10 723 000 by the year 2010 [Whiteside and Sunter, 2000]. The number of orphans in the province will continually be on the increase if the pandemic continues unabated. It is also projected that HIV and AIDS orphans younger than 15 years, will be about one million by the year 2005 and might be about 2.5 million in the year 2010 [Whiteside and Sunter, 2000]. The impact of the pandemic is more on the productive ages of 15 to 49 years. This is because people in this age range tend to experiment with many things in life including sexual intercourse. As a result, the number of people infected will always be on the increase. Both infant and child mortality will continue to rise in the province because of mother to child transmission [Boyle, 2002; Whiteside and Sunter, 2000]. It is likely that most of the children will die within a few years after birth.

The HIV and AIDS scenario in South Africa is so great and it cannot easily be overcome. *The pandemic is common in KwaDlangezwa community.*[18] The situation is such that every human segment is affected but the worst affected are the poorest of the poor especially the women. As such many families and households are vulnerable because of the pandemic [Steinberg et al., 2002]. African rural households being the centre for agricultural production and self-employment are constantly depleted due to the fact that the pandemic has reduced both its human resources and assets [Hope, 1999]. The pandemic has left many households just a few hours to work because many are used for caring for the sick within the household.

Its devastating effects on the household have left many children orphans. In the present situation it is estimated that about 500 000 households will be headed by AIDS' orphans by 2010 [Whiteside and Sunter, 2000]. This has compounded the fragile family environment in KZN. KwaDlangezwa community is not an exception to the above scenario.

### 2.3. The Household structures

The rural household structure should be seen and considered on the basis of an arrangement people make individually or collectively for the welfare of the whole [Berth, 1997]. The household structure is the coming together of people or a group of people, who are related, not necessarily in terms of blood relationship [Berth, 1997; Østergaard, 1992]. These people organize themselves for production and reproductive activities within the households. These activities include production, reproduction and consumption, and sexual unions. Socialization of the children may or may not occur depending on the cross-cultural and intra-cultural variations of the people concerned [Mtshali, 2002; du Preez, 2000; Berth, 1997; Østergaard,

[18] This is a personal observation during the visitations to the community. Also information from the stake-holders, discussion groups and key informants confirmed this.

1992]. Within the above situation the individuals in the household fulfil certain roles depending on capacity and competence.

A good number of factors will be taken into account before deciding who belongs to the household or not. The members of the household are responsible for determining who is a member or not [Steyn et al., 1987]. Both the culture and the traditions of the people help in determining the structure of the household.

The burden of the household structure lies with effective governance. In every human institution there should be a head, who oversees the functioning of the whole. In a household this could be a man, woman or even a child [Mtshali, 2002]. The headship of a household is often designated to a member by other members of the household based on age, culture, or even circumstances in the household [Morada, 2001; du Preez, 2000; Breth, 1997; Østergaard, 1992]. This in a way serves to show family relationships. Most of the time men are favoured.

The headship of a man in the household has been attributed to, and linked up and deeply rooted in the cultural ideology and patriarchal nature of the society that a man is the head of the family [Østergaard, 1992]. This could be vertical in a multigenerational link-up or horizontal when brothers of the more senior amongst them join together in one household. It can be in a polygamous household where all live together [Steyn, 1987]. The male-headed households are more common in the society than female and child-headed households especially in sub-Saharan Africa [Chant, 1997; Firebaugh, 1995]. The above view is common in KwaDlangezwa community. The common reason behind this is that men have easy access to assets, resources, loans and grants and can offer protection to other members of the household [Mtshali, 2002]. This is because the male-headed household is part of the people's culture.

In recent times there has been an increase in the emergence of female and child-headed households worldwide [Mtshali, 2002; Morada, 2001; du Preez, 2000]. The

cause of this new trend is migration of the husband, ***de facto*** [temporary absence] of the husband and ***de jure*** [single or widowed] as a result of terminal illness [Mtshali, 2002; du Preez, 2000; Firebaugh, 1994]. Single parental households are equally on the increase presently in society [Anon, 2004; Steyn, 1987; Schlasinger, 1978]. In other words there are three things that could lead to a female-headed household today in society.

With the present situation, a child can be the head of the household. When the parents die of any terminal illness or HIV and AIDS the tendency is that the children of the household become the head [Ayieko, 2003; Firebaugh, 1994]. As long as HIV and AIDS continues to create havoc on the household livelihood activities, the child headed-households will also increase. In Rwanda for instance 60 000 households of its general population are presently headed by the children because of genocide and HIV and AIDS [Anon, 2003]. It is estimated that between 500 000 to 800 000 are orphaned by HIV and AIDS in South Africa especially in KwaZulu-Natal and the majority of these households are headed by children [Keeton, 2000]. The impact of the HIV and AIDS pandemic has therefore compounded the fragile situation of society. In some cases of child headed households outsiders join the group [Keeton, 2000].

Circumstance in the household often times determine who heads the household. It can be a man, woman or child. There is no consensus on who must be the head of the household. The situation dictates who will lead. In KwaDlangezwa, the majority of the households are headed by men. The researcher is focusing on only the female-headed households in KwaDlangezwa.

**The female-headed household**

The centre of this study is the female-headed household. It is the centre for production, reproduction and consumption activity. The patriarchal system is an

agent of oppression against the women in African society. On the other hand poverty has led some women into extra marital affairs.

It is true that conventional research suggests that the head of a household is male, but Verma [2001] stated that the above is never static and cannot be true always. The female-headed households are now on the increase and represent an important segment in the society [Verma, 2001]. The female-headed households are classified into two groups – ***de facto*** and ***de jure*** head of the households.

Verma [2001] stated that de facto households are those households where the husbands have migrated or where the husbands and wives reside together but the marriage exists "only in name". In this kind of household, the woman is in charge of the household activities. In this case the husband has migrated leaving the wife as the sole overseer of the household. The household does not suffer the same stigmatization as the ***de jure*** situation.

***De jure*** are the women who are responsible for all the affairs of the household. They do not consult anyone. They are the decision makers and providers for the household [Verma, 2001]. Verma [2001] stated that the ***de jure*** households are therefore women, including widows, divorcees and single parents. These groups of women are often times stigmatized and prefer to live in the urban areas where their status will be hidden. They are the sole controllers of their households.

### 2.3. The Household Livelihood Activities

The rural household is the nucleus where production, reproduction and consumption occur [Bernstein et al., 1992]. In it people live together, and carry out different activities [Bernstein et al., 1992]. Engberg [1996] defined livelihood as the mixture of the individual and household survival strategies developed over a given period of time that seeks to mobilize available resources and opportunities. PCDF [1995] argued that livelihood is a means of living or supporting life and enabling

individuals and the community to meet their livelihood needs. UNDP [1999] was of the view that livelihood is the assets, activities and entitlements that people utilize in their efforts to make a living.

As already stated above, Chambers and Conway [1992] believe that livelihood comprises the capabilities, assets [stores, resources, claim and access] and activities required for living. Singh [1994] argued that livelihoods are a people's capacity to generate income and maintain their means of living, enhance their well-being and that of future generations without compromising the resource base. DFID [1999] stated that livelihood is the combination of the resources used and the activities undertaken in order to live. It is therefore defined as adequate stocks and flow of food and cash that enables the household to meet its basic needs [Conroy and Litvinoff, 1988].

Every individual and member performs duties and functions in an effort to survive and to meet the basic needs of the whole household within their own context. These are the productive, reproductive and consumption activities. Every member of the household is an actor and contributor to the welfare of all the members. Individual contribution has an effect in the household. The household is the centre of different activities. Some of these activities include caring for the sick and elderly.

**The Household as production centre**

The household is the centre for the economic empowerment of the people living with the HIV and AIDS [UNAIDS 1999]. The members of the household diversify their livelihood activities in an effort to survive. Rural households for this reason engage in agricultural activities especially in subsistence farming and poultry breeding [du Preez, 2000; Addo, 1998; Donahue, 1998; Sauerborn, et al., 1996; Besha, 1994; Bernstein et al., 1992]. This is because households depend exclusively on agriculture in the rural areas as a means of income and food. Both

people in the rural and urban areas engage in different livelihood activities in their efforts to meet their household basic needs. For this reason, members of the household are found doing more than one type of livelihood activity like buying and selling. These efforts are geared towards promoting savings and maintaining minimal expenditure. There are some people who are involved in arts and crafts production as their income generating activities [du Preez, 2000]. In some other cases people adopt dancing, begging, hawking and even stealing as their means of livelihood.

**The Household as reproductive centre**

The reproductive activities include fetching water and firewood, cleaning, laundry, care of the children, the elderly and the sick [Ekkas 2003; du Preez 2000; Chambers and Conway, 1992; Cloke and Little, 1992]. In the reproductive activities of the household, children are seen as contributors to the welfare of the household [Bernstein et al., 1992]. They do not depend solely on the parents but also assist in household work. Some of the children in the household sell their labour outside the household. Whatever is realized is contributed to the welfare of the whole. But in some cases too, what is realized is utilized by the individual.

**The Household as consumption centre**

The household is self-sufficient. This is because every individual has a role to play in it. According to Mackintosh [1989] the household is a unit in which women perform the act of cleaning, cooking, child-care and care of the sick. The activities in the household are therefore, either for consumption or income generation.

## 2.4. Household Livelihood System and their Components

The concept of household livelihood activities is both comprehensive and holistic and should be seen as an effort to address rural poverty and the issue of HIV and AIDS [Mtshali, 2002; DFID, 1999; Bernstein et al., 1992]. The areas of concern

here are human, social, natural, physical and financial capital [Mtshali, 2002; du Preez, 2000; DFID, 1999; Chambers and Conway, 1992]. On these the households undertake diverse activities in their efforts to meet their daily basic needs. Inasmuch as the households utilize the above, they are vulnerable to flood, famine, HIV and AIDS or retrenchment [DFID, 1999; Chambers and Conway, 1992]. The institutions in the livelihood system are the policy making bodies in the society.

Having adapted the DFID definition of livelihood approach as the framework research for this study, it will identify the following; household livelihood activities, assets and resources, outcome, vulnerability context and structure.

**The Household** – livelihood abilities and capabilities

It is a statement of fact that members of the household undertake a wide range of livelihood activities according to their abilities and capabilities [DFID, 1999]. The household capabilities are the knowledge, skills, production, reproduction and entrepreneurship of the people [Nussbaum, 2000; DFID, 1999; Bernstein et al., 1992]. It is the capabilities of the households when combined with knowledge, skills, state of health and ability to labour that enables the households to make good use of their assets and resources and to engage in different livelihood activities [Nussbaum, 2000; Neefjes, 2000; DFID, 1999]. The household's abilities and potential enables it to labour and pursue different livelihood strategies.

Capabilities are the ability to perform or function [Chambers and Conway, 1992]. When this is applied, the households tend to diversify their activities. There is never a household that relies on only one livelihood activity that can sustain its livelihood. Chambers [1997] argued that households diversify in their efforts to survive. Therefore, household members adapt the system of division of labour according to ability. In other words every member of the household is a potential contributor to the general welfare of the entire household. Each member of the

household, as such, is unique and has a special role to play for the benefit of others.

**Livelihood Activities**

The members of the household undertake a wide range of livelihood activities to meet the households' basic needs. When households engage in multiple livelihood activities they diversify. Diversification is the effort households make in order to overcome vulnerability. Some of these are subsistence farming, arts and crafts. Others are the domestic work in the household including caring, provision of water, cooking, washing and cleaning. These form the livelihood activities in a household. They are common in the female-headed households in KwaDlangezwa.

The productive activities of the households are differentiated by gender and sex [Stagé, 2002]. In some other cases the culture and society determine the roles of males and females. People's engagement in different activities does not mean that they are beneficiaries [Stagé, 2002]. They do them in some cases for the good and welfare of others. Other productive activities include buying and selling, including firewood, sewing, gardening, farming, and metal work [Stagé, 2002; Scanzoni, 1978]. These reflect the ways in which households can cope within their vulnerable context. Every effort of the household is for a better living condition for its members.

The reproductive activities of the households are the day-to-day activities in the households for their maintenance, survival physically and emotionally [Stagé, 2002]. Women and children are involved especially in coping with HIV and AIDS [Stagé, 2002]. Children are no longer seen as a liability, but rather, they play vital roles in the households both in the productive and reproductive activities of the households. The reproductive activities include fetching water and firewood, cleaning and washing, cooking and caring for the elderly, the sick and the children

[De Stagé et al., 2002; Scanzoni, 1978]. These can change over time depending on seasons and situations.

In the rural areas, households are engaged in agricultural activities including crop production, horticulture and livestock as their means of livelihood [Mtshali, 2002; du Preez, 2000; DFID, 1999]. Agriculture [subsistence farming] is of such a nature that people can practice it wherever they are. Many households are involved in planting carrots, lettuce, maize, cabbage and spinach [du Preez, 2000; DFID, 1999, Bernstein et al., 1992]. Many of these are for their own consumption while the surplus quantity is sold for other household needs [du Preez, 2000]. The income generated from some of these activities is used to subsidize the household's basic needs. Every member including the physically handicapped in the household has a role to play in the household for the welfare of others [Kretzmann and McKnight 1993].

**Livelihood Assets** – That is the material and social means that enable the household to survive. Assets are the resources through which the female-headed household draws its livelihood. These assets are human, natural, physical, financial and social capital [Mtshali, 2002; du Preez, 2000; DFID, 1999; Chambers and Conway, 1992]. On these, the household plans its livelihood activities.

Scanzoni [1978] stated that resources are the elements that enable actors or groups of people to achieve certain goals in the social institution. Some of these are intangible resources for they can neither be seen nor touched [De Stagé et al., 2002; du Preez, 2000; Scanzoni, 1978]. The intangible resources are being good hostesses, an ability to organize activities outside the households, natural intelligence, the ability to handle a number or responsibilities, ability to solve problems and the ability to get what is right and fair for the household. The social assets are the benefits people derive from institutions, organizations and associations [De Stagé et al., 2002]. These claims can be made based on moral obligation, power, social convention and precedent from the state or individuals.

Assets and resources are divided into tangible and intangible assets [Chambers and Conway, 1992]. Both of them are the material things that the households pursue as their household strategies [Neefjes, 2000]. DFID [1999] stated that assets are those resources the household can own directly or have control and easy access to. These form the basis for the household livelihood. The households will therefore operate and carry out their household livelihood around these assets.

The tangible assets and resources can be counted, touched and felt [Stagé, 2002]. Tangible assets and resources can also be measured; they include water, money, livestock, farming equipment, tools, natural resources and infrastructure [Stagé, 2002; du Preez, 2000; Chambers and Conway, 1992]. Both the tangible and intangible assets and resources enable the households to plan for their livelihood activities [du Preez, 2000].

Chambers and Conway [1992] stated that the tangible assets are the food stock, stores of value, cash savings and credit schemes. Some others are water, land, trees, and livestock, including farming equipment and tools. It is with these assets that households strive for their daily livelihood.

The intangible assets are the claims, demands and appeals that people make for material things. Some of these claims include the Child Support Grant, the Care Dependency Grant and the Disability Grant. These could be made during distress, shock or when unexpected things happened in the household like HIV and AIDS [Chambers and Conway, 1992]. Both the tangible and intangible assets are referred to as capital [DFID, 1992; Chamber and Conway, 1992]. These include human, natural, physical, social and financial capital.

Natural capital is the immediate environment and thereon a lot of other assets exist [Mtshali, 2002]. This is the location where the household is situated. In such an area there are land, forests, marine, wildlife, water, air, erosion protection,

waste assimilation, and storm protection [Mtshali, 2002; DFID, 1999; Chambers and Conway, 1992]. It is exceptionally important to note that many of the households depend solely of the natural capital for their livelihood [DFID, 1992]. For instance the household that depends on subsistence farming must maintain the soil for it to give its best during harvesting. It can be done by constantly applying organic manure to the land. Allowing the land to fallow will increase its productivity. In most cases natural capital is common to all the people.

The household livelihood activities can promote or destroy the natural capital depending on their application [Mtshali, 2002; Leimar-Price, 1997; Bernstein et al., 1992]. The households carry out their productive and reproductive activities on the natural capital at all times. For the household to benefit from the natural capital, it must protect it constantly. This can be done, for instance by the planting of trees in place of those that have been cut down. Planting grass and good drainage systems can check soil erosion. If this practice is adopted the natural capital will yield positive results.

Social capital is defined as the social networks to which people belong [Ellis, 1999]. Social capital is therefore the membership of groups, relationships or trusts, and access to wider institutions of society. Thereby people can create jobs, get credit and financial assistance [Narayan et al., 1999; Carney, 1998]. This is the capital on which households draw in pursuit of their livelihood objectives [DFID, 1999]. Reciprocity lowers the costs of working together [DFID, 1999].

Social capital therefore encompasses the different types of roles played in and around social institutions by the households. Through the social capital households make claims and assist one another [Mtshali, 2002; Niehof and Price, 2001; Carter and May, 1997; Chambers and Conway, 1992]. It is therefore meant to bridge the gap between the haves and have not in and around the households.

Human capital is made up of people's ability [du Preez, 2000; DFID, 1999; Ellis, 1999; Narayan et al., 1999]. The human capital of the households are the skills, knowledge, ability to labour and good health that enable people to seek for their livelihood [du Preez, 2000; DFID, 1999]. Every improvement in the household depends on the availability of human capital [Mtshali, 2002; Ellis, 1999]. Human capital cuts across all human endeavours.

Health is wealth and for that reason rural households depend on their health in an effort to make a living from their daily livelihood. Good health in the households is therefore an asset to the household. Chambers [1989] states that the majority of the rural households rely solely on their good condition of health for their daily livelihood. In other words bad health is a bad omen to the household involved. Human capital is very important in the household for livelihood and survival.

Physical capital comprises the basic infrastructure and production of goods made by the households [Mtshali, 2002; DFID, 1999; Carney, 1998]. It enables the households to seek their daily livelihood. Such are good roads, rails, telecommunication, an affordable transport system, well-secured shelter and an adequate water supply, and an affordable energy supply [Mtshali, 2002; DFID, 1999]. They can be accessed individually or communally. Through the efforts of the household members, physical capital can be converted into cash value [Mtshali, 2002; Narayan et al., 1999; May et al., 1995]. Physical capital, when properly harnessed and managed, becomes an asset to the household.

Financial capital comprises the financial resources that households use to achieve their livelihood [DFID, 1999]. These include all savings, credit, money, stocks and tangible assets [DFID, 1999; Ellis, 1999; Carney, 1998]. The tangible assets are the assets that a household could convert for other household livelihood [DFID, 1999; May et al., 1995]. Mtshali [2002] stated that many rural households in South Africa earn their income from wages, grants, pensions and small and medium enterprises. But despite the fact that the national economy of the country is high,

more than 50% of the country's population still live below the poverty line [May et al., 1995]. Ellis [1999] stated that there has been a need for assistance by the government in the spread of financial institutions that are self-sustaining, for example stokvels. This will go a long way in assisting the households to a better future. Financial capital is very important and necessary in the areas of BEE programmes in the country. The institutions involved in lending should create a good atmosphere that will assist the poor and especially women in the rural communities.

**The Rural Household Livelihood Strategies**

The household strategies denote the range and combination of activities and choices that people make and undertake in an effort to achieve their livelihood outcomes [DFID, 1999; Mock, 1986]. These include production, reproduction and investments. It is therefore a dynamic way of combining different livelihood activities to meet different needs of the households at different times [DFID, 1999]. Strategies are never static but change over time with the prevailing situation [DFID, 1999; Mock, 1986].

*Household livelihood activities have to be planned and structured to benefit the* household. For this reason Goldsmith [1996] defines strategy as a plan of action, a way of conducting and following through on operations. Strategy therefore implies the careful thinking out of details and the consideration of outcomes. Anderson et al. [1994] state that it is a way through which individuals or groups of people consciously seek to structure in a more coherent way, action within relatively long term perspectives. It is a source of empowerment to the rural populace [Goldman et al., 2000]. This therefore, leads to diversification of livelihood activities in the household [Mtshali, 2002]. Diversification can be a deliberate action by the *household or involuntary responses to a crisis [Ellis, 1998a]*. Household diversification leads to livelihood outcomes that enable the household to cope with its situation.

Strategy is the act of seeking patterns that can be suitable for the household in an effort to improve its living standard. Strategy enables the household to increase the available options for a better living. The rural households undertake various livelihoods activities that will enable them to achieve their desires. For this reason, households undertake manifold livelihood activities so that through them they can provide for themselves food, shelter, money and essential services [Mtshali, 2002]. Goldsmith [1996] stated that strategies are plans of action, ways of thinking, conducting and following through on an operation. Strategy therefore, shows the careful thinking out of details for possible outcomes. In this research some of the expected outcomes are better living conditions and good health. One obvious reason is that diversification leads to improvement that will definitely culminate in reducing the vulnerability of the households [Mtshali, 2002]. The earlier the households diversify their livelihood activities the better off they are in their context [Ellis, 1999]. Strategy is the higher order of construct, which enables the households to form a general prescription of action.

Mtshali [2002] states that migration is one of the strategies households adopt especially in KwaZulu-Natal province, as a way of coping and survival. Many households adopt different strategies for their survival such as sponsoring a member to migrate for financial purposes [Mtshali, 2002; Adepoju and Mbugua, 1997]. In some other cases people sell sex as their strategy for survival [UNAIDS 1999].

Zoomer [1999] in Mtshali [2002] argued that there are four types of household livelihood strategies. These are accumulation strategies for future income sources. Migration, land acquisition and social networks and consolidation strategies to improve their household's quality of life such as education or the acquisition of a home.

**The Rural Household Livelihood Outcomes**

Livelihood outcomes are the achievements or outputs of the households based on their livelihood activities [DFID, 1999; Bernstein et al., 1992]. The essence of this in the framework is for sustainability and achievement orientation [DFID, 1999]. The outcomes will guide the user on how to promote responsiveness and provide bases for action in the household.

The household livelihood outcomes can increase income that will reduce its vulnerability [Mtshali, 2002; DFID, 1999; Bernstein et al., 1992]. Changes that occur within the household through the livelihood strategies are the livelihood outcomes. Outcomes can promote an efficient economy, generate more income and create employment opportunities [Bernstein et al., 1992]. The above is possible if the livelihood is both positive and progressive.

Access to assets plays an important role in livelihood generation in a household, while a lack leads to vulnerability and lack of proper planning. Farrington et al., [1999] defined positive livelihood outcomes as: more income, increased well-being, reduced vulnerability, improved food, security and a more sustainable resource base. Livelihood outcomes are the end product of the household livelihood activities and strategies. In the context of this study in KwaDlangezwa the outcome is more income, food security, empowerment and improved quality of life amongst the rural women.

In the face of poverty, the essence of livelihood outcomes is to change the situation. If poverty is seen as lack of food, powerlessness, lack of access to key services, the livelihood outcomes will be food security, a sense of power, dignity and improved access to basic services [DFID, 1999]. Farrington et al., [1999] describe the livelihood outcomes for poverty as a greater income base and to improve the quality of life.

**The transforming institutions**

DFID [1999] state that structure and processes are the institutions, policies, organizations and legislation that shape the household. They operate at all levels from rural households to the international arena, in all spheres, both private and public. Anon [2003] states that policy, institutions and processes are a range of issues associated with power, authority, governance, law, market, land tenure, gender, culture as well as government and private agencies. These effectively determine the household's access to various assets [Anon, 2003; DFID, 1999]. These are the government at all levels, CBOs, NGOs, Church, and private sectors. Their policies and laws have an influence on individuals as well as households in general and their livelihood activities. These at times may provide opportunities for assets accumulation and improved household livelihood activities [Mtshali, 2002; DFID, 1999]. They determine household access to assets and provide opportunities of converting them into livelihood outcomes that will be of benefit to the household.

**The Structures** - these are the organizations, both private and public that set and implement policy and legislation for service delivery [DFID, 1999]. Without a structure no other act of livelihood will be functional. For instance without the legislature, there will be no laws and without laws, there will be no law court to implement the laws. For the laws to be implemented the legislature must be in place.

**The Institutions** -These are the organizations or agencies both in the public and private sectors by which people and organizations interact with each other [DFID, 1999]. These are the authorities responsible for the implementation of the laws and regulations in the society [Anon, 2003]. The institutions are responsible for the household's access to assets and resources in the society where they are.

**Vulnerability context**

Vulnerability is defenselessness, insecurity and exposure to risk and difficulty in coping with them [DFID, 1999; Chambers, 1989]. This is the immediate environment where the female-headed household exists. In the midst of this, the female-headed household struggles and contends with the situation by adopting different coping strategies. Oftentimes the vulnerability context has a negative impact on the household. It affects the livelihood activities of the household.

Vulnerability has two sides – an external side of risks, shocks and stress to which an individual or household is subjected, and internal, that is defenselessness, and a lack of means to cope with a damaging loss. DFID [1999] stated that people's livelihoods and the wider availability of assets are fundamentally affected by natural disasters.

Disaster impacts negatively on the livelihood of the households [Stagé, 2002]. These include sudden death of the breadwinner in the household, illness like HIV and AIDS, fire that destroys farmlands and crops, out-breaks of infectious diseases like Foot and Mouth that affects pigs, cattle, sheep and goats and the recent bird flu. Floods and political violence displace people from their homes. Stress as vulnerability undermines the household livelihood potentials because it has long-term effects [Stagé, 2002]. Such stresses are terminal illness that takes the time and money of the household. Inadequate public services, poor transport services, bad telecommunication, inferior education, political instability and climatic changes have an effect on the household livelihood.

## 2.5. Conclusion

The above chapter has shown that the spread of HIV and AIDS is still on the increase. The rate of its spread is not even. Some of the contributing factors to this will be discussed in Chapter 5 of this thesis as they affect the area of my research.

In an effort to cope with the pandemic therefore, the female-headed households adopt different coping strategies. These strategies are based on the household livelihood activities available to a particular household. The next chapter will therefore focus on the methodology and framework that will be used in conducting this research.

# CHAPTER 3

# RESEARCH DESIGN AND METHODOLOGY

## 3.1. INTRODUCTION

The research design and methodology will be discussed in this particular chapter. Other issues here include the unit of analysis, methods of data collection and management, roles of the key informants and household composition. The chapter will also deal with the issues of focus group discussions, the research assistant and the limits of the study. It will provide the framework of this study as a guide.

The aim of the research is to explore and improve on the female-headed household livelihood activities as coping strategies against the impact of HIV and AIDS in rural areas such as KwaDlangezwa. The research requires some explanation on some of the issues concerning the study. The whole study will be approached from a system approach perspective. Attention will be focused on the dynamics of the household and how the female-headed households use these as a household coping strategy. In this chapter therefore, the issue of research design, unit of analysis, methods of data collection, procedure of the research and its limits will be discussed.

## 3.2. The Research Design: Qualitative and Quantitative Approaches

The method for this research is a combination of both the qualitative and quantitative approach and will be descriptive in nature. The combination of the two methods above will give a good result [Sarantakos, 1998; Scrimshaw, 1990]. These methods are ideally suited for this type of study because quantitative research views reality as singular, static and existing independently of observers [Mtshali, 2002]. Its focus is always on reality and aims at producing generalizations of the study [Chapman and Maclean, 1990; Scrimshaw, 1990].

The qualitative research method directs one towards gaining an understanding of the meaning of people's everyday lives from their very own point of view. Qualitative research, therefore, provides detailed descriptions of the particular social settings under investigation and also an explanation of the behaviour that occurs therein [Naraman, 1995]. It recognizes that scrutinized people do not construct their meaning in a vacuum, but within a socio-cultural set-up in which they live. [Mtshali, 2002]. A good result will be achieved through interactions and negotiations with others that are involved [Chapman and Maclean, 1990].

Open-ended questionnaires have been used to collect data from the community. There were structured and informal sets of interviews that were used to cover the following household structure, assets and resources, livelihood activities and household coping strategies. The combination of the two methods above were used to gather information and data on households. The key informants were interviewed and focus discussion groups were used to collect the qualitative data.

### 3.3. Unit of Analysis

The unit of analysis in this study is the female-headed household. The concept of household has already been defined in the previous chapter as a co-residential unit. Lipton et al. [1996] stated that a household is made up of both resident and migrant components consisting of the members that do things together as a unit. Household in this study is viewed as a set of people who do and have things in common. The definition of household for this study will be based on Rudie's view of household which is family members who live together with many things in common.[19] The householders are closely related to one another. Some of them might even be migrant members who contribute to the welfare of the household.

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[19] Rudie [1995:228]: A household is a co-residential unit, usually family-based in some way, which takes care of resource management and primary needs of its members.
I chose the definition because it addresses the issues of household livelihood based on residence, family and resource management. They are important because they assist the households in meeting their daily basic needs as the case in this study.

### 3.4. Methods of Data collection

The methods of data collection included interviews with some key informants in the area of KwaDlangezwa and personal observations. Open-ended questionnaires were given to the persons concerned and formed the major source of collecting information from the community. The Snowball[20] method and key informants were used to identify the concerned households. The information gathered has been described by me.

#### 3.4.1. The key informants

The key informants are the role players in the community. Mtshali [2002] argued that the key informants are aware of vital information about their community and through them vital information will be collected. The key informants are the people who know the community inside out and are involved in its daily activities. They assist in the mapping of the assets and resources in the community. They were first interviewed individually, based on the role each plays in the community. These were the community leaders, community chief [amakosi], health workers, funeral undertakers, and leaders of CBOs, the Church leaders, some governmental officials, and women leaders of organizations.

During the interviews some of the gray areas in the community were revealed to the researcher. The interviews opened up new areas for further research in the future by showing a pattern of change as circumstances altered. There is no way to verify any of the information. This is because some of the information can neither be proved nor disproved since information that was collected from the people was based on their involvement, ongoing activities and knowledge about the community.

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[20] Mark Schneider [2003]: Snowball sampling is a form of convenience sampling that allows the researcher to locate very small groups of respondents via identification of them by their friends, relatives or acquaintances who either know them or know their relatives. It may be used in sampling drug users, people afflicted by rare diseases, etc. Those interviewed are asked to provide names of others in the same group with them.

### 3.4.2. Household Composition Survey

The essence of the household survey was to gain an insight into the livelihood activities of the households. The interviews that were conducted in the community were based on structured questionnaires. Open-ended and closed questions were used for data collection. The areas of concern in the survey were as follows:

- Household composition and structure
- Household livelihoods activities
- Who does what in the household
- Who has access to what in the household
- Household health status

The questionnaires were carried out on a face-to-face basis by the interviewers accompanying the researcher in the respondents' residence. The head of the household was interviewed but where not available a substitute was found. But before the interview, appointments were made with the head of the household for the interview. It must be stated that some of the respondents were not open to some of the questions. There were areas that were not freely discussed by the respondents. These were the issues of finance, HIV and AIDS, and who controls the household money.

### 3.4.3. The Focus Group Discussion

The focus group discussions were based on the information already gathered on the household livelihoods in the community. Three Focus Group Discussions were formed with ten people in each of the study groups. The groups were made up of people from different segments in the community. Each group was made up of 10 -15 men, women and the youth in the community of KwaDlangezwa.

Basically the focus group discussions were for further household survey. During the discussions, some other issues were raised that needed further investigation. The guide for the focus group discussion were thus:

- Access to and control over the assets and resources
- Household needs and constraints
- Livelihoods strategies

The discussions were either conducted in the Church compound, community leader's residence, or in a school. The majority of the participants felt relaxed in the places chosen because of there being neutral and spacious. Each participant was encouraged to make a contribution because it was a discussion. While the discussions went on, the researcher and the research assistants took notes and observations of the whole exercise. Relevant issues and topics were raised but further probing and investigation will be required. The participants in the groups were cared for in relation to their transport fare and feeding by the researcher.

### 3.5. The research assistant

For the researcher, being non-isiZulu speaking and a non-South African, the services of a student from the university as an assistant was used for translation. The selection of the assistant was based on isi-Zulu language usage, knowledge of fieldwork, and how to conduct research interviews.

To get a good research assistant and interviewers was one of the major areas of the research. The selected interviewers were polite, open minded, friendly and isi-Zulu speaking. The researcher and assistant conducted the Focus Group Discussions in each area. The assistant was trained on what was to be done in relation to the topic and objectives of the research. All the necessary arrangements were made in relation to the study. A special appeal was made to the assistant as regards the subject matter, that whatever the findings, there would be no disclosure without the written consent of the concerned individual.

