



Contribution of Rural Communities in Supporting the Livelihood Strategies for Widows

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ABSTRACT

The research sought to identify community supports that enhance widows' livelihood strategies with the aim of incorporating them into extension programmes for their safe self-help activities. The research identified various sources of social network within the community that can be used by the widows to meet their different types of socio – economic needs that arises after the death of the husbands. It further explored the challenges that the community faces in trying to assist the widows and ways that can be done to solve the challenges.

Stratified sampling technique was implored where a sample was drawn from two lists of AIDS affected and non-affected widows to select the respondents. Separate in-depth interviews with five AIDS affected widows and five non affected widows were conducted and focus group discussions with community leaders were also held. The research found out that there is weak social capital within the community despite the fact that they have high asset base in the community.

Key words: Social capital, Widows, Extended family, livelihood strategies.

INTRODUCTION

Most Zimbabwean widows who are AIDS survivors abandoned town to leave in rural areas, as farmers, hoping for better change of life as economic conditions soars in town. These widows are mostly middle-aged women who often care for six or more children [12]. They were left destitute after paying funeral expenses and also due to lack of inheritance rights and HIV related stigma hence cannot afford to buy inputs and they are usually engaged in nonfarm income generating activities like seasonal migration to nearby countries to work as maids. Some are forced into transactional sex for survival in the nearby towns. This group of people require low-risk survival strategies which assures household food security, as well as a cash income to pay for school fees and other basic necessities [12].

One of the low –risk survival strategy implored by community to assist the widows is the use of social capital. Social capital is the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance or recognition. Social capital is viewed as a resource that is generated through family and group relationships and through which a range of capital assets is transmitted across generations [13]. Social capital is one of the five capitals of livelihood framework and this plays an important role in protecting people in times of need. However, social dimension to the development equation of capital has been mostly ignored in economic explorations of determinants of poverty and household welfare.

STUDY AREA

The research was conducted in Mashonaland East Province of Zimbabwe. It is situated in the eastern part of capital city Harare. The area is characterized by an annual average rainfall of 600mm and intermittent droughts that seriously affects agricultural activities. As a result of this, their main source of income is gardening and petty trading.

SELECTION OF RESPONDENTS

A stratified sampling technique was implored where a sample was drawn from two lists of AIDS affected and non-affected widows. A list of non-affected widows was obtained from the department of social welfare and five widows were randomly selected from the study area. The selection of widows was done with help of local agricultural extension worker and the social development

officer from the department of social welfare. From Home Based Care (HBC), a list of AIDS affected widows was obtained and five widows were randomly selected from the same province. The selection was done with help of HBC leader. Separate in-depth interviews with five AIDS affected widows and five non affected widows were conducted. A total of ten widows were selected as the major respondents. From each interviewed widow, one immediate and one extended family member was interviewed. A total of five neighbours, and five friends for both AIDS affected widows and non-affected widows were interviewed to ascertain the information from the main respondents. In addition to individual interviews, focus group discussions with community-based organizations operating in the study area were conducted. The aim of focus group discussions was to complement the information obtained in individual, in-depth interviews.

RESULTS

Household characteristics

The majority of widows were aged between thirty and sixty years with the AIDS affected widows being at the lower end and the non-affected widows at the upper end (Table 1). The affected were widowed between three and sixteen years and the non-affected widows had the longest period of widowhood.

Table 1: Household characteristics

Category of respondents	Age of widows	Composition of family members by age		Dependence ratio.Children:adults
		Adults (≥ 15 years)	Children(≤14 years)	
				Children
Aids affected widows(N=5)	40,35,30,56,43	7	22	1:3
Non-Aids affected widows(N=5)	55,57,49,64,56	3	10	1:3

Source: Household interviews 2010

Asset ownership and incidences of property grabbing

The impact of death does not affect labour availability and quality only but also the asset ownership as shown on the table below 2.

Table 2: Asset ownership

Category of respondent	Type of assets						Incidences of property grabbing
	Liquid assets			Productive assets			
	Finances	Cattle	Goats	Land	Farming inputs	Ox-drawn plough	
AIDS affected widow (N=5)	0	1	0	5	0	0	0

Table 3. Livelihood strategies for widows.