The fieldwork was delayed because of non-availability of funds to the researcher. This is because neither the department nor the university has made funds available for the research. The researcher had to wait for some time before going to the field for the fieldwork. The fieldwork started when the researcher could no longer wait for funds to do the work. The expenses so far have been carried out of the researcher's own pocket.

### 3.6. Data management and analysis

The household questionnaires were administered as proposed and analyzed based on the notes and information gathered during the interviews and Focus Group Discussions. The assistance of a statistician was required to analyze the data. Both the qualitative and quantitative data collections were analyzed also.

### 3.7. Limits of the study

The study is basically focused on KwaDlangezwa as a study area. South Africa with its nine provinces has a high prevalence of HIV and AIDS in sub-Saharan Africa [D'Adesky, 2004]. This makes this area a good choice for the study. Of the nine provinces the attention of the researcher is focused on KwaZulu-Natal. KwaZulu-Natal is unique for the study because of its position in the country. It is the most populous province in the country. The study is focused on KwaDlangezwa community. KwaDlangezwa is a community in the hinterland of the province. Second, the researcher has been living in the province for some time now. This research gives him the opportunity to find out the reality about the impact of HIV and AIDS in the province.

The spread of HIV and AIDS is partly due to the patriarchal system in the area of KwaDlangezwa. Polygamy is also a contributing factor, as well as the apartheid system which often separated families thus leading to promiscuity [D'Adesky, 2004]. D'Adesky [2004:178] went on to say that, *"there is a direct link between*

*spiraling AIDS and four decades of apartheid – a racial system of structural violence aimed at keeping the white minority, and Afrikaners, in power. A key reason why so many black South Africans have died or are facing death from AIDS and other diseases of poverty is because they were deliberately denied the fundamentals."* The patriarchal system in the area of the study as a factor because most of the time the women are seen as material objects in the household. They are often treated as such by the men in this province. The record has it that KZN is the province with the highest number of women abused and raped in the country. Women are to be seen and not heard both at home and in society. The women of the area are owned by the men and are abused.

*The former system of government also placed the women in a disadvantaged* position. This has been a contributing factor to the spread of HIV and AIDS because the system of apartheid produced poverty mainly amongst the Black Africans. The system placed the Blacks in a disadvantaged position in the country. The system placed the Blacks in overcrowded areas with poor facilities. In terms of farming, the farmlands are poor and as such the outputs are equally poor. These have negative effects on the people and their livelihood.

The high prevalence of HIV and AIDS in the province has led to a drastic drop in *the life expectancy of the people. HSCR [1996] stated that the extent of poverty in* the province is such that the Gross Geographical Project [GGP] per capita is R3289 while the national average is R4595. According to Schwabe et al., [1996] in Mtshali [2002] argued that the rate of abject poverty in the province contributed to the high prevalence of HIV and AIDS. This is because people tend to do whatever they can as their means of living. The women are mostly affected because of their low level of education and lack of technical skills. It is estimated that about 57% of its households are living below the poverty line. Mtshali [2002] stated that the poorest of the poor in South Africa live in KwaZulu-Natal.

Mtshali [2002] stated that women head many of the poor households in the province. The researcher found this factor to be particularly true of KwaDlangezwa area. This has a major impact on the households' livelihood in that the women generally have no easy access to land. These women are subsistence farmers in the province and they form cheap labour on the farms and factories in the locality. The affected households are mostly found in the rural areas of the Zululand particularly in KwaDlangezwa. This has resulted in the high prevalence of HIV and AIDS in the area. The effect of HIV and AIDS in the province has impacted on the people and their livelihood. The major predicament of the people lies in their inaccessibility to the assets and resources in the area. As women it is not easy to own land and often access has to be through a male.

KwaDlangezwa is chosen as the base for this research because it is a rural agricultural area. Second, it is in a disadvantaged area in terms of government infrastructure. Finally it is a core Zulu community with a high incidence of HIV and AIDS.

According to Moloto [1989] KwaDlangezwa is situated in Ngoye magisterial district of KZN. It is about 20 kilometers south of Empangeni and is bounded in the north by Mtunzini. To the east is the Indian Ocean while in the west is the Ngoye Mountains. It is a densely populated area. It has an average population of about 885966 according to the municipality report at the last census of [2001].

The area has undergone some major changes in recent years because of white influence [Moloto, 1989]. The traditional system of the community has a great influence in the family and individual life style. The family set-up in the community is polygamous, with a nuclear family system. In a polygamous family each of the wives has her own children to care for. As such the children form the economic unit for its survival [Moloto, 1989]. These families are usually large. This is because of polygamous practice wherein each of the wives has her children and

grand children living together in one household. Oftentimes the parents and other relations with their own children live in the same household.

Sibiya [1981] in Moloto [1989] stated that KwaDlangezwa people are mainly migrant workers. The majority of the people, especially men, spend most of their time where they are employed in Richards Bay and Durban. In some cases some women who are married abandon their children and live with other people in the townships. These are done in efforts to make a living in the household. This has contributed to the rampant spread of HIV and AIDS in the area.

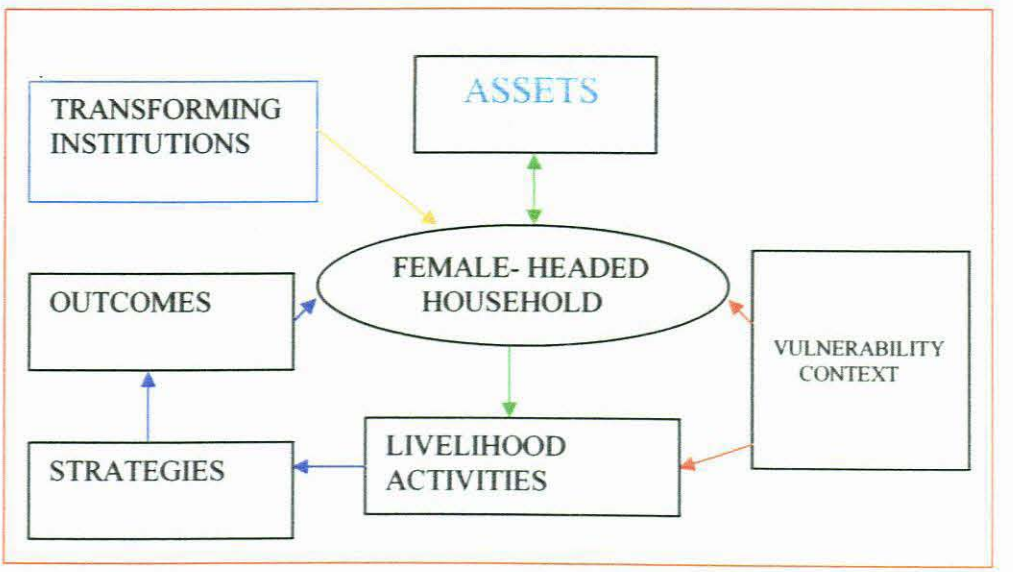
KwaDlangezwa is a rich sugarcane area [Moloto, 1989]. Other products of the community include sweet potatoes, amadumbe, maize, cabbages, carrots, beans and pumpkin [Moloto, 1989]. These are for the family's own consumption but could be sold depending on the quantity, in order to supplement the household expenses.

A large percentage of the people are unskilled while some are professionals in different fields. Some of them work in the University of Zululand, Fed International Cold Storage [Fedics], Felixton Sugar Mills and the State Saw Mill. Some are self employed. The level of skilled workers in the area is very low. This low standard has contributed to low living standards in the community leading to poverty. The trend culminates in the spread of HIV and AIDS in the area since people of the area, especially the girls and young women, adopt different coping and livelihood activities including sex work for a living.

Although there are many people that are poor in this area, there are also those who are working very hard to earn their living and they are doing very well. This has helped some to improve their standard of living. The women in the community make effective use of local initiative to increase their financial productivity [Moloto, 1989]. The researcher believes that many women, through self-employment and effort, could improve their livelihood and living standard. The women can do this

by engaging in income generating activities. If these activities are encouraged they will contribute to the reduction of the high prevalence of HIV and AIDS in the area. If rural poverty is reduced, the incidence of HIV and AIDS will equally be reduced because poverty is a major contributing factor to the spread of the pandemic in the rural areas. Once people have the capacity to cope with poverty, HIV and AIDS infection will decrease. In other words rural women should have free access to assets and resources in the community. The women cannot do it alone. Instead the Church should lend them a helping hand to overcome their vulnerability. This will be discussed further in Chapter 6, on the Church's coping strategies as seen below.

**Figure 1. The Framework of the study**




Source: DFID [1999]

**The above components will be the guide for the study.**

In this study it is assumed that every female-headed household should have access to assets based on the above diagram. With these assets available in the household, the household can then fashion out and generate its livelihood. The livelihood is planned in such a way that it will generate positive results. The implementation of these plans or strategies will then yield positive outcomes. The

outcomes will flow back to the household and increase its assets. When this happens, the household can then cope with its vulnerability to HIV and AIDS. As already stated the vulnerability aspect in this study on HIV and AIDS is due to the negative role of the women.

### 3.8. Conclusion

The necessary information required for the study was gathered with the above mentioned methods. Both the training of the research assistant and conducting the Focus Group Discussions were conducted as planned. They were all successful. Some of the constraints facing the women in the *KwaDlangezwa* community were observed and will be discussed in Chapter 5. The study will then proceed to describe how the above information affected the female-headed households in the KwaDlangezwa community. This will be in relation to the effects of HIV and AIDS in the area.

# CHAPTER 4

# DATA ANALYSIS

## 4.1. INTRODUCTION

Considering the material in Chapter 3, in this Chapter the data on the household profile and means of livelihood will be discussed. Household is used as the unit of analysis in this study. Inasmuch as the research is based on household livelihood activities, both the agricultural and non- agricultural activities are included. These are seen as a synergy against economic stress in the event of an epidemic like HIV and AIDS. The study will provide insight into the distribution of the household income, extent of poverty, occupational diversification strategies and household expenditure patterns.

For the purpose of this study, the Kwa-Dlangezwa community is grouped into eight enumerated areas for easy accessibility. In the main, these areas are closely related in many ways, including livelihoods. Some of these variations in the household livelihood activities also explain the possible changes in the household income and earning opportunities.

In this exercise, household data was collected from the community using the Snowball sampling method. Primarily data collection instruments included questionnaires, cost route and direct observation participation. Out of one hundred and twenty questionnaires distributed only six were not returned representing about 5% of the total. The response shows people's interest in the research topic and their commitment to the same.

The data required for the study and for which responses were sought included the age, gender, occupation, level of education and the marital status of the household head. Other areas included were the size of the household, total land holding, areas

under major food and cash crops' production. Some others were farming and non-farming activities.

## 4. 2. THE HOUSEHOLD PROFILE AND MEANS OF LIVELIHOOD

### 4.2.1. The Household structure

As already indicated in Chapter 1, the unit of the analysis in this study is the female-headed household. A household is a co-residential unit; oftentimes family members have and share things in common among themselves [Pennartz and Niehof, 1999; Rudie, 1995].

Mtshali [2002] stated that the issue of the household is easily linked to the family, kinship and co-residential members.[21] Households might be a locus for common consumption, with their members sharing things in common but this does not occur without problems, for some members feel they are being cheated. In some cases some members may even decide not to contribute to the welfare of the household. In other cases some members will be nonchalant over the events in the household like not caring for the sick or doing any meaningful work that will benefit others. Hargreaves [2002] was of the view that there were many influences on residential arrangement, particularly in an area of historical disruption. Such things like, in the modern household in South Africa they are diverse in size, headship and structure. It has been observed that the external structures and norms have influence on the economic and social decisions made by the members of the household. In some cases there are complex divisions within the household of which individual members of the household do engage in joint or separate activities and are subjected to different external forces. Each household structure affects the allocation and control over the resources of individuals within the household unit. This is because the chief

[21] Mtshali [2002:78]: A household [homestead] is regarded as a symbol of the members' permanency of their claim to kinship membership and entitlements. Among the Africans in KZN, a rural household is a permanent home and a retreat for all its members. It is where members of the family meet for celebrations and ancestral ceremonies based on their patrilineal descent. The ancestors or spiritual beings are also considered as members of the household and kin group.

contributor to the general welfare of other members of the household might not be the head. When this occurs the provider in most cases makes the major decisions in the household.

It was observed that the size of the household varies from time to time. Some of the contributing factors to this include death, illness, old age and lack of basic amenities. Another a contributing factor to the alteration in the household is single parenthood. An unmarried girl may be pregnant, assuming that the parents will take care of her and her child. Older women see their household as their final place of abode while the younger ones occasionally migrate to greener pastures.

### 4.2.2. The Household Headship

The head of a household in this study in KwaDlangezwa is considered to be the person who has the authority to run the affairs of the household and may be nominated by other members of the household [Mtshali, 2002; du Preez, 2000]. The head has to reside in the household for upward of six months or longer. Different households are identified through the headship of the household [Adegboyega et al., 1997]. The head of the household helps to identify the main economic activity of the entire members. Hedman et al, [1996] argued that headship is used to cover a number of concepts, referring to the main economic provider and decision maker in the household. Such things like the one who provides accommodation for others, provides transport to convey the sick to the hospital, or to school for the students. The provider oftentimes is seen as the head. The contribution one makes oftentimes make him or her the head. This is because others will be looking to him or her as the one who has the final say in the household.

The interest in the household headship arises based on the perception and differences between households headed by women and those by men [Mtshali, 2002]. In recent times the female-headed household has become a matter of concern because women are more vulnerable than men. Also the number of female-headed

households is on the increase. Some of the contributing factors are migration, death, single parenthood and sickness.

The majority of the households depend heavily on what they generate a source of income. The female-headed households engage in various livelihood activities. Their male counterparts consider them as competitors in the struggle for survival. From the survey the female-headed households are more in number in the area of this study and they outnumber the other forms.

**Table 3. Low-income Middle-income High-income**

| Enumerated Area | Female | Male | Female | Male | Female | Male |
|---|---|---|---|---|---|---|
| Zone 1 EA 01 | 75 | 25 | 67 | 33 | 72 | 28 |
| Zone EA 02 | 62.50 | 37.50 | 65 | 35 | 55 | 45 |
| Zone 2 EA 03 | 75 | 25 | 78 | 22 | 63 | 27 |
| EA 04 | 66.70 | 33.30 | 75 | 25 | 80 | 20 |
| Zone 3 EA 05 | 54.50 | 45.50 | 58 | 42 | 60 | 40 |
| EA 06 | 83 | 17 | 75 | 25 | 65 | 35 |
| Zone 4 EA 07 | 70 | 30 | 72 | 28 | 75.50 | 15.50 |
| EA 08 | 67 | 33 | 60 | 40 | 89 | 11 |
| **All samples** | **6.30** | **30.79** | **76.63** | **23.38** | **92.63** | **63.00** |

They were grouped into three income groups, Low, Middle and High. The table above does not in any way represent the overall population of the community. It was done randomly using Snowball method.

### 4.2.3. Gender

Whereas sex is a biological difference, gender is socially constructed, defined and implemented [Haddad, 2000]. Gender is what it means to be a male or female in a certain society as opposed to the set of chromosomes one is born with. It shapes the

opportunities one is offered and the role one plays and the relationships one may have [UNAIDS, 1998]. The above definition gives a clear view of what gender is. This came into being after the UN meeting at Banjul in 1995.

In this study the Focus Group Discussions were used in collecting the qualitative data on the roles, activities and responsibilities assigned to each individual member of the household. This was done according to the age and sex of the individual. The household's activities were grouped into two; namely productive and reproductive activities. Of the total number collected the greater number was women.

***The reproductive role***

Based on the data collected through the FGDs, and direct observations, the majority of the work at home is done by the women. Literature indicates that women contribute more than men at home. These contributions include childcare, food processing and storage. Other activities by the women include collection of water and firewood, washing, cleaning and cooking. They also care for the sick and elderly. The local women brew beer from sorghum, maize, and water, while men are the major consumers. The women put in more hours at home than the men. The whole effort is to improve the living conditions of the members of the household. The above equally form part of their coping strategies.

At a very early stage girls are groomed to help their mothers in domestic duties like fetching water and firewood, cleaning and cooking. They are taught how to care for their younger sisters and brothers at home. The boys on the other hand take care of the cattle and fell trees. The girls do the collection thereof. Girls associate with their mothers more, while the boys associate with their fathers. The roles of the individual members go along the male and female relationships. From an early stage in life each one is shown what the society expects from her or him.

Men's duties differ greatly from those of the women. This is simply because the society is built on a patriarchal system where men dominate. For this reason men do not assist in the household chores. If a man is seen doing household chores, it will be assumed that he is not a "man." For a man to be a man in the society, he will not associate himself with these things that are related to women's work. Men's major duties are drinking alcohol, making decisions, supervising work at home and at times taking care of the cattle and other livestock. Other activities include attending community meetings, entertaining their visitors, and venerating the ancestors. Oftentimes the men's headship is authoritarian in nature and action. In this case one can observe that men do not contribute to reproductive activities in the household, including caring for the individual with HIV and AIDS. This is because they have "no time" for such things or they are seen as the women's sole responsibility.

In the above case therefore, women are deeply involved in the chores of the household while men pay little or no attention. The women take these reproductive activities as their responsibility including caring for the member living with HIV and AIDS in the household. This is the way the society is constituted. In some cases these activities turn out to be constraints to the women. When this occurs, their coping capacities are compromised. Invariably these attitudes affect their coping abilities.

**The productive role**

The household productive role includes both goods and services rendered for their own consumption or income earning. Both men and women are involved in the productive activities of the household. Mention should be made that not all activities done in the household are for commercial purposes [March et al., 1999]. This study therefore shows that many of the rural women engage in agricultural activities for their own consumption which are at the same time income earning. There are some other women that are involved in crafts as their means of livelihood. Following the changes in society in general, and in the community of this study in particular, the

women are involved in many activities in their effort to meet the basic needs of their households. Only very few of the women in the area of this study are employed and few are professionals. A good number of them are involved in roadside trading while some are involved in farming. There are some who do nothing, as they must cope with the household. By complementing these activities the women generate incomes that can enable them to cope with the HIV and AIDS and sustain their households.

The above mentioned activities are some of the coping strategies adopted by individual woman in a household. They use them in events like HIV and AIDS to sustain the household, while some men in times of hardship migrate to other areas abandoning their wives. There is no other way a woman can manage the household without engaging herself in many activities. This practice has always been the case especially when sickness like HIV and AIDS occurs in the household. The issue being that HIV and AIDS is a terminal illness and takes a long time. The women can diversify their activities in their effort to cope with the prevailing circumstance.

In the productive activities men are engaged in income generating ventures. The men who own cattle sell them for personal gain but at times part of the money is remitted for the maintenance of the household. Because of the people's low educational background, women lack adequate life skills that will enable them to cope with the trend thereby forcing them to depend on men. The women's dependence on the men is one of the contributing factors to the spread of HIV and AIDS in the rural areas. For the fact that women have little or no choice, men tend to exploit them especially in relation to sex. The women easily fall prey because of economic needs in the household. When this occurs, they practice unsafe sex thereby exposing themselves to the pandemic. The men often utilize the opportunity to dictate to the women.

### 4.2.4. Employment status

The employment rate in KZN in general and KwaDlangezwa in particular is very low. Many of the women in the study area are unemployed and for this reason they are

farmers as well as labourers. Some of them do minor jobs while a good number do roadside trading to make ends meet. One of the contributing factors is their low educational background. A good number could not make it to Grade 12. For this reason they do not get jobs easily. The low educational background of the women places them in a disadvantaged position. It has affected their coping abilities. This has contributed to the exploitation of the women in this community.

Women with little educational background cannot be gainfully employed as such. Some of them engage in extra-marital activities in an effort to meet the needs of the household. When this takes place, unemployment gives room for the spread of HIV and AIDS especially in the rural areas. Employment is one of the factors that can help the rural populace cope with HIV and AIDS. This is because the individual can generate enough income that will assist her in coping with the pandemic. When one fails to meet the demands of the household, one easily does whatever is available as a coping strategy including sex work. In the event of this, the women are easily infected with the HIV virus.

The table below is the percentage distribution of Low-income households according to primary occupation of the female-headed households by location.

**Table 4. Relative Frequency Percent [%]**

| Zones | EA | Farming | Trading | Civil servant | Artisan | Others |
|---|---|---|---|---|---|---|
| Zone 1 | 01 | 47.60 | 23.80 | 0.50 | 14.30 | 4.80 |
| | 02 | 40.00 | 20.00 | 2.40 | 37.60 | 0.00 |
| Zone 2 | 03 | 51.00 | 22.00 | 5.30 | 21.00 | 5.70 |
| | 04 | 25.00 | 23.70 | 16.10 | 20.00 | 14.50 |
| Zone 3 | 05 | 41.20 | 35.30 | 11.80 | 5.00 | 5.90 |
| | 06 | 35.70 | 31.40 | 7.40 | 20.70 | 4.10 |
| Zone 4 | 07 | 45.50 | 36.40 | 4.50 | 13.60 | 0.00 |
| | 08 | 39.10 | 34.80 | 87.70 | 17.40 | 6.00 |
| **All samples** | | **41.00** | **28.43** | **7.10** | **18.70** | **4.38** |

The table below is the percentage distribution of Middle-income households according to primary occupation of the female-headed household by location.

**Table 5. Relative Frequency by Percentage [%]**

| Zone | EA | Farming | Trading | Civil servants | Artisans | Others |
|---|---|---|---|---|---|---|
| Zone 1 | EA O1 | 40.00 | 25.00 | 10.00 | 25.00 | 0.00 |
| | EA O2 | 21.00 | 21.00 | 18.00 | 30.00 | 10.00 |
| Zone 2 | EA 03 | 30.50 | 30.50 | 7.00 | 25.00 | 7.00 |
| | EA 04 | 7.00 | 60.00 | 16.00 | 16.70 | 1.00 |
| Zone 3 | EA 05 | 18.20 | 27.30 | 18.20 | 36.40 | 0.00 |
| | EA 06 | 30.50 | 25.50 | 0.00 | 34.80 | 9.20 |
| Zone 4 | EA 07 | 70.00 | 0.00 | 30.00 | 0.00 | 0.00 |
| | EA 08 | 55.60 | 22.20 | 11.10 | 11.10 | 0.00 |
| **All samples** | | **34.10** | **26.50** | **13.80** | **22.40** | **3.40** |

The table below is the percentage distribution of High-income households according to primary occupation of female-headed household by location.

**Table 6. Relative Frequency by Percentage [%]**

| Zone | EA | Farming | Trading | Civil *servant* | Artisan | Others |
|---|---|---|---|---|---|---|
| Zone 1 | EA 01 | 45.00 | 12.50 | 14.50 | 10.50 | 17.50 |
| | EA 02 | 42.90 | 14.30 | 28.60 | 14.30 | 0.00 |
| Zone 2 | EA 03 | 22.20 | 11.10 | 44.40 | 10.20 | 12.40 |
| | EA 04 | 12.50 | 25.50 | 25.50 | 17.50 | 20.00 |
| Zone 3 | EA 05 | 66.70 | 10.00 | 5.00 | 18.30 | 0.00 |
| | EA 06 | 20.00 | 10.00 | 4.00 | 50.00 | 16.00 |
| Zone 4 | EA 07 | 77.80 | 0.00 | 5.00 | 5.00 | 12.80 |
| | EA 08 | 50.00 | 25.00 | 10.00 | 5.00 | 1.00 |
| **All samples** | | **42.10** | **13.55** | **17.10** | **16.40** | **10.00** |

Looking at the tables above, it is observed that the employment rate in the area of this study is low especially among the women in the Low-income groups. This has contributed to prostitution as a livelihood. This is one of the contributing factors to the spread of HIV and AIDS in the area. Due to the high unemployment rate in the area the women became easy victims. Some of them that are involved in questionable activities do so for survival.

On a comparative basis, subsistence farming is clearly the most predominant occupation in the area. From the data collected and information from the key informants and FGDs almost all the households are involved in subsistence farming activities. Some of the households are involved in crop farming, vegetable gardening and livestock keeping. Subsistence farming alone constitutes about 41%, 42.1% and 34% respectively of the primary occupation of the household heads for the different categories mentioned above.

The contrast in the average percentage of farming among the Middle-income activity group cannot be easily explained either theoretically or in the real life situation. Some locational peculiarity might be of great interest. It was observed and the FGDs pointed out that in some areas crafts, [artisans] are predominant. In such areas there is a low percentage of farming activity. People of such areas show greater interest in crafts as their means of livelihood and through such they earn their income. These activities include basket and broom making, beadwork, leather and clothing work. Some of these crafts require no special skills; rather they need energy and hard work for sustenance.

In the Kwa-Dlangezwa area there are many economic activities. These will contribute in engaging the female-headed households in more than one livelihood activity. They eventually help in forming their coping strategies against the impact of HIV and AIDS. The activities will enable the women to become less dependent on men for financial assistance. Those who are civil servants amongst the women are very few. Both the patriarchal and educational background of the women place them at a disadvantage.

Those of them that are gainfully employed are working in universities, as lecturers, clerks and librarians while some are cleaners and labourers. There are some of them that are working in sugar mills. Many of the women combine their work with trading or farming. Every effort is towards coping with the household needs.

When the women are gainfully engaged, both the infected and affected can equally cope with the pandemic. In other words people who have something to do are better off, including coping with HIV and AIDS. Whatever they generate from their labour assists them to cope with the household's demands. When these women combine these activities together with their paid labour, they are in a position to cope with their conditions including that of HIV and AIDS. This is because these extra activities increase their income generation. With the income, therefore, they can buy essentials especially for those infected with HIV and AIDS. At the same time these extra activities will enable the women to meet some other household basic needs.

### 4.3. The composition of a household

The majority of female-headed households are those that were married and whose husbands migrated or had died. In some cases there are single parent mothers who were not married but they own their homes. The composition of the household in the area of study therefore varies depending on the situation. Often some relatives from elsewhere migrate into the household. At the same time there are some of the households that are small. The reason might be that the healthy ones abandoned the sick and elderly and moved to a greener pasture for a better job. The convergent point revolves at an average of 5.25 in the Low-income group with a standard deviation of 2.13. The Middle-income activity group ranges from 4.00 with the standard deviation of 1.00 while the High-income activity group has about 15.00 with standard deviation of 10.01. There are many factors responsible for these variations. Some of which are availability of household basic needs, sickness, bereavement and income earning capacity of the head.

**Table 7. Mean and standard deviation: household, location and income group**

| | Low-income | | Middle-income | | High-income | |
|---|---|---|---|---|---|---|
| **EA** | **Mean Household** | **Standard Deviation** | **Mean household** | **Standard Deviation** | **Mean Household** | **Standard Deviation** |
| EA 01 | 5.25 | 2.13 | 4.50 | 1.00 | 15.00 | 10.01 |
| EA 02 | 5.75 | 2.19 | 9.29 | 2.29 | 10.80 | 3.11 |
| EA 03 | 5.35 | 2.11 | 6.78 | 1.80 | 6.00 | 1.41 |
| EA 04 | 5.50 | 2.00 | 5.75 | 2.72 | 7.40 | 2.88 |
| EA 05 | 4.90 | 1.51 | 7.67 | 2.04 | 7.33 | 1.56 |
| EA 06 | 5.83 | 1.32 | 7.00 | 0.00 | 9.25 | 1.63 |
| EA 07 | 6.20 | 3.56 | 7.89 | 3.02 | 12.00 | 5.96 |
| EA 08 | 11.07 | 4.12 | 7.40 | 1.52 | 12.22 | 6.69 |
| **All samples** | **6.23** | **2.47** | **6.97** | **1.82** | **10.00** | **4.41** |

A close look at the table above shows that there is a great uncertainty in the household composition in the area of the study. This is because the mean could fall in the confidence interval of $5 \leq p \geq 15$.

The above table shows the means and standard deviation of household size among the three incomes activity groups for various locations in the study area. There are location variations, which obviously relate to a mixture of cultural underpinning like religion, tradition, custom and the patriarchal nature of the study area. The average size increases progressively from the average of 6.23, 6.97 and 10.00 respectively. The close relationship between Low and Middle-income groups is further explained by the values of the standard deviation. The Low-income group has a standard deviation of 2.47 while the Middle activity group has 1.82 deviation, thereby showing that the Middle-income households are larger than the lower groups. The values for the High-income groups are particularly, stand out. Based on the raw data collected there are some High-income groups with about 10 members. People cluster around such households because of their relationship with the head.

### 4.4. Household division of labour

The household being the unit of production, reproduction and consumption, is under a head that controls and organizes labour, assets and resources within the household [Bernstein et al., 1992]. The household head always ensures that all its needs are available for the well-being of all the members of the household. That means that every member of the household has a contribution to make. According to Mackintosh [1989] the household head has a considerable capacity to manage and influence farming activities in the household. The capacity is based on the fact that the head has the ability to fulfill the demands of other members of the household. Such demands are land procurement, protection from outsiders and provision of some basic needs. A second option open to other members of the household is that the head will assist in times of need. Allen and Thomas [1992] in their submission stated that there are two distinctions concerning the type of work carried out in the rural households. These are between productive and reproductive activities. These at times overlap. As regards the products, not all are consumed. In some cases some of them are sold in an effort to meet other household needs.

The labour force in the study area conventionally falls within the ages 15 -59 years and this is the productive age. It is necessary to state that before the commencement of the study, it was assumed that teenagers were in school or learning one skill or other in order to acquire life skills. In the course of the study this assumption was proved to be wrong. In some cases some of the teenagers are in the field tending the cattle, caring for the poultry and trading on the roadside. There are also some of them who are doing practically nothing. For the Middle and High-income earning groups their children and wards are in schools. But in a few cases some of the children work on the farms and in the mills to earn an income for the household.

Following gender inequality in the study area, the productive resources at the household level are significantly insufficient to meet the demands of the female-headed households. The female-headed households lack the capacity to change this

scenario. This is a contributing factor to their lack in coping with HIV and AIDS. In some cases these factors are institutionalized. For instance female access to land always proves to be difficult while for men it is easy. When such assets are denied to the women, it exposes them to HIV and AIDS.

It was directly observed and it also came up again in the Focus Group Discussions that women put in more hours in household activities than do the men. At the same time those of them that are gainfully employed spend the rest of their time in reproductive activities at home. This has made the women work round the clock. Some of these activities include caring for the sick and the elderly and rearing the children. In other words, the women after their daily work still have to spend the rest of the day attending to the ones living with HIV and AIDS in the family. This will invariably take the rest of their time thereby increasing their workload. These activities wear the women down. In the area of this study, there are many people who are sick. This kind of thing has occupied most of the time of the women according to my findings in KwaDlangezwa.

### 4.5. Household livelihood assets and resources

As stated in Chapter 1, assets are the resources through which the female-headed households draw their livelihood. Ellis [2000] defined assets as stocks of capital that can be used by the households to generate a livelihood. According to Mtshali [2002:88] these are the building blocks upon which households are able to undertake production and reciprocal exchanges with others in the households. These assets are human, natural, physical, financial and social capital [Mtshali, 2002; DFID, 1999; Chambers and Conway, 1992][22]. On these the female-headed households fashion their livelihood activities in productive and reproductive areas [Barnett and Blaikie, 1992]. The productive and reproductive livelihood activities each complement the other. The end product of all the livelihood activities is to have positive outcomes.

[22] Mtshali [2002:88]: Thus assets and resources are categorized into natural capital, physical capital, financial capital, social capital and human capital.

Such outcomes include better living conditions, good health and more income in the household.

**Human capital**

Human capital represents people's skills, knowledge and ability to labour.[23] Mtshali [2002] stated that the essentials for human capital are a good education, life skills and good health. These help in labour availability in the female-headed household. Jafry [2000] was of the view that poverty contributes to low productivity in the female-headed households. The human capital in the area of study was examined through the standard of education of the head, health status, and skills available in the household. From the questionnaires it is obvious that the educational levels of many female-headed households are below standard. Based on the low educational level of the head, the income availability within the households per month is equally very low. This scenario has contributed to a low employment rate and low productivity in the area. Many of the people in this area engage in self-employment while the majority is used as cheap labour in the mills, factories and cleaning industries. This has led to indecent exploitation of people in the area. For this reason some people especially the young women and girls engage in shady activities such as sex work for survival.

The issue of HIV and AIDS in rural communities including KwaDlangezwa has contributed to high mortality and morbidity in the rural areas. It has also led to a reduction in agricultural activities involving a sharp decline in crop production and income generating activities [Hope, 1999]. This fact contributes to rural poverty. Poverty and HIV and AIDS go hand in hand. Each complements the other. In the face of all these the female-headed household keeps on struggling to improve the living standard of the household.

[23] DFID [1999:21]: Human capital represents the skills, knowledge, ability to labour and good health that together enable people to pursue different livelihood strategies and achieve their livelihood objectives. At a household level human capital is a factor of the amount and quality of labour available; this varies according to household size, skill levels, leadership potential, health status, etc.

A great percentage of the men do not care about the household. This nonchalant attitude has increased the burdens of the women. The men easily migrate especially when sickness occurs in the household. This is common with HIV and AIDS and related cases especially in the rural areas. The men tend to abandon the women in the face of HIV and AIDS and related illnesses. Many men do not want to participate in the household livelihoods especially when they are relegated by tradition to the women.

**Natural capital**

The environmental resources are vital for good food production, raw materials for housing, crafts, fuel and water [Mtshali, 2002]. A good number of people depend heavily on the natural capital for their daily survival. This is simply because they depend on land for their food production, fuel for their food and warmth, and a water supply for the household.[24] A friendly environment is a great asset to a female-headed household. This is because the women are very close to nature and for that reason the environment should be nurtured at all times. Natural capital is very important for the survival of any household including the ones headed by the women. The natural capital contributes to both the male and female-headed households because through the natural capital both obtain their livelihoods. But attention will be paid more to the female-headed households because of the subject matter in this research in KwaDlangezwa.

Based on the available information from the FGDs, key informants and some individuals and questionnaires, some of the female-headed households acquire land for use through negotiation, inheritance from the husband and in some cases by purchase. The single mothers can appeal to the nkosi [chief] for a piece of land for farming and building. The nkosi in return will discuss with the headmen and those

[24] DFID [1999:25]: Clearly, natural capital is very important to those who derive all or part of their livelihoods from resource-based activities [farming, fishing, gathering in the forests, mineral extraction, etc.]. However, its importance goes way beyond this. None of us would survive without the help of key environmental services and food produced from natural capital.

concerned in the community. A portion of land might be allocated to the women. When the woman involved is a widow or the husband has migrated to an urban area in search of a job, she invariability inherits her husband's portion of land. This is based on the tradition and custom of the people. In certain instances some of the women from Nkonjane and uLugweba reserves bought their farm from other people. On the other hand there are some of the women who inherit their husbands' land like in Fortdurnford and Mkolotsha reserves. Furthermore any of the female-headed households who have the money can purchase any portion of land based on agreement and payment.

The women in the area of this study who have enough land plant different crops, vegetables and fruit for their own consumption. In some cases they sell some of the products from their gardens for medication and other household needs. The ownership of land therefore, gives one access and right to agricultural activities. Land can equally be used as collateral for the household when in need of finance. This is because the treatment of HIV and AIDS needs money for medication and transport to the health institutions. In most cases the affected household resorts to subsistence farming as a self-supporting venture for the household.

In as far as information gathered in this area is concerned, the data showed how the female-headed households in the area acquire land. In this way it can easily be seen that the equality people are talking about in the society is not applicable especially on the issue related to land. For instance a married woman living with her husband has access to more land than a single mother or a widow. In the same way a woman who has an adult male son will be accepted by the community when she is living with HIV and AIDS more easily than those who are widows and single mothers. In some cases the women stand to loose everything because of stigmatization by the people.

Mtshali [2002] argued that rural households including, female-headed households, with access to natural capital have a great asset. RDP [1994] stated that land is the most basic need for rural dwellers. This is because the former apartheid policies in

South Africa pushed the blacks into the over-crowded and impoverished reserves, homelands and townships. In addition to this, capital-intensive agricultural policies led to the large-scale eviction of farm dwellers from their land and homes. The present abolition of The Land Act cannot easily redress the inequality of land distribution in this country. Only a tiny minority amongst the blacks can afford land on the free market. The issue of land reform in South Africa is a socio-political matter that needs caution. It is a sensitive issue that requires careful thought and action.

**Physical capital**

Ellis [2000] stated that economic production processes create the physical capital. The physical capital includes land, seeds, livestock, farming implements, kraal manure, and a variety of vegetables and crops. Infrastructure like road networks, electricity, medical clinics and hospitals, educational institutions and market places are of common benefit to all the people in the community.[25] They form the communal resources of the community.

At the household level the physical assets can be converted into household resources like land, agricultural implements, household and productive equipment, housing and household property [Narayan et al., 1999; May, 1995]. They can be sold or hired out for an income in the household. Accumulation of physical capital is one way of coping with the impact of HIV and AIDS by female-headed households in South Africa. According to Carter [1997] the ownership to land and land use rights, livestock and productive equipment are identified as important assets in South Africa especially in the rural communities. This is because they contribute to one's diversification of household livelihood activities.

[25] DFID [1999:27]: Physical capital comprises the basic infrastructure and producer goods needed to support livelihoods. Infrastructure – such as roads, rails and telecommunications – are key to the integration of the remote areas where many of the poor live. Not only are people able to move between rural and urban areas more easily if the transport infrastructure is good, but they are also more likely to be better informed about opportunities [or lack of them] in areas to which they are thinking of migrating, either temporarily or permanently.

Some of the physical capital mentioned above is lacking in the afore-mentioned area of the study. From the FGDs not all areas have adequate water supply and good roads. Some of the households cannot pay their electricity bills. In some cases there are no toilet facilities. In the community as a whole there is a lack of adequate health facilities. The clinic in the area functions for a few hours in a week. It does not even open on a daily basis. The health matter in the area of the study has been a big problem. In Khandisa, uLugweba, Matholojeni and Nkonjane reserves, there are no good road networks. Many of the households find it difficult to travel. This has created a big problem for the people of the area. Some members of the area lack the necessary information about HIV and AIDS. There is a water problem in areas like Nkojane, Msasandle, Nduanya and iSihuze reserves. At the same time there is a problem of power supply, leading to the use of firewood. These have, in no small measure, contributed to an increase in the household's labour and a decrease in the outcomes. The amount of time spent on fetching water, firewood, and trekking to get transport could have been used to do something more meaningful in the household. In some areas too, where water supply is the problem, the people of the area can easily contract water borne diseases. The crops and livestock are at risk especially during the winter period. There are many informal settlements in the area of study built by the people. The table below provides the profile of female-headed households in the area of the study.

**Table 8. Housing units in the area of the study**

| Enumerated Area | No. of Housing Units | Percentage [%] |
|---|---|---|
| 01 | 18 | 15.79 |
| 02 | 28 | 24.56 |
| 03 | 20 | 17.54 |
| 04 | 25 | 21.93 |
| 05 | 09 | 7.90 |
| 06 | 07 | 6.14 |
| 07 | 04 | 3.51 |
| 08 | 03 | 2.63 |
| **All samples** | **114** | **100:00** |

The sampling was randomly done based on the Snowball method. The essence of this method is to avoid the stigmatization attached to HIV and AIDS as much as possible. The participants felt free to speak with this method.

The traditional KZN housing unit comprises a round building made of mud with only one entrance and in most cases only one room. The data above showed that 15.79% of the mentioned areas were of the mud building types. The buildings with more than one room represent the 24.56% and those with three rooms and above amounted to 2.63%. From the survey carried out 21.93%, 7.90% and 6.14% respectively represent mainly the polygamous households. In this case, their husbands built houses with more rooms for their wives while in some cases some rooms were allocated to the members of the extended family who had no house of their own. It was not easy to determine the type of material used in building because in some cases cement was used to cover the mud. In most cases the roof is made of zinc. The material used in the building shows the wealth or poverty of the inhabitants. Rural poverty in general contributes to the spread of HIV and AIDS. For one to address the issues relating to the pandemic, one has to address the issues as they relate to poverty too. Both poverty and HIV and AIDS go together.

The above deductions give an individual a bird's eye-view of the amount of poverty in the area in relation to HIV and AIDS. As already mentioned above, poverty is a contributing factor to the spread of the pandemic in the area of this study. The above therefore, shows the extent of poverty in the area. An effort should be made to improve the living standard of rural women especially those households headed by them.

**Source of water supply**

Water supply is one of the essentials for every household. It is a great asset for the productive, reproductive and consumption activities in the household. About

60% of the population has access to good drinking water. These include private and public taps and boreholes. About 10% have access to spring water, while the rest use streams and rivers. The respondents from the area where water is lacking complain bitterly about government neglect and failure to fulfill their electoral promises to the people. It must be pointed that this attitude of government has serious consequences and implications for the people and their livelihood activities. The people in the area that lack an adequate water supply are easy prey to infections and water borne diseases.

Having stated the above, availability of a good and clean water supply to the households will play a vital role in curbing the spread of water borne diseases in the area. This is because many of them are opportunistic diseases. The government, NGOs and Churches through their service delivery agents should provide the rural populace with good drinking water. This not only reduces the time spent by the households in search of water but also reduces water borne diseases. Many people therefore, suffer from HIV and AIDS and water borne diseases.

**Table 9. Water supply**

| Source of water | EA 01 | EA 02 | EA 03 | EA 04 | EA 05 | EA 06 | EA 07 | EA 08 |
|---|---|---|---|---|---|---|---|---|
| Borehole | - | ✓ | ✓ | ✓ | - | ✓ | - | - |
| River/stream/dam | ✓ | ✓ | - | - | ✓ | - | ✓ | - |
| Tap water private | - | - | ✓ | ✓ | - | - | ✓ | ✓ |
| Tap public | ✓ | ✓ | - | ✓ | ✓ | ✓ | ✓ | ✓ |
| Spring | - | - | ✓ | - | - | ✓ | ✓ | - |

NB: √ The indication for available source of water supplies.

**Source of energy supply**

Based on the interviews, and responses to the questionnaire, sources from the FGDs, key informants and personal observations in the area of the study, about 85% of the population use electricity as their source of energy especially at night. Though it is the major source of light, about 60% use a stove and paraffin for cooking and warmth. Some of the reasons why some people use a stove are that they cannot afford the monthly electricity bills. This shows the extent of rural poverty in the area. There is no biogas or solar energy in the areas studied. The use of a stove and firewood as sources of energy expose people to the dangers of a fire outbreak during the winter. The amount spent on paraffin is higher, but the people find it more convenient than electricity. The little amount saved from this source of energy could be used in the treatment of HIV and AIDS. The Low-income groups in the area rely heavily on firewood and paraffin as their sources of energy.

The inhabitants' attitude to the environment has effects on it. In most cases the effects are negative. If an alternative is not provided for the people, the time is coming when the surrounding forests will be a thing of the past. There is a need for the people to have an alternative source of energy. When this is done it will reduce the amount of time people spend in search of firewood and enable them to do other meaningful things including attending to the people living with HIV and AIDS. A good environment enables people to produce good vegetables. This serves as a food supplement to the people living with HIV and AIDS. The people in the rural areas should be taught how to preserve their immediate environment. This is necessary for the health of the people in general.

**Sanitation in the area of study.**

A good and healthy environment is a basic need for every household. This is because neglect could lead to infection and epidemics in the area. But

unfortunately the Low-income earners are the ones that are greatly exposed to infections because of poverty. About 46.05% of the population have no toilet facilities while 30% have pit latrines. Both Middle and High-income earners have either improved toilets or water systems in the homes.

It is both unfortunate and unhygienic that presently some households use water that is contaminated with human and animal excreta. An improved water supply will definitely improve the health and working conditions of the people. A good water supply is both good for the households and essential for their survival. It contributes to the households' livelihood activities. The people living with HIV and AIDS need a good and clean environment. Good sanitation is necessary for healthy living.

**Tangible household assets**

The survey showed that more than 80% of the population of KwaDlangezwa owned radio sets while about 35% have television sets. About 25% of the population has either a fridge or a freezer. A good number of people have cell phones though more than half of the owners could not afford to buy airtime. Some people own a bicycle. About 25% own a stove in their households. Amongst the Middle and High-income earners they have cars, bakkies, vacuum cleaners and a washing machine. In times of crisis like HIV and AIDS, the affected household could sell what it has as a coping strategy. In most cases they are used as collaterals.

**Financial capital**

The data collected showed that a great number of the population has access to financial capital. Their major income comes from their turnover and some government assistance. Mtshali [2002] stated that financial capital is important because it forms a major source of income for the households especially those in

the rural areas. The sources include wages, remittances, pensions, grants and stokvels. Inasmuch as these are important and helpful, generally speaking people's yearly income still remains low because of their low educational level. Second, the government investments in the area are very poor. Some other contributing factors are unemployment. The rate of unemployment is still very high in the area studied. This can easily be traced back to the former government in the country. The majority of the blacks were relegated to the background or placed in over-crowded areas.

The effect of HIV and AIDS has had a great effect on the household's finances. The little money the household could generate ends up in the purchase of medication for HIV and AIDS. Oftentimes many of the households find it difficult to get transport for the treatment and to hire a vehicle in times of emergency will cost money. Because of this pandemic, some people involved themselves in savings programmes as coping strategies should the need arise. The pandemic has a great impact on people's finances. It does not allow people time to save.

**Social capital**

The assistance that households received from family members, kinfolk, neighbours, women, religious and non-religious groups formed part of the social capital.[26] The importance of social capital cannot be over-emphasized because the better-off give assistance and support to the less privileged. In this regard kin relationship plays a vital role especially in times of sickness, including HIV and AIDS crisis. The assistance could be in the form of cash or kind depending on the specific needs of the affected household. In some cases where the household

[26] DFID [1999:23]: Social capital is the social resources upon which people draw in pursuit of their livelihood objectives. These are developed through: networks and connectedness, either vertical [patron/client] or horizontal [between individuals with shared interests] that increase people's trust and ability to work together and expand their access to wider institutions, such as political or civic bodies; membership of more formalized groups which often entails adherence to mutually-agreed or commonly accepted rules, norms and sanctions; and relationships of trust, reciprocity And exchanges that facilitate co-operation, reduce transaction costs and may provide the basis for informal safety nets amongst the poor.

head is sick or too old to work, the relatives and neighbours organize themselves and render the necessary assistance when needed. In this regard the religious groups and community-based organizations give support as well. The Church plays a leading role in this regard.

The Church being part of the social organization has obligations to fulfill in the community where it is situated. Some of these are caring for the needy including those living with HIV and AIDS, counseling, especially those in distress, praying and assisting the dying and bereaved households. In other words it has to be a caring body. Its prophetic voice should be in line with the material needs of the people [compare Matthew 25:31 – 46]. Both the Church and community-based organizations have much work to do in this regard. It is their duty to assist people in their times of distress. The Church should mobilize its members as a caring community to the people in need.

### 4.6. Household strategies

Household livelihood activities ought to be planned and structured in such a way that they will be of benefit to the members of the household. Goldsmith [1996] defines strategy as a plan of action, a way of conducting and following through operations. Strategy implies thinking through the details of the operations in the household and their possible outcomes. Ellis [2000] argued that the social and institutional set-up helps to shape the strategy that will be adapted by a household. Mtshali [2002] stated that at the micro-level, livelihood strategies depend on the objectives of the household. Each household pursues its own objectives based on the expected outcomes. This is because each household is a unique entity and strategies and objectives evolve over time. No two households are the same. Every household has to plan ways to meet its set of objectives.[27] Strategies are necessary because they enable the affected household to find ways out of its

[27] Anderson [1994:20]: The concept of strategy is the overall way in which individuals and collectivities try to structure coherently, activities and actions within a relatively long-term perspective. Therefore it s a "higher order constructs which form general prescriptions for action."

predicament as in the case of HIV and AIDS. Though HIV and AIDS cannot be cured, strategies will help the affected household to cope.

Household strategies are a contributing factor in determining the possible outcome for the household. Anderson et al., [1994] were of the view that strategy is a way through which individuals or groups of people consciously seek to structure their lives in a coherent way. Strategy is a source of empowerment and could lead to diversification of household livelihood in an effort to reduce the vulnerability and increase the incomes of the household [Mtshali, 2002; Goldman et al., 2000]. The affected household needs to have plans of action to deal with the pandemic within its own context. When these plans of action work out well for the household, they will reduce vulnerability and assist the members in coping with the infection. But for the household to achieve a meaningful solution it has to diversify its efforts in different ways for a better outcome as already stated.

**Agriculture [subsistence farming]**

There is no gainsaying that agriculture plays a vital role in the lives of the people living in the rural areas and assists them in their livelihood. Under major trade categories in South Africa in 1998, the export from the agricultural sector was 11:00% [Standard Bank Group, 1999/2000]. This shows its contribution to the economic growth of the country. A great percentage of South Africans, especially among the Low-income groups, live in the rural agricultural areas where subsistence farming is the major household livelihood activity. According to Mthsali [2002] households in these areas either depend entirely on agricultural activities for their sustainace and income generation, or they depend on it to supplement their other sources of livelihood.

Agriculture, according to this study, is for own consumption, but the excess is sold to supplement the household needs. One of the major problems the people face is their access to land and in South Africa the land issue is a sensitive one and it will

not be discussed in this research. The Low-income power of the female-headed household places her in a more difficult position in that she cannot afford to raise enough funds to buy any piece of land with the little she has.

In this case, the Church and other social institutions should be the mouth-piece of the less privileged in the society especially the women. They should put pressure on the cultural custodians to reverse the rule that prohibits the women from the inheritance of land. Also the changes that are presently occurring at the national level in the country should take place at the grass-roots level too. Women should be among the decision-making bodies of the community.[28]

The overgrowing of various crops is common. Too many crops planted on the piece of land lead to a low yield. Every available portion of land is always over utilized by the owner. This is because the land available to the women is not enough.

[28] I had the opportunity to observe that the women of the community were meant to be seen but not heard. This had made them to be passive members of the community. Gender equality should be applicable at the rural communities including KwaDlangezwa.

**Table 10. Table of crops grown**

| Crops | EA 01 | EA 02 | EA 03 | EA 04 | EA 05 | EA 06 | EA 07 | EA 08 |
|---|---|---|---|---|---|---|---|---|
| Carrots | - | x | - | x | - | x | x | x |
| Sorghum | - | - | - | - | - | - | - | - |
| Cabbage | x | x | x | x | x | x | x | x |
| Tomatoes | - | x | - | x | x | x | - | x |
| Fruits | x | - | x | - | x | x | x | x |
| Maize | x | x | x | x | x | x | x | x |
| Spinach | x | x | - | x | x | - | x | x |
| Peanuts | - | x | - | x | - | x | x | - |
| Pumpkin | x | - | x | - | - | x | - | x |
| Beans | - | x | x | x | - | x | x | - |
| Potatoes | - | x | x | - | x | - | x | x |
| Madumbes | x | - | x | - | x | - | x | - |
| Onions | - | x | - | x | - | x | - | x |

NB: X shows the availability of the crop grown

The table above shows that maize and cabbage are the staple sources of food supply in the area. Other crops are mainly for one's own consumption, while the excess is sold. These products act as household income in some cases. The issue of agriculture will be discussed further in Chapter 6.

**Migration**

Migration is when one or a group of people leave their abode and settle elsewhere for sometime [Ellis, 2000]. When such takes place the migrants remit some of their earnings to the household. Mtshali [2002] stated that migration is one of the important strategies adopted by many households in the rural areas of South

Africa as a coping strategy.[29] KwaDlangezwa is not an exception in this scenario. This is attributed to the history of the nation. In some cases it alters the household structure and composition. Alteration in the household composition occurs mostly when there is illness, death or disaster. At times instead of settling the children in their new homes they are allowed to roam the streets. When this occurs the children are no longer under the supervision or control of any adult and therefore they live as they like, leading to immorality. This also contributes to the spread of HIV and AIDS in the society. There is no particular individual that should be blamed, but the extended family members, the Church and society in general have roles to play. One such role is to re-absorb these children into their homes. Church members who are better off may adopt a child. This was based on Exodus 2: 5 - 10. In this story Pharaoh's daughter adopted Moses as a son. This will reduce the vulnerability of street children to HIV and AIDS. On the other hand they can be sent to orphanages where they will be cared for.

In KZN the most common type of migration is the rural-urban method. People from the rural areas depart to the urban areas in search of non-existing government and factory jobs in places like Richards Bay and Durban. The women of KwaDlangezwa are part of this scenario. As already stated, the area is densely populated, and as such, migration forms part of a coping strategy. The key informants and FGDs stated that there are some who migrated and made their new homes a permanent place of abode, while others see it as seasonal. The seasonal migrants follow seasonal work opportunities. It was observed that many of the migrants are of the lower skilled group. This places them at a great disadvantage. Their income is low and, as such, their remittance home will be low. In an effort to meet the household demands including the HIV and AIDS pandemic, female-headed households diversify their coping strategies as explained before.

[29] Mtshali [2002:98]: Rural areas of KZN are characterized by high population densities and low productivity agriculture. Consequently, jobseekers move to urban areas to find wage employment.

**Employment strategy**

In this context employment will be seen as someone being engaged for wages. The important thing is that one has something to do to earn a living and possibly meet some household basic needs. People who are not gainfully employed are regarded as unemployed. In this group we find students, the disabled and pensioners [Ngwane and Hirschowitz, 1998]. Bernstein et al. [1992] stated that industrialization and urbanization do not necessarily generate sufficient employment and secure livelihood opportunities to meet the needs of those marginalized or displaced as farmers and agricultural wageworkers. The simple reason being that high technology has no place for an unskilled group of people. Second, the unskilled cannot cope with the rate at which things are changing because of advances in technology. Industrialization and urbanization are not people-oriented and, as such, rural people are displaced and those that remain are used as cheap labour.

In some cases where the head of the household is a pensioner, whatever money is collected will serve as income for the household. This will be used for the well-being of the entire household. In some cases people depend on a Child Support Grant as a source of income. This practice encourages single parenthood. On the other hand the practice also encourages the spread of HIV and AIDS. This is because unemployed young mothers will try to get as many children as possible in an effort to increase the grant. This issue of the Child Support Grant will be discussed further regarding the Church's input in Chapter 6. For example the establishment of an arts and crafts centre. Such a venture will be a way of encouraging the young females to be self-supporting. In this way the unskilled can acquire basic skills to make a living. Professionals are limited in the area. Though these women are very few in number available information indicated that they assist in the fight against the pandemic. They do this by disseminating information to the locals. At the same time they offer minor jobs to the women of the area.

They do this as a way of assisting the rural women to cope in their respective households.

**Grants**

A grant is a gift from the government to its citizens for their sustenance. South Africa is one of the countries in sub-Saharan Africa that cares for its citizens. Though this is a good gesture, presently it is abused. Some of the grants and claims available to people are for disability, child support, care dependency grants, and old age pension. Steinberg et al., [2002] stated that the old age pension and Child Support Grants are the most common in the country and form a reliable source of income for the household. Another grant that can easily be obtained is the disability grant based on the availability of records. People in the rural areas depend greatly on these grants as their source of income. These grants are the basis of many households. Many of the concerned households depend on them as their sources of income in KwaDlangezwa.

According to the Taylor Committee in Steinberg et al., [2002], the poverty line in South Africa is between R400 to R500 per person per month. The Child Support Grant is now between R100 to R200 per child per month. But in his recent budget speech for the year 2006, the Minister of Finance stated that the amount is R190 per child per month [SABC, 2006]. The above grant is for the up-keep of children until the age of 14 years. The recipients of these grants showed that they are very crucial for their survival [Carter and May, 1997]. This gesture encourages single parenthood especially where the woman is unemployed. This happens often amongst the semi-skilled and unskilled women.

## 4.7. Conclusion

The impact of HIV and AIDS is more severe amongst the poorest of the poor especially in the rural areas. Not only does its effect affect the livelihood of the

people but it also alters the structure and composition of the households. It has contributed to the changes in the household over a period of time. The female-headed households are the most affected and marginalized because of gender inequality and the patriarchal nature of the society. Men still manipulate them. One of the reasons is that both the women and men have internalized this situation. For instance in a polygamous family only the man has an overall say in the family and he takes major decisions in the household, and the women, notwithstanding their number, are bound to obey.

The pandemic has widened the already existing gap between the rich and poor to an extent that the poor are getting poorer. The sequel is that people migrate in search of non-existing lucrative jobs. When such jobs are not found the women turn to sex work as an alternative.

Female-headed households in the area live from hand to mouth because of the pandemic. The contributing factors are the medical bills, daily needs and funerals that are always very expensive. In some cases some households have borrowed money while some sell their valuables in order to sustain themselves. This is because the assets and resources are eroded in the process of treatment and other household needs.

Above all, it can easily be said that the various strategies adopted by the female-headed households are inadequate and unsustainable. These cannot contend with the HIV and AIDS scenario. Lack of basic infrastructure and the high rate of inflation in the country are some of the contributing factors. The government at all levels has a role to play so that female-headed households can meet their daily basic needs.

The next chapter will focus on the results and evaluations of the study. The chapter will show how the pandemic has impacted on the affected female-headed households. At the same time it will discuss how the affected households are

*coping* with the pandemic. The coping strategies of the affected households include the supports from different groups and organizations including the Church. It will equally describe the constraints facing these women in the community.

# CHAPTER 5

# RESULTS AND EVALUATIONS

## 5.1. INTRODUCTION

In this chapter the issues of household assets, the effects of death and funerals, and the constraints on the female-headed household in *KwaDlangezwa* will be discussed. The households chosen are by the Snowball method as already mentioned. The idea for this is to avoid the stigma attached to the HIV and AIDS as already stated. These case studies were to explore and examine the efforts the female-headed households were making as their coping strategies. Second, it was to understand how the available assets form the coping strategies in the affected households. The assets in question are the human capital, social capital, financial capital, natural capital and physical capital.

The side effects relating to the impacts of HIV and AIDS will not be discussed in this section. The emotional issues are self-explanatory. Having stated the obvious, attention will be given to the already identified assets above. Each of the affected households in KwaDlangezwa will be examined in terms of these assets mentioned above.

The livelihood assets are very important for the survival of the households because through them the households generate a livelihood. The households in their efforts to overcome their vulnerability including HIV and AIDS diversify their livelihood activities. This is achieved through adopting different strategies, some are positive while others are negative. The results will then indicate if the strategy is working or not.

HIV and AIDS is a terminal illness, it strips the affected household of its assets and resources as it progresses. The first impact of the pandemic is seen on the

financial capital. The pandemic does not allow both the infected and affected household time to save. The infection will continue to push the household into perpetual poverty. In the case of the female-headed household, livelihood will degenerate into impoverishment. When there is a drop in production, the outcomes will drop equally. When this happens the affected household finds it difficult to cope with the situation. This is because the consumption increases.

The evaluation in these case studies was based on the available assets in the household during the interviews and visitation. With these available assets the affected household fashions out its strategies. During this period the researcher was in a position to determine whether the household was coping with the pandemic or not. The selection of the households involved in this study was of a mixed background. Some of them are gainfully employed with formal education. Some of them are illiterate with little or no educational background.

It must be noted that none of the names used in these case studies are the real names of the people involved. The real identity of the individuals is confidential. This is because the public is still hostile[30] to the people living with the infection, while in some cases some of them are accused of immorality. Being judgmental has not contributed to the welfare of the affected household, but portrays it in a bad light. This type of attitude has contributed to the emotional depression of both the infected and affected.

Other issues that will be discussed here are how death and funerals affect a household. Africans are known to celebrate death and much is spent on funerals. The effects are more pronounced in the female-headed household, and where a death occurs, the woman can lose her assets. She is also faced with

[30] DramAidE [2002:3]: Gugu Dlamini Park is the new name for Central Park, adjacent to the Workshop in Durban. It has been renamed after the young AIDS activist who was brutally beaten in December 1998 and died three days later without ever regaining consciousness. Gugu Dlamini was brave enough to stand up and disclosed her HIV positive status at World AIDS Day. Less than a fortnight later, she was dead. The park is now a symbol for our country trying to come to terms with the stigma still attached to being HIV positive.

stigmatization, isolation and threatened with death by neighbours [Waal and Tumushabe, 2003]. Many people and the society in general do not take the issue of HIV and AIDS kindly. Some people will go to any length even to kill the infected as indicated above. One of the reasons for such action is that the infection is easily related to sex and morality. The person who is infected is seen as immoral. It is not a punishment from God.[31]

### 5.2. The impact of HIV and AIDS on the Household Assets

As already stated, the negative effects of HIV and AIDS on the female-headed household are enormous. In most cases, the affected household is in debt. The household could dissolve in the process. The pandemic affects both the human and material resources of the household.

#### 5.2.1. The Human Capital

*The human capital represents* the skills, knowledge, ability to labour, and good health that together enable people to pursue different livelihood strategies and achieve their livelihood objectives [DFID, 2001:21]. The human capital is crucial because apart from it no other asset will be accessed and no achievement made. There will be no outcomes. But through the human capital, a household gets direct support to asset accumulation, while indirectly being supported through transforming structures and processes. The feedback from achievements of livelihood outcomes goes in a vicious cycle [DFID, 2001:21]. Based on the above the household members need good health, skills and good education to contribute to their livelihood. The best investment that a household could make should be on the above items. This is because these are life long investments.

[31] Anglican Primates [2003]: We raise our voices to call for an end to silence about this disease – the silence of stigma, the silence of denial, the silence of fear. We confess that the Church herself has been complicit in this silence. When we have raised our voices in the past, it has been too often a voice of condemnation. We now wish to make it clear that HIV and AIDS is not a punishment from God. Our Christian faith compels us to accept that all persons, including those who are living with HIV and AIDS, are made in the image of God and are children of God.

### 5.2.2. Social capital

DFID [1999:23] defined social capital as the resources upon which people draw in their pursuit of livelihood objectives. These are developed through networks. This is necessary to the household because it can provide a buffer that will assist in coping with shock, and act as an informal safety net to ensure survival in times of hardship like HIV and AIDS. Mtshali [2002] argued that members of the household could make claims by virtue of belonging to a social unit. This is the social unity that connects people to others. It is the link between households and other groups of people. The impact of HIV and AIDS on the social capital is always negative. The pandemic has caused the people to over-extend their resources. At the same time it has affected the people's commitment to work in that most of the time is spent on attending to the sick and funerals. This is applicable to the area of this research.

### 5.2.3. Physical capital

Physical capital comprises the basic infrastructure that supports the livelihood. This means an affordable transport system, secure shelter and buildings. It also means adequate water supply and good sanitation, affordable energy and information [DFID, 1999:27]. In some cases physical capital comprises valuable durable items that a household owns [Mtshali, 2002:140]. Ellis [2000] stated that physical capital is the assets necessary for assisting household livelihood diversification. The infrastructure comprises those goods people use without direct payment always. But in some cases people pay, for instance, for water and electricity, roads, rails and communication systems. With these things in place, the poorest of the poor in the rural communities can be reached and integrated. Without such, on the other hand, people in the rural communities are completely cut off. The essential services are not available in the area being discussed. These items form the bridge linking the rural populace like KwaDlangezwa to the urban areas. When these are not in place, people tend to be marginalized. There are

some areas in KwaDlangezwa that lack the physical capital. The effect of the pandemic on the physical capital is devastating. The skilled labour that will maintain these facilities is being lost to the infection.

### 5.2.4. Financial capital

The financial capital denotes the finance resources that people use to achieve their livelihood objective [DFID, 1999:29]. Mtshali [2002:141] stated that it is a stock of money and value [assets] to which the household has access. Financial capital is very important to the household because it can be converted. It can equally be used to achieve the household's livelihood outcomes. The financial capital is one asset that can be transformed to meet needs. This depends on the needs of the household. However, it is not easily available to the poor households. But when it is available, it is used for the basic needs of the household. The first impact of the pandemic is on the financial capital as stated above. This is because the affected household continues depleting its savings and reserves.

### 5.2.5. Natural capital

The natural capital is the term used for the natural resource stocks. Ellis [2000] argued that these are the land, water and biological resources that enable the people to generate their livelihood for survival, while Mtshali [2002:154] stated that it comprises the environmental resources. According to DFID [1999:25] natural capital is very important to those who derive all or part of their livelihood from it.

Human activities must be friendly to the ecosystem. The natural capital therefore has a lot to contribute to the household livelihood. Many of the households in this study make frequent use of natural capital like the environment. The HIV and AIDS pandemic in most cases has contributed to the people's exploitation of their immediate environment as seen in KwaDlangezwa. Some of the households depend on what they will get from it for their livelihood.