Category of widows	Crop production	Animal production	Trading	Petty trading
AIDS affected (N=5)	5	1	1	4
Non-affected(N=5)	5	4	3	2

Source: Household interviews 2010

Table 4. Types of social capital offered to the widows Livelihood strategies for both groups of widows and their asset endowment are shown in the table below

Respondent	Type of assets						Type of social capital				
	Liquid			Productive							
	Finance	Cattle	Goat	Land	Farming inputs	Ox-drawn plough	Labour	Finance	Material	Spirit	advice
Immediate (N=10)	-	-	-	2	-	-	1	1	-	-	-
Extended (N=10)	-	9	6	10	-	9	1	5	2	1	1
Neighbour (N=10)	-	9	8	10	-	10	-	-	-	1	1
Friend(N=10)	-	9	7	10	-	10	-	-	-	1	1

Source: Household interviews 2010

DISCUSSION

Labour force for widows

In Table 1 the AIDS affected widows in the study sample had on average more adults labour than non-affected widows. This is in contrast to the general assumption of labour scarcity among AIDS affected female de jure headed household [7]. This is because AIDS related deaths results in reduced number of children being born and the proportion of those who might be born are likely to die at infancy if the widow was left pregnant. Although the AIDS affected widows have higher absolute number of adult household members, the majority of them were reported to be sick due to AIDS related diseases. They do not contribute to daily agricultural activities as they are often in a negative energy balance. This is in line with [5] who found that the impact of epidemic at household level is labour supply, productivity and opportunities which are critical during the summer period. Muller's fact was supported by one of the interviewees who narrated her story in the box bellow on what happens when AIDS entered her household

BOX 1

'My husband died in 2007 after prolonged illness. I was the first to get ill due to TB but I am still alive. My husband who used to help me died and there was no one to bring food home. I was left with my five daughters who were not married and not working. They started trading vegetables at an open market and crossing borders to neighbouring countries. One of them fell sick and died leaving two children. The other four are now sick and they are at home'. (Widow of 56 years).

This shows that, HIV/AIDS targets very productive adults resulting in relatives struggling to use their limited resources to sustain them either in terms of drugs or medical treatment. This is because the person who was working for the family died leaving less productive people. Given the prolonged periods of sickness of AIDS related diseases, many such households eventually enter conditions characterised by poverty, destitution, and vulnerable to impacts of AIDS.

Female children were forced to leave school so as to help younger sibling and to help in food production. AIDS affected respondent said that she withdrew her daughter from school to help her with household work. It is one of the coping strategies implored by a widow which was also confirmed by [4]. He found out that children are withdrawn from school both to reduce expenses and to provide additional labour at home. They graduate into earlier adulthood with lower education which perpetuates the cycle of poverty across the generations and reduces prospects for decent work opportunities [6]. Non-affected widows have the smallest household size and are expected to experience relative labour shortages than AIDS affected widows. However, they are better in that all of them can work unlike the AIDS affected household.

Livelihood strategies for both groups of widows

According to [9] 'livelihood depends on combination of agricultural and non-agricultural activities that constitute income source'. These activities depend on asset availability and their accessibility. The non-affected widows have relatively more assets and hence they can diversify for greater household incomes and better welfare than AIDS affected widows with less assets endowment (Table 3). However, all widows from the study engage in either on farm activities, off- farm activities and nonfarm activities as their livelihood strategies. The most popular on farm activity is crop production which is the highest followed by animal production.

On farm is higher in non-affected widows compared to affected widows. Off-farm is higher in affected widows. Off farm entails small activities that a widow does to earn a living like selling clay pots and on-farm entails selling of vegetables at open markets in the city of Harare. Some go in person for selling especially the non-affected widows who have the energy to move around selling in the market while the affected widows sell to trucks which come to buy in gardens and they buy at lower price as compared to those who sell in the market place. Marketing of vegetables in this area is also easy as the transport network is effective and efficient.

Besides gardening, widows grow summer crops like maize, sorghum and millet. Maize, which the staple food is the most common summer crop grown in the study area but on small pieces of land as this requires a lot of inputs like organic and inorganic fertilizers. The majority of the AIDS affected widows have no animals hence they cannot obtain organic fertilizers let alone the expensive inorganic fertilizers. Again during the summer, it is the peak of agricultural activities hence there is labour bottle necks with other activities like selling the farm produce.