### 5.3. The case studies of the affected households

The individual households in this study will be discussed below. This will be based on the human, social, physical, financial and natural capital as previously stated. The researcher will examine how the assets have contributed to the coping strategies. Also to be examined is how HIV and AIDS has impacted on these households and their assets.

#### 5.3.1. The case study of Phumzile's household

Phumzile is the head of this household. She is about sixty-five years of age. She could not finish her matric because of a lack of funding. The parents could not train her as a girl. This is because boys were considered more worthy of education. She was forced into an early marriage. There are six members in this household and one of her children is sick. Phumzile is a pensioner and she receives her grant regularly. She is engaged in petty trading. This is mainly because of her educational background. She combines the above with her little vegetable garden. The situation of the sick in the household affects them all.

At the initial stage the son who is sick was working for a company in Durban. During the period he was remitting money to the household on a monthly basis. But when he became ill, those remittances ceased. His illness is progressing and it has a great effect on the household. The pandemic has increased the reproductive activities in the household while the income and production has been reduced drastically. The mother spends most of her time attending to him. Thus it has affected Phumzile's trade and her younger daughter's schooling. The daughter who is in Grade 10 and the other son in Grade 8 no longer attend the school regularly because of the household activities. But in some cases they alternate. The youngest amongst them does not attend school at all due to lack of funding.

The neighbours of the household are of immense value to its members. The reason is that Phumzile is good to all the people that come across her path. Her other relatives, in some cases, send her money and food parcels. Since the only available source of income is her grant, coping is becoming difficult. There is a great need for financial support for the household. The present situation will invariably affect the future of the household. If that happens and the young man passes on, the financial burdens of the household will be doubled. This is because of funeral expenses and the long illness. The human capital in this household is neither reliable nor sustainable.

With regard to social capital, the young man is not entitled to any remittances. But the company where he worked promised to assist the household. The type of assistance is not specified. But the promise has to do with finance. This is out of charity. Despite all the promises from people the household is still in great need. As the illness progresses so also the household needs increase, because HIV and AIDS is a terminal sickness.

The neighbours and the Church are supportive. Phumzile likes helping people in need. Second, she is a leader in one of the denominations. At the same time, she belongs to a stokvel group. The group, individually and collectively, assist her. The assistance is also not reliable.

In relation to the physical capital, she has access to basic infrastructure like electricity, a good road and a postal system. She has a cell phone. The household has access to a public tap that is a few metres away. The main source of energy in the household is paraffin while electricity is mainly used at night because of monthly bills. An alternative to paraffin is firewood. The physical environment of the household is clean and seems to be sustainable.

Financially, the only reliable source of income is her pension. The financial situation of the household is bleak. The future is doubtful because of the impact of

HIV and AIDS on its finances. It has a negative impact on the household. The crisis has reached the stage where her son's cell phone had to be sold in an effort to meet some basic needs in the household. The financial burdens of the household are enormous. In general the household is in abject poverty. This has been complicated because the household lacks the capacity to buy medication. The household faces dissolution because of the pandemic. The chances of the members remaining as a unit are remote. The head might not control and keep them as a unit because of the financial involvement.

Natural capital is of great importance to this household. Phumzile cultivates the little portion of land where she lives. What she generates from it is not enough to sustain the household. She usually collects water from the stream when the public tap is not functional. She gathers firewood for energy from the forest nearby.

### 5.3.2. The case study of Zanele's household

The name of the head of this household is Zanele. She is a schoolteacher. She has two girls and a boy. She has a shop which she erected when she was teaching. This was possible because she was a member of a stokvel group. At the initial stage, she used what was generated from the shop to maintain it, but with the present condition it is now becoming difficult. The reason for the above is because of ill health within the household. In the meantime she is using whatever she realizes from her grant and stokvel to maintain both the shop and the household. The reason for this is that one of her daughters who was married is now very sick. At the moment she is living with the mother. This happened when the husband became suspicious of his wife. From that time on, he started to abuse her. Finally the daughter was ejected from her home.

Based on the advice of people she went to the hospital at Empangeni where it was discovered that she has TB. The husband drove her out because of her health condition. Although as the man has not paid the traditional lobola, their relationship

was that of husband and wife. Her sickness has progressed and some symptoms of HIV and AIDS are noticeable. Her little baby girl is also sick. All the members of the household depend on the head for their daily needs.

Zanele's only son is still in Grade 9 while the second daughter is in Grade7. The daughter's schooling is not regular because of attending to the sick. Zanele has the privilege of belonging to a wider society. She belongs to many social groups in and around the community. These groups are of great assistance to the household. Her neighbours also offer her a helping hand. At the same time, her relatives are of immense support to her. They assist her with both material and moral support. Although she has all this assistance, the effect of the sickness can easily be noticed in the household.

She receives her pension and a Child Support Grant for her stepdaughter. As a member of the teacher's association and some Christian organizations in the Church, the groups do help her. In some cases they assist her with material things and prayers. Zanele has links with people outside the community through her socialization. Inasmuch as these connections are in place, they are not enough for the household. The daily needs are on the increase. This is because the issue of HIV and AIDS involves the matter of finance. There is no amount of money that will be enough. The pandemic decreases the assets. This takes place as the illness progresses.

The household has access to basic infrastructure. It is situated near the R103 road. The household has a good electricity supply and for this reason it has a freezer, a fridge, a vacuum cleaner and a lawn mower. The head of the household has a bakkie which she uses for her business. The income for the household is from her pension and the shop. The building and its surroundings are well kept.

Zanele's remittances are steady but there is the tendency that things might change for the worse in the near future. This is because HIV and AIDS is a terminal

illness. Its demands are always on the increase. The first casualty might be the stepchild. Her illness is getting worse. If she dies the Child Support Grant for her will cease. When this happens, the household will only be able to depend on Zanele's salary as a source of financial income. Her savings and the returns from the shop cannot do much. In the meantime the household is living from hand to mouth. It raises poultry and vegetables for its own consumption.

As a widow, Zanele has no direct access to land. But fortunately for her, as a teacher she acquired a portion of land for a vegetable garden. This has contributed to the nutritional in-take of the household. What she gets from her natural environment is not sustainable. This is because the demand is more than the supply within the household. The members of the household assist her in gardening and keeping of the poultry. The by-products from the above are used as organic manure in the garden. It has not been easy for the household recently.

### 5.3.3. The case study of Thabile's household

Thabile is the head of the household. She is about forty-two years of age. This is a household of three members. When she became ill, the husband abandoned her. The husband is reported to be living with another woman in Durban where he is working. At the initial stage, the husband usually sent her some money for the up-keep of the household and the children's school fees. When the husband discovered that Thabile had an acute cough associated with TB, he stopped his assistance. The household burdens are increasing. As things stand her income alone might not sustain the household. Her daughter who usually assists in the household is pregnant. For this reason she can no longer go to school. The daughter's situation has worsened the problems in the household. The issue of single parenthood is common amongst the new generation-youth. The brother, who is a driver, at times remits some money to the household. The amount depends on his daily turnover. This source of income is not sustainable.

The bulk of the reproductive activities depend on one of the daughters. This is because the head of the household, the mother, is sick. On days when she feels better she goes to work. The relatives are assisting the household with whatever they have. Occasionally the people from her office visit her at home with gifts and words of encouragement. This support is because of her relationship with the people in the office where she works as a clerk.

When she was very active, she had good connections with different groups of people and organizations. She is a member of a stokvel group. Thabile belonged to a group called "Committee of Friends." This particular group usually assists its members with food parcels. Although this support is available it is not sustainable. They are temporary measures taken by individuals against any eventuality.

She is in a serious condition. Her illness has got worse since the separation from the husband. The situation in this household is the opposite of Cases 1 and 2 above in terms of infrastructure. Her cell phone has been sold because of the problem in the household. The household has neither a good water supply nor electricity. The major source of energy is firewood while paraffin is used occasionally. The sanitation is very poor and might be a contributing factor to the diarrhoea she was suffering at the time of this interview. The above sign is one of the symptoms of the HIV infection. The household lacks simple information on personal hygiene.

The sources of income for the household are her salary and remittances from the son. Apart from these, there is nothing. If Thabile happens to die, due to HIV and AIDS the household will dissolve. This is because of the stigma. Second, the son who has migrated to the city might not come back after the funeral. According to the key informant the son does not come home as he used to do. The household needs financial assistance for medication. It was reported that different Churches in sometimes come to the assistance of the household. But the fact remains, for how long will these last?

Indicators are that the household will dissolve. One of the reasons for this is the issue of single parenthood. She cannot expand where she is living because she lacks the financial capacity. Second, is the stigma attached to the infection. The household depends on the environment for its energy and water supply. The daughter is engaged in handcrafts. She usually collects some of the materials from the nearby forest.

### 5.3.4. The case study of Lindiwe's household

Lindiwe is the head of this household, she is married. Her husband lives in Johannesburg where he is working. This is a household of four members including the head. She is a civil servant. The two daughters are at school while the son who was formerly working in a hospital in Durban is seriously ill. He is married but the wife has left because of his illness. The young man's case is a well-known HIV and AIDS case. But unfortunately the mother has alleged that he was poisoned in the office where he was working. He has stopped work because he could no longer cope.

Since the wife is no longer with him, it is now the responsibility of the mother and other members to take care of him. The daughters assist especially on the weekends. This is because on the weekends their house helper goes home. The friends and neighbours of the household are very supportive. Their father, though in Johannesburg, usually comes home every fortnight with food parcels and other items. According to Lindiwe, people have been very supportive. This has to do with her position in the society because she has a leadership role. At the same time she is sociable and accommodating.

She is on a monthly salary. The husband remits money to the household monthly. In some cases he will send food parcels and some medication. He is supportive of the wife. On the other hand Lindiwe has two bank accounts. She could not

disclose the amount for security reasons. Financially the household is better placed than many of the households in this study. She is a member of some social groups in and outside the community. She leads the women's group in the Church. According to her, the husband disclosed the son's HIV status to his friends in Johannesburg. The friends, neighbours and Church are supportive of the household.

The household is located close to basic infrastructure. Some of these are water taps, and landline, and public phones. These facilities made communication easy for the household. The household makes use of both a lawn mower and vacuum cleaner. The major source of energy is electricity. Most of her time is spent attending to her sick son. She works round the clock because of it.

The household has reliable sources of income. But due to the ill health of the son the household continues spending. This is affecting her shop. Within the household, the members are feeling the impact of the illness. HIV and AIDS is stripping them of most of their finances. Some of the household's expenses have decreased in an effort to meet the health demands of the son. She receives assistance from the Church. This could stop at any time. The effect of HIV and AIDS is obvious in the household. To the outsiders, Lindiwe has no problem. It is true that she is better than any of the above households mentioned in this study. But obviously the impact of HIV and AIDS is telling on her household. The household has land where they plant sugarcane, maize and vegetables. She hires labourers to do this. Within the compound she has a portion where she plants vegetables too. Whatever she realizes after harvesting on their farm, act as income to the household.

### 5.3.5. The case study of Sibongile's household

Sibongile is the head of this particular household. She is a widow. Her husband died recently. She had two daughters who were formerly at school. They have

stopped because of her illness. Sibongile has no formal education. When she was healthy, she was hawking at the station. By so doing, she was sustaining the household. She has a lot of boy friends, according to an informant. Both her type of business and life style exposed her to her present situation. Sibongile's case went on to show that poverty and HIV and AIDS go hand in hand. Rural poverty made her vulnerable to the pandemic.

Presently her physical appearance suggests that she is infected with the HIV virus. Her two daughters are engaged in petty trading in their efforts to sustain the household. The burdens of the household are telling on them. They alternate between the household activities and their petty trading. The women's groups from the Churches around assist the household. They offer to them both spiritual and material assistance.

She has no state grant. Her ill health has a great effect on the household. The children cannot achieve much. None of them is gainfully employed. Assistance to the household comes from the members of the extended family and a local CBO. On the whole, the household is in great need.

The issue here is quite different from the rest of the households. It lacks a basic infrastructure. The building structure is poor with cracks in the walls. It shows the extent of rural poverty in the household. She spends a lot of money on transportation. There is no communication network available to the household. The main source of energy is firewood while the water supply is far away. The alternative water supply is ± two kilometers away from the household.

The household is passing through a financial crisis because of HIV and AIDS. It has no regular source of income. The small amount the children can generate is never enough. Both the relatives and Church render support and assistance to the household. These are on a temporal basis. Before long, the household will no

longer afford the money for feeding. The financial position of the household is inadequate.

The household depends more on the natural capital. The daughters who are involved in craft activities gather some of the materials from the forests around. In some cases they will trek some kilometers away in search of the materials. Both their water supply and energy are dependent on the natural capital. The household is exploiting the environment because of their situation. This will have a negative impact on the household in the years ahead. It is unfortunate that they lack the basic needs and capacity to cope with the pandemic.

### 5.4. The Effects of Death and Funerals on the Female-Headed Household

According to the New United Nations Report:

> The burdens of HIV and AIDS on families and households are staggering. During the long period of illness, the loss of income and the cost of caring for family members may impoverish the household. Adult deaths, especially of parents, often cause the break-up of households, with children being sent to live with the relatives or even becoming homeless [New UN Report, 2004].

The pandemic strips the household of its resources and assets leading to abject poverty. In some cases, the household will dissolve especially when both parents die. De Waal and Tumushabe [2003:6] argued that death from HIV and AIDS is usually more disastrous than any other disease. The reason for this is the loss of income and high expenses attached to the pandemic. Not only that, there is a stigma attached to it. The stigma is attached because most people oftentimes relate HIV and AIDS to immorality as previously stated. This assumption is never and will never be the whole truth about the contraction of the pandemic.

Avert. Org [2005] stated that HIV and AIDS is one of the leading causes of death especially in sub-Saharan Africa. It is taking its toll in this region. It is estimated

that about 2.3 million people have already died of the pandemic. It has contributed to the drop in agricultural production because people now put in more time and labour to burials and attending to the funerals [Hope, 1999]. As a terminal illness, as HIV progresses, the strains and stresses that follow it will equally increase. In the event of the above, the resources and assets will be liquidated leading to perpetual poverty in the affected household [Avert. Org, 2005].

UNAIDS [2005] argued that as a result of HIV and AIDS in households, the affected woman might lose her land and other properties after the death of the husband, the laws of inheritance designed to protect the woman notwithstanding. The affected household, most of the time, sell their assets to offset their expenses incurred during the illness.[32] This usually starts with the selling of the nonessential assets in the household, but this will eventually progress to the selling of the productive ones too [UNAIDS, 2004; FAO, 2003]. Saucerborn et al., [1996] in UNAIDS [2005] stated that in Chiang Mai, Thailand, 41% of the households affected by AIDS reported having sold land, and 24% were in debt. In Burkina Faso, selling of livestock and reorganizing household labour were the usual responses to serious illness and death including that of HIV and AIDS in a household. The above is equally applicable to the area in this study. The affected household oftentimes sells some of its valuables to offset the expenses during the time of illness and to pay for funerals. In some cases some will borrow money from financial institutions at high interest rates.

Barnett and Blaikie [1992:13] said that in Buganda, funeral ceremonies are elaborate.[33] In most cases, people use the funeral ceremonies to show their wealth to the public. In some cases people will go to the length of borrowing money in an effort to please the society. At times some people feel that death is the right time to prove their status in the society. At the end of it all, the expenses

[32] Personal observations showed that the affected households sell their valuables as coping strategy. In some cases they are used as collaterals.

[33] Barnett and Blaikie [1992:13]: It is here that the community attests the value of individuals and their position in and contribution to the lineage, their clan and their neighbours. Such occasions are both costly and time consuming. Neither money nor time is freely available.

will amount to a total waste of both assets and resources in the affected household. The issue of both death and funerals affect the young and the old, boys and girls alike who live in the household. According to Juma [2001] male pupils in particular are organized to help in building temporary shelters to accommodate guests who attend the funeral while the girls fetch water and firewood for preparing meals for the guests. During this period, the children will miss their classes. They are also involved in all the work in the affected household. If not checked, this will affect the children's academic performance. The above is equally applicable to KwaDlangezwa. The children in an affected household do not attend school during the funeral period. The funerals in the area usually affect the learners because they will miss classes. In most cases the learners find it difficult to cope with their academic work.

Webba and Mutangadura [1999] in DFID [2000] were of the view that the death of an adult as a result of HIV and AIDS, especially the head of the household, is often disastrous. It often leads to a sharp decline in production and income in the affected household. Furthermore DFID [2003] stated that the death of an adult, especially the mother, from HIV and AIDS and related cases is usually more disastrous than death from any other cause. As already stated, this is because it is easily associated with sex. Africans have sex but do not talk about it. The culture of silence over sex issues has negative effects in the society. Second, HIV and AIDS is associated with long protraction and stigmatization of both the infected and affected. This attitude leads to loss of assets and resources of the household.

Both death and funerals lead to the destruction of many household livelihood activities especially in the production section. The death and funerals often strip the household of all it has. To some people death and funerals are times of showing status, wealth, association and fame. In the event of all these, many people borrow money to bury their loved ones. According to Steinberg et al:

> While death may relieve a family of healthcare related expenses, it brings its own costs. About 57% of households had paid for a funeral in the proceeding year and were able to estimate the cost. On average they spent four times the total household monthly income [one third of annual income] on a funeral a mean average of R5153:00. The figure revealed to a wide range variation, with one family spending R40000:00 on a funeral alone.
>
> More than half of these households [53%] carried the full burden of funeral costs, and these families spent an average of 3.5 times their total monthly income on the funeral. A third had financial help in the form of a burial society or funeral plan, and 14% had the costs fully covered by a burial society, stokvel [community savings group] or commercial insurance policy. Where the individual had commercial burial insurance, the funeral cost was on average five times more than the household income.
>
> Rural households spent 350% of the total household income on funerals, compared to 500% in urban areas [2002:19].

The people in KwaDlangezwa spend huge sums of money during the funerals. The above indicated that people venerate the dead more than the living. This has led to people spending a lot of money on funerals to please self and society. In most of the cases the affected household hires a fleet of cars as a sign of affluence, a costly casket as a sign of love for the dead and a show of wealth. But in many cases, these are done on credit. After the funeral, the affected household will keep on refunding the financial institutions at high interest rates for the amount borrowed. This has led many households into poverty and their recovery is always very slim. The expensive funerals cause losses of assets and resources, livestock and withdrawal of children from school, especially the girls, because of fees [FAO, 2003]. According to Karim and Karim [eds.] [2005:417], "some 55% of AIDS-affected households paid for a funeral in the last year and spent, on average, four times their total monthly income on this." This is for those who are on salary scale but those who are not will borrow. The above assertion is not peculiar to any particular area but is to KwaDlangezwa community. This attitude is common in KwaDlangezwa community. The expenses at the funerals affect all the activities in

the household. The effect has led to withdrawing the learners from schools, especially the female learners. This practice of withdrawing girls from school will affect the future of the women in the society. The future and fate of the women in general is bleak because of expensive funerals.

### 5.5. Focus Group Discussions

The following were some of the hindrances the female-headed households encountered in the area. These answers came from the participants in the discussion sessions. The participants took their time to tell their own stories, what they really feel and want. Below, the researcher will only highlight some of the things the participants mentioned that are relevant to the study.

Question: What are the major constraints on the women in this area?
Answer:

- Women are denied equal access to assets and resources.
- They are easily abused – beaten, raped and insulted.
- They lack the capacity to take decisions.

Question: What effects has HIV and AIDS had on the female-headed household?
Answer:

- More busy these days attending to the sick and funerals.
- Weekends are very busy because of the funerals in the area and outside the area.
- Household resources and assets are lost.
- Many people are becoming poorer everyday.
- Funeral expenses are becoming too much for the households.

Question: What roles should the Church play for possible changes?
Answer:

- There is need for financial assistance.

- Greater involvement of the women in the decision-making.
- Provision of resources for the women.

The above findings will form the remaining part of this chapter. Since these come from the participants, they are serious problems that the female-headed households face. There is a greater need to address these issues for the freedom of the women in general and female-headed households in particular. This is because they affect their livelihood activities.

### 5.6. The constraints affecting the Female-headed households

The constraints are those factors that placed the female-headed households in KwaDlangezwa at a disadvantage. Oftentimes these are constructed and implemented by the men against the wishes of the women in the society. If the situation is allowed to continue, both men and women will internalize these attitudes as a way of life. The people of this community in general accept this behaviour and attitude as ways of life. When the contrary is seen, it is viewed as a violation of the people's customs and traditions. Any act against any of these attitudes is regarded as an act against the societal norms. These are the contributing factors to the spread of HIV and AIDS and the vulnerability of the women of the area in general. Some of these will be discussed in some detail below.

#### 5.6.1 Gender

Gender means many things to many people but it all depends on the user of the word. It is an all-inclusive term for both women and men alike. Gender should be understood in the light of the differences between the feminine and masculine as constructed through socialization and education [Reddock, 2000:37]. Reddock went further to state that the biological differences between men and women are constant, but social interactions and relationships that exist between them are

concerned with gender issues. These interactions might, in a way, be positive or negative depending on the prevailing situation at the time. The situation at one point could easily be changed over time.

The gender issue refers to the relationships between men and women and is influenced and informed by power balances between them in a given culture and society [Smith and James, 1994:10-11]. The duo went on to emphasis that though God created humankind as male and female, co-equals, there is a need to stress that men and women are at the same time different. This difference has been the centre of various debates with respect to how men and women attract or attack one another. The women in KwaDlangezwa are regarded as second class citizens because of gender. They, at the same time, tend to accept it. They have no capacity to make any meaningful changes with regard to this in the community.

Gender is the shorthand form, which encodes a very crucial point, that the social identities of women and men are socially constructed rather than based on biological characteristics.[34] Gender is socially constructed and socially implemented according to different functions between men and women in the society and at home [Besha [ed.], 1994:77; Ogundipe-Lesile, 1994:14, Haider,1996:35 and Haddad, 2000:97-98]. The United Nations Conference for Women [1985] stated that women, though more in number, work longer hours in production and labour than men. They still end up earning less than men.[35] In effect, gender determines the power of relationship between male and female in all spheres. This reflects how the society understands what appropriate behaviour is for women and men [CGE, 2001].

[34] Young [1988:98]: In this sense we can talk about societies in which there are more than two genders [and in the anthropological record there are several such societies], as well as the historical differences in masculinity [femininity] in a given society.
[35] Nairobi UN Conference For Women 1985, women are 51% of the world's population. They do 66% of the world's working hours. They earn less than 10% of world's income and own less than 1% of the world's assets.

Cornwell [2001] has argued that gender involves actual or potential heterosexual relations between the female and male, while Anker [1997] stated that the use of the word gender has brought the women into a disadvantaged position in the society and even in the family. This is because the women are taken for granted under gender issues like HIV and AIDS. In most cases they are accused of spreading the pandemic. When this happens, the men and society in general turn against them.

Currently, men define the use of gender and the role thereof. Because of this attitude, it is the man who will decide whether to use a condom or not. The woman has no say. When this occurs she can easily be infected with HIV and AIDS. The European Commission [1993] stated that gender is the different role, responsibilities and expectations of people in the societies and cultures, which affect their ability and incentive to participate in community projects. Pearson [1992] argued that gender relations affect and will continue to affect how societies and their people function. This is because the men dominate the cultural background of the people. But on the other hand, Ware [1981] was of the view that, gender is a matter of cultural definition as to what is considered to be masculine or feminine in the society. Steinberg et al., [2002:22] stated that the gender stereotype has a greater negative impact on the women than men as listed above. For the boys the number out of school was about 5% - about half the proportion of girls. From an early stage in life, girls feel that they are not equal to boys and that will remain with them all through their life. This has been the attitude of people in the area of this study. This gap has contributed to the incessant rape and abuse on both the girls and women by their male counterparts.

The male uses force as a means of infusing fear and intimidation on the female. When this occurs, women will give in, exposing themselves to the dangers of contracting HIV and AIDS. Haddad in Journal of Theology for Southern Africa [2002:93] stated that gender violence is all-pervasive in South African society. According to a South African Police Services [SAPS] report in 1998, there were

49280 cases of rape that were reported.[36] The issue of rape is on the increase. It has reached the stage that in every 17 seconds a woman or a girl is raped in South Africa [Haddad, 2002]. The above goes hand in hand with the spread of HIV and AIDS. One complements the other. At the same time this male attitude has contributed to marginalizing women, denying them access to assets and resources for their livelihood. Gender is therefore constructed from the society's point of view to serve the sole interest of the men. This being the case, the women are subjugated to second-class citizens thereby removing them from their rightful places in the society and home. The above information is the general situation in the country. The area for this study is part of this scenario. The women are abused on a daily bases in this area. There is nothing in place to change the present situation.

The women's vulnerability to the HIV and AIDS pandemic is derived from their status in the society [Heise and Elias, 1995:931]. Ankrah [1991] stated that their subordination is because of their low status and powerlessness in the society in relation to HIV pandemic. Ulin [1992] argued that their inability to negotiate change in sexual behaviour is caused by a wrong gender perception. The reason for this is that the women often have too little power within their relationships with the men and therefore they do not insist on a condom. They also have too little power outside of these relationships to abandon a risky partnership [Heise and Elias, 1995:939].

### 5.6.2. Patriarchal system

According to Maria [1998] patriarchy literally means the rule of the fathers. But today's male dominance goes beyond the rule of the father; it includes the rule of husbands, of male bosses, of ruling men in most societal institutions, in politics and also economics. In summary this is a man's world. This attitude has negative

[36] South African Police Services. The Serious Incidence of Crime between January and December 1998. Semester Report 1/99. Crime Information Analysis Centre.

impacts on the women, which includes HIV and AIDS contraction [Rathgeber, 1990; Moser, 1993 and Reddock, 2000]. Under the patriarchal system the men organize themselves so as to enable them manipulate the women. This has resulted in the women being totally subjected to the men.

In the patriarchal society women are not free to express themselves. They have no right in a man's world to say "no" in terms of unsafe sexual intercourse. If she happens to do so, she will be dealt with in a brutal way. According to Millet [1970] in Maria:

> Violence and coercion seemed to be the main mechanisms by which the unequal power relation in the area of body politics was maintained. Women discovered more and more that their own bodies had been alienated from them and had been turned into objects for others, had become "occupied territory." Many began to understand that male dominance, or patriarchy, as it then began to be called, had its origin not in the realm of public politics only but in the men's control over women's bodies, particularly their sexuality and their generative capacity [1998:25].

In most cases, violence, rape and beatings are the language of men towards women. These techniques have been adopted by the men as a means of subduing the women and bringing them into total submission. When such actions take place, the only available option for the women is to succumb to the situation. This kind of life style is common in the rural areas where people lack adequate information on human rights. This is the reason why the pandemic is therefore more rampant in the rural areas such as in places like KwaDlangezwa. Even when they have the right, they cannot act because tradition and custom prevent them. The women oftentimes prefer to die in silence rather than exposing their partners to the public.

### 5.6.3. The Traditional system

Boserup [1970] stated that the traditional practices from a gender perspective have a negative impact on the women. These practices led to polygamy in most of the African countries [Ogndipe-Lesile, 1994]. Polygamy as a practice makes women look cheap. It has reduced their status by making them a beast of burden both at home and in the society. The sole aim was and still is to use them as cheap labour on their husband's farms. Furthermore, when a man contracts HIV and AIDS he will eventually distribute it to his wives. Traditionally the women have no power to say "no" their husbands in relation to sexual practices [Haddad 2002]. With such practices, it is easy for the men to infect the women with the HIV virus. When this occurs the men will turn around and accuse the women.

On the other hand, tradition has created three main functions for women. These are reproduction, production and community management [Moser, 1989 and Besha, 1994]. The women traditionally are meant to bear children and take care of the household. They are also required to participate in farming and in informal income generating sectors for the welfare of the household. People's traditions have ensured that both men and women operate in different spheres of life. Men dominate the world of production. This has led to the productive roles of the women being under-rated while their reproductive and community involvement, is completely ignored [Moser, 1993:27-36]. Besha [1994] was the one who argued that the tradition and customs of the people, instituted by men, had encouraged women to obey and accept their situations without questioning.[37] The major outcome of customs and traditions is geared towards the perpetual subordination of the women in the society. When this happens, the women are exposed to different kinds of dangers including HIV and AIDS. This is one of the factors why the rate of the infection is higher amongst women than men. Tradition has

[37] Besha [1994:27]: Age-old traditions and customs in most tribes prepare a young female adult to accept without question all responsibilities handed down to her as per rigorous initiation ceremonies where women are taught the joys of marriage and motherhood and how to keep their husbands happy.

contributed in dispossessing the women of their rights to own land and assets in society. The women are generally brain-washed and they accept the situation. This has become their way of life in order for peace to reign. It has contributed to making them the property of the men and thereby exposing them to the dangers of HIV and the AIDS infection. This is because it is the men who will decide what will happen in the home and society. The above views are common in KwaDlangezwa community. This is why it came out in the Focus Discussion Group.

### 5.6.4. Culture of the people

Besha [1994] described culture as a way of life and as one of the major problems facing women both in society and at home. It is used as a means of oppression and humiliation of women both at the household level and in the society in general.[38] On the very first day of delivery, a baby boy is valued more than a baby girl. This also includes the mother. The culture has made men superior to women. Both men and women have internalized this fact. It is against the societal norms when one acts contrary to the above. Culture has contributed to making women more vulnerable to HIV and AIDS. The people of the area of this study attached much importance to culture.

The culture of the people protects the interests of the men more than that of the women in every society. When this occurs, the men utilize the opportunity to exploit the women. This attitude has made the women dependent on the men financially. Some women will sell their bodies in an effort to get what they want. The area of this study is, therefore, no exception.

In a household, culturally, a wife cannot take a decision on her own. She will either have to consent to her husband or mother-in-law. The cultural barrier is still one of

[38] Ibid: The process of oppression and humiliation starts from the moment a baby girl is delivered. A woman who delivers a girl gets poor maternity care and no one pays much attention to her. When a woman delivers a boy, however, a big goat will be slaughtered to announce the birth and the mother will get excellent care.

the great constraints for the female-headed household. It is a statement of fact that the above contributes to the spread of HIV and AIDS especially in the rural areas. In the household the woman's decision-making powers are limited. For instance a wife has no right to refuse sex even when the husband is infected thus spreading the AIDS virus.

With this culture the men have absolute power over the women. KwaDlangezwa is part of this scenario. The women cannot report abuse against themselves by their husbands. In the face of this, men can rape them and the women are easily infected with HIV and AIDS in the process.

Culture is male orientated and designed to protect the males' interest at the expense of the women. Haddad [2002:95] stated that cultural practices such as lobola and polygamy contribute to the women's vulnerability. She went further to state that "women indicate that they are often treated by their husbands as if they were owned because the men paid lobola in order to marry them." Culture is therefore, an agent of oppression of the women in the household and society. It gives the men absolute power to do whatever they like without consulting the women. As far as culture is concerned women have no say as regards the issue of marriage and the payment of the dowry. Culture has made the women to be seen as a commodity bought from the market with money [Besha, 1994:31]. This has been the case when men treat their wives and girls as ordinary items in the household. The importance attached to culture has denied the women their rightful access to assets, ownership of land and opportunities to express their capabilities. This is because it gives men absolute powers and privileges over the women.[39] Culturally women are systematically disadvantaged in religious organizations and in the society. This renders the women vulnerable leading to the contraction of HIV and AIDS.

[39] The 1975 Dag Hammarskjold Report, What Now, p. 27. Just as men have a right to food, they also have a social right to speak, to know, to understand the meaning of their work, to take part in public affairs and to defend their beliefs.

According to Haddad:

> Promise Mthembu tells of how her husband gradually became abusive after she discovered her HIV positive status. At first he blamed her for bringing the virus into their lives, then he began to beat her and forced her into unprotected sex.
>
> SABC3 News Reported on 9 July 2000 that Susan Teffo was burnt over a primus stove when she disclosed her HIV positive status to her husband. When her four year old tried to intervene, he was burnt as well.
>
> The death of Mpho Motloung seemed to be linked to her HIV positive status. After both she and her husband tested positive she returned to her parents home. Two weeks later she was killed and her father and mother critically wounded during a shooting. A note was placed on Mpho's body that read, "HIV positive." Mpho's husband committed suicide after the three shootings [2002:96].

*According to DramAidE:*

> Gugu Dlamini was brave enough to stand up and disclose her HIV positive status at World AIDS Day in 1998. She was brutally beaten in December 1998 and died three days later without regaining consciousness [2002:3].

*The above narratives portray the impact and effect of the culture on women. It has* been used as a weapon of abuse against women. The men especially manipulate the culture to suit themselves. The issue of HIV and AIDS is no different.

### 5.6.5. Stigmatization

Ogundipe-Leslie [1994:12] argued that stigmatization has impaired the potential of gender equality-equity. This has a negative impact on the women. In some areas, like Nigeria, the women are often called "never do well," "angry feminist" and "frustrated women". *Stigmatization has caused women to play low profile roles in*

the society; a voiceless majority both in the society and at home. The man is always assumed to be the head and that women have no meaningful contributions or suggestions to make. The women always feel inferior thus they cannot show their ability and capability. This attitude has contributed to their being infected with HIV and AIDS from their men without complaining. The reason is that they are the ones that will be blamed.

With the Church's education policy, political participation for women carried a social stigma.[40] In most places both formal education and participation in politics are meant for men. The women are meant to bear and rear children. The Church, therefore, favours men more than women. Female learners are more easily withdrawn from the schools than their male counterparts. For this reason the women cannot participate in decision-making bodies.

According to World AIDS Report [1994:3] it stated that, "If a pregnant woman is found to have AIDS she should be killed so that AIDS ends with her." The above statement is credited to a member of parliament in Zimbabwe. Antwi et al., [1993] stated that the same stigma is also found in Ghana. This type of treatment has been observed in some parts of KZN including KwaDlangezwa. Webb [1997] stated that in Natal communities there are high levels of stigmatization, reaching about 70% of respondents who advocated total isolation from the community or out-right killing of PWA. In most cases people had advocated extermination as the only way to save humanity from the scourge of HIV and AIDS. Even in KZN this stigmatization is applicable. In his book "HIV and AIDS in Africa," Webb states:

> They must get what they deserve....shoot them [female, 33]; kill them, they can't stay without sex [male, 23]; give them [fatal] injection for AIDS [male, 18]; kill that person because he might transmit the disease to other people [female, 27]; kill all of them [male, 23]; shoot them, there is no cure....you can do nothing for them [female, 38] [1997:169].

[40] Amadiume, I. [2000:164]: Daughters of the Goddess, Daughters of Imperialism: African women *struggle for culture, power and democracy.*

The above are some of the reactions of people in different places in South Africa and even in KwaDlangezwa according to my findings. Extreme measures are often-times used against people living with AIDS. Those who discover that they are infected with the virus do not disclose their status because of the public reaction and actions against them. These negative attitudes to PWA [People with AIDS] are not only made out of ignorance because people in power advocate the same. According to the Cape Times, 1994, it stated that an MP in Swaziland said that children with AIDS should be barred from schools. Webb [1997:170-171] stated that, in Kenya, President Daniel Arap Moi himself once said, "that there had been an incident where a person had deliberately infected 100 other people. The president said that AIDS patients should be isolated from the rest of the society and called on prison officials to see that prisoners with AIDS were identified and isolated from other inmates." This attitude has made it impossible for women to disclose their HIV status because of the fear of being killed or ostracized by the community. With stigmatisation, most women and men hide their status. This, therefore, encourages the spread of the pandemic.

### 5.6.6. Motherhood

Every woman aspires to be a mother. This might be, by implication, a contributing factor to single parenthood. This has been on the increase in KwaDlagezwa. Besha [1994:35] stated that a mother is one who is passive, tolerant and obedient to whatever is required, quiet, not questioning, hard working and faithful. In other words, motherhood is a symbol of absolute obedience and subordination to man. A good mother is one who obeys without questioning or arguing. This behaviour and attitude is inculcated into the women from their early childhood. Even when they are abused, they will keep quiet so as to remain good mothers. This, in a way, has contributed to the spread of the HIV and AIDS pandemic. For the fact that the women want to be good mothers, they will always keep silent. Their

husbands have infected some of them with HIV and AIDS, but they cannot speak out. They will maintain the culture of silence to be good mothers.

For any woman to enjoy public support and commendation she must assume the position of passiveness. Ogindipe-Leslie [1994:58] stated that the stereotype of motherhood has limited the women's potential in the society and home. Her value and worth depends on the number of children she produces, especially male. If a man contracts the virus the woman has no power to refuse or to ask him for a medical test even when it is obvious that the man is responsible for the infection. Her being silent is to be a good mother and as such she will be infected. When the situation is noticed she will be the first to be accused. For this reason women die in silence.

Barbie Antonia in Maria Mies [1998] stated that:

> *Motherhood* is the chief occupation for which females are reared. It is central in the feminine gender role that a female child learns this from her parents, peers, school, books, television advertisements; i.e. from society. There are different interpretations of this complex learning process by which females get geared up for maturity. It is the case that sex-stereotypic expectations exist even before the birth of a baby [probably before conception]. These are manifested in parental attitude towards the child. Exceptional parents have reasons why they would prefer a boy to a girl and these relate to characteristics they see as being male or female [1998: 61].

As already indicated above motherhood is what most women are looking forward to in life and, as such, it has been used as a way of victimizing them. When one becomes a mother, she will do everything possible to maintain her status even if her health is compromised. This attitude has exposed many women to the dangers of HIV and AIDS. The issue of motherhood is not to the advantage of the women in the society.

### 5.6.7. The Six Mountains

The African women have six great mountains on their backs [Organdie-Leslie, 1994:27-36]. These are oppression from outside, [colonialism and neo-colonialism], traditional structures [feudal, communal etc], backwardness, [formal and informal education], men [patriarchal structure], colour [race, biological differences etc] and the woman herself. The above items are great obstacles to the women in the society and in the home. This is because they are agents of marginalization and oppression of the women.

Women are easily abused both physically and sexually. The above mentioned obstacles are used against them in negative ways. This situation means that the women are more exposed to the AIDS pandemic. This is because the fore-mentioned items deny the women their freedom of expression.

### 5.6.8. Violence

Little [1994:26] argued that male violence is one of the major problems facing women today in the society. This could be in the form of assault, abuse or even rape. When this happens, the affected woman is open to an infection like HIV and AIDS. When this occurs, the women tend to feel insecure and withdrawn. This has been a common situation in this study area. The abuse of the women and girls happens on a daily basis and nobody seems to care. If some people do care they tend not to care enough. Their intimidation is based on fear, and as such, men tend to exploit this situation of sexual abuse leading to the spread of the AIDS virus. It is used as a tool to silence the women in the society.

According to Coveney et al:

> Sexual harassment of women on the street can take the form of whistles, catcalls, comments, touching, rape, kerb crawling, following, indecent exposure and physical violence.

> All these forms of male behaviour serve to remind women that men are powerful. They undermine women's confidence and self-esteem; they remind us of our vulnerability and of the necessity to continue to adopt survival strategies [1984:17].

The above is a clear indication that men subject women to perpetual subordination, harassment and intimidation. The above culminates in the high spread of HIV and AIDS in society today. Violence is used as an option of bringing women to their knees. At all times women are faced with the issue of violence both at home and in the society.

The Church in its effort to be relevant to people, must stand up in support of women. Empowering women through education, and acquisition of life skills can do this. These will enable women to cope and sustain themselves independently of men. Some women, because they lack this capacity, succumb to the dictates of the men who invariably manipulate them to their own advantage. But where women can stand on their own they can cope with HIV and AIDS without leaning on men for possible assistance. This would also reduce the incidence of the pandemic in KwaDlangezwa. This is because if they do not rely on the men for any assistance men can no longer subdue them.

### 5.6.9. The Society

The society itself is also a problem as regards the spread of HIV and AIDS amongst women today. The culture of activity for both men and women are determined by the society. This has led to determining how women should behave and act in relation to sex. It is the society that denies women the power to have rights over their bodies, thereby making them both agents and victims of the HIV and AIDS pandemic.

The society determines how the women should function at all times. It has contributed to the spread of HIV and AIDS today because there is a practice that a

young woman must be pregnant before marriage. The reason for this is to prove that the young woman can conceive. This is sometimes a contributing factor to single parenthood and the spread of the pandemic. In most cases it is the society that determines how women should act at all times [Hamamsy, 1994]. Society becomes an oppressive institution imposed on women and because of this, they become the voiceless majority. They are not free to do anything on their own. This attitude has contributed to the fact that they are at the receiving end of unsafe sex relationships. Since the society does not protect them, they are exposed to the dangers of HIV and AIDS, because they lack the power to protect themselves. It is the society that will determine the way they will behave.

### 5.6.10. The Religion

The Religion of the people plays a vital role in their life styles. It has been applied as an agent of discrimination and intimidation against women. Ogundipe-Leslie [1994] stressed that the religious culture of the society and colonialism has denied women their rightful position in the society. The religious values are male-dominated, male-determined and male-constructed. Being patriarchal, as already stated, makes the women vulnerable to HIV and AIDS. This can easily be seen in the appointments in the Church where the women constituted more than 70% of the membership. Ackerman et al., [1991:363] argued that religion has been used to discriminate against the women in the Anglican Church in South Africa. This goes to show why the woman in John 8:1-11, was brought to Jesus because she was caught in the act of adultery. Although she violated the law, she should not be charged alone. The man who did the act with her was excluded from blame. The man's identity was even protected from the public. Instead of charging the man for raping the woman, the woman was charged alone because of the religious culture. From the above it can easily be observed that men are above the law in relation to religion. Common sense tells us that a woman alone cannot commit an act of adultery. It takes two for such an act to take place. In the recent past there was a story of one, Amina Lawal, in Nigeria. Sharia law was used to convict the woman

in the name of Islamic religion. There is no way Amina could be pregnant without a man being responsible, but she was charged alone. Instead of using religion to protect the abused woman it was used against her even when the man might have infected her with the HIV and AIDS virus. She stood as the sole offender. Religion should not be used as an instrument against the women but rather it should be used to protect their interests. It should be used to empower them. It should be used to emancipate them.

The Church should look unto Jesus Christ. Though a Jew, He did not live like the Jews in relation to His religion. Inasmuch as the Church exists in the society it should not conform to the things of the world. Compare Romans 12:2. The Church must address the ills of society including the vulnerability of women. It should not be controlled by the norms of the state. But rather it should assist in the empowerment of women through counselling, education, preaching and teaching. When these are in place, they will assist to reduce the high prevalence of HIV and AIDS among the women in KwaDlangezwa. This has become necessary in that many of the women who are abused and insulted are members of the Church. The Church of Jesus [Christians] should follow His examples both in words and deeds. He never discriminated against a vulnerable group of people of His time, including the women. Christ, being the model for the Church, it should always look unto Him at all times

The women are good supporters of religion and religious activists but their roles do not correspond with their positions. Their number in the Church notwithstanding, they are denied leadership positions. In Christianity for instance there was no woman amongst the early Apostles, and this goes to show the present practice today in the mainline Churches. In the appointment of the seven Deacons none was a woman [Acts 6: 1-7]. In recent times some Churches have been trying to bridge the gap between male and female by giving the women responsible positions. There are some women who are consecrated bishops in some of the Churches. This is a movement in the right direction. More needs to be done in this

regard. They should be given an opportunity to serve in the policy-making bodies in the Church. By so doing they become emancipated.

In some Churches today, people living with HIV and AIDS are still regarded as sinners and in some cases the members accept the infection as a punishment from God. With this in view one can easily conclude that the Church is part of the problem. Although as the researcher is not trying to be judgmental, we are all positively affected by the pandemic. Being positively affected means that the minister, though not HIV+ by status, is positively affected in that he or she has a member that is infected. The time he or she spends in visiting the sick and attending to funerals could have been utilized for other things. In this way the Church needs to see this issue of integrating the women in the mainline administration as a way of empowering them and curbing the spread of HIV and AIDS. By so doing they became members of a decision-making body and can act as the mouthpiece of both the Church and other women. In Christ there is neither Jew nor Gentile. St. Paul stated that, "There is neither Jew nor Greek, slave nor free, male nor female for you are all one in Christ Jesus," [Gal. 3:28]. As previously stated religion should therefore be used to protect the interests of women at all times. Every individual should be given an equal opportunity to be what he or she wants to be in life. Religion should be free of male manipulation.

### 5.7. Conclusion

The affected are trying to live but not coping. The pandemic has contributed to the loss of household assets and resources. One of the contributing factors is the rural poverty that is common in the rural areas. The pandemic has brought an untold hardship to the women in KwaDlangezwa community. It has made the women lean on the men for financial support and protection. When such occurs the men use the women at will.

The constraints the women are facing in relation to HIV and AIDS are enormous. These have rendered the female-headed household inactive both at home and in the society. On the issues of constraints, the Church has a leading role to play. Such a role includes empowering the women to live humanely in the face of the HIV and AIDS pandemic. This will invariably enable the women to cope with the disease.

The final chapter has to deal with the conclusion and recommendations of the study. In an effort to do this, issues of livelihood through subsistence farming, small, medium and micro-enterprises, and Black Economic Empowerment will be discussed. Also the issue of Child Support Grants will be highlighted. The chapter will equally outline possible recommendations the Church could use in mitigating the impact of the pandemic in KwaDlangezwa.

# CHAPTER 6

# CONCLUSION AND RECOMMENDATIONS

## 6.1. INTRODUCTION

The subject, which is being dealt with is the household livelihoods of the people of KwaDlangezwa as the Church's coping strategies against the impact of HIV and AIDS on the female-headed household. KwaDlangezwa is disadvantaged because it is in a rural area. The above notwithstanding, the Church should make its impact in the lives of the rural people. It has a role to play to bring in necessary changes. The Church should pay greater attention to the women because they are facing many major constraints. These place them in disadvantaged positions at all times. Second, inasmuch as the pandemic affects everybody, women are more vulnerable than any other group. The Church should intervene because women are good supporters of religion.

The female-headed household needs to be empowered to be self-reliant. This will enable it to cope with the pandemic. The women should realize that God, who created them had a special purpose for doing so. In the face of HIV and AIDS they seem to have been abandoned. The Church should utilize its resources judiciously so as to enable the women to cope with HIV and AIDS. What the women need to understand properly is that they are God's stewards and the Church represents Him. Because of this, the Church should mobilize them so that they can utilize all the available assets in the community. When this is done, there will be a change in the female-headed households. The women on the other hand should realize that they are agents of change themselves.

This final chapter will concentrate on the coping strategies the Church can use to enable the female-headed households to cope with the effects of HIV and AIDS. The rural women should realize that they have a great contribution to make. The

attention of the researcher will be focused on three key areas. These are agriculture [subsistence farming], SMMEs [Small Medium and Micro-enterprises - crafts] and BEE [Black Economic Empowerment – empowerment, emancipation and education]. As soon as the Church gets involved and invests in these areas, there will be changes in the lives of the female-headed households in the rural areas. Second, the rural women should be directly involved and committed in these coping strategies. Their involvement will be for income generation and their own consumption purposes so as to enable them to cope with the pandemic. Indirectly the above will contribute to efforts in alleviating rural poverty. The Churches in the area of my study should invest in projects that will be of great benefit to the people of the area and to make these projects relevant. According to Kretzmann and McKnight:

> No matter what their size or denomination, many religious institutions have at least one large meeting room, sanctuary, classroom space, office space, a basement, a kitchen, a parking lot and some open unused spaces [1993:144].

These facilities should be put into use in such a way that they will be of benefit to both the Church and the community at large. These assets are of great value in the area in coping with HIV and AIDS. The women should be asked to look after the facilities on behalf of the Church. Such involvement will give the women responsibility and commitment. In some places they have, for instance, musical instruments, furniture, cooking utensils and halls. These could be hired out. There are demands for them all the time. These can form the link between the Church and the communities. For instance, those who have musical instruments will be encouraged to build a local recording studio. This will attract other people to the place. Around the studio, the women can open-up shops and those interested in arts and crafts can establish flea markets. In this way people will be engaged and can generate income for their households. These resources will also assist the women in coping with the pandemic. In this way too, the women will benefit from

the Church and improve their living standard. These will also enable them to solve their immediate household needs while coping with HIV and AIDS.

How can the Church then achieve these objectives in the rural communities? Nyerere [1973] the former President of Tanzania once said that since people know what they have, and what they want, they could easily and equally achieve their set objectives through participation in a programme. Similarly, Kretzmann and McKnight [1993] stated that the Church is a go-between among other resources in and around it and the community. Swanepoel [1997] at the same time stated that once success is recorded in one area, people in the community would be more successful in other areas. This happens in the form of a chain reaction and the Church will be the starting point. The Church in this case can direct the peoples' actions. Every household is affected by AIDS including the Church. As far as HIV and AIDS is concerned, one is either positively infected or positively affected. For this reason, all hands should be on deck. All the people should be working as one with a common purpose. The sole purpose is to mitigate the impact of HIV in the female-headed household. The spirit of oneness is very effective in reducing the high prevalence and impact of HIV and AIDS in the female-headed household.

For the Church to effectively address the issue of HIV and AIDS in the female-headed household, three key issues will be examined. These are agriculture [subsistence farming], SMMEs [crafts] and BEE [empowerment, emancipation and education of the women]. How can the Church combine these three elements to make a difference in the lives of the women in the rural areas? The researcher believes that the Church has the capacity to improve on the livelihood activities of the female-headed households as seen above. This is because one major contributing factor to the spread of the pandemic is the rural poverty. Once this issue of poverty is addressed, the high prevalence of HIV and AIDS will definitely be reduced. Any move against rural poverty is a move against the impact of HIV and AIDS. Rural poverty and HIV and AIDS are related.

Subsistence farming is very important because food is one of the most important and basic needs of humanity. The production of food is the main economic activity of the people, especially the women, in the rural areas. Subsistence farming remains the basic activity in the rural communities including KwaDlangezwa.[41] It plays a vital role in the lives of the people. The rural women play a leading role in this aspect. A good number of the women are involved in subsistence farming for their own consumption and income generation.[42] This is therefore not new to them. All they need is empowerment, education and emancipation that will enable them to act.

In recent years, there has been a sharp decline in subsistence farming activities in the rural areas, and especially KwaDlangezwa in terms of my survey. Some people especially the young ones, are drifting to the urban cities in search of lucrative jobs. Those who are left behind are HIV positive and are thus limited. There is neither sustainable support from the government nor the Church that will enable them to continue farming. The above reasons cause many people to turn their backs on subsistence farming.

### 6.2. Livelihood through agriculture

#### 6.2.1. Subsistence farming

Subsistence farming is that practice whereby the rural people cultivate food for their own consumption. The output depends on the fertility of the land. In most cases the members of the household form the labour force for cultivation, planting and harvesting. This is one of the reasons men marry many wives.

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[41] Hope [1999:212]: The mainstay of most African economies is agriculture. Most Africans live in the rural areas and there are more HIV infections and AIDS deaths in those rural areas.

[42] Ibid. p. 210: African women provide the bulk of subsistence labour in agriculture. In Africa, women generally account for a high proportion of the work involved in food supply, in farming itself, in processing, drying, storage, and in both retail and wholesale marketing for local and regional trade.

O'Connor [1991] stated that African governments are constantly being accused of neglecting the food producers in every respect apart from marketing. Efforts should be made to assist those involved through advisory services, credit facilities or provision of fertilizer. The governments themselves claimed that the problem lies in their own lack of funds to support the activities. This is a flimsy excuse on the part of the government. There is an utter neglect on the side of some state governments to assist the local farmers. There is a need for something to be done so that the plight of the women and poor should be addressed. This is one of the reasons why the Church should step in and provide the rural people with a better alternative.

O'Connor [1991] went on to say that the migration of youths and young adults, especially the women, from the rural to the urban cities has also contributed to the decline in subsistence farming. This at the same time has led to both poor input and output in this sector of the economy. But agriculture in general, employs a good number of people in this country [Standard Bank Group, 1999/2000; Arnold, 1977]. Rural farming should not be neglected or left to the rural women to do without assistance. The women in the KwaDlangezwa community need assistance from all tiers of the government and the Church.

Most people think of agriculture in terms of commercial farming, but forgetting that subsistence farming has a lot to offer to the rural female-headed households. Because it is not a commercial venture the government turns its back on it. There is a lack of attention to subsistence farming. This has contributed to the increase in unemployment in the country. Because the demand for the agricultural products is higher than the supply, the local consumers always rush to the shops to buy their vegetables and fruit. But fortunately these products are grown locally. Apart from the financial gain, there are health benefits because the producer will always utilize most of the fresh vegetables and fruit. The female-headed household will always use them as and when the need arises.

The status quo is alarming and something needs to be done in this regard. Revival in subsistence farming is of paramount importance. Arnold [1977] was of the view that improvement in agriculture will attract more people, especially the women. Likewise in KwaDlangezwa many women will be involved in subsistence farming. This will assist them to cope with HIV and AIDS.

In this sense, the Church should encourage its members, especially the women, to go back to the land. The government on the other hand should provide the Church with high yielding crops and fertilizers. The Church will also assist in the distribution and supervision of these products. In this way, people with few or no skills will make a living. Subsistence farming can equally create employment for the rural women. This will invariably contribute to reducing the impact of HIV and AIDS in the female-headed households. At the same time it will create job opportunities for the rest of the population of the rural areas. This venture in subsistence farming will also increase the nutritional consumption within the household and reduce expenses on vegetables and fruit.

Once the women are properly motivated and mobilized, they will make a difference. At the same time, when the available assets are properly utilized and proper investments made, these will definitely bring changes into the lives of the women. When such investments are made in KwaDlangezwa, they will boost the coping capacity of the women. In this way the rural women can then cope with the HIV and AIDS pandemic.

### 6.2.2. Livestock projects

In this section, livestock includes cattle, goats, sheep, poultry, and pigs. Farming with these will invariably assist the rural women in coping with the pandemic. The primary objectives are both for income generation and their own consumption. The items could be sold in times of need. They could be used as collateral too. In the

mean time, the researcher will limit his focus to goats and sheep, poultry and pig farms. Other areas of livestock will be for future research.

**Pig farms**

There is currently a high demand for pork. Pork is a good source of white meat and it is cheap.[43] It is now becoming popular in the market. As a coping strategy, its productivity is very encouraging, in that, the sow can give birth to ten or more piglets at a time. Rearing pigs is relatively easy and cheap. This is because its feeding is easy and common. This venture will be a good investment and will benefit the women in KwaDlangezwa community. This is because the feed is always available. They can be fed with the leftovers from the kitchen while byproducts are used as manure in the farms and gardens.

**Plate 1. Pig farm**

[43] My personal observations showed that pork is one of the cheapest meats in the market. From my own experience it is recommended for the people who have High-Blood Pressure. As such there is market for it. It is a good source of livelihood activity.

**Poultry**

Poultry enterprise is another area in which the Church can invest. The researcher's own personal experience has been that rural women can use poultry as a coping strategy against the impact of HIV and AIDS. From personal observations, most of the attendants on the poultry farms are women. A farmer in the village who engages in planting vegetables can use chicken droppings as manure. The poultry can also be a source for improving the immediate welfare in the female-headed households. Poultry can contribute to the protein consumption of the people. This has become necessary because people living with HIV and AIDS need protein. Second, it offers people a job opportunity. It will enable the rural women to attack the problem of rural poverty.

In this case the researcher will pay attention to chickens. The venture has been tried and it is working with the people who invest in it. The gains from the poultry are enormous. There is high demand for chickens. The byproducts are used as organic manure in gardens and farms.

The Church, should as a matter of urgency, pay greater attention to these as ways of assisting the rural women. It will at the same time increase the coping capacity of the women in the rural areas. The poultry venture will enable the rural women to cope with the AIDS epidemic. In fact, the women in KwaDlangezwa will benefit from the poultry business. In most cases it is the women that take care of the birds and therefore they have the knowledge for keeping poultry.

**Plate 2. . Some day old chicks**

**Plate 3. Chickens a few weeks old**

**Poultry farm**

**Sheep and Goat farms.**

This is another kind of livestock for investment in the rural community. In the first place not much has been done in this aspect of work according to the researchers. Rearing both goats and sheep are good for the women in that they can easily be controlled. Feeding them is also not a major problem because grass for grazing is easily available. In times of need, they could be sold or used as collateral.

This is another type of livestock the women could handle with ease. Investigations showed that there is a high demand for their products. In the same way, their byproducts are utilized in farms and gardens as organic manure.

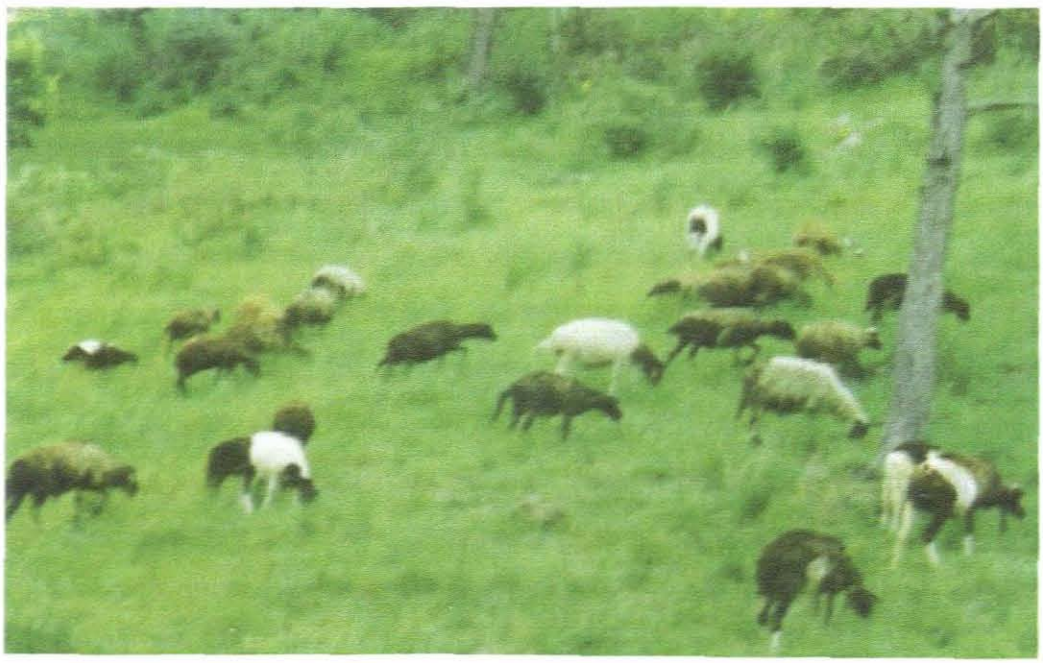


**Plate 4. A sheep and goat farm**

***Fruit and food storage systems.***

Good and healthy food will enable people living with HIV and AIDS keep fit all the time. This will at the same time enable them to keep strong and fight HIV and

AIDS and any other type of infection or sickness. Since the issue of HIV and AIDS is capital intensive, people should formulate ways to keep themselves fit and healthy. One such way is eating a good and balanced diet. At the same time there is a need to find ways and means of preserving these items. It is very expensive buying vegetables and fruit every day from the market or shops. There are ways of storing and preserving them locally. This is where indigenous knowledge plays a leading role in the rural areas.

Experience has shown that many farmers, especially those in the rural communities, lack the facilities for preservation. There is a great need for food storage facilities. The sight of rotting fruit and food is common in the rural areas. A good and effective food and fruit storage facility will assist in reducing food losses in the rural communities. There are local means of preservation that can enable the local women to store their food for some time. Some examples for local preservation include drying, local silos and clay pots. There are many other ways of preserving our foodstuffs in the rural communities apart from those mentioned above. Some of these methods will be discussed below. One of such methods is the drying process. A proper drying process is very effective for the preservation of many foodstuffs, without damage. According to WCG [2005] the drying method of food processing is very effective and takes up less space than frozen or canned items. The group went further to state that, "drying by sunlight uses less amount of energy." This is less expensive than any other method of preservation. Not only is it cheaper but also it is better and lasts longer. At the same time it is free of any chemical and micro-biotic decomposition processes. This has proved to be one of the oldest methods of food and fruit preservation.

Drying, using sun and wind, could be done in the field. But the farmer should watch the products because they are exposed to birds and the likes. This is done after harvesting. In this case the produce is spread out on a prepared place, with a free flow of air moving over the produce till it is dried. According to Hayman [1982] the threshed product is spread on a big canvas in the sun. In case of rain, the

canvas is folded or tied together and possibly brought inside. In this case a platform could be constructed over the fireplace in such a way that smoke and hot air move freely and easily through the produce. Within a short period of time the produce will be ready for storage. This method will preserve the food and fruit for as long as the owner wants.

Another way is using a fireplace for drying. In this case the foodstuff is placed above the prepared place for drying. The items are always protected from the rain so as to avoid damage. This can take place while cooking. The product is placed over the cooking place.

**Figure 2. Drying above the fireplace**

Source: Hayman, 1982

The above is a typical example of fireplace drying. This could take place while cooking. This method serves a dual purpose because cooking and drying take

place at the same time. Both vegetables and fruit could be preserved with this method in the rural areas.

**Storage facilities**

There are many types of storage facilities. In this research the researcher will focus only on the ones used locally. The reason for adapting the local ones is that they are cheap and within the reach of the poor. The essence of storage is often to avoid waste of food as mentioned above. One could buy a large quantity of food, then preserves and store them using local methods.

There are mainly two types of storage namely, airtight and non-airtight. According to Hayman [1982] airtight containers could be made from clay pots and gourds. The item to be used should be varnished or treated with bitumen or any substance that will stick to the pot. Having plastered the pot with the chosen item, the foodstuff will then be placed in the pot or basket to dry. The pot or basket should have a good lid that will be used to cover it. The cover should be waterproof, and made of mud, cow dung, tar or wax. There are also other forms for an airtight method, and these include plastic bags, the pusa bin, oil drum, metal and brick silos, and underground pots [Hayman, 1982]. Inasmuch as Hayman suggested the use of tar and bitumen, people must be very careful with them because they are harmful to health. They can cause cancer of the esophagus in future. An alternative substance can be used in their place to make the lid airtight and safe.

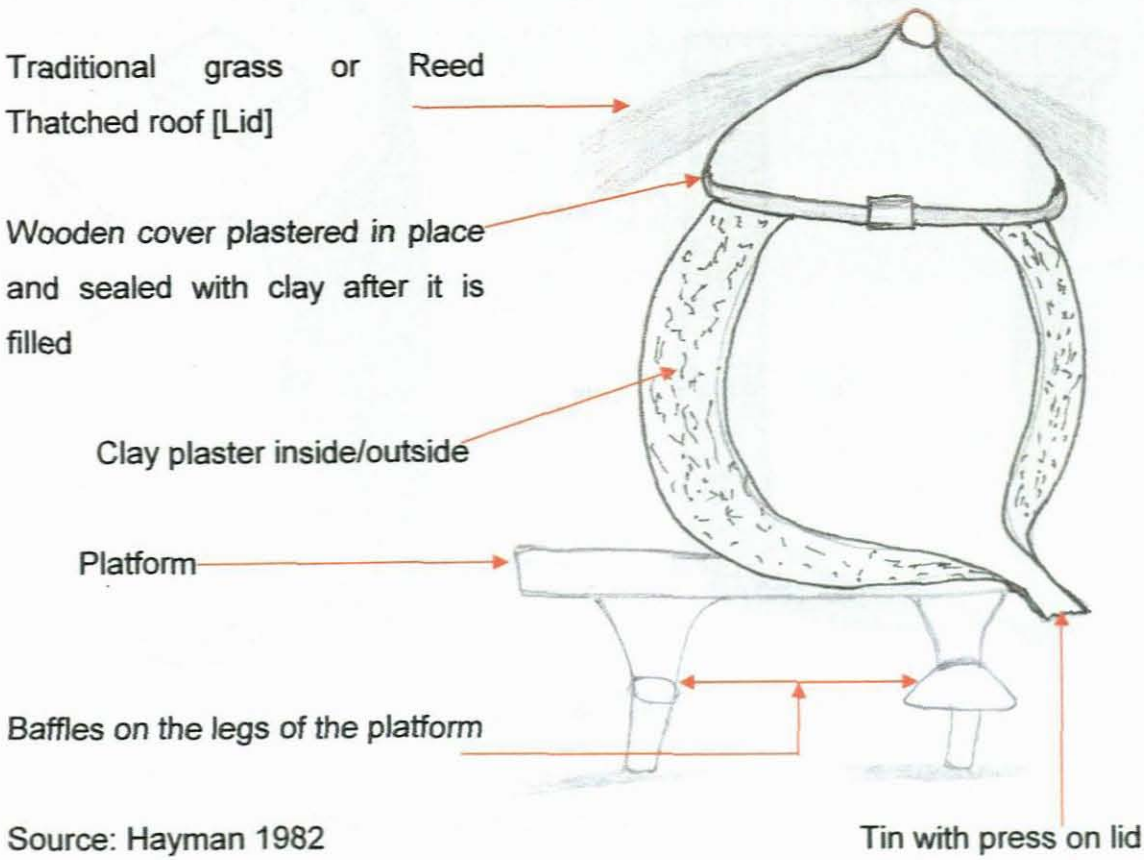
The earthenware pots and gourds are good storage facilities mostly in the tropics or sub-tropical areas like KwaDlangezwa. They are used to store a small quantity of foodstuff. This could be kept in the kitchen or under a shelter provided it is not affected by the rain. In the case of a pot, it should be treated with mortar, wax, cow dung or mud to avoid insects from entering it. The food persevered in this form will last for some time.