Although animal production is the second largest livelihood strategy for non-affected widows, it contributes less to livelihood of the widows. The animals are used for ploughing and not for selling. The widows only consume milk. It is only on rare occasion that goats and indigenous chicken are sold especially to pay for school fees, since it is their source of wealth. For affected widows, the animals were sold during prolonged illness of the husband and that is why there is only one person with the animal.

Non-affected widows work on other farms where they get money in exchange for labour. For this category of widows this is a form of a diversification and this helps them to reduce vulnerability to food and livelihood insecurity. Moreover it is also a coping strategy during livelihood stresses. This is common during summer period when there is demand for labour for weeding and planting. This is a source of money for purchasing maize seed which they will plant in last rains of season. Some are given maize seed in exchange for labour. Due to long dry spells, this crop results in poor harvest. AIDS affected widows cannot diversify into other strategies due to labour constraint.

Non -farm income refers to non -agricultural incomes [2]. This is the most common in AIDS affected widows category as their livelihood strategy. They undertake beer brewing as their livelihood strategy. These widows are constrained by resources and have few alternatives for income generation other than beer brewing. This requires low initial labour, skills and low capital to start that activity again it can be done at homestead. As for the non-affected widows, they go to work in the nearby towns during the off season. Some do cross border trading. The cross boarder activity has-been associated with increased risk of contracting the HIV virus in Zimbabwe[10]. This is because of the promiscuous environments they pass through when transit, and when selling their products.

School children withdrawal is the other strategy used by the AIDS affected widows. This is a coping strategy that has long term impacts on the family. This is because the child withdrawn from school may not secure good job in life.

Strong social networks assist the widows as they claim against kinship, community, friends, CBOs and the church organisations. However the strength of social networks depends on overall resource base of the people one interacts with and also the ties of family within the community. It is therefore imperative to strengthen the community networks through formation of extension groups where members with different agricultural knowledge and asset ownership are mixed.

The results from the study area showed that there are weak social networks in the area. However, the importance of extended family and immediate family as the traditional social security system for the protection of the vulnerable, care for the poor and sick and the transmission of traditional social values and education is still valued in this area. This evidenced by the role they play in

assisting the widows in the form of finances, labour and even material things. This shows that there is strong bonding social capital in the area which unites family together. At the same time, there are linkages between the urban dwellers and the rural people. This is evidenced by financial assistances received by the widows from the urban dwellers. It is the form of urban –rural inter household income transfers that are used for paying schools and buying medicines for both groups of widows. Families, particularly in traditional societies, involve a large network of connections among people extending through varying degrees of relationship including multiple generations, over a wide geographic area and involving reciprocal obligations [3]. However, due to harsh economic condition prevailing in the country, the support is irregular although they feel obligated to support the widows.

Besides finances, they provide material in the form of food especially in times of bad seasons. Because non - affected and affected widows have few assets for agricultural production, they end up in shortages of food. The extended family comes in to assist the widows. Only married and working children provide majority of support to the widows although in laws give assistance in the form of labour. This is however given after they have finished working on their fields meaning that they will plant late giving poorer harvests. The extended family provides material to widows while the neighbours and friends provide advice. Looking at their asset base, it would suggest that they can also offer material support to widows. This supports what was found by [11] in the study of young widows. He found out that family members are the most important sources of social capital.

From the key informants and the main respondents, it come out that the church gives the spiritual assistance only to its members while HBC also provides advice to its members. The church provides about three quarters of the respondent with prayers and advice. In fact the church spiritualise everything that God will supply their needs instead of offering something to eat. However, they facilitate formations of widows associations for prayer networking. In terms of material, it is the church that benefits from the widows in the form of the amount of money paid to church monthly and Sunday collections. However, from the widows associations, widows help each other on ideas of getting money for survival. There is danger however for affected widows to be excluded from other programmes. These informal networks tend to discriminate the affected widows. From the study sample, one of the AIDS affected widow was removed from a principal extension department master farmer programmes due to absenteeism and this has a bearing on her livelihood strategies.

The HBC provides advice on positive living for the affected widows and were to get anti retroviral drugs. This shows that there is strong bridging within the community although the focus can be changed from spiritual and advice only to material support.

The discussions with key informants show that interrelation within the community tends to be weak. This is because there are no CBOs that unite people together except the HBC which is not a community initiative. In fact the traditional social cohesion tends to be weak and disappearing gradually as the community leaders tend to be more individualistic. The community leaders tend to have forgotten their responsibilities as initiators of social programmes and facilitations of programmes. From the community leaders themselves, they reported that they have nothing in place for the widows and the community at large. In fact they believe that it is the duty of the government to support the widows although they know that they are the custodians of culture. The same can be said of friends and a neighbour who provides only advice even though their asset base is strong. They leave everything to NGOs and the government who also does not support the widows.