The use of baskets is another means of storage in the tropics and sub-tropical areas. Women are good at making baskets both for decoration and storage. Baskets are very good in the tropics or sub-tropical areas because of the high humidity. Baskets will allow good ventilation and circulation of air over the stored items. The basket could be plastered with mud or wax or any other item as to avoid the entry of insects and rodents. The covers should be airtight and sealed.

**Figure 3. A basket used for preservation and storage**

This pot or basket can be made locally by the local women. Underneath it one can place fire to keep it warm and also prevent insects from entering. It is good for storing dry items that will last for some time.

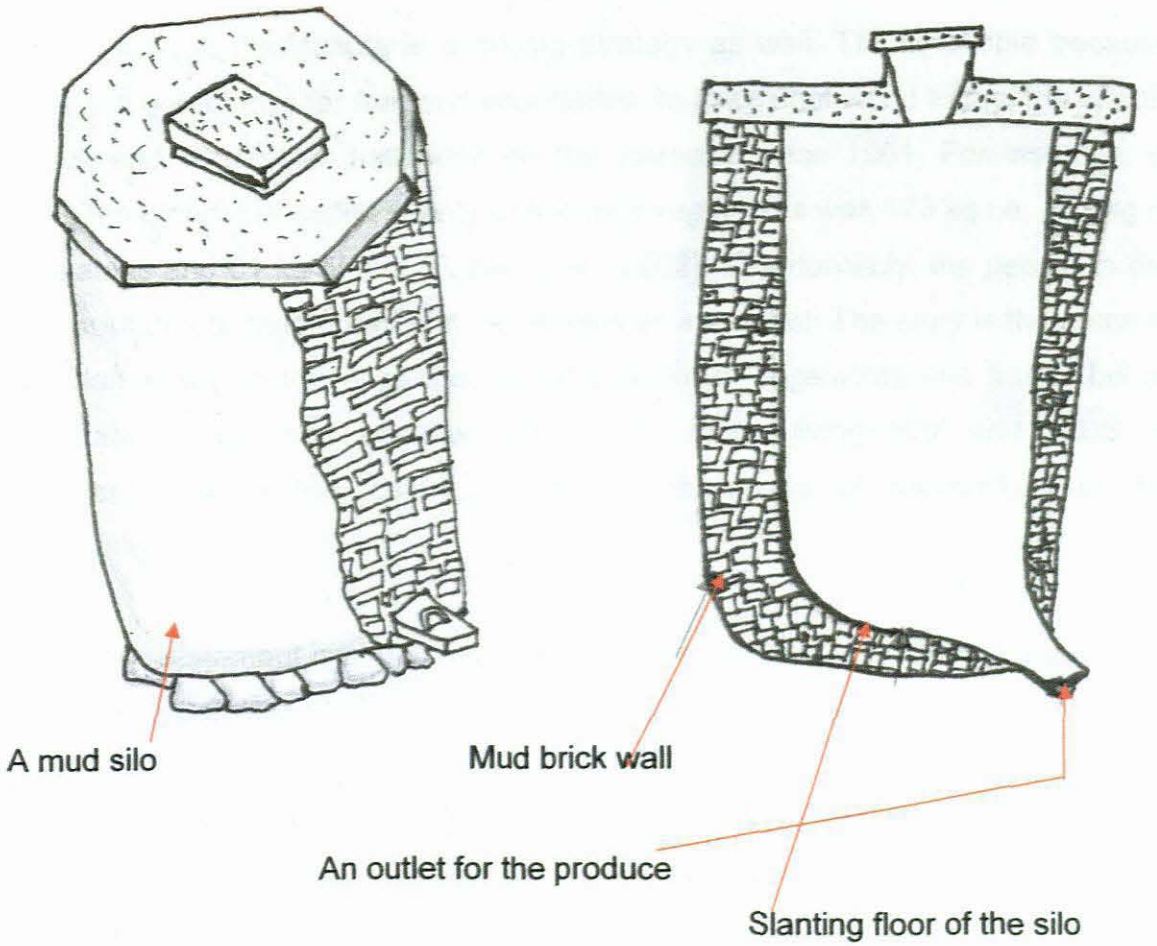
**Figure 4. A cross section of a pot/basket for storage**




Source: Hayman 1982

The above is a cross section of a basket or clay pot for storage. The lid is covered with grass. This is to prevent rain from damaging its content. It is plastered inside-out for protection of rodents. The basket is placed on a platform as to make a space for fire that keep it warm when needed. The baffles on the platform are for the prevention of rodents. Local women can easily provide it for storage.

**Figure 5. A cross section of the silo**




Source: Hayman 1982

The above is a brick silo for the storage of a larger quantity of foodstuff. Whatever is stored in it will last for a long time provided it is protected from the rain and from rodents. With the above, rural women could store some of their agricultural produce. They will enable the women to preserve their produce for a long time before consumption. They will also relieve the women from having to rush to the shops to by their vegetables and food-stuff all the time.

### 6.2.3. Horticulture

The practice of horticulture is a coping strategy as well. This is simple because there is a great need for fruit and vegetables. In the global world today, the supply of fruit and vegetables has been on the increase since 1961. For instance, in 2002, the global per capita supply of fruit and vegetables was 173 kg i.e. 112 kg of vegetables and 61 kg of fruit [Ezzati et al., 2002]. Unfortunately, the people in the rural area do not regard fruit and vegetables as important. The story is the same in KwaDlangezwa. In this case the people's intake of vegetables and fruit is below expectation. This has negative effects on those living HIV and AIDS in KwaDlangezwa. It has contributed to the high rate of malnutrition in the community.

The above statement is a fact, and the lowest consumption is amongst the women of the sub-Saharan Africa region. Such a low level of consumption has a devastating effect on the people's health. Ezzati et al., [2002] stated that insufficient intake of fruit and vegetable causes some 2.7 million deaths worldwide. Lack of adequate nutrition contributes to the top ten risk factors leading to high mortality. This is more pronounced in sub-Saharan Africa, including KwaDlangezwa. My research agrees with the above. This is why something positive has to be done in this regard.

The Church should engage in encouraging the practice of horticulture because it is simple. According to Kottak [1994] horticulture is known as slash and burn cultivation. The reason is that the bush is cleared either by cutting or burning before planting. The ashes are left on the soil to fertilize it. Once the land has been cleared the crops are grown, tended and harvested. In most cases, the soil is used on a yearly basis depending on the fertility of the soil.

The practice of horticulture gives the women an opportunity to utilize every available portion of land to its utmost. If this is organized under the umbrella of the

Church, it will increase the coping capacity for rural women. At the same time, it will create job opportunities for them. The household intake of vegetables and fruit will increase and enable the people to fight against the infection of HIV and AIDS. Horticulture is an income generating activity for rural women. In most cases those involved in both planting and harvesting are the women.

**HORTICULTURE**

**Plate 5. A Spinach and Onion Garden**

**Plate 6. The market women with their articles of trade**

Plate 4 is a spinach garden. The owner can harvest it whenever she is in need of vegetables. Plate 5 is a market place with the women displaying their articles of trade. Amongst these are pineapples, bananas, pawpaw etc. These could be sole by the owners at will especially when they are in season. The above items serve as coping strategies for the female-headed household in KwaDlangezwa.

### 6.3. Livelihood through small, medium and micro-enterprises [SMMEs]

The small, medium and micro-enterprises are another area of concern. The Church has to take the initiative and invest in them. This should involve a group of small businesses organized at the local level in an effort to assist the women in KwaDlangezwa to cope with their vulnerability. These small businesses will enable them to alleviate the problem of rural poverty and to deal with HIV and AIDS. One of the challenges facing the Church is the creation of job opportunities that will engage the rural women. This will enable the women to cope with HIV and AIDS in KwaDlangezwa. This is necessary in that most of the members of the Church are women. Through the SMMEs the Church can assist the rural women in coping with HIV and AIDS. This is due to the fact that the government seems to be paying little attention to the women in the rural areas. According to Trevor Manuel the South African Minister of Finance:

> Small, medium, and micro-enterprises [SMMEs] represent an important vehicle to address the challenges of job creation, economic growth equity in the country. Throughout the world one finds that SMMEs are playing a critical role in absorbing labour, penetrating new markets and generally expanding economies in creative and innovative ways. We are of the view that with the appropriate enabling environment, SMMEs in this country can follow these examples and make an indelible mark on this economy [1995:3].

The small and micro-enterprises are some of the contributing factors that promote economic growth, development, and employment opportunities. This is necessary because rural poverty, as already mentioned, is a contributing factor to the spread

of HIV and AIDS. In his opening speech to the President's Conference on Small Business in March 1995, in Durban, the former President of South Africa, Nelson Mandela stated, "the government of National Unity is committed to helping create an environment in which small businesses can flourish and prosper." His emphasis in the above speech was on the importance of small and micro-enterprises as a way of promoting economic growth and the creation of job opportunities. If the above speech is anything to go by, although it is more than a decade ago that it was made, the effect is yet to be felt by the women, especially those in the KwaDlangzwa. This is the simple reason why the Church should step in. Second, the Church is nearer to the people than the government. The researcher will only focus on the issue of crafts as an area of concern. Greater attention will be paid to beadwork because the KwaDlangezwa area is well known for its beadwork. One of the reasons for choosing beadwork is that the Church cannot sustain elaborate and expensive businesses. But the Church can cope and manage the small and medium enterprises at the local level by employing the women of the area. Second, the resources for the steady production of the above are easily available even at the local level. Again, expert experience in production is not necessary because most women in the area know how to make beads. The resource people who can assist in the production are from the locality. The practice will give the people a sense of belonging and responsibility. The women will see the business as theirs. Such activities will attract more tourists to the area. In this way there will be economic growth in KwaDlangezwa. This will invariably assist the people, especially the women, in coping with HIV and AIDS.

### 6. 3.1. Household livelihood through crafts [beadwork]

The people's use of arts and crafts as a means of livelihood dates back centuries in South Africa including the KwaDlangezwa community. During this period, they used them for trade or barter. They were later sold to long distance traders as articles of trade because of their durability. In some cases they were used as special gifts to special personalities. According to Sellschop et al., [2002:14]

Southern African arts and crafts have a long history, dating back to what archaeologists called the Iron Age. Sciana and Eicher [1998] stated that the glass beads found by the archaeologists in the coastal areas of Southern and Eastern Africa were imported from Egypt and Rome through the Sahara from the fourth century AD. The issue of people making their living from beads and art work is therefore not new to South Africans. The women in KwaDlangezwa know how to make and use the beads. According to Sciana and Eicher [1998] beads are among the most ancient and widespread of human ornaments. The people of that time depended on their skills for their livelihood. These skills were exhibited in their works on ostrich shells. The women then need the physical strength that will enable them to carry on with the work. Likewise the women today need the same and support from the Church, government and community.

The women usually create beads from materials that are relatively soft like clay and eggshells [Sciama and Eicher, 1998]. The women who are involved in the beadwork are doing so as their means of livelihood. The act of bead making will help the women of KwaDlangezwa in coping with HIV and AIDS. Those wearing them see themselves as true black South Africans in Africa [Sciana and Eicher, 1998; Preston-Whyte, 1991]. The beads serve as a mark of identity for Africans.

The women in the KwaDlangezwa community are more involved in the beadwork than the men. The beadwork is a painstaking activity. According to Bannister and Lewis-Williams [1992:12], the women make ostrich eggshell beads by trimming the pieces with their teeth, piercing them with a needle or sharp thorn then tying them on a sinew string, and filing and polishing them with a stone into smooth disks. Sciama and Eicher [1998] were of the view that craftswomen had the capacity to undertake the painstaking and fastidious work rather than the men. The men viewed beadwork as a women's affair. The women can do the work because they have the capacity. For this reason they need to be encouraged. This is one of the reasons why the Church in KwaDlangezwa should assist the women in their activities through beadwork. Such assistance will enable them to do admirable

work with beads, that are easily associated with the Zulu people and their culture. The sense of a Zulu colour is embedded in their arts and crafts.

According to Sciama and Eicher:

> In most of eastern and southern Africa, bead working is done by women and is, with a few exceptions, very much defined by gender. In southern Africa, for instance among the Zulu, if a young man wants to give a beaded message to his fiancée, he has to get a sister or another female relative to make it for him as the rule is so strong that women do beadwork [1998:87].

As an engendered field of livelihood, women in beadwork are in an advantaged position in coping with their situation including the issue of HIV and AIDS. This is because a man who is proposing to a woman is obliged to go via a woman according to the Zulu tradition. The man has to buy beaded material for the woman to whom he is proposing. The women should therefore, be empowered and mobilized by the Church to form arts and crafts' groups. When this is done the products will be marketed through the groups with the help of the Church. By so doing the women can cope with HIV and AIDS in the area. The buying and selling of the items will be controlled by them. The issue of HIV and AIDS is related to rural poverty, and as such, beadwork will create job opportunities that will enable the women of KwaDlangezwa to deal with the pandemic. These women in the rural area of KwaDlangezwa, if gainfully employed, can cope with HIV and AIDS.

Beadwork is not new to the women of KwaDlangezwa. The girls usually give beadwork to their boy friends as a sign of love [Sciama and Eicher, 1998]. What is required now is to organize the women into groups for effective mass production. The beads serve as vehicles of social intercourse and action such as in courtship among the Zulus and Swazis. The practice could be reversed in such a way that, before the gifts are given, they are exchanged for money. This will increase the coping capacity of the women in KwaDlangezwa because they will earn their living from it. At the same time the beadwork will give the women financial independence

from men. "Beadwork is women's work. It increases the financial independence, a chance to contribute to the family budget, and a sense of worth through the quality of their beadwork," [Sciama and Eicher, 1998:71]. When women are financially independent, they stand the chance of coping with HIV and AIDS. At the same time and equally important, it will act as a poverty alleviation project. This is one of the reasons why the Church should assist in establishing vocational centres for the women.

Beadwork is universally attractive and lucrative. The Church should assist the women to invest in it. It is both elaborate and impressive at all times [Sellschop et al., 2002; du Preez, 2000]. Bead items cut across culture, geographical boundaries, and transcend time [Sellschop et al., 2002]. Since the work is both locally and internationally recognized, good investment in it will benefit both the women and the Church because both the tourists and local people make use of beads. At the same time it will create employment for the women in KwaDlangezwa. As an international article of trade, Zulu beadwork is found in the United Kingdom, United States of America and beyond. They are also found in many other parts of the world. They are used for decoration of offices, homes, and public places.

For the women to gain financially from beadwork and arts', exhibitions could be organized by the Church for the sale of the products. The dividends will serve as a revolving loan to assist the women financially. By so doing the skills in beadwork can be transferred to empower other women in the area. Such a move is an encouragement to preserve the cherished traditions and customs of the people. Women without a formal education could earn a living through beadwork. Beadwork should be encouraged in KwaDlangezwa so that it will assist the women in coping with HIV and AIDS.

According to von Kapff, [1997:8] in Zulu beadwork today, synthetic beads are used. Beads function as necklaces and jewellery for both young and old. In some

cases they are used for decorating walking sticks, caps and hats, ceremonial sticks and cloths. This is why the women should be organized in groups for the mass production of these items. For this reason Sellschop et al., [2002:91] testified that beadwork can engage a good number of women and feed them properly. Today these items are transforming the peoples' lives. This is possible because of what they realize from the items when they are sold. Apart from forming women's groups, the Church can also assist the female-headed households with revolving loans that will be invested in the beadwork. In this way both the infected and affected household can cope with the impact of HIV and AIDS at the household level. When the household is well-off it can cope with the pandemic. By assisting the rural poor, the Church makes the Gospel of Christ practical in the lives of its members. The Church has a ministry to the poor and to women; compare Luke 4:18. The Good News to the poor is to assist them to overcome the impact of HIV and AIDS. This type of assistance will definitely enable the women to live humanely.

The Church should empower the rural women in KwaDlangezwa through beadwork. Educating the women does not begin nor end with reading and writing, it involves technical skills and this is where beadwork is crucial. In the present time there is a great need for life skills amongst rural women. When this takes place the rural women in KwaDlangezwa can effectively cope with the effects of HIV and AIDS. Sellschop et al., [2002:42] stated that, "the development of crafts under missionaries as a way of vocational training has some significances, though they should be part of the people's culture but void of pagan symbols." The Church's venture into the vocational centres and training will boost the local economy and increase the income generation of the rural women in the area. This is one of the ways of fighting the rural poverty that causes the spread of the pandemic amongst rural women in KwaDlangezwa.

This is possible because works of arts and crafts are in demand. According to Sellschop et al.:

> *Today, the sale of crafts to the general public has increased* tremendously, and this is due largely to a return to traditional cultural values. Significantly, the resurgence of flea markets, expositions, craft competitions, craft training centers and crafts linked to SMMEs [Small, Medium and Micro-Enterprises] development have all contributed to the growth of crafts [2002:43].

The Church should be contextualized within the African culture without compromising its stand. By doing so, the Church will be contributing in the fight against the spread and impact of HIV and AIDS in the rural communities, because the rural women will be engaged in the production and it will enable them in coping with the pandemic.

**Plate 7. Household wares decorated with beads**

The above are household wares made with beads by the women. They are both decorative and dependable. There is a need for mass production of the above as a coping strategy by the women. This could be possible if the Church comes on board to assist the women.

**Plate 8. Brooms with beaded head.**

**Plate 9. Decorated basket for storage**

Plate 7 represents some of the craft works by the rural women. In Plate 8 are the brooms whose heads are made with local beads. One could use them for decoration or household property. Plate 9 is a basket decorated by the local women. It could be used for decoration. It could also serve as a storage facility for valuables including food items in the household. Its value is enormous.

**Plate 10. Bangles and necklaces of beads**

**Plate 11. Necklaces, pots, baskets and masks**

**Plate 12. Different types of baskets**

**Plate 13. Different types of hats, belts, cloths and toys**

The above are types of beadwork done by the women in the KwaDlangezwa community. Plates 10 and 11 reflect different types of bangles and necklaces made of beads. The women wear them as a mark of honour. Plate 12 is different types of baskets and masks. Plate 13 represents hats, belts, cloths and toys made with beads. If these are commercialized in an organized way, they will form an income generating activity for the KwaDlangezwa women. They will form a part of the coping strategy for them too. The Church, for its part, should assist the rural women in this aspect as a way of empowerment and self-reliance. These cherished works need to be preserved. One of the ways is by training more women in bead making in the community.

### 6. 3. 2. Pottery

Pottery is another craft the Church can encourage to help women to cope with AIDS. The women who do this in KwaDlangezwa do so without a potter's wheel. They use

what is called the coil method by rolling the prepared clay into long thin strips and winding them into pots. They use a sharp stone to smooth the surface. The outer surfaces could be decorated or left plain depending on the choice of the potter.

According to Von Kapff [1997] the second stage is drying the pots under the sun. When they are dried, the pots are covered with hot ashes. Shoe polish is applied to the outer side of the pots to give them a black shiny colour. In fact a variety of shapes and sizes of pots are produced. Some are for drinking while others are for brewing, cooking and decoration. Pottery forms a coping strategy against the impact of HIV and AIDS.

The use of clay pots is enormous. They are used as household ware. They are used as storage facilities, for decoration, storage and preservation of food and flowers.

### 6. 4. The Black Economic empowerment [BEE]

The South Africa's Department of Trade and Industries defines Black Economic Empowerment as follows:

> BEE is an integrated and coherent socio-economic process that directly contributes to the economic transformation of South Africa and brings about significant increases in the number of black people that manage, own, and control the country's economy, as well as significant decreases in income inequalities.
>
> Broad-based black economic empowerment [Broad-Based BEE] means the economic empowerment of all black people including women, workers, youths, people with disabilities and people living in rural areas, through diverse but integrated socio-economic strategies, that include, but are not limited to
>
> - Increasing the number of black people that emerge, own and control enterprises and productive assets;

- Facilitating ownership and management of enterprises and productive assets by communities, workers, co-operatives and other collective enterprises;
- Human resource and skills development;
- Achieving equitable representation in all occupational categories and levels in the workforce;
- Preferential procurement and;
- Investment in enterprises that are owned or managed by black people," [May, 2005].

The black populace need more power in the sphere of the country's economy. This requires preferential treatment of the blacks before any other race in the country. That means the blacks are placed at a greater advantage over other racial groups. But when compared with what is happening presently, the vision and mission of the BEE is yet to be a reality. The poorest of the poor are still amongst the blacks. One of the reasons for this is a top-down planning and implementation of the economic programmes. Often the top level [policy making body] does not take the people at grassroots into account while planning and implementing the programmes for them. This type of planning and implementation of programmes has affected KwaDlangezwa. The opposite should be the case. The people in the community should be involved in both the planning and implementation of all the projects in their community. The programme of BEE has yet to address the issues as they affect the poor women in KwaDlangazewa community. The government alone cannot do it. There is a need for the Church to be partners with the government and the community in this process for it to be effective. Presently, one can easily observe the demonstrations and disturbances going on in different parts of the country because the government has not delivered its political campaign promises to the poor. There is a need for effectiveness in the service deliveries so that the poor can benefit from the dividends of the BEE. The women in KwaDlangezwa need assistance from the government under the BEE programmes.

In this research, the researcher will not engage in any debate as to whether the BEE programme is positive or not. The researcher will only focus on the

empowerment of women through education and what empowerment and emancipation are all about. On this note the researcher wishes to caution that ***"BLACK ECONOMIC EMPOWERMENT,"*** has its own problems. The focus should not be only on the blacks alone because there are thousands of none-blacks that suffered the wrath of the apartheid system in the past. On the other hand there were many blacks also that benefited from the apartheid government. This caution I feel is necessary so that the oppressed should not turn around and become the oppressor. Having stated the above, the researcher will now focus mainly on the empowerment, emancipation and education of women as a better option to Black Economic Empowerment only.

Without the above-mentioned items, that is, education, emancipation and empowerment there will never be an economic empowerment, development or progress in the rural communities. The much anticipated development and progress might end up as an illusion. The women in KwaDlangezwa need to be equipped so as to be better placed to regain their freedom from those constraints mentioned in Chapter 5. These will be achieved through both formal and informal education. For the less privileged to benefit from the BEE program, it should be a grassroots based progamme. Those propagating BEE should meet the poor and know what they really need or want. The poor women in KwaDlangezwa should be part of the planning and implementation of any project that has an effect on them.

### 6. 4. 1. Empowerment of the women

With regard to the women's coping strategies in KwaDlangezwa, there is a need to empower them in all spheres of life. These include political, economic, environmental, social, cultural and spiritual as well as any other fields of human endeavour [Ife, 1995]. Stromquist [ed.] [1998:160] stated that, the empowerment of women enables them to negotiate safer sexual practices and even to refuse unsafe sex. This could be through education and training, support groups and promoting micro-enterprises activities. "Empowerment is a process through which

disempowered individuals and groups gain the power to control their life and the ability to make strategic life choices," [Monkman, 1998:499]. Empowerment, in a nutshell, means shifting the emphasis from things [projects] to people. That means task-orientation changes to people-orientation. The interaction between the professionals and locals becomes enabling and empowering [Chambers, 1997]. Empowerment seeks to restore to women some of the things they were initially deprived of. These include participation, self-reliance and mobilization. The sum total of the word empowerment is the saying that "practice makes perfect". For the above reasons, empowerment is a multidimensional process, which works at various levels in an effort to achieve its objective. The women in KwaDlangezwa should be empowered so that they can cope with HIV and AIDS in the community where they live.

Chambers, in most of his writings, has contributed towards understanding empowerment through participation. He did this through the Participatory Rural Appraisal [PRA] techniques discussed in some of his works. Such participation has moved a step forward to what is presently called, Participatory Learning Action [PLA]. The Participatory Learning Action is referred to as development strategy that will help the women in coping with HIV and AIDS [Wetmore and Theron, 1998]. Participation is an active element for the empowerment of the women [Snyder, 1995]. Women's participation in projects provides them with several benefits and opportunities as individuals and groups. This involves the mobilization of both human and natural resources available within KwaDlangezwa. Secondly, participation is very important in the planning and implementation of projects in the rural areas. The reason is that they own the project and know exactly what they want. What they need are the guidelines that will enable them to implement the project. This will bring the necessary changes because they are aware of their needs in coping with HIV and AIDS. Thirdly, participation will enable the women to improve in the maintenance of their assets and infrastructure through their own local resources, contributions and management. Participation contributes to the local experience in providing local services and thereby stimulates the

development of other projects within KwaDlangezwa. Finally, participation enhances accountability and more equitable distribution of benefits by making the local administration accountable to the local representatives. In the light of the above one can deduce the importance of participation in coping with HIV and AIDS at the grassroots level. As such the Church should lead the women to a greater participation in the community projects.

Women should be involved in local projects. These local projects are what the women in KwaDlangezwa really need. This is where they will be directly involved. The projects will enable them to cope with any prevailing situation including that of HIV and AIDS. In this way they will be seen as part of the whole system. With this in view, they will make meaningful contributions that will assist in the success of any project in the locality.

The word empowerment has become a widely used term in discussions of disability, rehabilitation and assistance rendered to a weaker partner or party by a stronger one. At its basic level, empowerment is defined as a process of assumption or transfer of legal power and official authority [Webster New Dictionary, 1994]. However, there is a wide divergence of views as regards the specific nature of this assumption. Harp [1994] argued that, "empowerment is freedom of choice regarding services, influence over operation and structure of service provision, participation in a system – wide human service planning and participation in decision-making at community level [http://www.empowermentzone.com/empower.txt.html.25/03/2004]. ***The above spacing is computer error.*** Empowering the women in KwaDlangezwa will give them freedom of choice, to associate and operate within the system of their choice. With this in view the women can then take good care of the constraints placed upon them as already discussed in Chapter 5.

The issue of empowerment is that process that enables the people to overcome their dependency on others syndrome by taking the initiative. Empowerment will

enable the women to make meaningful contributions and participate actively in the projects and programmes within their locality. These will enable them to get involved in the issues that affect their lives including coping with HIV and AIDS. It is therefore, through empowerment that the women in KwaDlangezwa can participate and gain invaluable skills that will enable them to live humanely.

Snyder [1995] argued that empowerment is the state of a person being enabled to take his or her destiny into his or her own hands. Central to this is both the formal and informal education of both women and girls. Those who cannot afford formal education can acquire life skills that will sustain them for life. Women and girls will then no longer be dependent on men for their survival. This is necessary because many women depend on men for financial assistance. In a way this will contribute to the reduction of the HIV and AIDS pandemic. This is because dependency leads to exploitation. The women in KwaDlangezwa are exploited because they depend too much on the men.

Hope [1999] stated that, empowerment of the rural women through the advancement of their socio-economic status is one of the most effective ways of combating the spread of HIV and AIDS. They are infected because of their low socio-economic status in the society. Based on the above assertion therefore, it can be seen why the rural women are easily infected and affected. This is simply because they are disempowered. These constraints were male planned and implemented. The women are meant to be seen not heard. This is why the rural women ought to be empowered. Because the rural women are disempowered, that is why they are living in abject poverty and compromise their health.

The spread of AIDS is more rampant in the rural areas, including the KwaDlangezwa community. The empowerment of the women will definitely reduce their vulnerability. It is also very important that men too, are empowered [Baylies and Bujra, 2000, Hope, 1999 and Cohen and Reid, 1996]. Empowering the men in KwaDlangezwa will enable them to accord the women their due respect and

rightful position both at home and in the society. The researcher is of the opinion that men should be empowered too. This will enable them to realize that they do not lose anything by working together with the women in the community. This will bring progress and development to the community. It will enable every individual to make a meaningful contribution for the welfare of the whole.

Webb [1997] argued that with the empowerment of the women the spread of HIV and AIDS would definitely be reduced. He went on further to say that, "the behavioural empowerment," allows women to have more control over their sexual activities [Webb, 1997:209]. The empowerment of women enables them to learn, know and apply their rights [Hope, 1999]. This could be in the form of resisting sexual advances that are unwanted or negotiating safer sex relationships. When this occurs, the spread of the pandemic will become minimal.

The behavioral empowerment has to do with people's culture. Almost in every African context, the place and position of the women is well known. In the first place, men are seen as the head of every household. This has contributed to the women's lack of capacity in coping and inability to negotiate a sex relationship. For this reason, the President of Zimbabwe, Mugabe once stated that

> If these ideas are being brought by whites amongst you as they come from Europe, they are bringing you terrible ideas. If the woman wants property in her own right, why did she get married in the first place? Better not wed then, because marriage means you are together with the husband as the head of the family [September 2, 1994].

The above statement by Mugabe shows a typical African patriarchal domination. KwaDlangezwa is no exception of the above position. According to Wight [2000] behaviour change that is well articulated and sustained in a good environment will contribute to the reduction of HIV and AIDS. This can take place in KwaDlangezwa if both women and men are empowered at the same time.

In an effort to address the issue of HIV and AIDS and the coping capacity of women, their empowerment should have a place of priority. This is simply because women are faced with enormous constraints. Some of these constraints are feeding, health care, care of the children, the elderly and ill. There is a need for them to be empowered because their constreaints will weigh them down. When they are empowered, they can cope with any situation including HIV and AIDS.

**The elements of empowerment of the rural women**

For the women in KwaDlangezwa to be empowered, three elements are necessary. These are participation, mobilization and self-realization. When these are combined in the rural women, they will enable them to make the right choices in life. These will contribute towards their coping capacity. The Church therefore, is in a position to help achieve this for the women.

**Participation**

Women in KwaDlangezwa should be allowed to be part of participating community. This will enable them to improve in their coping capacities. It will equally enable them to make contributions to the community.

When one starts to talk about participation one is talking about the struggles for self-reliance. In the ***Arusha Declaration in 1967,*** Nyerere stated that developmental goals and strategies must be based on the policy of socialism and self-reliance. There is a need for all people to have equal rights and opportunities. It is this that will eventually place the women in KwaDlangezwa in positions where they will perform and utilize their abilities and capabilities to the uttermost. Where the people exercise their legal rights they are neither exploited nor do they exploit others and this will guarantee social justice and peace that will gradually increase the basic level of material welfare of the people [Nyerere,

1968:340]. Participation as an empowerment agent incorporates the women to make use of the indigenous knowledge prevailing in KwaDlangezwa. When this takes place, the women are definitely transformed. Their voices are heard, and views respected because they are part of the decision-making body.

The women in this community should not wait and depend on capital and external assistance or material resources from other people [Nyerere, 1973]. Participation is one's own direct involvement in projects through money and wealth [Nyerere, 1968]. The result of this is that they see themselves as role players, playing active roles. This is why the Church in KwaDlangezwa should empower the rural female-headed households in an effort to assist them in coping with HIV and AIDS. The reason is that the women will see every project as theirs. They will do everything humanly possible to see that they succeed. Their direct involvement will also be a great challenge to them. This will inspire good competition in the area. In this way the female-headed household can then cope with its vulnerable conditions.

**Mobilization**

Every community, underdeveloped, developing and developed, has assets that will enable it to sustain its citizens. KwaDlangezwa is no exception to this scenario. A close observation will show different gifts, skills and people's capabilities that are in existence in the KwaDlangezwa community. The women are endowed with different assets for growth. Kretzmann and McKnight [1993] argued in their book, "Building Communities from Inside Out," that using these assets is the best approach for improving the well-being of the community and households. For proper utilization to take place there must be proper documentation of the assets in the locality. These should be mobilized following some steps for maximum results. Here the maximum result will be to increase income generation activities. This will therefore enable the affected female-headed household to cope with HIV and AIDS.

These strategies involve mapping out the available assets within KwaDlangezwa. The assets include the human and non-human resources in the community. This will provide useful information of what the women are capable of and what the community has within itself that should be used to change their present situation. The next step is to link of these assets that are already in existence. This is why the Church should champion this course in KwaDlangezwa. Though the Church is locally located, it has both national and international connections that will be of benefit to the rural people especially to the women. This will create a good working relationship in the community. At the same time it will lead to economic development and growth in the area. The economic growth will therefore, enable the women in their coping capacities and strategies. It will make them less dependent and more economically viable. What the women of KwaDlangezwa need is recognition. When this is done, it will definitely change the lives of those living with HIV and AIDS in particular. The possibility for changes to take place means that the role players amongst the women will be mobilized while they in turn will mobilize their followers. The women at grass-roots level know how to organize themselves better than anybody else. What really matters to them is to create a good working environment and conditions for them to operate in. When this happens they can cope with the impact of HIV and AIDS. Based on the above, the rural women are in a better position to utilize and implement any project either initiated or assigned to them. Coping with HIV and AIDS is a collective effort. As such they need good support from the Church for the projects they embark upon to be sustainable.

**Self-reliance**

To live, therefore, is to take a risk, but success lies in recognizing what one is capable of. If women would realize their individual abilities, they would develop self-confidence in themselves. This would enable them to perform. Julius Nyerere, the former President of Tanzania once said;

> The Friendship Textile Mill is a demonstration that our struggle for self-reliance does not mean hostility to the people of other countries, nor rejection of the help they are willing to give us to become more self-reliant in the long run. Indeed the phrase, 'right kind of assistance' can be defined as assistance, which helps us become more self-reliant in the long run [1973:117].

When one starts to talk about coping with HIV and AIDS, one is talking about self-reliance. The effects of HIV and AIDS on development are well known to all. It has affected development programmes in KwaDlangezwa too. There is need for the women and all people to have equal rights and opportunities, including KwaDlangezwa. It is these that will eventually enable the women to be in a position where they could use their abilities and capabilities to the uttermost. Where women exercise their legal rights correctly, they will no longer be exploited because this will guarantee them social justice and peace. This will gradually increase the basic level of material welfare of the women [Nyerere, 1968:340]. There is no way the women could cope with the pandemic without being self-reliant. Their coping capacities lie within this aspect of empowerment. The women themselves therefore, cannot achieve much unless there is support from the Church in KwaDlangezwa. The Church should give them the necessary support that will enable them to realize self-reliance. When such occurs that will definitely increase self-confidence.

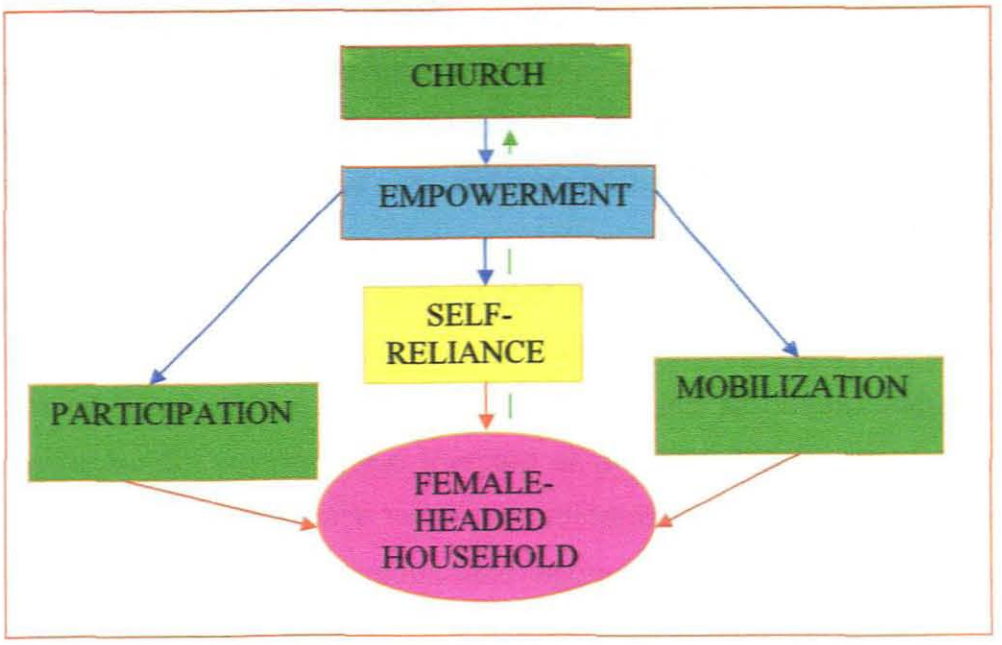
As we have seen, coping involves people's participation in the process for change. In the context of the United Republic of Tanzania and its realities of poverty and underdevelopment, the ***Arusha Declaration*** stressed this very need for the mobilization of human resources for their self-reliance. Instead of waiting and depending on external assistance and resources from others the women should organize themselves to achieve what they want [Nyerere, 1973]. In the same way the women in KwaDlangezwa should not continue to wait for the government before they start action. The women need to indicate their intentions for self-reliance. The Church, in turn, will then lend a helping hand. In this way

they, the women, can cope with the pandemic using whatever is available in KwaDlangezwa. The Church should encourage the women to appreciate who they are as a group. This will make them more responsible to themselves and also relate to each other easily. Nyerere argued further that what is needed in coping is that the women should understand that they have something to contribute towards the progress of their communities [1968:67]. In relation to the above therefore, women have much to offer in the effort of coping with the scourge of HIV and AIDS. Indeed, collective efforts are needed in areas of decision-making and execution of the women's projects. Any achievement in this sphere will be internalized because they have not only contributed to their success, but the achievements are theirs for the welfare of the KwaDlangezwa community in general.

Kelly [1992] was of the view that external assistance may be needed but the people should not depend solely on that if they really want to succeed. Every individual has a contribution to make in life. Ife [1996:11] argued that the ultimate aim of community development is self-reliance and as such no community should depend entirely on external assistance for survival. External assistance might come, but it is not reliable and dependable. The women in KwaDlangezwa will not depend on men to enable them cope with HIV and AIDS. There is every need for them to be independent of men economically. They have the capacity and ability to deal with the pandemic provided they are given adequate support. KwaDlangezwa is rich in craft making. The area has fertile land for agriculture. Materials are available locally. The poor communities should explore all avenues within reach and make use of all available resources.[44]

[44] Ife, 1996: 111, "thus, to achieve self-reliance, community groups need to explore the possibilities of creatively developing and using their own local resources rather that those obtained externally."

**Figure 6. Empowerment and its components**




The Church has the ability, resources, capabilities and potential to empower the female-headed household. This should be done through participation, mobilization and self-reliance as shown with the blue arrows in the diagram above. The red arrows show the effect empowerment has on the female-headed household. The green broken arrow shows that if the women are really empowered they would make their contribution to the Church and KwaDlangezwa community. Through participation, mobilization and self-reliance, the women could cope with the impact of the HIV and AIDS pandemic.

The attention of the Church should be on how to increase the awareness amongst the women in the KwaDlangezwa community. The women should be made aware that they have all that they need to live humanely. For this to be possible, they should be mobilized, integrated in the decision-making bodies and given the opportunity to perform. The empowerment of the women should be the first step the Church should undertake so that the women can cope with the HIV and AIDS.

### 6. 4. 2. The emancipation of the women

Chambers' English Thesaurus [1997] stated that the formal opposite of emancipated is to enslave. According to the Oxford Advanced Learners Dictionary of Current English [1995:375] to emancipate means to set somebody free, especially from political, legal or social restrictions. The Collins Dictionary of Sociology [1991] stated that the word emancipation is of Latin origin that means transfer of ownership. The fact still remains that many people, especially women, have been enslaved by the political, economic and social environment resulting in their lack of freedom to gain access to assets and resources. When the women are enslaved they are either infected or affected directly with HIV and AIDS. This is because they are rendered vulnerable in the "man's" world. Emancipation is the political, religious and economic freedom of the people [Neuhaus, 1991:18-19]. The people in a free world should have the political rights to elect and be elected into political offices. Their religious rights as enshrined in the international human charter should be respected always. Their economic freedom should be such that it will assure them of development and sustenance. But the opposite is the case in KwaDlangezwa. The women are enslaved. They need to be emancipated so as to make positive contributions in curbing the impact of HIV and AIDS on them.

Sen [1999:8] argued that, "economic unfreedom can make a person a helpless prey in the violation of other kinds of freedom and can breed social unfreedom just as political unfreedom can also foster economic unfreedom." It is emancipation that can make the difference in the lives of the women in KwaDlangezwa. The Catholic Encyclopedia stated that emancipation is a process of law by which a slave was released from the control of his or her master, or a son liberated from the authority of his father and was declared legally independent.[45] To be free means that one has the rights to all the available resources and can exercise one's own ability and capabilities without

[45] http://www.newadvent.org/cathen/05399a.html.

any restrictions. The opposite is the case in the KwaDlangezwa community. Most of the women are enslaved by the culture and traditions of the community. This has rendered them inactive in KwaDlangezwa.

Abraham Lincoln once said, "And by virtue of the power and for the purpose aforesaid, I do order and declare that all persons held as slaves within the said designated states and parts of the United States are henceforth free; and that the Executive Government of the United States, including the military and naval authorities thereof, will recognize and maintain the freedom of the said persons.[46] This is what emancipation ought to be in practice for the women of the KwaDlangezwa community. This might not be easy in the society. Emancipation therefore means freedom and equal opportunities for women, sex notwithstanding. Nyerere [1973:58] argued that, emancipation should be seen as freedom from external interference, hunger, disease, poverty, ability to live in dignity and equality with all others. When the above are eliminated from the community that is the time the women could say that they have been emancipated.

Neuhaus [1991] stated that the emancipation of the poor, especially women, would eventually lead them to seek for meaning and value. This will enable them to exhibit their human worth in every aspect of endeavour. Lewis in his paper on the Church's Emancipation Lecture [2000] said, "emancipate yourself from mental slavery." The phrase was made by Bob Marley in his famous "Redemption Song." Both the women and the poor in KwaDlangezwa should be liberated from the slavery of social injustice, violence and abuse, dehumanizing culture and traditions and gender bias. These are some of the enslaving agents that have succeeded in dehumanizing the women of the community. Not only are they dehumanizing but also expose the women to HIV and AIDS. Some of these have already been discussed in Chapter 5 above. The constraints above were put in place for selfish ambitions and the exploitation of the women and some

[46] http://www.nps.gov./ncro/anti/emancipation.html.

other groups in the community. There is a need to eliminate them for the sake of society.

**Emancipation as freedom from and freedom to**

The emancipation of the women is freedom from the oppressive system in KwaDlangezwa. That means freedom from social oppression, injustice, economic imbalance, vulnerability to HIV and AIDS to freedom for one's own ideals, good health, enjoyment of basic needs and basic infrastructure [Baradat, 1997]. In the developing countries, freedom from oppression was oftentimes absent because of the powers that be, but freedom to pursue one's ideals was and still remains restricted by the traditional, cultural and social norms that hinder the people especially the women [Kabeer, 1994]. The above restrictions have contributed in making the women vulnerable to infection including HIV and AIDS in KwaDlangezwa.

When we talk about BEE, it should be seen in the light of granting full freedom to women. The freedom should be within the rule of law that is neither oppressive nor discriminatory. This is where the Church should champion the course of the emancipation of the rural women in KwaDlangezwa. They have been enslaved by the social norms and these have contributed to their vulnerability and abuse. The women in this community should be set free from these oppressive norms and institutions in the society. If they are set free they will have access to resources and assets. These in turn will enable them in coping with any circumstance. When the women are freed from the slavery of an unfriendly environment, they will have the right to ownership including land. The rule of equity will be in place and gender equality will be a reality. Without gender equity gender equality is not possible, and is meaningless.

**Emancipation as transfer of ownership**

With actual emancipation, the women can now have the right to own property even as a single parent or as a widow. The issue of wife inheritance and lack of access to resources should cease. This practice today contributes to the spread of the pandemic. If the women could be emancipated, each woman will have the right to decide for herself. That in a way will allow them to take their future in their own hands. When all this is in place the spread of the HIV and AIDS will be minimal. Women will, at the same time, be in position to cope with whatever circumstances that might come their way.

The emancipation of the women at the same time will enable them to decide concerning their sexual relationship with men. Inasmuch as this sexual relationship is part of life emancipation gives them the right over their own bodies. The issue of sexual relationship will no longer be an imposition but rather a decision they will take by themselves. At the same time their emancipation will enable them to decide whether to use a condom or not. This is because they have the "power" to decide for themselves. This does not mean a care-free life or a loose way of immoral living. This should be done with decency, respect and order.

**Emancipation from violence and abuse**

Korten [1990] argued that, violence that occurred between religious, ethnic, and political groups is not only anti-social but had negative effects on the poor, especially the women. According to the International Humanitarian Issues, "We live in a time of violence. Ethnic barriers have broken down, fundamental moral values are questioned and man is engulfed by waves of fear and insecurity" [Quoted in Minear, Age of Conflict, p.9]. The gender violence, abuse and rape are constraints in the South African society [Haddad, 2002]. The reason for this is that they occur on a daily basis. There is never a day that passes without

violence and abuse of women. KwaDlngezwa is no exception. The men abuse the women and girls at will. They are abused with impunity. These abuses are signs of a male domineering attitude in the society. Presently the women are faced with different forms of violence, conflicts and abuses at home and the society in general [Domestic Violence Part 1: Wife abuse. PACSA Fact Sheet No. 5, Nov. 1988]. Meyer [1988] stated that violence and abuse happen on a daily basis and they contribute to frustrating women and making them vulnerable to HIV and AIDS. For women to be freed from the above there is a greater need for them to be emancipated. A violent society is a vulnerable society. Little wonder that the high prevalence of the pandemic is always high in areas where there are disturbances. This in a way has contributed to the high incidence of HIV and AIDS in KZN, one of the provinces with a high rate of violence. Violence has contributed to a high rate of crime and the spread of HIV and AIDS according to this study.

**Emancipation from the social injustice**

John Rawls [1972] cited by Ife [1996] argued that injustice should be seen as lack of equality in the basic liberties, inequality of opportunities for advancement and discrimination against the underprivileged. Injustice is when justice is perverted; that is denying the people basic truth and also access to resources. Social injustice is the denial of rights to people especially to women. It is only their "emancipation" that can set them free. Their present freedom is within a set of structures. When the constraints holding them are removed that is the time they are emancipated. The women in KwaDlangezwa need emancipation because of the injustices they are facing. They are denied access to basic resources and assets. They are abused, including being raped at will. This has contributed to their exposure to HIV and AIDS.

Korten [1990] was of the view that social justice implies a situation where everybody should have equal opportunities to produce a minimum, decent

livelihood for themselves as well as their families. For Nyerere [1973] social justice is the equitable distribution of resources, assets and peaceful co-existence with one another. Social justice is, therefore, that substantive freedom where individuals decide how to use their capabilities [Sen, 1999].

To achieve the above, the Church should play a leading role in the KwaDlangezwa community. The effect of this can only be felt when the position and situation of the women are given the priority they deserve. The policies in KwaDlangezwa should be people-centred. Second, women should be educated on what their rights are and on how to achieve and protect them. Finally, they should be enlightened about their human rights within the formal and informal areas such as using public places, like the parks, schools, shopping malls, and the hospitals.

**The elements of Emancipation**

In an effort to achieve the emancipation of the women, there are certain things that need to be in place. These things, if they are in place, will enable the women to be emancipated. This occurs in a democracy where individuals are free to express their views without fear or contradiction.

**Individual capabilities**

Nussbaum [2000] argued that individual capabilities are based on the principle that each individual is not a mere tool. Kretzmann and McKnight [1993] maintained that though some people might be labeled as disabled or handicapped, every living person has special gifts. Every individual is special in his or her own way. Every individual counts. This has been one of the major problems facing the women. They are not taken into account in community affairs. The women have great potential and assets in KwaDlangezwa. These assets when fully utilized will assist in their emancipation.

The women in KwaDlangezwa should be seen and regarded as people with great potential. They function as underdogs, but if their individual capabilities are seen and recognized, they can cope with whatever faces them in life including HIV and AIDS. The individual capabilities are one of the great elements of emancipation that will enable the women to cope. The women need to understand that they have the capabilities to cope and live humanely.

**Women's access to resources**

Every woman is endowed with different resources for growth and survival. Kretzmann and McKnight in their book, *Building Communities from Inside Out* [1993] stated that using these resources within rural communities would bring necessary changes in their respective households. Ife [1996] was of the view that any individual or community that is creative could sustain itself by using its own local resources. The women in KwaDlangezwa, are creative but cannot sustain themselves because they lack access to resources. This is one of the reasons for the Church to assist in opening craft centres for the rural women as a means of their emancipation. These centres will form core coping strategies for them in the face of HIV and AIDS. This is possible where the women believe that they are agents of their own change. These local resources are within reach. The emancipation of the women will enable them to have equal access to resources as do their male counterparts.

Jeppe [1985] stated that people's access to their own resources is not only educational but also an upliftment to the individual and the community. The individual woman learns through participation in the activities going on in the area. In other words the people learn by doing and will be proud of what they achieve on their own. Ife [1996] stated that in the sustenance of poor people; all forms of resources, financial, natural and human should be utilized to the maximum. The women should therefore, be allowed access to exercise their God given rights over their resources in KwaDlangezwa. This will enable them in

coping with HIV and AIDS. The available resources will equally enable them to generate income for the sustenance of their respective households. They are entitled to have access to the resources and assets because they too were created in God's own image.

**Decision-making as part of emancipation**

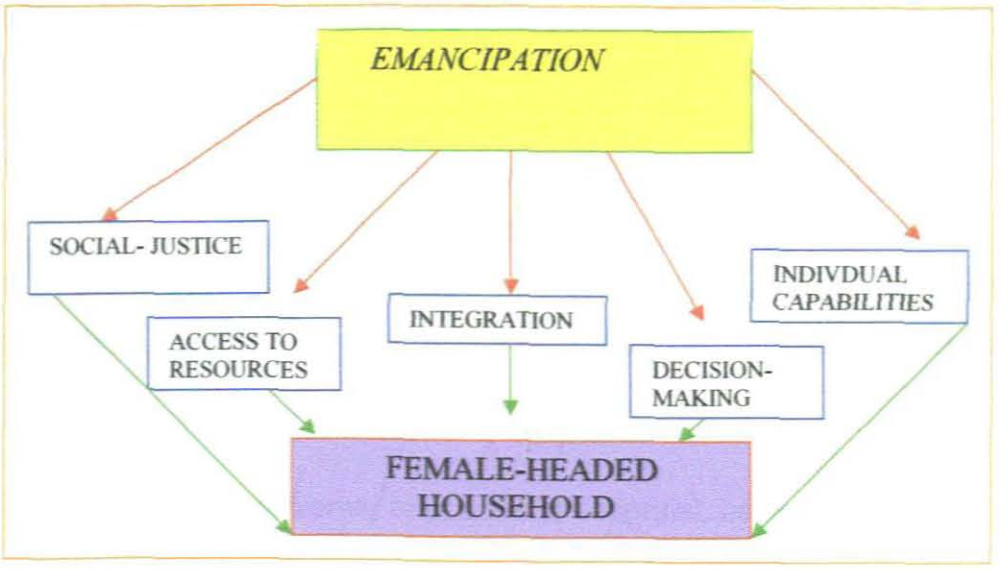
Warburton [1998] stated that the only salvation for the poor and women in particular is for them to be at the heart of decision-making bodies. This is necessary because they are the ones that know exactly what they really need for themselves. Ife [1996] argued that once people are aware of what their problems are, they should be part of and agents in solving them. In making decisions, the women in KwaDlangezwa should be an integral part. If need be, they can even lobby for themselves to achieve what they really want or need for their individual households. The Church should back them up in this regard.

Oftentimes, decisions taken are top-down. That is to say, the person in the executive position knows it all. He or she will plan and implement without recognizing the input of the rural women. This attitude has contributed to the recent protests at the grass-roots level where the local municipalities are accused of not reaching the people. The people in the offices usually decide on what is best for the rural populace. The Chief Executive Officer [CEO] in the office does not know the exact problems of the people. The grass-roots masses, especially the women, should be involved in the decision-making and implementation of decisions taken. They should equally be part thereof because their suggestions and contributions will make significant changes in KwaDlangezwa.

**Integration as part of emancipation**

Naturally, every individual wants to be noticed and recognized. Jeppe [1996] stated that the integration of women in different programmes will not only widen their perception but will give them a sense of worth. It is only then that they will play active roles and function properly as people. Ife [1996] argued that integration should be an all-inclusive process whereby all people including women are valued as people in their own right, as people of worth. This will give them a sense of belonging and reduce their chances of being vulnerable to infections including HIV and AIDS. The women always remain vulnerable if they are not integrated into the system. The same is the case in a country like Nigeria [http://www.allafirca.com/stories/200303180119.html]. Acts of violence or confrontation occur because people are not recognized. When peoples' views are not taken into account they are bound to revolt. These protests are signs of non-integration of the masses into the main system.

**Figure 7. The components of emancipation**




In the Diagram 7, the emancipation of women is shown by the red arrows. Through these arrows the Church could reach the women for their liberation. The

green arrows are directed towards the women. With them the women would be emancipated. When the above are sincerely applied, the women in KwaDalngezwa will be freed from those constraints as already discussed in Chapter 5. Once the women are emancipated they will be in position to overcome all their hindrances including the issues of HIV and AIDS. Once the women overcome these constraints they will have the ability to make positive changes both in their homes and community at large. The Church should lead this course of emancipation of the women. One of the reasons is that the Church has women as its supporters. They are partakers and contributors to its programmes and projects.

### 6. 4. 3. Education of the women

Education comes form the Latin word "educere." This means, "to lead out." [USAIDS, 2005]. It is that transfer of knowledge, skills, abilities and capabilities from one person or group of people to another. According to Monkman [1998] education is very important in expanding human capabilities such as reading, writing, knowledge and acquisition of life skills. It offers people the opportunities for better-paid jobs in order to gain economic independence, and leadership roles in the household and the society. In a formal setting, Monkman [1998] went on to state that it provides the learners with the necessary skills, ability and knowledge that will enable them to participate actively in society. Nonformal education is very necessary in the Third World countries. The women in *KwaDlangezwa* need the skills and ability in an effort to cope with their household situation. According to Mammo:

> Despite these problems, education is essential, because it is through education that society's rectilinear is set, it is through education that simple but effective information can be disseminated, it is through education that awareness and consciousness building can be carried out and deepened, and more importantly, it is through education that African traditional knowledge and practices can be integrated with

> better technology that eventually would enable the continent to attack poverty at its roots [1999:204].

The issue of education is far beyond being just to read and to write. Nonformal education has to do with creating awareness at the grass-roots level. This will enable the people, especially the less privileged, to participate actively in the society. Monkman [1998] stated that, nonformal education and training are perceived as particularly significant tools for the empowerment and emancipation of women, especially those in the Third World countries. For education and training to be used as empowerment and emancipation, analytical tools are needed. The analytical studies will not be done in this research. This can only be possible through acquisition of knowledge so as to promote critical awareness and reflection of one's life situation. It, therefore, forms a source of empowerment and emancipation among women. Education, empowerment and emancipation are interrelated and indispensable from one another. According to Kofi Annan [28/08/2002], education and empowerment of women are both essential and indispensable in halting the spread of HIV and AIDS. This is what the women in KwaDlangezwa need in their effort to cope with HIV and AIDS.

A good investment in education is a direct attack against the HIV and AIDS pandemic. According to Bayley [1996:84] education would concentrate on acquiring skills for continued learning, rather than skills applicable to only one job. The empowerment and emancipation of the women in KwaDlangezwa through education will enable them to diversify their activities and involvement both at the household and community levels. It will therefore, increase their coping capacity.

UNICEF [2001a] stated that in the worldwide society, about 100 million children – 60 million of them are girls – do not receive an elementary education. When this occurs, the future of the women is undermined. One of the major problems facing the women of KwaDlangezwa is that they lack basic education. Because of the importance of education, Weinreich and Benn [2004] stated that lack of education has great consequences for the present and future generations. Those girls who

dropped out of school because of the effect of HIV and AIDS are badly affected. This is because of the stigma attached to the infection. Empowering the women through education is very necessary. This will enable them to negotiate effectively [UNESCO, 1997]. Dighe [1998] was of the view that the women, who had completed their education at the basic level, were able to make use of health facilities and services for their households. They usually have a higher interest in sending their children to school because they have realized the value and importance of education through their own learning. The above is applicable to some women in KwaDlangezwa. Those of the women that are educated are in high places, while their children are attending schools outside the community for better education.

UN [1990] declared that year, the International Year of Literacy. The purpose was for women to continue investing in education. The results thereof will give the highest output when compared with other areas of investment. Educating women through empowerment and emancipation are of economic benefit. For instance in Africa where the workforce is female, educating them will increase productivity. It will at the same time enable them to contribute to the protection of the environment and water, energy, and preservation for economic growth.

Inasmuch as education is an aspect of both empowerment and emancipation, it will be more beneficial to the women if well implemented. For education to be effective, it should take place both at the individual and societal levels. The above will not only enable the women to read and write, but it will enable them to gain self-esteem and self-confidence. Education is a prerequisite for positive changes, empowerment and emancipation of women. These will enable them to participate in decision-making processes that affect them. Following the importance of women's education, CAMRE stated thus:

> The Arab Declaration to WSSD, adopted by the Arab ministers for development, planning and environment at the Cairo preparatory meeting urged that greater emphasis be

> given to the education of the women and to strengthening social programmes to raise the level of awareness of the importance of family planning and childcare [24-25 October, 2001].

The above stand was based on the WSSD Agenda 21. Agenda 21 stressed the importance of women's education as a way forward to sustainable development. Educating women is a key factor in mitigating the scourge of HIV and AIDS especially in the female-headed households in KwaDlangezwa. This will enable them to acquire the necessary skills, perspectives, values and knowledge to live a more meaningful life in their households and communities. It will increase their nutritional intake in the household. This is because education will help them in their daily menu. With education therefore, women will be a position to plan, prepare and eat balance diet daily.

UNESCO [2005] stated that education of women and girls is an essential element of empowerment and emancipation. A good quality education, designed on this basis will eventually build their capacities and offer them opportunities both in public and at the household levels. This will bring changes in their social status. Education is a mechanism that enables women to exercise their human rights. In the same way it plays an important role in the prevention of HIV and AIDS. Avert Org [2004] stated that education, is a crucial factor in preventing the spread of HIV and AIDS and given the huge numbers of deaths that might still be prevented, the importance of an effective education cannot be underestimated. Education in other words is the key to the prevention of the pandemic in the rural communities especially in KwaDlangezwa. People need to know how to combat the pandemic.

**The impact of education on HIV and AIDS**

The boost in the education sector is a direct attack at the root cause and spread of HIV and AIDS. Most people are infected because they lack proper information and awareness of the pandemic. This is one of the reasons why many women and girls are infected in KwaDlangezwa. Where the people are well informed, they can take

preventive measures that will minimize the spread of the infection. Education at the same time enables the people to think before acting.

Education is the key to the prevention of the pandemic. It has been repeatedly demonstrated that sex education does not lead to earlier sexual behaviour but, quite to the contrary, delays sexual activity and leads to more responsible sexual behaviour. Long-lasting behaviour patterns [including postponement of the beginning of sexual activity] are learned in the period between 10 to 14 years of age. Establishing such behaviour patterns in children is easier than changing high-risk behaviour later [UNICEF/UNAIDS/WHO, 2002]. Stromquist [ed.] [1998] stated that girls' education and literacy plays a role in HIV and AIDS prevention. It gives them the right to negotiate sex and possibly delay a sexual relationship. Mtshali [1994] rightly stated and observed that the extended family system could be used as the springboard for AIDS education in the household. The reason is that the people still hold strongly to the tenets of traditional values especially in KwaDlangezwa, South Africa.

UNESCO [2003] stated that education had a great impact on HIV and AIDS. The organization went further to state that preventive education is accepted as the most successful modality proven to empower the people with the ability to make responsible and informed decisions. Education has proven to be an effective tool that could be used to mitigate the impact of HIV and AIDS. For a successful result, this should be in three phases: namely when one is still free from the infection, second, when infected and third, when death occurs in the household. According to Kelly [2000] people could be educated by preserving one's HIV-free status, by living positively and productively with the infection , and finally, by adjusting to the changed psycho-social and economic circumstances occasioned by the death of a significant other. Kelly went further to state that this could be done thus:

> *Education can work to reduce the likelihood of the infection* by developing values and attitudes that says yes to life and

> no to premature, casual or socially unacceptable sex and sexual experimentation.[47]
>
> Education can strengthen the capacity of those who experience AIDS, whether in themselves or in their families, to cope with the problem.[48]
>
> Education can assist the people in coping with grief and loss. It can help in the reorganization of life in the aftermath.[49] [2000:26].

Education plays a vital role in stabilizing the affected household. It can at the same time assist in poverty reduction, personal empowerment and emancipation. It acts as a buffer to vulnerability and the factors that contribute to it. Education can reduce women's dependency on men, and prostitution and other factors that contribute to the spread of the pandemic among the women in KwaDlangezwa.

Education is a key defence against the spread of HIV and AIDS and its impact on the affected household. According to UNICEF [2003b] studies in Zambia have found that there are lower levels of HIV and AIDS infection among the better-educated people. Federal Ministry of Health Nigeria, [2003] in UNAIDS/WHO [2004] stated that in Nigeria, the HIV surveillance has found infections levels to be highest among pregnant women with only primary education [5.6%], and lowest among those with tertiary education [4%]. The researcher believes that if the women and girls of KwaDlangezwa are properly educated they will cope with HIV and AIDS. The women who are educated are in a better position to defend themselves against the pandemic. One of the reasons for this is that they know

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[47] Kelly, M.J. [2000]: Providing information and inculcating skills that will help self-protection, willfully seeking to commit people to values- 'what ought to be'- that will motivate them to place a high regard in theory and practice on sexual abstinence, promoting behaviour that will strengthen the young people's capacity to prevent personal disaster, enhancing the capacity to draw others back from the brink and reducing the stigma, silence, shame, and discrimination so often associated with HIV and AIDS.

[48] Ibid: It can show care for the infected people, promote care and attention for the infected family members, speak out on behalf of the threatened human rights of an infected person or family member.

[49] Ibid: It can help the affected individual contend with the loss of a cherished relative, with orphanhood, with possible ostracism, with economic disarray, with the need to forge a totally new future after the death of a salient family member. It can also give support in the assertion of personal right.

what the implications are. Secondly, they can support themselves without depending on the men for economic assistance if they are employed. As such the women are set free from the possibility of HIV and AIDS.

Inasmuch as HIV and AIDS has an impact on education, it is the same education that mitigates against the effects of the pandemic in society [UNAIDS 2004]. For this reason many ministries including the education department are now including HIV prevention in their curricula. In the same way, Avert. Org [2005] was of the view that more HIV and AIDS related education is needed in Africa since no policy or law enacted will ever combat the pandemic. This can only be achieved by introducing HIV and AIDS education in the school systems. One of the best ways to control and contain the infection is by preventing its spread amongst the people. The way to achieve the above is through education of the people at an early stage in life. This does not necessarily mean only the formal education system, but also using informal systems too. When this is done more than 90% of Africans will be in a position to protect themselves from the infection [Avert. Org, 2005]. Therefore, in this era of HIV and AIDS, AIDS' education is the major source or means available to prevent and combat the onslaught of the infection [Huber, 1996]. The attention of the education department should be to reach the rural areas, including KwaDlangezwa, with information about HIV and AIDS.

In her submission Hope [1999] stated that AIDS' education is just like any other type of education. For this reason, greater attention should be given to it in that human lives are at stake. Education is the key to succeed in preventing the spread of the pandemic amongst the women of KwaDlangezwa. Many people are infected because they lack proper information relating to the pandemic. Awareness through education will change people's behaviour. When there is change in the peoples' behaviour, the effect of AIDS will invariably be reduced in KwaDlangezwa. De Waal and Tumushabe [2003] made it very clear that the integration of HIV and AIDS education and prevention activities will go a long way in mitigating the spread and impact of the infection. By the integration of AIDS' education,

prevention and counselling would support the livelihood system of the people [Tumushabe, 2001].