Asset Ownership

The patterns across the study area showed low asset base (Table 4) which is an indicator for the general wealth of rural widows. Cattle Ownership, which is the traditional form of saving for the rural households, is high among all other household except for the AIDS affected. This is because four out of five respondents in the non-affected widows have cattle. In fact the AIDS affected category represents the least asset ownership both for liquid and productive. The only productive asset they possess is land which is a common property for the communal.

What is revealed on the table is in line with what [8] said in his article that "HIV/AIDS does not result immediately in distress land sale once a household is affected or infected". AIDS follows a systematic and unique way of impoverishing the households, through the depletion of livelihood

building blocks. It increases loss of finance and increases cost of living as household pays for medical bills for the sick, care giving and funeral expenses. It starts by eroding the liquid assets of affected widows especially the highly liquid assets like finance and small live stocks. One respondent said, 'Small stocks and cattle were sold during the long illness of the husband and the other cattle were killed for funeral expenses. Land was the only productive asset which is communally owned left for her disposal as her source of livelihood.

On the other hand, the issue of property grabbing is not common for both affected widows and non-affected widows. This is because the area is near the capital city and the law of property is highly enforced by the policemen in this area.

Non-affected widows have better asset ownership as they have both liquid assets like cattle which is the traditional source of wealth for rural household. The results are in line with expectations as most deaths of husband for the non-affected widows were sudden. There were little expenses incurred for the care of the sick. Land which is communally owned was common to all respondents as it cannot be sold. However, this category also reveals small stock ownership like any other in the sample. These small stocks were sold for paying schools and other daily necessities of life after they have used up all the finances as it highly liquid. Moreover, they said there are no banks in area where they keep their money and that is why all respondents have no finances.

The non-affected widows have the accumulated assets like ox drawn plough. This shows that accumulated assets were not sold to cushion them from the shocks like the AIDS affected widows. The accumulated assets for the non-affected widows is not fully utilized due to shortage of finances and farming inputs and the male labour although they can exchange with other people in the community. This is where social capital plays an important role in strengthening the livelihood of widows.

In this category, however there is an incident of property grabbing. One widow said the brothers of her husband took away cattle after the death of her husband to prevent her from going away with their wealth. Moreover, the widow was still young and yet she refused to be remarried by the in-laws and that made them to be suspicious about her next plan.

The community through safety nets mechanism can assist the asset ownership of the widows especially the AIDS affected. This entails provision of material to the widows so that they can improve and enhance their livelihood strategies. This is because livelihood strategies for the households depend entirely on the asset ownership as shown on the table 4.

CONCLUSION

Extended family showed to be the most popular source of social capital for the welfare of the widows despite being weakened by economic and social factors like the impacts of AIDS. Immediate family is the second best source of social capital. They provide finance and labour as a way of supporting the livelihood strategies of the widows.

All three categories of social capital were being practiced by different members of the community. These are bonding, bridging and linking and the most prevalent was bonding followed by bridging and lastly linking. There is a growing recognition by many organisations that strengthening community based initiatives such as the use of social capital in supporting the livelihood strategy of the widows is as urgent as preventing the further spread of HIV. Extension organisations therefore can make use of the existing networks and enhance them through provision of agricultural extension programmes that are tailor made for widows.

RECOMMENDATIONS

Extension organisation programmes can have a major impact on communities' outlook through incorporation of different types of social capitals. They can focus on bonding which emphasise the networks of people with similar characteristics. It is also recommended that extension groups made up of different people of community like widows and other groups of people in the community be formed. The community must support each other socially, economically and emotionally. Emphasis should be put on social networks as this facilitates conversion of other capital into useful and meaningful benefits to the widows. There is need to form labour sharing arrangements within family members and the community. Extension organisation through collaboration with the Ministry of local government can influence the community leaders to have a

community field whose produce are for the less privileged of the society. The community leaders arrange people who will work in the fields and this is managed by the community leaders and the extension staff. Form community safety nets which are founded by local community members. That will assist the widows financially so that they can buy farming inputs as financial need is common for AIDS affected widows and non-affected widows.

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