"Without education, AIDS will continue its rampant spread. With AIDS out of control, education will be out of reach" [Piot, 2005]. If nothing is done through education, the number of people attending schools in KwaDlangezwa will drop drastically in the years ahead. If left unchecked it will have adverse effects in the KwaDlangezwa community.

Education is one of the ways through which the women of KwaDlangezwa will overcome the impact of HIV and AIDS. When they are educated, they are empowered. When they are empowered they sustain themselves and are less dependent on men economically. For instance in Nigeria and Uganda, education and training programmes were initiated as preventive measures.

According to Obioma and Kamatene [2000], after a thorough survey, a vocational centre training provided direction for 200 youths in tailoring and sewing, catering, typing, hairdressing, haircutting. A salon was built as well. The result of which was that, after training, 37 people were gainfully employed, while 18 had set up their own businesses. Education plays multiple roles in mitigating the impact of HIV and AIDS. It empowers, emancipates, informs and creates awareness in the people. In this way the Church can mitigate the impact of HIV and AIDS on the female-headed household in KwaDlangezwa. The Church should invest in quality education where high morals will be taught.

The UN's Millennium Development Goals and the UNESCO's Education For All Initiative by 2015 might not be achievable unless the root cause is addressed. That cause is the issue of HIV and AIDS. To achieve a positive result, preventive measures must be in place. According to UNAIDS:

> Although prevention is the mainstay of the response to AIDS, fewer than one in five people world-wide have access to HIV prevention services. Comprehensive prevention could avert 29 million of the 45 million new infections projected to occur this decade. Prevention programmes are not reaching the people who need them, especially two highly vulnerable groups – women and young people. In order to prevent the high infection rates among women, the root causes of their vulnerability – their legal, social and economic disadvantages – must be addressed. For young people, knowledge and information are the first line of defence; AIDS education is still far from universal. In sub-Saharan Africa, only 8% of out-of-school young people and slightly more of those in school have access to education on prevention. The key elements in comprehensive HIV prevention include AIDS education and awareness [2004:11-12].

The above supports the fact that only education about the pandemic can bring a reduction in its spread. Education is the instrument that could put a halt to the spread of the infection both in the urban as well as the rural communities of KwaDlangezwa. This need not be narrowed down to formal education only but informal and nonformal setups should be used for effective results. The important thing is reaching out to the people to be aware of the pandemic and its preventive measures.

Every effort should be directed towards education on HIV and AIDS awareness in KwaDlangezwa. The necessary information concerning the pandemic should cut across all human endeavours in the community. According to Akkara [2004:10-11] our target group is students, young people and especially women. The reason is that they will assist in spreading the message on how to prevent AIDS in both their homes and the schools. At the same time they will pass on the message to their peers. AIDS awareness should form a key component of pre-marriage counselling in the Church in KwaDlangezwa. In this way more people will be reached through education.

The texts below are what education could do about the HIV and AIDS pandemic. According to Kelly in the short and medium terms:

**What Education Can Do about HIV and AIDS**

While there is no infection, education has the potential to

- provide knowledge that will inform self-protection
- foster the development of a personally held, constructive value system
- inculcate skills that will facilitate self-protection
- promote behaviour that will lower infection risks
- enhance capacity to help others to protect themselves against risk

When infection has occurred, education has the potential to

- strengthen the ability to cope with personal infection
- strengthen capacity to cope with family infection
- promote caring for those who are infected
- help young people stand up for the human rights that are threatened by their personal or family HIV and AIDS condition
- reduce stigma, silence, shame, discrimination

When AIDS has brought death, education has the potential to

- assist in coping with grief and loss
- help in the reorganization of life after the death of family members
- support the assertion of personal rights

***In the long term, education has the potential to***

- alleviate conditions, such as poverty, ignorance, and gender discrimination that facilitate the spread of HIV and AIDS
- reduce vulnerability to the risk situations of prostitution, streetism, dependence of women on men [2000:27].

**The Interventions through Education**

The education system has far reaching effects in reducing the impact of the HIV and AIDS on the female-headed household. This could be achieved through information sharing, life skills, peer-group mechanism and involvement of people living with HIV.

According to UNICEF/UNAIDS/WHO [2002] in Weinreich and Benn [2004:35]

> It has been repeatedly demonstrated that sex education does not to lead to earlier sexual behaviour but, quite the contrary, delays sexual activity and leads to more responsible sexual behaviour. Long-lasting behaviour patterns [including postponement of beginning of sexual activity] are learned in the period between 10 to 14 years of age. Establishing such behaviour patterns in children is easier than changing high-risk behaviour later [2004:35].

Sex education is very important in the fight against the scourge of HIV and AIDS. At a tender age, the children will know the pros and cons of the infection. This will enable them to model their life style that will lead to being HIV and AIDS free. Education, therefore, is not only reading and writing, but it involves information sharing, and learning life skills through peer-group mechanisms. There is a saying that, "experience is the best teacher," the people living with the infection and those affected will equally be involved because others will learn from their life experiences. The issue of HIV and AIDS involves the whole society. There is no part of society that is not affected by the infection.

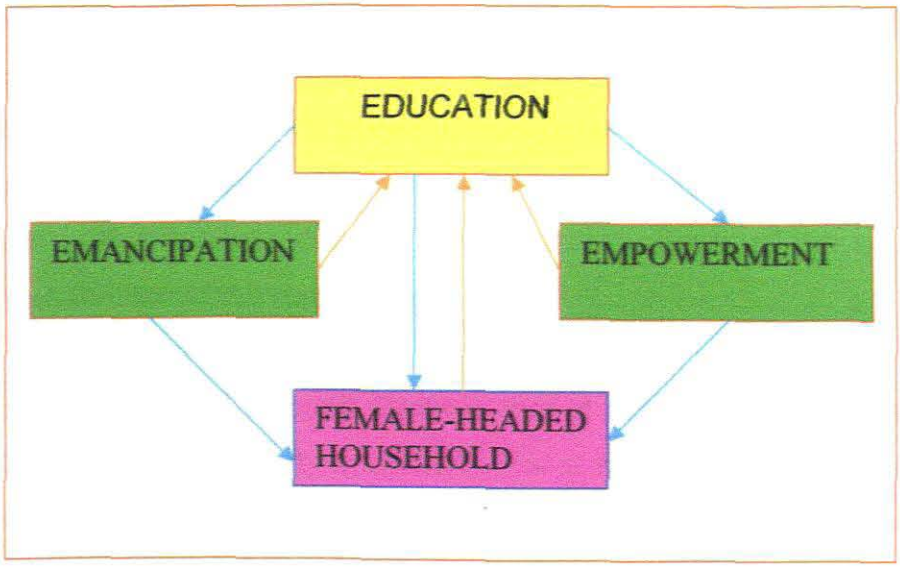
According to Benn as in Weinreich and Benn:

- Information sharing on HIV and AIDS in conjunction with the methods that will enable people to combine knowledge with safer sex practise reduces the rate of the infection in the society.
- The introduction of life skills education programmes at schools is another way forward in reducing the spread of the pandemic.

- Organizing peer-group education e.g. among the truck drivers, commercial sex workers [CSW] will enable people to express themselves freely amongst their peers.
- The involvement of the people living with HIV and AIDS [PLWHA] will enable others to speak out and shed more light on coping strategies [2002].

Based on the above methods the religious communities in Uganda worked hand in hand with AIDS organizations and government and they made a break through. In the same way KwaDlangezwa should work hand in hand with the Church, FBO's, CBO's, NGO's and other related organizations in the area. This could be through peer education, counselling and home based care services. Through the Church and its framework of congregations and educational institutions the rural women could be reached. Education has the key to reduce the impact of HIV and AIDS on the female-headed household.

**Figure 8. Education and its components**




Education is an agent of change. It is the combination of empowerment and emancipation. Both empowerment and emancipation meet on an educational level. As already stated, both are the agents through which the women could be

reached. The Church in KwaDlangezwa has a great role to play in terms of providing qualitative education for the women.

The Church should pay more attention to the education and training of women. In the Church itself, the importance of sexuality should form part of its teaching and preaching. For the Church to make a greater contribution in mitigating the impact of HIV and AIDS, it should be in the form of peer education. This will be more effective among people of the same age. Peer education is very important in this aspect of teaching. The reason is that they will see each other as equals.

### 6.5. The Child Support Grant [CSG]

The objective of the Child Support Grant [CSG] is to bridge the gap between under-privileged children and those that are better of. This is a form of social assistance for poorer people in dealing with the support of women and children [Case et al., 2003]. According to the Minister Zola Skweyiya, "the government has approved the extension of the means-tested child support grant beyond the age of six, to poor children up to their 14$^{th}$ birthday." The intention is to reach underprivileged children with little or nothing to depend upon for survival, including the children in KwaDlangezwa. Most of these children are in the rural area. The Minister went further to state that the government is aware of the poverty and vulnerability of children in the rural areas.

The spirit behind the Child Support Grant is that of assisting poor children to live humanely in the face of poverty and AIDS. For a child to qualify there must be proper documentation. One proof is that the child must live with the new person taking care of him or her. Once these are corrected and completed, the guardian or parent of the child can receive the grant. Anon [07/11/05] stated that it does not matter whether the new parent is the biological parent or not. In order words anybody who has any child staying with them can apply for the grant. At the same time it creates loopholes for abuse by the public.

Having stated the obvious above, the question is what is the relationship between the grant and the spread of HIV and AIDS? The relationship will be clear after going through the brief interview conducted below. The following is an interview conducted by the researcher with a single mother who is receiving the Child Support Grant.

**The interview conducted by the researcher**

**Question.** How are you sister?

**Zandile.** I am fine.

**Question.** Please do not be embarrassed. Are you married?

**Zandile.** No.

**Question.** But you have a baby.

**Zandile.** The baby is my baby.

**Question.** What about the father?

**Zandile.** I have told you we were only friends when I got this baby.

**Question.** Is he supporting you to train this baby?

**Zandile.** No. He has not paid lobola. I am not ready to live with him as husband and wife.

**Question.** Why?

**Zandile.** *I do not want Eshi! I can take care of my baby.*

**Question.** How?

**Zandile.** I am receiving the Child Support Grant. My mother is helping to take care of the baby. Every month-end I will receive some money from the welfare office for the upkeep of the child. This helps to maintain the baby.

**Question.** How much is the amount per month?

**Zandile.** Please you need to find out from the government.

**Question.** Siyabonga sister.

**Zandile.** Siyabonga.

Please note that Zandile in this research is not the proper name of the respondent in the above interview. The above was a brief interview held with Zandile. As already stated Zandile is both a single mother and unemployed. She depends solely on her Child Support Grant and her mother's pension as a means of livelihood. Though she refused to mention how much she receives as a Child Support Grant, according to Case et al. [2003] there are some who receive about R110:00 per child per month. But in his budget speech this year [2006], T. Manuel the Minister of Finance, has increased the amount to R190:00 per child per month. The above is a lot of money to Zandile. When it is compared with the present day inflation, the amount is equivalent to nothing – very little!

The amount she receives is a lot of money to her. For a single mother who continues to have a baby outside marriage that can lead to the spread of HIV and AIDS. It is viewed as an alternative means of livelihood to many single mothers. This is equally applicable in the KwaDlangezwa community. When this scenario is allowed to thrive in the society, even with the knowledge of the parents, the spread of HIV and AIDS is bound to be on the increase. Simple observation shows that teenage pregnancy is on the increase in recent times. This is because they will receive the Child Support Grant once the child is legally registered with the Department of Home Affairs office.

In a similar story to Zandile's is that of one Taylor. According to the Mirror [November 9, 2005] Joanne Taylor has waited for more than ten months for her nine year old son's Child Support Grant to be approved. The paper went on to state that "Taylor has relied on her parents and her part-time employment to pay for her son's school fees and other needs. At twenty five, Taylor is still living with her parents." In a way Taylor is better off than Zandile, because she is gainfully employed. Taylor depended on the Child Support Grant for the survival of her son, her employment status notwithstanding. She got frustrated because the grant was not approved on time but what is the future of these children without a proper foundation? After five years Taylor's son will cease to receive the grant. The next

thing is to push him into the street to earn his own living. By so doing the child is exposed to the HIV infection.

The above stories show that at present people are not taking proper preventive measures against the spread of the pandemic. Inasmuch as the researcher is not trying to be judgmental, a woman who has a baby out of wedlock is bound to contract the infection if the partner is already infected. The government should regulate the issue of the Child Support Grant and provide employment opportunities as an alternative. The single mothers should be encouraged to learn a trade and acquire life skills that will enable them to maintain their households. This is necessary in KwaDlangezwa where many women are single parents. *Instead of being a support for the poor children, it has become a means of* livelihood for many people today. Many, especially young mothers, are depending on CSG for survival. It has now turned out to be a coping strategy for many households especially those in the rural areas in KwaDlangezwa. The above has in no small measure contributed to the spread of HIV and AIDS in the rural areas of the country. According to Case et al. [2003] the Umkhanyakude District area is predominantly rural and has high rates of migration. The essence of CSG is to support a child who has lost either one or both parents. But with the present trend of event, this aim is being defeated.

The present practice by society calls the stand of the Church into question. The issue of CSG promotes the women's trend in present day morality. The low moral standard and spread of HIV and AIDS go hand in hand. A low moral standard is a breeding ground for the spread of AIDS. In an effort to address this, the Church should start with morality. This is where the Zulu reed dance has a positive contribution in the fight against the infection. The reed dance needs to be encouraged in KwaDlangezwa. It encourages abstinence from sexual intercourse amongst girls.

The essence of the above is not only delaying sexual intercourse but also promoting morality. This will contribute to the reduction of the spread of the pandemic. The girls should be encouraged to live a moral life. If a girl wants a child, she can adopt one. There are many homeless children in the society that need a home.

### 6.6. Further recommendations

In its efforts to mitigate the impact of HIV and AIDS in the female-headed household, the Church can invest in some other areas in which the women can participate actively. The investment will never be capital intensive. As such the Church can be involved in many projects that will enable the women in the rural areas to cope with the impact of HIV and AIDS as indicated earlier.

There are many areas of interest and investments that the Church can embark on in order to assist the women in their coping efforts. These, if well implemented, will reduce the impact of the HIV and AIDS on the female-headed household. Some of these areas include, baking, knitting and sewing, fashion and designing, business centres [typing pool; fax, phone and photocopier]. Others areas of assistance are hairdressing [salon], the making of soap, candles and body lotions and the repair of shoes. These at the same time will enable them to meet some of their daily needs at the household level. They help the women to be less dependent on the men for financial assistance. If the women could be financially independent the rate of the infection will be reduced.

These are some of the ways through which the Church can fulfill its diaconal ministry in the 21st Century. This should be a new direction for the Church in the area of reaching the people especially the women in the rural areas like KwaDlangezwa. When the Church shows concern for the poor, especially the women, that goes to show these women that God still loves and cares for them, that God at the same time has not abandoned them. That will also give the

infected and affected a sense of belonging that to the Church as a caring community. At the same time the above acts as a means of evangelism in practice.

### 6.7. Conclusion

The household livelihood activities are the issues the Church should adopt in an effort to mitigate the impact of HIV and AIDS on the female-headed household. Although the issue of HIV and AIDS is a worldwide phenomenon, the worst affected in society are the women. The pandemic is more pronounced amongst those living in the rural areas including the KwaDlangezwa community. The situation is such that many female-headed households are living in abject poverty because of its effect on them. The infection has contributed to the fact that many can no longer afford decent shelter while many have lost their jobs because of it. Many of the households lack a basic infrastructure, especially the facilities for the dissemination of information. Their future is bleak and unknown. Anything could happen anytime because of the pandemic. The situation is such that some households are dissolving. At the same time the future of many children in the area is hanging in the balance because they might lose their mothers. The youths and young mothers are not helping matters because they easily migrate to the cities. One of the reasons for that is that they are looking for non-existing lucrative jobs. They also contribute to the spread of the pandemic because of unwanted pregnancies. The issue of teenage pregnancies is common in the rural areas including KwaDlangezwa community.

The impact of HIV and AIDS is pronounced in KwaDlangezwa. The human resources in the area are being eroded because of the pandemic. Everything in the affected household is always affected by the impact of AIDS. This in so many ways has contributed to the rural poverty in the area. The female-headed household, in the event of AIDS, stands to lose everything. One of the reasons for that is their vulnerability in the society. It should be pointed out that expensive

funerals and the death of a loved one has negatively affected the livelihood activities of the living in KwaDlangezwa. On week days the people are busy attending to the sick while weekends are for funerals. No time is left for productive activities. In fact the reproductive activities are always on the increase.

Many of the female-headed households, in their efforts to survive, have exploited their environment. This could lead to the exhaustion of some natural resources. The situation is that of survival of the fittest. In some cases some women have to sell both sex and valuable assets as coping strategies. Some end up borrowing from the financial institutions with very high interest rates.

The female-headed household is faced with a lot of constraints. Some of these include gender, and the patriarchal system. Some other constraints facing the female-headed household are stigma and discrimination. The issue of motherhood has been used as a means of exploitation of the women. Neither religion nor society have helped matters in relation to the female-headed household. In principle both are good, but in implementation they render the women vulnerable. For instance gender violence is common in the society. By definition gender is an all inclusive word but in practise, it refers to the women only. In the same way the patriarchal system is used to construct the culture in the society. This has contributed towards denying the women the right to own property, like land. In the same way also, religion has not granted the women their full freedom. There is no woman Bishop in this country for example. The number of women in the Church notwithstanding, they still occupy low positions.

Efforts must be made by the Church in KwaDlangezwa so that the female-headed household can have a new lease of life. The infrastructure should be put in place so that they can live humanely. The service deliveries should make the rural areas their priority in their services. When this is done, the female-headed household in KwaDlangezwa would be in a better position to meet some of their basic needs. In an effort to achieve this, they must jealously guard and jealously utilize whatever

they have, both personal and communal. The principle of equity and fair play should always guide both men and women in their dealings with one another in KwaDlangezwa. This will reflect how they are using their resources in the community. This will only be possible when the women are equipped. This will eventually enable them to know exactly who they are, what they are capable of doing, what they have and how to cope with a given situation especially with HIV and AIDS.

The female-headed households have the ability to make changes in their lives. They are capable of doing something as soon as they realize that they are the agents of change themselves. This is simply because they are endowed with different talents and gifts for their survival. The fact that there are resources within KwaDlangezwa will enable them to cope with HIV and AIDS and other related issues. At the same time this will enable them to live more humanely. In an effort to achieve this, they need total emancipation, empowerment and all round education. These will enable them to know how to utilize the available resources and assets within their community and household. This is where the Church in KwaDlangezwa comes in as an agent of change in the community. The Church has the resources, ability and capability to achieve this objective. What is needed is the will for the task ahead

The Church in KwaDlangezwa has a great role to play in mitigating the impact of HIV and AIDS on the female-headed household. For the Church to achieve this, it has to utilize both the human and non-human resources available within the community. This can go beyond the boundaries of the community because of its connections. The Church is the bridge between the community and the female-headed households. The women in KwaDlangezwa should be mobilized. Their talents as individuals should be recognized, respected and utilized to the uttermost. The Church in KwaDlangezwa can therefore respond to the impact of HIV and AIDS through three key issues; agriculture, micro-enterprises and $E^3$

[empowerment, emancipation and education]. The Church is supposed to act as the "watchdog" of the people, especially the women. This is necessary so that the women can benefit from the BEE programme of the government. The female-headed household should be assisted, possibly through free interest loans or grants, provision of high-yielding crops and new methods in farming. The Church in KwaDlangezwa must assist the community. They can further be organized into small groups for revolving loans. These will contribute towards mitigating the impact of HIV and AIDS in the rural area including the KwaDlangezwa community. These will enable them in their daily livelihood activities.

The Church should invest in small-scale enterprises like market gardens, horticulture, local processing and storage of fruit and vegetables. Some other areas of interest include livestock, beadwork and craft activities. There are a series of opportunities where the local Church could invest in its effort to mitigate the impact of HIV and AIDS on the female-headed household. The possibility of these is for both the Church and community to see themselves as partners in progress for the good of female-headed households in the KwaDlangezwa area. The Church should use all within its power and position to bring changes in this area. This is necessary and essential because the people have regard for the Church.

In the same way the Church should address the issue of single parenthood in the area since it is a contributing factor to the spread of HIV and AIDS. Let the women not be lured into single parenthood because of CSG. In this case the Church should not conform but should transform the society through its teachings, preaching and practice. The women should be made to understand that the impact of HIV and AIDS is of far greater concern than any amount received in grants. In the same way the Church has to address the issue of expensive and elaborate funerals. These are a waste of money leading the women to live in perpetual poverty. Many households today sell their valuables because of the impact of HIV and AIDS. But on the other hand many are in debt because of expensive funeral and burial ceremonies. The expenses of the funerals should be minimized, bearing

in mind that the living ought to live in dignity after all the expenses. The pandemic has adverse effects on the female-headed household. For the female-headed household to cope with HIV and AIDS remains a big problem.

My solution is that self-help efforts have a lot to offer in this research. Both experiences and observations have shown that the women can cope with the pandemic provided they are self-reliant. This is where the people will be encouraged to use what they have to achieve what they want. Efforts must be made so that women can minimize if not stop dependence on others, especially on men. This is only possible if they are empowered, emancipated and educated. What the women need most is the will to act. The above will produce a tangible result if properly executed. This is why under the further recommendations above, many areas of interest were listed. If the women are properly involved in these areas they will cope with HIV and ADS and finally find a solution to their problems.

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## APPENDICES

Appendix I: The population data of KZN

Appendix II: The English version of the questionnaire

## Appendix: 1

## The Population Data of KZN - 2001

| General | | | | Population Group | | | | |
|---|---|---|---|---|---|---|---|---|
| Province | Code | Municipality | Population Density | African | Coloured | Indian | White | Total Population |
| KwaZulu-Natal | DC28 | Uthungulu District Municipality | | 838746 | 4093 | 11191 | 31936 | 885966 |
| KwaZulu-Natal | KZ281 | Mbonambi Municipality | 77.62 | 105520 | 61 | 107 | 1254 | 106942 |
| KwaZulu-Natal | KZ285 | Mthonjaneni Municipality | 40.7 | 49435 | 244 | 33 | 671 | 50383 |
| KwaZulu-Natal | KZ286 | Nkandla Municipality | 64.06 | 133468 | 37 | 11 | 56 | 133602 |
| KwaZulu-Natal | KZ283 | Ntambanana Municipality | 68.53 | 84534 | 83 | 9 | 145 | 84771 |
| KwaZulu-Natal | KZ282 | City of uMhlatuze | 318.15 | 250062 | 2504 | 9835 | 26789 | 289190 |
| KwaZulu-Natal | KZ284 | uMlalazi Municipality | 87.29 | 215697 | 1164 | 1196 | 3021 | 221078 |

Source: Mayor's Office

**Appendix: 2**

**QUESTIONNAIRE**

The aim of the questionnaire is to identify the household livelihood activities as the instruments the Church could use as strategies against the impact of HIV and AIDS in a female-headed household. The questionnaire is on the matters relating to subsistence farming, crafts, micro-enterprises and empowerment. The research will give a better understanding on how the Church could use these to assist the women as coping strategies against HIV and AIDS. It is envisaged that all existing livelihood activities will be improved and new ones added. These will enable the female-headed household to cope with the pandemic.

The selection of the households was based on a random sampling using Snowball method. Information obtained from the participants was treated as confidential. The participating households were identified with number. The information collected was processed with the assistance of a statistician who was paid.

NB Codes used for gender, position in the household, marital status, educational status:
Gender: 1 = Female
Position in the household: 01 = Mother
Marital status: 01 = married; 02 = widowed; 03 = divorced; 04 = single with children
Education status: 0 = none; 001 = less than Grade Six; 002 = + Grade Six – Eleven; 003 = Grade Twelve and above

Date———————— Household Number————————
Name of the Interviewer————————————————————
Gender———— Time started———— Time ended————————
Address of the Respondent/Substitute————————————————

Telephone Number ----------

1. Interview with the head of the household

1.1. Who is the head of this household?----------

1.2. How many are you in this household?----------

1.3. Age----------

1.4. Education----------

2. Household Data

| *Household* members | *Sex* | *Age* | *Marital* status | *Educ.* status | *Occup.* | *Health* | *Illness* since Jan 04 | *Cost* of treat | *Grant* | *Agric* | *Craft* and Arts | *Others* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |

3. Religious Affiliation

Which denomination or faith do you belong or ascribe?----------

4. The present household situation

4.1. Is there any recent death[s] within the household? Yes/No.

4.2. What was the cause of the death if yes?----------

4.3. How long was the illness?----------

4.4. What was the cost of the funeral?----------

4.5. How long was the period of mourning?----------

4.6. What impact has the funeral expenses and mourning period on the household?----------

4.2. Household production and consumption activities

4.2.1. Does the household have any vegetable garden? Yes/No.

4.2.2. Does the household do subsistence farming? Yes/No.

4.2.3. Types of crops grown by the household

| Crops grown | Yes/No | Quantity |
|---|---|---|
| Carrots | | |
| Cabbage | | |
| Tomatoes | | |
| Fruit | | |
| Maize | | |
| Spinach | | |
| Peanuts | | |
| Pumpkin | | |
| Beans | | |
| Onions | | |
| Madumbes | | |
| Others | | |

4.2.4. What do you do with the products?----------

4.2.5. How many people are involved in the farming?----------

4.2.6. Approximately how much is realized from the sales of these crops?----

5. Household Livelihood Asset [Livestock]

5.1. Does the household own livestock? Yes/ No.

5.2. What type of livestock does the household have and how many?

| Livestock | Number |
|---|---|
| Goats | |
| Sheep | |
| Cattle | |
| Poultry | |
| Pigs | |
| Others | |

6. Land as livelihood asset

6.1. Does the household have land?----------

6.2. Does the household have easy access to land? Yes/ No.

6.3. How many hectares of land has the household?----------

6.4. Do women and men have equal access to the land Yes/ No.

6.5. How do the women own or access land in this community?----------

| Means of access to land | Quantity |
|---|---|
| Through marriage | |
| Through inheritance | |
| Purchase | |
| Through male member | |
| Others | |

7. What are the sources of energy to the household?

| | Electricity | Wood | Solar | Gas | Diesel | Dung | Biogas | Paraffin | Others |
|---|---|---|---|---|---|---|---|---|---|
| Light | | | | | | | | | |
| Equipments | | | | | | | | | |
| Cooking | | | | | | | | | |
| Warming | | | | | | | | | |

8. Water supply to the household

8.1. Is water always available in the household? Yes/ No.

8.2. How long does it take to collect from its source?----------

8.3. What is the source of water supply to the household?

| Sources of water supply | Yes/No |
|---|---|
| Borehole | |
| River/stream/dam | |
| Tap private | |
| Tap public | |
| Spring | |
| Others | |

9. What type of toilet is available in the household?

| Types of toilet | Yes/No |
|---|---|
| Pit latrine | |
| Improved pit latrine | |
| Water system | |
| Unimproved latrine | |
| No latrine | |

10. Household asset [properties]

| Items | Yes/No |
|---|---|
| Cart | |
| Television set | |
| Plough [s] | |
| Radio [s] | |
| Fridge/freezer | |
| Bicycle | |
| Car/bakkie/truck | |
| Vacuum cleaner | |
| Stove | |
| Washing machine | |
| Sewing machine | |
| Home theatre | |
| Others | |

11. What assistance does the household receive from the following groups?

| Groups | Type of assistance |
|---|---|
| Government | |
| Church | |
| CBOs | |
| NGOs | |
| Relations | |

12. Other Respondents

12.1. Ministers of Religion

12.1.1. How often do you conduct a funeral mass in your parish?----------

12.1.2. What effects have funerals on your congregation?----------

12.1.3. What is the age bracket of the deceased?----------

12.2. Hospital workers [Doctors/Nurses]

12.2.1. Is the number of patients who attend the clinic increasing or decreasing?----------

12.2.2. What is the common sickness in this area?----------

12.2.3. Is the mortality in this area increasing or decreasing?----------

12.3. Funeral Undertakers

12.3.1. How often do you undertake funeral activities in this area?----------

12.3.2. Are the number of funerals increasing or decreasing?----------

12.3.3. How much does an average funeral cost?----------

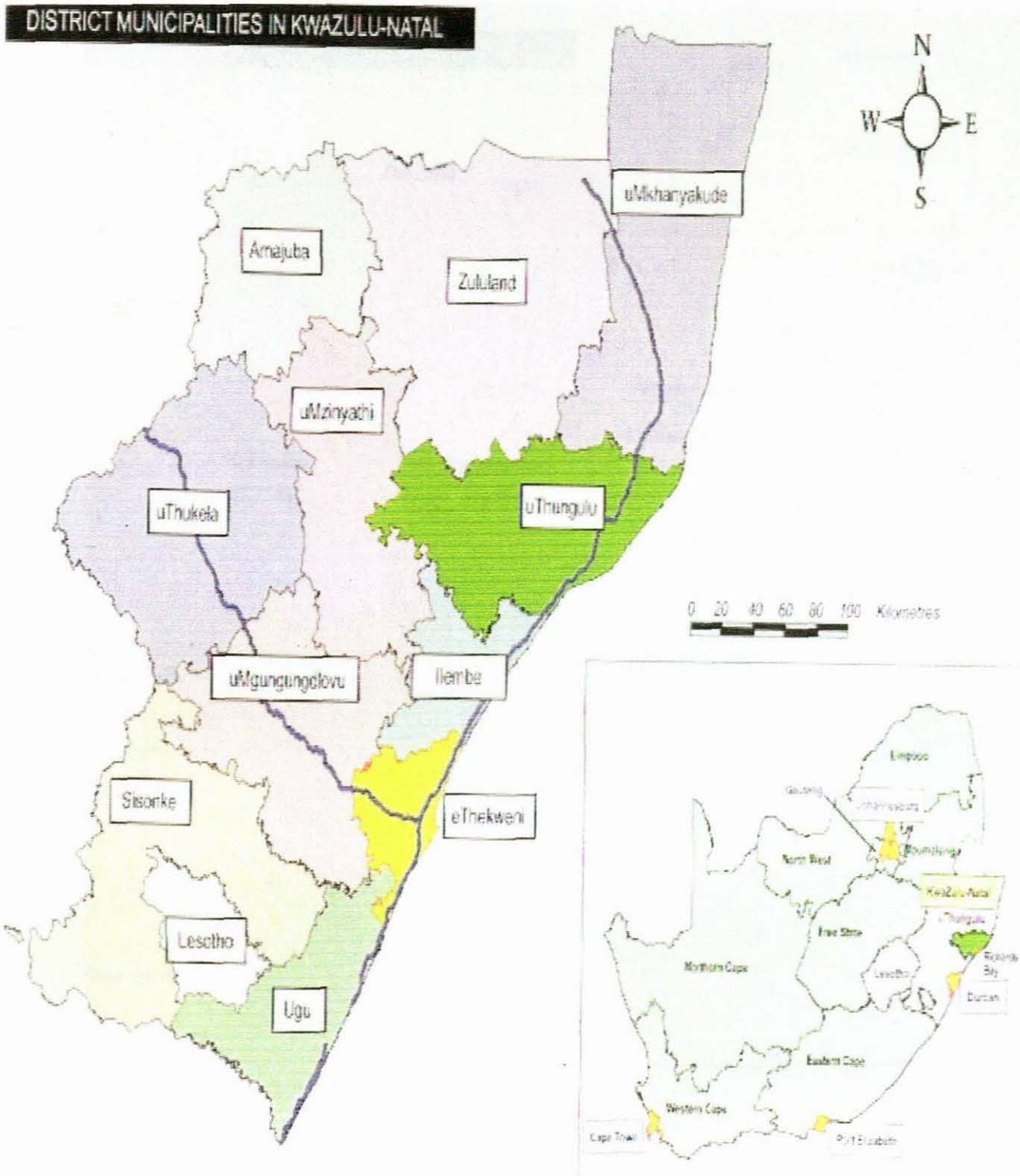
**MAPS**

The map of District Municipalities in KZN

The map of the Local Municipalities in uThungulu District

The map of KwaDlangezwa community

**Map 1. The map of District Municipalities in KZN**




Source: Mayor's Office